



CIVIL SOCIETY FOR MALARIA ELIMINATION

Case study: The key role of Civil Society in the fight against malaria

Uganda : The Role of Women in Fighting Malaria

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The Role of Women in Fighting Malaria



Knowledge sharing should never end. Sometimes it's not enough to be told once. Giving knowledge and mind-set change has to be done continually.

Sarah Nambudye, Founder and Team Leader, Mothers' Initiatives Africa, in Uganda.



Key take-aways :

- Malaria is a women's issue, particularly when it comes to taking care of children. Informed and economically empowered women are better able to save their children from malaria.
- Misperceptions continue to exist around malaria and mosquito nets, and it's necessary to continually provide information, going household-to-household if necessary, to change minds, for better behaviours.
- More space needs to be made to listen to community voices in planning opportunities, and civil society needs to receive more accountability from those who ask for their input.
- CS4ME's trainings and tools are good ways for CSOs to build their capacity to work effectively with the community.

Sarah Nambudye started Mothers' Initiatives Africa with some friends in order to empower women and girls. "When we started, we weren't working on malaria, but we recognised there was a need. We realised that malaria disturbed women's lives, especially those of child bearing age. It can result in miscarriages and death, and it mainly kills children under five. So we embarked on it with other CSOs in Uganda who realised that we could raise awareness about malaria and impact the lives of ordinary women. We were originally working to promote menstrual health to prevent girls from dropping out of school, but soon we added malaria, maternal health, WASH and HIV. We joined MACIS CSO network for malaria in Uganda. We were trained to sensitise communities on malaria prevention, then started teaching households and communities to remove stagnant water, and to clear bushes, which also serve as mosquito breeding grounds and of course the proper use of mosquito nets. Also, in our community, people are fond of self-medication, so we encourage them to first do a blood test, and obtain treatment at the health facilities if they see fever instead of buying malaria medicines from drug shops without prescription as this is likely to promote drug resistance.

Why is it so important to bring women into the fight against malaria? How can we do this effectively?

“Malaria is a women’s issue. In our community, it is women who take care of children, almost entirely. I work with women, and I tell you that if a woman does not have any money, it is very easy to lose a child to malaria. In a patriarchal society like ours, when morning comes, the men leave the house. But as woman, if your child is sick, and you have some money, you can pay for a motorbike, rush to the health facility, test and treat malaria, and in that way, you can save your child’s life. CS4ME trained us on gender issues and how to integrate them into the fight against malaria. It’s important therefore that when programming for any malaria response in Uganda, to let women’s and girls’ economic empowerment be included. Our experience is that the current strategy has focused on delivering free medicines to the Government health facilities, which is good. But many children continue to die of malaria because women cannot access these medicines. Why? Because they can fail to even get transport to take the child to the health facility. Therefore, fighting malaria effectively in rural settings requires economic empowerment and mind-set change. We need to talk about how to start businesses for themselves – this is the only way that malaria can be fought in the community meaningfully. If you don’t have any money, you are useless. You will even fail to get transport to go to the health facility to get malaria treatment for the child despite there being free malaria medicines. Or if you walk there, they will ask for 5,000 to 10,000 Uganda shillings to test for malaria before giving you the free medicines, without money, you end up walking home with the sick child while leaving free medicines behind. Those who can generate income have more empowered lives. Me, as a leader of a women’s organisation, I understand this. I work with many women, and when you sit with them, they will tell you these things. You see a difference in their lives and their households if they are empowered.

So many women have benefitted from our work. In addition to health sensitisation, we also raise awareness about financial literacy and started village savings and loans groups. Most of the women we work with are in the low-income strata, selling vegetables and second hand clothes on the street and so on. Now I lead 350 women, organised into twelve groups of 30. When we meet every week to save small amounts of money, we talk about a lot of things: education, saving for our children, hygiene, malaria prevention, keeping ourselves safe, empowering ourselves. This is a big achievement. We have seen those earning some money responding better to malaria in the household than those without any income. Therefore, economic empowerment combined with mind-set change communications is central to the role of women in effectively fighting malaria.

How have you been able to contribute to malaria reduction in your community?

“Our most important work is giving knowledge to communities. Sometimes people don’t know what to do, for example, they might not know how to use a mosquito net properly, or even what it is supposed to be used for. Information is critical. We saw people putting them on their roof stop the grass falling off. When we saw this, we went to individual households to explain what they were for and how to use them. Then we realised that people had misconceptions about them, such as that they brought bed bugs or caused skin problems, so we had to provide them with correct information to help them change their behaviour. The Ministry of Health distributes nets, but they don’t effectively explain to people why or how to use them, which requires continuous engagement not a one-off radio announcement when the distribution process is happening. So there is a need for knowledge-sharing and continuous communication, and MIA has provided this where we work. Knowledge sharing should never end. Sometimes it’s not enough to be told once. Giving knowledge has to be done continually. The second way has been through supporting women participating in our groups to start income generating activities. This has enabled them effectively demand health services including malaria and we have seen it impact lives. We have also participated in government programmes in distributing mosquito nets and mobilising the community away from self-medication including using local concoctions to seeking treatment from health facilities, and we have seen a change. In addition, we have sensitised communities on basic preventive measures, and we have seen local women take steps to prevent malaria like avoiding stagnant water in the homes.

What role did you play in developing the COVID-19 Response Mechanism concept note?

Summary of MIA's work and findings on the COVID-19 Response Mechanism:

MIA conducted a desk review and 31 key informant interviews with different malaria civil society organisations across the country. The analysis identified the following needs:

1. Distribution of COVID-19 testing kits and personal protective equipment to community health workers (CHWs) and field workers
2. Train CHWs on malaria control in the COVID-19 context
3. Produce communication materials in multiple languages on malaria and COVID-19
4. Establish mobile clinics for community diagnosis and management of malaria;
5. Train CHWs in psycho-social first aid and GBV to combat fear and stigma of COVID-19
6. Strengthen community-based malaria services;
7. Promote the use of technology to improve CHW malaria programmes.

Finally, why did you join CS4ME? How can a CSO like MIA benefit as a member?

"I joined CS4ME through MACIS, as they are members. When CS4ME sent out a link through the network, I joined and started attending their trainings, which are so good. CS4ME was organising a training on how to talk to communities when we are raising awareness about malaria. During this, they shared a community awareness tool, and talked about seeking consent. This showed me a lot that I didn't know, and I keep on reading the tool. I discovered that CS4ME is a resourceful platform to empower CSOs like MIA to effectively support communities in the fight against Malaria. The training from CS4ME has given us information on how to reach the community. They have inspired me with the capacity building and good materials they provide. We also want to work with CS4ME to

make our voice louder. We hope that CS4ME can use its voice to seek support for us so we can do more work in our communities.

This case study was developed from an interview with Sarah Nambudye, Founder and Team Leader, Mothers' Initiatives Africa, in Uganda and an active member of CS4ME. The interview took place on 11 January, 2022, and the text presented here has been reviewed by Sarah.