Advocacy, Communication and Social mobilisation Action Plan for Malaria Elimination in Swaziland

2015-2017

1. INTRODUCTION.

One of the major challenges for malaria elimination is finding effective ways to encourage new behaviours and achieve behavioural results. An approach known as COMBI (Communication-for-Behavioural-Impact) can be used in the design and implementation of Advocacy, Communication and Social mobilization plans for the adoption of healthy behaviours. COMBI is social mobilization directed at the task of mobilizing all societal and personal influences on an individual and family to prompt individual and family action. It can be used to improve adoption and maintenance of malaria preventative behaviours, malaria case detection, integrated vector control; empowering people affected by malaria and mobilising political commitment and resources for malaria elimination.

Background

Knowledge about malaria is high but this is not translating into desired behaviour. It is important to note that despite growing levels of knowledge and awareness about malaria, many people are still not changing behaviour. Changing people's knowledge and raising awareness by bombarding them with clinical and epidemiological facts in itself is not enough to change people's behaviour.

The foundation for having people adopt healthy behaviours is knowledge; however an informed and educated individual is not necessarily a behaviourally responsive individual. Despite people's conviction about a course of action, they often need prompts and triggers which move them forward to adopting and maintaining healthy behaviours. All of us often need a trivial incentive to do the right thing. Communication programmes for behavioural impact will need both to engage individuals in examining recommended behaviours and also offer the incentives and tugs to action. The leap into behavioural responsiveness requires the application of knowledge. It calls for engaging people, through a deliberate process of behaviourally-focused social mobilization and communication, in reflecting on acquired knowledge in relation to personal benefits, societal norms and influences and prompting consideration of action on the basis of this engaged reflection. This is the key mission as we aim for the practice of healthy behaviours in eliminating malaria.

Unfortunately, people do not change behaviour all of a sudden and remain "changed" from that moment onwards. Instead, people move through subtle stages. The adoption of new or recommended behaviours can be illustrated by a simple model, known as HIC-DARM. The model, based on traditional behaviour adoption theory and practice, describes the process by which individuals accept and maintain any new behaviour, such as sleeping under a bed net.

First, people **H**ear about malaria, its cause and its solution (take chemoprophylaxis when travelling to malaria endemic areas); then, they become **I**nformed about the disease, its cause and solution. Later, they become **C**onvinced that the solution is worthwhile adopting and **D**ecide to do something about their conviction, and take **A**ction on the new behaviour. They then await **R**econfirmation that their action was a good one and if all is well, they **M**aintain the behaviour.

For malaria elimination, the ultimate goal is the M or "Maintenance" of behaviour and this requires a strategic and smooth movement through the entire process of HIC-DARM. The principles of HIC-DARM apply to audiences at all levels **–** the behaviours of community leaders, businesses, private physicians, and government authorities, not just the behaviours of potential malaria patients.

Behavioural responses emerge only after people are engaged in a communication process that facilitates their understanding of a recommended behaviour and allows them to weigh its merits and value in relation to the cost and effort involved in putting it into practice.

Desired Behaviours

The desired behaviours for malaria elimination are as outlined in the Table 1.

Strategy	Desired behaviours	Outcome
Advocacy	• Government maintains malaria elimination a high priority • Government and other stakeholders provide quality malaria elimination services • Government ensures adequate supplies • Community leaders and community based organization leadership (NGOs & FBOs) ensures acceptance of malaria elimination services and interventions •	Number of cases drop long term

Communication	• Community members learn about malaria symptoms, transmission and treatment • Government and communities team up to eliminate malaria • Health workers , communities and individuals team up to detect potential cases and diagnose correctly • Health workers, communities and individuals team up to encourage basic malaria prevention behaviours. • Media disseminates information on malaria elimination practices	Number of malaria free Communities increases STOP MALARIA
Social mobilization	• Community members accept, utilize and work with Government to eliminate malaria in the community • Travelers takes take prophylaxis appropriately before travel and People with symptoms seek health care early • Communities allocate resources and create appropriate environmental management to eliminate malaria in the community • Government, community and households integrate into culture appropriate health values and practices • Community buzz about malaria elimination	WHO Certification

Audience segmentation

A thorough stakeholder and audience analysis is crucial before thinking of communication strategies or messages. The audience can be grouped based on whether or not they support malaria elimination as well as how much energy they put in supporting or opposing malaria elimination interventions. The audience can therefore be grouped into 4 categories namely Blockers (Active Resisters); Avoiders (Passive resistors); Silent Boasters (Passive supporters) and Champions (Active supporters) as indicated in the Table 2

Blockers (Active resisters)	Champions (Active supporters)
• Traditional healers • Health services' refusal groups	• Community based volunteers (RHM's) • Health care workers • Community leaders • Journalists and Media • Politicians • Scholars and teachers • Points' of entry and exit immigration officers • VET officers • Clearing agents • Faith Based Organisations • Agriculture and Water Development Agencies
Avoiders (Passive resisters)	**Silent Boosters (Passive supporters)**
• Immediate family members • Construction companies • Transport Operators	• Schools grounds' men • Street vendors • SEA • Emaphoyisa emmango

For each target group, it is important to think about what their needs, wants and concerns are. How can they be reached? What languages and levels of complexity of messages will best suit them? What channels can best reach them? How can messages be made more compelling for audiences?

Some of the strategies for communicating with each target group are outlined in Table 3

	Support malaria elimination Activities	Energy Invested	Communications strategy
Champions	Yes	Support publicly/ vocally	➢ Provide information ➢ Appreciate + acknowledge their contribution ➢ Let them champion your cause
Silent boosters	Yes	Support silently	➢ Educate, enable, inform and motivate

			➢ Energize them by involving champions they admire
Avoiders	No	Oppose silently	➢ Inform or ignore ➢ Get critical mass of champions to influence them
Blockers	No	Oppose loudly	➢ Ignore if they are not influential ➢ Confront if their influence is significant ➢ Counteract by giving facts and enlisting champions ➢ Monitor what they say and who is listening to them

It is important to understand that the position each person or group occupies can change with time and can influence others in the matrix (e.g. the public can influence politicians; doctors can influence patients, and vice versa).

Stakeholder analysis

Malaria Stakeholders

PRIMARY	SECONDARY	TERTIARY

Triggering /Action Messages

Malaria is transmitted by mosquitoes but also by ignorance. The core knowledge that people need to have to change their behaviour comprises the following (this is essential but not sufficient) :

1. Knowledge of malaria symptoms
2. Knowledge of how malaria is transmitted
3. Knowledge that malaria is curable if treatment started early
4. Knowledge that potential malaria cases should rigorously seek professional care

Based on the above the following are key messages that should be promoted

Key messages

- We are all at risk of getting malaria
- Report for medical care if you see or experience signs and symptoms

These messages should be developed in local languages and English and promoted using a range of media types including theatre/Edutainment and Audio visuals.

4.3 Sources of information

- Teachers and students: often seen as credible sources of information and can be mobilized for outreach to the community.
- Community health workers: appointed by community and trusted
- Health workers: trusted as health care service provider
- Media-have access to all sources of information and have nothing to gain or lose so can expose all information regardless of outcome

4.4 Channels of communication

The following channels of communication are identified:

MASS MEDIA: Television, radio, newspapers, posters, billboards, leaflets

TRADITIONAL MEDIA: folk theatre, puppets, poetry/song, social & religious gatherings

INTERPERSONAL COMMUNICATION:

For example, interpersonal communication from trusted sources is likely to be important to reach marginalized populations or those outside the reach of broadcast media. Household visits, courtyard meetings, health education, social mobilization, school activities can reinforce and personalize the general information provided through mass media channels and can provide opportunities for dialogue and problem-solving that other channels cannot. Health care providers and community health workers can play a role in IPC.

NEW MEDIA: Cell phones, SMS, internet (websites, blogs, Twitter), telephone hotlines

Settings

The following settings have been identified as ideal for implementation of the ACSM activities

The communications can be through Community dialogues, Community meetings, Support group meetings, Community gatherings, Women/men/girls community forums, Church gatherings, Sports/Soccer and Call back meeting/Moonlight. It can be through Door to door, School education and Traditional healers.

5. **THE STRATEGIC APPROACH**

5.1 THE OVERALL GOAL

Our overall goal is to contribute towards the getting to zero local malaria cases in Swaziland utilising ACSM strategies to change behaviours.

BEHAVIOURAL OBJECTIVES:

1. To encourage all Individuals to observe malaria prevention practices

COMMUNICATION OBJECTIVES

1. To empower all stakeholders at all levels with information to prioritize malaria elimination services.
2. To ensure that all people receive comprehensive information package about the signs and symptoms of malaria, where to get diagnosis, treatment and support and what they need to do concerning malaria and the importance of preventive action at individual, household and community levels.

STRATEGIES

The following strategic directions will guide the implementation of advocacy, communication and social mobilisation activities for malaria elimination in the country.

Administrative Mobilization, Public Advocacy, and Public Relations

The strategies are for putting malaria elimination behaviours on the public and administrative/programme management agenda via memos, mass media use (feature articles, radio/TV talk shows, video), group meetings, staff meetings, inter-

ministerial meetings, other administrative meetings, regional level meeting, press conferences and press briefings and malaria column in newspaper.

Personal Selling/Interpersonal Communication/Counselling

At the community level, in schools and involving school children as “personal sellers”, in homes and particularly at service points, with appropriate informational literature and additional incentives, and allowing for careful listening to people’s concerns and addressing them. Volunteers provided with badges and malaria worksheets for door-to-door home visits; and school children will take home malaria elimination behavioural message and information.

Worksheets provided for these community health workers/volunteers along with Certificates of Appreciation.

5.5.3 Community mobilisation and promotional activities:

The following strategies will be used: participatory research, community group meetings, partnership meetings, traditional media, music, song and dance, road shows, community drama, leaflets, posters, pamphlets, videos, home visits.

5.5.4 Advertising, Promotion and Incentives

Via radio, television, newspapers and other available media, we seek to engage people in reviewing the merits of the recommended behaviour vis-à-vis “cost” of carrying it out. This will be achieved through:

Logo design; radio, television and newspaper advertising, banners above PHU as point-of-service promotion

6. THE IMPLEMENTATION PLAN

Please refer to Annexure A for the detailed implementation plan.

7. MONITORING AND EVALUATION:

The ACSM strategy comprises a mix of a very broad range of communication activities. One aspect of effective execution of the strategic plan is that of monitoring implementation progress. This will be through the process of progress monitoring noting implementation difficulties and resolving them. Effective monitoring allows for

tracking emerging behavioural impact and provides opportunities for strategy modifications during the process of implementation to better achieve behavioural results. The monitoring will answer the following questions: Are we doing the right things? Are we doing them properly? Are we making a difference?

Monitoring helps assess how strategies are proceeding:

- Are you delivering understandable messages?
- Do people respond to your messages in the way you expected?
- Are the right channels being used?
- Is your target audience correct?
- Are you reaching your target audience with your communication?
- Are they responding in the way you planned?

The monitoring and evaluation will use the following methods:

- Bounce back cards
- Inventory tracking
- Service delivery-monitoring delivery of technical services and activities
- Client satisfaction unsolicited client responses observation and interviews meetings (not on a specific issue), focus groups (focused on specific issues) and formal, in-depth interviews
- Surveys
- Tracking surveys
- Media coverage analysis
- Monitoring policy changes

The assessment of behavioural impact is based on the achievement of the overall goal and behavioural objectives as a measure of whether adequate solutions to the problem at hand have been addresses. Behavioural impact is simply the measure of the numbers of people actively screening for malaria.

Annexure A. The ACSM Implementation Plan

Administrative Mobilization, Public Advocacy, and Public Relations								
Strategy	Activity	Responsible person	Timeline					Budget
			Q1	Q2	Q3	Q4		
Media advocacy	Mapping national media							
	Orient local print and electronic media on malaria elimination							
Public advocacy	Hold inter-ministerial meetings on malaria elimination							
	Conduct sensitization meeting for leaderships of congregate settings							
	Conduct sensitization meetings for leaderships of religious groups							
	Distribution of malaria bulletin to stakeholders							
Administrative mobilisation	Dissemination of memos to health facilities							
Champions, Ambassadors	Disseminate policy briefs to politicians and decision makers							
	Identify malaria champions							
	Train and brief malaria Champions							
Personal Selling/Interpersonal Communication/Counselling								
Conduct door-to-door home visits	Training sessions for community health workers and volunteers on technical and communication skills							
	Printing malaria preventive behaviours messages for community health workers and volunteers							
	Print T-shirts for community health workers and volunteers							
	Conduct supportive supervision of RHMs home visits							
School based sessions	Conduct workshop for teachers on malaria elimination issues							

	Disseminate facts sheets to teachers							
	Conduct age appropriate health talks in schools on malaria elimination							
	Disseminated behavioural messages to children to take home							
Conduct workplaces visits	Conduct debriefing meetings for wellness managers from companies							
	Distribute malaria elimination behaviours messages(Pamphlets, Posters)							
	Conduct workplace supportive supervision meetings on malaria issues							
Health workers	Training workshop for health workers in PHUs on interpersonal communication and how to give adequate information							
	Orient health workers in PHUs on the test, treat and track							
	Conduct monthly health education sessions at facilities on malaria elimination							
Community mobilisation and promotional activities:								
Partnership Building	Meeting for mapping stakeholders at community level							
	Conduct malaria partnership sessions							
Create Social spaces for Ebola dialogues	Ebola for the stakeholders							
	Create malaria elimination dialogues per chiefdom							
Community TB events	Malaria elimination Road shows per Chiefdom							
	6 x malaria community dramas per Inkhundla per year							
	1 x malaria road show per Inkhundla per year							
	Commemorate the annual World Malaria Day/SADAC malaria day							
	Disseminate malaria elimination messages at events							
Malaria IEC Kit	Review Malaria IEC materials							

	250000 units printed							
School Activities	Malaria poster competitions in primary schools							
	Malaria poster competitions in secondary schools							
Other High risk settings activities	Malaria campaigns in at ports of entry during festive seasons							
	Malaria dialogue in a high risk area							
Media events	Radio call-in and discussion shows							
	Weekly malaria Column for about 3 months per year in question and answer format							
Massive advertising and point of service promotion								
Radio, television and newspaper advertising	Four 3-week flights/year, 6 radio spots per day for 5 days per week							
	Four 3-week flights/year, 2 TV spots per evening 5 days per week							
	full page or half-page ads in first week of each flight in 2 newspapers							
Banners at each of the BMUs as point-of-service promotion	Meeting to develop banners and posters							
	Printing of promotional banners and posters							
	Distribution of the banners and posters twice a year							
Publicity and visibility	Procure a Canon 750D camera							
	Develop , Print and distribute newsletters							
	Document best practices							
Quality of services	Annual monitoring of patient satisfaction							

Annexure B: the Monitoring and evaluation framework

Performance Indicators

Table 1: Indicator Matrix

	Data Source	Frequency	Information user & data source comments
OUTPUT INDICATORS			
Number of policymakers reached with advocacy efforts.		Annually	
Estimated number of people exposed to media coverage of malaria issues.		Annually	
Number of media advocacy events and articles generated on Radio, TV and in newspapers		Annually	
Number of main media resources – radio, television, news print and outdoor media – public service announcements produced and disseminated.		Annually	
Number of supporting community resources – signage, audio-visuals, merchandise and other community resources produced and disseminated.		Annually	
Number of publications resources produced and distributed		Annually	
Number of organizations and individuals trained in malaria ACSM.		Annually	
Number of studies commissioned		Annually	
OUTCOMES INDICATORS			
Percentage increase of National budget spent on malaria elimination activities.		Annually	
Percentage of NMCP budget spent on advocacy, communication, and social mobilization for malaria elimination.		Annually	
Percentage of population who know malaria testing and treatment is free.		Annually	
Percentage of people reporting satisfaction with malaria program services		Annually	

Percentage of population who are aware that a fever, chills could be sign of malaria		Annually	
Percentage of articles about TB in national daily newspaper with correct information.		Annually	
Percentage of population with correct knowledge of TB symptoms and services.		Annually	
Percentage of confirmed malaria cases identified by Community Health Workers (increased case detection).		Annually	

Annexure C: SWOT Analysis

Strengths	Weakness
•	
Opportunity	Threats