

Malaria  
Control  
Series

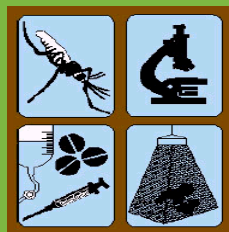
31



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL MALARIA CONTROL PROGRAMME  
**COMMUNICATION GUIDE  
FOR MALARIA CONTROL  
INTERVENTIONS**

2015 - 2020



NATIONAL  
MALARIA CONTROL  
PROGRAMME



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL MALARIA CONTROL PROGRAMME

**COMMUNICATION GUIDE FOR  
MALARIA CONTROL INTERVENTIONS  
2015 - 2020**



# Table of Contents

<b>LIST OF TABLES AND FIGURES:</b> .....	<b>4</b>
<b>FOREWORD</b> .....	<b>5</b>
<b>ACKNOWLEDGMENT</b> .....	<b>6</b>
<b>LIST OF ACRONYMS</b> .....	<b>8</b>
<b>1. BACKGROUND INFORMATION</b> .....	<b>10</b>
1.1 Malaria in Tanzania mainland .....	11
1.2 Malaria Strategic Plan (2015-2020) Vision, Mission, Goal and Objectives .....	13
1.3 Core Interventions and Strategies .....	14
<b>2. RATIONALE OF THE MALARIA COMMUNICATION GUIDE</b> .....	<b>20</b>
2.1 The role of Communication in Behavior Change.....	22
2.2 Communication as an essential tool in malaria control .....	22
<b>3. CURRENT SITUATION OF MALARIA COMMUNICATION IN TANZANIA MAINLAND</b> .....	<b>24</b>
3.1 Assessment of the current situation .....	25
3.2 Main Malaria control BCC achievements (2008 - 2013) .....	25
3.3 Behavioral Change and Access achievement (MMTSP 2008 - 2013) .....	30
3.4 Target audience .....	30
<b>4. KEY ISSUES FOR MALARIA COMMUNICATION IN TANZANIA MAINLAND</b> .....	<b>32</b>
4.2 Key Issues for Malaria Communication in Tanzania Mainland .....	33
4.2 Audience Messages and Communication Channel Matrix per priority area/problem .....	36
4.3 STRATIFICATION OF MALARIA CONTROL AND BCC OPTIONS .....	68
<b>5. MANAGEMENT FRAMEWORK FOR MALARIA COMMUNICATION</b> .....	<b>90</b>
5.1.1 The BCC unit of the NMCP .....	92
<b>6. MONITORING AND EVALUATION</b> .....	<b>100</b>
6.1 MONITORING .....	101
6.2 EVALUATION .....	101
6.3 VERIFICATION OF BCC ACTIVITIES .....	101

## List of tables and figures:

**Table 1:** Key malaria behavior indicators from DHS (2010) and THMIS (2012).

**Table 2:** Different levels of implementation, role/task.

**Figure 1:** Malaria prevalence by region.

**Figure 2:** BCC key results and achievements (THMIS 2012).

**Figure 3:** NMCP organogramme.

**Figure 4:** Departmentation of the BCC/IEC unit

**Figure 5:** NMCP governance structure indicating the position of the BCC  
Technical Working Group



## FOREWORD

This Communication guide is aligned with the Malaria Strategic Plan (MSP: 2015-2020) and it gives guidance to the implementation of Social and Behavior Change management and modification for malaria prevention, diagnosis and treatment interventions. The overall goal is to provide guidance to all actors including implementing partners, to ensure that communication efforts, messages, activities and resources are well coordinated and harmonized during the whole implementation period.

The guide outlines key communication strategies and problems for the two core strategic interventions of Integrated Malaria Vector Control and Malaria Diagnosis, Treatment, Preventive Therapies and Vaccine. It also provides key messages that will be communicated at different levels throughout the six years of the implementation. It outlines communication approaches and channels, target audiences, key promises and desired actions.

With the current high level of knowledge and exposure to many of the malaria interventions (THMIS 2012), the guide aims at sustaining that level of knowledge and also raising awareness while focusing on changing individuals, families and community behavior towards positive malaria practices. The aim is to make sure that those behaviors are adapted and maintained by these groups.

The guide takes into consideration the whole concept of malaria stratification as outlined in the current strategic plan and outlines how different SBCC options can be considered in those different malaria strata.

This communication guide will be a useful document to all implementing partners and other stakeholders, especially after being supplemented with the Standard Operating Procedures (SOPs) that shall act as regulations on how malaria messages and materials will be developed and disseminated.

I believe that the various communication approaches addressed in this guide will raise malaria profile by engaging people's positive behavior change practices and help in reducing malaria burden in Tanzania mainland.

I would therefore, like to encourage all actors at different levels, to ensure maximum operationalization of this communication guide in order to benefit targeted audiences as we envision a Tanzania Free of Malaria.

**Dr. Donan W. Mmbando**  
**PERMANENT SECRETARY**  
Ministry of Health and Social Welfare





## ACKNOWLEDGMENT

The presence of this Malaria Behavior Change Communication Guide, contributes significantly to the efforts that the Ministry of Health and Social Welfare particularly through the National Malaria Control Program as it embarks on implementing Malaria Strategic Plan (2015 - 2020). It will ensure that all actors at different levels of implementation are throughout guided to communicate with beneficiaries of malaria interventions in a consistent, scientific and organized manner to achieve desired goal.

It is with immense gratitude that I acknowledge the effort and dedication of everyone who contributed in one way or the other during the entire development process of this communication guide. The Ministry of Health and Social Welfare (MoHSW) recognizes that it was a noble job well done by all individuals and contribution from different organizations. Special gratitudes are extended to the leadership of National Malaria Control Program (NMCP) under the Program Manager and the Head of Behavior Change Communication (BCC) Unit as well as other Heads of Units at NMCP, Officials from other sections and programs within MoHSW, Leah Ndekuka, the consultant who did a desk review of past communication guide to develop a draft guide and Johns Hopkins University, Center for Communication Programs (JHU-CCPTZ) who provided needed technical assistance with support from President's Malaria Initiative (PMI).

The Ministry of Health and Social Welfare, would also like to express its appreciation to organizations that invested in completion of this communication guide, Tanzania Red Cross, Population Services International, Tanzania Communication and Development Center, Primary Health Care Center-Iringa, Research Triangle Institute, Swiss Tropical and Public Health Institute. Their contribution is highly regarded and appreciated.

**Dr. Margaret E. Muhando**  
**Ag. CHIEF MEDICAL OFFICER**  
Ministry of Health and Social Welfare





## LIST OF ACRONYMS

<b>ACTs</b>	Artemisinin based Combination Therapy
<b>BCC</b>	Behaviour Change Communication
<b>CCA</b>	Community Change Agent
<b>CCHPs</b>	Comprehensive Council Health Plans
<b>CHWs</b>	Community Health Workers
<b>CHMT</b>	Council Health Management Team
<b>CORPs</b>	Community Owned Resource Persons
<b>DHS</b>	Demographic and Health Surveys
<b>IEC</b>	Information Education and Communication
<b>IMVC</b>	Integrated Malaria Vector Control
<b>IPC</b>	Interpersonal Communication
<b>IPTp</b>	Intermittent Presumptive Treatment in pregnancy
<b>IRS</b>	Indoor Residual Spraying
<b>IVM</b>	Integrated Vector Control
<b>LLINs</b>	Long Lasting Insecticide Treated Nets
<b>MIS</b>	Malaria Indicator Surveys
<b>MMTSP</b>	Malaria Medium Term Strategic Plan
<b>mRDT</b>	Malaria Rapid Diagnostic Test
<b>PMORALG</b>	Prime Minister's office Regional Administration and Local Government
<b>PPP</b>	Public Private Partnership
<b>SBCC</b>	Social and Behaviour Change Communication
<b>SME</b>	Surveillance, Monitoring and Evaluation
<b>THMIS</b>	Tanzania HIV and Malaria Indicator Surveys





A MTANZANIA





# 1 Background Information

---

10





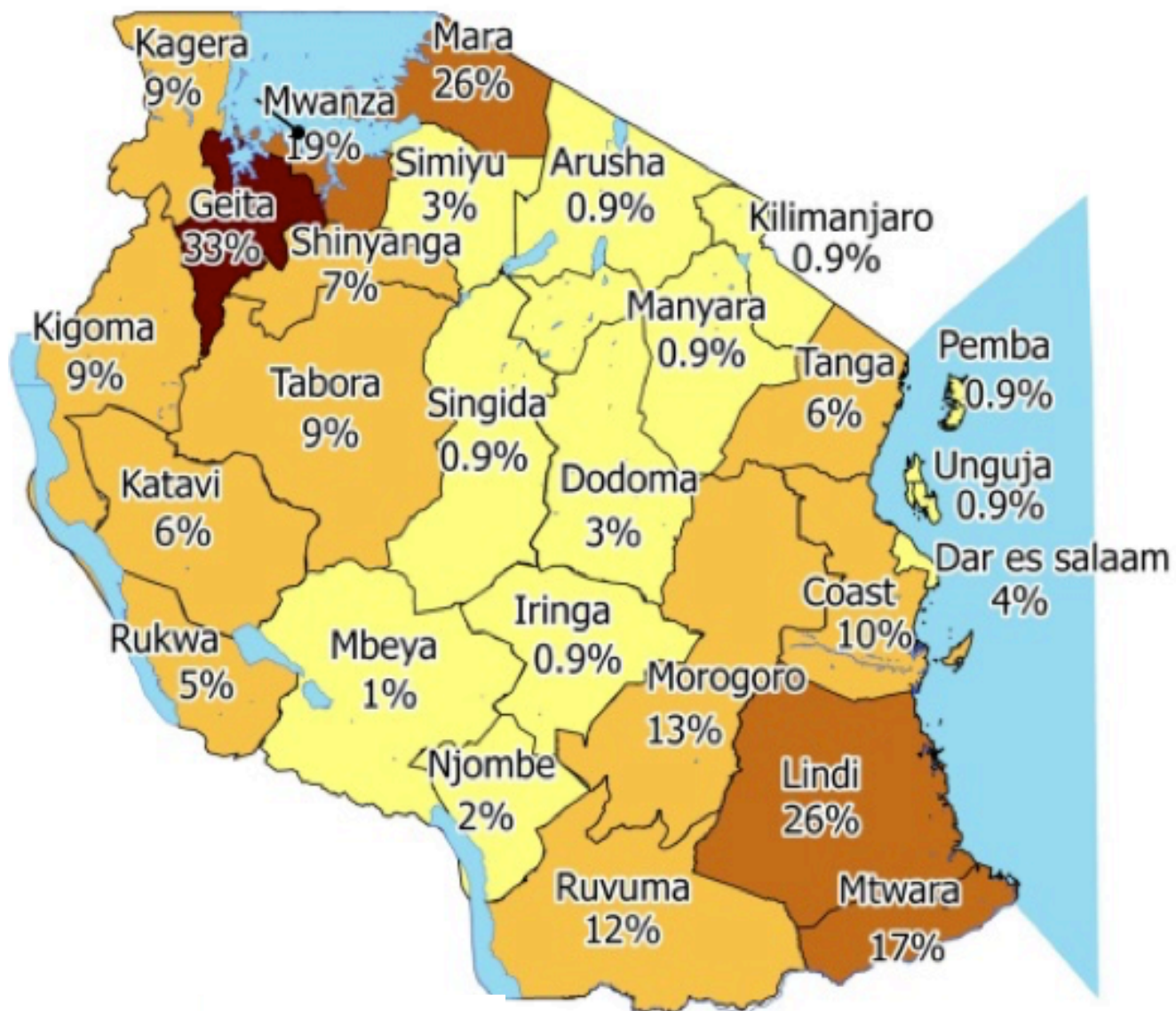
## 1.1. Malaria in Tanzania mainland

Despite the significant decrease in prevalence, malaria remains a major public health problem in Mainland Tanzania. It is a leading cause of morbidity and mortality, especially in children under five years of age and pregnant women. However, there is now better understanding about the variation in malaria risk throughout the country, which will enable the Government of Tanzania through the Ministry of Health and Social Welfare (MoHSW) and its implementing partners to scale up efforts where most needed and maintain the gains that have been achieved so far. Tanzania is entering a new era of malaria control, with a realistic possibility to reduce malaria prevalence to less than 1% by 2020. The Tanzania HIV/AIDS and Malaria Indicator Surveys (THMIS) carried out in 2008 and 2012 showed that malaria prevalence has declined by 50% from 18.1% to 9.5% respectively. However, there is considerable variation across regions. Overall, malaria prevalence decreased in all the zones and in all age groups.

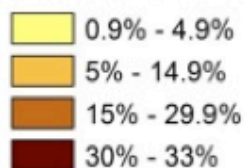
Vulnerability to malaria transmission remains high due to suitable climatic condition. Over 93% of the Tanzania mainland populations still live in areas where malaria is transmitted. Malaria also poses many societal and economic burdens due to its effect on human beings and the economy. There are both direct and indirect costs related to malaria. Directly, malaria causes illness, death, and disability. Indirectly, it causes loss in terms of time spent with sickness and treatment costs and undermines agricultural productivity and incomes. The combined effects of malaria-caused mortality, morbidity, and debility on household labor force and on community members as a whole manifest in reduced quantity and quality of labor inputs reduced economic output, and resource under-utilization. The economic impact of malaria is so high that, in developing countries, it is considered the major cause of poverty



Figure 1: Malaria prevalence by region



**Prevalence of Malaria**



Source: National Bureau of Statistics and Macro International  
Tanzania HIV/AIDS and Malaria Indicator Survey 2012/13



## 1.2. Malaria Strategic Plan (2015-2020) Vision, Mission, Goal and Objectives

The Ministry of Health and Social Welfare through the National Malaria Control Programme developed a Malaria Strategic Plan that runs from 2015 to 2020. The plan has been developed to guide the implementation, coordination and monitoring of malaria activities in Tanzania mainland starting from the national level, regional and local government authorities, development partners, implementing organisation, academic institutions and the private sector. The strategic plan has vision, mission, goal and objectives that are well stipulated to meet the desired outcome as outlined below:

### Vision

The long-term vision is that Tanzania becomes a society free from malaria.

### Mission

The mission is to ensure that all Tanzanians have access to quality, effective, safe and affordable malaria interventions through timely and sustainable collaborative efforts with partners and stakeholders at all levels

### Goal

The goal during this planning period is to reduce the average country malaria prevalence from 10% in 2012 to 5% in 2016 and further in 2020 to less than 1%.

### Strategic objectives

The following five strategic objectives support the above goal:

1. Reduce malaria transmission by scaling up and maintaining effective and efficient vector control interventions.
2. Prevent the occurrence of severe morbidity and mortality related to malaria infection through the promotion of universal access to appropriate early diagnosis, prompt treatment and provision of preventive therapies and vaccines to vulnerable groups.
3. Create an enabling environment in which individuals and household members are empowered to minimize their own malaria risk and seek proper and timely malaria treatment, if and when needed.
4. Provide timely and reliable information to assess progress in achieving established global and national targets, to ensure that resources are used in the most cost-effective manner and to account for investments made in malaria control.
5. Ensure effective programmatic and financial management of malaria control interventions at all levels, implemented through effective and accountable partnerships, with adequate funding.





### 1.3. Core Interventions and Strategies

The MSP (2015 - 2020) consists of five core interventions divided into the following strategic approaches:

1. Integrated Malaria Vector Control (IMVC).
2. Malaria diagnosis, treatment, preventive therapies and vaccines.
3. Behaviour Change Communication and Advocacy.
4. Surveillance, Monitoring and Evaluation (SME).
5. Programme management, Partnership development and resource mobilization.

#### 1.3.1 Integrated Malaria Vector Control (IMVC)

The main methods under IMVC include the use of long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS), larval source management (larviciding and environmental management). New innovations especially those that address the emerging threat of insecticide resistance and preserving the effectiveness of modern malaria vector control will be considered as they become available. Successful implementation of IMVM relies on effective collaboration with other line ministries such as the Ministry of Agriculture and Ministry of Works as well as Public Private Partnership (PPP).

Five strategic approaches to reduce man-vector contact includes the following :

- Ensure universal access of the population to LLINs in all transmission settings and control stages.
- Consolidate and expand IRS in epidemiologically and operationally suitable areas.
- Implement larviciding to complement core interventions (LLINs and IRS) in targeted communities.
- Promote environmental management amongst targeted communities. Continuously assess the evidence based on integrated vector control innovations and introduce new tools that address insecticide resistance and changing vector behaviour where and when feasible.

#### Specific Objectives and Outcomes for the Integrated Malaria Vector Control (IMVC)

The following objectives will be achieved:

1. Maintain universal access to LLINs among the population.
2. Consolidate and expand the scope of IRS interventions in selected areas using evidence-based criteria.
3. Scale-up larviciding interventions to selected urban areas where breeding sites are few, fixed, and findable. .
4. Promote effective environmental management for malaria control amongst targeted communities.
5. Introduce new innovations in vector control products and information systems to manage insecticide resistance and address changing vector behaviour.

### The expected outcomes for the above objectives are:

Indicator	Baseline 2012	Mid-term 2016	Final 2020
Percentage of population with access to an LLIN within their household (calculated as one LLIN for every two persons)	74%	80%	85%
Percentage of house structures in the country sprayed with recommended insecticide(s) during the past 12 months	12%	15%	20%
Percentage of decrease in larval density in selected areas treated with appropriate larvicides, measured on quarterly intervals	NA	80%	95%
Proportion of urban wards implementing environmental management to prevent mosquito breeding sites	NA	25%	50%
Number of evidence-based innovations for malaria vector control adopted and integrated introduced in Tanzania	NA	1	2

### 1.3.2 Malaria diagnosis, Treatment, Preventive therapies and Vaccines

Tanzania is transitioning from malaria meso-endemicity (10-50% PR) to hypo-endemicity (0 - 10% PR). The current malaria epidemiological pattern has several implications for management of suspected malaria cases and for preventing severe morbidity in specific vulnerable population groups. This component of the strategic plan aims to ensure that symptoms and signs of malaria in the general population are recognized early and that appropriate management is provided promptly at the individual, family, community, and facility levels. Appropriate management of suspected malaria cases is based on provision of quality diagnostic and therapeutic services.

The component also comprises the provision of preventive therapies services for populations at risk of malaria, such as infants and children, pregnant women, people living with HIV/AIDS, and non-immune travellers. Emphasis on appropriate malaria case management services is also advocated for special population groups (e.g., refugees, migrants, the poor) and for specific operational, epidemiological, and emergency situations (e.g., urban areas, areas underserved by health services, malaria seasonal transmission, and malaria outbreaks).

The case management component will focus on 5 strategic interventions:

- Provide universal access to quality malaria diagnosis to guide appropriate treatment.
- Provide universal access to quality malaria treatment.
- Reduce vulnerability to malaria infection among defined risk groups.
- Provide appropriate logistics arrangements for quality malaria case management commodities procurement and supply chain.
- Reduce risk of severe morbidity and mortality due to malaria in emergency situations.



### Specific Objectives and Outcomes

The following specific objectives will be achieved:

1. All people with signs and symptoms of malaria are able to access appropriate and timely malaria diagnosis.
2. All people who have malaria are able to access appropriate and timely treatment.
3. Biological and socio-economical population vulnerable to malaria has access to services to reduce the risk of malaria infection and its complications.
4. Commodities used in patient care and prevention are consistently available at the points of care and are consistently quality assured.
5. Appropriate malaria case management interventions are deployed in malaria epidemics and other emergency and resurgence situations.

### The expected outcomes for the above objectives are:

Indicator	Baseline 2012	Mid-term 2016	Final 2020
% of U5 children with fever who had a malaria test the same or next day after onset of a disease	25%	80%	80%
% Children under age 5 with fever who were treated with recommended ant malarial the same or next day following the onset of fever	33%	60%	80%
% Of women with live birth in the previous two years who received two doses or more of SP (IPTp3+)	32%	80%	80%
Proportion of public healthcare facilities with no stock outs of both antimalarial and mRDTs	NA	90%	90%
Proportion of emergency situation in which specific malaria case management interventions have been implemented	NA	80%	90%

### 1.3.3. Promotion and Advocacy for malaria Prevention and Curative services through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC).

The BCC and Advocacy guide support the implementation of the technical strategies. BCC promotes positive behaviour for prevention, health seeking, treatment and enables community members to make informed choices that will result in improved health and more effective services. This is only possible if the environment in which communities function is conducive (i.e., quality services are available; pro-malaria policies and guidelines are in place; plans and budgets include all necessary interventions for malaria control; the social and cultural norms encourage positive behaviour; communities initiate and take action to control malaria; and individuals have the right knowledge and mind-set to take appropriate action).







BCC interventions aim at reaching populations living in all transmission strata. Where needed, interventions will be tailored to address specific needs in different sub-groups, taking into account specific vulnerability, regional variations, and differences between urban and rural populations, level of education, and wealth quintile. The BCC strategy targets both primary and secondary audiences, using a range of communication channels, including mass media, community outreach, and interpersonal communication.

The five strategic approaches to reach the strategic objectives are:

- Reinforce and update knowledge amongst community members and promote desired behaviours.
- Increase knowledge amongst vulnerable groups about their specific malaria risk and the prevention and treatment options available to them.
- Influence social norms about healthy behaviours around malaria prevention and care and encourage community-based action.
- Create strong behaviour change communication (BCC) partnership amongst public and private sector stakeholders to maximize efforts, ensure consistency in approach and avoid duplication; and raise the profile of malaria amongst policy and decision makers at all levels so that national, regional and district plans include appropriate interventions and sufficient budget to implement the malaria strategy.

### Specific Objectives and Outcomes

The following specific objectives will be achieved community members of all age groups in all strata understand the malaria risk to themselves and their families, as well as the appropriate action they should take for malaria prevention and treatment-seeking.

1. Vulnerable groups with increased risk of malaria infection and complication understand and accept their specific situation and are empowered to access the relevant preventive therapy, treatment, and care.
2. Communities are actively involved in creating and promoting positive social norms about healthy behaviours around malaria prevention, treatment, and care and are initiating and implementing community-based malaria control interventions.
3. Public and private sector stakeholders are actively promoting and implementing the national malaria control strategies within their "sphere of influence" and agreed target areas in a coordinated and harmonized manner.
4. The political will and commitment to combat malaria is translated into actionable plans and budgets





The expected outcomes for the above objectives are as follows:

Outcome Indicator	Baseline 2012	Mid term 2016	Final 2020
Proportion of population (disaggregated by age and sex) with knowledge of ways to avoid and treat malaria	92%	92%	92%
Proportion of women 15-49 years who know pregnant women are at higher risk of getting malaria	90%	90%	90%
% of women who state that malaria is the most serious health problem in the community	67%	70%	75%
% of CCHPs that include malaria interventions and budgets	14%	50%	80%
Small scale and local initiatives planned and budgeted. This indicator should be well defined, even distinguished between processes indicator and behaviour indicator.	NA	5	10

### 1.3.4 Strategic Approach 4: Surveillance, Monitoring and Evaluation (SME)

- Improve reporting of routine malaria monitoring data through health management information systems and integrated disease surveillance response (IDSR).
- Strengthen and expand the M&E scope of periodic malaria indicators, including intervention coverage, quality of service provision, parasite prevalence, vector susceptibility and dynamics, medicines' therapeutic efficacy and availability of quality assured commodities.
- Establish and maintain a comprehensive Malaria Knowledge Management System, including knowledge strategy, identification, storage and sharing.
- Design and support the implementation of a comprehensive malaria surveillance system for epidemic-prone districts.

### 1.3.5 Strategic approach 5: Programme management, Partnership development and Resource mobilization

Provide effective leadership and support to stakeholders on malaria control strategies and implementation of the National Malaria Strategic Plan. Establish a comprehensive/strategic funding framework to support the process of domestic and global resources mobilization and Strengthen global and regional malaria control cooperation.





COMMUNICATION GUIDE FOR MALARIA CONTROL INTERVENTIONS 2015-2020



# 2 Rationale of the Malaria Communication Guide

---

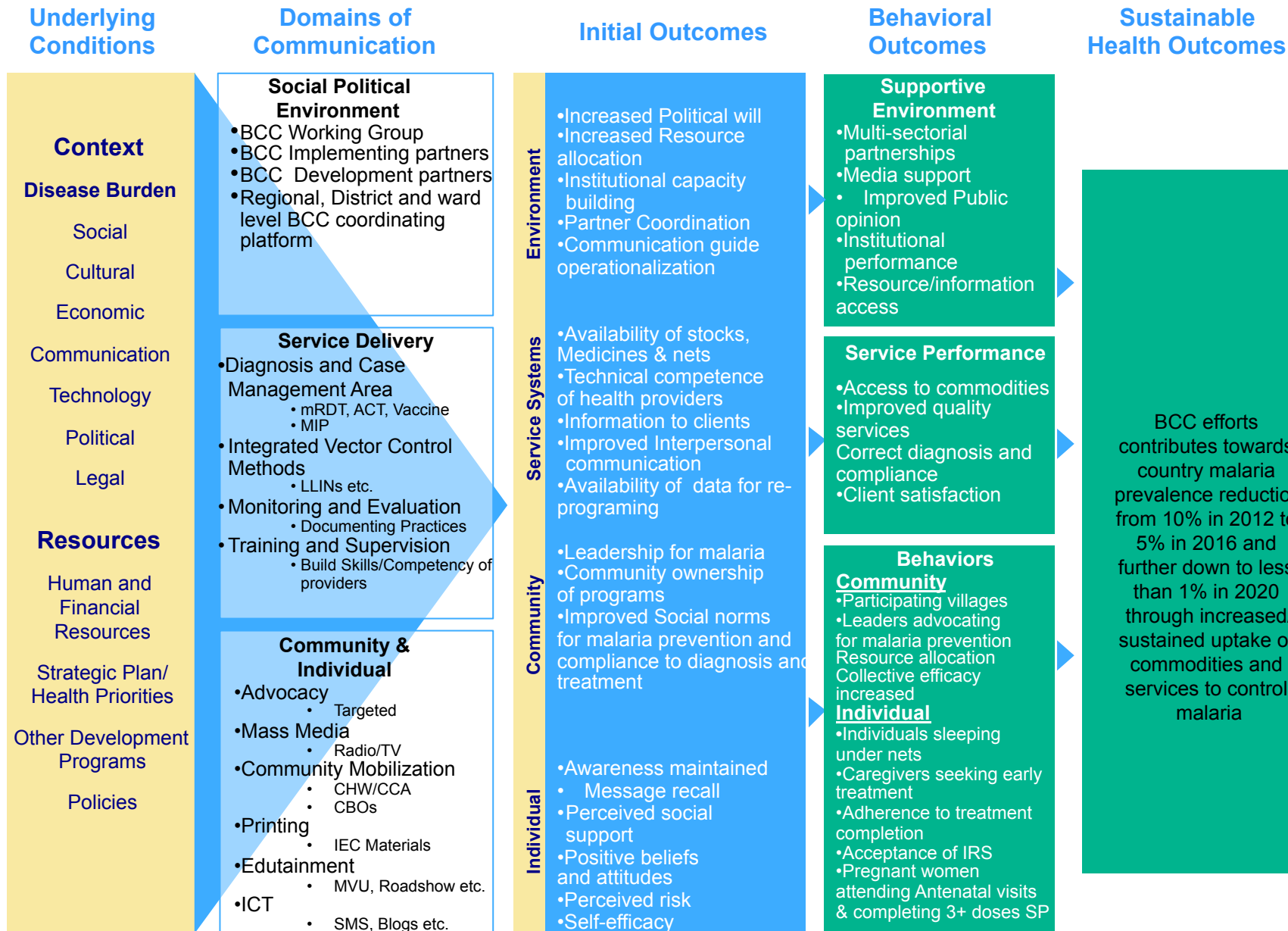
This Communication Guide provides a broad framework for SBCC and advocacy activities and it serves as a reference to ensure that those activities are objectively driven; messages are consistent and harmonized across all implementing partners. The guide identifies the priority communication areas/problems and the objectives of communicating them, it further identifies main messages per each priority problem, channels of communicating those messages and target audiences. While the MSP 2015-2020 has five strategic approaches, this communication guide focuses on addressing communication issues from the two (2) main strategies of Integrated Malaria Vector Control; and Malaria Diagnosis Treatment, Preventive Therapy and Vaccine Development.

The guide will also address advocacy and coordination issues affecting BCC component. Through the implementation of this guide, the National Malaria Control Programme and implementing partners will have the standardized and harmonized messages that will be disseminated in a well and coordinated manner.

The malaria strategic plan (2015 – 2020) has stipulated different options for malaria control interventions according to malaria stratification. This communication guide has taken into account and has addressed the implication of strategic approaches for SBCC in different malaria strata.

The use of strategic communication and evidence based approach is to ensure that all BCC partners work together towards the same goal so as to support the MSP (2015 – 2020) and NMCP in general. BCC activities for this guide will be hinged on the Pathway Framework for Malaria Prevention and Control which itemize how behaviors will be changed by looking at a big picture which involves multiple input factors that enables target audience to change their behaviors in a manner proposed. *The framework is depicted in page 21.*

# Pathways Framework for Malaria prevention and control





## 2.1. The role of Communication in Behavior Change.

Strategic Behavior Change communication plays a vital role in providing knowledge, and changing people's attitude and norms. It can play an important role in initiating or accelerating the changes that are already underway as well as reinforcing and supporting changes that have occurred. Effective communication helps intended audience and the community in general to adapt/ acclimatize the practices that promote acceptance of positive practices by providing them with correct information and understanding. Effective communication will also lead to supportive policies, legislation and resource mobilization.

Effective communication will focus on social and behavior change (SBCC). This is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviors and to provide a supportive environment which will enable people to initiate and sustain positive behaviors. Effective SBCC will contribute to:

- Increased /sustained knowledge.
- Stimulate community dialogue.
- Promote essential attitude change.
- Create demand for information, services and commodities.
- Positive advocacy.
- Improve skills and sense of self efficacy.

## 2.2. Communication as an essential tool in malaria control

Effective, well planned and executed social and behavior change communication programs contribute to achieving malaria prevention and control goals. Evidence suggests that quality and strategic social and behavior change communication can improve malaria prevention and treatment behaviors. As progress is made in mainland Tanzania towards reducing malaria prevalence, SBCC continue to become even more important. SBCC can not only be used to maintain the high level of knowledge and awareness that has been reached so far specifically in recognition of signs and symptoms of malaria and importance of preventing using LLINs, but also maintain the high coverage of exposure to malaria messages.

It will also help to reinforce positive behaviors in other malaria interventions such as the importance of IPTs to pregnant women especially after the change of policy that stipulate a minimum of 3 doses during pregnancy, and also the importance of integrated malaria vector control in different malaria strata. BCC contributes to communicate the onset of vaccines according to the guide.

Social and Behavior Change Communication should address behavior barriers that hinders the use of malaria commodities and services and help individuals and communities to overcome those barriers. Together with that the focus of SBCC should not only be in behaviors but also in advocating for proper procurement and distribution of malaria commodities and supplies so as to ensure that these commodities and supplies are accessed, used appropriately and at the







# 3

## Strategic Communication for Malaria Prevention and Control

---

24







## 3.1. Communication guide Goal and Objectives

### 3.1.1. The goal

In line with Malaria strategic plan (2015 - 2020), the goal of Communication guide is to provide a framework for guiding Malaria BCC actors and implementing partners for a well coordinated, and sustained quality communication for Malaria interventions.

### 3.1.2 Objectives

- To guide advocacy efforts aimed at political leaders, decision makers, private sector partners and community leaders in order to raise the profile of malaria and ensure increased resource allocation at all levels.
- To ensure consistent and standardized messages among all partners in malaria interventions.
- To provide a framework to guide the development and implementation of strategic, evidence-based Behavior Change Communication interventions.
- To create a platform and forum for BCC partners to harmonize and coordinate all malaria behavior change communication activities implemented by different partners in Tanzania mainland.

## 3.2. Communication Approach, Tools and Channels

The Malaria Strategic Plan (2015 - 2020) identifies the key communication problem/issues in each of the core intervention that need to be addressed.. A communication that encompass professionals who create news or want to push information to the public, people who deliver news and media to the public as well as researchers (Englin.S:2011). The MSP requires communication guide for malaria control interventions that are targeted to the right audience using the right tools and channels, therefore, the guide should be effective and strategic because it is more than just exchanging information but more importantly understanding the emotion behind the information.

### 3.2.1. Approach.

Health Communication Behavior Change is emphasized in this guide. Human behavior is complex and results from a combination of context-specific influences, including environmental factors, social norms, health policies, the quality of health services and individual knowledge. Consequently, it apply BCC, SBCC and IEC that refers to substantial set of cross-cutting health behavior change communication strategies whose emphasis is improving health and social outcome through positive influence. SBCC reflects strategic shift from providing IEC as a tool in order to influence individual behaviors towards a multifaceted process that address broader social systems and environment that influence behavior. Therefore, gives evidence and feedback to develop and monitor the multi-level, multimedia health communication and behavior change interventions that are part of core interventions according to the strategic plan (Burka Studios: 2015)





The following approach, tools and channels have been identified as the predominant ones that can be used in developing and implementing effective communication for malaria intervention:

APPROACH	TOOLS/STRATEGIES	CHANNELS	DESCRIPTION
Health Communication Behavior Change	Advocacy	<ul style="list-style-type: none"> <li>Group or one-on-one strategic discussions with policy and decision makers</li> <li>Media forum</li> <li>Meetings and forum with leaders (political, religious, private companies)</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy activities may aim at changing malaria policies, improving malaria funding, malaria resource mobilization and prioritization of malaria fund allocations at different levels of implementation, and increased political will to raise malaria profile.</li> <li>Audiences may range from high profile political leaders, national, Officials, local government officials to professional societies</li> <li>Private sector, religious</li> <li>Organizations and local leaders.</li> <li>Secure leaders commitment to policies and program that support health and promote changes social condition cause diseases.</li> </ul>
	Edu-Entertainment	Songs, drama, games, poem	<ul style="list-style-type: none"> <li>Provide entertainment while at the same time gives educational messages</li> <li>This based on tradition and popular culture in specific geographical context while providing important messages</li> </ul>





APPROACH	TOOLS/STRATEGIES	CHANNELS	DESCRIPTION
	<p><b>IEC and Job Aids</b></p>	<p>Print media (posters, fliers, newsletters, magazines, spot light pictures, flip chart (bango kitita) e.t.c.</p>	<p>mostly relay inter personal communication</p> <ul style="list-style-type: none"> <li>• Use job aids and other materials to improve health worker performance of tasks, such as BCC assessments, and caregivers' health care behaviors, such as individual early treatment seeking behavior.</li> <li>• Remind caregivers how to perform certain care giving tasks,</li> <li>• Job aids help individuals them decide what action to take, advise them when to take an action and when not to, and reduce errors and uncertainty, and IEC encourage individuals to make positive changes in health care seeking and health-related behaviors,</li> <li>• Create demand for health services</li> <li>• For health workers, job aids reduce training time (training workers to recall information from memory takes longer than training them to follow a job aid), reduce variations in carrying out tasks, and can help shift tasks to lower-cadre workers without impairing performance.</li> <li>• Job aids and other materials can remind people how to take action correctly.</li> </ul>
	<p><b>ICT's</b></p>	<p>BCC verification tools for NMCP  Electronic health data storage NMCP</p>	<p>Health data collection and storage to information based and interactive web.</p>





APPROACH	TOOLS/STRATEGIES	CHANNELS	DESCRIPTION
	<b>Mass Media</b>	<p>Print media (posters, fliers, newsletters, magazines etc)</p> <p>Electronic media – Radio (National&amp; local), Television</p> <p>Social media and websites</p>	<p>Mass media has the ability to reach a large number of individuals in a short space of time. E.g. radio has a wide coverage, is cost effective and accessible to majority of people.</p> <p>Mass media helps to promote social norms that favor malaria prevention and treatment seeking for example print media.</p> <p>raise consciousness, increase knowledge of health communication, stimulate audience to seek services.</p>
			<p>Community and social mobilization engage networks of people and aim to raise awareness of problems and the need for local solutions.</p> <p>They can also raise awareness of programs, products, or services; create wider discussion and participation in action plans and promote collective action. Mobilization strategies (such as community dialogues, high visibility activities and celebrations) can engage members to participate in specific activities (such as LLIN distribution campaigns or household IRS visits) and also generate more lasting support for programs. Community mobilization approaches can increase a sense of group efficacy and community participation and ownership engage civil society and community organization to promote social norms that support collective health objectives and challenge harmful practices.</p>





APPROACH	TOOLS/STRATEGIES	CHANNELS	DESCRIPTION
	<p><b>Interpersonal communication</b></p>	<ul style="list-style-type: none"> <li>• Provider to client</li> <li>• Peer to peer</li> <li>• Spouse to spouse</li> </ul>	<ul style="list-style-type: none"> <li>• It stimulates discussion of certain issues that are communicated. Hence creates dialogue and personal interaction between individuals</li> <li>• The messages in interpersonal communication have high credibility as there's a good relationship and trust among the communicator and trusted sources - such as ( health providers, faith-based organizations and community outreach workers)</li> <li>• IPC influences attitudes, improves knowledge and helps individuals build skills to sustain positive health behaviors.</li> </ul>
	<p><b>Advertising and Promotion</b></p>	<p>Advertisements to increase visibility of Branded products and services.</p>	<p>Spread the message about services or products. Inform and motivate through paid media such as radio, TVs, Billboards, newspapers.</p>





### 3.3 Duration of the Communication Guide

The guide complements the Malaria Strategic Plan (2015 – 2020) and covers the same period of six years. This guide will be reviewed in 2017. However periodic review can be done as need arises before 2017.

### 3.4 Target audience

The two main groups of audiences targeted and to be reached by this communication guide are:

Target group	Description
<p><b>Primary audience</b></p>	<p>Groups of people whose behavior change is key to desired results.</p> <ul style="list-style-type: none"> <li>• Individuals, general population and communities living in different malaria strata</li> <li>• Households particularly fathers, mothers and caretakers</li> <li>• Pregnant women, school children (5-15 years), non-immune travelers.</li> <li>• Health care providers</li> </ul> <p><b>Note:</b> Can be the same group under the secondary audience depending on the message and who they are for.</p>
<p><b>Secondary audience</b></p>	<p>People who directly relate to primary audience through frequent contact and who may either support or inhibit behavior change in the primary audience.</p> <ul style="list-style-type: none"> <li>• Politicians, Members of Parliament, community leaders (opinion leaders), teachers</li> <li>• Religious leaders, NGOs, FBOs, CBOs</li> <li>• private sectors</li> <li>• Media</li> <li>• Health care providers</li> <li>• Drug manufacturers, pharmacies</li> </ul> <p><b>Note:</b> Can be the same groups under the primary audience depending on the messages and who they</p>



# 4

## Key Issues for Malaria Communication in Tanzania Mainland

---

32



## 4.1 Key Issues for Malaria Communication in Tanzania Mainland

The following issues have been identified as key to the communication guide for malaria prevention and control:

MSP 2015-2020	Priority communication area/problem
Integrated malaria vector control	<ul style="list-style-type: none"> <li>• Awareness on the importance of ITNs/LLINs use needs to be sustained</li> <li>• Low awareness on the mechanisms and timings of mass replacement campaign of LLINs</li> <li>• Low level of knowledge and on IRS as a way to prevent malaria</li> <li>• Low acceptance of IRS by communities particularly at the household level</li> <li>• Low level of knowledge and awareness on larval source management as a way to prevent malaria</li> <li>• Low community involvement in larviciding activities for malaria vector control</li> <li>• Low knowledge and awareness on environmental management as a way to prevent malaria</li> <li>• Lack of community-led environmental initiatives in selected wards</li> </ul>
Malaria diagnosis, treatment, preventive therapies and vaccines	<ul style="list-style-type: none"> <li>• Sustain awareness on signs and symptoms of malaria</li> <li>• Early treatment seeking behavior (patients especially vulnerable groups must receive treatment within the same or next day of onset of fever or other signs and symptoms)</li> <li>• Testing before treatment (clients and providers)</li> <li>• Adherence to malaria test results (client and providers)- not every fever is malaria</li> <li>• Improve consistent malaria case recording through HIMS (providers)</li> <li>• Promote importance of completing treatment, key to fighting treatment failure and prevention of malaria developing resistance to drugs</li> <li>• Awareness among Pregnant Women on the importance and benefit of IPTp</li> <li>• Improved importance of early ANC attendance among Pregnant women</li> <li>• Improving Interpersonal Communication between providers and client on diagnosis and treatment of malaria</li> <li>• Availability of malaria testing and treatment commodities in health facilities</li> <li>• Awareness on rationale and importance of mass fever screening and treatment in epidemic prone areas</li> <li>• Promote malaria vaccine when available</li> </ul>



<b>Advocacy and coordination</b>	<ul style="list-style-type: none"><li>• Advocate for allocation of sufficient resources and reliable fund for malaria intervention at all levels</li><li>• Low utilization of community cost centers in the CCHPs for strengthening community engagement in the malaria interventions</li><li>• Enhance involvement of private sector in the malaria intervention</li><li>• Advocate for revising of malaria BCC indicators in MIS and inclusion of BCC indicators in DHS</li><li>• NMCP needs to assume leadership in initiating and integrating mechanisms for collecting, reporting and utilization of national and community based malaria information initiatives including SBCC</li><li>• Strengthening the capacity of regional and district teams to plan, implement and monitor malaria interventions</li></ul>
----------------------------------	--





## **4.2 Audience Messages and Communication Channel Matrix per priority area/problem**

### **4.2.1 Programme strategy 1: Integrated Malaria Vector Control**

Despite the progressive decline in malaria prevalence, Tanzania remains highly vulnerable to malaria transmission due to the climatic and geographic suitability in most of the country. To ensure the success of the objectives set for integrated malaria prevention strategy, the NMCP will focus on the targeted use of different malaria vector control methods so as to prevent or reduce human-vector contact. The main methods that will be used are the universal use of long-lasting insecticidal nets (LLINs), and indoor residual spraying (IRS) in selected areas. Larval source management (larviciding and environmental management) is complementary to LLINs and IRS. The communication guide and communication activities will focus on sustaining the level of knowledge where it is high (e.g. knowledge of the use of LLINs as a preventive method) and creating awareness on the importance and acceptance of other vector control methods that will be implemented. The implementation will focus and take into consideration the malaria stratification so as to target the right malaria vector control methods to the right malaria stratum.





**Priority communication area/problem 1:**  
**Awareness on the importance of ITN/LLIN use needs to be sustained**

<b>Communication challenge/behavior problem</b>	There is high level of knowledge and awareness on the use of LLINs as a method of malaria prevention, but due to changes in community settings and population structure, this level needs to be maintained
<b>Communication objective</b>	To maintain high level of community, household and individuals awareness of the importance of LLINs as a method of malaria prevention
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• All community members, particularly pregnant women and children under five should sleep under an LLIN every night all year round to prevent their love ones from malaria.</li> <li>• LLINs have been proved to be effective in repelling and killing mosquitoes and promote a good night sleep.</li> <li>• LLINs are safe and pose no threat to human health.</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Pregnant women, parents, caretakers of children under five, other community member</p> <p><b>Secondary:</b> Community leaders, teachers, religious leaders</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media, TVs, radio</li> <li>• Print materials - posters and fliers</li> <li>• Mid media</li> <li>• Social media</li> <li>• Interpersonal Communications – Facility based</li> <li>• CHWs</li> </ul>
<b>Key promise and support point</b>	Sleeping under LLINs prevents malaria, assure you a good night sleep and, lack of mosquito nuisance and bites and hence good health and improve in your social economic status.
<b>Desired action/response</b>	<ul style="list-style-type: none"> <li>• Everyone in the house sleeps under a net all year round especially pregnant women and children under five.</li> <li>• Households prioritize purchasing LLINs in their household budget</li> </ul>





### Priority communication area/Problem 2:

Low awareness on the mechanism and timings of mass replacement campaigns of LLINs

<b>Communication challenge/behavior problem</b>	After the past mass distribution campaigns, communities are not yet aware of the mass replacement campaign.
<b>Communication objective</b>	To create awareness on the mass replacement campaign of LLINs
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Mass LLINs replacement campaign is a way of maintaining LLINs coverage and use.</li> <li>• Coverage areas for mass replacement campaign dates and timings</li> <li>• Eligibility (who, how many, why)</li> <li>• Process for accessing nets</li> <li>• The effective lifetime of the nets is over after 3 years and needs to be replaced.</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Parents, caregivers, children and other community members</p> <p><b>Secondary:</b> Community leaders, teachers, religious leaders</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass Media: Local radio</li> <li>• Mid Media.</li> <li>• Print materials</li> <li>• Community mobilization: CHWs/CCA, Community events, announcements.</li> <li>• Public Address System</li> <li>• Health providers.</li> </ul>
<b>Key promise</b>	Replacement of nets will increase net ownership and use and hence help in preventing malaria.
<b>Desired action/response</b>	All eligible community members follow procedures for accessing free nets through mass replacement campaign



**Priority communication area/problem 3:**  
**Low level of knowledge on IRS as a way to prevent malaria**

<b>Communication challenge/behavior problem</b>	Insufficient knowledge on IRS and how it prevent malaria
<b>Communication objective</b>	To increase knowledge among community and household member where IRS is being implemented on IRS and how it prevent malaria
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• IRS is an effective way to kill the mosquitoes that transmit malaria</li> <li>• Reducing mosquitoes reduces malaria in the community</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Households and other community members where IRS is being implemented</p> <p><b>Secondary:</b> Community leaders, religious leaders</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: TV, Radio including local radios</li> <li>• Print materials: At the health facility, community centers and other important locations</li> <li>• Mid media</li> <li>• Community mobilization with CHWs</li> </ul>
<b>Key promise and support point</b>	IRS is a safe and effective method to prevent malaria
<b>Desired action/response</b>	Cooperate with sprayers and comply with spraying instructions



**Priority communication area/Problem 4:**  
**Low acceptance of IRS by communities particularly at household level**

<b>Communication challenge/behavior problem</b>	Inadequate community acceptance of IRS, households questioning the safety of insecticides, and inconveniences associated with do's and don'ts during and after spraying. e.g. moving households items outside the house prior to spraying and in after spraying
<b>Communication objective</b>	Increase community acceptance of IRS and participation in the exercise
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• IRS is a safe and effective way to prevent malaria</li> <li>• IRS does not bring about infestation of other insects</li> <li>• IRS is important in preventing and controlling malaria in epidemic-prone areas</li> <li>• IRS benefits outweigh the work that the households need to do to prepare for spraying</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Households and community members <b>Secondary:</b> Community leaders, religious leaders
<b>Message Delivering channels</b>	Mass Media - TV, radio including local radios Print materials Community mobilization - CHWs
<b>Key promise and support point</b>	<i>IRS is an effective and safe method to prevent malaria. It repel, kills malaria mosquitos and ensure you a comfortable sleep</i>
<b>Desired action/ response</b>	<ul style="list-style-type: none"> <li>• Households cooperate with sprayers and comply with spraying instructions</li> <li>• Households and community members advocate for IRS with other community members</li> <li>• Community members take ownership of IRS activities within the community</li> </ul>







**Priority communication area/ Problem 5:**  
**Low level of knowledge and awareness on larvae source management as a way to prevent malaria**

<b>Communication challenge/behavior problem</b>	There is insufficient knowledge among community members on larvae source management as a way to kill anopheles larvae hence preventing them to becoming adult malaria causing mosquitoes.
<b>Communication objective</b>	Increase community knowledge and awareness on larva source management as a way to prevent malaria in areas where breeding sites are few, fixed and findable
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Larviciding involves the application of insecticides to water bodies to kill larva who may turn into adult malaria-transmitting mosquitoes</li> <li>• Larviciding is a safe and effective way to kill mosquito larvae</li> <li>• Reducing malaria-transmitting mosquitoes reduces malaria in the community.</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Community members</p> <p><b>Secondary:</b> Community leaders</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Interpersonal</li> <li>• Mid media</li> <li>• Print materials</li> <li>• CHWs</li> </ul>
<b>Key promise and support point</b>	Larvae source management will decrease malaria mosquito population in your community hence reduction in malaria transmission
<b>Desired action/ response</b>	Community members accept and support larviciding activities in their community





**Priority communication area/problem 6:**  
**Low community involvement in larviciding activities for malaria vector control**

<b>Communication challenge/behavior problem</b>	Low community involvement in identification of breeding sites, CORPs limited or lack of access to compounds with breeding sites e.g. fenced compounds like industrial areas and middle and high level social class communities whereby owners tend to be difficult to allow CORPs entering in.
<b>Communication objective</b>	Increase the proportion of community and household members who involve themselves in larviciding activities
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Larviciding is a safe and effective way in preventing malaria</li> <li>• The prevention of malaria in the community is everyone's responsibility</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Households and community member <b>Secondary:</b> Community leaders
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Interpersonal</li> <li>• Mid media</li> <li>• Print materials</li> </ul>
<b>Key promise and support point</b>	Larviciding will decrease malaria mosquito population in your community hence reduction in malaria transmission
<b>Desired action/response</b>	<ul style="list-style-type: none"> <li>• Community members participate in planning for community larviciding activities.</li> <li>• Community members participate in monitoring of larviciding activities</li> <li>• Community members advocate for larviciding in their community amongst peers as well as leaders</li> </ul>



**Priority communication area/problem 7:****Low knowledge and awareness on environmental management as a way to prevent malaria**

<b>Communication challenge/behavior problem</b>	Community and household's knowledge and awareness on involvement and participation in environment management is low. Community members need to have a clear knowledge of what is their role in environment management. Local governments authorities need to be encouraged take a leading role in implementation of environmental management.
<b>Communication objective</b>	To Increase knowledge and awareness among community members on the contribution of environment management in malaria prevention
<b>Main messages</b>	<ul style="list-style-type: none"> <li>You can take simple steps to change the environment around your home and prevent mosquitoes from breeding.</li> <li>Eliminating breeding sites reduces the mosquito population and therefore prevents malaria</li> <li>As the government authority you play a big role in implementing environmental management through planning, regulation and involving community members and other stakeholders</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Heads of households, household members, community members</p> <p><b>Secondary:</b> Community leaders, law enforcers (Local Government)</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>Mid media</li> <li>Print materials</li> <li>Interpersonal communication</li> <li>Social and community mobilization</li> <li>CHWs</li> </ul>
<b>Key promise and support point</b>	Environmental management will reduce breeding sites in your community hence reduction in malaria transmission
<b>Desired action/response</b>	<ul style="list-style-type: none"> <li>Households and community are able to demonstrate environmental management practices around their surroundings</li> <li>Local government authorities are able to implement environmental management in their respective authorities.</li> </ul>





**Priority communication area/problem 8:**  
**Lack of community-led environmental initiatives in selected wards**

<b>Communication challenge/behavior problem</b>	Community members do not plan and initiate any environmental measures to control breeding sites in their areas..
<b>Communication objective</b>	To increase the proportion of community members and local government authorities who can plan and implement community led environmental initiative for malaria prevention
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Environmental management reduces mosquito breeding sites and therefore reduces malaria</li> <li>• As a community you can greatly improve your health and welfare by working together to eliminating breeding sites</li> <li>• Local governments authorities need to be encouraged to take a leading role in implementation of environmental management by engaging community members</li> <li>• There is a need of advocacy at the ward level to initiate environmental management measures.</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Community members <b>Secondary:</b> Community leaders
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mid media</li> <li>• Print</li> <li>• Interpersonal</li> <li>• Social mobilization</li> </ul>
<b>Key promise and support point</b>	<i>Environmental management will reduce breeding sites in your community hence reduction in malaria transmission</i>
<b>Desired action/ response</b>	<ul style="list-style-type: none"> <li>• Advocate for environmental management in the community</li> <li>• Initiate environmental management activities within the community</li> </ul>







#### **4.2.2 Programme Strategy 2: Malaria Diagnosis, Treatment, Preventive Therapies and Vaccine**

To achieve the target under this strategy, the NMCP will focus on ensuring that symptoms and signs of malaria in the general population are recognized early and that appropriate management is provided promptly at the individual, family, community, and facility levels. Appropriate management of suspected malaria cases is based on provision of quality diagnostic and therapeutic services. Additionally, the component comprises the provision of preventive therapies services for populations at risk of malaria, such as infants and children, pregnant women, people living with HIV/AIDS, and non-immune travellers. Emphasis on appropriate malaria case management services is also advocated for special population groups (e.g., refugees, migrants, the poor) and for specific operational, epidemiological, and emergency situations (e.g., urban areas, areas underserved by health services, malaria seasonal transmission, and malaria outbreaks). All this will be supported by communication efforts to ensure the acceptance of the intervention itself by the community and advocate for the availability of malaria treatment and tests commodities and supplies to health facilities.

**Priority communication area/problem 1:**  
**Sustain awareness of signs and symptoms of malaria**

<b>Communication challenge</b>	Sustain and maintain the level of awareness on the signs and symptoms of malaria due changes in community settings and population structure
<b>Communication objective</b>	To sustain level of awareness to audience on recognition of signs and symptoms of malaria.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• It is important to recognize signs and symptoms of malaria early and take appropriate action.</li> <li>• Malaria present with a variety of signs and symptoms</li> <li>• Only one sign of malaria or symptoms is enough to take action, seek treatment within 24 hours</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Parents and caretaker, Pregnant women, travelers and migrants, School age children/ youth, Sickle cell and anemia patients, People living with HIV/AIDS ( PLWHA)</p> <p><b>Secondary:</b> Community leaders, religious leaders, health workers, CHWs/CCA</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Social media: websites, blogs,</li> <li>• Print materials: leaflets, brochures, fliers</li> <li>• Community mobilization – IPC</li> </ul>
<b>Key promise and support point</b>	<i>Recognition of signs and symptoms of malaria will help in seeking early treatment and getting the right treatment within the same or next day of onset of signs and symptoms</i>
<b>Desired action/ response</b>	Target audience able to take quick action after noticing signs and symptoms of malaria.



### Priority communication area/problem 2:

Early treatment seeking behaviour (patients especially vulnerable groups must receive treatment within the same or next day of onset of fever or other sign and symptoms)

<b>Communication challenge/behavior problem</b>	Parent, caretakers and individuals are not seeking proper treatment early because community norms have shaped people to take actions when the situation gets worse for the sick person. Early remedial attempts includes self-medication and wait to see the effect of the medication taken
<b>Communication objective</b>	Increase the proportion of parents, caretakers, individuals (especially vulnerable groups) who seek prompt treatment early
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Go to health facility immediately after recognizing the fever or other potential signs and symptoms of malaria</li> <li>• The cost of treating malaria is not as high as losing a person to malaria</li> <li>• Delay in seeking treatment can lead to severe malaria which may be hard to manage and could lead to death.</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Parents and caretaker, Pregnant women, travelers, School age children/youth, Sickle cell and anemia patients, People living with HIV/AIDS- PLWHIV,</p> <p><b>Secondary:</b> Community leaders, religious leaders, health workers, CHWs</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Print materials: leaflets, brochures, fliers</li> <li>• Social media: websites, blogs,</li> <li>• Community mobilization CHWs</li> <li>• IPC with health providers</li> </ul>
<b>Key promise and support point</b>	Responding early to prompt malaria treatment will reduce the risk of getting malaria complications and losing life of your loved ones.
<b>Desired action/ response</b>	Patients are able to seek treatment same or next day of onset of fever or other sign and symptoms





**Priority communication area/problem 3:  
Testing before treatment (clients and providers)**

<b>Communication challenge/behavior problem</b>	Individuals, parents and community members tend to make self-diagnosis and self-medication. They tend to take malaria medication without any confirmed laboratory diagnosis Providers also tend to treat malaria cases without laboratory confirmation
<b>Communication objective</b>	<ul style="list-style-type: none"> <li>• Increase the proportion of patients who test before using any malaria medication</li> <li>• Increase the proportion of providers who treat basing on confirmed laboratory results</li> </ul>
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Malaria test services are available in all health facilities</li> <li>• Malaria Rapid Diagnostic Tests (mRDTs) are available in both public and private health facilities.</li> <li>• mRDTs are affordable</li> <li>• Not every fever is malaria, go and test before treatment, that way you can get right medication, get better and you will not waste money on medicine you do not need</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Mother, father and caretaker, Pregnant women, travelers and migrants, School age children/youth, Sickle cell and anemia patients, People living with HIV/AIDS(PLWHIV)</p> <p><b>Secondary:</b> Health workers, Community and religious leaders, CHWs</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Social media: websites, blogs etc.</li> <li>• Mobile SMS</li> <li>• Print materials: leaflets, brochures, fliers, banners, billboards</li> <li>• Community mobilization – IPC</li> </ul>
<b>Key promise and support point</b>	Malaria is a treatable disease, ACTs are effective drug for treating malaria. If found negative through a blood test, true cause of your problem will be known and managed
<b>Desired action/ response</b>	Target audience able to go and test before taking treatment



### Priority communication area/problem 4:

#### Adherence to malaria test results (clients and providers) - Not every fever is malaria

<b>Communication challenge/ behavior problem</b>	<p>Client and health professionals disregard laboratory results (specifically mRDTs results) especially when they are negative. Client when they feel symptoms they tend to believe that it is malaria and providers tends to treat malaria negative cases as positive ones without any laboratory confirmation. When the lab results turn out negative they don't believe them and proceed to treat as confirmed malaria cases.</p>
<b>Communication objective</b>	<ul style="list-style-type: none"> <li>• Increase the proportion of clients who trust and accept the sets results</li> <li>• Increase the proportion of prescribers who trust the lab test results and treat malaria accordingly</li> <li>• Increase motivation of clients to continue early health seeking behavior after onset of malaria like symptoms</li> </ul>
<b>Main messages</b>	<p>client</p> <ul style="list-style-type: none"> <li>• Not every fever is malaria, do not take malaria treatment if the results are negative.</li> <li>• Not every fever is malaria trust the test results</li> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria</li> </ul> <p>Provider</p> <ul style="list-style-type: none"> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria.</li> <li>• All patients should be tested with a malaria test to confirm diagnosis</li> <li>• Adhere to MOHSW guideline which require confirmatory diagnosis</li> <li>• Only prescribe antimalarial to patient who test positive</li> <li>• Look for other cause of fever if the malaria test results are negative and manage the fever.</li> <li>• mRDTs are quick and accurate</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Parents and caretakers, Pregnant women, patient with malaria like symptoms,  <b>Secondary:</b> Community and religious leaders, CHWs`</p>



<b>Message Delivering channels</b>	<ul style="list-style-type: none"><li>• Mass media: radio, TVs, newspapers,</li><li>• Social media: websites, blogs etc.</li><li>• Mobile SMS</li><li>• Print materials: leaflets, brochures, fliers, banners, billboards</li><li>• Community mobilization – IPC</li></ul>
<b>Key promise and support point</b>	Treating malaria based on confirmed laboratory results will lead to rational use of antimalarials and decrease the overall cost of treatment
<b>Desired action/ response</b>	Target audience able to adhere to test results





**Priority communication area/problem 5:  
Improve consistent malaria case recording through HMIS (Providers)**

<b>Communication challenge/behavior problem</b>	There is inconsistency in recording of cases through the HMIS resulting from poor recording of confirmed and unconfirmed malaria cases. There is a need to improve recording of Tested cases, Treating confirmed cases and Tracking diseases through timely and accuracy surveillance system (3Ts)
<b>Communication objective</b>	To improve providers consistency in recording of confirmed and unconfirmed malaria cases in HMIS.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Every suspected malaria cases should be tested and recorded</li> <li>• Every confirmed case should be treated with quality assured antimalarials and recorded</li> <li>• Malaria cases should be tracked through a timely and accurate surveillance system.</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Health providers (laboratory technicians, prescribers)
<b>Message Delivering channels</b>	Job aids, leaflets, posters
<b>Key promise and support point</b>	<ul style="list-style-type: none"> <li>• Accuracy and consistency in recording of confirmed malaria cases will improve the quality of care and ensure that anti malarials are used rationally.</li> <li>• Improved surveillance for malaria cases and deaths will help to determine which areas of population groups are most affected and hence help to target resources to where they are needed most</li> </ul>
<b>Desired action/ response</b>	Health care providers recording with accuracy and consistency all malaria cases in HMIS.





**Priority communication area/problem 6:**  
**Promote importance of completing treatment, key to fighting treatment failure and prevention of parasite developing resistance to drugs**

<b>Communication challenge/behavior problem</b>	Patients are not completing the drug doses especially when they start feeling better. They are not aware of the danger of not completing the doses.
<b>Communication objective</b>	To increase the proportion of patients, parents and household members who are aware on the importance of completing the drug doses.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Use recommended antimalarials for better recovery</li> <li>• Complete the full dose of malaria for better recovery and prevent resistance.</li> <li>• The recommended antimalarials are effective and have been approved by the WHO and MOHSW.</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Parents and caretakers, Pregnant women, patient with malaria like symptoms.</p> <p><b>Secondary:</b> Community and religious leaders, CHWs</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Social media: websites, blogs etc.</li> <li>• Mobile SMS</li> <li>• Print materials: leaflets, brochures, fliers, banners, billboards</li> <li>• Community mobilization – IPC</li> </ul>
<b>Key promise and support point</b>	<i>If you complete the your prescribed malaria treatment you will enhance your recovery and reduce the possibility of a more severe recurrence</i>
<b>Desired action/ response</b>	Patients and caretakers take the right medication, ensure that treatment is completed and taken correctly.





**Priority communication area/problem 7:**  
**Awareness among pregnant women on the importance and benefits of IPTp**

<b>Communication challenge/behavior problem</b>	There is inadequate knowledge among pregnant women and their partners on the importance and benefit of full course of IPTp. Most do not understand why they are taking the tablets.
<b>Communication objective</b>	Increase knowledge among pregnant women and their partners on the importance and benefit of IPTp and hence pregnant women complete the full cycle of IPTp
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Pregnant women are more at risk of getting malaria than most other people, this is because being pregnant lower the body ability to fight disease and the malaria parasite can hide in the placenta and affect the growth of unborn baby even if the mother seems well. Receive at least 3 doses of SP when you are pregnant.</li> <li>• Now the recommendation is to receive 3 doses of SP during pregnancy in order to give the unborn babies more protection against the effect of malaria during pregnancy</li> <li>• Malaria during pregnancy could lead to low birth weight and miscarriage</li> <li>• (Provider) The first dose of SP can be administered at 14 weeks with subsequent doses at very ANC as long as their one month apart.</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Pregnant women <b>Secondary:</b> spouses, birth supporters (in laws, aunties etc.), Health care providers
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Social media: websites, blogs etc.</li> <li>• Mobile SMS</li> <li>• Print materials: leaflets, brochures, fliers, banners, billboards</li> <li>• Community mobilization – IPC</li> </ul>
<b>Key promise and support point</b>	<i>IPTp is safe and effective, it is for your life and the life of your unborn baby and to assure you have a healthy baby. You need to take at least 3 doses of SP during your pregnancy.</i>
<b>Desired action/response</b>	Pregnant women take at least 3 doses of SP according to the recommended schedule



**Priority communication area/problem 8:**  
**Improved importance of early ANC attendance among pregnant women**

<b>Communication challenge/behavior problem</b>	Some pregnant women book late for ANC as a result they don't get full dose of SP during their pregnancy.
<b>Communication objective</b>	Increase the proportion of pregnant women who attend early to ANC
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Disclose your pregnancy and attend early to ANC to get a bundle of appropriate services</li> <li>• Attend ANC services early enough to receive bundle of services</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Pregnant women</p> <p><b>Secondary:</b> Spouses, birth supporters (in laws, aunts), community leaders, religious leaders.</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Social media: websites, blogs etc.</li> <li>• Mobile SMS</li> <li>• Print materials: leaflets, brochures, fliers, banners, billboards</li> <li>• Community mobilization – IPC</li> </ul>
<b>Key promise and support point</b>	By booking early for ANC, a bundle of services will be provided to ensure healthy growth of your unborn baby and your own health as well
<b>Desired action/response</b>	Pregnant women are able to attend ANC services early and get appropriate services in time



**Priority communication area/problem 9:**  
**Improving IPC between providers and clients on diagnosis and treatment of malaria**

<b>Communication challenge/behavior problem</b>	IPC among healthcare providers who treat malaria and their clients need to be improved so as to provide a good relationship and rapport. This will help in transferring knowledge to clients so that they can understand clearly the diagnosis and treatment and follow the appropriate course of action
<b>Communication objective</b>	Increase IPC skills of health care providers to provide better client counseling
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Provide good counseling to your client to ensure better treatment compliance</li> <li>• Treat all of your patient with care and respect</li> <li>• Make sure you give your clients important and right information</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Health providers <b>Secondary:</b> Patients
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Print materials – job aids, brochures and leaflets</li> <li>• Mass media: radio</li> <li>• IPC training, training manual</li> </ul>
<b>Key promise and support point</b>	<i>If you treat your patient with care and respect, you ensure better treatment compliance</i>
<b>Desired action/response</b>	Health providers are able to conduct better counselling skills.





**Priority communication area/ problem 10:**  
**Availability of malaria testing and treatment commodities in health facilities**

<b>Communication challenge/behavior problem</b>	There is a problem of stock out of supplies and commodities at health facilities that are resulting due to either in proper ordering by the facilities or logistic issues from the supplier (MSD). Patients and community members are not aware that they have the right to ask in case of stock out and influence the availability.
<b>Communication objective</b>	To increase awareness on the importance of availability of malaria testing and treatment commodities all the time in health facilities.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Make sure you order your commodities at the right time and the right quantity</li> <li>• Delivering of commodities to health facilities should be made at the right time and correct ordered quantity.</li> <li>• Ask your health facility in charge in case there is stock out of malaria commodities</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Incharge of health facilities, commodities suppliers (MSD),</p> <p><b>Secondary:</b> Client , Community leaders, local government authorities</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• IPC</li> <li>• Print materials</li> <li>• Advocacy</li> </ul>
<b>Key promise and support point</b>	<ul style="list-style-type: none"> <li>• If you demand to know the causes of regular stock out of malaria testing and treatment commodities at the health facility of your community, you can influence on their availability</li> <li>• If you order properly and in the right time you can reduce stock out at your health facility</li> </ul>
<b>Desired action/ response</b>	Facilities are able to order and receive the right quantities of commodities at the right time. Communities hold to task health facilities that has commodities stock out





**Priority communication area/problem 11:**  
**Awareness on rationale and importance of mass fever screening and treatment in epidemic prone areas**

<b>Communication challenge/behavior problem</b>	Following a malaria epidemic detection, investigation, and notification, an appropriate case management approach will be established to mitigate the effects of the epidemic in the community, especially occurrence of severe morbidity and mortality. Community need to have enough knowledge on mass fever screening
<b>Communication objective</b>	Increase knowledge and awareness among target audience on the importance of mass fever screening and treatment in epidemic prone areas
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• This area has been affected by malaria outbreak meaning there are more cases than usual.</li> <li>• In order to contain malaria outbreak it is essential to test everybody so that we can identify who is affected and provide appropriate and timely treatment so that to cut down malaria transmission to end the outbreak</li> <li>• Make sure you, your family and friends are screened for malaria</li> </ul>
<b>Target audience</b>	<b>Primary:</b> Community members <b>Secondary:</b> Community and religious leaders, CHWs
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: Community radios and TV</li> <li>• Community meetings</li> <li>• Print materials – posters, brochures, street banners</li> <li>• Public Address system</li> <li>• IPC through CHWs</li> </ul>
<b>Key promise and support point</b>	<i>Mass screening help to contain malaria outbreak and provision of appropriate treatment</i>
<b>Desired action/ response</b>	Community member's support and show up for mass screening.



**Priority communication area/problem 12:**  
**Promote malaria vaccine when available**

<b>Communication challenge/behavior problem</b>	Community, parent and caretakers have little knowledge on malaria vaccine and are not aware on its efficacy on preventing malaria. Community and especially parents and caretakers must be educated about the 50% efficacy of the vaccine and that it has come as a complement to other malaria interventions.
<b>Communication objective</b>	Create knowledge and awareness on malaria vaccine in order to increase the proportion of audience who accept malaria vaccine to be used as a complement to other malaria preventive methods
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Malaria vaccine is now available to children below 1 year</li> <li>• Malaria vaccine is safe</li> <li>• Malaria vaccine is a complement to other malaria preventive method, make sure your child continues to sleep under a net every night even if she/he has received malaria vaccination</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Mother, father and caretaker</p> <p><b>Secondary:</b> Community leaders, religious leaders, health workers, CHWs.</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Mass media: radio, TVs, newspapers,</li> <li>• Print materials: leaflets, brochures, fliers, banners, billboards</li> <li>• Social media: websites, blogs etc.</li> <li>• Mobile SMS</li> <li>• Community mobilization – IPC</li> </ul>
<b>Key promise and support point</b>	<i>If your child completes the doses of malaria vaccine and continues sleeping under LLINs she/he will be safe from getting malaria and grow up healthier.</i>
<b>Desired action/response</b>	Parents and caretakers take their children for malaria vaccine



### **4.2.3 Programme Strategy: Advocacy and Coordination**

The BCC guide cuts across all NMCP core strategies by promoting positive behaviors. Advocacy and coordination of BCC activities is very crucial. On the other hand coordination is crucial for successful implementation of BCC activities because effective BCC programs requires concentrated efforts to organize activities and ensure that quality and harmonized activities at all levels of implementation. Likewise advocacy efforts help to influence decision making and resource mobilization and allocation. Advocacy may be carried out at national to local levels. It is a process for gaining political and social commitment and it plays a crucial role in smooth implementation of policies that would be beneficial for creating an enabling environment for social and behavior change.





**Priority communication area/problem 1:**  
**Advocate for allocation of sufficient and reliable funds for malaria interventions at all levels**

<b>Communication challenge/behavior problem</b>	There is heavy donor dependency for malaria control implementation making it less sustainable in the long run. At the regional and district levels, limited funds are allocated for malaria social and behavior change activities in CCHPs. There is a need to advocate for increased fund allocation in the CCHPs for malaria activities
<b>Communication objective</b>	Allocation of fund for malaria prevention and treatment interventions increased at central and local government.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Currently less than 20% MSP (2015-2020) of CCHP have approved budgets for comprehensive malaria control interventions, which calls for affirmative response for prioritized and protected budget at all levels</li> <li>• Commitment of needed resources to malaria control enhances prevention and treatment and saves lives</li> <li>• Resource mobilization should be based centrally and locally for sustainability of malaria interventions</li> <li>• Money spent for malaria prevention is money saved for development</li> <li>• A need to review CCHP guidelines to allow for allocation of funds toward BCC activities.</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> DPP – MoHSW, Deputy PS for Health – PMO RALG, PS – Finance, Planning Commission</p> <p><b>Secondary:</b> RAS, DED, Council Mayor/ Chairperson</p>
<b>Message Delivering channels</b>	Stakeholder meetings and forums
<b>Key promise and support point</b>	<i>Improved funding towards BCC malaria activities, resource tracking and financial accountability at the LGA level will enhance sustainability of malaria control activities</i>
<b>Desired action/ response</b>	<ul style="list-style-type: none"> <li>• Directives on the necessity for sector ministries and LGAs to allocate budget for malaria interventions</li> <li>• Reviewed guideline for CCHP which spell out the percentage allocation of funds towards malaria BCC activities</li> </ul>





**Priority communication area/problem 2:**  
**Low utilization of community cost center in the CCHP for strengthening community engagement in malaria interventions**

<b>Communication challenge/behavior problem</b>	LGA and malaria focal persons have not been utilizing the community cost center in the CCHP for strengthening community engagement for malaria control
<b>Communication objective</b>	To create awareness for increased utilization of community cost center in the CCHP for grassroots' malaria control activities
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Institutionalized CHW cadre should be well utilized in addressing malaria challenges in the community</li> <li>• The communities have the right to own their problem, strengthening their engagement in responding to malaria prevention and treatment is crucial</li> <li>• The community cost center should be used to support community based malaria BCC activities</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> RS, RHMT, CHMT, DMFP, Council Mayor/ Chairperson, DED, Ward Development Committee</p> <p><b>Secondary:</b> PS – MoHSW, PMO – RALG</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Stakeholder meetings and forums</li> </ul>
<b>Key promise and support point</b>	<i>Improved capacity of malaria focal person to proactively plan and efficiently utilize available resources will strengthen community engagement for malaria control</i>
<b>Desired action/ response</b>	CHMT to take a leading role in ensuring maximum utilization of community cost center in the CCHP for strengthening community engagement in malaria interventions



**Priority communication area/problem 3:**  
**Enhanced involvement of private sector in malaria interventions**

<b>Communication challenge/behavior problem</b>	Private sector engagement in malaria control has remained an untapped opportunity despite the fact that the corporate sector is well positioned to significantly contribute in addressing the problem
<b>Communication objective</b>	To increase awareness of the role of, and intensify engagement of private sector in addressing malaria prevention and treatment.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Promote health and productivity in the work-place by joining malaria safe initiative</li> <li>• Institutionalizing malaria safe initiative in the private sector will sustain malaria prevention for employees and at work-place (PPP)</li> <li>• The society will applaud companies that contribute towards addressing public health issues such as malaria</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> Senior management of targeted companies, private sector regulating bodies (e.g. OSHA, NEMC)</p> <p><b>Secondary:</b> PS – MIT, PS – MoHSW, PM, private sector employees</p>
<b>Message Delivering channels</b>	<ul style="list-style-type: none"> <li>• Stakeholder meetings and forum</li> <li>• Mass media – i.e. radio, TV</li> <li>• Social media</li> </ul>
<b>Key promise and support point</b>	<p><i>Clear policy guideline on private sector engagement in addressing malaria prevention and treatment will enhance their participation</i></p> <p><i>Malaria control is everyone's responsibility. The impact of the scourge on productivity and profitability levels in the Private Sector is real, Play your part</i></p>
<b>Desired action/ response</b>	<ul style="list-style-type: none"> <li>• Enrolling and maintaining private sector engagement in malaria safe initiatives</li> <li>• Malaria safe initiative institutionalized and enforced by regulatory bodies</li> </ul>



#### Priority communication area/problem 4:

Advocate for revising of malaria BCC indicators in MIS and inclusion of BCC indicators in DHS

<b>Communication challenge/behavior problem</b>	Currently DHS and MIS do not have enough Malaria BCC indicators.
<b>Communication objective</b>	To include all important malaria BCC indicators in the DHS and MIS.
<b>Main messages</b>	<ul style="list-style-type: none"><li>• Malaria indicators in the MIS to be revised to include all needed outcomes</li><li>• Consideration for programmatically BCC indicators in the DHS provides evidence of the impact of malaria BCC interventions for programmatic decisions</li></ul>
<b>Target audience</b>	<b>Primary:</b> NBS, PS – MoHSW, Planning Commission, NMCP <b>Secondary:</b> Development partners working in Malaria
<b>Message Delivering channels</b>	Stakeholder meetings and forums
<b>Key promise and support point</b>	<i>Revising BCC indicators in the MIS and inclusion of these indicators in the DHS provides evidence of the malaria SBCC interventions for programmatic decisions</i>
<b>Desired action/response</b>	Malaria BCC indicators revised in the MIS and included in DHS respectively





**Priority communication area/problem 5:**

NMCP needs to assure leadership in initiating and integrating mechanism for collecting, reporting and utilization of national and community-based malaria information initiatives, including SBCC

<b>Communication challenge/behavior problem</b>	There is no coordinated system that is headed/managed centrally by NMCP for collecting SBCC information from different actors both at the national and community level
<b>Communication objective</b>	To develop and implement a mechanism for collecting SBCC information at all level
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Routine community-based malaria data are necessary for reflecting the grassroots' realities and facilitate operational decision</li> <li>• Monitoring of field implemented activities is key to providing periodic and timely guidance to implementing partners for improved performance</li> </ul>
<b>Target audience</b>	<b>Primary:</b> NMCP leadership <b>Secondary:</b> DPP – MoHSW, NGOs, BCC implementing partners
<b>Message Delivering channels</b>	Stakeholder meeting and forums
<b>Key promise and support point</b>	<i>NMCP will proactively lead malaria implementation and be able to receive and utilize information from all levels including community based information for improved malaria control BCC activities</i>
<b>Desired action/response</b>	Community-based malaria data management integrated in the HMIS





**Priority communication area/problem 6:**  
**Strengthening the capacity of regional and district teams to plan implement and monitor malaria interventions**

<b>Communication challenge/behavior problem</b>	Regions and district ownership of Malaria BCC interventions is lacking.
<b>Communication objective</b>	To increase ownership of Malaria BCC interventions coordination teams at regions, district, wards and village. levels increase interventions.
<b>Main messages</b>	<ul style="list-style-type: none"> <li>• Creating an enabling environment at the regional and district levels strengthens ownership and sustainability of malaria BCC interventions</li> <li>• Capacity building to the regional and district teams is a necessary step towards successful decentralization of malaria interventions</li> </ul>
<b>Target audience</b>	<p><b>Primary:</b> RHMT, CHMT, DMFP</p> <p><b>Secondary:</b> NGOs, BCC implementing partners, NMCP leadership, Deputy PS for Health – PMO RALG</p>
<b>Message Delivering channels</b>	Stakeholder meetings and forums
<b>Key promise and support point</b>	<p><i>If regions and districts owns and coordinate well SBCC activities at their levels, there will be improvement in the implementation and sustainability</i></p> <p><i>Strong coordination, management and decentralization of the multi-sectornational response to malaria will enhance service delivery at all levels</i></p>
<b>Desired action/ response</b>	Regional and district teams capacitated to lead malaria SBCC interventions at their respective levels







## 4.3 Stratification of Malaria Control and BCC Options

### 4.3.1 BCC options and Malaria stratification

Three major stratification categories relevant to malaria control have been identified in the National Malaria Strategic Plan 2015-2020. The categories are:

- **Malaria transmission strata depending on the main epidemiological determinants**
  - including expected current parasitaemia level in the population and malaria transmission ecological suitability factors such as temperature, precipitation, and altitude. Under this three main transmission classes are identified which are: (1) Malaria free, unstable transmission, and less than 1% parasite rate (PR); (2) Malaria low (1% to less than 10% PR) and moderate (10% to less than 50% PR) transmission; and (3) Malaria high (>50% PR) transmission.
- **Malaria control operational setting strata**
  - They are contingent on a variety of factors related to human population, habitat, malaria control measures, and vector biological determinants. These strata are geographically overlapping with the transmission strata but have distinct significance in respect to circumscribed malaria and its control initiatives. Settings include urban areas, districts in advanced sustained control phase, areas with high seasonal transmission, epidemic-prone areas, areas resilient to changes in malaria transmission over last 10 years, areas with insecticide resistance, specific economic and development projects, areas with limited access to healthcare services (hard to reach areas), and areas vulnerable to outbreaks and complex emergency.
- **Malaria biological and socioeconomic vulnerability of the population strata**
  - They include groups within the community that are at greater risk of getting infected or developing a severe form of the disease. Vulnerability is determined either by biological factors mainly related to the immunity status or by the infection exposure risk. These groups are subsets of the population included in the other epidemiological and operational setting strata. They are mainly targeted by specific malaria preventive measures or alternative healthcare service delivery and include infants and children, pregnant women, school-age children, people living with HIV/AIDS, people with Sickle cell anaemia, non-immune travellers, and populations with extremely low incomes, nomadic populations, refugees, and migrants.

For the purpose of SBCC options, the following strata have been taken into consideration and need effective communication to be done:

1. Areas with high malaria transmission (i.e. >50%).
2. Areas with seasonal malaria transmission.
3. Areas with low malaria transmission.
4. Malaria control in urban settings (cities and towns).





5. Malaria control in hard to reach areas.
6. Malaria control in vulnerable population strata i.e. specific population at risk that need malaria preventive therapies (children under five, pregnant women, people living with HIV/AIDS, non-immune travelers & school children 5-15 years).

Implications for Social and Behavior Change Communication needs to be taken into consideration in each of the strata mentioned so as to solve specific communication challenges. Moreover , it is important to consider key messages on addressing specific communication issues that are found in specific stratum and respective channels.

Below is the outline of BCC issues for consideration in different malaria strata in each of the communication area:





### 4.3.1 Integrated Malaria Vector Control

Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/ approach
Awareness on the importance of ITN/LLIN use needs to be sustained	<ul style="list-style-type: none"> <li>All community members should own and sleep under an ITN/LLIN every night all year round</li> <li>Communities should ensure that pregnant women and children under five access affordable ITN/LLIN.</li> </ul>	Areas with high transmission (> 50%)	Insist on the personal protection with LLINs every night	Consider relevant BCC approach such as inter personal and folk media communication. s
		Areas with seasonal malaria transmission	Insist on the use of LLINs throughout (i.e. in all seasons) despite the perception of low mosquito density	Consider targeted BCC activities before transmission seasons, during and after.  <b>Channels</b> – TV and radio specifically local TV and radios, CHWs, community mobilization, mid media and print materials
		with low malaria transmission	Consider reinforcing on the personal protection through increasing use of LLINs every night despite of low number of malaria cases and low mosquito density.  Insist on use of LLINs to vulnerable groups especially under five and pregnant women because they are at higher risk in this stratum due to low level of acquired immunity	Mid media e.g. Drama, road show, cinema, video; Print materials eg. Leaflets, posters; IPC/CHWs





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/ approach
		Malaria control in urban settings (cities and town)	<p>Encouraging on consistent use of LLINs.</p> <p>Encourage on LLINs ownership from other means than mass distribution campaign</p>	<p>Mass media e.g. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials e.g. Leaflets, posters, billboards, banners; IPC; Social media</p>
		Malaria control in hard to reach areas.	Encouraging on consistent use of LLINs.	<p>Consider outreach approaches (meetings, Focus Group Discussion).</p> <p>Channels - Mid media e.g. Drama, cinema, video; Print materials eg. Leaflets; IPC/ CHWs/CCA</p>
		Malaria control in vulnerable population strata	<ul style="list-style-type: none"> <li>• Consider on personal protection with LLINs throughout</li> <li>• Communities should ensure that vulnerable groups e.g. pregnant women, infants, children under five, PLWHIV etc. access affordable ITN/ LLIN</li> </ul>	<p>IPC, print materials such as leaflets, posters and factsheets</p> <p>Health providers</p>





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
Low awareness on the mechanism and timing of mass replacement campaigns of LLINs	<ul style="list-style-type: none"> <li>• Mass LLINs replacement campaign is a way of maintaining LLINs coverage and use.</li> <li>• Coverage areas for mass replacement campaign dates and timings</li> <li>• Eligibility (who, how many, why)</li> <li>• Process for accessing nets</li> </ul>	Areas with high transmission (> 50%)	Insist on universal coverage of LLINs	Mass Media: Local radio, Mid Media, print materials, community mobilization- CHWs, Community events, announcements, Public Address System, Health providers
		seasonal malaria transmission	Insist on the importance of getting free LLINs through mass campaign despite the perception of low mosquito density.	Mass media eg. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters, banners; IPC; Social media
		low malaria transmission	Insist on the importance of getting free LLINs through mass campaign despite the low transmission	Mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters; IPC
		urban settings (cities and town)	<p>Consider/address issues of difficulty of mass distribution of LLINs in cities and urban areas.</p> <p>Advocate for a different mechanism of distribution like involving private sector.</p>	Mass media eg. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters, billboards, banners; IPC; Social media







Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
		Hard to reach areas.	Consider on specific community outreach mechanism for distribution of LLINs	Mid media eg. Drama, cinema, video; Print materials eg. Leaflets; IPC
		vulnerable population strata	Insist on the importance of owning and use of LLINs due to their vulnerability.	Mass media eg. Radio, TV, newspapers, mobile phones; Print materials eg. Leaflets, posters, billboards, banners; IPC; Social media





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
Low level of knowledge on IRS as a way to prevent malaria	<p>IRS is an effective way to kill the mosquitoes that transmit malaria</p> <p>Reducing mosquitoes density hence reduces malaria in the community</p>	Areas with high transmission (> 50%)	<p>Consider to increasing knowledge on IRS and emphasize that it reduces mosquitoes hence malaria in the community</p> <p>Communicate on IRS does not bring about infestation by other insects</p> <p>Communicate on IRS benefits outweigh the work that the households need to do to prepare for spraying</p>	Mass media e.g. Radio, TV, newspapers; mid media eg. Drama, road show, cinema, video; Print materials e.g. Leaflets, posters, billboards, banners; IPC
Low acceptance of IRS by communities particularly at household level	<ul style="list-style-type: none"> <li>• IRS is a safe and effective way to prevent malaria</li> <li>• IRS does not bring about infestation of other insects</li> <li>• IRS is important in preventing and controlling malaria in epidemic-prone areas</li> </ul>	seasonal malaria transmission	Consider informing community to get prepared for IRS prior to high malaria seasons	Mass media eg. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters, banners; IPC; Social media





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
	<ul style="list-style-type: none"> <li>IRS benefits outweigh the work that the households need to do to prepare for spraying</li> </ul>	low malaria transmission	Inform that IRS is used only to complement LLINs in area within the stratum with high detected insecticide resistance.	Mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters; IPC
		urban settings (cities and town)	<p>Inform that IRS in urban setting is a low priority due to logistics and operational implication such as low level of community and household involvement.</p> <p>Therefore should stick on other preventive measures – LLINs, LSM.</p>	Mass media eg. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters, billboards, banners; IPC; Social media
		hard to reach areas.	NA	NA
		vulnerable population strata	NA	NA





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
<p>Low knowledge on larvae source management as a way to prevent malaria</p>	<ul style="list-style-type: none"> <li>Larviciding involves the application of insecticides to water bodies to kill larvae who may turn into adult malaria-transmitting mosquitoes</li> <li>Larviciding is a safe and effective way to kill mosquito larvae</li> <li>Reducing malaria-transmitting mosquitoes reduces malaria in the community</li> </ul>	<p>Areas with high transmission (&gt; 50%)</p>	<p>Consider to increasing knowledge on IRS and emphasize that it reduces mosquitoes hence malaria in the community</p> <p>Communicate on IRS does not bring about infestation by other insects</p> <p>Communicate on IRS benefits outweigh the work that the households need to do to prepare for spraying</p>	<p>Mass media e.g. Radio, TV, newspapers; mid media eg. Drama, road show, cinema, video; Print materials e.g. Leaflets, posters, billboards, banners; IPC</p>
<p>Low community involvement in larviciding activities for malaria vector control</p>	<ul style="list-style-type: none"> <li>Larviciding is a safe and effective way in preventing malaria</li> <li>The prevention of malaria in the community is everyone's responsibility</li> </ul>	<p>seasonal malaria transmission</p>	<p>Consider informing community to get prepared for IRS prior to high malaria seasons</p>	<p>Mass media eg. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials eg. Leaflets, posters, banners; IPC; Social media</p>



Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
	<ul style="list-style-type: none"> <li>IRS benefits outweigh the work that the households need to do to prepare for spraying</li> </ul>	low malaria transmission	NA	NA
		urban settings (cities and town)	Insist that larviciding in urban areas is important because the breeding sites are easier to find than in rural areas, so community participation is also crucial.	Mass media eg. Radio, TV, newspapers, mobile phones; Print materials eg. Leaflets, posters, billboards,
		hard to reach areas.	NA	NA
		vulnerable population strata	NA	NA





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
Low knowledge on environmental management as a way to prevent malaria	<p>You can take simple steps to change the environment around your home and prevent mosquitoes from breeding</p> <p>Eliminating breeding sites reduces the mosquito population and therefore prevents malaria</p>	Areas with high transmission (> 50%)	Insist people to take simple steps to change the environment around your home and prevent mosquitoes from breeding messages	Mass media e.g. Radio, TV, newspapers; mid media eg. Drama, road show, cinema, video; Print materials e.g. Leaflets, posters, billboards, banners; IPC
	<p>As the government authority you play a big role in implementing environmental management through planning, regulation and involving community members and other stakeholders</p>	seasonal malaria transmission	Insist people to take simple steps to change the environment around your home and prevent mosquitoes from breeding	
		low malaria transmission	Insist people to take simple steps to change the environment around your home and prevent mosquitoes from breeding	<b>Mid media eg.</b> Drama, road show, cinema, video; Print materials eg. Leaflets, posters; IPC





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
		urban settings (cities and town)	Insist people to take simple steps to change the environment around your home and prevent mosquitoes from breeding	Mass media e.g. Radio, TV, newspapers, mobile phones; mid media eg. Drama, road show, cinema, video; Print materials e.g. Leaflets, posters, billboards, banners; IPC; Social media
		hard to reach areas.	Insist people to take simple steps to change the environment around your home and prevent mosquitoes from breeding	
		Vulnerable population strata	Insist people to take simple steps to change the environment around your home and prevent mosquitoes from breeding	





### 4.3.2 Malaria diagnosis, treatment, preventive therapies and vaccine

Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
Sustain awareness of signs and symptoms of malaria	<ul style="list-style-type: none"> <li>It is important to recognize signs and symptoms of malaria early and take appropriate action</li> <li>Malaria present with a variety of signs and symptoms</li> <li>Only one sign of malaria or symptoms is enough to take action, seek early treatment</li> </ul>	Areas with high transmission (> 50%)	<ul style="list-style-type: none"> <li>It is important to recognize early signs and symptoms of malaria and take appropriate action</li> <li>Malaria present with a variety of signs and symptoms</li> <li>Only one sign of malaria or symptoms is enough to take action, seek early treatment.</li> </ul>	Consider comprehensive BCC approach <b>Channels</b> - Mass media: radio, TVs, newspapers, <b>Social media:</b> websites, blogs, <b>Print materials:</b> leaflets, brochures, fliers <b>Mid media:</b> road shows, cinema shows
		Areas with seasonal malaria transmission	Malaria cases increases immediately after rainfall. You should therefore seek treatment when you have malaria symptoms  Encourage on test before treatment	Consider targeted BCC activities before transmission seasons, during and after. <b>Channels</b> - Mass media: radio, TVs, newspapers, <b>Social media:</b> websites, blogs, <b>Print materials:</b> leaflets, brochures, fliers <b>Mid media:</b> road shows, cinema shows, only increase and decrease intensity based on the season <b>Mid media:</b> road shows, cinema shows
		with low malaria transmission	Remind the population on the risk of acquiring malaria when travelling to endemic transmission areas	Local radios, Mid media e.g. Drama, road show, cinema, video; Print materials eg. Leaflets, posters; IPC/CHWs







Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
		Malaria control in urban settings (cities and town)	<ul style="list-style-type: none"> <li>It is important to recognize signs and symptoms of malaria early and take appropriate action</li> <li>Malaria present with a variety of signs and symptoms</li> <li>Only one sign of malaria or symptoms is enough to take action, seek early treatment</li> </ul>	<p><b>Mass media:</b> radio, TVs, newspapers,</p> <p><b>Social media:</b> websites, blogs,</p> <p><b>Print materials:</b> leaflets, brochures, fliers, billboards</p>
		Malaria control in hard to reach areas.	Consider to do outreach services by liaising with CHWs	<p>Consider outreach approaches.</p> <p><b>Channels</b> - Print materials: leaflets, brochures, outdoor</p> <p>Community mobilization – IPC</p> <p><b>Mid media-</b> road shows, cinema shows</p>
		Malaria control in vulnerable population strata	<ul style="list-style-type: none"> <li>It is important to recognize signs and symptoms of malaria early and take appropriate action</li> <li>Malaria present with a variety of signs and symptoms</li> <li>Only one sign of malaria or symptoms is enough to take action, seek early treatment</li> </ul>	<p>IPC, print materials such as leaflets, posters and factsheets</p> <p>Health providers</p> <p><b>Mass media:</b> radio, TVs, newspapers,</p> <p><b>Social media:</b> websites, blogs, CHWs</p>



Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
Early treatment seeking behavior (patients especially vulnerable groups must receive treatment within the same or next day of onset of fever or other sign and symptoms)	<ul style="list-style-type: none"> <li>Go to health facility immediately after recognizing the fever or other potential signs and symptoms of malaria</li> <li>The cost of treating malaria is not as high as losing a person to malaria</li> <li>Delay in seeking treatment can lead to severe malaria which may be hard to manage and could lead to death.</li> </ul>	Areas with high transmission (> 50%)	Insisting on appropriate treatment seeking and compliance to treatment Advocate/consider increasing stock quantity for mRDT and ACTs as high malaria season approaches (for providers)	Mass media: radio, TVs, newspapers, Social media: websites, blogs, Print materials: leaflets, brochures, fliers Community mobilization – IPC Mid media- road shows, cinema shows
		seasonal malaria transmission	Insisting malaria test before, and prompt treatment	Mass media: radio, TVs, newspapers, Social media: websites, blogs, Print materials: leaflets, brochures, fliers Community mobilization – IPC Mid media- road shows, cinema shows, only increase and decrease intensity based on the season
		Low malaria transmission	Remind the population on the risk of acquiring malaria when travelling to endemic transmission areas	Community radio, Cinema shows, Video. Print materials: leaflets, brochures, fliers Community mobilization – IPC
		urban settings (cities and town)	Advocate, encourage and priorities the involvement of private sector to deliver quality and affordable diagnostic and treatment services in line with the national guidelines	Mass media: radio, TVs, newspapers, Social media: websites, blogs, Print materials: leaflets, brochures, fliers Mid media- road shows, cinema shows



Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
		hard to reach areas.	Consider to do outreach services by liaising with CHWs	Community radio, Cinema shows, Video. Print materials: leaflets, brochures, fliers Community mobilization – IPC
		vulnerable population strata	Same as key messages Insist on early diagnosis and treatment	IPC, print materials such as leaflets, posters and factsheets Health providers Mass media: radio, TVs, newspapers, Social media: websites, blogs, CHWs





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
<p>Testing before treatment (clients and providers)</p> <p>Adherence to malaria test results (clients and providers)- Not every fever is malaria</p>	<ul style="list-style-type: none"> <li>• Malaria test services are available in all health facilities</li> <li>• Malaria Rapid Diagnostic Tests (mRDTs) are available in both public and private health facilities.</li> <li>• mRDTs are affordable</li> <li>• Not every fever is malaria, go and test before treatment so that way you can get right medication, get better and you will not waste money on medicine you do not need.</li> </ul> <p><b>client</b></p> <ul style="list-style-type: none"> <li>• Not every fever is malaria, do not take malaria treatment if the results are negative.</li> <li>• Not every fever is malaria trust the test results</li> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria</li> </ul>	<p>Areas with high transmission (&gt; 50%)</p>	<ul style="list-style-type: none"> <li>• Malaria test services are available in all health facilities</li> <li>• Malaria Rapid Diagnostic Tests (mRDTs) are available in both public and private health facilities.</li> <li>• mRDTs are affordable</li> <li>• Not every fever is malaria, go and test before treatment so that way you can get right medication, get better and you will not waste money on medicine you do not need.</li> </ul> <p><b>client</b></p> <ul style="list-style-type: none"> <li>• Not every fever is malaria, do not take malaria treatment if the results are negative therefore trust the test results.</li> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria</li> </ul>	<p>IPC, print materials such as leaflets, posters and factsheets</p> <p>Health providers</p> <p>Mass media: radio, TVs, newspapers,</p> <p>Social media: websites, blogs, CHWs Same channels</p>





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
	<p><b>Provider</b></p> <ul style="list-style-type: none"> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria.</li> <li>• All patients should be tested with a malaria test to confirm diagnosis</li> <li>• Adhere to MOHSW guideline which require confirmatory diagnosis</li> <li>• Only prescribe antimalarial to patient who test positive</li> <li>• Look for other cause of fever if the malaria test results are negative and manage the fever.</li> <li>• mRDTs are quick and accurate</li> </ul>		<p><b>Provider</b></p> <ul style="list-style-type: none"> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria.</li> <li>• All patients should be tested with a malaria test to confirm diagnosis</li> <li>• Adhere to MOHSW guideline which require confirmatory diagnosis</li> <li>• Only prescribe antimalarial to patient who test positive</li> <li>• Look for other cause of fever if the malaria test results are negative and manage the fever.</li> <li>• mRDTs are quick and accurate only insisting more on testing and adherence to test results</li> </ul>	
		<p>Seasonal malaria transmission</p>	<p>Consider on sensitizing council and health facilities to have enough stock of malaria tests commodities in place before transmission seasons</p>	<p>IPC, print materials such as leaflets, posters and factsheets</p>





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
		Low malaria transmission	Insist on testing all suspected malaria cases and treating positive cases	Community radio, Cinema shows, Video. Print materials: leaflets, brochures, fliers Community mobilization – IPC
		Urban settings (cities and town)	Insist on private facilities to comply with diagnostic standards	Mass media: radio, TVs, newspapers; Social media: websites, blogs; Print materials: leaflets, brochures, fliers; Mid media- road shows, cinema shows
		Hard to reach areas.	Sensitize on outreach services for malaria testing	Community mobilization – IPC Mid media- road shows, cinema shows Outreach through health facility staff
		Vulnerable population strata	<ul style="list-style-type: none"> <li>• Malaria test services are available in all health facilities</li> <li>• Malaria Rapid Diagnostic Tests (mRDTs) are available in both public and private health facilities.</li> <li>• Malaria Rapid Diagnostic Tests (mRDTs) are available in both public and private health facilities.</li> <li>• mRDTs are affordable</li> </ul>	Mass media: radio, TVs, newspapers; Social media: websites, blogs; Print materials: leaflets, brochures, fliers; Mid media- road shows, cinema shows





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
			<ul style="list-style-type: none"> <li>• Not every fever is malaria, go and test before treatment so that way you can get right medication, get better and you will not waste money on medicine you do not need.</li> </ul> <p><b>Client</b></p> <ul style="list-style-type: none"> <li>• Not every fever is malaria, do not take malaria treatment if the results are negative, therefore trust the test results.</li> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria</li> </ul> <p><b>Provider</b></p> <ul style="list-style-type: none"> <li>• Malaria prevalence is declining so it is not a surprise to see a lot of people test negative for malaria.</li> <li>• All patients should be tested with a malaria test to confirm diagnosis</li> <li>• Adhere to MOHSW guideline which require confirmatory diagnosis</li> <li>• Only prescribe antimalarial to patient who test positive</li> <li>• Look for other cause of fever if the malaria test results are negative and manage the fever.</li> <li>• mRDTs are quick and accurate</li> </ul>	





Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
Promote importance of completing treatment, key to fighting treatment failure and prevention of parasite developing resistance to drugs	<ul style="list-style-type: none"> <li>Use recommended antimalarials for better recovery</li> <li>Complete the full dose of malaria for better recovery and prevent resistance.</li> <li>The recommended antimalarials are effective and have been approved by the WHO and MOHSW</li> </ul>	Areas with high transmission (> 50%)	<ul style="list-style-type: none"> <li>Use recommended antimalarials for better recovery</li> <li>Complete the full dose of malaria for better recovery and prevent resistance.</li> </ul> <p>The recommended antimalarials are effective and have been approved by the WHO and MOHSW</p>	<p>IPC, print materials such as leaflets, posters and factsheets</p> <p>Health providers</p> <p>Mass media: radio, TVs, newspapers,</p> <p>Social media: websites, blogs,</p> <p>CHWs Same channels</p>
		Seasonal malaria transmission	<ul style="list-style-type: none"> <li>Use recommended antimalarials for better recovery</li> <li>Complete the full dose of malaria for better recovery and prevent resistance.</li> </ul> <p>The recommended antimalarials are effective and have been approved by the WHO and MOHSW</p> <p>Same as in key messages</p>	<p>IPC, print materials such as leaflets, posters and factsheets</p> <p>Health providers</p> <p>Mass media: radio, TVs, newspapers,</p> <p>Social media: websites, blogs,</p> <p>CHWs only increase and decrease intensity based on the season</p>
		Low malaria transmission	<p>Insist on importance of adherence to treatment options so as to consolidate the achieved gains</p>	<p>Community radio, Cinema shows, Video.</p> <p>Print materials: leaflets, brochures, fliers</p> <p>Community mobilization – IPC .</p>
		Urban settings (cities and town)	<ul style="list-style-type: none"> <li>Use recommended antimalarials for better recovery.</li> <li>Complete the full dose of malaria for better recovery and prevent resistance.</li> <li>The recommended antimalarials are effective and have been approved by the WHO and MOHSW</li> </ul>	<p>Mass media: radio, TVs, newspapers,</p> <p>Social media: websites, blogs,</p> <p>Print materials: leaflets, brochures, fliers</p> <p>Mid media- road shows, cinema shows</p>







Priority communication area	Main/Key messages	Stratification	Supportive/specific message	Specific channels/approach
		Hard to reach areas.	Insist on completing the malaria medication as advised by the health provider to reduce risk of severe malaria and related complications	Community mobilization – IPC Mid media- road shows, cinema shows Outreach through health facility staff
		Vulnerable population strata	<ul style="list-style-type: none"> <li>• Use recommended antimalarials for better recovery</li> <li>• Complete the full dose of malaria for better recovery and prevent resistance.</li> <li>• The recommended antimalarials are effective and have been approved by the WHO and MOHSW</li> </ul>	Mass media: radio, TVs, newspapers; Social media: websites, blogs; Print materials: leaflets, brochures, fliers; Mid media- road shows, cinema shows



# 5

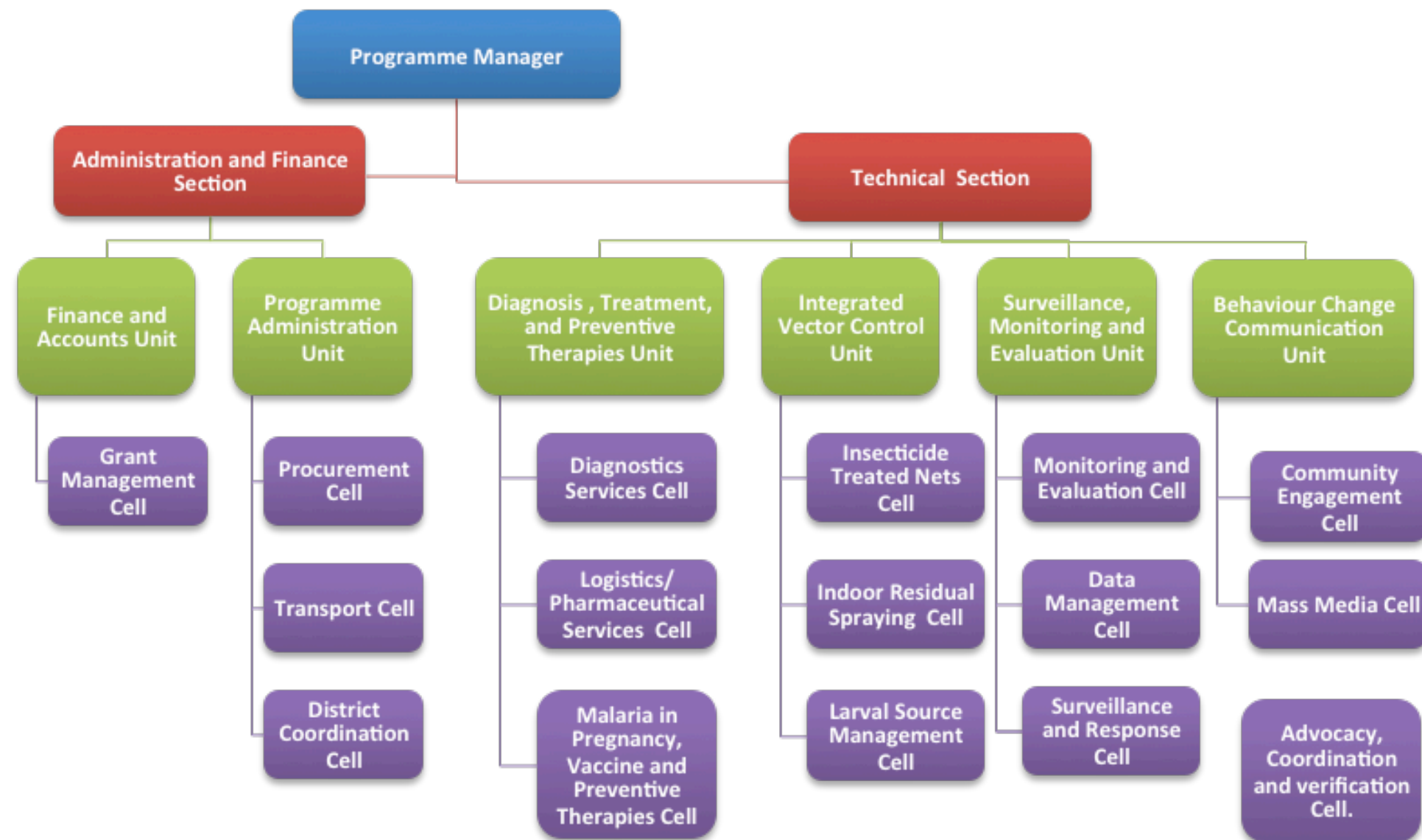
## Management Framework for Malaria Communication

---

90

The National Malaria Control Programme provides leadership and coordinates the implementation of all malaria control activities in Tanzania mainland. The NMCP organization consists of 5 units of which two are major ones (Intergated Malaria Vector control & Diagnostic, treatment, Prevention therapy and vaccine development) and three supportive units which include Behaviour Change Communication/IEC, Surveillance, Monitoring and Evaluation and Program Management.

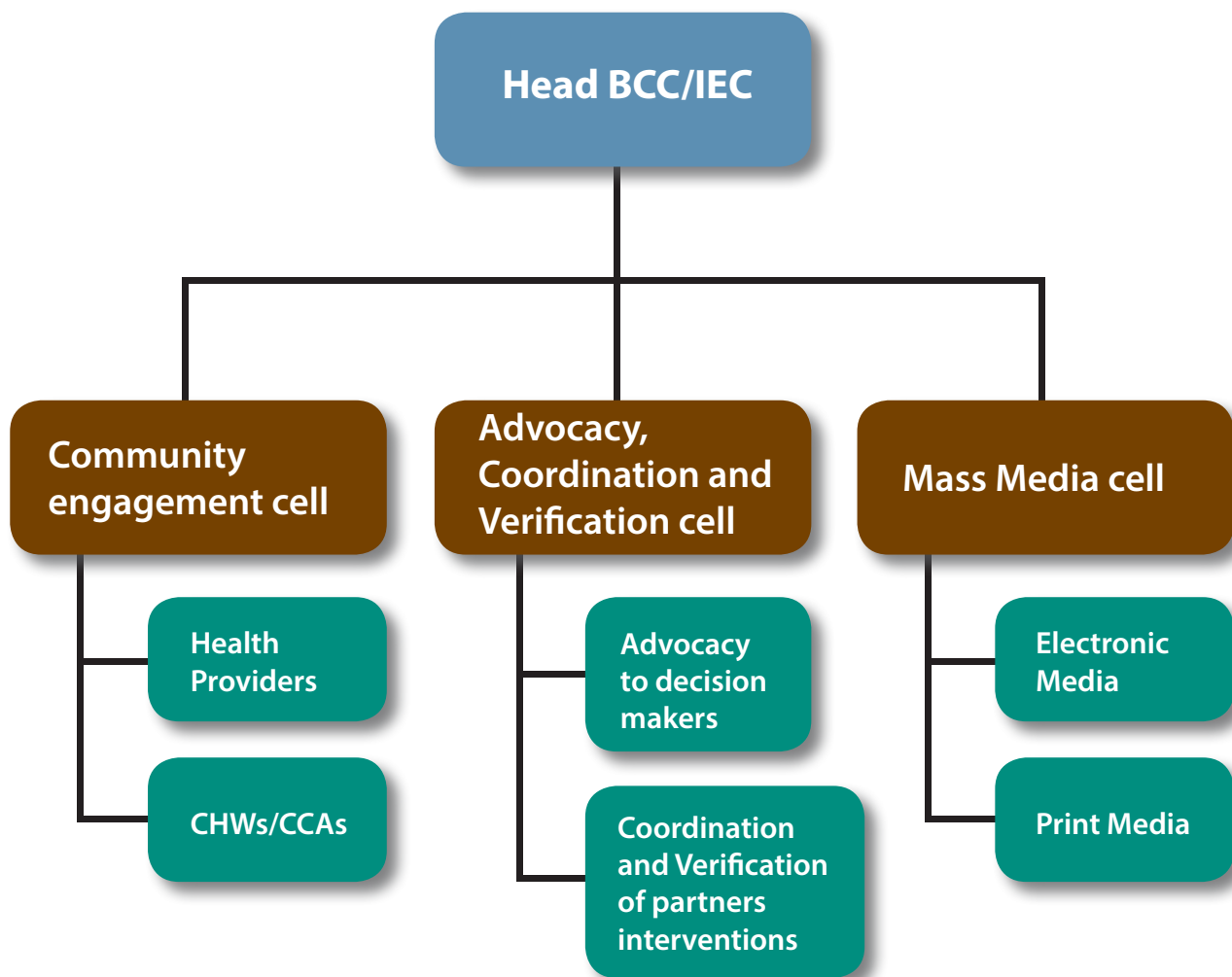
The NMCP designing strategies, developing guidelines, mobilizing resources, facilitating skill development, coordinating monitoring and evaluation of interventions



### 5.1.1 The BCC unit of the NMCP

The unit reports to the head of the technical section (Deputy program Manager) who in turn keeps the program manager informed. The BCC unit also works closely with other NMCP units as well as other MOHSW sections such as the Health Promotion & Education Section, Reproductive and Child Health section and the Communication unit of the MOHSW.

Figure 4: Departmentation of the BCC unit





### 5.1.2 The functions of the BCC unit are as follows:

1. Develop malaria communication policy guidelines and strategies.
2. Plan and agree on BCC activities to be implemented country wide (to develop one comprehensive action plan).
3. Conduct malaria control advocacy activities to decision makers, influential groups and the community at large countrywide.
4. Coordinate and harmonise the development of BCC/IEC materials in line with the overall strategy
5. Oversee, coordinate and verify malaria BCC activities conducted by various implementing partners in the country.
6. Liaise with NMCP units and the MoHSW's Health Promotion and Education Unit.

#### ROLES OF THE COMMUNITY ENGAGEMENT CELL

- To review messages provided by health workers on malaria control at the health level
- To review interpersonal communication messages provided by community health worker/CCAs on malaria control at the community level.
- To develop job aids for the health providers and CHWs/CCAs providing communication services against malaria.

#### ROLE OF ADVOCACY & COORDINATION AND VERIFICATION CELL

- To review and redesign advocacy tool to decision makers to enhance resources for malaria control
- To review and redesign verification models and tools for implementing partners of malaria BCC
- To coordinates malaria BCC implementing partners.

#### ROLES OF MASS MEDIA CELL

- To coordinates meetings with media editors
- To coordinates development and airing of TV, Radio spots and programs.
- To coordinates the development of print materials
- To establish and manage Malaria newsletter by annually

### 5.1.3 The BCC Technical Working Group

This is the technical group that oversees the implementation of the Malaria Communication Strategy in mainland Tanzania. The working group comprises representatives from the following organization:

- NMCP – representatives from each unit.
- Health Education section – MOHSW.
- Communication unit – MOHSW.



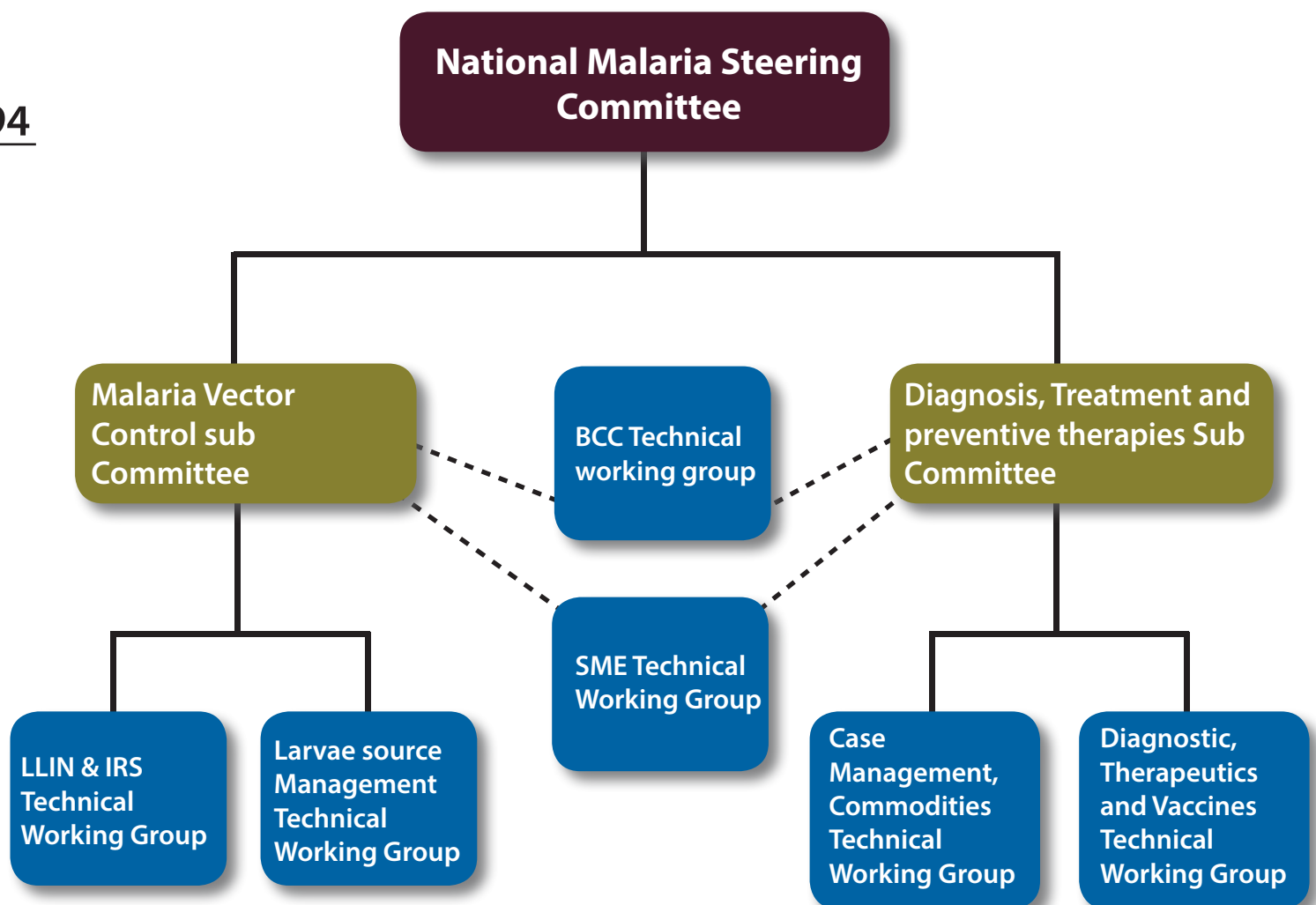


- Reproductive and Child Health Section – MOHSW.
- National BCC implementing partners.
- Other representatives may be invited when needs arises.

### Functions of the BCC Technical Working Group

- Review messages and materials.
- Receive updates of implementation plans.
- Receive progress of implementation plans.
- Discuss, plan and harmonize partners BCC activities.

Figure 5: Linkage of the BCC/IEC technical working group to the malaria sub committees and the National Malaria steering committees.





### 5.1.4 Regional and districts/Councils

At the regional and district/councils level, the regional and local government authorities are responsible for overseeing and implementing the malaria strategies in the communities and districts, together with implementing partners. Regional and district Malaria and IMCI Focal Persons are responsible for the coordination and verification of malaria interventions carried out in their respective areas.

### 5.1.5 Ward and community level

The community malaria BCC activities are coordinated by the health officer/health assistants at the ward level. Each ward has a CCA/CHWs who implement and oversees the implementation of community BCC activities in the respective villages of the ward. In this communication guide the ward health officers/ health assistant are the I overseer of the BCC activities in their wards and will monitor and guide the implementation of I CHWs/CCA in their respective areas.. The CCA/CHWs should provide monthly implementation report to the ward health officers/assistants who in turn provides reports to District Malaria Focal person.

### 5.1.6 Implementing partners and other stakeholders.

For the success of this communication guide , the NMCP BCC/IEC unit works collaboratively with partners and stakeholders, These includes government programmes, development partners, implementing partners (NGOs, CBOs, FBOs and private sector) at the local levels.. The BCC implementing partners work from the national to the lower levels and are coordinated by NMCP. To bring consistency in the implementation process, NMCP spearheads the harmonization of activities among all partners so as to ensure that available resources are maximized and duplication of efforts and activities are reduced among all implementing partners. In the implementation process all partners are to be coordinated and guided through this guide/tool.

#### ROLES OF IMPLEMENTING PARTNERS

- Assist in the implementation of this communication guide.
- Provide technical support.
- Resources mobilization for BCC activities
- Prepare implementation reports





**Tables 2: Different levels of implementation, roles/tasks**

**1. National Level**

Level	Coordinating structure/platform	Responsibilities/task	In-charge of coordination	Meeting frequency
National	Partners' Annual Coordination Meeting	<ul style="list-style-type: none"> <li>Review annual implementation status</li> <li>Preparation of partners comprehensive annual work plan</li> </ul>	NMCP Program Manager	Annually
	PMI Partners' Quarterly Meeting	Review quarterly implementation status of PMI partners	NMCP Program Manager	Quarterly
	GF Malaria Partners' Quarterly Meeting	Review quarterly implementation status of GF-SSF (Malaria) partners	NMCP Program Manager	Quarterly
	BCC Technical Working Group	<ul style="list-style-type: none"> <li>Review messages and materials.</li> <li>Review implementation progress.</li> <li>Discuss, plan and harmonize partners BCC activities.</li> <li>Receive progress of implementation plans.</li> <li>Share quarterly BCC TWG reports.</li> </ul>	Head of BCC	Quarterly (Adhoc meeting to review materials and messages will be conducted time to time as need arises)





## 2: Regional Level

Level	Coordinating structure/platform	Responsibilities/task	In-charge of coordination	Meeting frequency
Regional	Bi annual Regional BCC partners meeting with MIFPs (Regional and District focal Persons)	<ul style="list-style-type: none"> <li>Review/Discuss implementation progress of BCC activities in the region(Challenges, success and way forward)</li> <li>Plan and develop timeline for BCC activities for the subsequent period</li> <li>Prepare bi-annual reports on BCC implementation progress in the region.</li> </ul>	RMIFP	Twice a year
	RHMT BCC update meeting	<ul style="list-style-type: none"> <li>Update implementation progress of BCC activities in the region(Challenges, success and way forward)</li> <li>Receive input for effective implementation of BCC activities.</li> </ul>	RMIFP	During existing RHMTs meetings



### 3. District Level

Level	Coordinating structure/platform	Responsibilities/task	In-charge of coordination	Meeting frequency
District	Bi annual DMIFPs, ward health officers and CCAs/CHWs meetings (To include DMO, DHO)	<ul style="list-style-type: none"> <li>Review /Discuss implementation progress of BCC activities in the region(Challenges, success and way forward)</li> <li>Plan and develop timeline for BCC activities for the subsequent period</li> <li>Prepare bi-annual reports on BCC implementation progress in the district/council.</li> </ul>	DMIFP	Twice a year
	District BCC partners meeting	<ul style="list-style-type: none"> <li>Review/Discuss implementation progress of BCC activities in the district (Challenges, success and way forward).</li> <li>Plan and develop timeline for BCC activities for the subsequent period.</li> </ul>		Once a year
	CHMT BCC update meeting	<ul style="list-style-type: none"> <li>Update implementation progress of BCC activities in the district (Challenges, success and way forward)</li> <li>Receive input for effective implementation of BCC activities.</li> </ul>	DMIFP	During existing CHMTs meetings



#### 4: Ward and community level

Level	Coordinating structure/platform	Responsibilities/task	In-charge of coordination	Meeting frequency
Ward/ community	<ul style="list-style-type: none"> <li>Ward Development Committee.</li> <li>Ward Partners/ stakeholders forum (NGOs, CBOs, FBOs) &amp; women and youth groups</li> </ul>	<ul style="list-style-type: none"> <li>Review annual implementation status</li> <li>Preparation of partners comprehensive annual work plan</li> </ul>	Ward Health Officer/ Health Assistant	Quarterly
	Village Development Committee	<ul style="list-style-type: none"> <li>Conduct meetings on malaria interventions at village level</li> <li>Coordinate malaria school clubs</li> <li>Distribution of malaria IEC materials</li> <li>Coordination of CBOs, NGOs, FBOs at the village level</li> <li>Map and keep inventory of CBOs, NGOs and FBOs working for malaria BCC in the community.</li> </ul>	Community Health Workers	Monthly

# 6 Monitoring & Evaluation

---

100

Monitoring and Evaluation is important so as to establish progress towards the achievement of this communication guide and to track if the program is advancing as planned. Monitoring enables the progress made toward set goal and communication objectives to be assessed, challenges in the implementation of the programme can be identified in time for possible solutions to those challenges to be provided thus enable smooth programmed activities management towards its goal and objectives.



## 7.1 MONITORING

Monitoring part of this guide will ensure that all process indicators that operationalize this guide are tracked periodically to establish and measure whether activities occurred within the planned frequency, with the planned intensity, with the appropriate timing, and as directed to reach the intended audience. Implementing partners will provide periodic reports that will feed into the tracking model/system.

## 7.2 EVALUATION

Evaluation of communication objectives will be conducted so as to determine level of its achievements. For the sake of this guide, evaluation will assess primary behavior change outcomes and impact outcomes. Impact outcomes will be obtained from large surveys such as MIS and DHS among others. Periodic surveys conducted by implementing partners (With national representative sample) will be used to update the project monitoring and evaluation matrix once such studies have been documented and shared/disseminated publicly

## 7.3 VERIFICATION OF BCC ACTIVITIES

Monitoring/Verification activities will track the process and output to ensure that BCC activities are being implemented as intended. The process should be ongoing and in some circumstances can be a joint exercise (involving NMCP and implementing partners), but occasionally, NMCP will have to conduct monitoring of BCC activities independently across the national, regional, district and community levels. NMCP has SME unit which is the key organ in monitoring and evaluation of all NMCP interventions.

Since the BCC partners play a big role in the implementation of activities, NMCP shall conduct periodic verification exercise for all of these activities. Verification focuses on both mass media i.e spots and programme placed and aired in media such as TVs, radio and community mobilization activities conducted at the community levels.

The key aspect for M&E indicators that will be measured for this Communication guide will include both process and BCC indicators. Below is performance framework with indicators.





Process Indicators	Baseline 2012	Mid-term 2016	Final 2020
Proportion of health facilities with health staff trained on providing relevant malaria BBC information to patients	NA	40%	80%
Proportion of wards with health worker(s) or volunteers capacitated with adequate messages on malaria control	30%	40%	50%
Percentage of health workers/ health assistants who have received specific BCC training on malaria risk for vulnerable groups	NA	50%	75%
Proportion of wards in which outreach interventions for target populations have been implemented in high-transmission areas	NA	40%	80%
Proportion of districts with 'malaria ambassadors'	NA	50%	75%
Proportion of people reached with appropriate malaria messages through mass media	80%	90%	90%
Technical working groups meeting conducted	90%	90%	100%
Number of companies participating in the Malaria Safe Companies Initiatives	52	150	250
Percentage of quarterly verification visits undertaken	25%	50%	90%





BCC Indicators Baseline (THMIS 2011-2012)	Baseline 2012	Mid-term 2016	Final 2020
	Average men and women		
Percentage of individuals aged 15-49 who have seen or heard malaria prevention message in the past year	62%		
Percentage of individual aged 15-49 who have seen heard malaria treatment message in the past year	62%		
Percentage of individual aged 15-49 who believe malaria is the serious health problem in their community	69%		
Percentage of individual aged 15-49 who report specific signs and symptoms of malaria in young child( FEVER)	74%		
Percentage of individuals aged 15-49 who have heard or seen specific malaria message(eg malaria haikubaliki)in the past year	88%		
Percentage of individual aged 15-49 who have heard or seen specific malaria message(e.g. Malaria haikubaliki) in the past year and who can cite places where they saw or heard the malaria message			
Percentage of individual aged 15-49 who say there are ways to avoid malaria	94%		
Percentage of individuals aged 15-49 who say there are ways to avoid malaria and cite specific ways	94%		
Percentage of individuals aged 15-49 who say ACTs can be obtained at the nearest health facility or pharmacy	85%		







**Program Strategy 1:**  
**Integrated Malaria Vector Control Methods INDICATOR (THMIS 2011-2012)**

BCC Indicators Baseline (THMIS 2011-2012)	Baseline 2012	Mid-term 2016	Final 2020
<b>1:1 Access.</b>			
Percentage of households with at least one and more than one mosquito net	95%		
Average number of nets per household by background characteristics	3%		
Percentage of households with at least one net for every two persons who stayed in the household last night	62%		
<b>1:2 Use of LLINs.</b>			
Percentage of the defacto household population who slept the night before the survey under a long lasting insecticide treated net	74%		
Percentage of children under age 5 who the night before the survey slept under a long lasting insecticide treated net	78%		
Percentage of pregnant women who the night before the survey slept under a long lasting insecticide treated net	80%		
<b>1:3 Environmental Management.</b>			
Increase knowledge and awareness among community members on the contribution of environment management in malaria prevention	N/A		
Percentage of individual who say removing standing water as one of the ways of avoiding Malaria(average men and women)	16%		
Percentage of individual who say keep surrounding clean as one of the ways of avoiding malaria(average men and women)	27%		



**Program Strategy 2:**  
**Malaria Diagnosis, Treatment, Preventive Therapies and Vaccine**

BCC Indicators Baseline (THMIS 2011-2012)	Baseline 2012	Mid-term 2016	Final 2020
Percentage of children under age 5 with fever in the two weeks preceding the survey, for whom advice or treatment was sought from a health facility ,provider ,or pharmacy	77%		
Percentage of children under age 5 with fever in the two weeks preceding the survey ,who had blood taken from a finger or heel for testing	25%		
Percentage of children under age 5 with fever in the two weeks preceding the survey who took ACT	32%		
Percentage of children under age 5 with fever in the two weeks preceding the survey, who took ACT same or next day	21%		
Percentage of women who took 2 doses of SP/fansidar for IPT during pregnancy for their last live birth in the two years preceding the survey(DHS 2010)	33%		
Increase knowledge and awareness on malaria vaccine in order to increase the proportion of audience who accept malaria vaccine to be used as a complement to other malaria preventive method	N/A		



### Program Strategy 3: Advocacy and Coordination

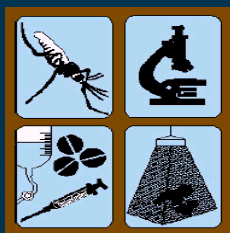
BCC Indicators Baseline (THMIS 2011-2012)	Baseline 2012	Mid-term 2016	Final 2020
Advocate for prioritization of malaria prevention and treatment interventions and respective resource allocation in planning and implementation of central and local government development programs	N/A		
Create awareness for increased utilization of community cost center in the CCHP for grassroots' malaria control activities	N/A		
Increase awareness of the role of, and intensify engagement of private sector in addressing malaria prevention and treatment	N/A		
Create awareness on the importance of including key malaria BCC indicators in the DHS and revision of those indicators in the MIS	N/A		
Develop and implement a mechanism for collecting SBCC information at all level	N/A		
Advocate for setting up regional and district SBCC coordination teams	N/A		

# BIBLIOGRAPHY

1. A field guide to designing health communication strategy. A resource for health communication professionals. Population Communication Services. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.  
Available at <https://www.jhuccp.org/sites/default/files>.
2. Communication Handbook –Factsheet 1: version 1 April 2012, MED European in the Mediterranean.  
Available at [http://www.programmemed.eu/fileadmin/PROG\\_MED](http://www.programmemed.eu/fileadmin/PROG_MED).
3. Communication strategy for malaria control intervention (2008 – 2013), National Malaria Control Programme, Ministry of Health Social Welfare, Dar es Salaam.
4. Designing a communication strategy. The RM knowledge transition toolkit. A resource for researchers. Available at <http://oiyp.oxfam.org.au/wp-content>.
5. Malaria Programme Performance Review Tanzania Mainland. April 2012.
6. Malaria Medium Term Strategic plan 2008 – 2013 – NMCP 2008,  
*Ministry of Health and Social Welfare, Dar es Salaam.*
7. Malaria Behaviour Change Communication (BCC) Indicators reference guide.  
*Roll Back Malaria Partnership, February 2015.*
8. National Malaria Strategic Plan 2015-2012, Ministry of Health and Social Welfare, January 2015.
9. Tanzania Demographic and Health surveys 2010.
10. Tanzania HIV/AIDS and Malaria Indicator Surveys- 2007-2008.
11. Tanzania HIV/AIDS and Malaria Indicator Surveys- 2011-2012.
12. The strategic Framework for Malaria Communication at the Country Level 2012 – 2017.  
*Roll Back Malaria Partnership.*



**COMMUNICATION  
GUIDE FOR  
MALARIA CONTROL  
INTERVENTIONS**  
2015 - 2020



**NATIONAL  
MALARIA CONTROL  
PROGRAMME**

