

**Nigeria Federal Ministry of Health  
National Malaria Elimination Programme**

**Guidelines for Malaria Advocacy, Communication  
and Social Mobilisation Programmes**

**2014**





## Foreword

Malaria is endemic in Nigeria and has continued to have a disturbing impact on the people of Nigeria. It also remains one of the leading causes of childhood and maternal morbidity, poverty, low productivity, and reduced school attendance in the country. Nearly all Nigerians (97 percent) are at risk of contracting the disease, while about half of the population will have at least one malaria attack per year.

The current *National Malaria Strategic Plan 2014-2020* aims at achieving the vision of a “malaria-free Nigeria.” The National Malaria Elimination Programme (NMEP), with its Roll Back Malaria (RBM) partners, has, in the last five years, distributed about 58 million long-lasting insecticide-treated nets (LLINs), as part of the universal LLIN campaigns to protect an estimated 29 million households. Access to free and/or highly subsidized ACTs also improved significantly both in the public and the private sector, and newer tools for diagnosis and prevention of malaria were deployed in the country, guided by evidence collected through research. Newer approaches have been used to channel focused interventions through the health system down to the community level, thereby increasing access to malaria commodities and services for all. Yet, part of the recurrent challenge has been the low uptake and utilization of malaria interventions. The need to increase demand, uptake and utilization of malaria interventions has therefore become critical. For this to happen, there is need for a more scientific and evidence-driven approach to malaria communication programming.

Against this backdrop, the review and development of an evidence-informed National ACSM Guide is timely and also falls in line with the determination of the NMEP to standardize ACSM programming and ensure that ACSM activities are aligned with the priorities of the current strategic plan.

The National ACSM Guide is a response to the collective desire of all stakeholders for an informed, user-friendly and, ultimately, more effective strategic document to guide organizations that are implementing malaria communication programmes at different levels in planning, developing, implementing, monitoring and evaluating a unified and cohesive behaviour change communication plan for malaria control interventions. It will serve as an invaluable resource and provide a stepping stone for programmers to get started in planning, managing and monitoring behaviour change for malaria at all levels.

There are four key guides within the ACSM strategic document, which also represent the four important steps in the ACSM programming process, including:

1. Situation and Communication Analysis
2. “Think Big” Strategy Design Guide
3. “Act Now” Implementation Planning Guide
4. “Count It” Monitoring and Evaluation Planning Guide.

The collection of these guides provides an overview of the ACSM programme planning process and its components—from planning to evaluating the success of communication efforts—and suggests strategic activities and key messages that can be used to reach different audiences.

It is, therefore, with great pleasure that I present this National ACSM guide to you. I encourage all civil society organizations, development agencies and all who are involved in malaria communication programming in the country to use the ACSM Guide as a blueprint for designing and executing communication initiatives for malaria in the country.



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## Acknowledgements

The National ACSM Guide builds on effective communication for malaria programming, developing strategies on behaviour change communication at different levels. It is on this that the National Malaria Elimination Programme (NMEP) acknowledges the technical and financial support of the President's Malaria Initiative (PMI)/Health Communication Capacity Collaborative (HC3) project funded by the United States Agency for International Development (USAID) and SuNMAP Project for making the development of this document possible.

The support of the PMI/HC3 project in taking up the production of the initial copies of the document is appreciated.

NMEP also expresses its gratitude to individuals and organizations that have contributed to the development of the National ACSM Guide. Special mention must be made of the dedication and commitment of the National ACSM Sub-Committee and all of the partners who made this a success. In the same vein, the untiring effort and technical expertise of the two consultants, Ian Tweedie and John Dada, in leading the entire process of developing the document are highly appreciated.

The Government of Nigeria sincerely hopes that all efforts put into the development and production of this strategic document will bring about, among others, the much needed improvement in malaria communication for behavioural change toward eliminating malaria and ensuring a malaria-free Nigeria.



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## Acronyms

ACSM	Advocacy Communication and Social Mobilization
ACT	Artemisinin based Combination Therapy
ADR	Adverse Drug Reaction
ANC	Antenatal Care
BCC	Behaviour Change Communication
CBO	Community Based Organization
CHEW	Community Health Extension Worker
DC	Demand Creation
DOT	Directly Observed Treatment
FANC	Focused Antenatal Care
FBO	Faith-based Organization
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
HC3	Health Communication Capacity Collaborative
HMIS	Health Management Information System
HW	Health Worker
iCCM	Integrated Community Case Management
IEC	Information Education Communication
IPC	Inter Personal Communication
IPT	Intermittent Preventive Treatment
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
LGA	Local Government Area
LLIN	Long-lasting Insecticidal Net
M&E	Monitoring and Evaluation
MDCAN	Medical and Dental Consultants Association of Nigeria
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MLSCN	Medical Laboratory Science Council of Nigeria
MOH	Ministry of Health
NANNM	National Association of Nigeria Nurses and Midwives
NDHS	National Demographic Health Survey
NGO	Non-Governmental Organization
NMA	Nigeria Medical Association
NMCP	National Malaria Control Programme
NMEP	National Malaria Elimination Programme
NMSP	National Malaria Strategic Plan
NPHCDA	National Primary Health Care Development Agency
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
RH	Reproductive Health
PANCONF	Paediatric Association of Nigeria Conference
PCN	Pharmacists' Council of Nigeria
PHC	Primary Health Care
PMI	President's Malaria Initiative
PMV	Patent Medicine Vendor
PSN	Pharmaceutical Society of Nigeria
SBCC	Social and Behaviour Change Communication
SMEP	State Malaria Elimination Programme
SP	Sulfadoxine-Pyrimethamine
SPHCDA	State Primary Health Care Development Agency
SuNMAP	Support to Nigeria Malaria Programme

SURE-P	Subsidy Re-investment and Empowerment Programme
SWOC	Strengths Weaknesses Opportunities Challenges
TWG	Technical Working Group
USAID	United States Agency for International Development
WHO	World Health Organization





# OVERVIEW & INTRODUCTION



# OVERVIEW & INTRODUCTION

## Overview

The Malaria Advocacy, Communication and Social Mobilisation (ACSM) Guide includes three major sections. **Section 1** reviews some essential information that will help you maximize the use of this guide, covering:

- Background information about this document and how to use it.
- An overview of the role of communication in malaria programmes.
- The use of behavioural theories and conceptual frameworks in ACSM programme design and development.

- A section on the use of national malaria branding and slogans.

**Section 2 is the core of the guide** and provides detailed and reference information on malaria issues and practical step-by-step processes for developing a comprehensive and detailed malaria ACSM strategy, implementation and monitoring and evaluation (M&E) plan customized to your area and needs. Section 2 includes four related sections in the chart below.

**Section 3** is the enclosed CD ROM with electronic files of worksheets, background documents and presentations, national and international malaria strategies and guides for further reference, and more.

## 1. Situation and Communication Analysis Guide

This section is an overview of analyses to be conducted to provide a snapshot of the health situation and contextual issues that can influence health outcomes, as well as background on audience communication behaviour and existing malaria ACSM materials and activities.

## 2. “Think Big” Strategy Design Guide

This section will guide your team through a step-by-step process to design a strategic malaria communication plan for achieving the goals and objectives of the National Malaria Strategic Plan (NMSP) 2014-2020 for your area, with specific focus on a malaria technical topic (e.g. long-lasting insecticide-treated nets (LLINs), IPTp, Case Management, etc), utilizing formative research; identifying communication domain (individual/community, service provider, advocacy), priority and secondary audiences, audience-specific behavioural objectives and communication objectives categorized by ideational factors; and a prioritized activity planning guide.

## 3. “Act Now” Implementation Planning Guide

The “Act Now” Guide will guide your team through priority setting of domains, audiences, activities and messages in malaria communication. It will provide a step-by-step coordination and implementation guide to identify lead implementing organisations in your area for each activity, create content design teams, develop work plans, write activity briefs, select creative agencies and specialist personnel, and develop communication materials and implement interventions.

After having developed the “Think Big” Strategy, you will have generated a broad vision and list of potential activities to implement. Priorities will need to be identified now, to move beyond a wish list of activities towards doable actions. Priority setting can be a painful and difficult process, because all of the issues are important. The challenge is that there are limited resources (financial, human, time, etc). Therefore, to make progress, we must make these hard decisions of priorities so that we can “ACT NOW” and get ACSM interventions implemented. While we cannot do everything all at once, it will be important to remember that activities can be implemented in phases. So, what we cannot do this year can potentially be implemented in subsequent phases when resources are available.

## 4. “Count It” Monitoring and Evaluation Planning Guide

One of the key challenges for Malaria ACSM in the country is for all programme planners and implementers to have a good grasp of ACSM M&E. At all levels, there are inadequate activities for M&E of ACSM (NMSP, 2014, p. 44). Experience indicates that challenges can be traced to several factors including (a) lack of clarity of what activities to report and the source of information. A standardised matrix for reporting ACSM activities at national, state and LGA levels will be of benefit to address the varying degrees of ambiguity in the type of activities to include in the ACSM monitoring and evaluation report. This Standardised Matrix on Malaria ACSM Monitoring and Evaluation takes into consideration the current ACSM indicators in the NMSP and the Roll Back Malaria (RBM) Behaviour Change Communication (BCC) M&E working group, at the national and international levels.

# Introduction

## A. Background

### Goals and Objectives

The document is to serve as a guide for national, state, LGA and other health communication and promotion professionals and designated officers to design and implement malaria interventions that are consistent with national and international policies and standards. The malaria ACSM guide will enhance the capacity of ACSM programme planners, implementers and stakeholders to develop and

manage interventions that will contribute toward achievement of national objectives and targets for malaria elimination as set forth in the NMSP 2014-2020 through:

- An increase in political, leadership and resource support for malaria control commodities and services.
- An increase in awareness and knowledge of malaria problem, and the benefits of its prevention and treatment.
- Sustained promotion of positive attitudes, desirable norms, values and behaviour change regarding malaria and the recommended measures for its prevention and treatment.

- Improved demand creation for testing all cases of fever before treatment.
- Sustained promotion of desirable behaviour for malaria prevention and treatment at community, household and individual levels.
- Improvement in the capacity of health service providers to provide high-quality and client friendly health services for malaria prevention and treatment.
- Promotion of participation of the private sector, civil society, community-based organisation and other volunteers in malaria programme.

### Primary Audience

#### (Who is this document written for?)

The purpose of the guide and the cross-cutting nature of ACSM in development programmes implies that various cadre of professionals and volunteers will find the document useful as they strive for improvement in the quality of malaria programming.

The **primary audience** for the guide is the cadre of health communication and promotion practitioners at the national, state and LGA levels involved with the malaria programme. This cadre has the primary responsibility to develop plans and implement, monitor and evaluate ACSM activities for malaria elimination. The cadres include professionally trained specialists, officers or designees in:

1. Social and Behaviour Change Communication (SBCC)
2. Health Education/Promotion
3. Demand Creation (DC)

The **secondary audience** for the guide are cadres of professionals, partners and volunteers who perform programme planning and implementation roles for other components of the malaria programme, or who perform management and leadership roles for the programme. These cadres are located in different components of the malaria programme in the public, private and non-governmental organisation (NGO) sectors. They include:

1. Programme directors
2. Programme coordinators
3. Components heads
4. Programme officers
5. Mass media (managers, producers and reporters, as relevant)
6. Volunteers

The basic understanding of the process, content and scope of the Malaria ACSM Guide by the secondary audience and the support it provides will, to a large extent, determine the success of the ACSM component of the malaria programme.

### Situation Analysis

#### (Why is this document needed now?)

This guide is designed to respond to the needs of the new NMSP 2014-2020. It is a reference to guide programme planners to design malaria ACSM strategies and implementation plans aimed to help achieve the goals and objectives set forth in the NMSP 2014-2020. The Federal Ministry of Health (FMOH) has responsibility for the National Malaria Programme through policy formation, setting standards, quality assurance, resource mobilisation, capacity development, epidemic control, coordination, research and M&E. A key tool for setting standards and quality assurance of the national programme is the development of the NMSP. Several NMSPs have been developed since malaria programme initiatives started in Nigeria. The recently expired NMSP (2009-2013) shifted focus from targeting vulnerable groups to focus attention on universal coverage of key interventions for prevention and control of malaria.

In year 2013, the FMOH indicated interest and determination to deepen the scope of the malaria programme and improve on the outcomes and impact of it through another shift of focus from prevention and control to elimination of malaria. Consequently, the name of the national response was changed from NMCP to the National Malaria Elimination Programme (NMEP). In an effort to live up to policy and programmatic changes at the national and international levels, the NMEP immediately reviewed the NMSP for years 2014-2020. The goal of new NMSP is to "reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero," with seven objectives and strategies that bear relevance to all components of malaria programme, including ACSM (NMSP, 2015).

The ACSM section of the NMSP specifies one broad objective, the strategies, targets and indicators. As expected, the NMSP, by its nature, can only provide broad descriptions of communication approaches and what can be done under each strategy to achieve the set objective. The NMSP cannot be expected to provide details and guides of the core elements of the communication process to be followed toward the realisation of the set objectives of the ACSM for malaria programme. As such, the review of the National Malaria Strategic framework developed in year 2010 is justified on the ground that there are evolving malaria issues, and new emphasis and priorities in the malaria programme at international and national levels, as reflected in the new NMSP. In addition, there is need for a strategy guide that will provide details of the core elements of the communication domain and process, in consonance with emphasis and priorities of the new NMSP. The revised guide will:

- Guide health communication professionals and other relevant parties to design, implement, and monitor and evaluate malaria communication (ACSM) interventions that are consistent with current national and international policies, and standards.
- Provide updated key elements of malaria communication process, including:
  - Key audiences
  - Behavioural objectives
  - Communication objectives
  - Core messages
  - Activities and channels of communication
  - M&E
- Retain the promotion of the malaria brand as a symbol of partnership and identity that is still relevant for the renewed malaria elimination initiative in Nigeria.
- Present relevant information and content of the malaria communication process in a user-friendly format.

**Current Strengths, Weaknesses, Opportunities and Challenges Analysis for Nigeria’s Malaria Programme**

The Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis examines Nigeria’s malaria programme, to set the stage for ACSM strategy and its implementation.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Programmatic emphasis on malaria elimination.</li> <li>• National and international funding support, including Global Fund.</li> <li>• Viable national partnerships, including functional Technical Working Group (TWG).</li> <li>• Sustained mass and/or routine distribution of LLIN, SP-IPTp.</li> <li>• Dedication to policy support.</li> <li>• Increasing commitment to ACSM coordination.</li> <li>• Increasingly viable systems for community participation and support.</li> </ul>	<ul style="list-style-type: none"> <li>• Weak data gathering, M&amp;E mechanisms.</li> <li>• Duplication of efforts among partners.</li> <li>• Weak mechanism for coordination, harmonisation and integration.</li> <li>• Inadequate visibility of malaria programme.</li> <li>• Many states yet to match political will with tangible commitment of resources.</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Rededicated local and international interest in malaria control.</li> <li>• Many local and international partners with mandates on malaria programme.</li> <li>• Increasing private sector participation.</li> <li>• Pervasive interest in and use of social media.</li> <li>• Civil society and community involvement.</li> <li>• Pervasive media networks.</li> <li>• Multisectoral involvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Dependence on donors.</li> <li>• Competing donor and national interest.</li> <li>• Highly dynamic programme environment.</li> <li>• Frequent staff re-deployment.</li> <li>• Donor fatigue/over-engagement fatigue.</li> <li>• Health being on concurrent list of responsibilities of three tiers of government.</li> <li>• Inadequate number and capacity of health workers and health systems.</li> <li>• Funders and other stakeholders undervalue ACSM interventions.</li> <li>• General (including policy makers’) perception of malaria as “ordinary” and “intangible.”</li> </ul>

**Process of Review and Creation of this Document**

The entire process for the review of the ACSM Strategic Framework (2010) and the creation of the new guide (2015) was based on collective decision, agreement and consensus among RBM partners with mandates on malaria ACSM. These partner organisations are represented on the malaria NMEP/ACSM subcommittee of the NMEP. The subcommittee agreed that there were strong justifications for the review of the ACSM Strategic Framework (2010), as articulated above under the need for a new Malaria ACSM Guide.

The NMEP reached out to the RBM partnership for technical and funding support, while the ACSM subcommittee developed the activities for the review of the ACSM Strategic Framework (2010) and the creation of the new Malaria ACSM Guide (2015).The term of reference with details of the review process and scope of work for technical assistance was developed in consultation with the NMEP/ACSM. The process for review and creation of the Malaria ACSM Guide was:

1. Review of relevant documents and reports of surveys to understand existing issues and challenges.

2. Consultations with RBM partners involved in ACSM to understand current issues, challenges and gaps to be filled.
3. Review and development of the Malaria ACSM Guide at a workshop in June 2014 facilitated by an international and national consultant. Participants were members of the NMEP/ACSM subcommittee and partners. The workshop featured discussion on objectives of the workshop, objectives for the review of the ACSM strategic framework, expectations of the participants, development of template to guide the group work malaria communication process across the domains of communication, group work on the malaria communication process group presentation and plenary sessions on the group presentations.
4. Development of draft of the new Malaria ACSM Guide post workshop by the consultants based on the information and products of the workshop, outcome of the desktop review, and comments from consultation with partners.
5. Presentation of the first draft of the document to ACSM committee members and relevant partners at the national and state level for comments.
6. Revision of the first draft of the Malaria ACSM Guide by the consultants based on comments.
7. Pretesting of the Malaria ACSM Guide.
8. Presentation of the second draft of the Malaria ACSM Guide to ACSM committee members and relevant partners at state and national levels for validation.
9. Development of the final draft of the Malaria ACSM Guide based on comments from the validation meeting.
10. Production process.
11. Training of guide facilitators at the NEMP/ACSM and selected sub-committee members.

### How to Use This Document

The Malaria ACSM Guide is designed as a tool to guide planning, implementation and evaluation of malaria ACSM activities. A national level-document, it is developed to help standardise the ACSM interventions for malaria programme in the country. The Malaria ACSM Guide can be adapted to suit programme peculiarities at the state and LGA levels. The NMSP 2014-2020 will serve as the basis for the development and review of annual operational plans for the malaria programme at national and state levels. The objectives and strategies of the ACSM section of the NMSP will inform the development of the ACSM section of the operational plan. At the national and state levels, the Malaria ACSM Guide can be used to guide:

- Development and review of the annual malaria

operational plans. Programme planners will find the document useful to select and develop the:

- Key audiences
  - Behavioural objectives
  - Communication objectives
  - Messages
  - Activities
  - Channels of communication
  - M&E
- Development and review of communication messages and materials in print and electronic format.
  - Appropriate branding of malaria media messages and materials, products and services.
  - Development and review of ACSM campaign for different thematic areas of malaria programme, including campaigns on LLIN, IRS, IPTp, case management and malaria in pregnancy (MIP).

### Definitions of Terms

**Advocacy:** In broad terms, advocacy refers to the set of communication and promotional interventions designed to garner resources and to secure political will and commitment of leadership at policy and community levels, in support of a development goal and actions. Advocacy is also the key step toward desired behaviour change. The communication exchange in which a satisfied user of a product or service encourages others to support or use the same product or services is referred to as personal advocacy.

**Advocacy, Communication and Social Mobilisation (ACSM)** refers to the set of strategies used in SBCC to address the determinants of social change, toward achievement of desired changes at the individual, community and social levels. (See definitions of Advocacy, BCC and Social Mobilisation).

**Behaviour Change Communication (BCC)** is theory-based communication interventions intended to bring about desirable changes in behaviour at the individual level. BCC is an integral part of SBCC.

**Behavioural Determinants:** A set of factors that determine the extent to which a particular target audience will engage in a desirable behaviour. Every health-related action or behaviour can be explained by the interplay of several determinants, including Knowledge, Attitudes, Beliefs, Values, Perceived Risk and/or Perceived Benefit, Emotional Response, Self-Confidence/Efficacy, Perceived Social Support and Personal Advocacy (see Theory Section).

**Domains of Communication** refer to the broad classification of different, but interrelated, areas communication interventions in support of development programmes. The classifications of the domains are as follows on the next page.

- *Advocacy domain* refers to the plan and interventions that seek to engage policy decision-makers and leaders for the needed political will and for provision of resources to support programmes, services and practices. It also requires full involvement and commitment of the media to support the cause.
- *Systems and Service domain* refers to the plans and interventions that seek to promote available services and products, with service providers adequately trained and equipped to offer client friendly services. It also requires full involvement and commitment of the service providers as major promoters of healthy behaviours.
- *Community and Individual domain* refers to the plans and interventions that seek to support community members as individuals and groups or associations to have the skills, motivation, knowledge, attitudes and resources to maintain their own health.

**Guide:** Something that offers information or instruction and serves to direct or indicate.

**Implementation Plan:** A detailed list of activities, schedules and costs that are required to achieve the objective of a strategic plan.

**Social and Behaviour Change Communication (SBCC):** A strategic process in which interactive theories and research-based communication processes are applied to address the determinants of social change toward achievement of desired changes change at the individual, community and social levels. SBCC seeks to ensure improvement in advocacy or mobilisation for social action, along with BCC for personal change. BCC is thus part of SBCC, while SBCC builds on BCC.

**Social Mobilisation:** The process of motivating community members to engage in community social actions and norms in support of achievement of in development objectives. Social mobilisation occurs at the community level, and members of groups and associations are engaged for involvement, participation, coalition and ownership.

**Strategy:** A careful plan or method that outlines a systematic and comprehensive approach for achieving a particular goal, which for a communication programme includes goals, programme objectives, audience identification, audience-specific behavioural objectives, communication objectives, communication channel and message mix, and more.

**Target Audience in SBCC:** Target audiences in a

communication campaign are divided into two main categories: the primary audience and secondary audience. The primary audiences are those directly affected by the problem, who need to take action to address the problem. Secondary audiences are those who can influence the primary audience to engage in the recommended behaviour or action.

**Theories and Models for ACSM:** A set of concepts, definitions and propositions used to explain or predict events or situations, with illustrations of the relationship between the identified variables. Theories are used to guide strategic communication, including positioning of a programme, programme and audience analysis, programme design and research design.

## B. Understanding Key Elements of Communication

### The Role of Communication in the Malaria Programme

Communication plays a vital role in any endeavour that involves exchange of thoughts, actions and ideas among the human population. As expected, communication plays a vital role in:

- Improving knowledge on malaria.
- Changing attitudes toward malaria and measures for its prevention and treatment.
- Changing norms in which malaria is regarded as 'ordinary.'
- Exposing local cultures to new ideas and new health behaviours.

Communication can occur both spontaneously (at every unit with which individuals identify—self, family, associations and communities) and deliberately (by means of planned interventions of governmental and NGOs, commercial sectors and community mobilisation). When a communication initiative is planned and supported by theoretical considerations, there is very strong potential that such efforts will initiate and sustain change or accelerate ongoing change.

Communication can spread knowledge and influence values and social norms. This includes basic knowledge of the risk of malaria transmission and benefits of effective methods of prevention and treatment. Communication also can introduce new values or change the priorities of existing values with regard to childcare. For instance, communication can influence household members to cultivate and sustain the culture of sleeping inside treated nets at any location. Communication also makes it possible to learn about and from the behaviour of others.



The perception of what everyone else is doing can influence what people perceive as normal, acceptable behaviour within their community and within the larger context of society.

Effective communication can also help to heighten the consciousness of malaria and make it a legitimate and priority topic for public discussion. The use of mass media and community-based approaches can lead to discussion of formerly trivialised subjects, such as malaria and its risks, especially among children and pregnant women. Effective messages in the media can also change the way that people perceive malaria testing and highlight the testing (RDT) for fever cases as a very important action that makes rational and economic sense. In addition, effective communication can enhance the development and review of policies, legislation and resource allocation to support malaria activities.

### Audience Perspective

A key element of successful communication is to view issues from the perspective of the audience that we are trying to reach. We must step outside of our own perspective and communicate with our audience in ways that are relevant, appealing and understandable

to them. If we fail at this, we will never be able to connect with and motivate our audience to maximum effect.

### The Practical Role of Theory in Health Communication Programmes

**Theory:** Is it only theoretical or is it practical to you as a health communication practitioner in Nigeria? In this guide, we will focus on very practical application of behavioural theory.

There are many behavioural theories available to health communication researchers and practitioners, but six are very commonly used:

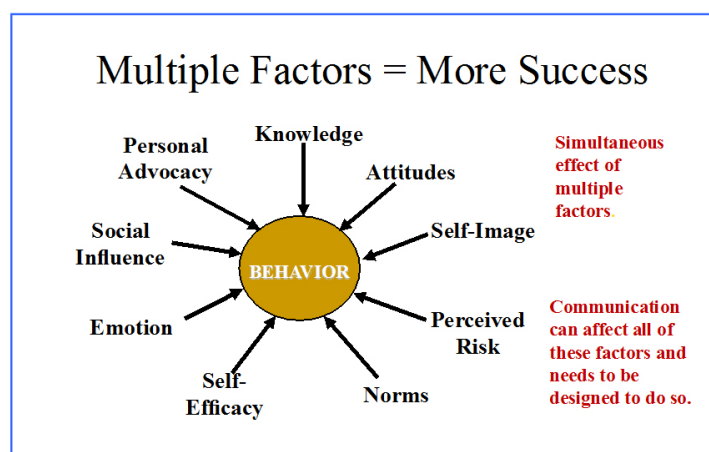
1. Reasoned Action (Fishbein)
2. Health Belief Model, Stages of Change (Prochaska)
3. Extended Parallel-Process Model (Witte)
4. Ideational Theory (Cleland and Wilson, and Kincaid)
5. Social Learning (Bandura)
6. Diffusion (Rogers)

These theories emphasize different factors, predictors or combinations of factors that influence behaviour, which are partially summarized in the table below.

Seven Common Key Factors	
Knowledge	Guide Question
1. Knowledge	What do you want the audience to know about the topic?
2. Attitudes, Beliefs, Values	What attitudes/beliefs/values do you want the audience to have about the topic?
3. Perceived Risk and/or Benefit	What threat or benefit do you want the audience to feel about the topic?
4. Emotional Response	What emotion do you want the audience to feel about the topic?
5. Self-Confidence/Efficacy	What do you want this audience to feel confident they can do about this topic?
6. Perceived Social Support	What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic?
7. Personal Advocacy	What do you want the audience to say to others about the topic?

Ultimately, they emphasize a common set of key factors in all or most of them.

For the purposes of this practitioners guide, the central issue is not which one of these theories is better at explaining behaviour. Academics have tested each of these theories and they all have been found to explain behaviour in different contexts well.

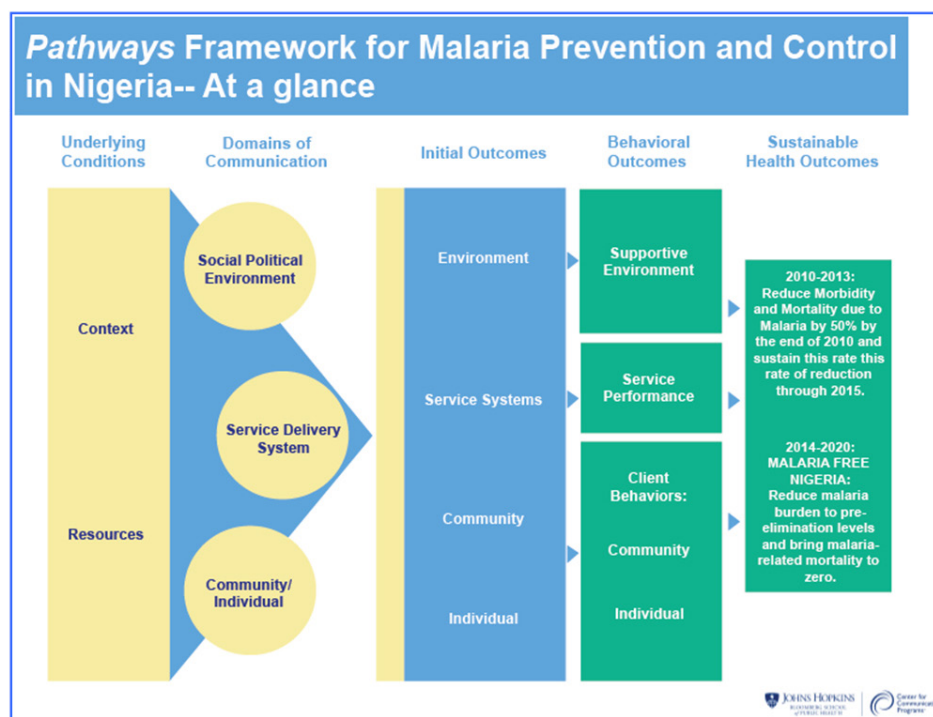


Instead, the issue for practitioners is: *Taken together, there are common key factors shared among all or most of the theories. We should include communication objectives and messages in our interventions that address all or many of these common key factors to increase the likelihood that they will impact behaviour. Research has shown that the more of these factors that a person has about a given topic, the more likely that person is to adopt and sustain the desired behaviour on that topic.*

### Pathways Framework<sup>1</sup>

Pathways should be seen as a roadmap or menu of

options to design a comprehensive ACSM strategy and implementation plan. Pathways helps planners make informed decisions based on a comprehensive assessment of the situation. Also, it provides guidance about what to address and how, helping to choose the combination of levels, paths and strategies that is most likely to result in achieving programme objectives, given available programme resources. It is unlikely that any one programme could—or would even try to—address all of the elements described in the model. Rather, Pathways suggests possible routes to achieving better health through the strategic use of communication.



The worksheets in this guide incorporate the elements in the Pathways framework. By following them step-by-step, planners will incorporate the elements of Pathways into their strategies and implementation plans.

However, some background on the Pathways framework will increase understanding of why to include these issues into ACSM planning and how the different elements relate to each other to ultimately impact health outcomes.

The key components of Pathways are:

1. Three Domains of Communication
2. Communication Objectives
3. Behavioural Objectives
4. Health Outcomes
5. Context

### 1. Domains of Communication and Audiences

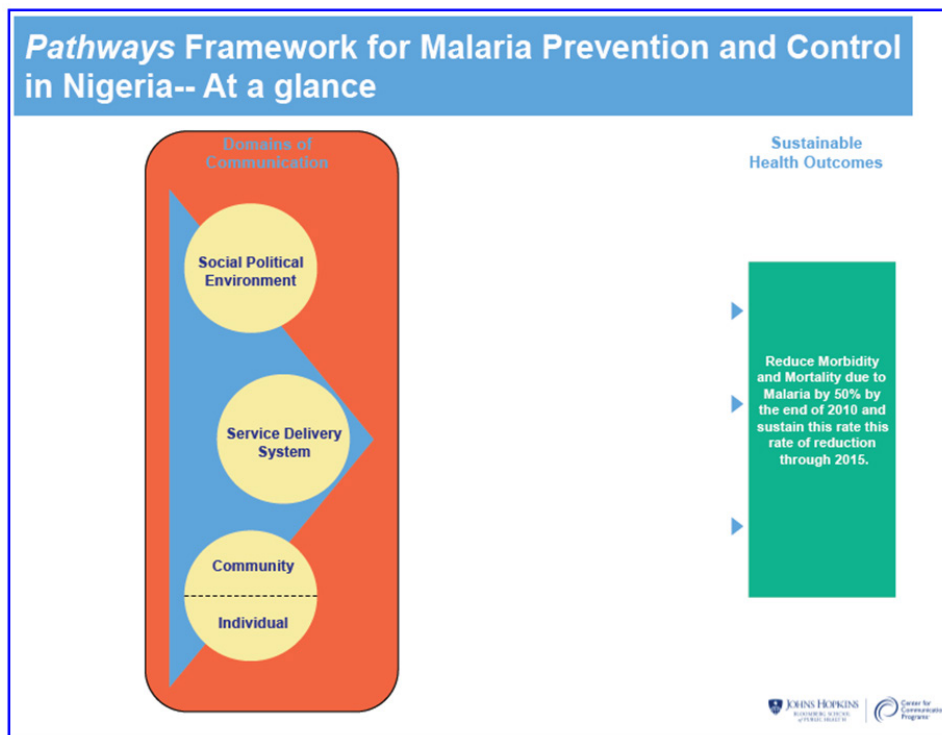
Communication occurs within three principal domains: advocacy, health service delivery settings and among individuals within communities. Within each domain, communication practitioners must identify specific audiences and communication activities for each, and tailor communication and behavioural objectives for the priority audience. During the planning stages, communication practitioners should consider each domain and then make an informed choice as to how to prioritize activities. The worksheets are designed to focus on each domain separately.

For instance, in the advocacy domain, communication directed toward policy makers, the media or opinion leaders can build support for health policy changes or increased budgets, or strengthen

<sup>1</sup>The section on Pathways draws directly from Storey, D, Figueroa, ME, Kincaid, L. Health Competence Communication: A Systems Approach to Sustainable Preventive Health. Health Communication Partnership, Technical Advisory Group Meeting, Baltimore, MD. October, 25, 2005

political will to address health issues. Advocacy can shift public opinion, increase media coverage of and support for specific health issues or programmes,

improve access to resources, strengthen partnerships and raise levels of project activity.



Within the service delivery domain, communication occurs at service facilities, among providers and between clients and providers. Communication interventions can improve health workers' performance and quality of care. For instance, job aids and the training to use them will improve health workers' performance. Quality of care will improve if health workers are equipped to communicate effectively with clients within health facilities and through outreach. These kinds of communication extend the availability of quality services, improve the technical skills of personnel and improve the effectiveness of information delivered to and interactions with clients.

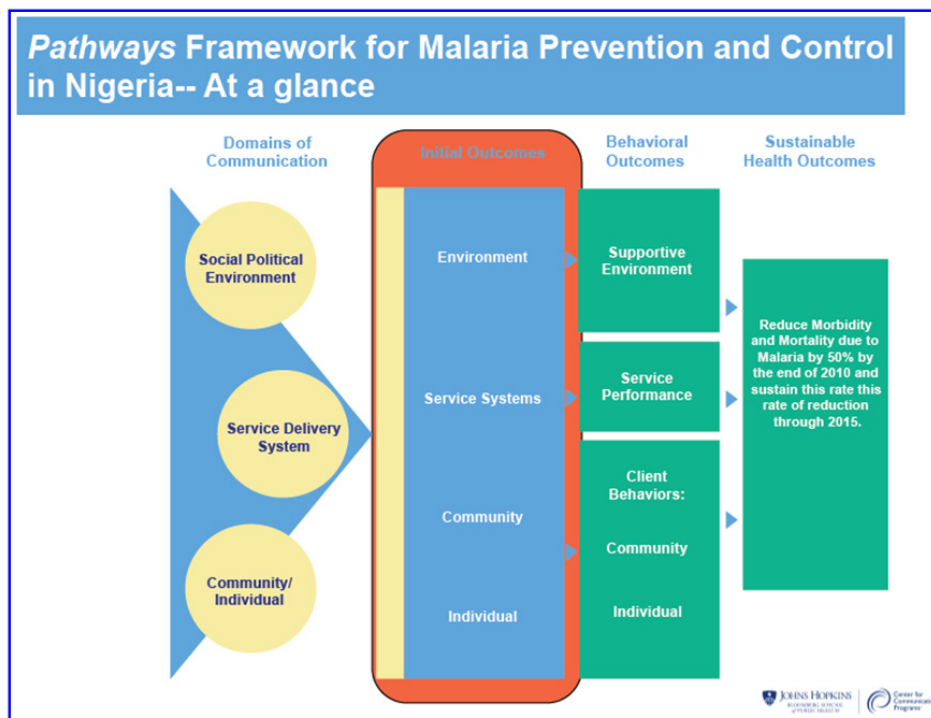
At the community and individual levels, many types of communication play a role. Interpersonal communication among community members, contact with change agents or outreach workers, and mass and interactive media can provide information, stimulate reflection, arouse emotions, model behaviours and motivate action. Within the community/individual domain, communication can impact both community dynamics, as well as individual behaviour change. For instance, at the community level, communication interventions can

result in more equitable access to information within a community, increased opportunity to participate in local health improvement efforts and increase commitment to health improvement by community leaders. Individual-level outcomes also result from communication, such as increased knowledge, improved attitudes, changes in perceived risk and social support and increases in self-confidence, among others.

There are examples of the types of audiences that you may want to target within each domain by malaria technical topic to guide your thinking about audiences in your area.

## 2. Communication Objectives

Communication objectives are intermediate objectives that, if achieved, will increase the likelihood of the desired behavioural change. A list of seven categories of behavioural factors is included in the worksheets based on the common key factors across many behavioural theories. When designing a communication intervention, you should consider all seven of these factors and identify what is known about these issues from research and/or expert knowledge.



There may not be information on all seven, but it is important to at least consider all of them. These issues are key factors included in a wide number of social and behavioural theories that have been shown to be associated with impacting people’s behaviour over decades of research and study. Research has shown that the more of these factors that a person

has about a given topic, the more likely that person is to adopt and sustain the desired behaviour on that topic.

Therefore, as health communication practitioners, it is important that we include these factors into our approaches, materials and activities.

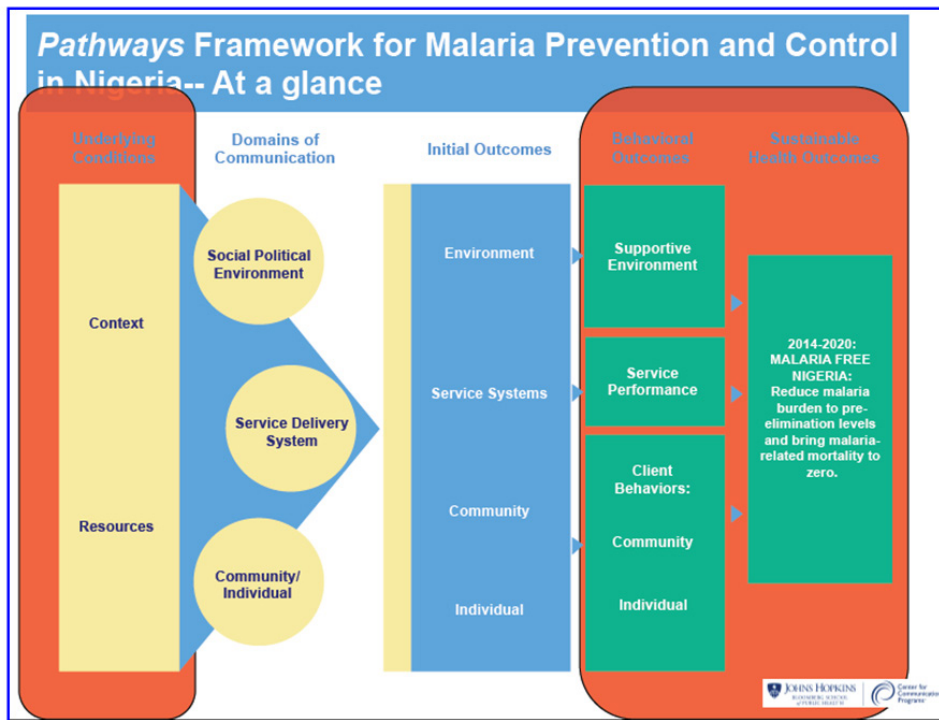
*Communication objectives need to be tailored to the specific audience in each domain.*

**3. Audience-Specific Behaviours and 4. Health Outcomes**

In turn, behavioural changes, if adopted and sustained by a critical mass of people in the population, will ultimately lead to improved health outcomes and achieving national goals and objectives.

**5. Context and Research**

Underlying social, political and economic conditions enable (or constrain) the impact that communication interventions can have on health outcomes. Therefore, communication strategies and plans need to take into consideration the context in which they are operating and research findings that will inform the most relevant and appropriate approach to take.



(See Annex for more information on Pathways Framework).

### C. Use of a National Malaria Brand

The ACSM Strategic Framework (2010) has a section on branding malaria control efforts in Nigeria. The malaria brand that was introduced has the symbol and payoff line that demonstrated the commitment of the national programme to the vision of a malaria-free Nigeria. The purpose of the malaria brand was to elevate the national response by promoting visibility, ownership, partnership and engagement.

As part of the process of the current review of the ACSM Strategic Framework (2010) and the development of the Malaria Guide, the malaria brand was subjected to a review by the RBM partnership as represented at the national workshop. The group process recognised that the positioning statement, malaria brand and tag line still capture the essence of the current focus toward elimination of malaria, as championed by the NMEP.

#### The Positioning Statement

The expectation for malaria elimination in Nigeria is captured in the following positioning statement: a malaria-free Nigeria. This summarizes the vision and promise of malaria elimination efforts in the country.

#### The Malaria Brand

The visual expression captures this positioning statement better than the globally recognised “no mosquito” symbol within a **green and white**

**Nigerian map.** It illustrates the vision for a malaria-free Nigeria and articulates the brand promise like a logo.



#### The Payoff Line

The malaria tagline/payoff is stated as follows.

**A Malaria-Free Nigeria: Play Your Part.**

*The use of the payoff line:* the tagline/payoff is an integral part of the malaria brand. The payoff line as stated previously applies directly at the national level.

#### Malaria Brand Ownership

The malaria brand is owned by all RBM partners implementing malaria elimination efforts in Nigeria under the leadership of the NMEP. Every communication (print, electronic or online), emanating from this partnership must recognise this alliance through the placement of partner logos.

The logo and payoff line should be applied correctly and consistently on all communication materials. It should only be used on communication, products, services and materials that follow national policies, standards, strategies and guidelines.

### Radio

After the malaria message, the voiceover Artist will always say: "This message is brought to you with support from the Government of Nigeria and Roll Back Malaria Partners, with funding from..."

This will be followed by the payoff line: **"A Malaria-Free Nigeria: Play Your Part,"** which will be accompanied by a Sonic Brand Trigger.

### Television

Television has its own dynamic capabilities to balance message ownership. After the main message for instance, the Coat of Arms, the RBM logo, the Malaria logo and the logo of the funding organisation, arranged in that order, may freeze on the screen for a few seconds. TV is an interactive medium and there is no end to its dynamism in terms of balancing ownership.

### State and LGA Levels

Malaria Elimination Programme (SMEP) in each state and partners are part of the RBM partnership and malaria campaigns, and are expected to follow the national branding guidelines above. Where the malaria control effort is independently funded by the

state, the Coat of Arms can be replaced with the state government logo. The other branding guidelines remain, but the payoff line can be adapted at the state and LGA levels. For example, if the payoff line is to be used in Nasarrawa State, the RBM partners can adapt it to read "A Malaria-Free Nassarawa State: Play Your Part."

### Private Sector Malaria Campaigns

With the renewed call-to-action like **"...play your part,"** it is expected that the sector will be even more galvanized to actively support the campaign. Interested corporate Nigerian organisations are to comply with the following criteria:

- The malaria brand will co-brand with:
  - Only private sector companies that have unquestionable ethical values.
  - Only in situations where we can retain full review and approval rights on all elements of communications. This probably narrows partnership possibilities, but it also reduces the risk of inconsistencies in malaria branding.
- The malaria logo with payoff line must be placed at a prominent place in the layout.
- If the malaria logo is resized, it must be done proportionally to the original.
- The logo must be printed, preferably in the colour version.
- If, however, it is printed in only one colour, the black and white version must be used.

# **MALARIA ACSM GUIDES**





## MALARIA ACSM GUIDES

Each of the four guides details a step-by-step planning process, as summarized in the table below. The following sections provide detailed information of these steps.

<p><b>1. Situation and Communication Analysis Guide</b></p> <ol style="list-style-type: none"> <li>1. Health Analysis</li> <li>2. Context Analysis</li> <li>3. Audience Analysis</li> <li>4. Communication Analysis</li> </ol> <p><b>Output:</b> Situation and Communication Analysis</p>
<p><b>2. “Think Big” Strategy Design Guide</b></p> <ol style="list-style-type: none"> <li>1. Select Focal Malaria Technical Area</li> <li>2. Identify Relevant NMSP Goal and Objectives</li> <li>3. Choose Communication Domain</li> <li>4. Select Audiences: Priority and Secondary</li> <li>5. Identify Audience-Specific Behavioural Objectives</li> <li>6. Identify Audience-Specific Communication Objectives</li> <li>7. Identify Communication Activities</li> </ol> <p><b>Output:</b> “Think Big” Malaria Communication Strategy</p>
<p><b>3. “Act Now” Implementation Planning Guide</b></p> <ol style="list-style-type: none"> <li>1. Prioritise Activities</li> <li>2. Identify Implementing Agency for Each Activity</li> <li>3. Create Content Design Team</li> <li>4. Write Activity Brief</li> <li>5. Identify Creative/Specialist Team</li> <li>6. Develop and Pretest</li> <li>7. Implement Activities</li> </ol> <p><b>Output:</b> “Think Big” Malaria Communication Strategy</p>
<p><b>4. “Count It” Monitoring and Evaluation Planning Guide</b></p> <ol style="list-style-type: none"> <li>1. Prioritise Activities</li> <li>2. Identify Implementing Agency for Each Activity</li> <li>3. Create Content Design Team</li> <li>4. Write Activity Brief</li> <li>5. Identify Creative/Specialist Team</li> <li>6. Develop and Pretest</li> <li>7. Implement Activities</li> </ol> <p><b>Output:</b> “Think Big” Malaria Communication Strategy</p>



# **SITUATION AND COMMUNICATION ANALYSIS GUIDE**



## SITUATION AND COMMUNICATION ANALYSIS GUIDE

In this step, you will begin to better understand the extent of the specific health problem, identify contextual factors that may influence health outcomes, audience communication behaviours, and existing health communication materials and media on malaria.

**Health Analysis:** Review existing health and demographic data, reports, study findings and other information to determine the health situation and severity of the problem.

**Context Analysis:** Identify the basic social, cultural and economic context that can influence health outcomes.

**Formative Research:** Conduct formative research if there are gaps in the knowledge and understanding of the audience's needs and priorities.

**Audience Communication Behaviours:** Analyze the communication behaviour of your audience, including media access and use, social networks, interpersonal communication habits, source of information, and more.

**Existing Materials and Media:** Review the health communication materials and media that already exist to determine what is currently available on the focal health topic to see if they can be used or adapted.





# **“THINK BIG” STRATEGY DESIGN GUIDE**





## “THINK BIG” STRATEGY DESIGN GUIDE

**Engage the ACSM sub-committee** in the strategy design process at your level (national, state or LGA). The ACSM sub-committee should include key stakeholders and organisations that are directly involved in the coordination and/or implementation of ACSM activities in your area. This will help build consensus among partners and lay the groundwork for collaboration during the implementation phase.

**Use the “Think Big” Strategy Worksheet Template and Guides** to design a strategy for a specific malaria ACSM interventions at your level (national, state, or LGA Level, as appropriate). Use the blank template (hardcopy template following and the electronic version in the CD-ROM) and follow the step-by-step instructions in the diagram on the next page. You will also find reference guides for each of the technical areas (LLIN, IPTp, IRS, Case Management and Cross-cutting Issues). Within each of the technical areas, there are reference guides for each domain (community/individual, service and advocacy). These provide the relevant goals, objectives and targets from the draft NMSP 2014-2020, as well as examples of priority audiences, audience-specific behavioural

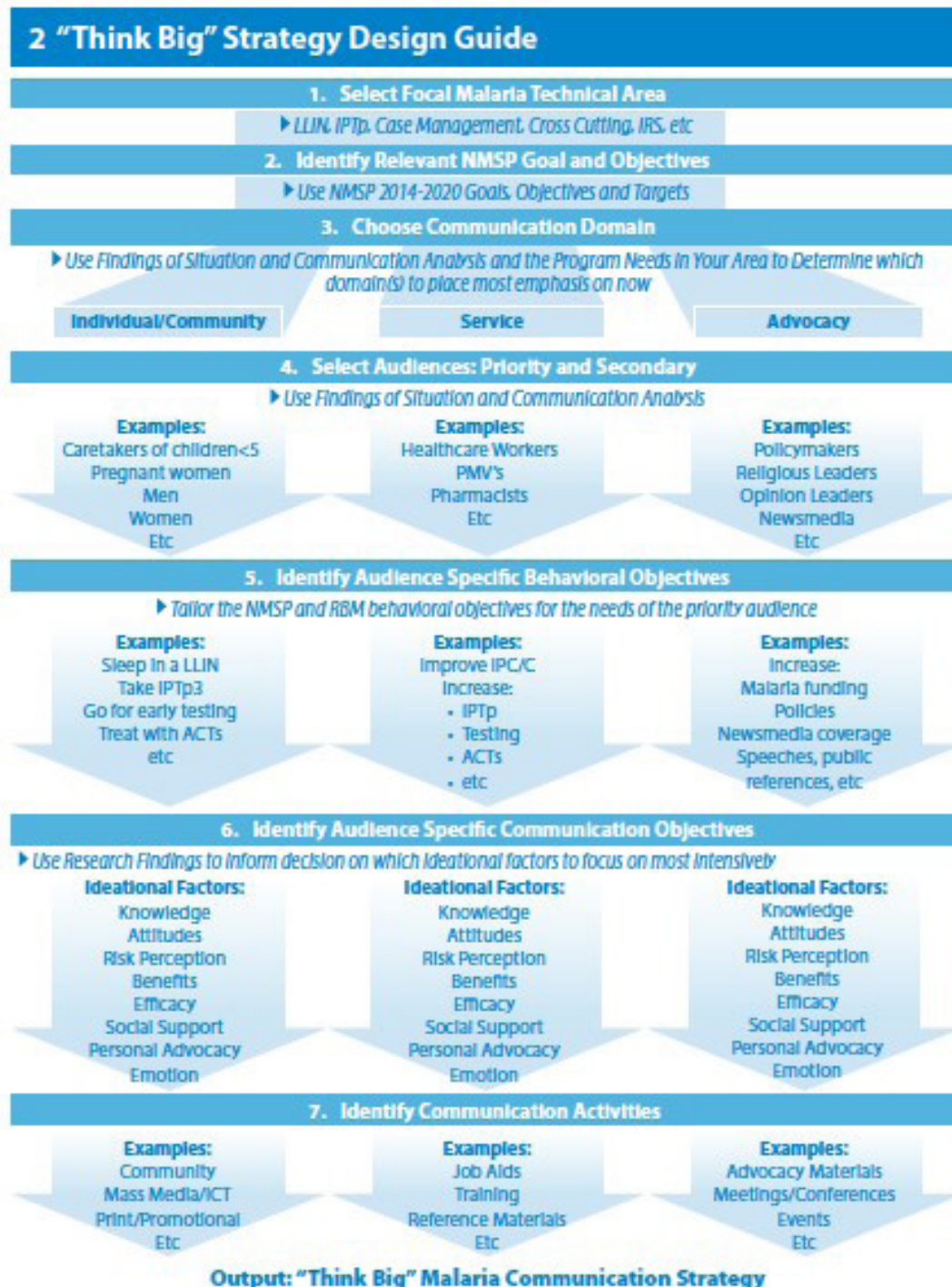
objectives, communication objectives, messages and a matrix of possible activities and communication channels to select. These are just guides with examples to help get you thinking about how to fill out the template. You are expected to modify or adapt these examples to fit the specific needs of the situation in your area.

### “Think Big” Strategy Planning Reference Guides

- Prevention: LLIN
- Prevention: IPTp
- Prevention: IRS
- Diagnosis & Treatment
- Cross-Cutting Malaria Communication Issues

### Communication Channel and Activity Reference Guide

To guide your selection of channels and activities, there is a reference guide that outlines the advantages and challenges/limitations of each activity. The goal is to select a variety of activities that will complement each other’s strengths and limit their weaknesses.



<b>NMEP/ACSM “THINK BIG” STRATEGY WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC:	
SUB-TOPIC (IF NEEDED):	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
DOMAIN (Select One of the Above Listed Domains):	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic?	
PRIORITY AUDIENCE:	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic?	
SECONDARY OR SUB-AUDIENCES:	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What attitudes do you want this audience to have about the topic? (Attitude)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What benefit do you want the audience to feel about the topic? (Perceived Benefit)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>

What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What do you want the audience to feel about the topic? (Emotion)	
<b>Step 6A: Communication Objectives:</b>	<b>Step 6B: Example Messages:</b>
What are some common myths and misconceptions about the topic among the audience?	
<b>Step 6A: Communication Objectives:</b> Reduce proportion of audience that believes the following myths and misconceptions about the causes of malaria, such as:	<b>Step 6B: Example Messages:</b> List example messages to correct the myths identified:
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<b>Communication Channel and Format</b> (NOTE: See the "Communication Channels Reference Sheet: Formats, Uses and Advantages/Disadvantages" to Guide Your Selection of Activities)	<b>Activity</b> (Check Next to Selected Ones)
<b>COMMUNITY</b>	
<b>Community Dialogue and Dissemination</b>	
One-on-one	
House-to-house	
Guided Group Discussion	
Compound Meetings	
Other? (WRITE IN)	
<b>Community Participatory Activities</b>	
Poetry, Essay, Story-telling, Music or Art Contests/Forums	
Games	
Community Drama	
Health Fairs	
Sports Tournaments	
Other? (WRITE IN)	
<b>Traditional Media</b>	
Storytelling, Griot	
Dancing	

Traditional Music	
Cloth Design	
Other? (WRITE IN)	
<b>Community Media</b>	
Town Announcers (Community Info Officers)	
Announcements and Notices at Community Gathering Places: Churches, Mosques, Schools, Markets, Clubs, etc.	
Community-based PA Systems	
Community Radio	
Other? (WRITE IN)	
<b>MASS MEDIA: TV AND RADIO</b>	
TV and Radio Spots	
Mini-drama/Documentary	
Music Video and Song	
Documentary	
Serial Drama	
TV or Radio Quiz Game Show	
Full Length Movie	
Other? (WRITE IN)	
<b>MASS MEDIA: TV AND RADIO- Inserting Content on Existing Programmes</b>	
TV or Radio Talk Show	
Existing Dramas and Shows	
News Media	
Newspaper Advert	
Other? (WRITE IN)	
<b>MASS MEDIA: Information and Communication Technologies (ICT)</b>	
SMS Messaging- Targeted	
SMS Messaging- Blanket	
Web ads	
Dedicated Webpage	
Facebook Site	
Twitter	
YouTube	
Other? (WRITE IN)	
<b>PRINT MATERIAL: Focused on conveying more detailed information</b>	
Leaflets, Brochures, Flyers	
Booklets	
Flipcharts	
Other? (WRITE IN)	

<b>“TOP OF MIND” PROMOTIONAL MATERIAL:</b> “Top-of-mind” awareness and reminders to support other activities that convey more message content	
Signboards, Banners	
Posters	
T-shirts	
Faze Caps, Wrist Bands, Pens, Bags, etc.	
Other? (WRITE IN)	
<b>POINT OF SERVICE/SALE (POS) MATERIAL:</b> To be displayed at service facilities and sales points to prompt clients to seek a service or product	
Posters	
Stickers	
Sign post	
Flex stands	
Badges	
Other? (WRITE IN)	
<b>JOB AID:</b> Materials to assist service providers to improve interpersonal communication (IPC) quality	
Flipcharts	
Counseling Cards	
Reference Posters	
Other? (WRITE IN)	
<b>TRAINING</b>	
<b>Training in the Use of Specific Materials</b>	
Training/Orientation in Use of Specific Communication Materials (example: flipcharts, job aids, etc)	
Other? (WRITE IN)	
<b>Training in Communication Skill Areas</b>	
Interpersonal Counseling and Communication Skills (IPC/C) and/or Facilitation Skills	
Community Entry and Mobilisation Approaches	
Advocacy Skills	
Other? (WRITE IN)	
<b>Training in Communication Concepts, Processes and Approaches</b>	
Other? (WRITE IN)	
<b>ADVOCACY MATERIALS</b>	
Briefing Packets	
Presentations	
Meetings	
Other? (WRITE IN)	

<b>OTHER- Add other communication channels here (WRITE IN)</b>	
<b>STEP 8: M&amp;E INDICATORS</b>	
See M&E Section on page 101.	





# **MALARIA PREVENTION: LLIN**



# MALARIA PREVENTION: LLIN

1. Individual/Community Domain
2. Service Domain
3. Advocacy Domain

## Individual/Community Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
TOPIC: LLINs
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
Objective 1: To ensure that at least 80 percent of targeted populations utilize appropriate preventive measures by 2020.
NATIONAL PROGRAMME TARGETS: <ul style="list-style-type: none"> <li>• At least 80 percent of households with at least one LLIN for two persons.</li> <li>• At least 80 percent of children under 5 will sleep under LLINs.</li> <li>• At least 80 percent of pregnant women will sleep under LLINs.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Individual and Community
<b>STEP 4: AUDIENCE(S) SELECTION</b>
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Pregnant women, caregivers of children under 5 years old
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Heads of households, community/household mobilisers
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
<ul style="list-style-type: none"> <li>• Register their household.</li> <li>• Collect their net.</li> <li>• Hang their net.</li> <li>• Sleep inside their net every night, all year round.</li> <li>• Care for their net.</li> <li>• Seek a new net if they need one.</li> <li>• Seek innovative ways to encourage their family to seek, use and care for nets, despite problems like heat, lack of transport or lack of time.</li> </ul>

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b> They know where and how to obtain an LLIN, use it correctly and care for it.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• You can also obtain nets during the distribution campaign organised by government and partners.</li> <li>• You can also obtain nets from local retail/chemist/pharmacy shops in your community.</li> <li>• When you obtain the nets, follow the instruction on how to hang, use and care for the nets.</li> <li>• Instructions on how to hang, use and care for the nets are contained in the leaflets/handbills distributed during the campaign, at health facilities or in the pack for the nets.</li> </ul>
What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• They value LLINs and strongly understand the benefits of using them.</li> <li>• They appreciate the benefits of LLIN and are willing to tolerate some inconveniences to obtain these benefits.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your net is valuable because it protects you from mosquitoes that cause malaria.</li> <li>• Your net gives you a peaceful night's sleep.</li> <li>• Poor ventilation causes heat, not LLINs.</li> <li>• When you open your windows and sleep inside the net, you will have fresh air and be protected from mosquitoes.</li> <li>• Mosquitoes rob you of your health and your wallet. Guard your family with your net. Make sure the whole family sleeps inside every night.</li> <li>• Sleeping under a net ensures that you do not get malaria, and that means you will not spread malaria to those nearby who were bitten after you.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• They feel concerned that a loved one will get malaria.</li> <li>• Be alert that a net with even a few small holes will not keep all mosquitoes out; mosquitoes will find a way into the net.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Do not get overconfident. Malaria is common and can become deadly very quickly.</li> <li>• Make sure every member of the family sleeps inside a net every night.</li> <li>• A hole in your net is an open door to malaria. Repair small holes immediately.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b> They feel confident that they can obtain a net, hang the net, sleep inside the net every night and care for their net.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• After you obtain the nets, follow the instruction to hang, sleep inside it and care for it.</li> <li>• Hanging and caring for the net is easy.</li> <li>• Repairs are easy and take no more than 15 minutes</li> <li>• Using a net is easy. Include use of net in your evening routine.</li> </ul>

What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b> They believe that their family/friends/neighbors/peers support their decision to obtain/ purchase a net, use and care for it.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Your wife/husband/family will appreciate you for taking care of them when you support them to use the net.</li> <li>You can stop mosquitoes from visiting your neighbors because everyone benefits when everyone sleeps inside LLINs.</li> </ul>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b> They feel that it is their duty to promote LLINs to their family/friends/neighbors/peers.</p>	<p><b>Step 6B: Example Messages:</b> Be a “net champion.” Tell your family and friends to get a net, use it every night and care for it.</p>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b> They feel proud for using LLIN every night.</p>	<p><b>Step 6B: Example Messages:</b> I feel good as a parent because I ensure my family sleeps inside LLINs every night.</p>
What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>LLINs have side effects that will make me infertile.</li> <li>The insecticide on treated nets is not safe for infants.</li> <li>LLINs can be used for fishing and gardening and other purposes.</li> <li>White nets can be cleaned with bleach to ensure they look brand new.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>LLINs do not cause problems like infertility. Some people may feel burning and rashes because they did not air the net before using it. (You can prevent effects of burning and rashes when you air your net in the shade for 24 hours before you use them.)</li> <li>LLINs are safe and effective for everyone, including infants, and have been approved by WHO, MOH and NMEP.</li> <li>LLINs should only be used for protection from mosquitoes and no other reason.</li> <li>Government and your community does not approve of misuse of LLIN, a valuable property.</li> <li>LLINs should only be washed with mild soap (not bleach or powder detergent that dissolve the insecticide), and washed only occasionally (four to six times per year at most).</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Service Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC: LLINs	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
Objective 1: To ensure that at least 80 percent of targeted populations utilize appropriate preventive measures by 2020.	
NATIONAL PROGRAMME TARGETS:	
<ul style="list-style-type: none"> <li>• At least 80 percent of households with at least one LLIN for two persons.</li> <li>• At least 80percent of children under 5 will sleep under LLINs.</li> <li>• At least 80 percent of pregnant women will sleep under LLINs.</li> </ul>	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
Service	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: All service providers involved in campaign and continuous distribution of LLINs:	
<ul style="list-style-type: none"> <li>• LGA health educators and social mobilisation officers</li> <li>• Ward health educators and social mobilisation officers</li> <li>• Town announcers</li> <li>• Community health workers, health workers</li> <li>• Community-based organisations (CBOs), faith-based organisations (FBOs), schools</li> <li>• ANC and Child health nurses</li> <li>• Community-based distributors</li> <li>• Community coordinators</li> <li>• Community net advocates</li> </ul>	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: The media: newspapers, TV stations, radio stations (editors, journalists, station managers, producers).	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
<ul style="list-style-type: none"> <li>• To provide accurate and timely information on how to obtain, use and care for LLINs.</li> <li>• Address myths and misconceptions around LLINs based on facts and evidence. Mobilise communities to participate in LLIN distribution programmes.</li> <li>• To implement mass and continuous LLIN distribution programmes with high quality.</li> <li>• Provide adequate publicity before, during and after LLIN distribution efforts.</li> <li>• Subsidise media placements and appearance of experts for LLIN promotion.</li> </ul>	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b> Want LLIN service providers and relevant media professionals to know: <ul style="list-style-type: none"> <li>• The burden of malaria.</li> <li>• That LLINs are a safe, effective and highly recommended way to prevent malaria.</li> <li>• What information should be given to promote LLINs?</li> </ul>	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• Malaria causes a lot of suffering in your population (support this with statistics about the state/LGA/ward/community).</li> <li>• LLINs are approved by the WHO and FMOH as a very effective way to prevent malaria.</li> <li>• (See the worksheet for communities and individuals and the worksheet for advocacy for detail on what to know about LLIN.)</li> </ul>

What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Service providers and the media want to be a trusted and reliable source of information about health topics, including malaria.</li> <li>• Service providers and the media feel that it is their duty to encourage LLIN acquisition, use and care.</li> <li>• Service providers feel passionate about reaching every person with information to promote the use of the net.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your communities will turn to you as a trusted and reliable source of information when you use the standardised information based on recommendations of the WHO, MOH and NMEP.</li> <li>• Your communities will appreciate being able to turn to you to learn about this low-cost, safe and effective product being provided by government.</li> <li>• Make it a personal goal to reach every parent, child care giver, patient, student and listener in your catchment area with a message about how to obtain, use and care for the net.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Providers and relevant media professionals will worry that they will lose the respect of audiences if they do not make a sincere effort to broadly disseminate information about LLINs.</p>	<p><b>Step 6B: Example Messages:</b></p> <p>When you are committed to sharing valuable information, your community and government will respect you and be proud of your efforts.</p>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Want providers and relevant media professionals to feel that they can make a difference in support of LLIN promotion in their communities.</p>	<p><b>Step 6B: Example Messages:</b></p> <p>You can use your expertise as service providers and media professionals to make a difference in support of LLIN promotion in your community.</p>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Want providers and relevant media professionals to feel that:</p> <ul style="list-style-type: none"> <li>• Their listeners, viewers and readers approve of their efforts in support of malaria programme.</li> <li>• They have the support they need to include LLIN promotion in the course of their regular duties/ media programmes.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your listeners/viewers/readers will appreciate your efforts in making LLINs widely used. You will be recognised as a responsible, caring and knowledgeable station/newspaper/provider.</li> <li>• Your manager, supervisor, peers and local malaria programme support your efforts to promote LLINs and will be happy to discuss ways to make this possible/easier.</li> </ul>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Providers and relevant media professionals feel it is their duty to promote LLINs to their listeners/viewers/readers/clients.</p>	<p><b>Step 6B: Example Messages:</b></p> <p>Invite other media stations and providers to join you in promoting LLINs.</p>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Providers and relevant media professionals feel proud and excited about promoting LLINs.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• As a service provider and media professional, you can join your colleagues who are excited and proud to be engaged in promotion of LLIN.</li> <li>• You will be remembered for having guided your community to effectively make use of LLIN and helping to reduce malaria.</li> </ul>

What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• I will lose my communities' support if I advocate for LLINs because it involves harmful insecticides.</li> <li>• Sensational stories about LLINs will sell more newspapers/attract more listeners/viewers.</li> <li>• I can do my part to distribute nets, but many people will not use them correctly.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• The insecticide on LLIN is safe and effective, and has been approved by WHO, MOH and NMEP. Your clients, listeners, viewers and readers will respect you for advocating expert-approved practices, such as net use.</li> <li>• Your clients, listeners, viewers and readers will always turn to you if they know you can be counted on to report accurately. Use your professional expertise to address myths and misconceptions about LLINs.</li> <li>• The majority of the population with access to an LLIN in Nigeria uses the net. Incidents of net misuse are rare, but become sensational because most people strongly disapprove of these practices.</li> <li>• Personal leadership and support of service providers and media professional for LLINs is vital to making sure LLINs remain valued and are used correctly.</li> </ul>
STEP 7: EXAMPLE ACTIVITIES & COMMUNICATION CHANNELS	
<p>See Step 7 Activities Section on page 87.                      Activity and Communication Channel Reference Sheet on page 87.                      Activity Brief Template on page 100.</p>	
STEP 8: M&E INDICATORS	
<p>See M&amp;E Section on page 101.</p>	



## Advocacy Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC: LLINs	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
Objective 1: To ensure that at least 80 percent of targeted populations utilize appropriate preventive measures by 2020.	
NATIONAL PROGRAMME TARGETS:	
<ul style="list-style-type: none"> <li>• At least 80 percent of households with at least one LLIN for two persons.</li> <li>• At least 80percent of children under 5 will sleep under LLINs.</li> <li>• At least 80 percent of pregnant women will sleep under LLINs.</li> </ul>	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
Advocacy	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE:	
<ul style="list-style-type: none"> <li>• Policymakers, legislators, community leaders, traditional leaders, religious leaders, business leaders, state net ambassadors, LGA net advocates, and ward net champions.</li> <li>• Opinion leaders: community leaders, traditional leaders, religious leaders, business leaders.</li> </ul>	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES:	
<ul style="list-style-type: none"> <li>• Gatekeepers, such as senior special assistants, special assistants, personal assistants</li> <li>• Friends and family members of leaders, members of the government health teams</li> <li>• Media (reporters, executives, station managers, producers), celebrities (sports, music, religion, TV, radio)</li> </ul>	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
<ul style="list-style-type: none"> <li>• Provide legislative support to LLIN policies and programmes.</li> <li>• Support partnerships for coordinated and harmonized LLIN distribution activities.</li> <li>• Speak out publicly in favor of LLIN distribution programmes and net use among their constituents.</li> <li>• Provide resources for the smooth implementation of LLIN campaigns and LLIN continuous distribution programmes.</li> <li>• Create an enabling environment for local production and sales of LLINs.</li> <li>• Speak with colleagues about the importance of supporting LLIN programmes.</li> </ul>	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b> Want leaders to know: <ul style="list-style-type: none"> <li>• The burden of malaria.</li> <li>• LLINs are a very effective way to prevent malaria.</li> <li>• Specific actions they can take to eliminate bottlenecks in the importation and distribution of LLIN.</li> </ul>	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• Malaria causes a lot of suffering in your population (support this with statistics about the state/LGA/ward/community).</li> <li>• LLINs are a very effective way to prevent malaria.</li> <li>• There are specific actions you, policy makers and leaders can take to make LLIN programmes effective for your constituency. (Provide specific action).</li> </ul>

What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b> Want leaders to feel:</p> <ul style="list-style-type: none"> <li>• Ownership of the malaria problem—that malaria is an issue they can personally identify with and they have a personal policy to make malaria a priority.</li> <li>• The burden of malaria is unacceptable.</li> <li>• It is their duty to ensure LLINs are available and utilized for good.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is your personal enemy and that of your family, friends and constituency. Make it a personal policy to prevent serious shortfalls in LLIN supplies and distribution. <i>(Add a specific action about LLINs, such as “Assign adequate resources for procuring LLINs, distributing them and promoting them and release the budget by [date].”)</i></li> <li>• It is your duty to ensure LLINs are available to all. There are effective and scalable net distribution options.</li> <li>• Support a sustainable net distribution options to make nets available to all.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b> Feel concerned about being perceived as neglecting a major health and development problem in their communities.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is the leading cause of illness and death in your area.</li> <li>• Many households in your constituency do not have enough LLINs or are not using the ones they have. Work to ensure that nets are available to all households.</li> <li>• Ensure LLINs are accessible to all and are being used.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b> Want leaders to:</p> <ul style="list-style-type: none"> <li>• Have confidence in their position to contribute effectively to the reduction of malaria.</li> <li>• Feel that they can contribute to the fight against malaria in forms of funding, political commitment, in-kind contributions, good governance, coalition-building, or social and behaviour change.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your position offers an incredible opportunity to save lives by leading efforts to promote availability and use of LLINs.</li> <li>• Be a net champion. Use your position as leaders to make a difference in your community.</li> </ul>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b> Want leaders to feel that:</p> <ul style="list-style-type: none"> <li>• They are perceived as showing leadership.</li> <li>• Their constituencies approve of their efforts.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Policy makers and leaders are the most significant agents of change in our communities, LGAs, states and countries. Join other leaders to lead the movement to ensure universal access to LLINs.</li> <li>• Be a role model. Use a net and tell others to do the same.</li> <li>• Your people will appreciate your efforts in making LLINs accessible.</li> <li>• When you contribute to making LLIN accessible, you will be recognised as a responsible, caring and knowledgeable leader.</li> </ul>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b> Leaders feel that it is their duty to promote LLINs to their colleagues and constituencies.</p>	<p><b>Step 6B: Example Messages:</b> Invite other leaders to join you in making sure LLINs are affordable and accessible to all.</p>

<b>What do you want the audience to feel about the topic? (Emotion)</b>	
<p><b>Step 6A: Communication Objectives:</b> Leaders feel proud and excited about promoting LLINs.</p>	<p><b>Step 6B: Example Messages:</b> You will be remembered for having led the country, state and LGAs in this exciting initiative to ensure universal access and use of LLINs.</p>
<b>What are some common myths and misconceptions about the topic among the audience?</b>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• We have had malaria forever. Malaria is neither a serious problem nor a critical policy issue.</li> <li>• We can make LLINs available, but they will go to waste. A lot of people will use nets for fishing and farming, not to prevent malaria.</li> <li>• Investment in malaria programme will not count as a major success of our government.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is the leading cause of disease and deaths in your constituency.</li> <li>• It is unrealistic to expect your constituency to develop and be productive when malaria is a major burden on health and productivity. Ensure LLINs are accessible to all to help in malaria control.</li> <li>• Many households in your constituency do not have enough LLINs or are not using the ones they have. Work to ensure that nets are available to all households.</li> <li>• Ensure LLINs are accessible to all and are being used.</li> <li>• Your personal leadership and support for LLINs is vital to ensuring LLINs remain valued and used correctly.</li> <li>• Investment in malaria programme directly touches the lives of your people. You can count how many lives of children and pregnant women are saved, and how productivity is enhanced by investment in malaria programme.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	



# **MALARIA PREVENTION: MiP/IPTp**



## MALARIA PREVENTION: MiP/IPTp

1. Individual/Community Domain
2. Service Domain
3. Advocacy Domain

### Individual/Community Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
TOPIC: Prevention of Malaria in Pregnancy (MiP)/Intermittent Preventive Treatment in Pregnancy (IPTp)
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
Objective: At least 80 percent of targeted populations utilize appropriate preventive measures by 2020.  Target: One-hundred percent of pregnant women attending antenatal care (ANC) receive at least three doses of sulfadoxine pyrimethamine (SP)-IPT by 2020.
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Individual and Community
<b>STEP 4: AUDIENCE(S) SELECTION</b>
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Pregnant women
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Husband/spouse, relatives, religious and traditional leaders, CBOs and FBOs
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
Pregnant Women to: <ul style="list-style-type: none"> <li>• Attend focused antenatal care (FANC) once pregnancy is confirmed.</li> <li>• Demand IPT three times during pregnancy.</li> <li>• Take SP doses at least three times during pregnancy.</li> </ul> Community leaders and family members to: <ul style="list-style-type: none"> <li>• Encourage and support early and consistent FANC visits.</li> <li>• Support FANC visits and remind pregnant women to demand and take IPT.</li> </ul>

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b> Pregnant women to know:</p> <ul style="list-style-type: none"> <li>• The benefits of attending FANC visit.</li> <li>• The dangers of MiP.</li> <li>• That malaria is one of the leading causes of miscarriage, premature delivery, underweight baby, and still-birth and death of the mother.</li> <li>• The preventive measures to be taken against MiP.</li> <li>• Sleeping inside LLIN every night.</li> <li>• They need to attend FANC:                             <ul style="list-style-type: none"> <li>• To receive LLIN to protect against mosquitoes bites and malaria.</li> <li>• To receive IPT for malaria.</li> <li>• For prompt testing and treatment of fever.</li> </ul> </li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria can cause complications for the pregnant woman and the unborn child.</li> <li>• MiP can be prevented with IPT.</li> <li>• IPT is safe for pregnant women to take.</li> <li>• Attending ANC as soon as pregnancy is known and returning when told to is beneficial to every pregnant woman.</li> <li>• Pregnant women need to attend FANC to receive IPT for malaria.</li> <li>• Community leaders and family member can support pregnant women to attend FANC.</li> </ul>
What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b> To believe that early and regular attendance of FANC leads to safer deliveries.</p>	<p><b>Step 6B: Example Messages:</b> You do not have to be sick before going in for ANC during pregnancy.</p>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b> Feel that women are particularly vulnerable to MiP.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Every case of malaria could lead to death.</li> <li>• Everyone is vulnerable to malaria, but pregnant women are more at risk.</li> </ul>
What benefit do you want the audience to feel about the topic? (Perceived Benefit)	
<p><b>Step 6A: Communication Objectives:</b> Early and regular ANC visits are important for collection of LLIN and SP, and to learn about prevention of MiP.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• My baby and I can avoid MiP by attending all three ANC visits and demanding SP at each visit.</li> <li>• I can protect myself and baby from malaria by learning preventive measures from all ANC visits and demanding SP at each visit.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b> To ensure pregnant women trust the efficacy and safety of LLIN, SP and the test for fever.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• I will go for FANC as soon as I am pregnant, and take SP during the visits because it is effective and safe.</li> <li>• I will collect LLIN at ANC because it is safe and effective.</li> <li>• I will ensure I ask for the test whenever I have a fever.</li> </ul>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b> Want pregnant women to believe that spouses/ husbands and community members are in support of regular attendance for FANC.</p>	<p><b>Step 6B: Example Messages:</b> Community and family members should mobilize and support pregnant women to attend FANC.</p>



What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b> Want all pregnant women to encourage their pregnant friends and neighbours to attend FANC, take SP and receive LLINs.</p>	<p><b>Step 6B: Example Messages:</b> When I sleep inside LLIN, attend ANC and take SP during my pregnancy, I am a positive role model for my peers.</p>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b> Pregnant women's spouses/husbands, family and neighbours will be happy if mother and child are protected from malaria and are healthy.</p>	<p><b>Step 6B: Example Messages:</b> My husband, family, neighbours and I will be happy if my baby and I are protected from malaria and are healthy.</p>
What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Attending ANC does not give any benefit to the pregnant woman and her unborn child.</li> <li>• Malaria is "ordinary" and poses no major threat to health.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Going early to ANC, sleeping under LLIN and taking the SP given by health provider will help prevent MiP.</li> <li>• Malaria puts pregnant women at increased risk of death during pregnancy.</li> <li>• Malaria is one of the leading causes of miscarriage, premature delivery, underweight baby and still-birth.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Service Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC: Prevention of Malaria in Pregnancy (MiP)/Intermittent Preventive Treatment in Pregnancy (IPTp)	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
Objective: At least 80 percent of targeted populations utilize appropriate preventive measures by 2020.	
Target: One-hundred percent of pregnant women attending antenatal care (ANC) receive at least three doses of SP-IPT by 2020.	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
Service Delivery	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Health care providers at all levels and patent medicine vendors (PMVs)	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES:	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
ANC service providers to: <ul style="list-style-type: none"> <li>• Encourage early and consistent FANC attendance.</li> <li>• Give appointments for next visit.</li> <li>• Counsel pregnant women on the benefits of IPT.</li> <li>• Administer SP as IPTp to pregnant women according to current guidelines.</li> <li>• Administer SP for IPT as DOT (directly observed treatment).</li> <li>• Arrange/advocate for safe drinking water for the use of SP for IPTp as DOT.</li> <li>• PMVs and other community level service provider involved in prevention of MiP to know that IPT is for prevention and not treatment of malaria.</li> </ul> Community-level health caregivers are to: <ul style="list-style-type: none"> <li>• Encourage pregnant women to attend early and consistent FANC.</li> <li>• Provide correct information on the benefit of ANC visit.</li> <li>• Refer pregnant women to close health facilities.</li> </ul> PMVs to refer pregnant women to the closest health facilities for FANC.	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b> Health providers to: <ul style="list-style-type: none"> <li>• Have knowledge of guidelines and strategies for prevention and control of MiP.</li> <li>• Know the eligibility criteria, contraindications and administration of SP for IPTp as DOT.</li> <li>• Know the possible adverse effects of SP as IPT and how to report appropriately.</li> <li>• Explain the dangers of MiP.</li> </ul>	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• Help prevent MiP and its complications: give SP for IPT as DOT: It's effective and safe.</li> <li>• Malaria is dangerous to pregnant women and can cause complications for the mother and the baby.</li> <li>• IPT begins at (at quickening) second trimester, then one month apart to complete at least three doses.</li> <li>• SP is given for prevention of MiP, not for treatment.</li> </ul>

What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b> Health providers to encourage and support the use of SP for IPTp because they know it is safe, and helps in prevention of MiP.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• IPTp is a safe and effective precaution for expected malaria for women during pregnancy.</li> <li>• Support the use of SP for IPTp: It's effective and safe.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b> Health workers to:</p> <ul style="list-style-type: none"> <li>• Feel concerned that MiP is a major cause of miscarriage, premature delivery, underweight baby, and still-birth and death of the mother.</li> <li>• Understand that failure to administer SP according to approved guidelines can lead to MiP.</li> <li>• Understand that there are risks associated with giving SP to those not eligible.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Serious complications can arise from failure to administer SP for pregnant women.</li> <li>• There are conditions under which women should not be given SP. These include HIV-positive clients on daily cotrimazole and those who react to drugs containing sulpha, such as Septrin.</li> <li>• Those on daily folic acid doses above 5 mg should discontinue until one week after taking SP.</li> <li>• Health workers can help prevent MiP and its complications by giving SP as IPTp to all eligible women.</li> </ul>
What benefit do you want the audience to feel about the topic? (Perceived Benefit)	
<p><b>Step 6A: Communication Objectives:</b> Providers gain clients' trust and improve health outcomes by strictly adhering to approved IPTp protocol.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• I will gain my patients' trust and improve health outcomes by strictly adhering to government-approved IPTp protocol.</li> <li>• Strict adherence to approved IPTp protocol helps to gain clients trust and help to improve health outcomes.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• To reassure the health workers of their ability to administer IPT.</li> <li>• Feel confident in their ability to administer SP for IPTp, according to current guidelines.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Trained health workers can administer SP and prevent complication.</li> <li>• Reliable and confident service providers adhere to current SP protocol and help to improve health outcomes in pregnancy.</li> </ul>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b> Health workers to:</p> <ul style="list-style-type: none"> <li>• Perceive that they will be supported and respected if they administer IPTp.</li> <li>• Feel assured that colleagues, clients and relations have trust in their ability to adhere to IPTp protocol as part of quality ANC service.</li> </ul>	<p><b>Step 6B: Example Messages:</b> Colleagues, clients and the community will support and respect you if you administer SP for IPTp.</p>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• To convince and advocate to their colleagues and peers to administer IPT to their client.</li> <li>• Promote IPTp among colleagues, clients and relations because it's effective and safe for prevention of MiP.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• You can advocate to your colleagues to give IPTp to ANC clients according to guidelines.</li> <li>• Advocate to colleagues to encourage and give SP as IPTp because its effective and safe for prevention of MiP.</li> <li>• Encourage clients, neighbors and relations to take SP as IPTp because it's effective and safe for prevention of MiP.</li> </ul>

<b>What do you want the audience to feel about the topic? (Emotion)</b>	
<p><b>Step 6A: Communication Objectives:</b> Adherence to IPTp protocol and contribution to improvement in health outcomes of pregnant women and their children is an important part of quality service by reliable and effective care providers.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• My adherence to IPTp protocol shows what kind of health care provider I am.</li> <li>• My adherence to current IPTp protocol shows that I'm a responsible and reliable health care provider.</li> </ul>
<b>What are some common myths and misconceptions about the topic among the audience?</b>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Malaria is ordinary. As always, it can be treated with available remedies. It comes and goes.</li> <li>• SP should not be taken on "empty stomach."</li> <li>• Pregnant women should not eat before they go for ANC appointment. A "full stomach" is believed to be a barrier to deep palpation of the abdomen, which is an essential part of examining pregnant women.</li> <li>• SP should not be administered after the second trimester.</li> <li>• IPTp protocol is confusing and impossible to follow.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is dangerous, especially for pregnant women and their unborn babies.</li> <li>• Eligible women can take SP can on an "empty stomach."</li> <li>• Pregnant women can eat moderately before they go for ANC appointment.</li> <li>• A "full stomach" is NOT a barrier to deep palpation of the abdomen of pregnant women.</li> <li>• SP CAN be administered until the end of pregnancy (third trimester).</li> <li>• Administration of SP can start as early as possible in the second trimester of pregnancy, provided the doses are given at four-week intervals.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Advocacy Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC: Prevention of Malaria in Pregnancy (MiP)/Intermittent Preventive Treatment in Pregnancy (IPTp)	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
Objective: At least 80 percent of targeted populations utilize appropriate preventive measures by 2020.	
Target: One-hundred percent of pregnant women attending antenatal care (ANC) receive at least three doses of SP-IPT by 2020.	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
Advocacy	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Policy makers, such as National Council on Health; legislatures, such as House Committee on Health	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Policy makers, such as National Council on Health; legislatures, such as House Committee on Health; religious and traditional leaders, international development agencies, public and private partners	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
<ul style="list-style-type: none"> <li>• Support and fund regular provision of SPs for IPT in all maternity wards/health centres.</li> <li>• Set and implement policy on the provision of safe drinking water in health facilities.</li> <li>• Support and fund provision of free FANC in every community.</li> </ul>	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b> Policy makers and legislators need to know: <ul style="list-style-type: none"> <li>• The dangers of malaria during pregnancy.</li> <li>• That lack of safe drinking water is a barrier to the desired uptake of IPT as DOT.</li> <li>• That pregnant woman and their unborn children need well-funded and effective FANC in order to prevent illness and death from malaria and other health problems.</li> </ul>	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• Malaria is particularly harmful to the pregnant woman and her unborn child.</li> <li>• Provide potable water at ANC clinic to help pregnant women take IPT and to enhance effective services.</li> <li>• MiP can be prevented through IPT, which is safe for pregnant women to take.</li> <li>• Government needs to make ANC attendance free in all public health facilities.</li> </ul>
What attitudes do you want this audience to have about the topic? (Attitude)	
<b>Step 6A: Communication Objectives:</b> <ul style="list-style-type: none"> <li>• That malaria during pregnancy is harmful and IPT is safe for pregnant women.</li> <li>• Discomfort because the burden of MiP and its complications are unacceptable.</li> <li>• Committed to substantial reduction of the burden of MiP and its complications.</li> </ul>	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• MiP is very, dangerous, but preventable.</li> <li>• Support and fund FANC to help prevent malaria, other problems and death among pregnant women.</li> </ul>

What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Concerned that malaria is preventable, yet a major cause of miscarriage, premature delivery, underweight baby, still-birth and death of the baby or mother.</li> <li>Other risks and complication of MiP is anemia, eclampsia, jaundice and more.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Malaria is preventable, yet a major cause of miscarriage, premature birth, underweight baby, still-birth and death of the baby or mother.</li> <li>Support and fund FANC to prevent malaria, its dangerous complications and death of the baby or mother.</li> </ul>
What benefit do you want the audience to feel about the topic? (Perceived Benefit)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Advocating for proper MiP protocol and activities is an expected activity among advocates.</li> <li>A major and countable achievement of government is to provide support and funds for prevention of MiP and its related complications and deaths.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Responsible public advocates should be active in promoting proper protocol and activities for prevention of MiP.</li> <li>Be worthy and truly honorable. Fund activities to prevent MiP, its related complications and related deaths.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>That they can be a driver of desired change or change agent.</li> <li>Have tangible role to play and can make a difference toward achieving the desired vision of a malaria-free Nigeria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Promoting MiP protocol and activities is possible and not complicated. It helps to save lives.</li> <li>Our pregnant women and their relations need your support. Fund activities to prevent MiP, its complications and related deaths.</li> </ul>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Promoting MiP protocol and activities is expected of responsible advocates.</li> <li>Concerned that malaria is preventable, yet a major cause of miscarriage, premature delivery, underweight baby, still-birth and death of the baby or mother.</li> <li>Governments at all levels have major roles to play toward achievement of the desired vision of a malaria-free Nigeria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <p>Our pregnant women and their relations need your support. Fund activities to prevent MiP, its complications and related deaths.</p>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>To ensure that other policy makers accept and advocate to their peers for funding of IPTp intervention and timely release of the funds.</p>	<p><b>Step 6B: Example Messages:</b></p> <p>Motivate other policy makers to join you to advocate, support and fund activities for prevention of MiP.</p>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Passionate about providing funds for IPT.</li> <li>Appreciate that MiP is a priority issue that deserves adequate attention and funding.</li> <li>It is most unacceptable for pregnant women and their unborn babies to suffer severe illness and death due to malaria and its complications.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <p>Show extra ordinary commitment and passion in to provide support and fund to prevent MiP, its complications and related deaths.</p>

What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Malaria is an ordinary sickness that will come and go.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is dangerous, especially for pregnant women and their unborn babies</li> <li>• Be worthy and truly honorable. Fund activities to prevent MiP, its complications and related deaths.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87.                  Activity and Communication Channel Reference Sheet on page 87.                  Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	





# **INDOOR RESIDUAL SPRAY**



# INDOOR RESIDUAL SPRAY (IRS)

1. Individual/Community Domain
2. Service Domain
3. Advocacy Domain

## Individual/Community Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC: Indoor Residual Spray (IRS)	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
Objective 1: To ensure that at least 80 percent of targeted populations utilize appropriate preventive measures by 2020.	
NATIONAL PROGRAMME TARGETS:	
<ul style="list-style-type: none"> <li>• At least 90 percent of the households in the IRS targeted areas will be protected by 2020.</li> <li>• One-hundred percent of households have IRS coverage in the targeted LGAs by 2020.</li> <li>• At least 85 percent of all structures in targeted LGAs will be covered using IRS during each spray.</li> </ul>	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
Individual and Community	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Heads of households targeted for spraying and heads of institutions targeted for spraying.	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Leaders: community, political and religious	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
<ul style="list-style-type: none"> <li>• Prepare house before spraying.</li> <li>• Allow sprayers inside homes and request for sprayer's ID card.</li> <li>• Do not wash walls, repaint or re-plaster after spraying.</li> </ul>	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b> To know what IRS is, the safety and effectiveness of IRS and what to do pre-, during and post-spraying.	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• IRS is an effective and safe means of protection from mosquito bites, malaria prevention, control and elimination.</li> <li>• IRS is the application of insecticides inside human and animal dwellings to kill mosquitoes and other household pests.</li> <li>• IRS is implemented in selected locations and districts with high infection rates or are prone to malaria epidemics.</li> </ul>

	<ul style="list-style-type: none"> <li>• Only trained spray operators can conduct IRS.</li> <li>• Spray operators are trained and responsible professionals from your community.</li> <li>• Families and institutions are required to prepare their home or institution for IRS during the spray campaign.</li> <li>• IRS is provided, for free, by the Ministry of Health. You are not required to pay anything for the spraying.</li> </ul> <p><i>Please refer to relevant leaflets and handbills on detailed instructions of what is expected of communities, households and individuals before, during and after IRS exercise.</i></p>
<p>What attitudes do you want this audience to have about the topic? (Attitude)</p>	
<p><b>Step 6A: Communication Objectives:</b> They strongly appreciate the benefits of IRS. They are willing to tolerate some inconveniences to enjoy the benefits of IRS.</p>	<p><b>Step 6B: Example Messages:</b> IRS is a valuable service for protection from mosquito bites, malaria prevention, control and elimination. IRS will help your family avoid malaria and get a peaceful night's sleep. IRS takes a few minutes for each house, but offers 12 months of protection from malaria.</p>
<p>What threat do you want the audience to feel about the topic? (Perceived Risk)</p>	
<p><b>Step 6A: Communication Objectives:</b> They fear the possibility that a loved one will get malaria, with its dangerous complications.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is common and it can become deadly very quickly.</li> <li>• Prevent malaria—welcome the spray team to your home and follow instructions before, during and after IRS.</li> </ul>
<p>What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> They feel confident that they can prepare their house for spraying and follow post-spray instructions.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your community and your government want you to benefit from IRS.</li> <li>• Family and community members are to support one another to move household goods as they prepare for IRS.</li> <li>• Together, family and community members can prepare their homes for IRS.</li> </ul>
<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b> They believe that their family/friends/neighbors/peers support IRS.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your husband/family appreciates you for taking good care of them.</li> <li>• When one house is not sprayed, the mosquitoes from that house could go to your house and infect your family.</li> <li>• Everyone benefits when everyone participates in IRS.</li> <li>• Your community and your leaders are requesting your participation in IRS.</li> </ul>

What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b> They feel that it is their duty to promote IRS among their family/friends/neighbors/peers.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Discuss the benefits of IRS with your friends, family and colleagues.</li> <li>• Encourage and support your friends and family to participate in IRS. Together, you can prepare your homes for IRS.</li> </ul>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• They feel pleased about the effects of IRS.</li> <li>• They feel a sense of responsibility and care for themselves and their families by preparing for IRS.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• IRS is a great service because it is an effective and safe means of protection from mosquito bites and malaria prevention, control and elimination.</li> <li>• You will be proud to have a malaria-free family and your family will be proud of you when you protect them from mosquito bites and malaria.</li> <li>• I am seeing fewer insects and my children are free from malaria.</li> </ul>
What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• IRS is not safe. IRS will cause infertility.</li> <li>• IRS increases the number of insects in the house.</li> <li>• It is difficult to prepare the house for IRS.</li> <li>• IRS stains the walls.</li> <li>• If I move my household goods outside, others may steal them or judge my family for the quality of our goods.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• IRS is safe for humans and animals.</li> <li>• Insecticides used for IRS are safe and effective, and approved by the MOH.</li> <li>• Spray operators wear protective apparel because they are in the home while the spraying takes place and handle concentrated insecticides all day.</li> <li>• IRS is conducted indoors, not outdoors in the soil or gardens—it does not affect your farm produce.</li> <li>• IRS does not increase the number of mosquitoes and other insects in your home after spraying.</li> <li>• After the IRS exercise, mosquitoes and other insects become agitated and fly around, making noise before they die, giving the immediate impression that there are more.</li> <li>• IRS takes a few minutes for each house, but offers 12 months of protection from malaria. The fears you hear about IRS are rumors. Talk to your provider. It is likely that will no one experienced side effects during the last round.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Service Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
TOPIC: Indoor Residual Spray (IRS)
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
Objective 1: To ensure that at least 80 percent of targeted populations utilize appropriate preventive measures by 2020.
NATIONAL PROGRAMME TARGETS:
<ul style="list-style-type: none"> <li>• At least 90 percent of the households in the IRS targeted areas will be protected by 2020.</li> <li>• One-hundred percent of households have IRS coverage in the targeted LGAs by 2020.</li> <li>• At least 85 percent of all structures in targeted LGAs will be covered using IRS during each spray.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Service
<b>STEP 4: AUDIENCE(S) SELECTION</b>
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: The media: newspapers, TV stations, radio stations (editors, journalists, station managers, producers). Spray teams and supervisors.
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
<p>The media:</p> <ul style="list-style-type: none"> <li>• To provide accurate and timely information about the use of IRS as a safe and effective means of malaria prevention.</li> <li>• Correct misconceptions about IRS.</li> <li>• Mobilise communities to participate in IRS.</li> <li>• Provide adequate publicity before, during and after the spraying.</li> <li>• Subsidise media placements for IRS promotion.</li> </ul> <p>Spray teams and supervisors:</p> <ul style="list-style-type: none"> <li>• Carry out effective, quality IRS operations.</li> <li>• Wear protective equipment (ensure women sprayers are not pregnant, potentially exposing the fetus, and avoid using chronically ill people as sprayers).</li> <li>• Carry an ID card to identify them as sprayers.</li> <li>• Respect local culture and tradition regarding household privacy.</li> </ul>

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b>                      The media to develop adequate knowledge of :</p> <ul style="list-style-type: none"> <li>• The burden of malaria.</li> <li>• The safety and effectiveness of IRS as recommended means to prevent malaria.</li> <li>• The information should be given to households and leaders to promote IRS.</li> </ul> <p>Sprayer and supervisors to develop adequate knowledge of:</p> <ul style="list-style-type: none"> <li>• Effective and quality IRS operations and guidelines.</li> <li>• Importance of wearing protective equipment and criteria for selection of sprayers.</li> <li>• Importance of ID card to identify them as sprayers and supervisors.</li> <li>• Local culture and tradition regarding household privacy.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria causes a lot of hardship and suffering in your population (support this with statistics about the state/LGA/ward/community).</li> <li>• IRS is recommended by WHO, MOH and NMEP as a safe and effective way to prevent malaria.</li> <li>• Adequate knowledge of recommended IRS guidelines among the service providers helps to ensure effectiveness of the intervention.</li> <li>• IRS service providers are to disseminate accurate information about IRS operations to ensure effective IRS operation.</li> </ul> <p><i>See the worksheet for communities and individuals and the worksheet for advocacy for additional messages and support points.</i></p>
What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Media representatives want their station/newspaper to be a trusted and reliable source of information about IRS.</li> <li>• Media representatives want their station/newspaper to be a source of useful information about malaria programmes and services.</li> <li>• Dissemination of accurate information about IRS is important for the success of the interventions.</li> <li>• Supportive attitude for promotion of IRS in the media and at the community level.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your listeners will turn to you as a trusted and reliable source of information when you use the information that we are providing, which is based on WHO, MOH and NMEP recommendations.</li> <li>• Your listeners will appreciate being able to turn to you to learn about this free, safe and effective service being provided by government.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Media representatives will worry that their station/newspaper will lose the respect of audiences if they do not support the IRS campaign.</li> <li>• Sprayers will worry that communities will criticize them for being disrespectful or careless.</li> <li>• Sprayers will be concerned that communities will not accept IRS and may criticize them for an operation perceived to be unsafe and unpleasant, with intrusion of household privacy.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your government and your communities want you to share this accurate and important information about IRS.</li> <li>• You will be more respected for showing your sense of social responsibility when you respect local culture during IRS operations.</li> <li>• Your government and your communities trust you with the safety of their families and belongings. Do not risk their trust and do your job with proper care.</li> <li>• Adhere to recommended IRS guideline to ensure community involvement and acceptance of the operations.</li> </ul>

<p>What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> Media representatives to feel:</p> <ul style="list-style-type: none"> <li>• That they have correct, reliable and compelling information.</li> <li>• That they can make a difference regarding IRS acceptance in their communities.</li> <li>• Confident to approach relevant health establishment to obtain accurate information on IRS.</li> </ul> <p>Sprayer and supervisors to feel confident in implementing IRS operation based on recommended guidelines.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Media representatives are a powerful force in shaping attitudes.</li> <li>• You can make a big difference in malaria control in your community by utilizing media tools for acceptance of IRS.</li> <li>• When you implement IRS according to guidelines, your community will trust you and be proud of you.</li> </ul>
<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b> Media representatives feel that their listeners, viewers and readers approve of their efforts.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your listeners, viewers and readers will appreciate your efforts in making IRS widely accepted and used.</li> <li>• Media stations and/or newspapers that disseminate relevant and meaningful messages on IRS will be recognised as responsible, caring and knowledgeable.</li> </ul>
<p>What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> Media representatives feel it is their duty to promote IRS to their listeners, viewers and readers.</p>	<p><b>Step 6B: Example Messages:</b> Tell families to welcome the sprayers, move the furniture and refrain from painting, plastering or wiping the wall after spraying.</p>
<p>What do you want the audience to feel about the topic? (Emotion)</p>	
<p><b>Step 6A: Communication Objectives:</b> Media representatives feel proud and excited about promoting IRS.</p>	<p><b>Step 6B: Example Messages:</b> You will be remembered for guiding your community in effectively preventing malaria through IRS.</p>
<p>What are some common myths and misconceptions about the topic among the audience?</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• I will lose my audience's support if I advocate for IRS, particularly if it involves harmful insecticides.</li> <li>• Sensational stories about IRS will sell more newspapers/attract more listeners, viewers and readers.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• The insecticide is safe and effective, and has been approved by WHO, MOH and NMEP. Your listeners, viewers and readers will respect you for advocating for expert-approved practices like IRS.</li> <li>• Your listeners, viewers, readers and clients will always turn to you if they know you can be counted on to report accurately. Use your expertise to address myths and misconceptions about IRS.</li> </ul>
<p><b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b></p>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<p><b>STEP 8: M&amp;E INDICATORS</b></p>	
<p>See M&amp;E Section on page 101.</p>	



## Advocacy Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>	
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>	
TOPIC: Indoor Residual Spray (IRS)	
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>	
Objective 1: To ensure that at least 80 percent of targeted populations utilize appropriate preventive measures by 2020.	
NATIONAL PROGRAMME TARGETS:	
<ul style="list-style-type: none"> <li>• At least 90 percent of the households in the IRS targeted areas will be protected by 2020.</li> <li>• One-hundred percent of households have IRS coverage in the targeted LGAs by 2020.</li> <li>• At least 85 percent of all structures in targeted LGAs will be covered using IRS during each spray.</li> </ul>	
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>	
Advocacy	
<b>STEP 4: AUDIENCE(S) SELECTION</b>	
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Policymakers (health minister, commissioners for health), state governments, LGA chairmen, community leaders, traditional leaders, religious leaders, business leaders	
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Gatekeepers, such as senior special assistants, special assistants, personal assistants; friends and family members of leaders, members of the government health teams. Media (reporters, executives, station managers, producers), celebrities (sports, TV, radio). Civil society organisations, including leaders of farming groups.	
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>	
<ul style="list-style-type: none"> <li>• Support and promote IRS as a malaria prevention strategy in targeted communities.</li> <li>• Make and support policies, guidelines and standard operating procedures to ensure that IRS is safe and done properly.</li> <li>• Allocate adequate fund and support awareness campaigns to promote acceptance of IRS and address related misconceptions in targeted communities.</li> </ul>	
<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<b>Step 6A: Communication Objectives:</b> <ul style="list-style-type: none"> <li>• The burden of malaria.</li> <li>• IRS as a safe, effective and recommended way to prevent malaria.</li> <li>• Specific actions that can be taken to eliminate bottlenecks.</li> </ul>	<b>Step 6B: Example Messages:</b> <ul style="list-style-type: none"> <li>• Malaria causes a lot of suffering in your population (support this with statistics about the state, LGA, ward, and community).</li> <li>• IRS is a safe, effective and recommended method to prevent malaria.</li> <li>• There are specific actions you can take as a leader to make IRS efforts effective in your community. (State action)</li> </ul>

What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Feel ownership of the malaria problem and solution.</li> <li>• Feel that malaria is an issue they can personally identify with and they have a personal policy to make malaria a priority.</li> <li>• Feel that it is their duty to ensure IRS is implemented in advocate for its acceptance by all in targeted communities.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria retards the health and economic development of your constituency. Make it a personal policy to [add a specific action about IRS, such as "Assign adequate resources for procuring insecticides and spray equipment and sensitizing the communities and release the budget by [date] to prevent serious shortfalls."]</li> <li>• Ensure IRS teams reach all households in your target communities.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>They worry about being perceived as neglecting a major problem in their communities.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is the leading cause of illness and death in your area.</li> <li>• Houses that do not get sprayed with IRS are at risk for malaria. Do not let them get neglected; ensure everyone's house gets sprayed.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Have confidence in their position to contribute effectively to the reduction of malaria.</li> <li>• Feel that they can contribute to the fight against malaria through funding, political commitment, in-kind contributions, good governance, coalition-building, or social and behaviour change.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• As a leader, you can make a difference in effective reduction of malaria in your community.</li> <li>• Advocate and promote introduction and scale up of IRS in your communities: it is safe and effective. There are many things you can do to make IRS accessible to all. Help fund the work of spray teams, promote IRS acceptance, monitor the spraying to make sure it's done properly and encourage other leaders to join you in this campaign.</li> </ul>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• They feel that they are perceived as showing good leadership.</li> <li>• Leaders feel that their constituencies approve of their efforts.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your people will appreciate your efforts in making IRS widely accepted and used.</li> <li>• When you support IRS for your community, you will be recognised as a responsible, caring and knowledgeable leader.</li> </ul>
What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Leaders feel that it is their duty to promote IRS to their colleagues and constituencies.</p>	<p><b>Step 6B: Example Messages:</b></p> <p>Share your testimony about the importance of IRS with your fellow leaders and constituency.</p>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Leaders feel proud and excited about promoting IRS.</li> <li>• Scale up of IRS will enhance progress toward realisation of the vision for a malaria-free Nigeria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <p>You will be remembered for having led your community to effectively prevent malaria through IRS.</p>

What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• I will lose political support if I advocate for IRS, particularly if it involves harmful insecticides.</li> <li>• IRS is not effective; there is increased insect activity after the spraying and I have heard that there is insecticide resistance.</li> <li>• If homes are sprayed, it is no longer necessary to sleep under LLINs.</li> <li>• IRS and other malaria interventions cannot be counted as substantial achievements of government.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• As a leader, your people will respect you for advocating for expert-approved practices like IRS.</li> <li>• The insecticide used for IRS is safe, effective and approved by WHO, MOH and NMEP.</li> <li>• IRS spraying complements, but should not replace the practice of sleeping under LLINs.</li> <li>• Proportion of lives saved and productivity enhanced through IRS and other malaria interventions are substantial achievement of government.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87.                  Activity and Communication Channel Reference Sheet on page 87.                  Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	



## **DIAGNOSIS AND TREATMENT**



## DIAGNOSIS AND TREATMENT

### 1. Individual/Community Domain

### 2. Service Domain

### 3. Advocacy Domain

### Individual/Community Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
TOPIC: Diagnosis and Treatment
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
Objective 2: To ensure that all persons with suspected malaria who seek care are tested with RDT or microscopy by 2020. Objective 3: All persons with malaria seen in private, public health facilities or community agents receive prompt treatment with an effective anti-malarial drug by 2020.
NATIONAL PROGRAMME TARGETS:
<ul style="list-style-type: none"> <li>• One-hundred percent of suspected malaria cases are confirmed by RDT/microscopy in the public sector by 2018.</li> <li>• At least 80 percent of suspected malaria cases are confirmed by RDT/microscopy in the private sector and the community by 2018 and 100 percent by 2020.</li> <li>• Eighty percent of persons (children under 5 years of age and other age groups) with parasite-based diagnosis of malaria receive prompt antimalarial treatment, according to national treatment policy by 2017 and 100 percent by 2020.</li> <li>• Eighty percent of patients admitted with severe malaria receive correct treatment at a health facility by 2017 and 100 percent by 2020.</li> <li>• Eighty percent of pregnant women with fever/malaria receive appropriate and timely treatment according to the national treatment guidelines by 2017 and 100 percent by 2020.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Individual and Community
<b>STEP 4: AUDIENCE(S) SELECTION</b>
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Heads of households, caregivers of children under 5, pregnant women
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Leaders: community (traditional), political and religious
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
<ul style="list-style-type: none"> <li>• Recognise fever as a symptom of malaria and the high risk that malaria poses for children under 5.</li> <li>• Seek diagnosis and treatment for children under 5 within 24 hours of onset of fever.</li> <li>• Acquire and give ACT, in the right dose, for the right number of days.</li> <li>• Recognise signs of severity/complications and failure to respond to treatment and seek help promptly.</li> <li>• Identify the signs of adverse drug reactions (ADRs) and report all ADRs to the health worker immediately.</li> </ul>

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Identify the signs and symptoms of malaria, and the high risk that malaria poses for children.</li> <li>Describe what to do when they suspect malaria.</li> <li>Explain the benefits of testing all cases of fever before treatment, and the need for prompt and adequate treatment of confirmed malaria.</li> <li>List the signs of severe malaria and danger signs of malaria in children and adults.</li> <li>Understand that not all fevers are due to malaria; there are other possible causes of fever.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>All cases of fever should be tested within 24 hours.</li> <li>Malaria can only be confirmed with a blood test. Ask for test for fever before treatment. Only confirmed cases of malaria in children and adults should be treated with ACT.</li> <li>Uncomplicated should be treated early and completely with the MOH-recommended medicines.</li> <li>Treatment of confirmed case of malaria should start with 24 hours. Delayed and/or incomplete treatment can quickly turn uncomplicated malaria into severe malaria.</li> <li>Severe malaria is a life-threatening condition and an emergency that should be treated in hospitals</li> <li>If the fever test shows your child does not have malaria, do not give the anti-malarial. Follow the doctor's instructions and return for follow-up if needed.</li> <li>Taking unnecessary medicine can be dangerous and makes these medicines less effective in the future.</li> </ul>
What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Appreciate the benefits of prompt and correct testing and treatment.</li> <li>Be willing to tolerate some inconveniences (time and expenses) to derive obtain these benefits of testing before treatment of malaria.</li> <li>Understand that not all fevers are due to malaria; there are other possible causes of fever.</li> <li>Confident that recommended malaria diagnostic tests (mRDT and Microscopy) and treatments are safe and reliable.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>The malaria test (mRDT and Microscopy) conducted as recommended by a trained health worker is accurate and can be trusted.</li> <li>Anti-malarials need to be taken as directed, even if you begin to feel better before the medicine is all taken.</li> <li>Appreciate that treating all cases of fever as malaria is "penny wise and pound foolish."</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>They fear the possibility that a loved one will die because their case was not handled appropriately.</li> <li>Uncomplicated malaria can turn to severe malaria, with complications, including death, if not treated promptly and adequately.</li> <li>Children and pregnant women are more vulnerable to malaria and its complications.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Malaria can become deadly very quickly if it is not properly diagnosed and treatment started within 24 hours.</li> <li>If you have malaria, it can spread to others. It is your responsibility to seek treatment, not only for your own sake, but to keep your loved ones safe, as well.</li> <li>Malaria is dangerous, especially in children and pregnant women. Test all cases of fever and treat only confirmed cases of malaria with recommended drugs (ACT).</li> </ul>



<p>What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> They feel confident that they can seek and obtain a reliable diagnosis within 24 hours and follow treatment instructions.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria can be detected and there is a cure. Finding out if you have malaria and seeking treatment right away saves lives.</li> <li>• The malaria test is safe and reliable.</li> <li>• Ask service provider for malaria test before treatment of any case of fever.</li> </ul>
<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Friends, family, neighbors and peers feel that it is their responsibility, as an entire community, to protect one another.</li> <li>• Community members believe that prompt testing and adequate treatment of all cases of fever is a desired change toward elimination of malaria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your husband/family appreciates you for taking good care of them.</li> <li>• Your religious leaders approve of your example as one who demonstrates responsibility to family and neighbors.</li> <li>• Responsible community members seek prompt testing and treatment of all cases of fever.</li> <li>• Smart community members treat all confirmed cases of malaria with ACT, as recommended.</li> </ul>
<p>What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• They feel that it is their duty to promote the idea of testing before treatment to their family, friends, neighbors/peers.</li> <li>• Advocate to others that prompt testing and adequate treatment of all cases of fever by all community members is a desired change toward elimination of malaria.</li> </ul>	<p><b>Step 6B: Example Messages:</b> Encourage your friends and neighbors to seek early diagnosis and treatment for malaria.</p>
<p>What do you want the audience to feel about the topic? (Emotion)</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• They feel that they are giving their children high quality care by testing fever before treatment.</li> <li>• They feel malaria is not inevitable or normal, but something that can be prevented by prompt action.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• The high burden of malaria is unacceptable because it can be prevented and treated.</li> <li>• Prompt testing of fever and treatment of confirmed malaria cases helps eliminate the disease.</li> </ul>
<p>What are some common myths and misconceptions about the topic among the audience?</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• I can tell my child has malaria just by looking.</li> <li>• When I feel better, I can stop taking malaria medicine.</li> <li>• Whenever I have a fever, I know it is caused by malaria.</li> <li>• Tablets and injections are not adequate to treat malaria.</li> <li>• Native concoction is all I need to prevent and treat malaria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Taking medicine as instructed is an important way to ensure you are completely cured of malaria.</li> <li>• There are many illnesses that cause fever. You need a test to find out what you have to receive the right kind of treatment.</li> <li>• ACT is highly effective to treat malaria when taken as recommended by the WHO and FMOH.</li> <li>• Malaria is preventable. Some communities and even entire countries have eliminated it.</li> </ul>
<p><b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b></p>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<p><b>STEP 8: M&amp;E INDICATORS</b></p>	
<p>See M&amp;E Section on page 101.</p>	

## Service Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
TOPIC: Diagnosis and Treatment
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
Objective 2: To ensure that all persons with suspected malaria who seek care are tested with RDT or microscopy by 2020. Objective 3: All persons with malaria seen in private, public health facilities or community agents receive prompt treatment with an effective anti-malarial drug by 2020.
NATIONAL PROGRAMME TARGETS:
<ul style="list-style-type: none"> <li>• One-hundred percent of suspected malaria cases are confirmed by RDT/microscopy in the public sector by 2018.</li> <li>• At least 80 percent of suspected malaria cases are confirmed by RDT/microscopy in the private sector and the community by 2018 and 100 percent by 2020.</li> <li>• Eighty percent of persons (children under 5 years of age and other age groups) with parasite-based diagnosis of malaria receive prompt antimalarial treatment, according to national treatment policy by 2017 and 100 percent by 2020.</li> <li>• Eighty percent of patients admitted with severe malaria receive correct treatment at a health facility by 2017 and 100 percent by 2020.</li> <li>• Eighty percent of pregnant women with fever/malaria receive appropriate and timely treatment according to the national treatment guidelines by 2017 and 100 percent by 2020.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Service
<b>STEP 4: AUDIENCE(S) SELECTION</b>
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Health service providers (doctors, nurses, midwives, pharmacists, lab technicians, CHOs, CHEWs, JCHEWs); Community-based health workers—proprietary patent medicine vendors, RMCs, VCHW.
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: PHC, NMA, NANNM, MLSCN, PCN, director of medical services, director of nursing services, director of pharmaceutical services, director/coordinator PHC, community-level coordinating mechanism
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
<ul style="list-style-type: none"> <li>• Health workers trained in mRDT or microscopy diagnostic test to conduct the test on all suspected cases of malaria.</li> <li>• Prescribe/recommend ACTs only when the malaria test result is positive.</li> <li>• If the malaria test result is negative, investigate other causes of fever, provide the appropriate treatment, address client questions and concerns, and counsel the client on the importance of following the test result and treatment regimen.</li> <li>• If the malaria test result is positive, ask about previous treatments (to identify treatment failures) and ask about symptom history.</li> <li>• Prescribe and/or dispense the right ACT in the right doses.</li> <li>• Counsel clients on medication for malaria. Discuss the dosage, possible side effects and emphasis on the need to complete the full course of treatment.</li> <li>• Recognise signs of severe malaria and treat with recommended pre-referral drug before referring to health facility.</li> <li>• Counsel clients with misconceptions about how to recognise the onset of malaria and when to stop treatment.</li> <li>• Strengthen mechanism to address ADRs to ACTs at community and facility levels.</li> <li>• Adhere to supply chain procedures related to ACT, RDT and SP procurement and stock management. (This involves accurately estimating commodity consumption and pre-ordering sufficient quantities to avoid stock-outs and properly rotating commodities to avoid unnecessary drug/test expiration before use.)</li> </ul>

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Explain the key testing and treatment points in the current policy on malaria diagnosis and treatment.</li> <li>• Procurement and other senior officers to demonstrate proficiency in malaria commodity procurement and stock management.</li> <li>• Explain the content of know-how to malaria counseling, including appropriate guidance of patients on diagnostic tests, the results and treatment options for patients.</li> <li>• List the signs of severe malaria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• A negative test result for fever means that there might be another cause for the fever and it requires further diagnosis.</li> <li>• Test cases of fever and treat confirmed case of malaria as recommended in the current (new) policy.</li> <li>• Follow procurement and stock management procedures.</li> </ul>
What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>The providers:</p> <ul style="list-style-type: none"> <li>• Trust that the new malaria guideline is effective. They care about their patients and want to do all they can to save lives.</li> <li>• Feel that it is their duty to encourage malaria testing, and prompt and appropriate treatment.</li> <li>• Feel passionate about educating each patient and caregiver about malaria testing and prompt and appropriate treatment.</li> <li>• Appreciate that using a current diagnosis and treatment guidelines saves time, money and lives, and reduces drug resistance.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Following the new malaria treatment guidelines enables service providers to make the right and timely treatment decision.</li> <li>• It is your duty as service provider to encourage malaria testing and prompt and appropriate treatment.</li> <li>• Make it a personal goal to advocate for testing all cases of fever before treatment.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b></p> <p>Providers to feel:</p> <ul style="list-style-type: none"> <li>• Worried that their patients will develop complications or die if they do not follow the new guidelines.</li> <li>• Concerned that they will lose the respect of their patients if they are not seen as following the recommended standard of care.</li> <li>• Worried that if malaria commodity stock is not carefully monitored, stock-outs will occur.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• When you follow the current guidelines on malaria, you are helping to prevent complication and to save patients time, money and lives, and reduce drug resistance.</li> <li>• You owe your clients an obligation to follow the current guidelines on malaria.</li> <li>• Help prevent complication and death. Be sure you test all cases of fever and comply with the test results.</li> <li>• Children who are presumptively treated have higher rates of mortality.</li> <li>• More and more families are hearing about the new guidelines. Show your patients that you are following the new standard.</li> <li>• If you place accurate and timely orders for malaria stock commodities, your facility is less likely to suffer a stock-out.</li> </ul>

<p>What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> Providers to feel:</p> <ul style="list-style-type: none"> <li>• Assured they can make a difference in their communities.</li> <li>• Confident that they can effectively respond to consumers' demand for anti-malarial when test results are negative.</li> <li>• Adequately trained to carry out guidelines and procedures.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• If you test for malaria and treat appropriately, you will be recognised as a hero in your community for providing quality services.</li> <li>• If you show your clients that you are using test results, following WHO and MOH guidelines, and if you provide good listening and counseling, you will be able to address their concerns and stop requests for unnecessary anti-malaria.</li> <li>• Adherence to test results and good malaria counseling help to address patients concerns and stop requests for unnecessary anti-malarial drugs.</li> </ul>
<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b> Providers to feel that their:</p> <ul style="list-style-type: none"> <li>• Peers support the new guidelines and admire them for their expertise in managing cases.</li> <li>• Patients approve of their efforts to comply with the new guidelines.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Your peers admire your efforts and value your expertise. They also support the new guidelines and will be happy to discuss cases with you.</li> <li>• Your patients approve of your efforts to test, treat appropriately and provide counseling. They feel that they are getting a better quality of care.</li> </ul>
<p>What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> Providers invite colleagues to share experience and strengthen their skills in managing and counseling of patients.</p>	<p><b>Step 6B: Example Messages:</b> Invite your peers to continuous education sessions on malaria so you can discuss your experiences and strengthen your skills in managing cases and counseling patients.</p>
<p>What do you want the audience to feel about the topic? (Emotion)</p>	
<p><b>Step 6A: Communication Objectives:</b> Providers to feel that:</p> <ul style="list-style-type: none"> <li>• The new guidelines will make better use of their skills and strengthen their reputation.</li> <li>• Prompt testing, appropriate treatment and patient counseling reduce malaria illness and death, and will also reduce workload.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• The new guidelines will make your job easier. They will make you a better doctor/nurse because you will be better able to identify and treat the true cause of illness and prevent unnecessary complications.</li> <li>• The new treatment guidelines will help service providers improve on the management of fever and malaria cases.</li> <li>• The treatment guidelines will also reduce the workload of service providers because patients will need fewer return visits.</li> </ul>

<b>What are some common myths and misconceptions about the topic among the audience?</b>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• All fevers should first be treated as malaria. If treatment fails, then other possible causes can be considered.</li> <li>• RDTs are inaccurate and may fail to diagnose malaria that may be hiding.</li> <li>• My experience as a clinician allows me to make a more accurate diagnosis of malaria.</li> <li>• I do not have time to provide counseling.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Not all fevers are due to malaria.</li> <li>• RDTs provide reliable and accurate results.</li> <li>• Only RDTs and microscopy can effectively diagnose malaria.</li> <li>• Malaria is diagnosed by the presence of the parasite in the blood, not by the symptoms of the patient.</li> <li>• Counseling improves a patient's adherence to the recommended treatment, improves treatment outcomes and removes the potential for return visits and complications.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87.                  Activity and Communication Channel Reference Sheet on page 87.                  Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Advocacy Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
TOPIC: Diagnosis and Treatment
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
Objective 2: To ensure that all persons with suspected malaria who seek care are tested with RDT or microscopy by 2020. Objective 3: All persons with malaria seen in private, public health facilities or community agents receive prompt treatment with an effective anti-malarial drug by 2020.
NATIONAL PROGRAMME TARGETS:
<ul style="list-style-type: none"> <li>• One-hundred percent of suspected malaria cases are confirmed by RDT/microscopy in the public sector by 2018.</li> <li>• At least 80 percent of suspected malaria cases are confirmed by RDT/microscopy in the private sector and the community by 2018 and 100 percent by 2020.</li> <li>• Eighty percent of persons (children under 5 years of age and other age groups) with parasite-based diagnosis of malaria receive prompt antimalarial treatment, according to national treatment policy by 2017 and 100 percent by 2020.</li> <li>• Eighty percent of patients admitted with severe malaria receive correct treatment at a health facility by 2017 and 100 percent by 2020.</li> <li>• Eighty percent of pregnant women with fever/malaria receive appropriate and timely treatment according to the national treatment guidelines by 2017 and 100 percent by 2020.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Advocacy
<b>STEP 4: AUDIENCE(S) SELECTION</b>
1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE:
<ul style="list-style-type: none"> <li>• Policymakers—Relevant directors within Federal Ministry of Health, NPHCDA, SURE-P, permanent secretary, Ministry of Finance, National Planning Commission, National Assembly, governors, state Commissioners of Health, state Ministries of Health, SPHCDA, LGA chairmen, House Health Committees</li> <li>• Community leaders—traditional leaders, religious leaders, business leaders</li> </ul>
2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES:
<ul style="list-style-type: none"> <li>• Associations of health providers (National Medical Association, Medical and Lab Scientist Association, Pharmaceutical Society of Nigeria (PSN), FCN, National Association of Nigerian Nurses and Midwives (NANNM))</li> <li>• Close friends, families and wives of community leaders and policy makers</li> <li>• Media (reporters, executives, station managers, producers), celebrities (sports, TV, radio)</li> <li>• Wealthy civically or politically active individuals or organisations</li> </ul>
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
<ul style="list-style-type: none"> <li>• Make laws that ensure that malaria diagnosis and treatment are accessible and affordable, across formal and informal private sectors, and at community level.</li> <li>• Support use of evidence-based practices for case management.</li> <li>• Introduce and ensure compliance with policy that discourages the use of chloroquine and any other monotherapy for the use of malaria.</li> <li>• Support the establishment of a quality control system for malaria service delivery.</li> <li>• Support and fund procurement and distribution of equipment and commodities for diagnosis and treatment of malaria with ACTs.</li> <li>• Plan for and ensure health service providers are updated and properly trained in case management using testing and treatment with ACTs.</li> <li>• Monitor malaria efforts and help resolve bottlenecks in implementation.</li> <li>• Encourage other leaders or their spouses to support resource mobilisation efforts and remove regulatory barriers.</li> <li>• Seek testing for fevers, adhere to test results, seek testing and appropriate treatment within 24 hours and advocacy for these practices.</li> </ul>

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b> Policy makers and leaders to develop adequate knowledge of:</p> <ul style="list-style-type: none"> <li>• Health, social and economic burden of malaria.</li> <li>• Importance of prompt and appropriate diagnosis and treatment of malaria in can save many lives.</li> <li>• Specific actions they can take to eliminate bottlenecks.</li> <li>• Importance of legislative and policy action to elimination of barriers that affect case management.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria causes a lot of suffering in your population (support this with statistics about the state/LGA/ward/community).</li> <li>• Support effective policy and legislative action to enhance prompt and appropriate diagnosis and treatment of malaria.</li> <li>• Help save lives, speak and act in favor of effective policy and legislative action to enhance prompt and appropriate diagnosis and treatment of malaria.</li> <li>• There are small and specific actions you can take to make malaria diagnosis and treatment programmes effective in your community. (The required action: effective oversight function by legislators on budget release, management and accountability of malaria programme.)</li> </ul>
What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b> Policy makers and leaders feel:</p> <ul style="list-style-type: none"> <li>• Passionate about saving lives by supporting malaria programme.</li> <li>• That it is their duty to ensure malaria testing and treatment services are available and utilized for good.</li> <li>• Sense of ownership of the malaria problem and solution—that malaria is an issue they can personally identify with and they have a personal policy to make malaria a priority.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Think of the children who have died and those who live with disabilities because they could not get malaria testing and treatment in time.</li> <li>• Take policy and legislative actions today to prevent malaria-related deaths among children in your constituency.</li> <li>• It is your duty to ensure malaria testing and treatment services are available and utilized for good.</li> <li>• Malaria is your personal enemy and that of your family, friends and constituency. Make it a personal policy to take action (add a specific action) about diagnosis and treatment.</li> <li>• Assign adequate resources to for procure drugs and diagnostic commodities, and release the budget by (date) to prevent serious shortfalls.</li> </ul>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b> They worry about being perceived as neglecting a major problem in their communities.</p>	<p><b>Step 6B: Example Messages:</b> Many of your constituents’ children are dying because they do not get tested and treated in time. Do not let them stay neglected; make sure malaria testing and treatment is accessible to all.</p>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b> Policy makers and leaders feel:</p> <ul style="list-style-type: none"> <li>• They can contribute to the fight against malaria in different ways: funding, political commitment, in-kind contributions, good governance, coalition-building, or social and behaviour change.</li> <li>• Confident that they contribution is most important and will help to achieve the vision of a malaria-free Nigeria.</li> </ul>	<p><b>Step 6B: Example Messages:</b> Talk to your fellow assembly members about XYZ bill/encourage your constituents to get tested if they suspect malaria.</p>

<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b>                  Policy makers and leaders feel that:</p> <ul style="list-style-type: none"> <li>• They are perceived as showing responsible leadership by supporting and promoting effective case management of malaria.</li> <li>• Their constituencies approve of their efforts in malaria programme.</li> <li>• Fighting malaria is regarded as a sign of progressive government (state/nation/region).</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Policy makers/leaders like you are the most significant agents of change in our LGA/state/ country/community. Go ahead and lead the shift to universal access to malaria testing and treatment.</li> <li>• Your people appreciate your efforts in making malaria testing and treatment services accessible and affordable.</li> <li>• When you support malaria control efforts, you will be recognised as a progressive, responsible, caring and knowledgeable leader.</li> </ul>
<p>What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)</p>	
<p><b>Step 6A: Communication Objectives:</b>                  Policy makers and leaders to:</p> <ul style="list-style-type: none"> <li>• Encourage other leaders to support resource mobilisation efforts and remove regulatory barriers.</li> <li>• Talk with family and relation about importance of prompt diagnosis and treatment of malaria.</li> <li>• Speak publicly on importance of prompt diagnosis and treatment of malaria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Invite other leaders to join you in making sure testing and treatment are affordable and accessible to all.</li> <li>• Encourage other leaders to speak publicly on the importance of prompt diagnosis and treatment of malaria.</li> </ul>
<p>What do you want the audience to feel about the topic? (Emotion)</p>	
<p><b>Step 6A: Communication Objectives:</b>                  Leaders feel proud and excited about promoting malaria diagnosis and treatment.</p>	<p><b>Step 6B: Example Messages:</b>                  You will be remembered for having led the country/ state/LGA in this exciting initiative to ensure universal access to malaria testing and treatment.</p>
<p>What are some common myths and misconceptions about the topic among the audience?</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• We have had malaria forever. It is not a critical policy issue.</li> <li>• We can make drugs and tests available, but they will go to waste.</li> <li>• Consumers will abuse anti-malaria and health workers will mistreat children and fail to store commodities correctly.</li> <li>• Malaria drugs and tests are costly.</li> <li>• You can only treat malaria effectively with native concussion, and NOT tablets and injection.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is major problem and its control is a fundamental necessity, not a choice.</li> <li>• Malaria is the leading cause of disease and deaths in your constituency—support efforts to prevent and control malaria.</li> <li>• Your people cannot develop when they are spending hard earned money to treat malaria several times every year. Make sure testing and treatment are affordable and accessible to all.</li> <li>• Efforts are underway to improve health worker and household practices. Your personal leadership and support for commodities is vital to driving those changes.</li> <li>• Malaria tests and drugs save money and increase labor productivity potential.</li> </ul>
<p><b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b></p>	
<p>See Step 7 Activities Section on page 87.                  Activity and Communication Channel Reference Sheet on page 87.                  Activity Brief Template on page 100.</p>	
<p><b>STEP 8: M&amp;E INDICATORS</b></p>	
<p>See M&amp;E Section on page 101.</p>	



## **CROSS-CUTTING MESSAGES**



## CROSS-CUTTING MESSAGES

1. Individual/Community Domain
2. Service Domain
3. Advocacy Domain

### Individual/Community Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
<p>TOPIC: Cross-Cutting Malaria Communication Issues</p> <p>There are certain malaria-related knowledge, attitudes and perceptions that influence people’s behaviour across all of the malaria intervention areas (LLIN, IPTp, Case Management, etc). Also, to maximize the communication support toward the national goal of malaria elimination in the new NMSP 2014-2020, it is important to convey to the population, service providers and policy makers how they can operationalize the definition of “malaria-free.” This will enable them to clearly understand and appreciate how they can concretely support the national programme and be able to “Play Their Part” toward achieving the goal.</p> <p>These cross-cutting communication issues are relevant to all intervention areas and not exclusive to anyone. Because of the potential positive impact on people’s behaviour across all malaria intervention areas, it is important that cross-cutting communication issues are part of the message mix of Nigeria’s malaria ACSM strategic communication initiative.</p>
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
<p>Objective: To ensure that 80 percent of the population practices appropriate malaria prevention and management measures by 2020</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Maintain high knowledge of malaria prevention and treatment practices.</li> <li>• Scale up demand for malaria prevention and management services.</li> </ul> <p>Targets:</p> <ul style="list-style-type: none"> <li>• To reach 100 percent of Nigerians 5 years and older with sustained information, education and communication about prevention and management of malaria by 2020.</li> <li>• To ensure that at least 80 percent of individuals receive information at the community level (schools, community and FBOs, etc.) on malaria prevention and management by 2020.</li> <li>• To ensure that 80 percent of pregnant women and children under 5 years use LLINs by 2018.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Individual
<b>STEP 4: AUDIENCE(S) SELECTION</b>
<p>1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Individuals—general populace</p>

<p>2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Sub-groups/target groups. Examples: school children through schools, pregnant women through ANC, religious groups (faith-based institutions and leaders ), etc.</p>	
<p><b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b></p>	
<p>Increase the percent of the population that practices appropriate malaria prevention and case management measures.</p>	
<p><b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b></p>	<p><b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b></p>
<p>What do you want this audience to know about the topic? (Knowledge)</p>	
<p><b>Step 6A: Communication Objectives:</b>                  Increase the percentage of the population that:</p> <ul style="list-style-type: none"> <li>• Knows the practical definition of “malaria-free” for individuals and families.</li> <li>• Knows core malaria knowledge.                         <ul style="list-style-type: none"> <li>• There is one type of mosquito that carries malaria in Nigeria. The mosquito that carries malaria bites at night.</li> <li>• Malaria occurs all year round.</li> <li>• Malaria can become severe if not treated early and completely.</li> <li>• Signs and symptoms of malaria.</li> <li>• Children and pregnant women are more vulnerable to malaria.</li> <li>• Not all fevers are malaria.</li> </ul> </li> <li>• Knows the appropriate malaria prevention and case management practices for implementation by the general population.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• “Malaria-free” means: people can free themselves and their families from malaria by:                         <ul style="list-style-type: none"> <li>• Reducing the number of times you (or a family member) gets malaria each year (ideally to zero) by:                                 <ul style="list-style-type: none"> <li>• Everyone sleeping inside an LLIN every night.</li> <li>• Pregnant women going early to ANC and taking the recommended doses of SP given by the provider to prevent malaria during pregnancy (IPTp).</li> </ul> </li> <li>• If my family or I do get malaria, I can “free myself and my family from malaria” by seeking early testing and complete treatment with the MOH-recommended medicines, and be “malaria-free.”</li> </ul> </li> <li>• Core Malaria Knowledge:                         <ul style="list-style-type: none"> <li>• There is one type of mosquito that carries malaria in Nigeria. The mosquito that carries malaria bites at night.</li> <li>• Malaria occurs all year round.</li> <li>• Malaria can become severe if not treated early and completely.</li> <li>• Signs and symptoms of malaria.</li> <li>• Children and pregnant women are more vulnerable to malaria.</li> <li>• Not all fevers are malaria.</li> </ul> </li> <li>• Appropriate malaria practices for the general population:                         <ul style="list-style-type: none"> <li>• Prevention                                 <ul style="list-style-type: none"> <li>• Sleep inside a LLIN every night. It is the best way to prevent malaria. Everyone should sleep inside a net, but especially infants and young children under 5 and pregnant women.</li> <li>• Pregnant women need to report early to ANC and take the medicine for preventing malaria during pregnancy (SP) each time the health worker gives it.</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Testing and Treatment             <ul style="list-style-type: none"> <li>• Seek treatment early, within one day of onset of fever, sooner for pregnant women and children under 5.</li> <li>• Test. It is important that all case of ever are tested for malaria at the clinic and health centers, where it is available.</li> <li>• Treat. If the test for fever is positive for malaria, take the complete dose of the MOH-recommended medicine.</li> </ul> </li> </ul>
<p>What attitudes do you want this audience to have about the topic? (Attitude)</p>	
<p><b>Step 6A: Communication Objectives:</b>            Increase the percentage of the population who believe that:</p> <ul style="list-style-type: none"> <li>• Malaria is unwelcome and unacceptable.</li> <li>• The negative impact of malaria on me, my family and my country is unacceptable.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is unwelcome and unacceptable.</li> <li>• I can protect myself and my family from malaria.</li> </ul> <p>You can use storytelling to convey a message about attitudes. Nigerians have a rich storytelling ability and tradition. Let’s use it as one of the ways to reach our audience with insightful and relevant messages. For instance:</p> <p><i>Chinua Achebe said, “When suffering [malaria] knocks at your door and you say there is no seat for him, he tells you not to worry because he has brought his own stool.”</i></p> <p><i>If Malaria comes to your house to tell you it’s here to stay and it’s free, do you have to accept it? You can tell it to go away from your house. It is unwelcome and unacceptable in your house.</i></p> <p><i>Can you think of other stories or parables that can be adapted to be relevant for malaria-related issues?</i></p>
<p>What threat do you want the audience to feel about the topic? (Perceived Risk)</p>	
<p><b>Step 6A: Communication Objectives:</b>            Increase the percentage of the population who are aware of the complications of malaria:</p> <ul style="list-style-type: none"> <li>• Malaria is a major cause of permanent brain damage resulting in life-long learning disabilities, physical disabilities and epilepsy in Africa.</li> <li>• Malaria is one of the leading causes of miscarriage, premature delivery, underweight baby and still-birth.</li> <li>• Malaria puts pregnant women at increased risk of death during pregnancy.</li> <li>• Malaria is one of the largest causes of death among children in Nigeria.</li> </ul>	<p><b>Step 6B: Example Messages:</b>            Real testimonials from real people and families who have been negatively impacted by malaria in one of the following ways:</p> <ul style="list-style-type: none"> <li>• A child or family member who has permanent, life-long learning and/or physical disabilities, or epilepsy from malaria.</li> <li>• A family that his experienced miscarriage, premature delivery, underweight baby or still-birth due to malaria.</li> <li>• A family who experienced the death of a mother/ wife or pregnant woman due to malaria.</li> <li>• A family who has experienced the death of a child due to malaria.</li> </ul> <p>These testimonials can be told in live group forums, such as religious groups, men’s and women’s groups, community gatherings, etc. and/or filmed/recorded and played on mass media.</p>

What benefit do you want the audience to feel about the topic? (Perceived Benefit)	
Increase the percentage of the population who believe they can personally benefit from practicing the appropriate preventive and case management practices.	<p>Being “malaria-free” by preventing malaria and early testing and treatment will protect my family and me, save me money and result in:</p> <ul style="list-style-type: none"> <li>• Healthy pregnancy and newborns.</li> <li>• Better child development. Children are more likely to grow and develop to their fullest potential.</li> <li>• Better school performance. Children will be able to do better at school and will not miss school days due to malaria.</li> <li>• Less suffering. Families do not suffer the pain and heartache of brain damaged children or death of children due to malaria.</li> <li>• Save money. As a family, the money you would have spent on malaria medicines and transport to/from clinic can go to things like education, food, entertainment and the like.</li> <li>• Make more money, be more productive. You will not miss work days due to malaria, and you will be able to complete more work whether on your farm, fishery, workplace, office or home.</li> </ul>
What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)	
<p><b>Step 6A: Communication Objectives:</b> Increase the percent of the population who believe they can personally prevent and treat malaria (in other words be “malaria-free”) for themselves, for their family and for their community by practicing the appropriate preventive and case management practices.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• “Malaria-Free: Me, My Family, My Nigeria.”</li> <li>• I believe that my family and I can be malaria-free by preventing malaria for at least one-year.</li> <li>• If my family or I do get malaria, however, I can “free myself and my family from malaria” by quickly seeking early testing and complete treatment with the MOH-recommended medicines and keep our “malaria-free” status.</li> <li>• If my family and I are malaria-free each year it will contribute towards a malaria-free community and ultimately, a malaria-free Nigeria by 2020.</li> </ul>
What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)	
<p><b>Step 6A: Communication Objectives:</b> Increase the percentage of people who believe that: Others around them (friends, family, community, colleagues, etc) will support their decision to aim to be “malaria-free” by practicing the appropriate malaria preventive and case management practices.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Support each other to be “malaria-free.”The more people and families that are “malaria-free,” the more protected the community.</li> <li>• The more families that are “malaria-free,” the more protected the community and Nigeria.</li> </ul>

What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)	
<p><b>Step 6A: Communication Objectives:</b> To increase the number of individuals that:</p> <ul style="list-style-type: none"> <li>Actively talk to others to encourage them to practice appropriate malaria preventive and case management measures.</li> <li>Participate in community support toward malaria interventions and services.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>You can be a “Malaria-Free Ambassador. Join the Club.”</li> <li>Talk to others in your family and community about the importance of malaria prevention, and early testing and treatment.</li> <li>As a “Malaria-Free Ambassador” let people know what it means to be “malaria-free:” <ul style="list-style-type: none"> <li>Prevent malaria in yourself and your family by following the recommended preventive measures.</li> <li>If you or your family do get malaria, “free yourself or your family from malaria” by seeking early testing and complete treatment with the MOH-recommended medicines.</li> </ul> </li> </ul>
What do you want the audience to feel about the topic? (Emotion)	
<p><b>Step 6A: Communication Objectives:</b> Increase the percentage of the population who feel that malaria is unacceptable. The negative impact of malaria on me, my family, my community and my country is unacceptable.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Malaria is not normal, and it is not unacceptable.</li> <li>The negative impact of malaria on me, my family, my community and my country is unacceptable. I am not going to accept it any longer.</li> </ul>
What are some common myths and misconceptions about the topic among the audience?	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>Exposure to the sun, drinking too much palm wine, eating too many mangoes, eating food with too much palm oil, staying under the rain for too long and other similar misconceptions about the causes of malaria.</li> <li>Witchcraft (especially when it comes to convulsions caused by severe malaria).</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>Malaria can hide in your blood in small amounts, even though you feel fine. This happens if you do not treat malaria completely with the MOH-recommended medicines.</li> <li>If malaria is hiding in your blood and you do something to weaken yourself (such as work in the sun or rain too long, etc) malaria can grow stronger in your blood and make you sick with malaria again. This is why people sometimes become sick with malaria after they do something that weakens them.</li> <li>Therefore, to prevent malaria from hiding in your blood it is important to take the full course of MOH-recommended treatment when you have malaria.</li> <li>Severe malaria can cause convulsions. It is always important to take someone who has convulsions to the health facility immediately, without delay.</li> <li>If convulsion is not treated quickly, it will get worse and can lead to permanent, lifelong learning disabilities or epilepsy, or even death.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87. Activity and Communication Channel Reference Sheet on page 87. Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Service Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
<p>TOPIC: Cross-Cutting Malaria Communication Issues</p> <p>There are certain malaria-related knowledge, attitudes and perceptions that influence people’s behaviour across all of the malaria intervention areas (LLIN, IPTp, Case Management, etc). Also, to maximize the communication support toward the national goal of malaria elimination in the new NMSP 2014-2020, it is important to convey to the population, service providers and policy makers how they can operationalize the definition of “malaria-free.” This will enable them to clearly understand and appreciate how they can concretely support the national programme and be able to “Play Their Part” toward achieving the goal.</p> <p>These cross-cutting communication issues are relevant to all intervention areas and not exclusive to anyone. Because of the potential positive impact on people’s behaviour across all malaria intervention areas, it is important that cross-cutting communication issues are part of the message mix of Nigeria’s malaria ACSM strategic communication initiative.</p>
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
<p>Objective: To ensure that 80 percent of the population practices appropriate malaria prevention and management measures by 2020</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Maintain high knowledge of malaria prevention and treatment practices.</li> <li>• Scale up demand for malaria prevention and management services.</li> </ul> <p>Targets:</p> <ul style="list-style-type: none"> <li>• To reach 100 percent of Nigerians 5 years and older with sustained information, education and communication about prevention and management of malaria by 2020.</li> <li>• To ensure that at least 80 percent of individuals receive information at the community level (schools, community and FBOs, etc.) on malaria prevention and management by 2020.</li> <li>• To ensure that 80 percent of pregnant women and children under 5 years use LLINs by 2018.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Service
<b>STEP 4: AUDIENCE(S) SELECTION</b>
<p>1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Service providers (clinicians, nurses, community health workers, health educators, health communication practitioners, village health care workers, etc)</p> <p>2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Sub-groups/target groups. Examples: health facility administrators, members of hospital management boards, etc</p>
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
<ul style="list-style-type: none"> <li>• Increase the percent of the health service providers that correctly and consistently promote appropriate malaria preventive and case management measures to their clients and community.</li> <li>• Increase the percent of health service providers who enumerate malaria guidelines.</li> </ul>



<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b>                      Increase the percent of service providers that:</p> <ul style="list-style-type: none"> <li>• Explain the practical meaning of “malaria-free” for individuals and families.</li> <li>• Enumerate the basic/core facts on malaria to convey to clients and community.                             <ul style="list-style-type: none"> <li>• There is one type of mosquito that carries malaria in Nigeria. The mosquito that carries malaria bites at night.</li> <li>• Malaria occurs all year round.</li> <li>• Malaria can become severe if not treated early and completely.</li> <li>• Signs and symptoms of malaria.</li> <li>• Children and pregnant women are more vulnerable to malaria.</li> <li>• Not all fevers are malaria.</li> </ul> </li> <li>• Incomplete treatment increases the risk that the malaria parasite will build resistance to ACTs.</li> <li>• Explain the importance of testing before treatment.</li> <li>• Describe the appropriate malaria prevention and case management practices for implementation by the general population.</li> <li>• Know national malaria guidelines and strategies.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• “Malaria-free” means: people can free themselves and their families from malaria by:                             <ul style="list-style-type: none"> <li>• Reducing the number of times you (or a family member) gets malaria each year (ideally to zero) by:                                     <ul style="list-style-type: none"> <li>• Everyone sleeping inside an LLIN every night.</li> <li>• Pregnant women going early to ANC and taking the recommended doses of SP given by the provider to prevent malaria during pregnancy (IPTp).</li> </ul> </li> <li>• If my family or I do get malaria, I can “free myself and my family from malaria” by seeking early testing and complete treatment with the MOH-recommended medicines, and be “malaria-free.”</li> </ul> </li> <li>• Core Malaria Knowledge:                             <ul style="list-style-type: none"> <li>• There is one type of mosquito that carries malaria in Nigeria. The mosquito that carries malaria bites at night.</li> <li>• Malaria occurs all year round.</li> <li>• Malaria can become severe if not treated early and completely.</li> <li>• Signs and symptoms of malaria.</li> <li>• Children and pregnant women are more vulnerable to malaria.</li> <li>• Not all fevers are malaria.</li> </ul> </li> <li>• Appropriate malaria practices for the general population:                             <ul style="list-style-type: none"> <li>• Prevention                                     <ul style="list-style-type: none"> <li>• Sleep inside a LLIN every night. It is the best way to prevent malaria. Everyone should sleep inside a net, but especially infants and young children under 5 and pregnant women.</li> <li>• Pregnant women need to report early to ANC and take the medicine for preventing malaria during pregnancy (SP) each time the health worker gives it.</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Testing and Treatment                             <ul style="list-style-type: none"> <li>• Seek treatment early, within one day of onset of fever, sooner for pregnant women and children under 5.</li> <li>• Test. It is important that all case of ever are tested for malaria at the clinic and health centers, where it is available.</li> <li>• Treat. If the test for fever is positive for malaria, take the complete dose of the MOH-recommended medicine.</li> </ul> </li> </ul>

What attitudes do you want this audience to have about the topic? (Attitude)	
<p><b>Step 6A: Communication Objectives:</b>                      Increase the percentage of the health service providers in target communities who believe that:</p> <ul style="list-style-type: none"> <li>• Malaria is unwelcome and unacceptable.</li> <li>• The negative impact of malaria on me, my family and my country is unacceptable.</li> </ul>	<p><b>Step 6B: Example Messages:</b>                      Malaria is unwelcome and unacceptable.</p>
What threat do you want the audience to feel about the topic? (Perceived Risk)	
<p><b>Step 6A: Communication Objectives:</b>                      Increase the percent of health service providers who know and believe that:</p> <ul style="list-style-type: none"> <li>• Malaria is a major cause of permanent brain damage resulting in life-long learning disabilities, physical disabilities and epilepsy in Africa.</li> <li>• Malaria is one of the leading causes of miscarriage, premature delivery, underweight baby and still-birth.</li> <li>• Malaria puts pregnant women at increased risk of death during pregnancy.</li> <li>• Malaria is one of the largest causes of death among children in Nigeria.</li> <li>• Incomplete treatment increases the risk that the malaria parasite will build resistance to ACTs.</li> </ul>	<p><b>Step 6B: Example Messages:</b>                      Tell your clients and community about the risks of malaria including:</p> <ul style="list-style-type: none"> <li>• Malaria is a major cause of permanent brain damage resulting in life-long learning disabilities, physical disabilities and epilepsy in Africa.</li> <li>• Malaria is one of the leading causes of miscarriage, premature delivery, underweight baby and still-birth.</li> <li>• Malaria puts pregnant women at increased risk of complications, poor pregnancy outcomes and death during pregnancy.</li> <li>• Malaria is one of the major causes of death among children in Nigeria.</li> </ul>
What benefit do you want the audience to feel about the topic? (Perceived Benefit)	
<p>Increase the number of health service providers who believe they and their clients can personally benefit from engaging the appropriate preventive and case management practices.</p>	<p>Tell your clients about the benefits of these practices. Being "malaria-free" by preventing malaria and early testing and treatment will protect your family and you and save you money and result in:</p> <ul style="list-style-type: none"> <li>• Healthy pregnancy and newborns.</li> <li>• Better child development. Children are more likely to grow and develop to their fullest potential.</li> <li>• Better school performance. Children will be able to do better at school and will not miss school days due to malaria.</li> <li>• Less suffering. Families do not suffer the pain and heartache of brain damaged children or death of children due to malaria.</li> <li>• Save money. As a family, the money you would have spent on malaria medicines and transport to/ from clinic can go to things like education, food, entertainment and the like.</li> <li>• Make more money, be more productive. You will not miss work days due to malaria and you will be able to complete more work whether on your farm, fishery, workplace, office or home.</li> </ul>

<p>What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the number of health service providers who believe they can successfully help their clients and themselves prevent and treat malaria (in other words be “malaria-free”) by practicing the appropriate preventive and case management practices.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• “Malaria-Free: Me, My Family, My Clients, My Nigeria.”</li> <li>• I believe that my clients and I can be malaria-free by preventing malaria for at least one year.</li> <li>• If my clients or I do get malaria; however, I can “free myself and my family from malaria” by quickly seeking early testing and complete treatment with the MOH-recommended medicines and keep our “malaria-free” status.</li> <li>• If my clients and I are malaria-free each year, it will contribute toward a malaria-free community and ultimately, a malaria-free Nigeria by 2020.</li> </ul>
<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the number of health service providers who believe that:</p> <ul style="list-style-type: none"> <li>• Others around them (friends, family, community, colleagues, etc) will support their decision to aim to be “malaria-free” by practicing the appropriate malaria preventive and case management practices.</li> <li>• The more clients and families who are “malaria-free,” the more protected the health facility and community.</li> </ul>	<p><b>Step 6B: Example Messages:</b> Support each other to be “malaria-free.” The more clients, people and families that are “malaria-free,” the more protected the community.</p>
<p>What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> To increase the number of health service providers that:</p> <ul style="list-style-type: none"> <li>• Actively talk to others to encourage them to practice appropriate malaria preventive and case management measures.</li> <li>• Participate in community support toward malaria interventions and services.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• You can be a “Malaria-Free Ambassador. Join the Club.”</li> <li>• Talk to others in your family facility and community about the importance of malaria prevention, and early testing and treatment.</li> <li>• As a “Malaria-Free Ambassador” let people know what it means to be “malaria-free:” <ul style="list-style-type: none"> <li>• Prevent malaria in yourself and your family by following the recommended preventive measures.</li> <li>• If you or your family do get malaria, “free yourself or your family from malaria” by seeking early testing and complete treatment with the MOH-recommended medicines.</li> </ul> </li> </ul>
<p>What do you want the audience to feel about the topic? (Emotion)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the number of health service providers who feel that malaria is unacceptable. The negative impact of malaria on me, my family, my community and my country is unacceptable.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• “I am proud to save lives.”</li> <li>• Malaria is unacceptable. The negative impact of malaria on me, my clients, my family, my community and my country is unacceptable. I am not going to accept it any longer.</li> <li>• I will engage other service providers to actively support action to prevent and control malaria.</li> </ul>

<b>What are some common myths and misconceptions about the topic among the audience?</b>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Exposure to the sun, drinking too much palm wine, eating too many mangoes, eating food with too much palm oil, staying under the rain for too long and other similar misconceptions about the causes of malaria.</li> <li>• Witchcraft (especially when it comes to convulsions caused by severe malaria).</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <p>“Correct your clients’ misperceptions. For example, tell your clients that:”</p> <ul style="list-style-type: none"> <li>• Malaria can hide in your blood in small amounts, even though you feel fine. This happens if you don’t treat malaria completely with the MOH-recommended medicines.</li> <li>• If malaria is hiding in your blood and you do something to weaken yourself (such as work in the sun or rain too long, etc), malaria can grow stronger in your blood and make you sick again. This is why people sometimes become sick with malaria after they do something that weakens them.</li> <li>• Therefore, to prevent malaria from hiding in your blood it is important to take the full course of MOH-recommended treatment when you have malaria.</li> <li>• Severe malaria can cause convulsions. Therefore, it is always important to take someone who has convulsions to the health facility immediately, without delay. If it is not treated quickly, it will get worse and can lead to permanent, lifelong learning disabilities or epilepsy, or even death.</li> <li>• Malaria is major cause of illness and death in Nigeria.</li> <li>• Malaria is dangerous, especially among children and pregnant women.</li> </ul>
<b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b>	
<p>See Step 7 Activities Section on page 87.                  Activity and Communication Channel Reference Sheet on page 87.                  Activity Brief Template on page 100.</p>	
<b>STEP 8: M&amp;E INDICATORS</b>	
<p>See M&amp;E Section on page 101.</p>	

## Advocacy Domain

<b>NMEP/ACSM IMPLEMENTATION DESIGN WORKSHEET</b>
<b>STEP 1: TOPIC SELECTION AND SUB-TOPIC (IF NEEDED), NATIONAL PROGRAMME OBJECTIVE</b>
<p>TOPIC: Cross-Cutting Malaria Communication Issues</p> <p>There are certain malaria-related knowledge, attitudes and perceptions that influence people's behaviour across all of the malaria intervention areas (LLIN, IPTp, Case Management, etc). Also, to maximize the communication support toward the national goal of malaria elimination in the new NMSP 2014-2020, it is important to convey to the population, service providers and policy makers how they can operationalize the definition of "malaria-free." This will enable them to clearly understand and appreciate how they can concretely support the national programme and be able to "Play Their Part" toward achieving the goal.</p> <p>These cross-cutting communication issues are relevant to all intervention areas and not exclusive to anyone. Because of the potential positive impact on people's behaviour across all malaria intervention areas, it is important that cross-cutting communication issues are part of the message mix of Nigeria's malaria ACSM strategic communication initiative.</p>
<b>STEP 2: NATIONAL PROGRAMME OBJECTIVE (See 2014-2020 NMSP Draft):</b>
<p>Objective: To ensure that 80 percent of the population practices appropriate malaria prevention and management measures by 2020</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Maintain high knowledge of malaria prevention and treatment practices.</li> <li>• Scale up demand for malaria prevention and management services.</li> </ul> <p>Targets:</p> <ul style="list-style-type: none"> <li>• To reach 100 percent of Nigerians 5 years and older with sustained information, education and communication about prevention and management of malaria by 2020.</li> <li>• To ensure that at least 80 percent of individuals receive information at the community level (schools, community and FBOs, etc.) on malaria prevention and management by 2020.</li> <li>• To ensure that 80 percent of pregnant women and children under 5 years use LLINs by 2018.</li> </ul>
<b>STEP 3: DOMAIN SELECTION (INDIVIDUAL, COMMUNITY, SERVICE OR ADVOCACY)</b>
Advocacy
<b>STEP 4: AUDIENCE(S) SELECTION</b>
<p>1. Who is the priority audience you want to reach on this topic? PRIORITY AUDIENCE: Policymakers at all levels, political leaders, private sector leaders, development partners, religious groups, traditional leaders, media executives</p> <p>2. Who are the people who can influence your priority audience? Or what are major sub-groups within your audience to consider when developing messages on this topic? SECONDARY OR SUB-AUDIENCES: Sub-groups/target groups: Examples: health facility administrators, members of hospital management boards, senior management committees of Ministries of Health</p>
<b>STEP 5: What do you want the audience to do? (AUDIENCE-SPECIFIC BEHAVIOURAL OBJECTIVE)</b>
Increase the number of leaders in all sectors and at all levels who actively advocate for and commit resources to appropriate malaria prevention and case management activities within their spheres of influence (national, state, local or community, as appropriate).

<b>STEP 6A: What do you want the audience to know, feel, believe, think, etc? (COMMUNICATION OBJECTIVE):</b>	<b>STEP 6B: What are some examples of how to say the message to this audience that they will understand and like? (EXAMPLE MESSAGES):</b>
What do you want this audience to know about the topic? (Knowledge)	
<p><b>Step 6A: Communication Objectives:</b>                      Increase the percent of leaders that:</p> <ul style="list-style-type: none"> <li>• Explain the practical meaning of “malaria-free” for individuals and families.</li> <li>• Enumerate the basic/core facts on malaria to convey to clients and community                             <ul style="list-style-type: none"> <li>• There is one type of mosquito that carries malaria in Nigeria. The mosquito that carries malaria bites at night.</li> <li>• Malaria occurs all year round.</li> <li>• Malaria can become severe if not treated early and completely.</li> <li>• Signs and symptoms of malaria.</li> <li>• Children and pregnant women are more vulnerable to malaria.</li> <li>• Not all fevers are malaria.</li> </ul> </li> <li>• Explain the appropriate malaria prevention and case management practices for implementation by the general population.</li> <li>• Know the negative impact of malaria on the nation, state, LGA and/or community.</li> </ul>	<p><b>Step 6B: Example Messages:</b>                      “Malaria-free” means: People can free themselves and their families from malaria by:</p> <ul style="list-style-type: none"> <li>• Reducing the number of times you (or a family member) gets malaria each year (ideally to zero) by:                             <ul style="list-style-type: none"> <li>• Everyone sleeping inside an LLIN every night.</li> <li>• Pregnant women going early to ANC and taking the recommended doses of SP given by the provider to prevent malaria during pregnancy (IPTp).</li> </ul> </li> <li>• If my family or I do get malaria, I can “free myself and my family from malaria” by seeking early testing and complete treatment with the MOH-recommended medicines and be “malaria-free.”</li> </ul> <p>Core Malaria Knowledge:</p> <ul style="list-style-type: none"> <li>• There is one type of mosquito that carries malaria in Nigeria. The mosquito that carries malaria bites at night.</li> <li>• Malaria occurs all year round.</li> <li>• Malaria can become severe if not treated early and completely.</li> <li>• Signs and symptoms of malaria.</li> <li>• Children and pregnant women are more vulnerable to malaria.</li> <li>• Not all fevers are malaria.</li> </ul> <p>Appropriate and cost-effective malaria practices for the general population:</p> <ul style="list-style-type: none"> <li>• Prevention                             <ul style="list-style-type: none"> <li>• Sleep inside a LLIN every night. It is the best way to prevent malaria. Everyone should sleep inside a net, but especially infants and young children under 5 and pregnant women.</li> <li>• Pregnant women need to report early to ANC and take the medicine for preventing malaria during pregnancy (SP) each time the health worker gives it.</li> </ul> </li> <li>• Testing and Treatment                             <ul style="list-style-type: none"> <li>• Seek testing and treatment early, within one day of onset of fever, sooner for pregnant women and children under 5.</li> <li>• Test. It is important that they test for malaria at the clinic, if it is available.</li> <li>• Treat. Take the complete dose of the MOH-recommended medicine.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Impact of Malaria:             <ul style="list-style-type: none"> <li>• Nigeria loses an estimated N480 billions of Naira per annum due to malaria.</li> <li>• Eleven percent of maternal deaths in Nigeria is due to malaria.</li> <li>• Twenty-three percent of child mortality in Nigeria is due to malaria.</li> <li>• Adequate funding and timely release of funds will accelerate malaria elimination.</li> </ul> </li> </ul>
<p>What attitudes do you want this audience to have about the topic? (Attitude)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the percentage of leaders who believe that:</p> <ul style="list-style-type: none"> <li>• Malaria is unacceptable.</li> <li>• The negative impact of malaria on my community and my country is unacceptable.</li> <li>• They have the power to help protect their community/state/country from malaria.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is unacceptable.</li> <li>• I have the power to help protect my community and my nation from malaria.</li> </ul>
<p>What threat do you want the audience to feel about the topic? (Perceived Risk)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the percent of leaders who know and believe that:</p> <ul style="list-style-type: none"> <li>• Malaria can cause permanent brain damage resulting in life-long learning disabilities, physical disabilities and epilepsy.</li> <li>• Malaria is one of the leading causes of miscarriage, premature delivery, underweight baby and still-birth.</li> <li>• Malaria puts pregnant women at increased risk of during pregnancy.</li> <li>• Malaria is one of the major causes of death among children in Nigeria.</li> </ul>	<p><b>Step 6B: Example Messages:</b> Tell your community/state/country about the risks of malaria, including:</p> <ul style="list-style-type: none"> <li>• Malaria is a major cause of permanent brain damage resulting in life-long learning disabilities, physical disabilities and epilepsy in Africa.</li> <li>• Malaria is one of the leading causes of miscarriage, premature delivery, underweight baby and still-birth.</li> <li>• Malaria puts pregnant women at increased risk of complications, poor pregnancy outcomes and death during pregnancy.</li> <li>• Malaria is one of the largest major causes of death among children in Nigeria.</li> </ul>
<p>What benefit do you want the audience to feel about the topic? (Perceived Benefit)</p>	
<p>Increase the percent of leaders who believe their community/state/country can directly benefit from engaging in the appropriate preventive and case management practices.</p>	<p>Tell your community/state/country about the benefits of these practices. Being “malaria-free” by preventing malaria and early testing and treatment will protect your family and you and save you money and result in:</p> <ul style="list-style-type: none"> <li>• Healthy pregnancy and newborns.</li> <li>• Better child development. Children are more likely to grow and develop to their fullest potential.</li> <li>• Better school performance. Children will be able to do better at school and will not miss school days due to malaria.</li> <li>• Less suffering. Families do not suffer the pain and heartache of brain damaged children or death of children due to malaria.</li> <li>• Save money. As a family, the money you would have spent on malaria medicines and transport to/from clinic can go to things like education, food, entertainment and the like.</li> <li>• Make more money, be more productive. You will not miss work days due to malaria and you will be able to complete more work whether on your farm, fishery, workplace, office or home.</li> </ul>

<p>What do you want this audience to feel confident they can do about this topic? (Self-confidence/Self-efficacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the number of leaders who believe they can successfully help their community/state/country prevent and treat malaria (in other words, be “malaria-free”) by practicing the appropriate preventive and case management practices.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• “Malaria-Free: Me, My Family, My Community, My Nigeria.”</li> <li>• I believe that a majority of the people in my community/state/country can be malaria-free by preventing malaria.</li> <li>• If my people do get malaria, however, they can “free themselves and their family from malaria” by quickly seeking early testing and complete treatment with the MOH-recommended medicines and keep our “malaria-free” status.</li> <li>• If more people in my community/LGA/state are malaria-free each year, it will contribute toward a malaria-free Nigeria by 2020.</li> </ul>
<p>What do you want this audience to believe about how others (friends, family, neighbors, peers, etc) feel about this topic? (Perceived Social Support)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the number of leaders who believe that:</p> <ul style="list-style-type: none"> <li>• Others around them (friends, family, community, colleagues, etc) will support their decision to aim to be “malaria-free” by practicing the appropriate malaria preventive and case management practices.</li> <li>• The more clients and families who are “malaria-free,” the more protected the community/LGA/state/ country.</li> </ul>	<p><b>Step 6B: Example Messages:</b> Support each other to be “malaria-free.” The more people and families that are “malaria-free,” the more protected the community/LGA/state/country.</p>
<p>What do you want this audience to say to others (friends, family, neighbors, peers, colleagues, etc) about the topic? (Personal Advocacy)</p>	
<p><b>Step 6A: Communication Objectives:</b> To increase the number of leaders that:</p> <ul style="list-style-type: none"> <li>• Actively talk to others to encourage them to practice appropriate malaria preventive and case management measures.</li> <li>• Participate in community support toward malaria interventions and services.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• You can be a “Malaria-Free Ambassador. Join the Club.”</li> <li>• Talk to others in your community/LGA/state/ country about the importance of malaria prevention, and early testing and treatment.</li> <li>• As a “Malaria-Free Ambassador” let people know what it means to be “malaria-free:” <ul style="list-style-type: none"> <li>• Prevent malaria in yourself and your family by following the recommended preventive measures.</li> <li>• If you or your family do get malaria, “free yourself or your family from malaria” by seeking early testing and complete treatment with the MOH-recommended medicines.</li> </ul> </li> </ul>
<p>What do you want the audience to feel about the topic? (Emotion)</p>	
<p><b>Step 6A: Communication Objectives:</b> Increase the number of leaders who feel that malaria is unacceptable. The negative impact of malaria on me, my clients, my family, my community, my LGA, my state and my country is unacceptable.</p>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria is unacceptable. I am not going to accept it any longer.</li> <li>• I will engage other leaders to take legislative and community action to prevent and control malaria.</li> </ul>



<p>What are some common myths and misconceptions about the topic among the audience?</p>	
<p><b>Step 6A: Communication Objectives:</b></p> <ul style="list-style-type: none"> <li>• Cleaning dirty gutters and rubbish will reduce malaria.</li> <li>• Malaria is an ordinary and not a major cause for concern for individuals, households and the country.</li> </ul>	<p><b>Step 6B: Example Messages:</b></p> <ul style="list-style-type: none"> <li>• Malaria-carrying mosquitoes DO NOT breed in dirty water or choked gutters. Therefore, cleaning gutters, while useful in other ways, will not reduce malaria.</li> <li>• Malaria-carrying mosquitoes breed in clean, still or slow moving water, such as in puddles, empty cans, used tires, flowerpots, ponds, rice fields, streams, etc.</li> <li>• Malaria is a major cause of illness and death in Nigeria.</li> <li>• Malaria is dangerous, especially among children and pregnant women.</li> </ul>
<p><b>STEP 7: EXAMPLE ACTIVITIES &amp; COMMUNICATION CHANNELS</b></p>	
<p>See Step 7 Activities Section on page 87.                  Activity and Communication Channel Reference Sheet on page 87.                  Activity Brief Template on page 100.</p>	
<p><b>STEP 8: M&amp;E INDICATORS</b></p>	
<p>See M&amp;E Section on page 101.</p>	



## **STEP 7: ACTIVITIES**



## STEP 7: ACTIVITIES

Communication Channel Reference Sheet: Formats, Uses and Strengths/Challenges			
Format	Typical Length	Suggested Uses	Strengths/Challenges
<b>COMMUNITY</b>			
<b>Community Dialogue and Dissemination</b>			
One-on-one	30-60 mins	Personal counseling	<p><b>Strengths:</b> Ideally, beyond just a health talk or lecture, these should be highly personalized interactions. Can address the specific needs of an individual or group of individuals. Can create a high level of dialogue and interaction.</p> <p><b>Challenges:</b> To do this well, it requires that the facilitator has a relatively high level of interpersonal and facilitation skills as well as understanding of the technical health issues. Hard to scale this up and maintain quality of interactions. Cost and labor intensive. The community agent often needs a health expert to provide technical information and clarification.</p>
House-to-house	30-60 mins	Group discussion and dialogue	
Guided Group Discussion	30-60 mins		
Compound Meetings	30-60 mins		
Other?			
<b>Community Participatory Activities</b>			
Poetry, Essay, Story-telling, Music or Art Contests/ Forums		Individual and Group Engagement	<p><b>Strengths:</b> These participatory activities engage people in other ways than talks, dialogue and counseling. These activities entertain as well as educate, and can engage people that otherwise may not participate or be interested.</p> <p><b>Challenges:</b> To do this well can be relatively labor intensive and requires both creativity and accurate health information. It is challenging to scale up and maintain quality. Requires a lot of financial and human resources to do at scale.</p>
Games			
Community Drama			
Health Fairs			
Sports Tournaments			
Other?			

<b>Traditional Media</b>			
Storytelling, Griot		Group Engagement	<p><b>Strengths:</b> Engages audience in ways that are culturally meaningful and relevant, as appropriate to the specific locality and context.</p> <p><b>Challenges:</b> If not used in accordance with cultural norms and customs it may be perceived as inappropriate or even disrespectful in certain cases.</p>
Dancing			
Traditional Music			
Cloth Design			
Other?			
<b>Community Media</b>			
Town Announcers		Community Information Dissemination	<p><b>Strengths:</b> Easily reach many people in a community through highly credible communication channels specific to a given community. Relatively inexpensive.</p> <p><b>Challenges:</b> Generally limited content of messages and limited opportunity for interaction and engagement.</p>
(Community Info Officers)			
Announcements and notices at Community Gathering Places: Churches, Mosques, Schools, Markets, Clubs, etc.			
Community-based PA Systems			
Community Radio			
Other?			
<b>MASS MEDIA: TV AND RADIO</b>			
1. TV and Radio Spots	30 or 60 secs	Conveying clear, concise messages	<p><b>Strengths:</b> Convey key content in a short amount of time. High repetition of messages. Allows for creativity. Low cost per person reached.</p> <p><b>Challenges:</b> Limited amount of content in each spot. Requires adequate repetition over a reasonable length of time for it to be effective.</p>
2. Mini-drama/ documentary	3-5 mins	Conveying more content or storyline than a spot.	<p><b>Strengths:</b> Allows for more content. Some repetition. More creative format.</p> <p><b>Challenges:</b> Can't repeat too much or lose audience attention.</p>
3. Music Video and Song	3-5 mins	Conveys feelings and emotions.	<p><b>Strengths:</b> Conveys emotions. Songs can be catchy and memorable.</p> <p><b>Challenges:</b> Not good for conveying much health information or message content. Too many health-related songs are not catchy because they try to convey too much information.</p>
4. Documentary	25 to 50 mins	Conveys lots of content in more depth.	<p><b>Strengths:</b> Convey content in more depth. Can include emotional aspects.</p> <p><b>Challenges:</b> Low repetition for any one individual.</p>
5. Serial Drama	13 episodes per season; 25 mins per episode	Conveys lots of drama, feelings and emotion.	<p><b>Strengths:</b> Engages audience through story-telling format on a weekly basis over a long period of time. Lots of emotion; some health content.</p> <p><b>Challenges:</b> Not as good at conveying lots of detailed information or directive messages. Lose audience interest if too much health information.</p>

6. TV or Radio Quiz Game Show	13 episodes per season; 25 mins per episode	Conveys lots of health information.	<b>Strengths:</b> Conveys lots of health information in an engaging and entertaining way on a weekly basis over a long period of time. <b>Challenges:</b> Tendency to want to make questions complex to enhance difficulty and competitiveness. However, there is the need for simple, clear questions and answers that are not too complex so that the majority of the population will not lose interest and tune out.
7. Full-length Movie	1.5 to 2 hours	Conveys lots of drama, feelings and emotion.	<b>Strengths:</b> Engages audience through story-telling format. Lots of emotion; some health content. <b>Challenges:</b> Not as good at conveying lots of detailed information or directive messages. Low repetition. Expensive.
8. Other?			
<b>MASS MEDIA: TV AND RADIO: Inserting Malaria Content on Existing Mass Media Programmes</b>			
9. TV or Radio Talk Show	30-60 mins	Most TV and radio stations have existing talk shows. Good for engaging in discussion on issues.	<b>Strengths:</b> Existing audience and credibility. Allows for discussion of issues. If call-ins or live audience, allows for audience participation. <b>Challenges:</b> Low frequency and repetition.
10. Existing Dramas and Shows	30-60 mins	Insert malaria issues into existing dramas and shows and movies.	<b>Strengths:</b> Engages existing large audiences through story-telling format. Lots of emotion; some health content. <b>Challenges:</b> Not as good at conveying lots of detailed information or directive messages.
11. News Media	2-5 min item on broadcast news, newspaper article	Convey information.	<b>Strengths:</b> Existing large audience and very high credibility. <b>Challenges:</b> Low frequency and repetition. Needs to be timely and "newsworthy" tied to a specific event or issue.
12. Newspaper Adverts	Full, half or quarter page/ color or black and white	Convey information about a specific event or issue.	<b>Strengths:</b> Convey information and content about a specific event or issue. Can add photos, graphics and color, as well as text. <b>Challenges:</b> Reaches only literate audience. Not as credible as a news article. Costly per person reached.
13. Other?			

<b>MASS MEDIA: ICT</b>			
SMS Messaging- Targeted		Reach a specific audience that has signed up, pre-selected or volunteered to receive your SMS messages. For example, community change agents, ANC clients, radio listener groups, etc.	<p><b>Strengths:</b> By focusing interaction to a willing audience, it increases the likelihood that the messages received will be welcome and acted upon. Content of message can be targeted to the needs of the audience. Able to have interaction with audience (i.e. Send and Receive both ways). Relatively inexpensive as numbers of messages are limited.</p> <p><b>Challenges:</b> A bit more labor involved to create recipient lists and create and maintain interactive messages with SMS audience. The 160-character limit of SMS with no graphical or sound content is extremely minimal and requires reading literacy. Requires accessibility to cell phone coverage.</p>
SMS Messaging- Blanket		Reach large audiences with messages.	<p><b>Strengths:</b> Can reach a large audience given the high levels of cell phone ownership. Good opportunity for private sector involvement.</p> <p><b>Challenges:</b> May annoy or distract people if they did not opt-in to receive the messages. May reach a lot of people with messages that are not relevant to them. Extremely expensive to reach large numbers of people unless corporate sponsorship available from phone companies. Message content may be incorrect or not in alignment with current policies if sponsors have control. The 160-character limit of SMS with no graphical or sound content is extremely minimal and requires reading literacy. Requires accessibility to cell phone coverage.</p>
Web ads		Reach Internet users with ads.	<p><b>Strengths:</b> Doesn't require on-going maintenance and constant updating. Can be linked to webpage for user to seek more information. Can easily count visitors to page and actual hits on web ad to measure exposure.</p> <p><b>Challenges:</b> Limited audience to internet users and visitors to sites where ad is placed.</p>



Dedicated Webpage		Reach Internet users with content.	<p><b>Strengths:</b> Can provide relevant information to people actively seeking it out. Can be updated and timely. Can have very simple content or very detailed content accessible depending on the desire of the user. Opportunity for interaction with visitors. Can post video, audio, graphics and text. Reaches a national and world-wide audience of people who have access to Internet.</p> <p><b>Challenges:</b> Requires constant and frequent updating and maintenance requiring substantial financial and human resources. Limited to those with Internet access.</p>
Facebook Site			
Twitter			
YouTube			
Other?			
<b>PRINT MATERIAL:</b> primarily focused on conveying more detailed information			
Leaflets, brochures, flyers	1 page, 2-sided	Provide detailed information on a specific topic.	<p><b>Strengths:</b> Ability to provide varying levels of detailed information (more in a booklet or flipchart; less in a leaflet). Can provide information in a simple and effective way if written well and in simple language.</p> <p><b>Challenges:</b> Requires large quantities to reach large numbers of people. Somewhat difficult to distribute effectively. Requires literacy or having a literate person read it aloud.</p>
Booklets	10-20 pages		
Flipcharts	10-15 panels or "flips"		
Other?			
<b>"TOP OF MIND" PROMOTIONAL MATERIAL:</b> "top-of-mind" awareness and reminders to support other activities that convey more message content.			
Signboards, banners	Very Large	Reach general population with "reminder" message	<p><b>Strengths:</b> Highly visible, creates ongoing physical presence of message, multiple exposures over long period of time as people pass by location of signboard</p> <p><b>Challenges:</b> Effective only if it has very few words (main message has no more than five to eight words); can be read at a glance; and has appealing graphics or photographs; can be expensive depending on location and materials used.</p>
Posters	A3/A2; 1-sided	Reach people in specific locations with reminder messages	<p><b>Strengths:</b> Creates ongoing physical presence of message, reaches "captive" audiences at specific locations (e.g. clinic, office, church/mosque, store, school, etc); relatively inexpensive.</p> <p><b>Challenges:</b> Need to place and display in places where it will stay up for a long period of time. Can be taken down or ruined by weather if not placed well. Labor intensive to distribute and display. Need large quantities to create high visibility.</p>

T-shirts	S, M, L, XL	Reach people at a specific event or in a specific group	<b>Strengths:</b> Highly popular, creates strong visual presence of message at events or in groups; has longer term effect if people wear them regularly; very effective for community agents to wear to create identity and boost morale. <b>Challenges:</b> Very expensive in large quantities, limited use beyond events, limited content.
Faze caps, wrist bands, pens, bags, etc.		Reach people in specific locations with reminder messages	<b>Strengths:</b> These create “top-of-mind” awareness and help build morale of people who receive them to wear/use. <b>Challenges:</b> Requires large quantities to make a presence, which can get expensive. Very limited message content.
Other?			
<b>POINT OF SERVICE/SALE (POS) MATERIAL:</b> to be displayed at service facilities and sales points to prompt clients to seek a service or product			
Posters		Best if it provides limited amount information so it captures people’s attention at a glance and is linked to other activities in media or community.	<b>Strengths:</b> Placement at service and sales points prompts clients to seek a service or product. Can also prompt provider to provide the service or product it is promoting. <b>Challenges:</b> Is minimally effective as a stand-alone activity or if it tries to convey too much information as most people will just ignore it.
Stickers			
Sign post			
Flex stands			
Badges			
Other?			
<b>JOB AIDS:</b> materials to assist health service providers to improve their quality of service			
Flipcharts		Provides references and guides to service providers to assist them with IPC skills and conveying accurate information to clients.	<b>Strengths:</b> Provides accessible information and guides to providers on a day-to-day basis to help them with IPC and conveying accurate information to clients. <b>Challenges:</b> Often requires training first to orient providers on how to most effectively use the job aids.
Counseling Cards			
Reference Posters			
Other?			
<b>TRAINING</b>			
<b>Training in the Use of Specific Materials</b>			
Training/Orientation in Use of Specific Communication Materials: example: flipcharts, job aids, etc		Orient people in the use of a specific ACSM communication material or activity.	<b>Strengths:</b> Trainees have a very practical, focused training and are provided with the material at the end of the training so that they can immediately return to their community or facility or workplace and begin implementing activities using the material. Improves use of materials. <b>Challenges:</b> Requires substantial financial and human resources to conduct trainings at scale.
Other?			

<b>Training in Communication Skill Areas</b>			
Interpersonal Counseling and Communication Skills (IPC/C) and/or Facilitation Skills		Train people on IPC/C Skills and/or Facilitation Skills	<p><b>Strengths:</b> Builds generic communication skills in areas such as IPC, Facilitation and Community Entry and Mobilisation, Advocacy, etc. Creating a critical mass of people with these skills will, over the long run, help to build sustainability and improve quality of programmes.</p> <p><b>Challenges:</b> Immediate, measurable contributions to programme outputs and outcomes are difficult to measure and report. Budget constraints often limit duration and effectiveness of training.</p>
Community Entry and Mobilisation Approaches		Train people on Community Entry and Mobilisation Approaches	
Advocacy Skills		Train people on Advocacy Approaches	
Other?			
<b>Training in Communication Concepts, Processes and Approaches</b>			
		Training in Concepts, Processes and Approaches	<p><b>Strengths:</b> Provides people with a stronger foundation in communication theory and practice for application to programme design and implementation. Creating a critical mass of people with this foundation will, over the long run, help to build sustainability and improve quality of programmes.</p> <p><b>Challenges:</b> Immediate, measurable contributions to programme outputs and outcomes are difficult to measure and report.</p>
Other?			
<b>ADVOCACY</b>			
Briefing Packets			
Presentations			
Meetings			
Other?			
<b>OTHER: Add other communication channels here</b>			

<b>Communication Channel and Format</b> <i>(NOTE: See the "Communication Channels Reference Sheet: Formats, Uses and Advantages/ Disadvantages" to Guide Your Selection of Activities)</i>	<b>Activity</b> <i>(Check Next to Selected Ones)</i>
<b>COMMUNITY</b>	
<b>Community Dialogue and Dissemination</b>	
One-on-one	
House-to-house	
Guided Group Discussion	
Compound Meetings	
Other? (WRITE IN)	
<b>Community Participatory Activities</b>	
Poetry, Essay, Story-telling, Music or Art Contests/Forums	
Games	
Community Drama	
Health Fairs	
Sports Tournaments	
Other? (WRITE IN)	
<b>Traditional Media</b>	
Storytelling, Griot	
Dancing	
Traditional Music	
Cloth Design	
Other? (WRITE IN)	
<b>Community Media</b>	
Town Announcers (Community Info Officers)	
Announcements and notices at Community Gathering Places: Churches, Mosques, Schools, Markets, Clubs, etc.	
Community-based PA Systems	
Community Radio	
Other? (WRITE IN)	
<b>MASS MEDIA: TV AND RADIO</b>	
TV and Radio Spots	
Mini-drama/ documentary	
Music Video and Song	
Documentary	
Serial Drama	
TV or Radio Quiz Game Show	
Full Length Movie	
Other? (WRITE IN)	

<b>MASS MEDIA: TV AND RADIO- Inserting Content on Existing Programmes</b>	
TV or Radio Talk Show	
Existing Dramas and Shows	
News Media	
Newspaper Advert	
Other? (WRITE IN)	
<b>MASS MEDIA: ICT</b>	
SMS Messaging- Targeted	
SMS Messaging- Blanket	
Web ads	
Dedicated Webpage	
Facebook Site	
Twitter	
YouTube	
Other? (WRITE IN)	
<b>PRINT MATERIAL- focused on conveying more detailed information</b>	
Leaflets, brochures, flyers	
Booklets	
Flipcharts	
Other? (WRITE IN)	
<b>"TOP OF MIND" PROMOTIONAL MATERIAL- "top-of-mind" awareness and reminders to support other activities that convey more message content.</b>	
Signboards, banners	
Posters	
T-shirts	
Faze caps, wrist bands, pens, bags, etc.	
Other? (WRITE IN)	
<b>POINT OF SERVICE/SALE (POS) MATERIAL- to be displayed at service facilities and sales points to prompt clients to seek a service or product</b>	
Posters	
Stickers	
Sign post	
Flex stands	
Badges	
Other? (WRITE IN)	
<b>JOB AIDS- materials to assist service providers to improve IPC quality</b>	
Flipcharts	
Counseling Cards	
Reference Posters	
Other? (WRITE IN)	

<b>TRAINING</b>	
<b>Training in the Use of Specific Materials</b>	
Training/Orientation in Use of Specific Communication Materials: (example: flipcharts, job aids, etc)	
Other? (WRITE IN)	
<b>Training in Communication Skill Areas</b>	
Interpersonal Counseling and Communication Skills (IPC/C) and/or Facilitation Skills	
Community Entry and Mobilisation Approaches	
Advocacy Skills	
Other? (WRITE IN)	
<b>Training in Communication Concepts, Processes and Approaches</b>	
Other? (WRITE IN)	
<b>ADVOCACY MATERIALS</b>	
Briefing Packets	
Presentations	
Meetings	
ADD TO LIST	
Other? (WRITE IN)	
<b>OTHER- Add other communication channels here (WRITE IN)</b>	

# **“ACT NOW” IMPLEMENTATION PLANNING GUIDE**





## “ACT NOW” IMPLEMENTATION PLANNING GUIDE

### Introduction

After having developed the “Think Big” Strategy, you will have generated a broad vision and list of potential activities to implement. Priorities will need to be identified now, to move beyond a wish list of activities towards doable actions. Priority setting can be a painful and difficult process because all of the issues are important. The challenge is that there are limited resources (financial, human, time, etc). Therefore, to make progress, we must make hard decisions on priorities so we can “Act Now” and get ACSM interventions implemented. While we cannot do everything all at once, it will be important to remember that activities can be implemented in phases. So that what we cannot do this year, can potentially be implemented in subsequent phases when resources are available.

#### **Priority Setting In Malaria Communication (ACSM): (Domains, Audiences, Activities and Messages)**

The first step in the “Act Now” guide is priority setting of domains, audiences, activities and messages in malaria communication.

#### **Domains and Audiences**

Given the current situation in your area, which of the domains (Individual/Community, Service or Advocacy) should be the major focus of activities during the initial phase of activities? This is where you will concentrate most of your resources during this phase. There will likely be interventions going on in all three domains, but you should prioritise one that will receive more effort during this phase.

Then, we need to look at the audience and activities at the same time to review the primary and secondary audiences selected in the Think Big Strategy for the chosen domain and, refine if necessary, to align it with the specific activity. In the current era of audience-centered communication,

the primary target audience is the “nucleus” around which all other key elements of any strategic communication intervention revolve. For each of the thematic areas of malaria control, the primary target audience should be carefully selected after audience analysis based on finding of relevant research. The nature of transmission of malaria has implications for audience behaviour change at the individual and community domains. For instance, if an individual family member sleeps under a LLIN every night and other members do not, then the entire family is at risk of malaria. The non-users of LLIN will provide blood meals for mosquitoes, thereby increasing the mosquito population and the risk of exposure to their bites. The factors and reasons for collective preventive action at the family level also apply at the community level, if the norm and culture of malaria prevention are to be established and maintained. As such, the individual, family and community are priority target audiences for malaria communication. At the socio-political domain, the advocacy efforts are targeted primarily at the policy makers and leaders who are directly in control of funds and other resources needed for malaria programme. However, the other important audiences for advocacy are those who can exert influence on the policy makers to take action.

#### **Activities and Channels**

The use of mutually reinforcing activities and multiple communication channels is important for a strategic communication intervention to be successful. Different activities/channels are better at conveying different types of content. For example, print materials are good at conveying detailed information, whereas music or drama is good at conveying emotion, social normative perceptions, etc. The communication channels reference sheet (CCRS) lists a broad number of possible channels and media, through which the target audience can be reached, and briefly describes each channel’s strengths and challenges. Ideally, we would implement many different types of activities and channels to support

each other. However, it is practically impossible to apply all relevant channels in a communication intervention, due to some constraints, including:

- Inadequate resources
- Limited budget
- Limited expertise and other related manpower issues
- Inadequate materials
- Limited time.

Amidst the ever-present challenge of inadequate resources, it is most important for programme planners to set priorities in the selection of multimedia, in order to achieve tangible outcomes. Some key considerations in setting priorities for multimedia include:

- The ability of a given media to convey the type of content needed to achieve the communication objectives.
- The media habits and preferred channels of the priority audience.
- The requirements, advantages and challenges related to the use of each medium.
- Information on the available budget for malaria SBCC/ACSM.
- The cost implications of the use of each medium, including cost of design, development, production, distribution and dissemination.
- Duration of the programme (programme life cycle).
- Documented commitment for co-funding by RBM partners.

### Messages

Messages in malaria communication are developed based on the consideration of the interplay of factors and influences around priority target audiences by each of the domains of malaria communication. Message content includes a number of different components. Usually, we think of message content as the information and ideas that we are trying to convey. While this is an important aspect of message content, other considerations also need to be included in the message, such as the tone (emotion, and feel), and unspoken communication, such as color, visual appeal, body language, gestures and the like. The priority messages should be developed based on current knowledge, attitudes, beliefs and current practices (KAPB) of the priority audiences as revealed by formative research, and the current facts on the cause, transmission and prevention of malaria. For each of the sub-thematic areas (LLIN, Case Management, MiP) and identified audience, the priority messages should address the belief and attitudes to promote, the basic facts and information to emphasize, and the key action and practices to promote. It is most important that the key messages

developed by professional should be pretested with representatives of the audiences and revised.

### The Activity Creative Brief

The Activity Creative Brief is a format that communication practitioners use to define and convey the specific objectives, audiences and elements of message content for a specific activity. The Activity Creative Brief is used to communicate what you want to creative personnel (graphic artists, writers, film producers, advertising agencies, community mobilisation specialists, etc) who will help determine how best to convey the messages to the intended audiences to meet the communication objectives. In effect, the “public health” personnel (you) will primarily determine the “what” of the content of the messages using the creative brief format. And the creative personnel will advise on “how” to convey the content of the messages most effectively for the audience using the various creative mediums such as graphics, visuals, language, writing, film, community engagement approaches and so on.

Because the type of activity will dictate the focus of the specific communication objectives and content, style and tone of messages, an Activity Creative Brief needs to be written for each activity. For instance, with TV and radio spots, say, it is best to focus on a limited number of messages so as to allow enough clarity, intensity and repetition of the message to have an impact on the audience. Whereas, at the community level, interventions require a broad spectrum of content to be able to respond to the variety of issues that will arise in the community, but the content of messages needs to be appropriate for the community agent to be able to use it effectively.

## “Act Now” Implementation Planning Guide

### 1. Prioritize Domains, Audiences and Activities:

Having developed the “Think Big Strategy,” the ACSM sub-committee should collectively identify which of the domains, audiences and activities listed in the strategy worksheets are the priority for the first phase of implementation. Practical considerations and strategic considerations should be weighed when prioritising.

Strategic questions that must be weighed include:

- Which of the domains and which audience(s) within the domain should be the priority at the current point in time. Which is the most urgent and important to focus on at this time?
- Which activities will contribute the most towards

achieving desired behaviour change in the priority audience NOW?

- Which audiences and activities can be addressed in subsequent phases of implementation?

Strategic considerations need to be balanced with practical considerations such as:

- Which of the audiences or activities do member organisations of the ACSM sub-committee or other organisations in your area have funding and human resources to start implementing NOW?
- Which of the activities can be quickly and easily implemented to create momentum from “quick, easy wins” while larger, more involved activities are being developed?

## **2. Identify the Lead Implementing Organisations for Each Priority Activity and Create a “Design Team”**

The lead implementing organisation (LIO) for the activity will lead the materials adaptation/development process for the specific activity. Depending on the nature of the activity, the lead implementing organisation may want to set up a small “Design Team” from two or three selected members of the ACSM sub-committee to be involved in the development process of draft materials. The LIO and/or the design team will seek inputs and review from ACSM sub-committee at key stages in the process. This approach will ensure that there is consensus by the ACSM sub-committee on the overall direction for the activity and it will give the entire committee opportunity for inputs to the content of the materials. At the same time, the LIO will provide leadership and day-to-day momentum to ensure satisfactory progress on the design and implementation of the activity.

### **2.1. Develop a Detailed Work Plan with Tasks, Responsible Party, Timelines and Budget Specified**

### **2.2 Write an Activity Brief for Each Priority Activity (See Activity Brief Template on page 100 and “The Activity Creative Brief” on the previous page)**

### **2.3. Identify and Select Creative and/or Specialist Personnel.**

It is often (though not always) most effective to identify and select the best creative or specialist personnel for a particular activity through a competitive process known as a “pitch.” The creative brief is provided to interested parties who have been identified as having credible skills and experience. They will then be given a specified amount of time to develop a pitch at which they will present their initial ideas and approaches that they would use. This way you will be able to determine the group or individual that has the best understanding and ability to deliver what you need. (See How to Work With an Advertising Agency on the CD-ROM for more details).

### **2.4. Material Development Process**

- Develop/adapt first draft of materials.
- Pre-test materials with the involvement of selected members of the ACSM sub-committee and revise as appropriate given pre-test findings.
- Revise and finalize materials with ACSM sub-committee.
- Print and produce materials.

For more details, see the CD-Rom.

### **Where is 2.5, 2.6, 2.7?**

### **2.8. Implement Activities (Disseminate, Train, Broadcast, Community Outreach, etc)**

### **2.9. Monitor Outputs and Evaluate Impact (see “Count It” Guide on page 101).**

<b>Activity Brief Template</b>
<b>Type of Material</b>
<b>INTENDED AUDIENCE:</b> Whom is the material designed/intended for?
<b>PURPOSE:</b> Why do we need this material?
<b>OBJECTIVES:</b> What are we asking the audience to do/think/feel?
<b>KEY BENEFITS:</b> What is the key promise to the target audience?
<b>CONTENT:</b>
<b>CHANNELS / LOCATION:</b>
<b>BRANDING AND CREDITS:</b>
<b>LANGUAGES AND LITERACY LEVEL:</b>
<b>PROPOSED FORMAT:</b>
<b>CREATIVE CONSIDERATIONS:</b>
<b>TONE:</b>
<b>FUNCTION:</b> How will this material be used?

# **“COUNT IT” MONITORING AND EVALUATION PLANNING GUIDE**



## “COUNT IT” MONITORING AND EVALUATION PLANNING GUIDE

Government, international and in-country partner organisations are demanding for evidence of interventions activities across all components in the malaria programme, including ACSM. The increasing demand for programme results calls for development of an M&E plan during the programme planning phase for ACSM activities and regular revisions of the plan based on evidence of progress and achievements.

The development of the malaria ACSM component requires all programme planners and implementers to have a good grasp of ACSM-M&E. It has become imperative to have a standardised matrix for reporting ACSM activities at the national, state and LGA levels to address the varying degrees of ambiguity in the type of activities to include in the ACSM M&E report. The matrix will also help to clarify the areas of ambiguities around M&E activities and information for ACSM.

The standardised matrix on Malaria ACSM M&E takes into consideration the current ACSM indicators in the NMSP and the RBM BCC M&E working group, at the national and international levels. Each indicator is defined to guide users on what the M&E focus should be for the indicator, and the possible sources of information (see table on page 102). Some of the indicators will require information that can be collected from reports of organised surveys, while other indicators will require information from internal reports from the NMEP, SMEP and other partners in the malaria programme.

The indicators and the source of information will to a large extent be reflected in the ACSM programme activities and the M&E plan. The development of the malaria ACSM- M&E plan at all levels is a major requirement for effective ACSM M&E machinery. Effective M&E machinery for malaria ACSM requires active collaboration among relevant sections and units of government and partners.

The machinery can be initiated and sustained when reports of the various organisations involved in the malaria programme are shared with the ACSM branch at NMEP, SMEP and LGA health department. The coordination forum such as the meeting of the malaria technical working groups (TWG) and the ACSM subcommittee at the NMEP and SMEP provide a good platform for sharing information that feeds into M&E reports for malaria.

The ACSM units at the national, state and LGA levels are responsible for providing information on each of the items on the M&E reporting format at their respective levels of the malaria programme. The M&E report for malaria ACSM is prepared every month and shared every quarter. The LGAs share the report with SMEP, the SMEP shares with the NMEP, while the NMEP shares with development partners and stakeholders.

### **NMSP 2014-2020 ACSM Targets (Section 4.3.4.6)**

1. To reach at 100 percent of Nigerians 5 years and older with sustained information, education and communication about prevention and management of malaria by 2020.
2. To advocate to at least 80 percent of targeted political leaders, policy-makers and the private sector leaders for adequate, timely and sustained funding of malaria control activities by 2020.
3. To ensure that at least 80 percent of individuals visiting health facilities receive information on malaria prevention and management by 2020.
4. To set up functional ACSM core group in all the states and the FCT by 2016.
5. To ensure that 80 percent of pregnant women and children under 5 years use of LLINs by 2018.

Although the ACSM M&E indicator definition matrix will guide thoughts and action on the reporting on the indicators, it is still very important to have a format to be used by various organisations to provide the needed information to be collated by the ACSM.

Two forms were developed to help collection and documentation ACSM data at the various levels. The monitoring form is titled “Count It: National Malaria ACSM Output Monitoring Reporting Form.” The form is to help officers at all levels of ACSM implementation to compile data on the output indicators as contained in the NMSP, 2014. The evaluation form is titled “Measure It: National Malaria

ACSM Outcome Reporting Format.” The form is to help officers at all levels of ACSM implementation with the type of information required regarding the ACSM outcome indicators. The ACSM branch/unit is responsible for compiling and using the M&E information to provide regular status update on ACSM activities at their respective levels of the national programme.

<b>MONITORING MATRIX ON MALARIA ACSM</b>				
PROCESS AND OUTPUT INDICATOR DEFINITIONS AND SOURCE OF DATA				
	<b>Indicators</b>	<b>Description of what to report</b>	<b>Possible Sources of Data</b>	<b>Comments/Remarks</b>
<b>1. Community and Interpersonal Outreach Activities</b>				
1.1	# of communities reached (NMSP)	How many communities were reached with malaria messages on LLIN, IPTp, Case Management, IRS and Cross-Cutting Issues during the reporting period?	Report of government and/or partner organisations.	
1.2	# of community outreach events (NMSP & RBM)	How many community outreach events on LLIN, IPTp Case Management, IRS and Cross-Cutting Issues were conducted during the reporting period?	Report of government and/or partner organisations.	
1.3	# of key messages delivered through community outreach/mobilisation (NMSP)	How many key messages delivered through community outreach/mobilisation on LLIN, IPTp, Case Management, IRS and Cross-Cutting Issues were delivered during the reporting period?	Report of government and/or partner organisations.	
1.4	# of teachers/religious/community leaders with capacity built on IPC on malaria (NMSP)	How many teachers'/religious/community leaders' whose capacity were built through IPC training, equipment and supplies during the reporting period?	Report of government and/or partner organisations.	
1.5	# of community health agents with capacity built on IPC on malaria by gender (NMSP & RBM)	How many community health agents' capacity were built (by gender) through IPC training, equipment and supplies during the reporting period?	Report of government and/or partner organisations.	
1.6	# of people reached through community and interpersonal outreach by gender (NMSP & RBM)	How many people were reached through community and interpersonal outreach (by gender) during the reporting period?	Report of government and/or partner organisations.	
<b>2. Mass Media and Print Materials</b>				
2.1	# of Print Materials Distributed (NMSP & RBM)	How many of IEC print materials on malaria prevention and treatments were distributed during the reporting period?	Report of Government and/or partner organisations on type and quantity of malaria IEC materials distributed.	Note: IEC print materials include posters, leaflets, wall chart, cartoons, booklets, pamphlets, book dividers etc



2.2	# of TV spots broadcast (NMSP & RBM)	How many of TV short messages (spots) and announcement on malaria BCC were aired during the reporting period?	Report of government and/or partner organisations. Report of monitoring of airing of TV spots and announcements.	
2.3	# of radio spots broadcast (NMSP & RBM)	How many of radio short messages (spots) and announcement on malaria BCC were aired during the reporting period?	Report of government and/or partner organisations. Report of monitoring of airing of radio spots and announcements.	
2.4	# of other print and media materials broadcast/distribute Specify _____	How many other BCC materials (by type) in print and electronic format were broadcast/ distributed during the reporting period?	Report of government and/or partner organisations.	Note: IEC print materials include posters, leaflets wall charts, cartoons, booklets, pamphlets, book dividers, etc
2.5	# of key messages delivered through mass media and print (NMSP)	How many key malaria BCC messages on desired knowledge, attitudes, beliefs, and practice regarding LLIN, IPTp, IRS and Case Management were disseminated through electronic (mass media) and print format during the reporting period?	Report of government and/or partner organisations.	
2.6	# of people reached with malaria messages through mass media	How many people (by gender) were reached with malaria prevention and treatment messages disseminated through the mass media during the reporting period?	*Report of government and/or partner organisations. Report of surveys, as relevant.	
<b>3. Communication in Service Delivery Facilities</b>				
3.1	# of job aides materials distributed to health facilities (NMSP & RBM)	Number of job aids on malaria service delivery distributed to health facilities during the reporting period.	Report of government and partner organisations.	
3.2	# of health workers with capacity built on IPC on malaria (NMSP)	How many health workers' whose capacity on malaria IPC was built through training, coaching/ mentoring, on the job supervision, equipment's and supplies during the reporting period?	Report of government and partner organisations.	
3.3	# of health workers conducting malaria IPC correctly (NMSP)	How many health workers' conducted malaria IPC (talks, counselling sessions) use of BCC materials) at health facilities and community level during the reporting period?	Report of government and partner organisations.	
3.4	# of key messages delivered at health facilities	How many key malaria BCC messages on desired knowledge, attitudes, beliefs, and practice regarding LLIN, IPTp, IRS and Case Management were delivered at health facilities during the reporting period?	Report of government and partner organisations.	

<b>4. Advocacy Activities</b>				
4.1	# of advocacy events/ meetings	How many events/meetings that will directly or indirectly lead to additional resources (fund, materials, staff and commitment) for malaria prevention and control, were conducted during the reporting period?	Report of government and partner organisations.	
4.2	# of policy makers reached (NMSP)	How many policy makers (executive and legislators) were reached with advocacy messages on commitment and resource allocations to malaria control during the reporting period?	Report of government and partner organisations.	
4.3	# of community leaders reached (NMSP)	How many community leaders were reached with advocacy messages on commitment and resource allocations to malaria control during the reporting period?	Report of government and partner organisations.	
4.4	# of states that establish functional state, LGA and ward ACSM core groups	How many states have a functional State, LGA and/or Ward ACSM Core Groups that meet regularly?	Report of government and partner organisations.	

<b>COUNT IT: National Malaria ACSM Output Monitoring Reporting Format</b>	
<b>Name of Organisation:</b>  <b>Date of Submission of Report: DD/MM/YY:</b> _____	<b>Reporting Period:</b> ____/____/____ (DD/MM/YY) to ____/____/____ (DD/MM/YY)
<b>Level: Federal ( ) State ( ) LGA ( )</b> <b>Name of State or LGA:</b> _____	<b>Sector: Public ( ) Private ( ) NGO ( )</b> <b>International ( )</b>
<b>Name and Designation of Reporting Officer:</b> <b>Phone Number:</b> _____ <b>Email:</b> _____	

<b>1. Community and Interpersonal Outreach Activities</b>						
<b>Number of Communities, Events and Key Messages by Topic:</b>						
	Basic Malaria Knowledge	LLINs	Testing & Treatment	Malaria in Pregnancy	Other	TOTAL
# of communities reached (NMSP)						
# of community outreach events (NMSP & RBM)						
# of key messages delivered through community outreach/mobilisation (NMSP)						
<b>Number of People Trained by Topic:</b>						
# of teachers/religious/community leaders with capacity built on IPC on malaria (NMSP)						
# of community health agents with capacity built on IPC on malaria by gender (NMSP & RBM)	M:					
	F:					
Total (NMSP & RBM)						
<b>Number of People Reached Through Community Outreach and Interpersonal/Social Mobilisation by Topic:</b>						
# of people reached through community and interpersonal outreach by gender (NMSP & RBM)	M:					
	F:					
Total (NMSP & RBM)						
<b>2. Mass Media and Print Materials</b>						
<b>Number of Media Broadcast and Print Materials Distributed by Topic:</b>						
	Basic Malaria Knowledge	LLINs	Testing & Treatment	Malaria in Pregnancy	Other	TOTAL
# of print materials distributed (NMSP & RBM)						
# of TV spots broadcast (NMSP & RBM)						

# of radio spots broadcast (NMSP & RBM)						
# of other materials broadcast/distributed; Specify: _____						
# of key messages delivered through mass media and print (NMSP)						
<b>Number of People Reached Through Mass Media and Print by Topic:</b>						
Females (NMSP & RBM)						
Males (NMSP & RBM)						
Total (NMSP & RBM)						
<b>3. Communication in Service Delivery Facilities</b>						
<b>Number of Job Aides, Print Materials Distributed and Health Workers Trained on Malaria IPC by Topic:</b>						
	Basic Malaria Knowledge	LLINs	Testing & Treatment	Malaria in Pregnancy	Other	TOTAL
# of job aides/print materials distributed to health facilities (NMSP & RBM)						
# of health workers with capacity built on IPC on malaria (NMSP)						
# of health workers conducting malaria IPC correctly (NMSP)						
# of key messages delivered at health facilities						
<b>Number of People Reached Through Facility-Based IPC on Malaria by Topic:</b>						
Females (NMSP & RBM)						
Males (NMSP & RBM)						
Total (NMSP & RBM)						
<b>4. Advocacy Activities</b>						
<b>Number of Advocacy Events/Meetings and Leaders Reached with Malaria Advocacy Messages:</b>						
	Basic Malaria Knowledge	LLINs	Testing & Treatment	Malaria in Pregnancy	Other	TOTAL
# of advocacy events/meetings						
# of policy makers reached (NMSP)						
# of community leaders reached (NMSP)						
# of policy pronouncements in support of malaria control/elimination activities (NMSP)						

<b>MEASURE IMPACT: National Malaria ACSM Outcome Reporting Format</b>	
<b>Name of Organisation:</b>  <b>Date of Submission of Report: DD/MM/YY:</b> _____	<b>Reporting Period:</b> ____/____/____ (DD/MM/YY) to ____/____/____ (DD/MM/YY)
<b>Level: Federal ( ) State ( ) LGA ( )</b> <b>Name of State or LGA:</b> _____	<b>Sector: Public ( ) Private ( ) NGO ( )</b> <b>International ( )</b>
<b>Name and Designation of Reporting Officer:</b> <b>Phone Number:</b> _____ <b>Email:</b> _____	

<b>1. Individual/Community Domain</b>						
<b>Reach/Exposure</b>						
	Male (18 & above)	Female (18 & above)	Heads of Household	Caregiver of children younger than 5 years	Pregnant Women	TOTAL
1. Proportion of the target population reached with mass media activities about malaria prevention and management. (NMSP)						
2. Proportion of the target population reached through facilities-based IPC with IECs on malaria prevention and management (NMSP)						
3. Proportion of people who recall hearing or seeing any malaria message within the last six months. (Int. RBM & PMI)						
<b>2. Knowledge and Awareness</b>						
	Male (18 & above)	Female (18 & above)	Heads of Household	Caregiver of children younger than 5 years	Pregnant Women	TOTAL
4. Proportion of the target population who can mention one core intervention in malaria prevention or management. (NMSP)						
5. Proportion of the target population who know at least one sign and symptom of malaria. (NMSP)						
6. Proportion of people who name mosquitoes as the cause of malaria. (Int. RBM & PMI)						

7. Proportion of people who know the main symptom of malaria. (Int. RBM & PMI & NMSP)						
8. Proportion of people who know the treatment for malaria. (Int. RBM & PMI)						
9. Proportion of people who know preventive measures for malaria. (Int. RBM & PMI)						
<b>3. Risk Perception</b>						
	Male (18 & above)	Female (18 & above)	Heads of Household	Caregiver of children younger than 5 years	Pregnant Women	TOTAL
10. Proportion of people who perceive they are at risk from malaria. (RBM)						
11. Proportion of people who feel that consequences of malaria are serious. (RBM)						
<b>Efficacy/Confidence</b>						
12. Proportion of people who believe that the recommended practice or product will reduce their risk. (RBM)						
13. Proportion of people who are confident in their ability to perform a specific malaria-related behaviour. (RBM)						
<b>Norms and Attitudes</b>						
14. Proportion of people with a favorable attitude toward the product, practice or service. (RBM)						
15. Proportion of people who believe the majority of their friends and community members currently practice the behaviour. (RBM)						

<b>4. Demand and Behaviours</b>						
	Male (18 & above)	Female (18 & above)	Heads of Household	Caregiver of children younger than 5 years	Pregnant Women	TOTAL
16. Proportion of persons with fever who go to a healthcare giver/provider for diagnosis and treatment within 24 hours. (NMSP)						
17. Proportion of persons who have ITNs and sleep inside them. (NMSP)						
18. Percentage increase in number of individuals/communities demanding for malaria control services in health facilities due to ACSM activities in their communities. (NMSP)						
19. Proportion of population that slept under an ITN the previous night. (RBM)						
20. Proportion of women who received three or more doses of IPTp during ANC visits during their last pregnancy. (RBM)						
21. Proportion of children under five years old with fever in the last two weeks for whom advice or treatment was sought. (RBM)						
<b>5. Communication in Malaria Service Delivery Domain</b>						
	Community- Based Health Workers (CHEWs)	(PMVs)	Clinic-Based Health Workers	Community Volunteers	Others	
22. Proportion of trained health workers who use malaria job aides distributed to health facilities. (NMSP & RBM)						
23. Proportion of health workers with capacity built on malaria IPC actively engaged in malaria BCC messages delivery. (NMSP)						

24. Proportion of health workers conducting malaria IPC correctly. (NMSP)						
25. Proportion of health workers who test cases of fever before treatment with appropriate medicine. (NMSP)						
26. Number of pregnant women who attend one, two, three or four ANC visits and demand SP at each.						
<b>6. Advocacy Domain</b>						
	National Level	State Level	LGA Level	Private Sector	Others	
27. Number of policy-pronouncements in support of malaria control/ elimination activities. (NMSP)						
28. Number of new policies made and implemented. (NMSP)						
29. Proportion of overall malaria control/ elimination budget funded by government and the private sector. (NMSP)						
30. Proportion of overall malaria control/ elimination budget funded by development partners. (NMSP)						



**APPENDIX I:  
NATIONAL MALARIA STRATEGIC PLAN  
2014-2020**

**Collated ACSM-Relevant Sections Only**



## APPENDIX I: NATIONAL MALARIA STRATEGIC PLAN 2014-2020

### Vision, Mission, Goal and Objectives

**At least 80 percent of the population practices appropriate malaria prevention and management by 2020:** Evidence-based innovative behavioural change communication messages delivered through multiple platforms and targeting both health workers and the general public will drive the efforts at pursuing the attainment of this objective. There will be advocacy to policy makers and stakeholders while social mobilisation will be highly promoted.

### Current Situation of Malaria Control Programme

#### Advocacy, Communication and Social Mobilisation (ACSM)

A four-year National ACSM Strategic Framework and Implementation Plan (ACSM-SF&IP) was developed in June 2010 to drive the implementation of the ACSM component of the NMSP 2009-2013. Sixteen States of the Federation have since adapted the ACSM-SF&IP to their specific needs. Each of the 16 states has also constituted all stakeholders in malaria communication into an ACSM Core Group that is responsible for planning, implementing and evaluating state-based ACSM activities.

#### Communication and Social Mobilisation

Through community mobilisation and use of IEC materials, ACSM contributed significantly to the successful distribution of about 60million LLINs during the LLIN campaigns of 2009 to 2013. The campaigns were bolstered by with the strategic production, distribution and deployment of IEC materials and innovative and entertaining community mobilisation activities that were developed and adapted by the states, guided in some cases by the ACSM-SF&IP.



#### Advocacy

Counterpart funding for net distribution was successfully leveraged from a couple of States during the LLIN campaigns, as a result of advocacy events by NMEP. Advocacy kits were developed and deployed by NMEP to promote adequate and timely release of funds and equitable deployment of health providers to rural and hard to reach places for malaria control activities.

#### Challenges

Several challenges limited the ability of the ACSM component of NMSP 2009–2013 to deliver to capacity. The challenges include the following:

- Most of the ACSM implementation successes were scored with the significant support from donor agencies and bilateral and multilateral Implementation Partners.
- More than half of the states and all the 774 LGAs and wards still do not have ACSM Core Groups and have not articulated their individual strategic frameworks and implementation plans.
- The current National ACSM-SF&IP is due for review in 2013.
- Implementation of ACSM activities was largely not strategic and not backed up with operational plan, targeted and pretested communication materials, inadequately conceptualized annual operational plans, limited budgets and inadequate skilled advocates and communicators.

## Priority Action Points for 2014-2020 NMSP

### ACSM

1. Urgently develop, adapt and disseminate evidence-based IEC/BCC materials for all major interventions to all health facilities.
2. Evolve a mechanism for verifiable federal support to states in the development of costed Annual Operational Plans.
3. State Malaria Programme to ensure, monitor and report on proper implementation of developed AOPs.
4. Resource mobilisation for Malaria Elimination Programmes and ACSM activities in particular.
5. Development and integration of ACSM related indicators to national HMIS.
6. Capacity development in ACSM for focal persons.
7. Identification and engagement of Malaria Control Advocates/Ambassadors.
8. Conduct In-depth qualitative studies and operational research for ACSM.

## Strategic Plan 2014–2020

At least 80 percent of targeted populations utilize appropriate preventive measures by 2020.

### Strategies and Actions

#### Overview

To drive these strategies, a host of cross-cutting actions will be involved. These includes vibrant ACSM, quantification of commodities based on up to date real time data, procurement and supply chain management, including commodity tracking.

#### Strategy 5: Implement seasonal malaria chemoprevention (SMC) in Nine Sahel States

- **Advocacy:** Conduct advocacy, stakeholder engagement and sensitization at state, LGA and community levels.
- **Mobilisation:** Print and disseminate suitable and culturally-sensitive BCC materials through recognised communication channels.

#### Strategy 4: Implement a comprehensive national strategy for effective participation of the private sector in malaria case management

- **Advocacy:** Advocacy to the ban and de-registration of ineffective anti-malarials.

#### Strategy 5: Scale up community case management of malaria as a component of integrated community case management (iCCM)

1. **Create demand for iCCM services and induce** positive health-seeking behaviour by

implementing strong advocacy, communication and sensitization strategy.

2. **Undertake advocacy** at Federal, State and LGA levels to mobilize resources for iCCM.

**OBJECTIVE 4:** At least 80 percent of the population practice appropriate malaria prevention and management by 2020.

Social and behaviour change communication will be driven by the understanding of changing paradigms that emphasize engagement with various participant groups and deepened empowerment of households and communities to adopt appropriate behaviours. To this end, ACSM activities will seek to reduce malaria morbidity and related mortality through advocacy, communication and social mobilisation by motivating every Nigerian to take recommended actions to fund, prevent, diagnose and treat, control and eventually eliminate the disease. The implementation of the malaria communication programme interventions will be measured as they occur through process and output indicators. The outcomes of the interventions will also be assessed to determine the contribution of the ACSM strategy to the overall goal of the NMSP 2014–2020. The following are the core strategies for this objective:

#### Strategy 1: Maintain high knowledge of malaria prevention and treatment practices

The level of awareness currently stands at 94percent. ACSM interventions will aim to sustain the high level of awareness and nudge it to 100 percent by 2020.

- **Engage community leaders and member through social mobilisation:** a mix of approaches and platforms, including community traditional structures and systems will be adopted to promote and sustain knowledge and understanding, and build consensus on moving toward practice.
- **Mobilise communities:** To participate in the planning, implementation and evaluation of malaria control initiatives to facilitate ownership of malaria control and prevention programmes.

#### Strategy 2: Scale-up demand for malaria prevention and management services

- **Conduct survey on health seeking behaviour:** To identify level and determinants of the use of preventive and management commodities/ services. This will guide development of appropriate messages.
- **Put in place system for monitoring the trend in relation to malaria knowledge, attitude and practises.** This will help to monitor behaviour of the population on a continuous basis and adjusting the communication strategies to address emerging issues.

- **Develop and deploy IECs materials (print and electronic):** This will focus on creating SBCC. Nigeria will adopt the SBCC approach targeted at social, individual and environmental and health systems levels through promotion of a supportive society at family, community, state and federal levels. Communication materials on malaria will be developed or updated in alignment with the Communication Pathways Model of strategic communication for behaviour change, namely: (i) at the policy level to create enabling environments; (ii) at the health systems level to improve services; (iii) at the community levels to mobilize and strengthen community capacity and change social norms; and (iv) at the level of engaging the individual and households for behaviour change. The most effective ways of creating demand to sensitize the general population through music, drama, sports, competitions etc. will be explored. The motivation will be for patients to insist on a test before using ACTs, whether they are in health facilities or medicine stores.
- **Create demand for use of diagnostic and treatment commodities health workers.** NMEP and the Partners are to develop an effective strategy to sensitise high-level professionals, such as the Paediatric Association of Nigeria Conference (PANCONF), Medical Laboratory Science Council of Nigeria (MLSCN); Medical and Dental Consultants Association of Nigeria (MDCAN), Nigerian Medical Association (NMA), National Nursing Council, Pharmacy Council of Nigeria/Pharmaceutical Association of Nigeria and through annual/clinical meetings (chart reviews, morbidity and mortality meetings), Continuing Medical Education/Continuing Professional Development sessions, etc.
- **Conduct community mobilisation:** Focused household visits, community dialogue forums and other social mobilisation interventions will be deployed to boost LLIN use, IPTp and IVM uptake among other interventions, and track the redemption of policy and resource commitments to effective service delivery in communities. There will also be strategic engagement of school pupils and targeted gatekeepers to champion malaria intervention messages at home and among peers. Social mobilisation and peer mentoring techniques will also be used to facilitate integration of malaria talking points into the activities of the clergy, community leaders and the heads of primary and secondary schools, transport unions and similar organisations.

*Strategy 3: Enhance political will and enabling environment for malaria control/elimination activities*

- **Develop advocacy materials for briefing of various stakeholders and policy makers:** A structure briefing material will be developed to guide advocacy efforts by different teams at different levels.
- **Conduct advocacy visits:** Strategic and sustained advocacy events will target political leaders, policy-makers and the private sector for appropriate policies and adequate, timely and sustained funding of malaria control/elimination activities. Advocacy materials will be developed, pretested, finalized, produced and distributed to trained advocates for use. The advocacy process will follow the A-Frame for Advocacy, which begins with analysis, strategy and mobilisation, and ends with action, evaluation and continuity.

*Strategy 4: Scale-up facilities-based dissemination of appropriate information for malaria prevention and management practices*

- **Develop talking points and other materials for interpersonal communication and counselling at the work place.** Review of the HSB survey conducted in Strategy 2 will show health and non-health facilities-based barriers to (and opportunities for) behaviour change for improved access to malaria prevention, diagnosis, treatment (and elimination) services. This information will be used to develop job aids, talking points and other materials for IPCC.
- **Distribute IPCC materials to health facilities.**
- **Build capacity of the health workers on use of the IPCC materials:** Additional core action here will include building the capacity of health providers, teachers, community and religious leaders for the routine use of IPCC and job aids to integrate malaria information into the primary health/education/religious services they offer routinely to their clients. Respect for client's rights will be emphasized in the process.

*Strategy 5: Improve ACSM coordination at all levels*

This plan will focus on improving ACSM coordination at Federal, State and LGA levels and among partners in order to ensure that government and partners use strategic communication approaches to plan, implement and evaluate malaria interventions.

- **Develop a National ACSM framework.** This will contain information about the strategic interventions, key messages and communications approaches to guide ACSM implementation at all levels.

- **Set up ACSM core groups in states:** Every state will be assisted by the NMEP and partners to set up an ACSM Core Group. NMEP will work through the Core Groups (consisting of all public, private, NGO and CBO malaria stakeholders) to adapt the Federal level malaria communication policies, guidelines, plans and materials, etc., to state, LGA and ward needs.
- **Train ACSM core group members** to effectively deliver on their expected outputs to the nation.
- **Conduct monthly tracking meetings:** The Core Groups will also serve as appropriate channels for tracking all ACSM activities through monthly meetings and reporting mechanisms put in place by M&E. As an integral part of the 'LGA RBM Monthly Meeting' coordinated by each state RBM manager, the ACSM Core Groups will bridge the gap in the monitoring and evaluation of malaria ACSM activities in the LGAs and wards.

#### ACSM Targets

1. To reach 100 percent of Nigerians 5 years and older with sustained information, education and communication about prevention and management of malaria by 2020.
2. To advocate to at least 80 percent of targeted political leaders, policy-makers and the private sector leaders for adequate, timely and sustained funding of malaria control activities by 2020.
3. To ensure that at least 80 percent of individuals visiting health facilities receive information for malaria prevention and management by 2020.
4. To set up functional ACSM core group in all the states and the FCT by 2016.
5. To ensure that 80 percent of pregnant women and children under 5 years use of LLINs by 2018.

#### Indicators

- Proportion of the target population reached with mass media activities about malaria prevention and management.
- Number of communities reached with sustained social mobilisation/outreach activities.
- Proportion of the target population reached through facilities-based IPC with IECs on malaria prevention and management.
- Proportion of the target population who can mention one core intervention in malaria prevention or management.
- Proportion of the target population who know at least one sign and symptom of malaria.
- Proportion of persons with fever who go to a healthcare giver/provider for diagnosis and treatment within 24 hours.
- Proportion of persons who have ITNs and sleep inside them.
- Proportion of teachers/religious leaders/community leaders with capacity built on IPC on malaria prevention and client's rights.
- Proportion of teachers/religious leaders/community leaders with capacity built on IPC on malaria prevention that use the skills every time.
- Proportion of health workers with capacity built on IPC on malaria prevention, diagnosis and treatment and client's rights.
- Proportion of health workers who test cases of fever before treatment with appropriate medicine.
- Percentage of in trained health workers conducting malaria prevention IPC as per training.
- Percentage increase in number of individuals/communities demanding for malaria control services in health facilities due to ACSM activities in their communities.
- Number of target populations (political leaders, policy makers, private sector) reached with sustained advocacy for policy, funding and other resources for malaria control.
- Number of policy pronouncements in support of malaria control/elimination activities.
- Number of new policies made and implemented.
- Proportion of overall malaria control/elimination budget funded by government and the private sector.
- Proportion of overall malaria control/elimination budget funded by development partners.
- Number of states that establish functional state, LGA and ward ACSM Core Groups.
- Number of states that have state-specific ACSM Strategic Framework and Implementation Plan and use it for all ACSM Interventions.
- Proportion of the target population reached through schools, faith based organisations and CDCs with IECs on malaria prevention and management.

#### Strategy 3: Strengthen human resources for monitoring and evaluation for ATM

Advocacy for M&E staff recruitment: States and LGAs will be encouraged to recruit more medical records officers to attain the gold standard of at least one medical records officer per health facility.

## Logical Framework Matrix

OBJECTIVE 4: At least 80 percent of the population practice appropriate malaria prevention and management by 2020								
1: Maintain high knowledge of malaria prevention and treatment practices.	Mobilise communities to participate in the planning, implementation and evaluation of malaria control initiatives to facilitate ownership.	x	x	x	x	x	x	x
	Engage community leaders and members using a variety of platforms.	x	x	x	x	x	x	x
2: Scale up demand for malaria prevention and management services	Conduct survey on health seeking behaviour in relation to use of preventive and management commodities/services.	x			x			x
	Develop, pretest and deploy IECs materials for mass media (print and electronic) to generate demand and promote use of preventive, diagnostic and treatment commodities and services by members of the public.	x	x	x	x	x	x	x
	Deploy targeted communication to promote use of diagnostic and treatment commodities by health workers through various health professional associations.	x	x	x	x	x	x	x
	Conduct community mobilisation through focused household visits, community dialogue forums, engagement of school pupils and targeted gatekeepers to champion malaria intervention messages at home and among peers.	x	x	x	x	x	x	x
3: Enhance political will and enabling environment for malaria control/elimination activities	Develop advocacy materials for briefing of various stakeholders and policy makers.	x	x	x	x	x	x	x
	Conduct advocacy visits: strategic and sustained advocacy events will target political leaders, policy-makers and the private sector.	x	x	x	x	x	x	x
	Designate Malaria Elimination Ambassadors.	x	x	x	x	x	x	x
4: Scale up facilities-based dissemination of appropriate information for malaria prevention and management practices	Develop talking points and other materials for IPCC at the work place.	x	x	x	x	x	x	x
	Distribute IPCC materials to health facilities.	x	x	x	x	x	x	x
	Build capacity of the health workers and other institutional leaders on use of the IPCC materials at health/educational/religious facilities.	x	x	x	x	x	x	x
5: Strengthen ACSM coordination at all levels	Set up ACSM core groups in states: Every state will be assisted by the NMEP and partners to set up an ACSM Core Group.	x	x	x	x	x	x	x
	Conduct monthly tracking meetings for all ACSM activities and for M&E.	x	x	x	x	x	x	x

**SWOT Analysis of NMSP 2009-2013**

The strengths, weaknesses, opportunities and threats identified are summarized in the tables below.

**Table: SWOT Analysis of Past ACSM Interventions in Malaria Control**

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• There is a national malaria policy, currently under review (policy support for malaria control exists).</li> <li>• Existence of a coordination mechanism.</li> <li>• Existence of a structure for ACSM activities (strategic framework).</li> <li>• Existence of malaria control champions.</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate number of skilled staff in ACSM.</li> <li>• Generally no costed AOPs available at the state and LGA levels.</li> <li>• Limited availability of IEC/BCC materials.</li> <li>• Limited utilization of IEC/BCC materials in facilities.</li> <li>• Inadequate funding of ACSM activities.</li> <li>• Inadequate operational research.</li> <li>• Weak, non-strategic and inconsistent advocacy engagement with the health promotion division of the Federal Ministry of Health.</li> <li>• No tracking mechanism for process level indicators. Inadequate media engagement strategy for tracking and reporting ACSM activities nationwide.</li> <li>• Inadequate M&amp;E of ACSM activities.</li> <li>• Inadequate partner coordination for tracking ACSM activities nationwide.</li> <li>• Inadequate articulation of ACSM in NMSP.</li> <li>• ACSM activities are traditionally few and far between rather than routine and sustained.</li> <li>• Persistent non-strategic planning, implementation and monitoring of ACSM activities due to inadequate participation of ACSM officials in decision-making.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Increased awareness of malaria as a problem.</li> <li>• Growing investments national health system strengthening.</li> <li>• Involvement of the private sector.</li> <li>• GSM: Text messaging or some other innovative use of it.</li> <li>• Existence of new and social media.</li> <li>• Increasingly supportive media outlets.</li> <li>• Government's expressed commitment.</li> <li>• Malaria control has a budget line support.</li> </ul>	<ul style="list-style-type: none"> <li>• High reliance on donor funding/perennial donor dependence.</li> <li>• Donor fatigue and expectations of dwindling donor funds in the future.</li> <li>• Inadequate IPC skills coupled with low adherence to client's rights leading to gap between health workers knowledge and practice in service delivery.</li> <li>• Inadequate budget for malaria control activities.</li> <li>• Untimely release of budgeted funds for malaria control activities.</li> </ul>

**Programmatic Gap Analysis for NMSP****Table: Programmatic Gap Analysis**

ACSM								
Total Estimated Costs	1,241,395	1,303,464	1,368,638	1,437,070				
Available Fund	0	0	0	0				
Funding Gap	1,241,395	1,303,464	1,368,638	1,437,070				





