care FOUNDATION

Rotaract Kampala Muyenga Breeze

Malaria Partners Uganda

HOPE AGAINST MALARIA

INTRODUCTION AND BACKGROUND

Malaria remains one of the leading causes of illness and death in Uganda, with the World Health Organization (WHO) ranking the country among the top ten globally burdened by the disease. According to the Uganda Ministry of Health, malaria contributes to nearly 20% of all hospital deaths, with children under five years and pregnant women being the most affected. Urban slum communities such as Namuwongo, home to over 15,000 residents, face an even greater threat due to overcrowding, poor sanitation, stagnant water, and limited access to healthcare services.

Recognizing this urgent need, the Rotaract Club of Kampala Muyenga Breeze, in partnership with C-Care Foundation, initiated the Hope Against Malaria Project. The project seeks to reduce the burden of malaria in Namuwongo and its surrounding communities through prevention, treatment, education, and capacity-building initiatives.

The project is implemented under Rotary District 9214 (Uganda and Tanzania) with support from partners and the wider Rotary and Rotaract fraternity. The total project cost is USD 14,588, with a grant of USD 10,000 from Malaria Partners International (MPI), complemented by contributions from C-Care Uganda the applicant club.

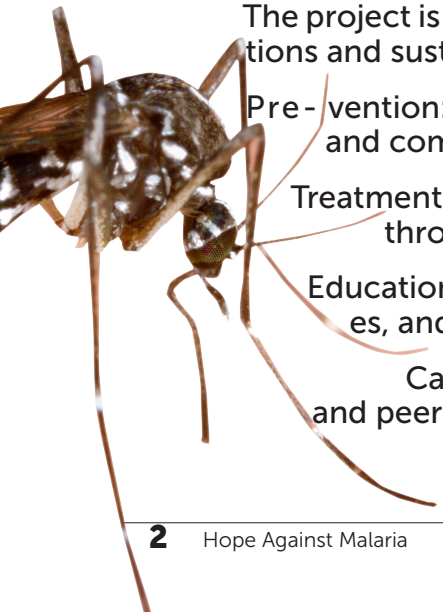
Project Objectives

The overall goal of the Hope Against Malaria Project is to contribute to the reduction of malaria incidence and mortality in Namuwongo slum by improving access to preventive tools, early diagnosis, effective treatment, and sustained community awareness.

Specific Objectives

- To distribute 663 long-lasting insecticide-treated nets (LLINs) to pregnant women and families with children under five.
- To provide free malaria screening and treatment through mobile clinics within the slum.
- To conduct community sensitization campaigns reaching at least 20,000 people with malaria prevention and control messages.
- Linkage to community support/peer groups for ongoing health and behavioral change support.
- To train community health extension workers (CHEWs) and local health practitioners in malaria prevention, diagnosis, and treatment.
- To strengthen the capacity of C-Care Foundation Clinic with diagnostic kits, anti-malarial drugs, and data collection tools for continuous community health surveillance.
- To foster long-term behavioural change through education, community clean-ups, and engagement with local structures such as churches, mosques, and boda-boda associations.

Project Implementation Approach



The project is designed to run for three months, combining both immediate interventions and sustainable actions. Activities are structured around four main pillars:

Pre- vention: Distribution of mosquito nets, promotion of indoor residual spraying, and community clean-up exercises to eliminate breeding grounds.

Treatment and Care: Provision of free screening, prophylaxis, and treatment through mobile clinics and the partner community health facility.

Education and Awareness: Conducting radio talk shows, community outreaches, and production of educational materials in English and local languages.

Capacity Building: Training community volunteers, local health workers, and peer support groups to ensure sustained impact beyond the project period.

ACTIVITY 1:

MEDIA LAUNCH AND STAKEHOLDER ENGAGEMENT

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As part of the broader implementation plan, a Project Media Launch was held on 1st August 2025 at the C-Care IHK Gardens in Kampala. The event marked the official unveiling of the Hope Against Malaria Project and served as a platform to mobilize community support, increase public awareness, and engage key stakeholders in the fight against malaria.

Objectives of the Launch

- To publicly announce the project and its objectives.
- To attract media attention and community interest toward malaria prevention.
- To establish partnerships and collaboration among health institutions, community leaders, and Rotary/ Rotaract members.

Key Participants

The launch was attended by:

- Rotary and Rotaract members from over 10 clubs within Kampala.
- C-Care Foundation leadership, including the CEO of C-Care East Africa, Mr. Azhar Sundhoo; General Manager C-Care IHK, Dr.

Miriam Mutero; and General Manager C-Care IMC, Mr. Mugalu Andrew.

- Representatives from Malaria Partners Uganda, who shared insights on the national malaria burden and Rotary's role in disease elimination.
- Community chairpersons from Namuwongo and neighbouring areas.
- Media houses including NBS, NTV, Bukedde TV, BBS, New Vision, and Nile Post.

Media Coverage

The launch achieved significant media reach, estimated at over 100,000 people, with several major publications covering the event. Below are some of the media links:

- Nile Post: C-Care, Hope Against Malaria launch lifesaving anti-malaria campaign in Namuwongo slum
- Daily Monitor: Malaria ravages Kampala's slums as residents demand action
- New Vision: IHK's C-Care, Hope Against Malaria partner to combat malaria

The event also featured a panel discussion on malaria prevention, treatment challenges, and community involvement, emphasizing the importance of public-private partnerships in sustainable health interventions.

ACTIVITY 2:

TRAINING OF COMMUNITY HEALTH EXTENSION WORKERS (CHEWS)

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Following the successful media launch, the Hope Against Malaria Project proceeded with its second major implementation activity which involved the training of Community Health Extension Workers (CHEWs), locally known as Village Health Teams (VHTs). This activity was critical in building community-level capacity for malaria prevention, diagnosis, and treatment.

Identification and Selection of CHEWs

With the support and guidance of local chairpersons, 10 Community Health Extension Workers were identified from all the zones within Namuwongo, ensuring inclusive representation across the community. The selected zones included: Kanyogoga, Mugalu, Zirebera, Katongole, Namuwongo A, Kasanvu, Project, Namuwongo B, Yoka, and Tebeleka.

To enhance coordination and supervision, the Rotaract Club of Kampala Muyenga Breeze further appointed five additional members to serve as CHEW Supervisors, bringing the total number of trainees to 15 participants. These supervisors play a pivotal role in monitoring field activities, data collection, and supporting continuous learning among the VHTs.

Training Overview

The training was conducted over two days, combining theoretical sessions with practical demonstrations. It aimed to equip the participants with the essential knowledge and skills needed to effectively support the Hope Against Malaria Project and sustain malaria control efforts beyond its implementation period.

Below is the summary of the training program:

Time	Session	Facilitator
DAY 1		
8:30 – 9:00 AM	Registration and Introductions	RAC Kla Muyenga breeze
9:00 – 10:30 AM	**Understanding Malaria**: Lifecycle, transmission, signs, and symptoms	**Dr Douglas**
10:30 – 11:00 AM	**Tea Break**	
11:00 – 12:00 PM	**Malaria prevention-breaking the malaria cycle**	
12:00 – 1:30 PM	**National Guidelines**: Malaria diagnosis and treatment per Ministry of Health (MoH)	Ms Jane Kangume
1:30 – 2:30 PM	**Lunch Break**	
2:30- 3:30PM	**Communication skills for Community Health education**	Ms Atim Fionah
3:30-4:30PM	**Why IPT in women & complication of malaria in pregnancy**	Clementia
4:30 – 5:00 PM	Recap & Daily Evaluation	RAC Kla Muyenga breeze
Day 2		
8:30 – 9:00 AM	Energizer & Review of Day 1	RAC Kla Muyenga breeze
9:00 – 10:00 AM	**Hands-On Training**: How to use malaria RDT kits and administer IPTp	Clementia
10:00 – 10:30 AM	**Tea Break**	
10:30- 11:30 AM	**Peer Group Facilitation Skills**: Organizing, educating, and tracking progress	Jane Kangume
11:30-12:30PM	**Data Collection & Reporting**: Using app for home visits, peer group documentation-a practical guide	Ujaama
12:30 – 1:30 PM	**Lunch Break**	
1:30 – 2:30 PM	Proper ITN Use-with demo	Eva Nabiryo
2:30 – 3:30 PM	**Referral & Follow-Up**: Criteria for referral, clinic coordination, follow-up tracking	Lydia Athocon
3:30 – 4:00 PM	Understanding Hope Against Malaria project	RAC Kla Muyenga breeze
4:00 – 4:30 PM	**Closing Ceremony**	All facilitators

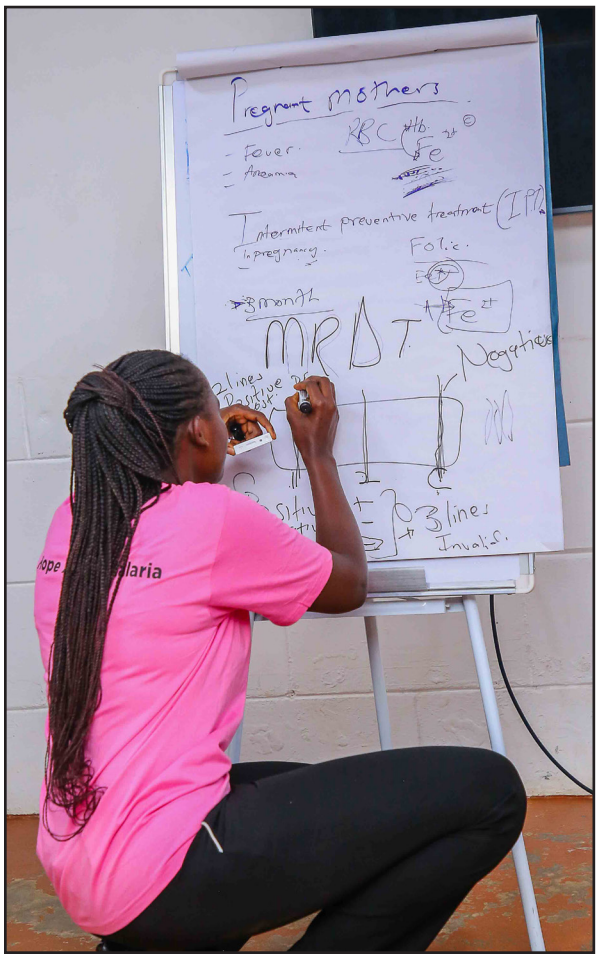
The training was highly interactive, blending theory with hands-on practice. It empowered the CHEWs and their supervisors with the knowledge and practical skills necessary to serve as frontline agents in malaria prevention and control.

Key outcomes included:

1. Enhanced Knowledge of Malaria Transmission and Management:
Participants gained a thorough understanding of the malaria parasite lifecycle, transmission patterns, and the critical importance of early diagnosis and proper treatment.

2. Improved Diagnostic and Treatment Competence:
The practical session on the use of Rapid Diagnostic Test (RDT) kits and administration of Intermittent Preventive Treatment in pregnancy (IPTp) equipped CHEWs with vital technical skills for community-level screening and treatment support.

3. Strengthened Community Education and Communication Skills:
Sessions on communication, peer group facilitation, and community mobilization empowered CHEWs to effectively conduct sensitization campaigns and health talks within their zones, translating medical information into actionable community messages.



4. Increased Capacity for Data Collection and Reporting:
CHEWs were introduced to digital data collection tools and reporting apps for use during home visits and follow-ups. This ensures accurate record-keeping and supports project monitoring and evaluation.

5. Promotion of Safe and Correct Use of ITNs:
Through demonstrations, participants learned how to educate households on the proper use and maintenance of insecticide-treated nets (ITNs), a key preventive measure in malaria control.

6. Improved Coordination and Referral Systems:
The training established clear referral pathways between CHEWs, the C-Care Foundation Clinic, and other local health facilities to ensure timely management of complicated cases.

The trained CHEWs now serve as community malaria champions, leading local mobilization, surveillance, and education activities in their respective zones. They also provide feedback to project supervisors on emerging challenges and community health trends.

This capacity-building exercise not only strengthens the Hope Against Malaria Project's immediate objectives but also ensures long-term sustainability by empowering local human resources to continue malaria prevention efforts well beyond the project's lifespan.

ACTIVITY 3:

COMMUNITY MAPPING AND DOOR-TO-DOOR SENSITIZATION

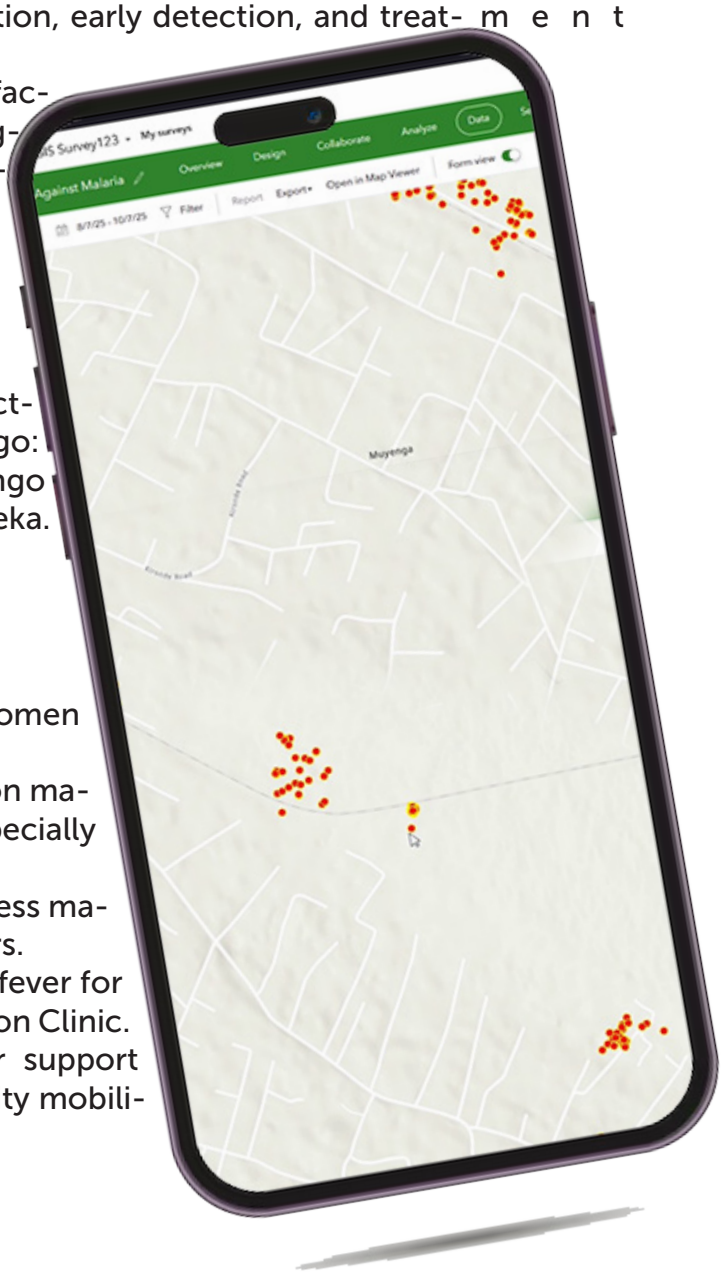
ACTIVITY 3: COMMUNITY MAPPING AND DOOR-TO-DOOR SENSITIZATION

As the Hope Against Malaria Project progressed, the third key activity involved community mapping and door-to-door sensitization. This activity was implemented by the trained Community Health Extension Workers (CHEWs) with support from their Rotaract supervisors, following the completion of their capacity-building sessions. They each were given stickers which they put on the door of houses of the identified direct beneficiaries. Each beneficiary was given a unique identification number and also a google map pin of the house hold was placed to enable tracking and follow up during the duration of the project.

Purpose and Objectives

The main goal of this activity was to:

- Identify and register target beneficiaries that is, pregnant women and children under five years of age within Namuwongo slum for follow-up interventions such as ITN distribution, peer group sessions, and medical screening.
- Raise awareness about malaria prevention, early detection, and treatment practices at the household level.
- Assess the malaria prevalence and risk factors in the community using structured, digital tools to generate real-time data for evidence-based planning and follow-up.



Implementation Approach

Using an online data collection tool, CHEWs conducted household visits across all 10 zones of Namuwongo: Kanyogoga, Mugalu, Zirebera, Katongole, Namuwongo A, Kasanvu, Project, Namuwongo B, Yoka, and Tebeleka.

During each visit, CHEWs:

- Identified and registered pregnant women and children under five.
- Conducted health education sessions on malaria transmission, symptoms, prevention (especially ITN use), and available treatment services.
- Asked key surveillance questions to assess malaria prevalence and environmental risk factors.
- Referred individuals with symptoms or fever for free testing and treatment at C-Care Foundation Clinic.
- Households were also linked to peer support groups for continuous learning and community mobilization.

Summary of Key Findings

Coverage Performance

Category	Target	Actual Reached	Achievement (%)
Total Households	5,000	5,022	100.4%
Pregnant Women	600	586	97.7%
Children Under 5	400	404	101.0%

The project surpassed its household and child registration targets and achieved near-full coverage of pregnant women.

Zone-Level Distribution

	Kanyogoga	Mugalu	Zirebera	Katongole	Namuwongo A	Kasanvu	Project	Naumuwongo B	Yoka	Tebeleka
Pregnant women	60	53	60	56	58	59	60	60	60	60
Children below 5	40	44	40	40	40	40	40	40	40	40
Total Households	510	500	500	488	500	509	500	504	511	500

The data shows a balanced reach across all zones, reflecting equitable distribution of effort and effective supervision of field teams.

Community Risk Assessment and Malaria Burden

CHEWs collected responses to three key indicator questions during their visits, helping to gauge the community's malaria situation at baseline.

Assessment Question	Yes Count	% of Total Households (5,022)	Interpretation
Has anyone had malaria symptoms in the last 3 months?	494	9.8%	About 1 in 10 households reported a malaria episode in the last 3 months.
Anyone currently with fever or suspected malaria?	183	3.6%	Indicates presence of active malaria cases needing follow-up.
Is there stagnant water near this home?	4,749	94.5%	Highlights major environmental risk factors for mosquito breeding.

These findings reinforce the need for integrated malaria control combining preventive, environmental, and treatment interventions.

Referrals and Immediate Interventions

- Individuals exhibiting fever or malaria-like symptoms (183 cases) were referred to the C-Care Foundation Clinic for testing and treatment.
- CHEWs provided on-the-spot education to families on draining stagnant water, covering water containers, and consistent use of mosquito nets.

- Registered households were linked to peer group sessions for continuous learning and behaviour reinforcement.

Impact and Significance

The door-to-door campaign had both immediate and long-term impacts:

1) Enhanced Community Reach and Engagement

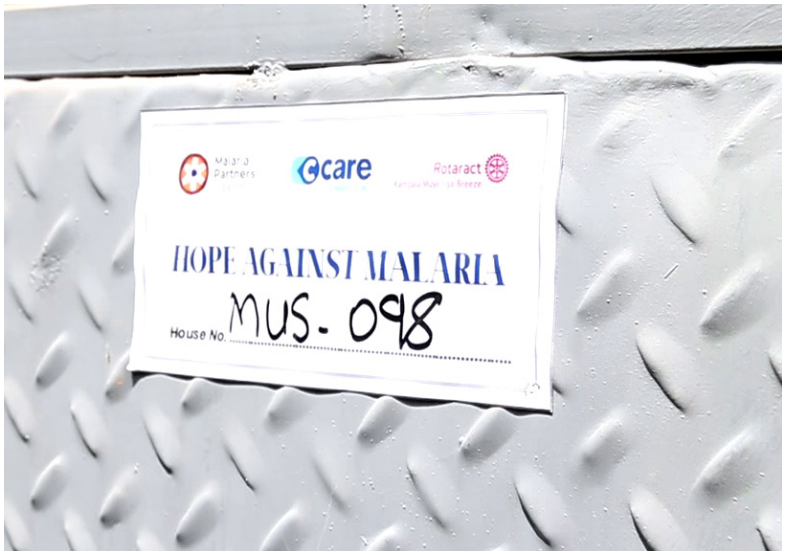
Over 5,000 households were reached directly translating to an estimated 25,000 individuals receiving malaria education and awareness messages.

The approach strengthened community trust in Rotary-led initiatives and encouraged active participation in malaria prevention efforts.

2) Improved Data-Driven Planning

The digital mapping tool provided accurate, zone-specific data on malaria prevalence and environmental conditions.

This information will guide targeted distribution of ITNs, follow-up visits, and future health interventions.



3) Early Detection and Treatment Linkages

Prompt referrals ensured that suspected malaria cases were treated early, reducing complications and potential spread.

4) Community Empowerment and Ownership

By engaging local CHEWs and residents, the project fostered ownership of malaria control measures within the community.

The exercise empowered community members with knowledge and practical steps to maintain healthier, mosquito-free environments.

Lessons Learned

- Local leadership collaboration (through chairpersons) enhanced community acceptance and participation.
- Digital tools simplified data collection, minimized reporting errors, and improved monitoring efficiency.
- The high presence of stagnant water (94.5%) underscores the urgent need for environmental management interventions especially drainage improvement and waste control.
- Combining education with household registration proved effective in encouraging preventive behaviour and ensuring data completeness.

The community mapping and door-to-door sensitization activity successfully established a solid baseline for malaria intervention in Namuwongo. By exceeding target coverage and uncovering critical environmental and health insights, the project has laid the groundwork for impactful malaria prevention actions in subsequent phases.

The direct engagement of CHEWs not only strengthened local capacity but also transformed them into reliable community ambassadors for health and behaviour change driving the Hope Against Malaria Project closer to its goal of reducing malaria morbidity and mortality in vulnerable urban communities.

ACTIVITY 4:

PEER SESSIONS

ACTIVITY 4: PEER SESSIONS

As part of the Hope Against Malaria Project, the fourth major activity comprised community-based peer learning sessions. These sessions were designed to create safe and interactive spaces for pregnant women, their children, and household members to openly discuss malaria prevention, treatment, and myths surrounding the disease.

Objective of the Activity

- The main objectives of the peer sessions were:
- To deepen community understanding of malaria prevention and treatment through participatory learning.
- To provide malaria testing and treatment to attendees.
- To promote the uptake of malaria prophylaxis among pregnant women.
- To strengthen household-level commitment to malaria elimination practices.

Implementation Approach

Peer sessions were organized within the communities across all ten zones of Namuwongo ie Zirebera, Namuwongo A, Namuwongo B, Katongole, Yoka, Project, Mugalu, Kasanvu, Kanyogoga, and Tebeleka.

Each session was peer-led by Community Health Extension Workers (CHEWs) with supervision from Rotaract Club members and technical support from C-Care Foundation medical workers.

Discussions focused on:

- Understanding malaria transmission, signs, and symptoms.
- Myths and misconceptions about malaria treatment and prevention.
- Proper use of insecticide-treated nets (ITNs).
- Importance of intermittent preventive treatment (IPTp) for pregnant women.

All participants were tested for malaria, and those who tested positive received immediate treatment. Additionally, pregnant women received malaria prophylaxis during the sessions. 610 ITNs were distributed during these sessions.

Participation and Beneficiary Breakdown

Category	Target	Actual	Achievement (%)
Pregnant Women	600	727	121.2%
Children Under 5	400	521	130.3%
Other Household Members	1,000	971	97.1%
Total	2,000	2,219	110.9%

Overall Attendance: The sessions surpassed the overall target by 10.9%, demonstrating high community interest and engagement.

Out of the 727 pregnant women who attended the peer sessions, 28 were below the age of 18 years. This finding is significant because, in Uganda, anyone below 18 is legally considered a child.

The presence of adolescent pregnancies indicates the need to strengthen sexual and reproductive health education, early prevention efforts, and youth-friendly health services within the community. It also highlights the importance of integrating malaria prevention interventions with broader maternal and child health programs, as teenage mothers are at higher risk of complications related to both pregnancy and malaria.

By identifying and supporting these young mothers early, the Hope Against Malaria Project contributes not only to malaria control but also to empowering vulnerable adolescents to take charge of their health and well-being.

Zone-Level Distribution

Zone	Pregnant Women	Children Under 5	Other Household Members	Total Actual
Zirebera	93	56	90	239
Namuwongo A	65	55	92	212
Namuwongo B	61	52	80	193
Katongole	74	48	84	206
Yoka	64	48	113	225
Project	69	52	87	208
Mugalu	78	42	98	218
Kasanvu	74	45	93	212
Kanyogoga	81	72	110	263
Tebeleka	68	51	124	243
Total	727	521	971	2,219

All zones recorded strong attendance, with Kanyogoga (263) and Tebeleka (243) showing the highest turnout, possibly due to proximity and strong community mobilization.

Outcomes and Impact

1) High Community Engagement:

The 10.9% increase above the projected target reflects growing community demand for health education and accessible malaria services.

2) Improved Knowledge and Practices:

Participants gained practical knowledge on malaria prevention and dispelled long-held misconceptions, fostering positive behaviour change.

3) Access to Preventive and Curative Care:

All pregnant women received prophylaxis, while children and adults were tested and treated for malaria, bridging gaps in early diagnosis.

4) Strengthened Trust in Community Health Systems:

The peer-led approach, guided by local CHEWs, enhanced community confidence and sustainability of malaria prevention efforts.

Lessons Learned

- Peer discussions encouraged open dialogue and knowledge sharing among community members.
- Bringing services closer to the people improved participation, especially among women with limited mobility.
- The excess in attendance (219 more people than projected) signals a strong need for more frequent and broader coverage of such community engagement activities.

The peer sessions proved to be an effective platform for promoting malaria prevention and treatment within Namuwongo. The overwhelming participation highlighted the community's readiness to take ownership of malaria control efforts. Moving forward, expanding these sessions to other high-risk areas and increasing their frequency will enhance sustainability and help accelerate progress toward malaria elimination.

ACTIVITY 5:

COMMUNITY CLEAN-UPS AND ENVIRONMENTAL HEALTH MOBILIZATION

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The community clean-up exercises under the Hope Against Malaria Project were designed to address one of the root causes of malaria prevalence in Namuwongo — the presence of stagnant water and poor waste disposal, which create ideal breeding grounds for mosquitoes. Recognizing the strong link between environmental sanitation and malaria transmission, the Rotaract Club of Kampala Muyenga Breeze, in collaboration with C-Care Foundation, Malaria Partners International, and KCCA, organized four major community clean-up activities targeting high-risk zones within Namuwongo.

These activities sought not only to eliminate mosquito breeding sites but also to empower local communities with sustainable waste management practices and a sense of ownership in maintaining a clean, healthy environment.

Objectives

- To eliminate stagnant water and clogged trenches that serve as mosquito breeding grounds.
- To mobilize communities to take collective responsibility for sanitation and malaria prevention.
- To strengthen collaboration between local leadership, Rotaractors, and partner organizations in promoting public health.
- To create sustainable structures for continuous clean-up activities beyond the project period.

Implementation Approach

The clean-up exercises were jointly conducted by Rotarians, Rotaractors, C-Care medical volunteers, CHEWs (Community Health Extension Workers), and community members. Mobilization was done through community chairpersons, megaphone announcements, and door-to-door sensitization. During each clean-up, the CHEWs also conducted mass health education on malaria prevention, proper waste disposal, and environmental management.

Each participating zone received essential clean-up tools such as rakes, hoes, brooms, wheelbarrows, and gloves — all handed over to local chairpersons for continued use after the project.

Summary of Clean-Up Activities

Clean-Up Event	Date	Location	Key Activities	Participants	Highlights/Outcomes
1st Clean-Up: Kanyogoga Zone 1 (Railway Line)	August 9th, 2025	Kanyogoga Zone 1	Clearing trenches, waste collection, community sensitization	78 (Rotarians, Rotaractors, C-Care Volunteers, Community Members)	High turnout; community praised for teamwork. Tools distributed to aid future clean-ups.
2nd Clean-Up: Namuwongo Yoka Zone	September 13th, 2025	Yoka Zone	Clearing rubbish, unclogging trenches, awareness talks	95 (Community and project partners)	Reflectors distributed to boda boda riders as malaria prevention ambassadors; strong participation by local families.
3rd Clean-Up: Namuwongo II Zone (Market & Slum Area)	September 20th, 2025	Namuwongo II (Market area)	Cleaning congested market areas and trenches, education outreach	102 (Rotaractors, CHEWs, local traders, C-Care volunteers)	Market and residential area risks addressed; community pledged regular clean-ups under the chairperson's supervision.
4th Clean-Up: Kasanvu Zone (Closing Event)	September 27th, 2025	Kasanvu Zone	Final clean-up and handover of tools	120 (Rotarians, Rotaractors, C-Care, community members)	Tools officially handed to local leaders; KCCA supported waste removal; sustainability framework established.

Outcomes and Impact

- Four major clean-up days were successfully conducted across high-risk malaria zones in Namuwongo.
- Over 395 participants were directly engaged, including Rotarians, Rotaractors, C-Care medical teams, local leaders, and community members.
- Environmental health improved: Trenches were cleared, stagnant water eliminated, and waste properly disposed of.
- Behavioural change initiated: Community members gained awareness on maintaining sanitation to prevent malaria breeding sites.
- Sustainability established: Clean-up equipment was distributed to community

heads and a resolution passed that each village holds at least one clean-up day every month, supervised by CHEWs and supported by the club.

- Visibility and engagement: The activity strengthened Rotary's public image and built trust within the communities through direct action and collaboration.

The community clean-ups under the Hope Against Malaria Project demonstrated the power of collective community action in disease prevention. By combining environmental sanitation with public health education, the initiative achieved both immediate health benefits and long-term behavioural impact.

The sustained engagement of CHEWs and the monthly clean-up plan set by local leaders ensures that this momentum continues beyond the project period. The clean-up activities not only reduced mosquito breeding sites but also inspired community ownership — a crucial step toward achieving malaria elimination in Namuwongo.

ACTIVITY 6:

BODA BODA HEALTH EDUCATION SESSIONS

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The Boda Boda transport sector is one of the most influential networks in Uganda, employing over 1.2 million riders across the country. In urban communities like Namuwongo, boda boda riders are not just transporters, they are daily connectors of people, information, and communities. Recognizing their reach and influence, the Hope Against Malaria Project strategically engaged this group as community health ambassadors to promote malaria awareness and prevention.

The rationale behind this initiative was to use their extensive interaction with community members to spread accurate information, combat myths and misinformation, and inspire positive health behaviour change.

Activity Implementation

A total of four (4) health education sessions were held with 100 boda boda riders drawn from different stages across the Namuwongo slum area. These interactive sessions focused on the following key areas:

- Understanding malaria, its causes, symptoms, and transmission cycle.
- Effective prevention methods, including the use of insecticide-treated nets (ITNs) and environmental cleanliness.
- The importance of early diagnosis and treatment, and available local health facilities.
- Practical steps riders can take to educate passengers and peers during their daily work.

Each rider received a reflector jacket branded with malaria prevention messages. The reflectors served a dual purpose, that is, improving road safety and reinforcing health messages within the community.

Riders were tasked to act as malaria prevention ambassadors, using everyday conversations with passengers to share key messages on prevention and early treatment.

Outcomes and Impact

- 100 boda boda riders were directly trained and equipped as malaria ambassadors.
- Each rider is estimated to reach dozens of passengers daily, multiplying the impact of the project's health education component.
- Riders reported a deeper understanding of malaria prevention and expressed enthusiasm to share information within their circles.
- The use of branded reflectors increased both visibility and message retention, ensuring continuous public awareness even after project completion.
- This activity created a sustainable communication channel between community members and malaria prevention advocates embedded within the population.

The Boda Boda Health Education Sessions demonstrated an innovative approach to community health promotion by leveraging existing social networks for public health advocacy. Through this activity, the Hope Against Malaria Project successfully turned everyday riders into agents of change, ensuring that messages about malaria prevention continue to circulate long after the sessions ended.

Each ride now carries more than a passenger , it carries a message of hope, awareness, and action toward a malaria-free Uganda.

ACTIVITY 7:

COMMUNITY RADIO TALK SHOWS, RELIGIOUS GATHERINGS, AND MEGA PHONE HEALTH EDUCATION

ACTIVITY 7: COMMUNITY RADIO TALK SHOWS, RELIGIOUS GATHERINGS, AND MEGA PHONE HEALTH EDUCATION

To complement the on-ground malaria prevention efforts, we implemented a series of community-wide health education activities aimed at reaching every member of Namuwongo and the neighbouring communities with accurate, actionable information about malaria.

This activity sought to amplify awareness, promote behaviour change, and connect community members to prevention and treatment services. It leveraged the reach of community radio, religious gatherings, and public megaphone announcements,platforms that hold significant influence in shaping community attitudes and practices.

Implementation Approach

During the month of September, each Community Health Extension Worker (CHEW), under the supervision of their supervisors, was tasked to conduct at least one major outreach activity through any of the following approaches:

1. Religious Gatherings (Churches and Mosques)

CHEWs visited various churches and mosques in Namuwongo and neighbouring zones during regular prayer days and services.They conducted brief but impactful health education sessions focused on malaria causes, prevention, and treatment.Messages emphasized clearing stagnant water, consistent use of mosquito nets, and early diagnosis and treatment. Religious leaders expressed support and encouraged continued community participation in malaria prevention.

2. Mega Phone Health Education

Some CHEWs took to the streets, walking through densely populated areas with megaphones, broadcasting malaria prevention messages. They educated residents door-to-door, focusing on areas previously identified as high-risk for malaria transmission. When they found individuals with malaria-like symptoms, they referred them to the C-Care Foundation Clinic for management. If stagnant water or potential mosquito breeding sites were found near homes, the CHEWs worked with residents to clear or drain them immediately.

This method proved effective in reaching individuals who may not attend organized gatherings or have access to mass media.

3. Community Radio Talk Shows

Other CHEWs, together with local chairpersons and health supervisors, held radio talk shows on community radio stations. Topics covered included malaria transmission, prevention, environmental cleanliness, and community responsibility. The talk shows featured interactive call-in segments, allowing listeners to ask questions and seek clarifications.

These platforms helped dispel myths and reinforced correct malaria prevention practices across a wide audience.

ACTIVITY 8:

TESTING AND TREATMENT OF MALARIA AT C-CARE FOUNDATION CLINIC

ACTIVITY 8: TESTING AND TREATMENT OF MALARIA AT C-CARE FOUNDATION CLINIC

This activity focused on the testing and treatment of malaria among community members referred by Community Health Extension Workers (CHEWs) under the Hope Against Malaria Project. The clinic served as the central point for managing suspected malaria cases identified during door-to-door visits, peer sessions, and mass health education activities.

Monthly Clinic Attendance and Testing

Between August and October, the clinic recorded a steady increase in attendance as community sensitization intensified. A total of 508 individuals (141 adults and 267 children) visited the clinic for malaria testing and treatment, as shown below.

Category	August	September	October	Total
Adults	23	41	77	**141**
Children	67	92	108	**267**
Total Tested	**90**	**133**	**185**	**408**

Out of those tested, a total of 51 individuals were found positive for malaria and received first-line treatment.

Month	August	September	October	Total Positives
Positive Cases	11	24	16	**51**

Of these, 9 patients presented with complicated malaria and were referred to higher-level facilities for specialized care.

Referral and Clinic Turn-Up Analysis

During the three-month period, a total of 583 individuals were referred by CHEWs for malaria testing and treatment. However, only 408 (70%) turned up at the clinic for services.

Month	Referred	Turned Up	Turn-Up Rate
August	183	90	**49%**
September	209	133	**64%**
October	191	185	**97%**
Total	**583**	**408**	**70% Average**

The improvement in clinic attendance from August to October reflects growing community trust and awareness as the project progressed. However, the initial gap in health-seeking behaviour posed a major challenge to malaria management.

Key Observations and Learnings

- Increasing Uptake Over Time: The rise in clinic attendance shows that continued health education and community follow-up significantly boost health service utilization.
- Gaps in Referral Compliance: Despite strong referral efforts, a portion of community members delayed or failed to report for testing often due to competing livelihood priorities, misinformation, or perceived mildness of symptoms.
- CHEW Home Follow-Ups: To bridge this gap, CHEWs conducted home visits to trace and encourage referred individuals to seek treatment demonstrating effective

community-level health surveillance.

- Complicated Malaria Cases: The 9 severe cases highlight the ongoing risk of delayed treatment and the need for continued early detection interventions.

This activity demonstrated the importance of integrating community-based referral systems with accessible clinic services. While the increasing clinic turnout and reduced severe cases indicate success, continued follow-up mechanisms and health education remain critical in ensuring timely treatment and reducing malaria morbidity within the Namuwongo community.

CHALLENGES AND RECOMMENDATIONS

Challenges

Throughout the implementation of the Hope Against Malaria Project, several challenges were encountered across various activities, ranging from data collection to community mobilization and service delivery. These challenges provided valuable lessons for improving future community health interventions.

1) Beneficiary Identification and Registration Issues
- Many mothers could not recall their household numbers, making registration and data matching difficult.
- Some beneficiaries were not familiar with the names of their assigned CHEWs, complicating follow-up and referral tracking.
- Some CHEWs began implementing activities without using household stickers, resulting in inconsistencies during data entry and alignment.

2) Data Management Gaps
- There was no pretest or pilot for the digital data collection tool, leading to multiple manual data corrections.
- Incomplete or inconsistent data entries slowed down analysis and report compilation.

3) Community Awareness and Participation Constraints
- Some beneficiaries did not fully understand the project's objectives and expected additional services outside the malaria scope, creating unrealistic expectations.
- A few beneficiaries had relocated by the time of project implementation, affecting coverage and household follow-ups.
- Limited understanding among community members on the role of CHEWs initially hindered cooperation.

4) Resource and Logistical Limitations
- The total number of mosquito nets provided was insufficient to cover all identified households.
- Dependents of beneficiaries (especially children and spouses) were not included in the refreshment budget for peer and health education sessions.

5) Health-Seeking Behaviour and Follow-Up Gaps
- Some beneficiaries referred to the clinic for malaria testing and treatment did not report for services, limiting the full impact of community referrals.

While these challenges presented obstacles during implementation, they also served as valuable learning opportunities. By addressing the identified gaps through improved planning, community engagement, data management, and resource allocation, future phases of the Hope Against Malaria Project can achieve even greater impact and sustainability in the fight against malaria.

RECOMMENDATIONS

I. Conduct comprehensive community and beneficiary sensitization sessions before project commencement to ensure full understanding of objectives, procedures, and benefits.
II. Clearly define and communicate the roles of CHEWs and partners to improve trust and cooperation.
III. Provide both household stickers and beneficiary identification cards to simplify verification and tracking.
IV. Print numbered, laminated stickers to prevent fading and ensure durable identification.
V. Conduct a pretest or pilot of the data collection tool before rollout to minimize entry errors.
VI. Procure adequate mosquito nets to achieve full coverage for all beneficiary households.
VII. Instruct CHEWs to deliver mosquito nets to absent households on follow-up visits.
VIII. Include dependents of beneficiaries in the refreshment budget for peer sessions to encourage full household participation.
IX. Introduce reminder tools (SMS or phone calls) for referred patients to improve clinic turn-up rates.
X. Include CHEWs, data clerks, and community mobilizers in the project's human resource budget for smoother implementation.
XI. Encourage local chairpersons to institutionalize monthly clean-up days as part of their village calendar.
XII. Strengthen partnerships with KCCA and local radio stations for continuous health messaging beyond the project period.

CONCLUSION

The Hope Against Malaria Project was a comprehensive, community-driven initiative that demonstrated the power of collaboration in combating malaria through prevention, education, and early treatment. Over the three-month implementation period, the project successfully engaged multiple stakeholders including C-Care Foundation, the Rotaract Club of Muyenga Breeze, Malaria Partners International, KCCA, and local community leaders to reach thousands of residents across Namuwongo and its surrounding zones.

Beginning with the media launch, the project effectively created awareness and mobilized partnerships, setting a strong foundation for subsequent activities. The training of Community Health Extension Workers (CHEWs) and their supervisors enhanced local capacity by equipping them with vital knowledge and skills in malaria diagnosis, prevention, and community education. These CHEWs played a crucial role in the subsequent mapping, door-to-door sensitization, and peer group sessions, reaching thousands of households, including pregnant women and children under five, the most vulnerable to malaria.

The community mapping and sensitization phase revealed both the high level of malaria awareness and the continued burden of the disease in the community. This was followed by peer-led education sessions that created safe, interactive spaces for learning and behaviour change. The high attendance in these sessions, surpassing initial targets, indicated both the relevance of the initiative and the community's eagerness to learn and act against malaria.

Complementary interventions such as community clean-ups, boda boda health education sessions, and radio and religious outreach programs expanded the project's reach and ensured inclusivity across different social segments. These activities not only addressed environmental risk factors such as stagnant water and poor sanitation but also leveraged influential community networks to promote positive health practices.

At the health service level, the testing and treatment component at the C-Care Foundation clinic provided timely management of malaria cases identified through community referrals. While some gaps were noted in clinic turn-up and follow-up, the overall system demonstrated strong linkages between community outreach and clinical response. The involvement of CHEWs in follow-up visits further strengthened accountability and continuity of care.

Despite its success, the project also revealed critical lessons. Data management challenges, gaps in household identification, insufficient supplies such as mosquito nets, and limited understanding of project scope among some beneficiaries indicated the importance of stronger pre-implementation planning and beneficiary orientation. Nonetheless, these challenges offered opportunities for learning and refinement in future interventions.

Overall, the Hope Against Malaria Project achieved its goal of strengthening malaria prevention and control through a holistic, participatory approach. It enhanced local ownership, built community health capacity, and fostered sustainable systems for continued action beyond the project timeline.

The project's impact extends beyond immediate results, it empowered communities to take charge of their own health, fostered a culture of cleanliness and prevention, and laid a firm foundation for continued collaboration between health partners and community structures.

Moving forward, the lessons learned and recommendations from this phase provide a valuable framework for scaling up the initiative to other high-burden areas. With continued investment, stronger data systems, and community-driven ownership, the vision of a malaria-free Namuwongo, and ultimately a malaria-free Uganda is within reach.

Appreciation

The Hope Against Malaria Project would not have been possible without the collective effort, dedication, and collaboration of numerous partners, stakeholders, and community members who shared a common vision of a malaria-free Namuwongo.

We extend our sincere appreciation to C-Care Foundation for its leadership and great commitment to improving community health through accessible medical care, testing, and treatment. Your clinical expertise and logistical support ensured that beneficiaries received timely and effective malaria management.

Special gratitude goes to Malaria Partners International for their invaluable partnership and funding of $10,000 towards this project. Your contribution towards resource mobilization, guidance, and capacity building greatly enhanced the project's quality and reach.

We also appreciate the members of the Rotaract Club of Kampala Muyenga Breeze, the lead implementing club, for its dedication in mobilizing volunteers, coordinating activities, and ensuring the smooth execution of all interventions. Our thanks further go to the supporting Rotary and Rotaract Clubs, whose members actively participated in the community clean-ups, peer sessions, and sensitization activities.

Heartfelt appreciation is extended to the Community Health Extension Workers (CHEWs) and their supervisors, whose commitment on the ground made the project's outreach possible. You served as the bridge between the health system and the community. Your passion and service have left a lasting impact.

We acknowledge the role of local leaders, including the Zone Chairpersons, Religious Leaders, and Community Representatives, whose cooperation, mobilization, and continuous engagement fostered trust and ownership among the residents.

We are equally grateful to the Kampala Capital City Authority (KCCA) for providing logistical support during clean-up exercises and for ensuring proper waste disposal, which enhanced the project's environmental outcomes.

To the boda boda riders, peer group participants, and community members who embraced the project activities, your active participation turned the campaign into a community movement for health and change.

Lastly, we appreciate every volunteer, donor, and partner organization who contributed time, resources, and expertise to the success of the Hope Against Malaria Project. Your collaboration exemplifies the spirit of service and unity in the fight against malaria.

Together, we have not only fought malaria but also strengthened the foundation for healthier, more resilient communities.

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