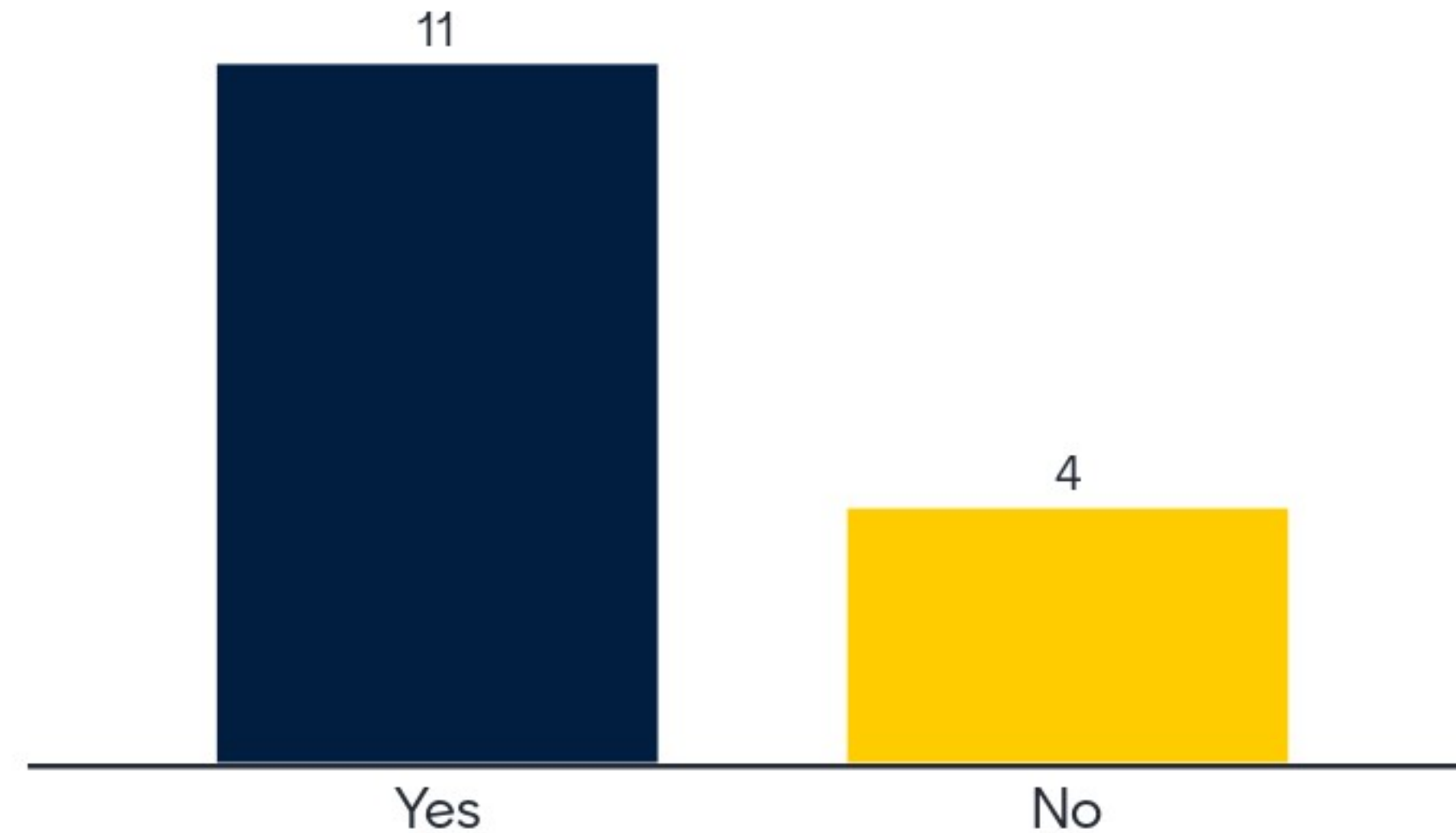


Have you experienced, or are planning an ITN campaign where there are changes in targeting and areas that will and will not receive nets?



What are the risks in having zones / areas that previously received nets being deprioritized or excluded in upcoming campaigns?

Refusing other health interventions

Such areas may reject other health interventions e.g SMC or immunisation

cela va développer des rumeurs

A feeling of neglect, affect other interventions

Communities being upset and/or feeling excluded

Reserval of gains made in reducing malaria prevalence in such areas

Increase in malaria prevalence if the deprioritizing is not properly planned and implemented

This might trigger increased net tricks in the areas that are prioritized to receive nets

What are the risks in having zones / areas that previously received nets being deprioritized or excluded in upcoming campaigns?

didn't see/hv experience with area being deprioritized

Increase in malaria cases especially where no alternative interventions are instituted

increase in malaria prevalence if alternatives not provided

Rumors, may trigger behavior of not accept other malaria interventions

Recrudescence

The issue can be politicized - that there's preferences for some regions

Créer des doutes et méfiances concernant d'autres interventions de santé publiques

Spreading of rumors and reversing the gains

What are the risks in having zones / areas that previously received nets being deprioritized or excluded in upcoming campaigns?

Risques
politiques Rumeurs
Decouragement des
communautes

Upsurge in cases where
there is no major
alternatives

ensure and increase
advocacy explaining the
reasons with each
stakeholders group

Rumor monitoring to identify
misinformation about the
nature and reasons of the
prioritization decision

SBC can help in addressing
concerns or issues for people to
understand reason for the
withdrawal of such intervention.
Could help to promote buy-in

antiper en informant les
populations sur les
raisons

informer sur les interventions
mises en place dans les
zones non couvertes

make sure to increase
advocacy/explanation (the
why) to the different
stakeholders groups

What are the risks in having zones / areas that previously received nets being deprioritized or excluded in upcoming campaigns?

SBC can help reduce the number of likely or possible rejection cases of other interventions especially knowing that behavior change can be deep rooted.

Communicate conviction and trust in community members

a rationale explaining the why transparently

Reason for deprioritization with evidence of the current malaria prevalence rate during FGD. Other available interventions

Prioritizing areas with high malaria prevalence due to limited resources

What is the role of SBC in mitigating the risks associated with exclusion/deprioritization of areas/populations?

Getting community buy in and acceptance of the de prioritization

Providing the necessary information to support the exclusion or deprioritization of areas/ populations

Appropriate messaging designed to specifically target deprioritized populations can help minimize the risks

Partner with other programmes working in those deprioritized areas to incorporate malaria messaging in their work.

Advocating for alternative interventions where necessary Education to the public on reasons for deprioritization

Rumor monitoring to manage misinformation about the decision/rationale for the prioritization

It's role is to explain the main reason of deprioritazation

Transparent communication at all levels

What is the role of SBC in mitigating the risks associated with exclusion/deprioritization of areas/populations?

Engaging support of political leaders at all levels for changes

Rassurer les populations en donnant les informations expliquant les raisons de la depriorisation Leur expliquer les autres interventions pour prévenir et traiter le paludisme

Reassurance and alternative options for malaria prevention, and emphasis on care-seeking for fever, need to be clearly communicated with the deprioritized groups

What do you see as the role of community and faith leaders in ensuring that deprioritization or changing of target populations "works"?

Ils peuvent aider à diffuser l'information, à gérer les rumeurs, à suivre la mise en œuvre des interventions au niveau communautaire

Community and Religious leaders need to continuously engage with their members to ensure the message and reason for deprioritization is clearly communicated and understood

They will be crucial stakeholders for buy-in. Without their buy-in, there is real risk of backlash in the deprioritized areas.

To ensure that the message to communities about the deprioritization is understood and followed

Acceptance and being able to communicate the reasons for deprioritisation to the community in a language they will understand

Community and faith leaders could contribute to manage rumors

What do you see as the role of community and faith leaders post-campaign in deprioritized areas?

What communication is needed for areas that will not receive nets even if they previously received them?

Explanation for why they are not receiving nets, especially a focus on how their transmission risk is lower than in other areas

Why they are not getting the nets and what is now the alternative

Transparency about their malaria risk and options for malaria prevention, as well as importance of care-seeking

1. The true reason why they are not receiving nets.2. Other malaria interventions that they can access

They need to continue protecting themselves, if they feel they are at risk

They should be able to voice their concerns to feel they are heard

Two-way communication is needed