

## Malaria Social and Behaviour Change during COVID-19 Case Study: Inside the Jungle, Cambodia

*Building local counselling skills helps promote malaria prevention behaviours in mobile and migrant forest populations.*

### Context

Pursat Province, spread over 12,700 square kilometres with nearly 58% forest cover, has the highest malaria burden in Cambodia. The constant influx of mobile and migrant populations to the region for forest resources makes them particularly vulnerable to malaria transmission. In addition, marginalised families move from villages in the periphery to deep within the dense jungle to clear land and settle temporarily. The Cambodia Malaria Elimination Project (CMEP), supported by the U.S. President’s Malaria Initiative, reaches these mobile and migrant forest dwellers innovatively by recruiting village influencers, establishing communication “touchpoints” to reach forest goers, and leveraging modern technology.

### Social and Behaviour Change Approach

Cambodia took measures that ensured the slow spread of COVID-19. It introduced physical distancing at the onset of the pandemic, and there were fewer than 500 cases until January 2021. Throughout this period, the CMEP project, covering 14 operational districts in six provinces, maintained COVID-19 safety protocols and continued its existing, integrated programme approach. It reached mobile and migrant forest workers by adopting a multi-pronged, collaborative strategy that built local ownership and social and behaviour change (SBC) capacity of community-level structures for malaria prevention and treatment.

- Working closely with the National Center for Parasitology, Entomology, and Malaria Control and the Ministry of Environment and Forests, CMEP used a geographic information system to map villages at the periphery of forests.
- Based on the data, a hotspot assessment and census were conducted with the engagement of the village chiefs and village malaria volunteers to identify mobile and migrant populations. Village chiefs were oriented to the benefits of using insecticide-treated nets (ITN) to prevent malaria and the importance of prompt care-seeking for fever.
- The project also identified some frequent forest goers to act as peer educators. These mobile malaria workers were trained in interpersonal communication, the use of communication materials, and ITN distribution. They were also equipped with rapid diagnostic tests and anti-malarial drugs.
- Migrant forest workers usually gathered at grocery shops at the periphery of the forests before entering/exiting the forest. These shops became “communication touchpoints” for mobile malaria workers to trace, track, contact, and educate forest goers. Mobile malaria workers counselled forest goers on the benefits of seeking early care and prompt treatment for malaria. They conducted malaria testing, provided treatment to confirmed cases, and distributed treated nets and communication materials.
- Although forest extractive activities are not always legal when it comes to logging, other forest-related work is available including working with non-timber forest products, such as mushroom or Samrong seed collection, and in plantations.



Figure 1: Forest workers being tested for malaria

Under the Ministry of Environment and Forests, forest rangers were also trained and equipped to provide malaria education, testing, and treatment to migrant workers.

- A key local community-based organisation, Partner for Development and Action, was engaged for outreach in remote areas inaccessible to annex villages and mobile malaria workers and where public health services did not exist.
- Often entire families move into the forest. Women in village households and migrant families primarily ensure that their family sleeps under a net. Hence, the communication focused heavily on women.
- In all the project areas, malaria campaigns were integrated with COVID-19 messages and used “fever” as a discussion point to explain the importance of prompt care-seeking.
- Ongoing multi-sectoral collaborations with 16 ministries (e.g., Education, Labour, Tourism) along with radio talk shows, folk plays, billboards, posters, leaflets, job aids, school health programmes, interpersonal communication by health facility staff, group education, and outreach by mobile malaria workers, together ensured that malaria remained a priority even during COVID-19.

### Monitoring and Impact

The project, which commenced in 2016, had previously adopted a 1-3-7 surveillance and response design. This implied that every confirmed case is notified within one day. An app, using an SMS alert system, was developed to provide real-time data collation and notification of confirmed cases to the National Center for Parasitology, Entomology, and Malaria Control-Management’s Malaria Information System. Cases are investigated, classified, and responded to within three days, and foci investigation and management is done within seven days to identify the malaria source and not just its manifestation. A Malaria Elimination Task Force, with all stakeholders, was set up at the provincial level. Mobile malaria workers were regularly monitored and supervised by the health centre and CMEP.



Figure 2: Poster showing proper ITN use and care

The project was primarily designed as a malaria elimination technical assistance project; hence specific behaviour change indicators were not monitored and tracked over time. However, programme data reflects that from 2018–2020, while malaria testing increased nearly three-fold, the test positivity rate dropped from 40% to 1%. This would not have been possible without the adoption of positive behaviours like sleeping regularly under a net, prompt care-seeking, and treatment uptake. These results were sustained during the COVID-19 pandemic.

### Lessons Learned

Reaching mobile and migrant populations in hard-to-access areas is a consistent challenge. The multi-pronged, collaborative strategy adopted by CMEP demonstrates that even during the challenging circumstances created by COVID-19, building local ownership, sharing SBC skills, and offering appropriate technical resources can help sustain progress and catalyse the adoption of desired malaria prevention and treatment behaviours. An outreach structure owned and led by the community, such as the mobile malaria workers, can be robust and resilient and therefore counted on to sustain malaria SBC during a crisis.

The potential to replicate such initiatives exists, provided there is willingness to invest in the longer-term in building local SBC capacity and gaining the trust of communities.

**For additional case studies and to review malaria social and behaviour change materials in the context of the COVID-19 pandemic, visit:**

<https://www.thecompassforsbc.org/sbcc-spotlights/malaria-sbc-during-covid-19>