

# **IMPROVEMENT REPORT**

## **IMPROVING UPTAKE OF MALARIA PREVENTION METHODS IN GOKWE NORTH – BURURE AREA**

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### **The problem**

Burure is a rural area under Gokwe North District. The area is under developed with health facilities about 20km away. Gokwe North is one of the top ten malarial districts in Zimbabwe with incident rates going as high as 800 cases per 1000 people. The problem faced by Burure was that Ministry of Health and Child Welfare have been providing a lot of prevention methods to the vulnerable populations but outbreaks continued to wreck the area.

### **Intervention**

The Church worked with schools around the area and some women groups to mobilise community members to utilise prevention methods like Long Lasting Insecticidal Nets (LLIN), Indoor Residual Spraying (IRS) and environmental management. A number of activities were conducted to disseminate information; these include dramas, songs, health talks and discussions. These activities were done in 2010 and 2011.

We emphasised the use of prevention methods that are already provided by Ministry of Health. Myths and beliefs regarding some methods were dispelled.

### **Results**

There was a decrease in the number of malaria cases and deaths in Burure. This was due to an increase in the uptake of prevention methods. Absenteesism from school was also reduced. According to the headmaster of Burure primary school, Mr Zhou, in the previous years the school recorded between 5 and 7 deaths per year due to malaria but ever since the project started no deaths were recorded.

Mr Shumba, one of the school teachers confirmed the increase in the uptake of prevention methods at the school's teacher's compound. Before 2010, teachers would refuse spray men access to their houses but by 2011 all the rooms at the compound were sprayed for malaria prevention.

### **Lessons learnt**

Public health interventions often provide services without engaging the beneficiaries on why they should receive the services. Health education and behaviour change communication is paramount to the success of any public health intervention.

Ministry of Health was massively distributing LLINs and spraying houses for malaria prevention but communities had some beliefs and practices which prevent them from using the services. Behaviour change communication becomes critical in dispelling myths and building support for the services