

The problem

Free distribution of long-lasting insecticide-treated nets (LLINs) to vulnerable populations is a vital step in combating malaria. However, distribution alone is insufficient, and must be paired with effective behavior change communication (BCC) efforts to ensure bednets are used properly. With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Catholic Relief Services (CRS) has partnered with the Ministry of Public Health to strengthen the access and use of LLINs by pregnant women and children under five years of age. In 2006, nearly 3.5 million individuals in Niger fell into this category, and 55% of all malaria deaths were children under five. The project began in July of 2008 and aims to increase utilization of LLINs among this population to 80% by December 2012. Previous rounds of the malaria grants provided for only limited BCC activities addressing net usage, so the current efforts are particularly important.

Reaching the entire target population poses a significant challenge, with many people living in small remote communities that are difficult to reach through customary methods. In one region, over 25% of the population lives more than 6km from the nearest health center, while in another, nearly one out of ten people must travel more than 15 km to access care. While most of the population can be reached through conventional channels such as television and radio or at the local health centers, a significant minority is unable to access any of these outlets due to their remote locations or nomadic lifestyles.

The CRS response

Working in partnership with local organizations, CRS has implemented a variety of BCC activities to reach as diverse and widespread a population as possible. At the local level, activities are normally conducted by community agents recruited and trained by the project, operating out of each of the 809 health centers in the country. However, it



Hawa, a mother of seven, lost her first child to malaria. Now, thanks to the distribution of insecticide treated bed nets in her village of Sabonkafi, Niger, in April of 2009, she and her children sleep under the net every night. Since that time, none of her children has gotten malaria. Lane Hartill/CRS

is not feasible or cost-effective for agents to travel to villages located a great distance from the health center, and such residents rarely venture to the central location. In order to reach these isolated populations, the project developed a mobile system to travel between multiple communities.

Due to CRS' partnership with the Ministry of Public Health, the project is able to use government employees and infrastructure in implementing these mobile caravans. At the district level, a government agent communication officer is provided with the necessary resources, including projectors, televisions, educational videos, a portable generator, and other educational aids. Using vehicles and drivers from the health district, the communications officer and his support staff travel up to 100km to reach the most remote communities after arranging an appropriate date and time with the village chief. To draw a crowd and provide entertainment while setting up, the mobile unit plays music in a central meeting area where the session

will be conducted. Once a large group forms, the agent shows a video produced by the project. An interactive session follows the viewing, and community members are encouraged to ask questions and discuss the film's messages.

A 2009 study discovered that among households in possession of a LLIN, infrequent usage was attributable to negligence, lack of knowledge, and complaints that the nets make sleeping conditions too hot. Additionally, use declines dramatically during non-peak malaria season due to the perception of low risk of malaria. With this in mind, the mobile units' messages emphasize consistent year-round use of LLINs as well as proper hygiene, sanitation, and cleanliness throughout the home. While pregnant women and young children are the primary targets for the project, it also targets those in positions of influence or decision-making within the household, including heads of families and traditional midwives.

Results and lessons learned

Over the course of the project, more than 2.8 million bednets were distributed to pregnant women and young children, mainly during the 2009 distribution campaign. As of June 2010, subsequent efforts had touched a total of 3,456,616 people through community sensitization sessions alone, in addition to those reached through other channels. Of these sessions, the mobile units reached 113,875 individuals in 634 communities.

The same 2010 survey identified significant variations in frequency of net usage by region during the high-risk months of August through November. In the region of Tahoua, only 56.5%

Results of household surveys in 2009 and 2010

	2006/2007	2009	2010
Proportion of pregnant women who slept under an LLIN the preceding night	48.2%	51%	71.5%
Proportion of children under 5 who slept under an LLIN the preceding night	55.3%	56%	63.7%
Proportion of mothers or caretakers who cite mosquitoes as the cause of malaria	n/a	89%	93.3%
Proportion of mothers or caretakers who cite bednets as a method of preventing malaria	n/a	76%	88%

reported using sleeping under their net always or regularly during this high-risk period, while in Dosso, 99.8% of respondents did.

In one region, of those who owned nets but did not use them regularly, more than half explained their non-usage by voicing their concerns that the nets are dangerous to one's health. This indicates a need for clear messaging addressing proper usage and the safety of LLINs.

Looking Ahead

By the end of 2011, the project will have provided free LLINs to over three million children and pregnant women through the initial mass campaign and subsequent complementary distribution, along with corresponding BCC activities to ensure high rates of usage. The mobile units will continue to perform sensitization sessions, particularly in the regions where malaria is endemic and population density low. Though the project has had many successes, only 19% of mothers and caregivers surveyed in 2010 could name the cause, symptoms, and at least two methods of preventing malaria despite high results being achieved when this indicator was disaggregated by causes, symptoms and at least one prevention method. Therefore, the need for continued BCC and malaria education activities at the community level is clear in order to reach the target of 90% for this indicator. With this goal in mind, and using information revealed by the survey, the project implemented several new community-level activities in July 2011. These include advocacy from religious and traditional leaders, the involvement of women's groups, and household competitions to demonstrate best malaria prevention practices.