

ANNEX 5

Communication and Social Mobilization for Malaria Prevention and Control in Myanmar

World Health Organization-Ministry of Health
June 2007
Yangon Myanmar



Communication and Social Mobilization for Malaria Prevention and Control in Myanmar

To further reduce the heavy burden of malaria in Myanmar, the National Vector-Borne Disease Control Programme of the Ministry of Health jointly with WHO has developed a National Strategic Plan for Malaria Prevention and Control covering 2006-2010. The Plan is guided by the Myanmar National Health Policy and by WHO/SEARO's Regional Strategy for Malaria Control. Programme partners including national and international NGOs as well as bilateral and multilateral development partners provided key inputs to the Plan.

The National Strategic Plan for Malaria recognizes that despite progress that has been made, malaria remains to be a major public health problem in the country. The national response therefore has adopted a multi-pronged approach combining case management for early diagnosis and treatment; prevention by insecticide treated bed nets; malaria surveillance and information systems and information and education and communication (IEC) and social mobilization. The IEC and social mobilization component aims to promote and sustain practices at home and in the community that should lead to accessing early diagnosis, adherence to treatment, treat bed nets with insecticide and regular use of insecticide treated bed nets. Moreover, this component should be able to use data and information from surveillance and monitoring for use in sustaining programme partner participation and donor support.

The increasing recognition of the role of IEC and social mobilization in reducing the burden of malaria in Myanmar equally requires a planned approach. Such approach should enable families and communities to understand and use available services, submit for early diagnosis and seek immediate treatment and sustain use of insecticide treated bed nets.

This proposed communication strategy intends to increase and sustain malaria prevention and treatment seeking behaviours among identified at-risk groups in particular and raise awareness of malaria prevention throughout the country. The strategy will link the various efforts of partners towards intensifying malaria prevention and early treatment. In the process, it will also increase their complementarity.

Progress of Malaria Prevention and Control in Myanmar

The Malaria Situation

Malaria continues to threaten public health in Myanmar. It has become the third leading cause of morbidity in the country despite the decline since 1990. It is still the number one cause of mortality in the country. An average of 632,000 cases and 3000 deaths per year were reported for the 1995-2004, representing 15 percent of inpatient and 10 percent of outpatient load.

Malaria is endemic in 284 out of 324 townships. Out of the 284 townships, 100 are more affected than the others where 27% of the national population live and where 53% of cases in the country are found. Seven out of 10 persons live in areas with risk of transmission. The highest malaria morbidity rates are in Rakhine State, Chin State, Kayah State, Kachin State and Tanintharyi Division. The peak transmission season is between March and December depending on rainfall and temperature.

The high risk groups are usually national races who live in a forest environment that provide income from cutting bamboo or rattan or charcoal making. Adult men engaged in these occupations stay in the forest for several days in makeshift shelters that offer no protection from mosquito bites. Malaria transmission at certain times of the year also occurs in villages within a kilometer distance from the forest rendering all age groups at risk.

Migrant workers are another major risk group. The search for economic opportunities bring them to logging, mining, road and dam construction in forested areas. Work in rubber tree and oil palm plantations also contribute to malaria risk.

One out of two persons 15 years and above with more males than females, are reported with malaria The highest incidence of malaria in pregnancy is reported in Rakhine, Kachin and Kayah. Malaria is the third leading cause of morbidity among children below 10 years (VBDC, Facts of national operation plan, Fiscal Year 2006/2007 to 2008/2009, p.3.)

The National Malaria Prevention and Control Programme

Myanmar has now a Draft Strategic Plan for Malaria for 2006-2010 in line with the global commitment to the achievement of the Millennium Development Goals. Malaria prevention and control is a key intervention to the achievement of the Goal Number 6 – Combat HIV/AIDS, malaria and other diseases, specifically, Target Number 8 – "Have halted by 2015 and began to reverse the incidence of malaria and other diseases.

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The National Malaria Programme has identified four main interventions. These are case management essentially, early diagnosis and appropriate treatment; malaria prevention by the use of insecticide treated nets and other vector control methods; malaria surveillance and information systems; and, information, education and communication (IEC) and social mobilization. These interventions are premised on the following strategic directions:

- prioritizing the most vulnerable populations and adapting strategies to their characteristics
- evidence-based malaria control, anchored on strong health systems and contributing to strengthening health systems
- malaria control implemented by a well-coordinated partnership led by the Ministry of Health
- community-based malaria control

The Programme seeks to reduce malaria morbidity by at least 50 per cent and malaria mortality by at least 75 per cent by 2010 using the 2005 baseline data. The Programme prioritizes high risk townships where by 2010:

- at least 80 percent of people are protected by using insecticide treated nets
- at least 80 percent of malaria cases receive quality diagnosis and appropriate treatment
- all 100 townships with high burdens of malaria engage the active participation of local health committees and communities in malaria prevention and control
- concerned ministries such as forestry, agriculture, irrigation, mining, home affairs and education collaborate actively with the Ministry of Health on malaria prevention and control at national and township levels
- all townships are able to plan, implement, monitor and evaluate malaria control with support from higher levels with Division and State level staff able to provide supervisory, training, operational research together with national planning, surveillance, monitoring and evaluation support
- malaria control in the context of socio-economic development

The Ministry of Health implements various activities for malaria prevention and control. These include the conduct of IEC and advocacy meetings using various means and channels. Vector control through the promotion of environmental measures is also carried out in IEC and advocacy activities. Early Diagnosis and Appropriate Treatment is promoted with the expansion of diagnostic facilities for malaria together with the distribution of rapid diagnostic test kits to rural health centers and sub-centers in remote areas; distribution of appropriate antimalarial drugs; training of BHS in case management including monitoring of drug resistance situations as well as the existence of fake drugs in the market. Surveillance, case finding and treatment and implementation of insecticide treatment of nets in epidemic situations are also undertaken. Capacity building is an important component that covers the training of health staff both in-service and pre-service.

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Partnership building within MOH and with external partners, is a component of the Ministry's malaria control programme. Community participation, involvement and empowerment is one of the major activities of the Programme including research, monitoring and evaluation.

Malaria Control Projects of Non Government Organizations in Myanmar

National NGOs

The Myanmar Medical Association introduced the "Private-Public Mix" strategy that has engaged the participation of private general practitioners in operating the MMA-Malaria Clinic. The project started in five townships with the recruitment of 10 general practitioners each. The project is scheduled to extend to 9 more townships.

The strategy aims to provide high quality affordable service from medical professionals. Patients pay for the quality diagnostic test and 3-day ACT standard treatment course for a recommended 1000 to 1500 kyat fee. In turn, interested and selected MMA members are trained in the proper usage of the rapid diagnostic test (RDT) kit and standard treatment course, for which they have to pay a minimum charge. In addition, MMA members conduct public education on malaria taking the form of health talks as well as display and distribution of patient education materials on malaria. Vendor education on the use of the prescribed treatment course and making available RDT kits and bed net treatment tablets.

The Myanmar Red Cross Society through its nationwide wide network of local Red Cross Volunteers supports national health programmes aimed at further improving the health situation of the villages. Their participation ranges from health promotion to responding to emergencies such as typhoons and floods. For the National Malaria Prevention and Control Programme, MRCS will focus on 9 townships. The Society will implement advocacy activities; training of volunteers on knowledge and skills on malaria prevention and control at home and in the community; and carry out group and community education on malaria prevention and control.

International NGOs

The 2005 Directory of INGOs lists a total of 50 INGOs and two Red Cross Movement organizations registered to operate in Myanmar (Jooris, 2005). Of these, there are 33 INGOs and two Red Cross Movement Organizations (IFRC and ICRC) working in the health sectors.

Of the 33 INGOs engaged in health activities, seven are working on malaria control projects. These are: CESVI, Malteser Germany, Merlin, MSF France, MSF Holland, MSF Switzerland and PSI. Two common objectives are being pursued. One is to help target populations have access to early diagnosis and prompt, appropriate treatment (EDPT) through mobile clinics, fixed units, support to MOH structures for diagnosis and treatment and training of village health volunteers for conducting RDT and treatment as well as malaria village education. The other objective is to increase the population's awareness for malaria

prevention and EDPT through health education, clinic promotion, bed nets distribution, distribution of insecticide treatment tablets and use of mass media materials for malaria education.

Five INGOs are implementing community health development projects. As part of such projects, these INGOs conduct health education activities on the signs and symptoms of malaria, prevention and treatment. The use of insecticide treated bed nets and use of re-impregnation tablets are encouraged through the distribution of bed nets and treatment tablets. Community or village health volunteers are also the key implementers of malaria education activities.

The Context of Communication for Malaria Prevention and Control

What do people believe, know and do about malaria?

An early series of exploratory studies on knowledge-attitude-practice on malaria and related health problems was conducted in selected townships in the dry, delta and hilly endemic and non-endemic areas (Malaria-related behaviours in Myanmar, 1994-95). In preparation for the implementation of the Roll Back Malaria Programme in 2004, studies on the health system and treatment seeking pattern were also conducted in selected sentinel townships in some states and divisions.

Some common beliefs and knowledge about malaria, its causes and symptoms and how one gets infected:

- Three beliefs relating to the cause of malaria tend to prevail. These are drinking spring or stream water, bathing in spring or stream water and eating fruits such as bananas.
- It is believed and known that mosquitoes can transmit malaria but villagers in both malarious and non malarious areas could not explain the mechanism of infection.
- There is familiarity with the symptoms of malaria such as fever and recognition that death can result.
- There is awareness that those who work in the forest as well as those who travel to known malarious areas could get malaria.
- There is low knowledge about the value of or how bed nets are treated with insecticide ranges; some have not even heard about it.

Common practices to prevent the spread of mosquitoes or avoid bites:

- Villagers cut the bushes in their surroundings, burn waste and garbage, clean the drainage or use mosquito coils to keep mosquitoes away.

- Many villagers either do not have or do not use mosquito nets for the following reasons:
 - could not afford
 - do not know where to buy
 - do not use in hot weather
 - reserve for use by visitors only
- Villagers prefer nylon or cotton bednets.

Treatment seeking behaviour include the following:

- Self medication is widely practiced owing to lack of knowledge about the availability of public health services. Family members, relatives, neighbours and traditional healers in the villages and wards are the sources of advice on self medication.

Self medication takes the form of:

- praying to the spirit when one gets high fever or drink holy water
- taking herbal medicine on advice of local healers
- taking well-known antimalarials such as mefloquine, arthemether, chloroquinine and artesunate for adults and artesunate and chloroquine for under 5 children
- Antimalarials are obtained from small pharmacies and at the hospital.
- There is lack of knowledge about the location of the nearest health facility as well as unawareness of availability of treatment services.
- Prompt treatment seeking is prevented by poverty and a perception that malaria is a common illness not needing any immediate medical attention.

What is the nature of village participation in malaria prevention and control?

A WHO-MOH team conducted joint field visit in selected townships in Mandalay and Sagaing in June 2007. Information gathered from MMCWA and MWA members indicated that villagers attend health talks on malaria among other topics. These are organized with the local health worker and local authority. The MMCWA organize families in clusters of 10 from among whom a woman leader is selected jointly with the local health staff. This woman leader receives orientation on health topics such as malaria from the local health staff. She then becomes responsible for passing on the health messages to the cluster using person-to-person communication. The members of both MMCWA and MWA also conduct village campaigns on the regular use and insecticide treatment of bed nets. With the cooperation of the village local authority, MMCWA and MWA members request local video parlours to show available video materials on malaria and other health concerns.

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What is the extent of availability of information materials on malaria prevention and control?

Merlin is conducting an inventory and review of information materials developed and produced by the Ministry of Health, UN agencies, INGOs and national NGOs. By June 2007, the ongoing collection of materials has yielded 16 print materials consisting mostly of leaflets and pamphlets and five flipcharts. Video materials produced by international NGOs number 6 These are aired on the national TV station or else shown in video parlours.



What are the available communication channels for malaria prevention and control?

Interpersonal communication networks

Word of mouth is the most common way people communicate with each other. The study on malaria treatment seeking behaviour found that family, neighbors and friends are important sources of information especially with limited access to a health facility or medical professional. In this regard, even the local pharmacy shop serves a source of information particularly among those practising self medication.

Local organizations

The national non government organizations found in all levels have demonstrated their vast potential in reaching families. Their work in health related areas is well recognized. Each member therefore becomes a village health communicator as they are now doing.

Professional organizations especially those in the medical field have equally shown their interest and active participation in the malaria prevention programme. For example, private medical practitioners are involved in counselling patients, early diagnosis and treatment of malaria.

Faith-Based Organizations

Through their community programmes, faith-based organizations offer an opportunity to integrate malaria prevention and control education. The Myanmar Council of Churches continues to demonstrate the potential of such organizations in helping villagers understand what they can do to prevent malaria at home and in the village. Other faith based organizations are actively participating in implementing Facts For Life workshops which cover health related topics including malaria prevention.

Mass media

A study on media trends in Myanmar showed the predominant use of television among metro and urban dwellers with the greatest number reported for Yangon followed by Mandalay. Younger persons aged 10-17 years followed by the 18-24 years age group make up the greatest percentage of viewers. As age increases, TV viewing decreases. Older persons tend to listen to the radio more than the younger persons. Video viewing follows the same trend as for TV. Metro and urban populations watch more video than their rural counterpart.

Media usage varies with socio economic class. Those in the higher socio economic groups reported regular use of television, radio and print. One out of five persons interviewed from the mid-upper socio economic groups use television and radio with little or irregular print readership. Two out of five individuals from the same group regularly watch television but little or did not use the other mass media channels. One in three individuals from the low socio economic groups do not use media regularly. Romance, drama series, and sports such as martial arts and soccer are the most watched television programmes. Individuals in the mid-lower socio-economic groups make up the bulk of radio listeners. Nine out of 10 individuals who read print belong to the highest socio-economic group.

Traditional media

There is a strong tradition of folk media throughout the country. Folk media artists provide services not only for entertainment purposes but performances are offered to the villages by a person wishing to mark an important event in the life cycle. These include novitiation, marriage or a head monk's funeral that bring people together. In the national campaign against avian influenza, folk media artists used the traditional *A Nyient*, *Saing Waing* and *Zat Pwe* to integrate key messages on preventing the spread of avian influenza.

Point-of-information channels

The tea shop, market, the retail store in town centers and the small shops in villages make up important points-of-information. The use of these easily available opportunities has been demonstrated in avian influenza communication programme.

The other non-traditional communication channels would include mobile channels such as trains, passenger buses, taxis, motorbikes, the itinerant food vending carts.

How do workers acquire knowledge of malaria prevention and learn skills for communicating with families and villagers?

Non government Organizations

The local health staff conduct health talks that also serve to brief village volunteers including MMCWA and MWA members who in turn will talk to families about malaria and other health related topics. On malaria, MMCWA and MWA members talk about how to trace malaria cases and demonstrate the use of insecticide treatment tablets for mosquito nets.

The Myanmar Council of Churches recruited 94 volunteer health workers in eight targeted townships in Kachin State, Chin State and Sagaing Division. Their training covered the use of insecticide treatment tablets for bed nets, use of rapid diagnostic test kits and how to use ACT.

The Myanmar Medical Association in their strategy to combine public-private participation in malaria prevention and control, recruited and trained a total of 50 private general practitioners (10 members per target townships). The participating members received RDT kits and ACT tablets dispensed free of charge but a small consultation service fee was paid by the patient. MMA members are also engaged in public education on malaria prevention.

International Non government organizations

International NGOs such as CESVI, Merlin, Save the Children, World Vision and World Concern recruit and train volunteer health workers on how to use RDT kits and ACT, use of insecticide treatment tablets for bed nets and how to conduct malaria education activities in the villages they cover. Trained village volunteers conduct health education sessions using person-to-person and group approaches aided by audio-visual aids including videos.

Population Services International employs the social marketing approach in promoting the use of insecticide treatment tablets for bed nets and ACT for treating malaria. Interpersonal communicators are recruited who conduct small and large group education sessions on transmission, prevention, diagnosis and treatment of malaria.

Communication Issues, Challenges and Opportunities

Communication for malaria prevention and control hinge very much on the extent to which individual and communication action are supported by a collective understanding of a necessary package of interventions by relevant ministries and organizations in all levels.

Communication must go beyond the traditional information and materials approach. Genuine communication demands a process of continuing interaction and dialogue with families and villages on what they can do themselves to prevent

and control malaria. This process in turn requires skills in helping families and villages decide on the action they should and could take.

In the effort to increase the effectiveness of communication in malaria prevention and control, some issues need to be considered. One has to look also at current strengths of communication in the malaria programme. The challenges that face communication for malaria prevention and control could be turned around as opportunities.

Issues

Positioning malaria as a life threatening disease holding back socio-economic development of the people

Understanding the causes, symptoms and means of preventing and treating malaria by affected families and villages alone is not sufficient to help bring down morbidity and mortality.

The real burden of malaria in terms of reduced capacity for work especially among the economically active age groups and loss or reduced wages for 39 million people who live in areas with risk of malaria transmission has to be highlighted. Pregnant women and young children are in high risk of transmission. Episodes of and death from malaria when viewed as a normal occurrence in the village will tell on the quality of Myanmar's human resources.

It should no longer be acceptable that malaria is perceived as a commonly occurring disease that goes away after each episode.

Alleviating the burden of malaria demands a multi-sectoral partnership

Malaria should no longer be seen only as a health problem. For one, the ecological determinants of the disease are not within the responsibility of one ministry alone. The interventions for malaria prevention and control call for various patterns of working relationships. These include public-public, public-private, private-private. While this multi-sectoral approach is happening, it has to be further intensified and strengthened. For example, private medical practitioners are providing diagnostic and treatment services to the public such as in the Myanmar Medical Association public-private mix strategy. Similarly, Population Services International developed the Sun Clinic scheme where private practitioners participate in providing professional medical services to the public and dispensing ACT tablets at a subsidized fee. MMCWA, MWA and MRCS are teaming up for malaria and other health-related concerns in the villages. The "influentials" in all levels such as the local authority, the school or religious leaders could help in the work of village volunteers.

Matching demand with quality services and availability of supply

Creating the demand for bed nets, insecticide treatment tablets or treatment drugs has to be matched with their availability, whether for those who are qualified to receive these at no cost or for those who might have the means to share costs. The village must be helped also in finding creative ways they themselves can implement to make needed supplies available.

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An important issue also is people's unawareness of availability of free diagnosis and treatment services.

Access - rationalizing and ensuring availability of resources for prevention and control in high risk areas

Access is a key issue particularly for those in high risk areas who are already socio-economically compromised. Current programmes that prioritize such families and villages must ensure that the needed interventions reach them. They also need to be aware of the services available to them not only malaria information materials but also insecticide treated bednets and treatment drugs. They need to know and be able to work with village volunteers in learning about preventive measures against malaria.

Strengths

Presence of a National Strategy Plan for Malaria

The National Plan recognizes the value of communication in malaria prevention and control by adopting this as one of the four main interventions. The specific objectives defined and activities identified in the Plan directly relate to the role of communication.

The National Strategy Plan serves as a guide for the communication strategy. In the same manner, the communication strategy should be able to support the achievement of the goals and objectives.

Available human resources – health staff, I/NGOs

Myanmar has the human resources or the so-called "warm bodies" who will facilitate implementation of the National Strategy Plan. Led by the Ministry of Health, the field staff in all levels provide the leadership in malaria prevention and control. The national NGOs' presence at the village level is well recognized. Their members are in direct contact with the families.

International NGOs are providing much needed services especially in the high risk areas which are usually remote and hard-to-reach. Their workers are highly trained who are an important resource for communication work and development of village volunteers.

Ongoing programmes for prevention and control at village level

Communication is already a key component of ongoing programmes implemented by the Ministry of Health, national and international NGOs. Any strengthening or intensification of the communication component could be undertaken through existing activities.

Wealth of available information materials and training guides

There is a wealth of available information materials on malaria prevention and control. These come in various formats addressing families and villages. The Ministry of Health as well as national and international NGOs conduct training in malaria prevention and control for various groups including community health

volunteers, women leaders and youth volunteers. Training guides that also cover communication are available.

Challenges

Identifying audience groups to provide access to services

The National Strategy Plan has identified malaria endemic areas and individuals and groups who are at high risk of transmission. Communication for malaria prevention and control must therefore address these areas and population groups. A clear understanding of the malaria situation will help in identifying audience groups for communication taking into consideration the issues identified earlier.

Action oriented communication

The common notion that communication is materials development, production and distribution has to shift to the idea that communication or more popularly known as "IEC", information, education and communication, is purposive and should result in a decision for action or an outcome. In the case of malaria prevention, materials should be used to facilitate the more important discussion and action taking by families and villages. Communication should also inform families and villages about the availability of high quality free treatment services at the nearest health facility.

Message accuracy, simplicity and consistency

Messages on malaria prevention and control must meet three basic criteria – accuracy, simplicity or understandability and consistency. The challenge is in helping ensure that information materials produced by any ministry or organization must be based on jointly identified key messages. Any incorrectness, vagueness or inconsistency would affect the outcome.

Engaging and sustaining participation of families and villages

A purpose of communication is helping ensure the participation of families and villages in the process of deciding the action they need to take. A better understanding of the causes and consequences of malaria can only result when families and villages are given the chance and are able to express views on how the problem affects or can affect their day to day life. The interactive nature of the process of communication must be well recognized. This should help lead to the needed action – whether to treat available bed nets, seek resources for insecticide treatment tablets or using available health services at the nearest facility.

Increasing communication capability of local workers

The interactive, participatory, two-way exchange nature of communication requires skills that will engage families and villagers in dialogue. Moving away from the traditional one-way communication methodology means helping families and villagers to raise their doubts if any about the effectiveness of using bed nets against malaria or expressing fears about the safety of insecticide treatment tablets or even expressing beliefs they have heard about the causes of malaria.

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Aside from skills building for two-way communication, learning guides for use with villagers must be reviewed to make sure that these guides are able to help the village volunteer use interactive methodologies. The guide should also be able to help the village volunteer to develop a simple plan or calendar for communication for a certain period.

Widening partnerships and coordination mechanism

A multi sectoral approach to malaria prevention and control also means expanding the participation of local influentials such as the local authority, monks, other religious leaders, the school and just about anybody whose word and example will be respected by families and villagers. Increasing the circle of participation also means generating firstly a common understanding not only of the malaria problem but also of the interventions that are practical and doable at home and in the village.

Research, Monitoring and evaluation

Informed decisions in any programme result from research, monitoring and evaluation. These are challenging in communication work. The contribution of communication to the prevention and control of malaria particularly in the high risk areas is measurable but there has to be a conscious effort in making research, monitoring and evaluation part of the communication programme. This element must not begin and end with the pre-testing of information materials. Rather it should move towards monitoring not only activities but also progress of the regular use of insecticide treated bed nets, seeking early diagnosis and appropriate and adherence to treatment from trained medical and health workers. Monitoring should also look into the extent to which families and villagers begin to discuss among themselves their experiences in malaria prevention and treatment.

Communication for Malaria Prevention and Control

Communication Framework

Communication and social mobilization for malaria prevention and control is a key intervention in the national response to Myanmar's malaria problem. This intervention supports the goal of reducing malaria morbidity and mortality according to the Millennium Development Goal. Specifically, it will contribute to the achievement of the five objectives for the year 2010. The issues, strengths and challenges of communication for malaria prevention collectively offer opportunities for action.

Communication in the National Strategic Plan means:

- Reaching identified priority audience groups for malaria prevention
- Community-based malaria control especially in strategic hard to reach areas
- Increased regular use of insecticide-treated nets

- Increased access to early diagnosis and appropriate and adherence to treatment
- Families and villages participating in health education activities, village campaign for impregnation of bed nets, seeking early diagnosis and appropriate and adhering to treatment
- Developed participatory communication skills of workers in all sectors in all levels
- Expanded and sustained partnership among sectors in all levels and among NGOs
- Resources mobilized for RDT and ACT supplies

Figure 1 presents the role of communication and social mobilization in integrating the identified national response to the malaria problem. While it is an intervention by itself, it cuts across each intervention.

National Response to Malaria Problem

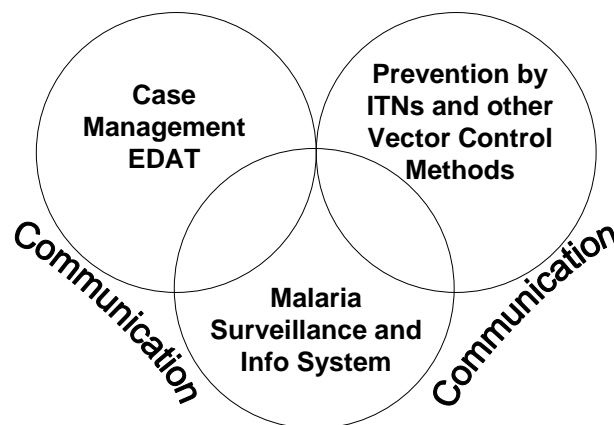


Figure 1: Communication in the national response to malaria prevention and control

Key Result Areas for Communication in Malaria Prevention and Control

The expected results for families and villages are reduction of morbidity and mortality from malaria particularly in high risk villages. To achieve results, communication will contribute in:

- Creating a supportive environment for implementation of the National Strategic Plan for Malaria Prevention and Control that will ensure that malaria is a national public health and socio-economic development priority and that free services for prevention and treatment are made known and reach families and villages in the high risk areas

- Generating and sustaining awareness of available quality services for malaria prevention and control at health facilities among families and villages in high risk areas
- Increasing practice of regular use of insecticide treated bed nets and re-impregnation whenever necessary in at least 80 per cent of the people at risk in each identified township
- Increasing practice of seeking early diagnosis and appropriate and adherence to treatment especially in the high risk areas
- Sustaining participation of families and villages in planned communication activities for malaria prevention and control
- Sustaining inter-sectoral, multi-level participation, broad-based support and acceptance of prevention and control as a strategic intervention to achieve Myanmar's commitment to malaria related Millennium Development Goal and Target.

Participant Groups

The participant groups for communication are those who have the responsibility to take the needed action to prevent the spread of malaria to the non malarious areas and control morbidity and mortality in high risk areas.

They include the following:

1. Decision makers at the national level who will:

- collaborate actively with the Ministry of Health in implementing planned malaria prevention and treatment measures in high risk townships

2. Sub-national leaders – division, state, township and village authorities who will:

- support local implementation of planned activities
- ensure that available and free prevention and treatment measures reach identified families and villages in targeted high risk areas
- safeguard the use of resources intended for families and villages in targeted high risk areas
- ensure the availability of needed medical and health services and reliable antimalarial drugs at the township and village health facilities

3. Decision makers and technical staff of various departments within the Ministry of Health who will:

- integrate malaria prevention and control messages in respective programmes and services, health education and training programmes particularly for high risk areas
- assist in monitoring delivery of free services for prevention and treatment in high risk areas
- use data and information from malaria situation in planning respective programmes and services and health education

4. *Parents, families and villages who will*

- avail of free services for early diagnosis and appropriate treatment at the nearest health facility
- be responsible for accepting and practising the regular use of bed nets anywhere especially in high risk
- submit all available bed nets for insecticide treatment on schedule as planned by the village especially in high risk areas
- seek early diagnosis and appropriate treatment from professional medical and trained health workers especially in high risk areas
- participate in health education activities, community campaign for impregnation of bed nets, inform families, friends about availability of free services for early diagnostic test and appropriate treatment

5. *Health, education, and other workers, national and international NGOs, media who will*

- update knowledge on causes and mechanism of malaria transmission, signs and symptoms of malaria, importance of early diagnosis and appropriate treatment, dangers of self medication and unreliable drugs
- reach out and motivate women, families and villages to practice recommended ways to prevent and control malaria particularly in high risk areas
- inform families and villages on availability of free services for early diagnosis and appropriate treatment at nearest health facilities

6. *Private business sector engaged in selling antimalarial drugs who will*

- safeguard quality of commercially available anti malarial drugs
- provide advice on early diagnosis and appropriate treatment

7. *International agencies who will*

- support Myanmar's National Strategic Plan for Malaria
- provide technical guidance in planning, implementing, monitoring and evaluating prevention and control measures

Communication Components

The communication components are built on the five specific objectives of the National Strategic Plan for Malaria and the approach needed to achieve these listed on page 3.

Each component has a contribution to make in achieving the key result areas for communication. A mix of the various components is necessary in helping make sure that the various identified participants are able to reinforce their contribution

to wider use of insecticide treated nets and regular seeking of early diagnosis and treatment among families and villages in the high risk areas.

As shown in Figure 2, necessarily, the components overlap with each other. For example, advocacy with decision makers in addition to having face-to-face or high level meetings and discussion will involve the preparation of briefing and advocacy information materials. Media interviews enlisting the support of the press, radio or TV for news releases or airing public information on malaria will also involve the development of materials to meet the information needs of families and villages as well working with the media to reach as many families and villages. Those working with families and villages must also develop skills in motivating them to obtain their own insecticide treated nets and use free diagnostic and treatment services at the health facility.

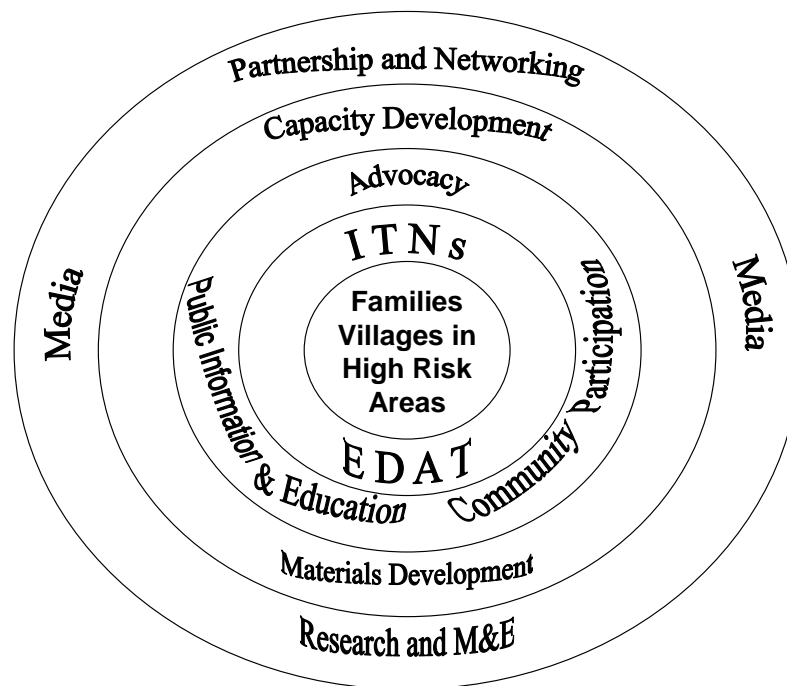


Figure 2. Communication components and their linkages

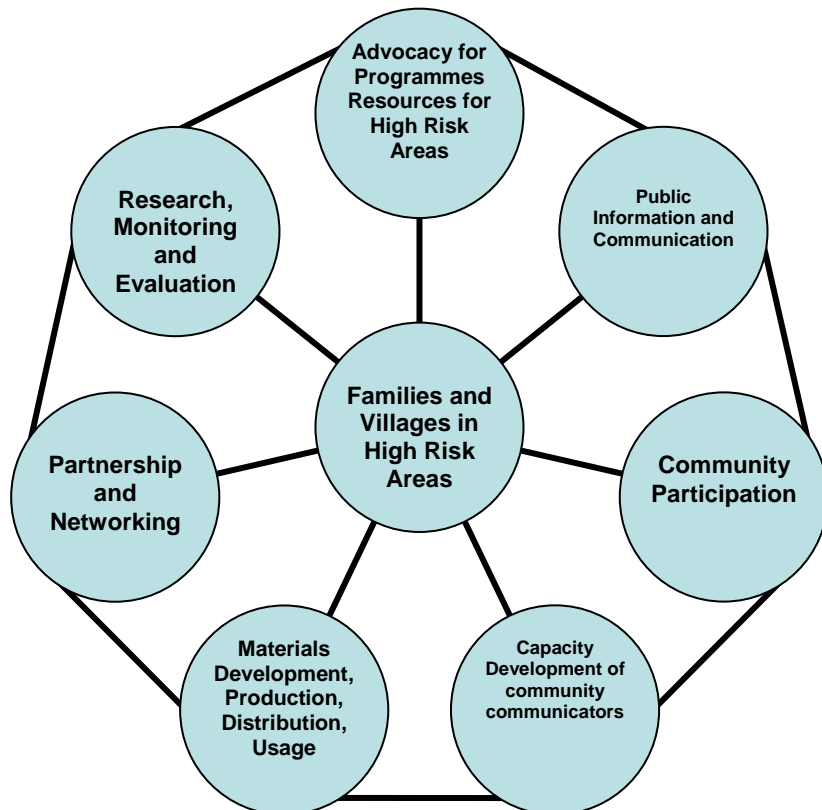


Figure 3. Families and villages at the center of communication for malaria prevention and control

At the center of communication are the families and villages particularly in the high risk areas. To reduce morbidity and mortality from malaria, families and villages will use insecticide treated bed nets and seek early diagnosis and appropriate and adherence to treatment from trained medical and health workers.

The various communication components are intended to assist families and villages not only to have knowledge about malaria but more importantly, facilitate the practice of preventive and control measures.

Each component has a specific role towards achieving regular use of insecticide treated bed nets and seeking early diagnosis and appropriate treatment, as follows:.

1. Advocacy for:

- priority for high risk areas in programmes and resource allocation of relevant ministries
- implementation of planned malaria prevention and control interventions especially in high risk areas
- safeguarding available resources and assistance for high risk areas
- use of data and information on national malaria situation for planning
- resource mobilization for the National Malaria Programme

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2. *Public information and education on:*

- correcting misinformation on causes and mechanism of malaria transmission, signs and symptoms of malaria, importance of early diagnosis and appropriate treatment, dangers of self medication and unreliable drugs
- availing free diagnostic and treatment services at health facilities in high risk areas
- using insecticide treated bed nets always and anywhere
- seeking early diagnosis and appropriate and adherence to treatment
- seeking medical advice from medical professionals and trained health workers
- cautioning against buying unreliable commercial treatment drugs

3. *Community Participation for:*

- sharing ideas, concepts and information on activities for malaria prevention and control within the family and in the village
- identifying problems preventing families to use insecticide treated nets and seeking early diagnosis and, appropriate and adherence to treatment
- proposing doable action to help solve problems identified in practicing malaria preventive and control measures
- establishing village monitoring groups for free services for malaria prevention and treatment in high risk areas

4. *Capacity development of workers and volunteers as community communicators in:*

- increased knowledge of:
 - causes and mechanism of malaria transmission,
 - signs and symptoms of malaria, importance of early diagnosis and appropriate treatment,
 - dangers of self medication and unreliable drugs,
 - availability of free services for families and villages in high risk areas
- skills in:
 - interactive, participatory communication
 - community participation
 - using available learning materials and guide on malaria
 - communication activity planning, implementation, monitoring

5. *Materials revision/development, production and distribution on*

- key messages for malaria prevention and control for families and villages in high risk areas and for general population
- key messages for advocacy with national and sub-national officials
- learning guides or tools for village workers

6. *Partnership and networking for:*

- integration of malaria prevention and control messages in regular programmes and services of departments, NGOs

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- communication resources sharing such as data and information, public information materials or training guides for communication or in health-related topics

7. Working with the media for:

- visibility of malaria prevention and control measures
- public support for malaria programme in high risk areas

8. Research, monitoring and evaluation

- using data and information for planning, making adjustments in programme and activities, and resource allocation
- measuring changes in the proportion of families and villages in high risk areas using insecticide treated nets and seeking early diagnosis and appropriate and adherence to treatment
- monitoring whether or not planned activities are being carried out. In addition, looking at implementation difficulties and action taken for any corrective measure

Implementation Plan

The proposed Implementation Plan combines the relevant components for each level of implementation.

A mix of the communication components will be implemented at each level depending on needs. More emphasis will be placed on a specific component where and when needed.

The Implementation Plan identifies the participant group for each component, defines the behavioural objectives, expected outputs or outcomes and, specifies activities that will be undertaken.

The plan assumes a holistic approach to communication that demands connectedness of the various components or strategies as well as coordination of messages in content, time and place. Increasing dialogue and interaction between and among various sectors at different levels must take place because of the need for linkages. The role of communication is to make sure that all the strategies would contribute to the common goal of allowing participants to decide and make the appropriate behavioural choice. Advocacy for example should be able to help decision makers weigh the consequences of inaction against choosing the alternative that will improve the situation of the subjects of the decision. At the same time, public awareness should enable the people to take the needed action they can do at home.

1. NATIONAL and SUB NATIONAL LEVELS: A. Advocacy

Participants	Objectives	Monitoring Indicator	Activities	In-Charge	Time Frame
1. National and sub-national officials and authorities	<p>1.1 recognized and achieved consensus on socio-econ consequences of malaria morbidity and mortality</p> <p>1.2 collaborated with Ministry of Health on specific measures relevant to respective ministries' role in malaria prevention and control in high risk areas</p> <p>1.3 agreed on and accepted measures to protect migrant workers in mining, forestry, agriculture and irrigation from malaria</p>	<p>National level</p> <p>1.1 TOR developed for Malaria Communication Group and organized</p> <p>1.2 Number conducted of & agreements made at briefings on malaria situatn and programmes</p> <p>1.3 Malaria prevention programmes and services integrated in Ministry programmes</p> <p>1.4 Cooperators' workplan</p> <p>For high risk areas</p> <p>2.1 integrated malaria messages in existing public education programmes, information materials and training programmes</p> <p>2.2 Malaria prevention programmes and services integrated in Township health and other programmes</p> <p>For migrant workers:</p> <p>3.1 ITNs provided to migrant workers</p> <p>3.2 Malaria Treatment clinics established at worksite</p>	<p>1.1 Organize with WHO, Inter-Agency Technical Working Group on Malaria Comm/ Sub-Natl Social Mobilization Team</p> <p>1.2 Launch Ceremony of 3DF and Advocacy Forum on malaria, TB and HIVAIDS situation and programmes</p> <p>1.3 Conduct at least once every six months, briefings and updates on National Malaria Plan focusing on high risk areas, within MOH and for relevant ministries, and I/NGOs, media</p> <p>2.1 Meetings/workshops and follow ups on department activities to integrate malaria programme activities</p> <p>2.2 Briefings for updating state/division/township/village local committees during regular committee meetings, on progress of malaria programme in high risk areas</p> <p>2.3 Divisional/township/village health committee/media field visits in high risk areas for observation of progress of malaria programme</p>	<p>MOH-WHO TSG; MOH, DOH, VBDC, CHEB, MRTV/News and Periodicals/ National media</p> <p>State/Div HO TMOs in high risk areas, Local media</p>	<p>By December 2007</p> <p>August 2007</p> <p>February 2008 August 2008 February 2009 August 2009 February 2010 October 2010</p> <p>September 2007; 2007-2010</p>

1. NATIONAL and SUB NATIONAL LEVELS: B. *Public Information and Education*

Participants	Message	Activities	In Charge	Time Frame
Primary <ul style="list-style-type: none"> • Parents, families, • Youth, Villages Secondary <ul style="list-style-type: none"> • Media • NGOs • INGOs • Pharmacies/vendors 	<ul style="list-style-type: none"> • Always use bed nets anywhere, preferably ITNs • Seek early diagnosis when fever is suspected to be malaria; get appropriate and follow full treatment. • Always consult a medical professional or trained health worker. 	<ul style="list-style-type: none"> • Airing of TV/radio spots/jingle on key messages • Use of existing professional bulletins/newsletters for regular update on malaria prevention and control • Celebration of National Malaria Day led by MOH, division/state/township health offices and local authorities 	MOH, DOH, VBDC, CHEB, MRTV, NGOs	July 2007-2010

1. NATIONAL and SUB NATIONAL LEVELS: C. *Materials Development*

User	Key Message	Material			In-Charge	Time Frame
		Print One-on-one	Print Group setting	Mass Media		
<p>Primary</p> <ul style="list-style-type: none"> Ministries' decision makers Division/State Authorities Township Authorities Professional organizations <p>Secondary</p> <ul style="list-style-type: none"> Media National and INGOs <p>Donors</p>	<ul style="list-style-type: none"> Myanmar has achieved progress in malaria prevention and control. Responsible officials and authorities have a key and continuing role in reducing the burden of malaria. Malaria prevention and treatment services are available free for families and villages in identified high risk areas. 	<ul style="list-style-type: none"> Advocacy Kit on the global burden and progress of malaria in Myanmar . Notes on malaria – What can you do in high risk areas and for migrant workers? <p>For Division/State/ Township Authorities</p> <ul style="list-style-type: none"> Spokesperson's Notes/Talking Points on the burden of malaria in high risk areas <ul style="list-style-type: none"> causes mode of transmission, symptoms available free services for EDAT 	<ul style="list-style-type: none"> Agenda for briefings/ Orientation/ meetings on "The Burden of Malaria and Myanmar's Response for High Risk Areas" of: <ul style="list-style-type: none"> division/state/ township/ village local/ health committees NGOs INGOs Media 	<ul style="list-style-type: none"> News/story ideas for regular TV interviews/ features on <ul style="list-style-type: none"> progress of malaria programme services for prevention and control Print news stories and features <ul style="list-style-type: none"> on family and village participation in malaria prevention and treatment services in high risk areas Development of radio/TV spots/ jingle on: <ul style="list-style-type: none"> <i>Malaria is dangerous!</i> <i>Always use bed nets anywhere</i> <i>See a medical professional or trained health worker for EDAT</i> 	MOH, DOH, VBDC, CHEB MRTV, MPE	July 2007 - Dec 2010

1. NATIONAL and SUB NATIONAL LEVELS: E. *Capacity Development*

Participants	Key Message	Activities	In Charge	Time Frame
<ul style="list-style-type: none"> • Health staff • Teachers • Media • Folk Media groups • Village leaders/volunteers • NGOs • Parent-Teachers Association • Youth groups 	<ul style="list-style-type: none"> • Health, education, information, media, NGOs, volunteers and other community workers each have the opportunity to help prevent and control malaria in the country. • Every staff and community worker is a communicator who has responsibility in motivating families and villages to always use bed nets anywhere; seek EDAT especially for those in high risk areas 	<ul style="list-style-type: none"> • Integration of malaria prevention and control in existing pre- and in-service training programmes of all departments • Integration of communication skills building in existing training programmes of department staff and workers • Review of existing/revision/development of training guides in malaria prevention and treatment, and communication skills building • Development of Q&A on malaria prevention and control for workers 	MOH: DOH, VBDC, CHEB, Department of Education, I/NGOS	July 2007-2010

2. HIGH RISK AREAS, TOWNSHIP and VILLAGE LEVELS: A. Advocacy

Participants	Objectives	Monitoring Indicator	Activities	In-Charge	Time Frame
1. Township officials & authorities, NGOs, INGOs	<p>1.1 Recognized and achieved consensus on malaria as a disease that can kill, affecting income and livelihood of families and villages</p> <p>1.2 collaborated with Township Medical Office on implementing specific measures on promoting</p> <ul style="list-style-type: none"> - use of ITNs - early seeking and free EDAT - seeking advice from medical professionals and health workers - safeguarding quality of commercially available treatment drugs <p>1.3 agreed and accepted measures to protect migrant workers in mining, forestry, agriculture and irrigation from malaria</p>	<p>Township level</p> <p>1.1 Adoption of malaria prevention as priority in local health committee activities</p> <p>1.2 Number conducted of & agreements made at Township Committee briefings on malaria situatn and programmes</p> <p>1.3 Malaria prevention programmes and services integrated in health, education and other programmes</p> <p>1.4 Township activities for malaria prevention</p> <p>For high risk families and villages:</p> <p>2.1 Integrated malaria messages in family and village health education and training activities</p> <p>2.2 Malaria prevention programmes and services integrated in Township health and other programmes</p> <p>For migrant workers:</p> <p>3.1 ITNs provided to migrant workers</p> <p>3.2 Malaria Treatment clinics established at worksite</p>	<p>1.1 Organize Township Committee briefing on malaria problem and availability of free services for high risk families and villages</p> <p>1.2 Launch Ceremony of Township Advocacy Meeting on malaria situation and programmes</p> <p>1.3 Conduct at least once every six months, briefings and updates on Township Malaria Activities focusing on high risk areas for Township Offices</p> <p>1.4 Planning and celebration of National Malaria Day</p> <p>1.5 Meetings/workshops with local NGOs to include health education and participation of high risk family in malaria prevention activities</p> <p>1.6 Briefings for division/township/village local committees during regular committee meetings, on progress of malaria programme in high risk areas</p> <p>1.7 Township/village health committee/media field visits in high risk areas for observation of progress of malaria programme</p>	TMO, VBDC, Local media	<p>By December 2007</p> <p>August 2007 February 2008 August 2008 February 2009 August 2009 February 2010 October 2010</p> <p>September 2007; 2007-2010</p>

2. HIGH RISK AREAS: TOWNSHIP and VILLAGE LEVELS: B. Public Information and Education Messages

- Always use insecticide treated bed nets anywhere
- Submit family bed nets for insecticide treatment
- Seek free services for early diagnosis and appropriate full treatment at the nearest health facility
- Always consult a medical professional or trained health worker for malaria diagnosis and appropriate treatment.

Participants	Objectives	Monitoring Indicators	Activities	In Charge	Time Frame
Primary <ul style="list-style-type: none"> • Parents • Families, • Youth • Villages Secondary <ul style="list-style-type: none"> • NGOs • INGOs • Local Pharmacies/ vendors 	<ul style="list-style-type: none"> • For families, parents <ul style="list-style-type: none"> - corrected misinformation on cause and mode of malaria transmission - explained EDAT - demonstrated EDAT - used free EDAT services at nearest health facility - cautioned against buying unreliable commercial drugs 	<ul style="list-style-type: none"> • Proportion of families able to explain: <ul style="list-style-type: none"> - cause of malaria - transmission mode - how early to seek advice on possible malaria attack - importance of EDAT - dangers of self treatment • Proportion of families using ITNs • Proportion of families seeking EDAT • Proportion of families not using self medication 	<ul style="list-style-type: none"> • Production of selected leaflets and pamphlets successfully used with families and villages • Celebration of National Malaria Week led by Department of Health, division/state/township health offices and local authorities • Conduct of planned health education on malaria prevention through: <ul style="list-style-type: none"> - BHS home visits - Local NGOs planned family/village visits - scheduled Parent-Teachers Association meetings - school subjects • Airing of TV/radio spots/jingle on key messages at local video parlours arranged by local NGOs 	MOH:DOH, VBDC, CHEB, WHO UNICEF, INGOs TMO, Township Information Office Local NGOs	July 2007-2010 September 2007; 2007-2010

2. HIGH RISK AREAS TOWNSHIP and VILLAGE LEVELS: C. *Materials Development*

User	Key Message	Material			In-Charge	Time Frame
		Print One-on-one	Print Group setting	Mass Media		
Primary <ul style="list-style-type: none"> • Parents, families, • Youth, Villages Secondary <ul style="list-style-type: none"> • NGOs • INGOs • Local Pharmacies/v endors 	<ul style="list-style-type: none"> • Malaria is a disease that can kill. It affects the income and livelihood of families and villages • Families and villages in high risk areas must make sure: <ul style="list-style-type: none"> - every family member uses an insecticide treated bed net always, anywhere - they seek EADT at the nearest health facility when malaria is suspected - seek advice only from medical professionals and trained health workers • Malaria prevention and treatment services are available free for families and villages in identified high risk areas. 	<ul style="list-style-type: none"> • Illustrated pamphlet on: <ul style="list-style-type: none"> - causes of malaria - mode of transmission - symptoms of malaria - why early diagnosis - what is appropriate treatment - why adhere to full treatment course - the dangers of self medication - why go to medical professional or trained health worker? - where to go for free diagnostic and treatment services • Use of materials that have worked successfully with families in high risk areas and for migrant workers 	<ul style="list-style-type: none"> • Use of existing flipcharts • Use of existing learning guides 	<ul style="list-style-type: none"> • Development of a radio/TV jingle on malaria • Reproduction and airing of existing video and radio materials for airing/viewing at video parlours 	MOH-DOH, VBDC, CHEB, MRTV, WHO UNICEF	July 2007 - Dec 2010

2. HIGH RISK AREAS, TOWNSHIP and VILLAGE LEVELS: D. *Community Participation*

Participants	Objectives	Monitoring Indicators	Activities	In Charge	Time Frame
<p><i>Primary</i></p> <ul style="list-style-type: none"> • Women • Parents • Families • Parent-Teachers Association • Youth groups 	<ul style="list-style-type: none"> • clarified cause of malaria and its effects on family health, income and livelihood • identified problems preventing families and villages from using bed nets regularly and seeking EDAT • selected doable action to help solve identified problems • identified village resources for malaria prevention and treatment • established village monitoring groups for free services for malaria prevention and treatment 	<ul style="list-style-type: none"> • proportion of families able to explain cause of malaria and effects on health and income • proportion of families able to suggest ways to resolve problems related to availability of ITNs • proportion of families requesting services for EDAT in the village • proportion of families able to identify and use resources for malaria prevention and control in the village • number of family clusters for health talks, monitoring families for EDAT, reminding migrant workers about malaria prevention and control 	<ul style="list-style-type: none"> • Use health talks and available opportunities for village discussion on malaria problem, prevention and control and action taking • Conduit village/family workshops on self-initiated solutions to the malaria problem 	<p>Department of Health, VBDC, TMOs Department of Education, Township Education Officers I/NGOS</p>	<p>July 2007-2010</p>

2. HIGH RISK AREAS, TOWNSHIP and VILLAGE LEVELS: E. Capacity Development

Participants	Key Message	Activities	In Charge	Time Frame
<p>Primary Audiences</p> <ul style="list-style-type: none"> • Health staff • Teachers • Media • Folk Media groups • Township and village authorities • Village leaders/volunteers • NGOs • Parent-Teachers Association • Youth groups 	<ul style="list-style-type: none"> • Health, education, information, media, NGOs, volunteers and other community workers each have the opportunity to help prevent and control malaria among families and in the villages. • Every village worker is a communicator who has responsibility in motivating families and villages to always use bed nets anywhere; seek EDAT especially for those in high risk areas; seek advice from medical professionals and trained health workers at the nearest health facility. • As a communicator, every village worker needs to have skills in engaging the participation of women, families and local leaders and apply these in learning about their doubts and beliefs and what they do at home when there is malaria and how they can help their own families prevent malaria, especially among families with migrant workers. 	<ul style="list-style-type: none"> • Orientation workshop on building skills for participatory communication for malaria prevention • Review and use of existing training guides in participatory communication skills building • Documentation and sharing of tested participatory methodologies for use by NGOs in working with families in high risk areas • Integrating how-to participatory communication skills in all training workshops on malaria and other health related topics 	<p>Department of Health, VBDC, TMOs Department of Education, Township Education Officers I/NGOS</p>	<p>July 2007-2010</p>

Organization and Management

WHO together with the Ministry of Health has taken the initiative to facilitate the development of the communication component of the Draft National Strategic Plan for. The National Malaria Control Programme under the Department of Vector Borne Disease Control has provided important inputs into the development of this communication strategy.

National Level

It is proposed that the Technical Support Group (TSG) for Malaria expand its responsibilities to cover the coordination of the communication component. Or, within the TSG, a working group could be created.

Whichever appropriate approach may be taken, the responsibilities should include planning details for implementation of proposed activities at various levels, monitoring and evaluation.

WHO could provide technical secretariat assistance to the Communication Technical Working Group. Cooperating agencies and organizations will be invited to participate in meetings as necessary.

Township/Division/State/Level

The Township Medical Office will take the leadership for organizing proposed communication activities to support the Malaria Prevention and Control Programme at this level. A counterpart working group for malaria communication at the township level could be considered to be responsible for planning and coordinating the implementation of proposed activities. Such working group could include Township offices and representatives from NGOs, faith based organizations and any other entity that would assist in implementing planned activities.

The Divisional/State Health Office should be able to provide the necessary technical and any needed coordinating support at this level. In so doing, the Office would be able to link malaria communication with other existing related groups such as the Rapid Response Team for Avian Influenza in terms of engaging participation of other Divisional Offices, NGOs, private sector and the media. The Division/State Health Office shall also provide the National TSG updates on the progress of implementing activities that will promote practice of recommended measures against malaria.

Next Steps: Implementing Mechanisms

Review and acceptance of the communication strategy

An important next step is for WHO to engage the participation of cooperators for this communication support for the National Malaria Programme. It is important that WHO and MOH share a common view of the strategic role of communication in the reduction of Myanmar's malaria morbidity and mortality. WHO and MOH have to jointly agree on the objectives of each component and their connectedness and how implementation at various levels would contribute to the ultimate behavioural outcomes at the family and village levels.

The Technical Support Group should be able to discuss the contribution of each proposed activity to the achievement of the goals and objectives of the Malaria Programme; setting specific time frames, identifying the respective responsible group; and begin to help organize the implementation of proposed activities, especially at the Township level in high risk areas..

WHO may call on the I/NGOs who have initially been invited to discuss and exchange information on current activities on malaria communication, to further review the proposed strategy and implementation plan in terms of how they could integrate this in their respective programmes.

Initializing implementation

The meeting of national and international NGOS to exchange information on current communication activities related to malaria prevention called by WHO in June 2007, has initiated a review of information materials on malaria prevention. This meeting has also led to a proposed review of training guides and materials on malaria prevention in terms of content and methodologies.

The reviews should be able to identify messages contained in existing materials and also look at the training guides in terms of capacity building for participatory communication

The result of the two reviews are key inputs to the implementation of the current communication strategy. More importantly, the reviews will synchronize message content both for public information and education on malaria prevention and control, and training of workers and village volunteers for interactive health education.

Recommendations from the two reviews should be considered in implementing the proposed relevant activities within this communication strategy. In so doing, resources for communication will be maximized towards reaching the common behavioural objectives of malaria prevention and control.

References

1. Ministry of Health, Union of Myanmar. Draft National Strategic Plan for Malaria Prevention and Control in Myanmar, 2006-2010.
2. Compass Research. Media Trends: Communication Media Channels for Programme Communication and Information Objectives. Prepared by Compass Research. Yangon. February 2006.

