



Message Guide for the Fight Against Malaria in Malawi

**Ministry of Health
National Malaria Control Programme
Lilongwe, Malawi**

January 2023



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Acknowledgements

This document was developed with the support from malaria implementing partners. The Ministry of Health acknowledges with profound thanks both technical and financial support from partners. The NMCP program is specifically indebted to various participants who attended the writing workshops and creative design meeting to sharpen this document.

Many thanks to the following partners: USAID and the U.S. President’s Malaria Initiative (PMI) through the Breakthrough ACTION project for the financial support in funding this message guide development and printing, PMI VectorLink Malawi, Applied Development Communication and Training Services (ADECOTS), Ministry of Education – Department of School Health, Nutrition and HIV & AIDS, and the various District Health Offices(DHO) for their various technical support and inputs.

The Ministry wishes to specifically thank the following individuals for their contributions towards the development of this message guide: Dr Kabuluzi (Director of Preventive Health services), Dr Michael Kayange (Deputy Director of Preventive Health Services - Malaria), Mavuto Thomas (Acting Deputy Director of Preventive Health Services - HES), Taonga Mafuleka, John H Sande, Shadreck Mulenga, Akuzike T. Banda, Austin Gumbo (NMCP), Gracious Hamuza (M&E), Austin Makwakwa, Tobias Kunkumbira, Ella Chamanga, Alvin Chidothe (HES), Sydney Paul (EH), Alick Kafunda (Ministry of Education), Christina Mchoma (RHD), Christopher Teleka (Freelance SBC Specialist), Ricky Nyaleye (Freelance SBC Specialist), Julius Chingwalu (Freelance SBC Specialist) Christopher Singini, Milka Khoza (Nkhatabay DHO), Salome Shaba (Lilongwe DHO), Angella Nyongani Sakwata (Salima DHO), Al-Jannat Sadala, Catherine Yoweri (Kasungu DHO), Clifton Ngozo (Machinga DHO), Patricia Chirombo (PMI VectorLink Malawi), Victor Kadzinje (Save the Children), Mercy Simbi (ADECOTS), Chime Mukwakwa, Alfred Mang’ando, Angela Chitsime, Chimwemwe Kabowa, Alvin Chisambi, and staff from John Hopkins Centre for Communication Programs (CCP). We sincerely thank Anna McCartney-Melstad and Katie Rodriguez for their tremendous technical contributions to developing and completing this document.

Foreword

Significant progress has been made in reducing malaria mortality in Malawi; however, malaria remains a significant public health problem. Malaria is endemic to more than 95% of the country, and there were more than 7 million cases in 2020, with an incidence of 361 per population and a prevalence of 10.5%. In 2022, malaria accounted for 31% of outpatient visits and 16% of hospitalizations.

Malaria control and prevention remain a high priority as outlined in the Health Sector Strategic Plan III. Since its establishment in 1984, the Ministry of Health's, National Malaria Control Program (NMCP) has provided technical leadership in malaria policies and strategies and focused on scaling up control, prevention, and treatment interventions. After more than thirty-five years of fighting against malaria, appreciable achievements have been observed thanks to the joint efforts of the Government of Malawi and its partners.

The Ministry of Health through the NMCP, supported by the Health Education Section (HES) and other partners continue to put in place evidence based social behaviour change (SBC) strategies to stem morbidity and mortality due to malaria in Malawi. Part of this effort has been towards the development of the third iteration of the National Malaria Communication Strategy (NMCS) 2023-2030. The goal of the NMCS is to facilitate behaviour change among individuals, households, and communities towards the adoption of positive health behaviours through effective communication, health promotion, interpreted health services, collaboration, evidence-based interventions, equity, social inclusion, and community empowerment and participation. NMCP and other partners, led by HES went a step further to develop a SBC malaria message guide which provides malaria stakeholders with a reference framework for communication resources in the fight against malaria and will strengthen interventions in terms of SBC materials and media adapted to the program's target groups.

Dr. Charles Mwansambo

Secretary for Health

Acronyms and Abbreviations

ANC	Antenatal Care
DHIS2	District Health Information Software II
DHO	District health office
GVH	Group Village Head
HCMC	Health Centre Management Committee
HES	Health Education Services
HSA	Health Surveillance Assistant
IPTp	Intermittent Preventive Treatment during pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
LA	Lumefantrine-Artemether
MBS	Malaria Behaviour Survey
MIS	Malaria Indicator Survey
MSCE	Malawi School Certificate of Education
MOH	Ministry of Health
NMCP	National Malaria Control Program
NMCS	National Malaria Communication Strategy
PMI	U.S. President's Malaria Initiative
RDT	Rapid Diagnostic Test
SBC	Social and Behaviour Change
SP	Sulfadoxine Pyrimethamine
USAID	United States Agency for International Development
WHO	World Health Organization

1. Introduction

As outlined in the Health Sector Strategic Plan III (HSSP III), malaria control and prevention remain a high priority. Since its establishment in 1984, the Ministry of Health's, National Malaria Control Program (NMCP) has provided technical leadership in malaria policies and strategies, focusing on scaling up control, prevention, and treatment interventions. The NMCP has implemented malaria prevention and control interventions related to the following strategic areas: prompt diagnosis and case management, integrated vector management (IVM); indoor-residual spraying (IRS); malaria in pregnancy; social and behaviour change (SBC); procurement, supply chain management, and logistics; malaria program management; monitoring and evaluation (M&E) and operational research.

To ensure the correct information is disseminated to the general public to achieve behaviour change, NMCP in collaboration with the Health Education Section (HES) and its implementing partners have developed this message development guide. The purpose of the guide is to assist in the development of standardized and focused malaria SBC materials in all thematic areas. The SBC materials will have a behaviour change component to improve knowledge levels, attitudes, and practices on malaria thematic areas. To ensure that quality is upheld, all the SBC materials will be developed following this guide and undergo Quality Assurance Quality Improvement (QA/QI) processes with guidance from Health Education Services (HES).

1.1 Development of the Message Guide

The message guide is an accompanying document to the National Malaria Communication Strategy 2022-2030 (NMCS) to operationalize malaria intervention-specific plans. The development of the SBC materials will systematically apply the Socio Ecological Model from the national level focusing on policy issues, to community and individual levels focusing on social and behaviour change interventions as detailed below. The NMCS includes situation analyses on all the thematic areas on malaria, contextual barriers to behaviour change, audience analyses, and strategic communication approaches.

HES and NMCP led this guide's development process. The working sessions brought together stakeholders from various institutions to critically look at malaria in Malawi and identify the key thematic areas: insecticide-treated nets (ITN), case management, intermittent preventive treatment of malaria during pregnancy (IPTp), and indoor residual spraying (IRS). The sessions also looked at progress made and gaps in each thematic area so that the development of the SBC materials can be systematically prioritised and focused on behaviour issues that are still a challenge in malaria programming in Malawi.

National and District Advocacy

The guide will inform the development of SBC materials across all the thematic areas, including ITN, case management, IRS and IPTp at national and community levels. Through existing platforms including the national and district level health promotion technical working groups, NMCP, HES and Health Promotion Officers will advocate for the use of the message guide by partners other stakeholders implementing malaria work. The NMCP and HES will also advocate for SBC materials to be aligned to the NMCS

overarching theme of Moyo ndi Mpamba: Usamalireni! (Life is precious: Take care of it) and the Zero Malaria starts with me campaign slogan.

Community Mobilization

Considering that successful malaria control efforts largely rely on human behaviour; strategic and innovative community engagement will enhance ownership of interventions and achieve demonstrable sustainable behavioural change on malaria. Social and community mobilization efforts will focus on community engagement activities, which include home visits (door-to-door), community dialogue and community-wide campaigns to raise awareness and maintain high knowledge levels; address barriers and influence social norms; and create demand and build trust for malaria interventions. For every target audience, mobilisers will disseminate standardised SBC materials based on the objectives outlined in the NMCS. SBC materials will be translated into local languages. Therefore, it is imperative to develop targeted and specific key SBC materials on every thematic area for use in community mobilization interventions.

Media Engagement

The media remains a trusted source of malaria information for community members. The NMCP together with HES will build alliances with the media to create awareness, create demand, initiate national dialogue, and amplify malaria on the national agenda. A network of national and community media, as well as community champions and social media influencers, will be engaged to present an excellent vehicle to disseminate and where possible discuss the SBC materials with targeted audiences and the general public.

Quality Management

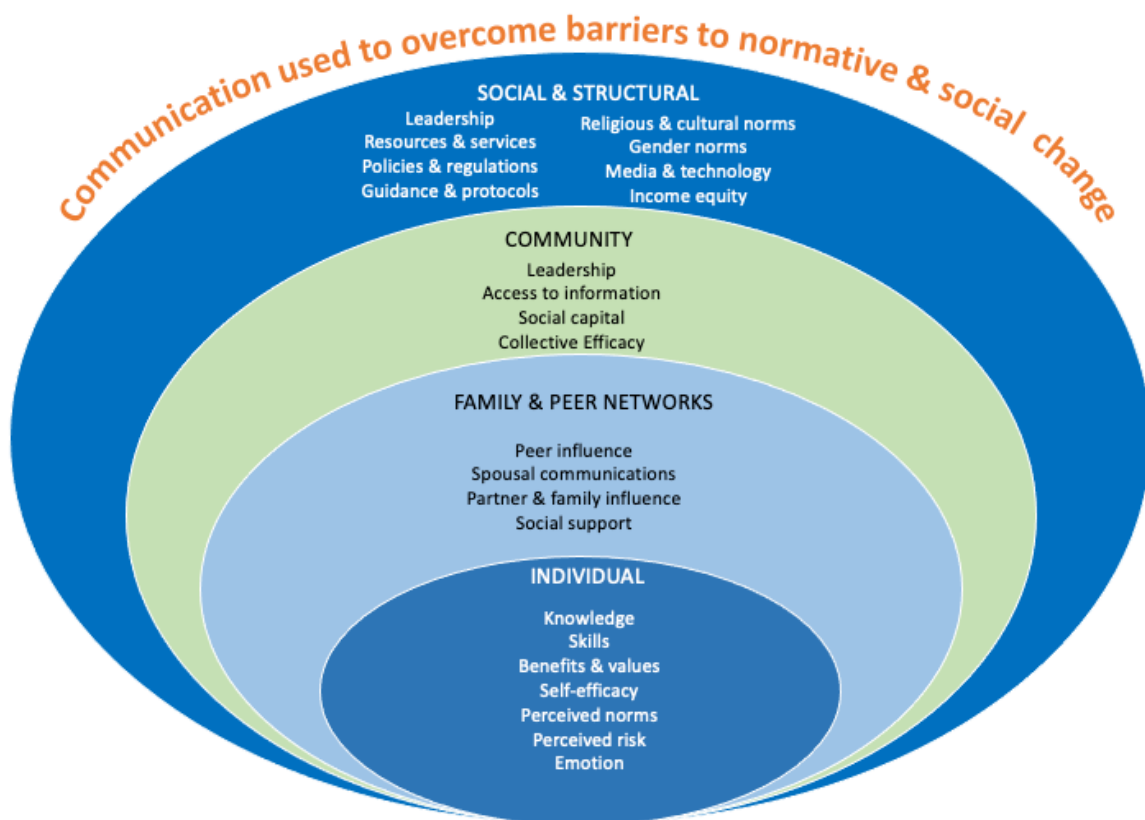
HES, as the mandated lead of SBC, will be the custodian of all SBC materials developed and produced. Partners will collaborate with the secretariat, led by HES and NMCP, on SBC materials to be developed and disseminated. Key SBC materials for all thematic areas will be theory-informed and evidence-based to ensure the quality of messages developed and materials produced. They will also undergo pretesting with consideration to the context of the specific audiences to ensure the dissemination of correct and culturally appropriate SBC materials on malaria.

The message guide will also adhere to the existing national Quality Assurance/Quality Improvement guidelines by ensuring all SBC materials and materials produced are vetted by the HES lead Quality Assurance and Quality Improvement (QA/QI) subcommittee before dissemination and use.

1.2 Theoretical Basis for the Development of Messages

The Socio-Ecological Model¹ recognises that behaviours take place within a complex web of social and cultural influences at multiple levels. Given that behaviour is influenced at multiple levels, including the individual as well as broader societal influences, and that notions of health and wellbeing cannot be conceptualised as merely individual level phenomena, this message guide will use the Socio- Ecological Model as its primary foundational approach. The premise of this model is that life conditions and diseases, including malaria, that take their toll on Malawians will only be tackled successfully through simultaneous actions at the household, community, societal and policy levels.

Figure 1: Socio-Ecological Model



¹ Kincaid, D. L., Figueroa, M. E., Kincaid, D. L., et al. (2007). *A social ecology model of communication, behavior change, and behavior maintenance* [working paper]. Baltimore, MD: Johns Hopkins Center for Communication Programs, Johns Hopkins University. (refer to National Health Communication Strategy)

1.3 Positioning

The NMCS is the reference framework for the development, adaptation, and production of messages and communication media in the context of the fight against malaria in Malawi. The partners will ensure that their approach to designing messages and communication media falls within this frame of reference.

1.4 Intended Audience for the Guide

This message guide is intended for program officers and managers, policy makers, field workers and stakeholders who want to include key and effective messages in their malaria prevention or control programs. It is designed primarily to help programs and projects develop or adapt SBC materials for mass and mid media, community, and interpersonal activities to reach target populations in the context of malaria prevention or control.

1.5 Instructions for Use of this Guide

The graphic below provides practical indications on how stakeholders can adapt the content of this guide to their specific issues, contexts and needs.

To develop creative materials utilizing key messages in this guide:

1. Review the NMCS behaviour objectives and accompanying communication objectives for adopting the behaviours the communication materials will promote.
2. Review the audience profiles to develop messages that specifically address the barriers to adopting the new behaviour(s).
3. Identify the *most important* issue that needs to be addressed. Think about one improvement (e.g., improving knowledge, increasing self-efficacy or addressing myths about an illness or disease) and its potential effect on members of the [priority audience](#).
4. Develop a **creative brief** that focuses on *one audience, one message and one issue*, even if multiple issues exist. Messages must be true, accurate and of real benefit and answer the question, “why should I do this?” or “how will this help me?” This is not a product (e.g., surgical gloves) or an action. The audience then needs believable, persuasive, and truthful information to support the key message. The kind of support points used will depend on what will appeal and be credible to the priority audience. Include a call to action to suggest a specific and realistic action the audience should take to receive the benefit of the message.
5. Review the situation and [audience analyses](#) to determine appropriate media, materials, and overall tone. Consider geographic placement, language, program requirements, literacy, and branding and marking guidelines.

More information on how to develop a creative brief can be found [here](#).

2. Thematic Orientation of the Messages

2.1 Insecticide-Treated Nets

Problems identified

- Data from the 2021 Malaria Indicator Survey (MIS) found ITN access to be 37%
- About half of survey respondents claimed to have slept under an ITN every night of the week (MBS 2021)
- Consistency of ITN use varies according to season and ITN use decreases between high and low transmission seasons
- Among households with at least one ITN, about two-thirds of all household members, 77% of pregnant women and 81% of children under five use an ITN
- Children of school age and adolescents have the lowest ITN use when households have insufficient ITNs^{2,3}
- Discomfort is associated to the smell of the ITNs when new
- Heat discomfort occurs when people sleep under an ITN all year but especially in hot weather
- People feel that malaria can be treated and that only under five children and pregnant women are at risk
- Nets are difficult to hang in a small rural house
- Belief that the fashionable and expensive mosquito nets are more effective than ITNs
- Incorrect ITN use and ITN care exists

Behaviour and communication objectives: Insecticide-treated nets

Behaviour Objectives	Communication Objectives
1.1. Increase the proportion of population that has access to an ITN from 37% (MIS 2021) to 80% by 2030	1.1.1. Increase the proportion of household heads who have a positive perceived response efficacy of ITNs from 61% (MBS 2021) to 80%
	1.1.2. Increase the proportion of household heads with a favourable attitude toward correct ITN use from 82% (MBS 2021) to 95%
	1.2.1. Increase the proportion of caregivers with a favourable attitude toward consistent ITN use from 82% (MBS 2021) to 95%

² Buchwald, A. G., Walldorf, J. A., Cohee, L. M., Coalson, J. E., Chimbiya, N., Bauleni, A., ... & Laufer, M. K. (2016). Bed net use among school-aged children after a universal bed net campaign in Malawi. *Malaria journal*, 15(1), 1-8.

³ Walldorf, J. A., Cohee, L. M., Coalson, J. E., Bauleni, A., Nkanaunena, K., Kapito-Tembo, A., ... & Laufer, M. K. (2015). School-age children are a reservoir of malaria infection in Malawi. *PloS one*, 10(7), e0134061.

<p>1.2. Increase the proportion of children under five years who sleep under an ITN every night from 53% (MIS 2021) to 80% by 2030</p>	<p>1.2.2. Increase the proportion of caregivers of under 5 children who have a positive perceived response efficacy of ITNs from 61% (MBS 2021) to 80%</p>
<p>1.3. Increase the proportion of school-going children of ages 5-18 years old who sleep under an ITN from 51% (modelling) to 80% by 2030</p>	<p>1.3.1. Increase the proportion of caregivers of school-going children 5-12 years and of children 13-18 years who have positive attitudes towards ITNs from 51% (modelling) to 80% (MIS 2021)</p>
	<p>1.3.2. Increase the proportion of caregivers of school-going children 5-12 years and of children 13-18 years who have a positive ITN response efficacy from 51% (modelling) to 80% (MIS 2021).</p>
<p>1.4. Increase the proportion of males 19 years and above who use an ITN consistently from 55% to 80% (MBS, 2021)</p>	<p>1.4.1. Increase the proportion of males aged 19 and above who believe ITN use is a community norm from 38% (MBS 2021) to 80%</p>
	<p>1.4.2. Increase the proportion of males aged 19 and above who believe that ITNs do not pose a risk to one's health from 80% (MBS 2021) to 95%</p>
<p>1.5. Increase the proportion of household members with access to an ITN who roll or tie it up when not in use from 70% (MBS 2021) to 90% by 2030</p>	<p>1.5.1. Increase the proportion of household members who have positive attitudes towards ITN care from 57% (MBS 2021) to 90%</p>
	<p>1.5.2. Increase the proportion of household members with perceived efficacy to care for and mend an ITN from 51% (modelling) to 80% by 2030</p>
	<p>1.5.3. Increase the proportion of community members who perceive that ITN care and mending is a community norm from 38% (MBS 2021) to 80%</p>

Define and describe our priority target segments

Priority target 1: Household Heads (men, women, children)

Target profile

Yohane is 30 years old. He is married to Maria, and they have two children aged 3 and 1. He lives in a rural village called Kayembe. He struggles to meet the family's daily needs. He has a primary level education. He is fluent in Tumbuka but can understand Chichewa well.

He wants the family to be healthy. He generally has some knowledge on malaria prevention including use of an ITN but cannot afford to buy an ITN from a shop. Yohane and his spouse have one ITN. They got this ITN from a mass campaign and cannot afford to buy another ITN. Generally, he believes that an ITN prevents malaria, but has some negative attitudes such as: it has a bad smell; and he feels very hot when sleeping under an ITN. He does not follow recommended health practices including consistently sleeping under a ITN and caring for it by tying the ITN up when it is not in use. He aspires to become a prosperous farmer. He wants his children to lead a healthy life and attain university education.

He has a mobile phone and a radio even though he usually experiences challenges with network and battery charge. He is open minded and loves interacting with different people.

Illustrations of key messages:

- One episode of malaria increases the burden of care on the entire household. Household heads, ensure that all members sleep under ITNs every night all year round.
- Household heads, ensure that new ITNs are dried under shade for 24 hours before use to reduce smell.
- ITNs have adequate holes to allow air circulation so they do not produce or retain heat. If you are under an ITN you can open the windows (if it's safe). Household heads, ensure that all household members sleep under ITNs every night, all year round, so that your household is protected from malaria.
- People who tie up their ITNs while they are not in use have ITNs that stay cleaner, more presentable and remain useful for longer.
- Household heads, ensure that you wash your ITNs no more than four times a year gently with mild soap and dry them in the shade.
- Household heads should ensure that worn out ITNs are repaired and continue to be used.

Priority target 2: Caregivers of children under 5

Target profile

Lydia stays at Nsaru trading centre in Lilongwe. She is 24 years old and is married to Macdonald with two children, Martha 3 years old and Michael is 2 months old. She dropped out of school in standard five and can read Chichewa but cannot read English very well. Her dream is that their children always stay healthy and that they go far in their education. Lydia sells vegetables at Nsaru Market. Her husband Macdonald is a carpenter. They work hard to have their basic needs met at home.

Lydia wakes up at four in the morning to prepare breakfast for the family and later at seven she goes to the market with Michael to sell vegetables and she returns home after five in the evening. She sells vegetables at the market from Monday to Saturday and on Sunday she stays at home.

Lydia wants to have a healthy family and healthy baby; she does not like it when Michael gets sick as she cannot go to the market to sell vegetables. Lydia knows malaria is transmitted by mosquitoes and is aware that sleeping in an ITN helps to prevent from being infected with malaria.

Lydia makes sure that all her children sleep under an ITN, but sometimes she is tired, and she forgets to tuck in the ITN, and this exposes the children to mosquito bites. Her husband does not help her to tuck in the ITN; he always says it is a job of the woman to tuck in the ITN. Lydia does not like taking her children to the health facility when they fall ill, and she does not want her children to get malaria. This is because the last time that Martha got sick from malaria, Lydia used her capital to go to the facility and had to buy fizzy drinks, fruits and yoghurt for Martha as she could not eat nsima and porridge. However, she thinks that the ITNs do not fully protect the family from malaria as Martha had several episodes of malaria though she sleeps under an ITN most of the time.

Lydia has no cell phone, but her husband has one, they have a radio and television. Lydia likes listening to radio dramas and chatting with peers concerning family related issues. Lydia goes to church, funerals, and other social gatherings in her community like weddings and zinkhoswe. Lydia likes radio dramas and can afford to buy batteries for her radio.

Illustration of key messages:

- ITNs are distributed free of charge in all government health facilities for pregnant women at their first antenatal visit and new-born babies at discharge from the facility. Caregivers, demand ITNs at the birth of your child to ensure that your baby sleeps under an ITN every night all year round.
- Sleeping under an ITN protects your children against mosquito bites which transmit malaria. From the moment they are conceived, your child should sleep under an ITN so that they grow up healthy and strong.
- Frequent malaria episodes affect the growth and cognitive development of under-five children and can cause seizures. Caregivers, give your child the best chance at academic and sports success by ensuring that under-five children sleep under ITNs every night, all year long to prevent malaria.

- If caregivers ensure that under five children sleep under ITN every night, all year long, they will save money through reduced malaria related medical costs, transportation, and missed work.
- Even one episode of malaria increases the burden of care on the entire household. To prevent malaria, caregivers should ensure that under-five children sleep under ITNs every night all year round.
- Caregivers, avoid the emotional, physical, and financial stress that comes with malaria sickness by ensuring that your under-five children sleep under an ITN every night, all year long.
- ITNs have adequate holes to allow air circulation hence they do not produce or retain heat. If you are under an ITN, you can open the windows (if it's safe).
- Care for your ITNs by tying them up when not in use to prevent your ITN from tearing and prolong the life of the ITN.
- Caregivers of under-five children, wash your ITNs gently with mild soap when they are dirty but no more than four times a year.
- Caregivers of under-five children, ensure that torn ITNs are repaired and continue to be used.

Priority target 3: School-age Children

Target profile:

Zelipher is 9 years old, goes to school at Mloza Primary School and is in standard 4. She depends on her parents and teachers for information on most topics. She resides in the rural area of Mchinji with her parents who are poor and struggle to feed the family as the piece work they do at the nearby farm does not pay enough even to buy a bag of maize. Zelipher communicates well in Chichewa.

Her parents tell her that they count on her to take care of them in their old age and she must therefore stay healthy and go far with her education. They feel that one way of preventing malaria, which is common in the area, is to ensure that she sleeps under an ITN at all times.

Zelipher's parents do not have access to a radio and her father usually listens to one when he goes to play bawo with his friends at the Kachere tree in the centre of the village. She is keen to follow what her parents and teachers tell her. She loves watching drama, films and taking part in peer discussions. She also loves to sing in the church choir where she also learns a lot of things from her friends.

Illustrations of key messages:

- If school-going children sleep under ITNs every night, all year long, then they will stay healthy, do better in their classes, have more time to play with their friends and perform better in sports.
- If school-going children sleep under ITN every night, all year long, they will save their parents money on malaria-related medical costs, which will make their parents happy.
- Make sure your caretakers keep the ITNs out of the sun, they should only be aerated in the shade.
- Even if you feel hot under the ITN, there are many holes for ventilation. Open the window, when possible, to feel better.
- Mosquito bites lead to residual spots/rash. Children aged 10 to 18, ensure that you sleep under ITN every night to have smooth and attractive skin.

- Children aged 10 to 18, ensure that worn out ITNs are repaired and continue to be used.

Priority target 4: Religious and local leaders; Teachers, and Boarding school matrons and patron

Target profile:

Chief Walani is a male, Chewa traditional leader of Phakameya area. He is 35 years old. He commands a lot of respect from his subjects. He has secondary school education and a steady medium income from farming and some small businesses he does.

The Chief is dedicated to ensuring that his subjects live a healthy and happy life. He observes that his subjects have relaxed in following Malaria preventive measures including sleeping under ITNs as evidenced by frequent reports of people suffering from Malaria.

The chief possesses a modern mobile phone, a TV set and likes attending developmental meetings due to his position as chairperson of the Phakameya area development committee.

Illustration of key messages:

- Malaria is still a big problem and impacts the success and productivity of your community. Local leaders, encourage your members to sleep under an ITN by developing and enforcing bylaws about ITN use every night, all year long.
- Religious and local leaders, encourage your members and followers to sleep under an ITN to prevent malaria so they can participate more fully in your community, church, or religious community.
- Teachers, encourage your students to sleep under an ITN every night to prevent absenteeism due to malaria so your students perform better, and you are seen as a great teacher.
- Religious and local leaders, encourage your members and followers to care for ITNs by tying them up every night to prevent ITNs from tearing and to prolong the life of the ITN.
- Local leaders and religious leaders, encourage your members and followers to gently wash ITNs only when dirty and no more than four times a year with mild soap.
- Teachers, impart knowledge and skills on repair and encourage students to repair worn out ITN so they can continue to be used.

Priority target 5: Health Care Providers

Target profile:

James Chimtengo is a midwife nurse working at Bwanje Health centre in Ntcheu. He graduated at Kamuzu College of Nursing and is the nurse in-charge at Bwanje Health centre. He is fluent in Chichewa and English.

Daily, he assists 30 to 40 pregnant women. He provides all services provided at ANC and post-natal clinics including malaria prevention measures, like provision of IPTp and ITNs. He works from 8am to 5pm and

other days he works from 5pm to 7am. There are three nurses at Bwanje Health Centre and normally there is one nurse per shift.

He is always overwhelmed as he must attend to all women; sometimes he forgets to give relevant information, unless reminded by someone.

He knows that ITNs protect pregnant women from malaria, and he ensures that pregnant and postnatal mothers get ITNs. He has a positive attitude towards ITN use. Daily he interacts with pregnant and postnatal mothers and most of the women listen to and trust him very much.

He encourages pregnant and postnatal women to sleep under an ITN once he has a chance. James gets updated with information on malaria through trainings, briefings, guidelines, mentorship, and supervision. Sometimes on the nurses WhatsApp group, updates on issues that affect their day-to-day work are shared.

Illustration of key messages:

- Health care providers, encourage clients to sleep under ITNs every night, all year long to prevent malaria which will greatly reduce your workload.
- Health care providers, adhere to national policy guidance on distribution on ITNs to ensure pregnant women and newborns get the ITNs they are due.
- Health care providers, encourage influential leaders and teachers to promote ITN use in their areas of influence.
- Health care providers, encourage clients to care for ITNs by tying them up when not in use so that they do not develop holes to prolong the life of the ITN.
- Health care providers, encourage clients to gently wash ITNs no more than four times a year with mild soap.

Communication Channels

A selection of communication channels according to the targeted audience is proposed below:

<p>Priority target 1: Household Heads</p>	<ul style="list-style-type: none"> - Radio (community, regional and national) - Door-to-door - Health talks - Mobile phones (SMS) - Posters
<p>Priority target 2: Caregivers of children under 5 and women of reproductive age</p>	<ul style="list-style-type: none"> - Radio - Door-to-door - Health talks (community meetings, political meetings, and church services)

	<ul style="list-style-type: none"> - Mobile phones - Posters
Priority target 3: School age children	<ul style="list-style-type: none"> - Print media (posters, newspapers, leaflets, comic print materials) - Targeted Radio/TV programs - Drama - Morning assembly talks - School health clubs - Mobile phones
Priority target 4: Religious and local leaders; Teachers, and Boarding school matrons and patron	<ul style="list-style-type: none"> - Radio - Print media (posters, newspapers, leaflets) - TV - Social media - Development meetings
Priority target 5: Health Care Providers	<ul style="list-style-type: none"> - Training manuals - Counselling guides - Social media - Virtual trainings

2.2 Indoor Residual Spraying

Problems identified

According to the NMCP 2021 IRS end of spray program report, 94% of eligible structures (houses) were sprayed. This indicates that most communities accepted the intervention. However, out of those who did not accept (6%), 42% were due to refusal. Some homeowners refused IRS due to the following reasons:

- Perceived long waiting time outside the house after spray (2.5hrs)
- Inconvenience in moving household items or bulky food items for the house to be ready for spraying
- Religious beliefs disapproving receipt of modern health initiatives like IRS
- Cultural beliefs
 - o Confining newborn within the house for the initial seven days
 - o Restricted access to adults' bedroom
- Perceived shame to expose household items

- Perceived low risk and severity of malaria
- Perceived ineffectiveness of insecticide used in IRS

Behaviour and communication objectives: Indoor Residual Spraying

Behaviour Objectives	Communication Objectives
2.1. Increase IRS acceptance among household heads from 94% (NMCP 2021 IRS season report) to 98% by 2030	2.1.1. Increase the proportion of household heads who know the benefits of IRS
	2.1.2. Increase the proportion of homeowners who know the importance of home preparation for IRS
2.2. Increase the percentage of homeowners in IRS districts adhering to post spray instructions to 60% by 2030 (no baseline)	2.2.1. Increase the proportion of homeowners who feel confident that they can follow IRS post spray instructions

Define and describe our priority target segments

Priority target 1a: Head of house/Homeowner

Target profile

Mr. Alick Juma Phiri, aged 32, is a successful fisherman of Mpondagaga village in Nkhotakota district. He has lived his entire life in the same village and was recently elected as a treasurer of the village development committee. He respects the culture of the village.

He is married with two children, a daughter and a son. The younger of his two children, a son, is 3 years old. His wife is pregnant and recently received an ITN from her antenatal care visit. To supplement the family's income, she sells tomatoes at a nearby village market. Mr. Juma loves his wife and adores his children.

Last year he was one of the few people who refused to have their houses sprayed with insecticides for malaria control. Mr. Juma perceived the requirement, to move out his household belongings, as time consuming and cumbersome. He does not see malaria as a problem and does not think IRS offers additional preventive benefits to his family.

He and his wife sleep under the ITN received from the antenatal clinic. However, their two children do not sleep under an ITN and frequently get malaria.

During his free time Mr. Juma likes staying home listening to the local community radio. As head of the house, he allows his wife to contribute to the decision-making process. His wife belongs to women social

groups and often listens to the advice of her peers and religious leaders. Mr. Juma has a vision to educate his children up to university level so that they live successful lives.

Priority target 1b: Partner/Co Head of Household

Target profile

Mrs. Malita Nkhata aged 35 is a resident of Gulawe village TA Khoza in Nkhatabay district. She has lived in that village for her entire life. She is a hard worker in the village and works as a community volunteer for most health-related programs. She is a widow with 3 children, with the youngest child being 4 years old. She runs seasonal businesses to support her family. She loves her children and would do anything to protect them from malaria. Her house has never been missed in IRS. In fact, she is the most vocal person in her community when it comes to supporting IRS use.

Her household has one ITN which her youngest child uses. The other children do not sleep under any mosquito net hence she allows mpopera to protect them from getting malaria. She knows that when one of her children gets sick, it is too hard to access medical help since the facility is far from where she lives, where water transport is the only means of accessing the clinic. Mrs. Nkhata cannot manage to support herself financially. Mrs. Nkhata tries her level best to take care of her children and she wishes all of them to be educated up to university level and get good jobs.

Mrs. Nkhata is well known in the community and her community members get information from her since she belongs to different volunteer groups in the community. She sometimes works as a community health volunteer. Her denomination is Anglican, and she is a church leader. During her free time, she likes attending community choir festivals and listening to the radio. Mrs. Nkhata also gets some of her information from social media, especially the tomato vendors' WhatsApp group and the WhatsApp group for her school alumna.

Illustrations of key messages

- IRS is a scientifically proven malaria control intervention. IRS is part of the Malawi government's comprehensive package in the fight against malaria. IRS is one of the effective interventions in reducing the malaria burden, all eligible dwelling structures will be sprayed free of charge.
- When mosquitoes that transmit malaria parasites land on the insecticide-coated walls, they absorb the insecticide and eventually die. IRS reduces the number of mosquitoes, which will help you get a better night's sleep.
- Spraying all eligible structures in the community protects everyone from malaria. When at least 80% of structures in a community are sprayed, the whole community enjoys reduced malaria rates. Accept IRS and protect your family and community from malaria.
- Before spraying, listen carefully to the instructions from the spray operators. They will ask you to remove your furniture and things you have hanging on the walls to make sure that you get the full benefit of the IRS—the short-term inconvenience is far outweighed by the benefits.
- During IRS, Spray Operators spray long-lasting insecticide on the inside walls, ceilings and eaves of dwelling houses, the chemicals are dangerous to mosquitos only, it is such a small amount it cannot hurt humans, even babies.

- Even if your house has been sprayed, everyone in the house should sleep under ITNs every night of the year since ITNs offer additional protection against malaria. This is especially important for pregnant women and children under the age of 5 who are more susceptible to severe malaria.
- Pregnant women should not take part in cleaning after the house has been sprayed (spraying day only). After the walls of a home are sprayed, the walls should not be cleaned, washed, smeared, plastered, or painted for up to 8 months from the time the house was sprayed to increase the time the insecticide remains active on the wall killing mosquitoes. Avoid covering the treated walls with calendars, etc. to avoid providing an alternative landing place for mosquitoes.
- Government may use different IRS chemicals at different times to avoid mosquitoes developing resistance to a certain chemical if used repeatedly for a long time.

Priority target 2: Local Leader

Target profile

Group Village Headman Ben Manyamba is a 45-year-old male traditional leader of Chingale Village in Mangochi district. He has secondary school education and a steady medium income from his farming and some small businesses. He has championed several development projects in his area such as establishment of a cultural centre which is a tourist attraction. He commands a lot of respect from his subjects.

The Chief is dedicated to ensuring that his subjects live healthy and happy lives. He observes that his subjects have backslidden in following malaria preventive measures including indoor residual spraying (IRS) of their houses to kill mosquitoes as evidenced by frequent reports of some subordinate chiefs refusing to cooperate with the spraying teams when they come to their area.

Ever since he came from the city to take up the chieftainship, he has been summoning some village headmen who were not supporting the IRS program. Before the beginning of this year's spray season, he convened meetings with his subordinate chiefs to address prevailing misconceptions regarding IRS and give correct messages on the benefits of IRS. During the meetings, he has registered his concern after getting reports that some village headmen under his jurisdiction have been blocking spraying teams based on unfounded rumours that IRS affects fertility of men. He cites his personal experience from the previous spray season when his house was the first to be sprayed to demonstrate the importance of the activity in the fight against malaria. He also accompanied the spray teams to some houses to give confidence to the program. Following these high-level meetings, the lower chiefs felt motivated and called for community meetings in their respective villages to promote acceptance of IRS among their subjects. As a result, more houses have been sprayed and the number of malaria cases has decreased.

The chief possesses a modern mobile phone, TV set and likes attending developmental meetings.

Illustrations of key messages

- Local leaders have an important role to play in promoting IRS in their communities. Chiefs, promote IRS to protect your community from malaria so your people are stronger and healthier.
- IRS is a scientifically proven malaria control intervention. Spraying all eligible structures in the community protects people from malaria (80% coverage means the entire community will benefit). Ensure the homes in your villages accept IRS every time it is offered.
- Malaria reduces family productivity due to the costs associated with treatment, transportation, days lost to work and hospitalization as families spend many resources on malaria infection.
- Door marking for IRS is done to identify houses that have been sprayed. It makes it easy for spray teams and supervisors to locate houses that have not been sprayed and would otherwise be missed/skipped by the spray teams.
- Make sure you accept IRS for your own home, you are a role model for others.

Priority target 3: Faith Leaders

Target profile

Pastor Joseph Buleya is a charismatic 28-year-old preacher. He ministers at the Joyous Servants Church located in Sosola village in Balaka district. The majority of members in his ministry are residents of the same village. In an effort to grow his church, he embarked on an outreach ministry to the neighbouring village of Phalula.

Just like in Sosola, the membership in Phalula has been growing steadily. However, over the past few months the number of members coming to worship has declined due to reported ill health from malaria. Both villages are beneficiaries for an indoor residual spraying (IRS) project being implemented in the district by local health authorities.

Despite the community mobilization efforts by the community health workers to promote the intervention, some locals have been reluctant to accept their houses to be sprayed citing religious beliefs as a reason. They fear that the intervention may be demonic as it involves door marking as an indication that a particular house has been sprayed.

Pastor Buleya has been telling his church members that they risk the wrath of God if they allow their houses to be sprayed and marked. He believes that IRS does not work in breaking the transmission cycle of malaria in the community God entrusted him to serve. He does not understand that malaria is one of the leading causes of illness and deaths in his community. He does not realise that the high prevalence of malaria in the two villages that he is serving has led to him spending a significant amount of his time visiting sick members of the church. This has affected the cash flow of the church because fewer members are attending church services and giving their offerings.

Due to frequent deaths, he has also been spending a significant amount of his time presiding over funerals for deceased members of his church. These untimely and preventable deaths have also stagnated the growth trajectory of his ministry. Pastor Buleya has also suffered some economic losses arising from frequent traveling to attend funerals. Pastor Buleya is an active member of the Pastors Fraternal, a group of faith-based leaders that champions social and health challenges affecting the locals. During his free time, he likes to listen to the radio, particularly gospel music themed radio programs.

Illustrations of key messages

- IRS is a scientifically proven malaria control intervention. Spraying all eligible structures in the community protects people from malaria (80% coverage means the entire community will benefit). Ensure your villages/homes accept IRS every time it is offered.
- IRS protects you and your loved ones from malaria: Faith leaders lead by example by allowing your households to be sprayed with IRS. Encourage your congregants to do the same so that they can stop the transmission of malaria. When people are healthy, they can effectively participate in development, religious and social activities.
- Door marking for IRS is done to identify houses that have been sprayed. It makes it easy for spray teams and supervisors to locate houses that have not been sprayed and would otherwise be missed or skipped by the spray teams.
- IRS can contribute to a malaria-free community. Faith leaders, encourage your congregants to accept IRS for a malaria-free community and a more productive congregation.
- Make sure you accept IRS for your own home, you are a role model for others.

Communication Channels

<p>Priority target 1 (a and b): <i>Household head/homeowner</i></p>	<ul style="list-style-type: none"> - Door to door visits - Leaflets with IRS pre, during and post spray key messages- distributed at household level - Radio spots aired at community radio (IRS steps, IRS misconception, dangers of malaria, maintenance of sprayed walls, IRS concern and insecticide rotation - 90 seconds- jingle (theme song with benefits of IRS) - Radio talk show featuring SBC specialists, beneficiary homeowners and influential community leaders -IRS program and benefits as main discussion topics - Mobile van publicity-announcing spray calendar dates - Public service announcement on community radio- actual spraying campaign dates, home preparation and presence of an adult at home
<p>Secondary target 1: <i>Family members, neighbours</i></p>	<ul style="list-style-type: none"> - Community engagement meetings - Posters with IRS key messages - Radio spots (IRS steps, IRS misconception, dangers of malaria, maintenance of sprayed walls, IRS concern and insecticide rotation

	<ul style="list-style-type: none"> - Radio jingle (theme song with benefits of IRS) - Radio talk show-IRS program and benefits
Priority target 2: Community leaders	<ul style="list-style-type: none"> - Advocacy meetings - Fact sheets/Leaflets with IRS key messages - Letter to community - Radio spots - - Radio jingle - Radio talk show - IRS program and benefits featuring community leader(s) and SBC specialists
Priority target 3: Faith leaders	<ul style="list-style-type: none"> - Advocacy meetings - Fact sheets/Leaflets with IRS key messages - Letter to faith community - Radio spots - Radio jingle - Radio talk show - IRS program and benefits featuring faith leader(s) and SBC specialists

2.3 Malaria Case Management

Problems Identified

- People’s poor perception toward community health care workers
- Distance to facilities
- Doubt about facilities having antimalarial drugs and RDT test kits
- Limited belief on severity of malaria
- Low exposure to messages in general, and messages about severity in particular
- Prompt care seeking for children with fever within 24 hours is not a behavioural norm
- Lack of interpersonal communication between spouses, family members, or friends about malaria

Behaviour and communication objectives

Behaviour Objectives	Communication Objectives
3.1. Increase the proportion of caregivers taking their under-five children to the health facility within 24 hours of onset of fever from 46% (MIS 2021) to 80% by 2030	3.1.1. Increase the proportion of caregivers who have positive perceptions of community health workers based in their communities from 50% (MBS 2021) to 80%
	3.1.2. Increase the proportion of caregivers who believe that most people in their community take under five children to a health provider on the same or next day after they develop a fever from 68% (MBS 2021) to 80%
	3.1.3. Increase the proportion of caregivers with correct knowledge on malaria care seeking and treatment from 60% (MBS 2021) to 80%
	3.1.4. Increase the proportion of caregivers with a positive perceived response efficacy of malaria treatment from 74% (MBS 2021) to 90%
	3.1.5. Increase the proportion of caregivers with positive attitudes towards malaria care seeking and treatment from 78% (MBS 2021) to 90%
	NMCP

Define and describe our priority target segments

Priority target 1: Caregivers of under-five children

Target profile

Nabengo is a 35-year-old woman with 4 children who resides in Dowa, the central region of Malawi. She is a peasant farmer and lives below the poverty line. She went through grade 3 and speaks Chichewa as her main language.

Nabengo knows that fever is a symptom of malaria. However, when her under-five child has fever, she delays taking her child to the nearest health facility because it is far from her village (7kms), and she only goes there by foot. She only takes her child to the facility 2-4 days after the onset of fever or whenever the fever persists. In addition, she rarely discussed malaria with her husband.

Her village has a well-stocked village clinic manned by a well-trained HSA. The HSA attends to under-five children with fever, cough, diarrhoea, and eye infection. However, Nabengo has a strong perception that normally the village clinic in her village has no antimalarial medicine and test kits.

Whenever she is free, she likes attending existing village and church meetings. She also likes listening to a radio that is owned and controlled by her husband.

Illustration of key messages

- Malaria kills. Village clinics are available and functional in all hard-to-reach communities, and health workers, including HSAs, are well trained to help treat malaria. Seek medical care within 24 hours of onset of fever to prevent severe malaria and death among your young children especially. Early care-seeking within 24 hours will prevent uncomplicated malaria from progressing to complicated malaria and death.
- There are several causes of fever; get your child tested for malaria within 24 hours to confirm if it is malaria because malaria can kill small children quickly and other causes of fever all need the correct treatment. Caregivers, demand a test; the health care workers cannot know for sure that your feverish child has malaria without a test.
- Seeking care within 24 hours will make the caregivers be seen as caring, model members of their community, and as loving and responsible parents/caregivers.
- A child with fever caused by malaria can quickly develop severe signs like convulsions, unconsciousness, vomiting, or weakness within a day; caregivers, take your child to the health facility immediately (at least within 24 hours of onset of fever).
- Complete the full dose of anti-malarial medicine as prescribed by a health worker when your child tests positive for malaria.
- Treatment prescribed for your child is specifically for him/her. Do not share your anti-malarial medicine and make sure your child takes ALL the medicine as prescribed.
- Tests and medicine for malaria when tested positive for malaria are readily available free of charge at health facilities and village clinics which save caregivers money; claim them! Inform your health facility Ombudsman or the Health Advisory Committee (HAC) if malaria drugs are not available at your facility.
- Caregivers, if your child who tests positive for malaria vomits within 30 minutes of taking malaria drugs, repeat the dose and inform the health workers for additional medication.

Priority target 2: Pregnant women

Target profile

Trinity Gama is a married woman aged 27 years and is pregnant for the second time. Her pregnancy is 20 weeks along. She works as a middle manager in public service in the city of Zomba, southern region of Malawi. She understands, speaks and reads English and Chichewa.

Trinity has little knowledge on the severity of malaria in pregnancy but knows fever as a sign of malaria. She has poor perceptions towards government health facilities due to long queues and attitudes of health workers, hence attends private clinics whenever she falls sick. Due to her limited knowledge on malaria severity, she usually goes to private clinics 3 to 4 days after the onset of fever.

She has a modern phone hence accesses most of the information on Facebook, WhatsApp and Google. She also likes watching TV in her free time.

Illustration of key messages

- Malaria in pregnancy results in stillbirth, low birth weight, fetal cognitive problems, anemia, maternal death, and abortions. Pregnant women, seek medical care immediately upon onset of a fever (within at least 24 hours). The longer you suffer malaria, the more dangerous it is for you and your baby. Your family is counting on you!
- Tests and medicine for malaria is readily available for free at health facilities, exercise your right to them! Inform your Health Centre Management Committee if malaria drugs are not available at your facility.
- Community health workers and health facilities are there to help us; let's access their services when a pregnant woman has fever.

Priority target 3: School going children

Target profile

Chizaso is a 10-year-old child who attends a primary school in standard 5 and stays with his parents in rural village in Rumphu, a district in northern region of Malawi. He fell sick and visited a health centre alone complaining of fever and generalised body pains. He has high levels of knowledge regarding malaria treatment and prevention from his life skills lessons in school. He has a strong belief that his nearby health centre has medicines for malaria. The health worker tested the child and diagnosed him with malaria. He was given a course of antimalarial treatment LA and advised to complete his course of treatment in 3 days and if the symptoms persist after completion of treatment, told he should return to the health facility.

The child took the medicines in 2 days and felt much better. He gave the remaining dose to his close friend who also had fever. He decided to stop the medicines considering that all the signs and symptoms he was feeling had disappeared. He resumed attending classes but only went to school for 3 days because he had started feeling feverish again. Five days later, he became confused with high fever and repeated vomiting. His mother brought him back to hospital because he was now seriously ill. Due to the severity of his condition, he was referred to the district hospital where he was treated as an in-patient. He missed out a week of school and his parents lost a significant amount of money as they paid for bills associated with his hospitalization.

Illustrations of key messages

- Students, make sure you convince your caretaker to seek care for you within 24 hours of onset of fever from your nearest facility and insist on a malaria test. They cannot know for sure that your fever is from malaria without a test and there are many other causes of fever that could also be dangerous.
- Students, complete the full dose of anti-malarial medicine as prescribed by a health worker when you test positive for malaria, even if you start to feel better. If you stop taking it before you have completed the dose you could get even more sick from malaria next time.
- Students, the treatment prescribed for you is specifically for you. Never share your anti-malarial medicine with others.

Secondary target 1: Mother-in-law

Target profile

Tinyade is an 18-year-old teenager. She has a 1-year-old child. She is a secondary school dropout. She resides with Melifa, her mother-in-law, who takes care of her together with her daughter. Melifa is a retired primary school teacher. She has knowledge that fever might be a symptom of malaria. She takes her granddaughter to the nearby health facility when she develops fever within 24 hours. She makes sure the granddaughter finishes antimalarial treatment once prescribed by health personnel.

Tinyade has some knowledge on malaria, but she fails to make the decision of taking her child to facility when she develops fever.

Illustrative key messages

- Malaria kills. Grandparents, let us teach the new mothers and fathers the importance of taking our grandchildren for medical attention within 24 hours of the onset of fever. Village clinics are available and functional, and health workers, including HSAs, are well trained to help treat malaria.
- Grandparents, seek medical care within 24 hours of onset of fever to prevent severe malaria and death among your young grandchildren especially. Early care-seeking within 24 hours will prevent malaria from becoming more severe malaria or death.
- There are several causes of fever; get your grandchild tested for malaria within 24 hours to confirm if it is malaria because malaria can kill small children quickly.
- Grandparents, demand a test for malaria because other causes of fever all need the correct treatment - the health care workers cannot know for sure that your feverish grandchild has malaria without a test.
- Seeking care within 24 hours will make the grandparents be seen as caring, model members of their community, and as loving and responsible grandparents.
- A child with fever caused by malaria can quickly develop severe signs like convulsions, unconsciousness, vomiting, and weakness within a day; grandparents, tell your children to take your grandchildren to the health facility/ village immediately (at least within 24 hours of onset of fever).
- Complete the full dose of anti-malarial medicine as prescribed by a health worker when your grandchild tests positive for malaria. Treatment prescribed for your grandchild is specifically for him/her. Do not share your anti-malarial medicine and make sure your child takes ALL the medicine as prescribed.
- Tests and medicine for malaria when you test positive for malaria are readily available free of charge at health facilities and village clinics which saves your family's money; claim them! Inform you're the health facility Ombudsman or the HAC if malaria drugs are not available at your facility.

Tertiary target 1: A health worker

Target profile

A health worker from a health centre located in one of the districts in central region of Malawi attends to 3-year-old child who was brought to the clinic by her mother. The caregiver reports that the child developed fever the same day and believed she could have malaria based on her experience and good knowledge of the disease. The health worker tested and diagnosed the child with malaria. She gave the child a full course of antimalarial treatment to take for 3 days. While at the health centre, the child was given her first dose of antimalarial but immediately vomited the dose. The health worker proceeded to advise the caregiver to continue giving her child the remaining doses at home. The child successfully took the subsequent doses and completed the course of treatment. However, two days after completing treatment, her fever recurred. At this point the mother decided to return to the health centre.

Illustrative key messages

- Health workers let's make sure that we have malaria tests and treatment available all the time. Do your part to make sure that stocks are requested and delivered on time so there are no stockouts. Your community needs you to make sure they don't lose their lives because of a commodity problem that could have been prevented.
- Health workers, the national policy is that all fevers must receive a malaria test. Even if you think it is malaria, make sure EVERY TIME by doing an mRDT or microscopy and know the differential diagnosis for fever. Your patients need you to do the right thing, every time.
- HSAs, your community is counting on you, make sure you are working when and where you are supposed to so no patient goes without your important service!
- Health workers, ensure that the first dose of antimalarials is given at the clinic and keep them there for at least 30 minutes, repeat the dose if the child vomits within 30 minutes, and give the caretaker a full course for subsequent doses.

Tertiary target 2: Local Leader

Target profile

Group Village Headman (GVH) Natola is the local leader of Natola Village. Natola Village is located more than 5kms from the nearest facility. There are many under five children in the village. Most caregivers in the area know the importance of taking their children with fever to the nearest facility within 24 hours of onset of fever. However, they do not take the children to the facility due to the distance.

Government, through the nearest health facility, allocated one HSA to be running a village clinic in the village. However, the HSA is rarely at the clinic as he commutes from a trading centre located some 4km away where he resides due to lack of accommodation in the village. The HSA visits the clinic once a week but is willing to stay right in the village provided there is accommodation.

The people of Natola listen to their chief. They have built teachers' houses before. Now they are mobilizing bricks and sand to construct a house for the HSA.

Illustrative messages

- Government-allocated HSAs should reside in our catchment areas and are trained and effective professionals. Community leaders, let's provide accommodation for them to reside in our area and run our village clinics, if they live closer they will be better able to serve your community quickly.
- Malaria brings poverty to the community due to lost wages, time, and travel to health facilities. Local leaders, encourage your people to seek malaria treatment within 24 hours of onset of fever and prevent costly hospitalization and loss of wages.
- Community leaders, let's encourage our people to demand a malaria test whenever they have signs and symptoms of malaria.
- Tests (mRDTs) and medicines for malaria are readily available at health facilities and village clinics. Local leaders, encourage your people to go to health facilities for malaria testing and treatment every single time they have a fever.
- Community leaders, let's lobby the district health office for more village clinics in our community.
- The Health Centre Management Committee (HCMC), make sure that health facilities have adequate mRDTs or microscopy and ACTs all the time. Problems with stock should be reported to the DHO immediately.
- Religious leaders let's encourage our church members to take their children to the nearest health facility or village clinic within 24 hours of onset of fever. No congregation wants to bury their members, and a simple test and ACTs will save lives, strengthening your congregation and ensuring sustainability of your church.

Communication Channels

<p>Priority target: <i>caregivers of under-five children, pregnant mothers, school going children</i></p>	<ul style="list-style-type: none"> - Interpersonal communication including door to door visits, small groups - Mass media (national and community radios) - Health talks - Social media such as WhatsApp, Facebook, SMS - Community meetings and community events e.g., drama performances, road shows - Printed SBC media (posters, leaflets, fact sheets) - Other opportunities will include community gatherings such as village banks, wedding, funerals, water points etc.
<p>Secondary target: <i>Mother in laws, uncles</i></p>	<ul style="list-style-type: none"> - Print media (posters, leaflets) - Mass media (community and national radio) - Community meetings, drama performances, road shows

	<ul style="list-style-type: none"> - Other opportunities will include community gatherings such as village banks, wedding, funerals, water points etc.
<p>Tertiary target: <i>Local leaders, religious leaders, health workers</i></p>	<p>Local and faith leaders</p> <ul style="list-style-type: none"> - Sensitization meetings with faith-based leaders, healthcare committee meetings, community, and opinion leaders - Mass media – national and local/community radio, - Social media such as WhatsApp, Facebook, SMS - Community events, including community theatre performances, roadshows - Interpersonal communication including both one-on-one and small groups, - Printed SBC materials e.g., fact sheets, and posters <p>Health workers</p> <ul style="list-style-type: none"> - Mass media – national and local/community radio, - Social media such as WhatsApp, Facebook, SMS - Interpersonal communication including supportive supervision visits - Printed media e.g., guidelines, training manuals - Refresher courses

2.4 Malaria in Pregnancy

Problems identified

- Only about half of pregnant women receive the recommended three or more doses of IPTp
- Only one-third of women believe that IPTp is safe to take on an empty stomach
- Belief that the community does not approve of someone taking IPTp
- Lack of knowledge on when to start attending ANC
- Some cultural norms and beliefs (e.g., pregnancy should not be disclosed at an early stage)
- Lack of knowledge on recommended number of ANC visits during a pregnancy

Behaviour and communication objectives: Malaria in pregnancy

Behaviour Objectives	Communication Objectives
4.1. Increase the proportion of pregnant women who take IPTp 3+ during pregnancy from 56% (MBS 2021) to 80% by 2030	4.1.1. Increase the proportion of pregnant women with a favourable attitude towards IPTp from 66% (MBS, 2021) to 80%
	4.1.2. Increase the proportion of pregnant women who believe their community would approve of IPTp from 28% (MBS, 2021) to 50%
4.2. Increase the proportion of pregnant women who start ANC early (first trimester) from 40% (MBS2021) to 80% by 2030	4.2.1. Increase the proportion of pregnant women who believe most women in their community go to antenatal care at least 4 times when they are pregnant from 75% (MBS, 2021) to 90%
	4.2.2. Increase the proportion of pregnant women who have positive perceptions of facility-based health workers from 54% (MBS 2021) to 80%

Define and describe our target segments

Priority target 1: Pregnant Women

Target profile

Nachibwe is a 28-year-old woman married to Jacob, a middle-income husband. She has 4 children and is now pregnant with the fifth child. She originally comes from GVH Chulu in Kasungu district but now she stays at her husband's village which is 5 km from her village. She does small scale business of selling zigege along busy gathering points. In her previous pregnancies, she never attended ANC because her mother-in-law did not allow her to go the clinic because of her cultural values. As she sells zigege, she likes listening to the radio; among other programs she hears uchembere wangwiro. Apart from the radio, she chats with her friends and visits church on Sundays. She is also visited by a community volunteer who was oriented in community-based maternal and new-born care and encouraged her to visit the ANC clinic. She intends to go the clinic, but this is in conflict with her mother-in-law and husband's belief that they have enough traditional and cultural systems to take care of pregnant women, that pregnancy issues are for women only and ANC are not male friendly (e.g., having no structures to involve men).

Illustration of key messages:

- Starting ANC early ensures the mother will access all the required support and services for a healthy pregnancy and delivery of a healthy baby, including all the doses of preventative malaria medicine (IPTp).

- When a pregnant woman gets at least three doses of IPTp during her pregnancy, she protects herself and her baby from illness and death from malaria. IPTp helps avert abortion, vomiting and weakness that comes from malaria in pregnancy.
- When a woman asks for IPTp during her ANC visit, it shows she is responsible and doing all she can to protect her baby. It also reminds overburdened health workers to provide her the IPTp she is entitled to.
- If a woman visits her ANC clinic at least 8 times during her pregnancy, she ensures her baby has the best possible care and reduces the chances of getting malaria which can harm or kill the baby.

Priority target 2: Husband/partner

Target profile

John Phiri is 31 years old. He has been married to Yasinta for 10 years and has 4 children. He is a hardworking subsistence farmer, and his wife is 5 months pregnant with the fifth child. He likes participating in community gatherings and is the village elder and an assistant to the chief. He envies some prosperous farmers who have cattle and goats and has an ambition that one day he should be like them. He likes listening to the radio and is semi-literate. He also likes to read printed materials in vernacular. He has a mobile phone and feels superior. He takes alcohol at a local drinking joint where he usually dominates the discussions. However, the community drinking joint is also patronised by a community health worker (HSA) who, in most cases, brings some health-related materials like posters, leaflets, and even t-shirts with messages. As they drink, the health worker usually engages in arguments with him. Largely he is a traditionalist and believes that their community has enough systems to take care of pregnant women. For him, pregnancy is an issue for women and if anything, traditional remedies are available. Through a discussion at the drinking joint, he learned that his friends escort their wives to the ANC and heard more about the benefits of ANC attendance by pregnant women. He is aware of the seriousness of malaria.

Illustrations of key messages:

- A pregnant partner and unborn baby are very vulnerable to malaria. Being a responsible father and husband means you ensure she attends ANC and receives IPTp as required to protect her life and the life of your unborn child. You will be appreciated by your partner and the community.
- A healthy baby and a healthy mother are a source of pride for the family. Men, be responsible, support your partner to attend ANC and take IPTp as required when pregnant to prevent malaria. You will feel good about yourself.
- Malaria can result in complications including death in pregnant women or their babies. Men, take the lead in protecting their lives. Ensure that your partner receives at least three doses of IPTp during pregnancy. You will be respected by your partner and the community.
- Traditional remedies for malaria may pose a risk to pregnant women. Men, accompany your partners to ANC to get proper advice and screening to avoid complications from malaria including death. You will be appreciated.
- Be a responsible partner; plan for transport and logistics for ANC and delivery to have a safe mother and child. You are investing in your future.

- Save money by avoiding the additional cost of transport to the health facility as well as other incurred costs of hospital admissions by preventing malaria. Ensure that your pregnant partner attends at least 8 ANC visits, receives at least three doses of IPTp, and sleeps under an ITN every night.

Priority target 3: Service providers (Nurses/HSAs)

Target profile

Susan Chipho is a 32-year-old nurse working at Kabudula Health Centre. She has the ambition to upgrade her education credentials so that she can treat her clients better. She has 3 children but is not married. Her first two children are at boarding secondary schools. She finds it difficult to pay school fees and do household upkeep. She likes going to church on Sundays and is a good participant in church groups and community gatherings. She is an experienced nurse and is usually assigned to the ANC and maternity ward. She remains moody and short tempered, and at times, due to her personal financial and domestic situation. Usually, she is in close interaction with fellow nurses and likes attending weekly meetings where professional updates on guidelines and protocols are provided. She has a modern mobile phone and when idle, she keeps herself busy with WhatsApp and Facebook. She also likes listening to the community radio and watching national TV.

Illustration of key messages

- The lives of the pregnant mother and the unborn baby are in your hands. Adhere to the “Respectful Maternity Care Charter”. If you don’t show up to work and do your very best, the community will suffer. You will feel good saving lives and your community will respect you and your work.
- Your career as a healthcare worker is very important. Safeguard the life of your clients. Adhere to IPTp guidelines with every single pregnant patient. Be proud of the lives you are protecting by administering IPTp.
- Serve your pregnant clients with diligence. Ensure your pregnant clients get at least three doses of IPTp at the health facility even when you are overwhelmed by the workload. Your pregnant patients respect and need you.
- Show all pregnant women and their partners respect and listen to their feelings and questions about malaria in pregnancy. Make sure they feel heard and tended to. They need you to excel in your interpersonal communication.

Priority target 4: Community leaders (Chiefs)

Target profile

Steven Chimpango, aged 45, is Group Village Headman Nkhata in Mzimba district. He is semi-literate and likes discussions on posters and other written materials in vernacular. He is highly respected in the villages under his leadership. He respects pregnancy from his traditional and cultural understanding. He feels pregnancy is an issue for women, and for him, men are there just to provide support if needed. He is aware

that there are modern facilities where women are supposed to go for ANC, but he does not fully approve. To him, cultural norms and systems are the best in the management of pregnancy. He is a very powerful person, and he usually chairs community meetings and gatherings. He interacts with many people, but his close friend is a health worker who works within the community. He has a mobile phone and likes listening to the community radio.

Illustrations of key messages:

- Community leaders, you are powerful people. Use your powers to promote early and often ANC attendance and the uptake of IPTp by pregnant women to prevent malaria. You will be respected when you show pregnant women that they are important to care for well.
- Win community trust. Treat every pregnant woman equally regardless of age, marital status, disability, and marginalization. You will be appreciated for your open mind.
- Some of our cultural norms, beliefs, and misconceptions such as attending ANC visits only when the pregnancy is visible and the perception that the community does not approve of pregnant women receiving IPTp, can cost the lives of our women and babies. Lead by example, ensure your partner attends ANC and takes IPTp as required to prevent malaria and share your experience with your stakeholders.
- A healthy community is a prosperous community. Encourage men to support their partners in attending ANC and insisting on IPTp.

Priority target 5: Traditional mother counsellors

Target profile

Ruth Chikhasu is a traditional counsellor, aged 58. She is also an expert in traditional medicine and is a traditional birth attendant. She is highly respected among women in the community because of her skills and experience. Most pregnant women consult her when pregnant or ill. From all this, she earns some income. She interacts with health providers (HSA) and is aware that pregnant women should attend ANC but does not fully approve because she feels she will lose grip on the services she offers to her community. She participates in women's groups, community gatherings and village headman meetings. She likes listening to the radio. Through her interaction with the Health Service Provider (HSA), women groups, community gatherings and radio programs, she has realised that there are some pregnancy related matters that she cannot easily handle as a traditionalist. She now believes the community and health workers have a deeper respect for her as she ensures her pregnant clients are referred to the health facility.

Illustrations of key messages:

- Traditional mother counsellors, refer pregnant women for early ANC (in the first trimester) to get IPTp to prevent malaria in pregnancy. You will be respected for adhering to Ministry of Health regulations.
- Traditional mother counsellors, it is your responsibility to encourage pregnant women to go for ANC early to get IPTp and receive optimal care. You will be respected.

- Traditional mother counsellors, counsel your clients on the importance of complementing your care with ANC appointments, sharing with mothers that they can attend both.
- Traditional mother counsellors, you are trusted. Use your influence to encourage pregnant women to attend ANC early (in the first trimester) to get IPTp. You will save the lives of the mother and baby.
- Malaria illness can incur high costs with lost wages, transportation, and hospital costs. Refer your pregnant mothers to ANC early. You will help them save money and time.

Communication Channels

<p>Priority target 1: Pregnant Women</p>	<ul style="list-style-type: none"> - Mass media –national and local/community radio - Social media such as WhatsApp, Facebook, mobile phone messages - Mid-media – community events, including community theatre performances, road shows, and clinic shows / health talks - Interpersonal communication including both one-on-one and small groups, household visits - Printed SBC materials e.g., fact sheets, Q&A fliers, and posters - Other opportunities will include community gatherings such as village banks, wedding, funerals, water points etc. - Facilitation of spousal communication through meetings for couples,
<p>Priority target 2: Husband/partner</p>	<ul style="list-style-type: none"> - Facilitation of spousal communication through meetings for couples - Other opportunities such as sports, video shows, marketplaces, healthy clinic meetings - Mass media –national and local/community radio, - Social media such as WhatsApp, Facebook, mobile phone messages - Mid-media – community events, including community theatre performances, road shows - Interpersonal communication including both one-on-one and small groups, household visits, - Printed SBC materials e.g., fact sheets, Q&A fliers, and posters
<p>Priority target 3: Service providers (Nurses/HSAs)</p>	<ul style="list-style-type: none"> - Mass media –national and local/community radio, - Social media such as WhatsApp, Facebook, mobile phone messages - Interpersonal communication including supportive supervision visits

<p>Priority target 4: Community leaders (Chiefs)</p>	<ul style="list-style-type: none"> - Sensitization meetings with faith-based leaders, healthcare committee meetings, community, and opinion leaders - Mass media –national and local/community radio, - Social media such as WhatsApp, Facebook, mobile phone messages - Mid-media – community events, including community theatre performances, road shows - Interpersonal communication including both one-on-one and small groups, household visits, - Printed SBC materials e.g., fact sheets, Q&A fliers, and posters
<p>Priority target 5: Traditional mother Counselors</p>	<ul style="list-style-type: none"> - Mass media – national and local/community radio - Mid-media – community events, including community theatre performances, road shows - Other opportunities will include community gatherings such as village banks, wedding, funerals, water points etc.

3. Quality Assurance

3.1 Performance Monitoring and Quality Assurance

The following [performance monitoring and quality assurance checklist](#) serves as a means of ensuring best practices in SBC are being observed by all partners and should inform the design of any [strategic communication](#) and comprehensive SBC campaign. It will allow users to ensure that the messages they develop are in harmony and aligned with the NMCS, message guide, and international recommendations, as well as those used by health centres at the community level.

1. Inquire

Partners should review the NMCS and review the MBS and MIS results to become more familiar with the original data that was used to develop this message guide and prioritize based on the behavioural objectives of the specific activity. For each activity, program implementers should think through:

- a. Behavioural determinants (knowledge, attitudes, behaviours, social networks, needs, aspirations, self-efficacy, etc.)
- b. Demographic, epidemiological, sociological, and economic information
- c. Summary of active and available communication channels
- d. Description of potential partner coordination from national to community levels

This information can be collated from the NMCS, this message guide, the MBS and the MIS.

2. Design

Partners will develop and present creative briefs (see Appendix A for resources) to the SBC technical working group for feedback. Creative briefs will include communication and behaviour objectives consistent with those identified in the NMCS. Communication and behaviour objectives should be included in a monitoring and evaluation plan at this stage.

- a. Creative brief: A short, written document used by program managers and creative professionals to guide the development of creative materials for use in SBC campaigns. No more than 2-3 pages in length, creative briefs set the direction, define key audiences, focus on key messages, and identify desired results for an SBC campaign or materials.

3. Create and Test

Partners will pre-test messages and materials developed with approved creative briefs. Results of pre-tests will be shared with partners, and finalized messages and materials will be validated by the NMCP.

4. Mobilize and Monitor

Partners will mobilize communities by engaging local media, traditional leaders, religious leaders, and community organizations during the implementation of malaria SBC activities. Monitoring activities will measure exposure (number of, who recalls hearing or seeing one or more malaria messages) as well as reach (number of specific messages recalled) of SBC activities.

- a. Examples of activity monitoring include service statistics, mass media ratings, the number of materials distributed, and the number of those trained in SBC.

5. Evaluate and Evolve

Partners will present activity monitoring and evaluation findings at SBC technical working group meetings to ensure that others benefit from lessons learned. Evaluation reports will include measurement of outcomes and assess activity impact.

References

- Chilanga, E., Collin-Vézina, D., MacIntosh, H. et al. (2020). "Prevalence and determinants of malaria infection among children of local farmers in Central Malawi". *Malaria Journal*. **19**(308)
<https://doi.org/10.1186/s12936-020-03382-7>
- Kincaid, D. L., Figueroa, M. E., Kincaid, D. L., et al. (2007). *A social ecology model of communication, behavior change, and behavior maintenance* [working paper]. Baltimore, MD: Johns Hopkins Center for Communication Programs, Johns Hopkins University.
- MOH (undated). Health Priorities: Malaria. *Ministry of Health Website*. Accessed on 15 June 2022. Lilongwe <https://www.health.gov.mw/index.php/malaria>
- National Malaria Control Programme (NMCP) [Malawi] and ICF International. (2012). *Malawi Malaria Indicator Survey (MIS) 2012*. Lilongwe, Malawi, and Calverton, Maryland, USA: NMCP and ICF International.
- National Malaria Control Programme (NMCP) [Malawi] and ICF International. (2014). *Malawi Malaria Indicator Survey (MIS) 2014*. Lilongwe, Malawi, and Rockville, Maryland, USA: NMCP and ICF International.
- National Malaria Control Program (NMCP) and ICF. (2018). *Malawi Malaria Indicator Survey 2017*. Lilongwe, Malawi, and Rockville, Maryland, USA: NMCP and ICF.
- National Malaria Control Program (NMCP) and ICF. (2022). *Malawi Malaria Indicator Survey 2021 Preliminary Findings*. Lilongwe, Malawi, and Rockville, Maryland, USA: NMCP and ICF.
- National Statistical Office. (2021). *Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report*. Zomba, Malawi: National Statistical Office.
- Olapeju Bolanle, Kayange Michael, Bride Michael, Mafuleka Taonga, Hunter Gabrielle, Dembo Edson, Volkmann Tyson, Gumbo Austin, Bautista Monica, Mbeye Nyanyiwe, Cash Shelby. (2021). *Malaria Behavior Survey: Malawi 2021*. Johns Hopkins Center for Communication Program. October 2021. Baltimore, USA.
- President's Malaria Initiative PMI. (2021). *Malaria Malawi Fact Sheet*. USAID.
https://www.usaid.gov/sites/default/files/documents/1860/Malaria_Fact_Sheet_9.26.18.pdf
- U.S. President's Malaria Initiative Malawi Malaria Operational Plan FY 2022. Retrieved from www.pmi.gov
- WHO. (2021). *World Malaria report 2021*. Geneva, World Health Organization, Global Malaria Program.

APPENDIX. How-To Guides

Use the following links to design, develop, and monitor SBC materials.

Inquire	Design	Create and Test	Monitor and Evaluate
How to Do an Audience Analysis	How to Develop a Logic Model	How to Conduct a Pretest	How to Develop a Monitoring and Evaluation Plan
How to Do Audience Segmentation	How to Develop a Creative Concept	How to Develop SBCC Creative Materials	How to Develop Monitoring Indicators
How to Conduct a Situation Analysis	How to Design SBCC Messages	How to Adapt SBCC Materials	How to Conduct a Program Analysis
How to Conduct a Root Cause Analysis	How to Write a Creative Brief	How to Develop a Channel Mix Plan	
How to Conduct Qualitative Formative Research	How to Create a Brand Strategy Part 1: Using Audience Insight to Drive Your Brand	How to Test Creative Concepts	
Advanced Audience Segmentation for Social and Behavior Change Updated September 2021	How to Create a Brand Strategy Part 2: Developing Positioning for a Branded Product, Service or Behavior		
Provider Behavior Assessment for Social and Behavior Change	How to Create a Brand Strategy Part 3: Developing the Personality and Look of the Brand		
How to Conduct a Stakeholder Workshop	How to Plan an Interpersonal Communication Intervention		