

Ministry of Health and Social Welfare

Zanzibar Malaria Control Program-ZMCP

**ZANZIBAR COMMUNICATION STRATEGY
FOR MALARIA CONTROL
2008-2012**

February 2009

EXECUTIVE SUMMARY

In order to reduce the burden of malaria in Zanzibar, the MOH&SW/ZMCP developed the Strategic Plan for Malaria Control 2007-2012. The Plan has four priority intervention strategies which include case management, control of malaria in pregnancy through Intermittent Preventive Treatment (IPT), Integrated vector Control and Community Involvement and Participation. In order to effectively address the above four interventions, ZMCP has developed a comprehensive Malaria Communication Strategy which is intended to guide malaria communication activities for all partners working in the four malaria interventions. The partnership includes donor agencies, key ministries, the private sector, the civil society at all levels and communities.

The formulation of the communication strategy has taken into account the Zanzibar Strategic Plan for malaria control 2007-2012, the findings of various studies and surveys held in Zanzibar (including the Zanzibar Roll Back Malaria Indicator Survey 2007 and ZMCP formative research held in December 2008).

Several communication challenges are reported in this Strategy. The following is a summary of these challenges by key intervention:

Malaria Case Management:

- misconceptions and misperceptions about the causes of fever and malaria
- lack of recognition of early the signs and symptoms of uncomplicated or severe malaria for children under five years of age
- the importance of seeking appropriate treatment within 24 hours from the onset of illness for children under five years of age
- the proper treatment for malaria
- self-medication as the first response to malaria or fever
- lack of compliance to the treatment policy and guidelines

Control of Malaria in Pregnancy

- incorrect or inadequate treatment of malaria among pregnant women
- misconceptions and misperceptions about malaria and fever during pregnancy
- lack of knowledge among pregnant women on the effectiveness, importance and safety of using ITNs/LLN during pregnancy

- poor and/or late attendance of ANC by pregnant women
- shortage of healthcare staff
- Inappropriate management of SP for IPT among pregnant women.

Prevention of Malaria through ITNs/LLNs, IRS and other Vector Control Methods

- lack of knowledge on linking environmental management with other preventive measures of malaria;
- Lack of knowledge on linking IRS with other preventive measures of malaria;
- Lack of IRS services at community levels;
- Lack of community ownership and responsibility on IRS services;
- Change of attitude towards perceived risk of malaria;
- Lack of user satisfaction of ITNs/LLNs;
- Lack of knowledge on the timing of the replacement and/or re-treatment of ITNs/LLNs;
- Lack of awareness on the conditions that may affect lifespan of ITNs/LLNs ;
- Unavailability of ITN/LLN re-treatment chemicals and services outside of ZMCP;
- Lack of knowledge on the importance of using ITN/LLN to prevent malaria and;
- Lack of knowledge on the association between environmental management and prevention and control of malaria.

Community Based Malaria Control Activities

- Lack of active participation of key partners (NGOs, CBOs and faith-based organizations) in promoting the importance of ITNs/LLNs and IRS
- Exclusion of some key target audiences in the current IEC messages.
- Lack of mobilization strategies that actively involve leaders at Community, local, regional and national levels in control of malaria in Zanzibar;
- Lack of capacity by Health education resource persons at the zonal and district levels to actively involve community health service providers in the promotion of ITNs/LLNs and IPT and dissemination of malaria prevention and control messages to communities.
- Improper location of health education materials and messages and
- Failure of IEC materials to reflect the malaria epidemiological trend in Zanzibar.

Based on the above communication challengers, the communication strategies for Key audiences have been devised. Key audiences in this strategy include: leaders, service providers, communities and households and individuals and partners. For each of the key audiences, the Strategy states the communication objectives, key messages, communication channels and desired outcomes.

Finally, the Strategy delineates the logical framework of activities as well as estimated costs for implementation.

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TABLE OF CONTENT

EXECUTIVE SUMMARY	2
ACKNOWLEDGEMENT	5
ABBREVIATIONS	8
1. COUNTRY PROFILE	9
2. BACKGROUND TO MALARIA IN ZANZIBAR	11
2.1 Zanzibar Malaria Control Program (ZMCP).....	14
2.2 Zanzibar Strategic Plan for Malaria Control 2007-2012.....	15
3. COMMUNICATION CHALLENGES FOR MALARIA CONTROL	17
3.1: Malaria Case Management.....	17
3.1.1 <i>Current Policies and Guidelines</i>	17
3.1.2 <i>Communication Challenges</i>	17
3.2 Control of Malaria in Pregnancy.....	18
3.2.1 <i>Current Policies and Guidelines</i>	18
3.2.2 <i>Communication Challenges</i>	18
3.3 Prevention of Malaria through ITNs/LLNs, IRS and other Vector Control Methods.....	19
3.3.1 <i>Current Policies and Guidelines</i>	19
3.3.2 <i>Communication Challenges</i>	19
3.4 Community Based Malaria Control Activities.....	20
3.4.1 <i>Current Policies and Guidelines</i>	20
3.4.2 <i>Communication Challenges</i>	20
3.4.2.1 <i>Communication Strategies for Partners</i>	23
3.4.2.2 <i>Communication Strategies for Health care Providers</i>	25
3.4.2.3 <i>Communication Strategies for Communities</i>	26
3.4.2.4 <i>Communication Strategies for Households and Individuals</i>	27
4. KEY INTERVENTION AREAS	31
4.1. Assurance of Prompt and Effective Case Management.....	31
4.2. Promotion of ITNs and other vector control methods.....	32
4.3. Control and prevention of malaria in pregnancy.....	32
4.4. Community based malaria activities:.....	32
a. Key Intervention Area 1: Access to treatment and effective case management.....	33
<i>Priority Problems</i> :.....	33
<i>Desired Actions</i>	35

- b. Key Intervention Area 2: Prevention of Malaria through ITNs/LLTNs, IRS and other vector control methods.....36
- Priority Problems*.....36
- i. Communication objectives.....36
- ii. Primary audience.....37
- iii. Secondary audience.....37
- iv. Key promise.....37
- v. Support points.....37
- vi. Desired actions.....38
- c. Key Intervention Area 3: Control and Prevention of Malaria in Pregnancy.....38
- Priority Problems*.....38
- Communication objective.....38
- d. Key Intervention Area 4: Community Based Malaria Control Activities40
- Priority Problems*.....40

- 5. MONITORING AND EVALAUATION**.....46
- Logical Framework Matrix**.....46
- Appendix 1: Logical Framework Matrix**.....47
- Appendix 2: Implementation Plan for the Communication Strategy**50

ABBREVIATIONS

ACT	Artemisinin Combination Therapy
BCC	Behavior Change and Communication
CBD	Community Based Distributors
CBI	Community Based Interventions
CBMCC	Community Based Malaria Control Committees
CBMP	Community Based malaria program
CBOs	Community Based Organizations
CHO	Community Health Officer
CHWs	Community Health workers
COMBI	Communication for Behavior Change
CORPS	Community Own Resource Persons
DHMT	District Health Management Team
FGDs	Focus Group Discussions
GFATM	Global Fund AIDS, Tuberculosis And Malaria
HE	Health education
HPRU	Health Promotion Unit
IEC	Information, Education and Communication
IMCI	Integrated management of Childhood Illness
IPC	Inter –personal Communication
IPT	Intermittent Presumptive Treatment
ITNs	Insecticides Treated Nets
MCH	Maternal and Child health
MCHAs	Maternal Child Health Aiders
MIP	Malaria in Pregnancy
MOHSW	Ministry of Health and Social Welfare
NGOs	Non Governmental Organizations
OPD	Out Patient Department
PHC	Primary Health Care
PHCU	Primary Health Care Unit
RBM	Roll Back Malaria
SMZ	Serikali ya Mapinduzi Zanzibar
SP	Sulphadoxine Pyrimethamine
TBAs	Traditional Birth Attendants
THS	Traditional healers
TOTs	Training of Trainers
TV	Television
UN	United Nations
UNICEF	United Nation International Children Emergency Fund
USD	United State Dollar
WHO	World Health Organization
ZHMT	Zonal Health Management Team
ZMCP	Zanzibar malaria Control Program

1. COUNTRY PROFILE

Zanzibar is composed of two larger islands, Unguja and Pemba, and 14 smaller isolated Islands. The southern island referred to as Zanzibar or Unguja has a land area of approximately 1658 square kilometers. The northern island Pemba has a land area of about 984 sq.km. Since the two islands have fairly fertile soil, agriculture is the principal industry. On relatively flat terrain of Unguja, the northern and central districts have more vegetation and are more suitable for agriculture and irrigation. The southern district is primarily coral. Pemba has more pronounced hills and valleys. There are coastal plains especially in the north of the island.

The last population census took place in Zanzibar in 2002 and indicated a total population of 984,625 as compared to population of 640,685 in 1988 census. The current population estimates are projections based on 2002 census and the 1988-2002 inter- growth rates. The annual average population growth rate is 3.1%. (2002 Population and Housing Census, General Report, Central Census Office, National Bureau of Statistics, President's Office, Planning and Privatization, Dar-es-Salaam, 2003). The population is distributed as follows between the 2 main islands: 622,459 living in Unguja and 362,166 living in Pemba. The female population in Zanzibar is 482,690 and the male is 502,006.

The climate of Zanzibar is tropical with temperature ranging from 20 to 36 °C. It has two seasonal rainfalls, the long rainy period or "*Masika*" begin in mid to late March and end in mid May to early June. The short rainy period or "*Vuli*" start in October to December

Health care Services in Zanzibar are organized along the administrative structure of the country and are relatively well distributed all over two Islands. Currently more than 90% of the population are living within a distance of five kilometres to a health facility. There are clinical staffs and community based health services.

Table 1: Selected demographic and socio economic indicators.

Indicator	Value
Total population	984,625
Population density	400pp/sq kilometer
Percentage of population under five	20%
Infant mortality rate per 1000	90
Under five mortality rate per 1000	114
Maternal Mortality rate per 100,000	377
Life expectancy	57 years
Functional illiteracy rate	35 – 40%
Urban percentage	33.4%
Rural inhabitant percentage	66.6%
Female male ratio	105:95

Source: Ministry of Finance and Economic Affairs, Population and Housing Census Report 2002

2. BACKGROUND TO MALARIA IN ZANZIBAR

Malaria in Zanzibar is characterized by perennial stable transmission. In this setting older age groups have developed semi immunity to malaria. However, children below the age of five and pregnant women are vulnerable to malaria, due to their immature or compromised status of immunity to the malaria parasite. Malaria is also a major cause of poverty in Zanzibar due to expenditure on malaria treatment at the household level as well as loss of household income, reduced productivity and ultimately impacts negatively on national economic growth rates. The major determinants of malaria in Zanzibar include favorable climatic conditions for development of the parasite and vector, socio-cultural factors and poverty.

The overall goal of the Zanzibar Malaria Control Program is to reduce morbidity and mortality due to malaria in the population of Zanzibar with special attention to the most vulnerable groups that is children under five and pregnant women, thus, promoting social and economic development.

Despite some geographical variations, the overall malaria prevalence in Zanzibar is 0.8%. The prevalence among the general population is 0.9% while among women it is 0% and it is 0.5% among children under five years (ZMCP, 2008). A variation in prevalence was noted between the two islands with Pemba having a relatively higher prevalence (1.4%) than Unguja (0.3%). Other variations of parasite prevalence are noted by districts ranging from 3.7% in Micheweni to 0% in Urban and West Districts (see RBM, Indicator Survey, 2007; Table 2).

While the number of OPD cases other than malaria has remained constant, there is a consistent decline of the actual reported OPD malaria cases between 2002 and 2007. Data from selected hospitals show that malaria cases have dropped from 39.9% of 2002 to 32.3% in 2005 and to 5.5% in 2007 in all ages. Similar trends have been observed among children under five years in which between 2002 and 2005, malaria cases have dropped by 3.6% (from the reported 34.9% in 2002) and by 26% between 2005 and 2007 to only 5.3% in 2007. Similar trends have been observed among patients aged five years and above. Cases of severe malaria and deaths due to malaria are declining as well.

The decline of admission due malaria has been noted. While malaria admissions accounted for two thirds of total admissions in 2002, only one out of six children is admitted due to malaria in 2007. Mortality due to malaria in children under the age of five years has dropped from 45% of all deaths in 2002 to 35% in 2007. After two years of intensive implementation

of the RBM control strategies, an evaluation of the program coverage as well as assessment of the impact of the program on the set objectives and targets was conducted in 2007.

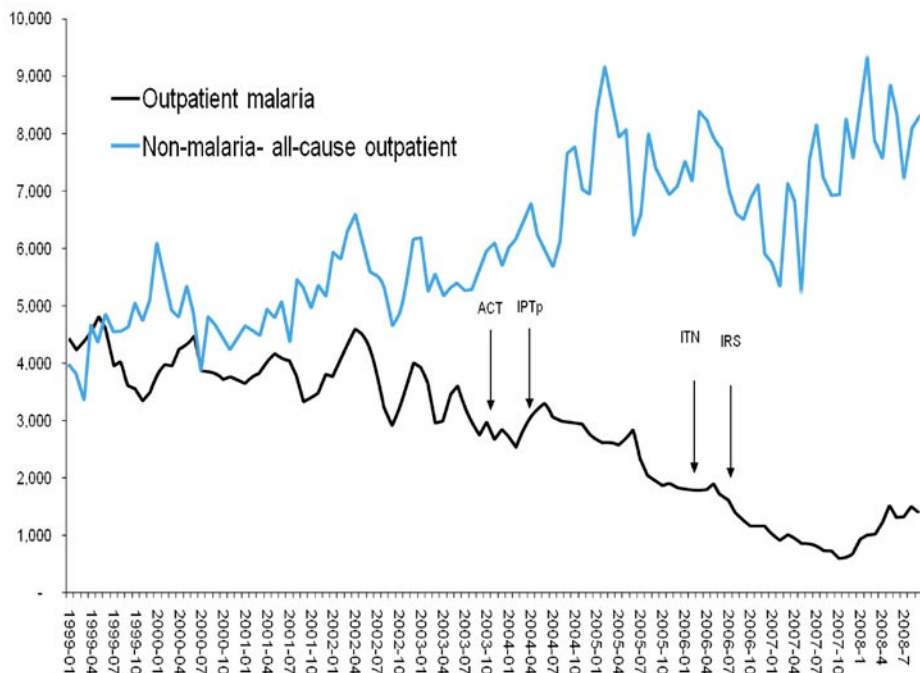


Figure 1: Malaria Situation in Zanzibar from 2003-2008 (Source: ZMCP, 2009)

Evaluation findings showed remarkable improvement in all indicators as shown in table 2. Other findings reported in the RBM Indicator Survey 2007 indicated that, at the community level:

- The proportion of children with history of fever during recent illness has dropped by 10% (from 87% in 2002 to 77% in 2007). However, the history of convulsion was still frequently reported at almost the same level of the previous surveys.
- Although one third of the mothers/children caretakers took no action within 24 hours of onset of illness, there was a remarkable decrease in trends from 63% in 2002 to 37% in 2005 and to 32% in 2007.
- The proportion of caregivers seeking malaria treatment from health facilities (both public and private) for children under five within 24 hours of the onset of fever has relatively increased over time (from 32% in

2002 to 42% in 2005 and to 57.4% in 2007). However, this proportion remains relatively lower compared to the national targets (refer to Zanzibar Strategic Plan for Malaria Control 2007-2012:24)

- The proportion of caregivers seeking malaria treatment from other sources¹ has been decreasing over time (from 78% in 2002 to 58.1% in 2005 to 42.5% in 2007). However, this proportion remains relatively higher at international standards.
- There was a decrease in the proportion of children treated the same day or day after the onset of fever (from 64% in 2005 to 40.4% in 2007)²
- The tendency of caregivers to receive anti-malarial drugs from general shops has declined over time (from 35% in 2002 to 0.6% in 2005 and to only 0.4% in 2007)
- Overall, knowledge about at least one malaria preventive measure is high (96.6%)
- Despite the country wide implementation of the IRS as a preventive measure of malaria, only 24% of caregivers mentioned it
- Only 21.6% of caregivers regard environmental management as one of the preventive measures of malaria
- 97% of women in the third trimester and who recently delivered a baby attended antenatal care at least once during their pregnancy
- Despite the high level of ANC attendance among pregnant women (98%), majority of pregnant women attend ANC in their third trimester. Also, about 30% of pregnant women who are in their second trimester are yet to attend ANC.
- 91% of them attended and received antenatal care in public health facilities (only 7% received ANC from private health facilities).
- Number of malaria reported episodes during pregnancy declined by half within 2 years (from 23% in 2005 to 12% in 2007)
- Irrespective of their gestational age, three quarters of pregnant women reported to have used SP to prevent malaria during pregnancy and almost all of them (99.5%) used SP for IPT correctly according to their gestational age.
- 2.7% of pregnant women reported to have experienced Adverse Drug Reactions (ADR)
- Significant achievements have also been noted in other areas such as mosquito net ownership and utilization, health facility management, equipment, quality of services.

1. Pharmacy, shops such as over the counter medicine, and home treatment

2. The reduction was attributed to the changed perception among caretakers and health providers on the prevalence of malaria in their communities.

Table 2: ZMCP roll back Malaria Core Indicators

No.	Indicators	2002	2005	2007 ³
1	Crude death rate (under five)	114 per 100,000		
2	Mortality attributed to malaria (all ages)	50%	44%	37%
3	Mortality attributed to malaria (under five)	47%	54%	35%
4	Mortality attributed to malaria (5 and above)	61.9%	17%	25%
5	Morbidity attributed to malaria (all ages)	47.7%	31%	6%
6	Morbidity attributed to malaria (under five)	54.2%	38%	7%
7	Morbidity attributed to malaria (5 and above)	44.2%	32%	6%
8	Case fatality rate (under five)	2.8%	5.3%	-
9	Case fatality rate (five and above)	2.6%	3.6%	-
10	% of under five with fever getting appropriate treatment within 24 hours of onset	22%	42%	57%
11	% of fever/uncomplicated malaria under five cases correctly managed at health facility	77%	66.7%	56%
12	% of severe malaria cases (under-five) correctly managed at health facilities	72.9%	69%	68%
13	% pregnant women taking SP for IPT	0.4%	24%	57%
14	% pregnant women sleeping under treated mosquito net	2.9%	38%	73%
15	Proportion of pregnant women or women pregnant in the past 6 months, sleeping under mosquito nets	33.6%	65%	85.4%
16	% of under fives sleeping under treated mosquito net	0.3%	36.9%	74
17	% of under fives sleeping under mosquito net	34.3%	67.5%	84
18	% of mosquito net treated with insecticide	10% (Within the last 12 months)	48%	72
19	% of household having at least one ITN	3.4%	41%	82
20	Proportion of population sleeping under mosquito nets	28.3%	54.9%	
21	Proportion of health facilities with functional microscopy	60%	44%	100%
22	Stock-out of first line anti-malarials	CQ 17%	AS 10.8% AQ 8.1%	

Source: ZMCP Role Back Malaria Core Indicators Survey, 2005.

Zanzibar Malaria Control Program (ZMCP)

ZMCP is the responsible body for all malaria control activities in Zanzibar. The program operates under the Department of Preventive Services in the MoH&SW. The Program coordinates malaria activities through the set policies and guidelines at all levels of health care delivery with emphasis on the following strategies:

- IVC, ITNs, LLNs, IRS and other vector control measures,
- Prompt and effective case management,
- Malaria in pregnancy,

3. Source: RBM Indicator Survey 2007

- Operational research and surveillance and,
- Community based Malaria Control Activities.

ZMCP regards partnership as an essential component for reduction of malaria morbidity, mortality and minimization of malaria related social ill effects and economic losses attributable to malaria. Partnership involves both interagency and national technical working groups on specific interventions as needs arise. At the global level, ZMCP receives financial and technical support from a number of partners including GFATM, PMI, WHO, UNICEF, CDC, IHRDC and PHL-IdC.

At the national and local level, ZMCP develops annual work plans which are implemented in partnership with Zonal and District Health Management Teams, District Authorities, Line Ministries and Health Sector Programs/ Units and the community at large.

Despite the fact that the burden of malaria in Zanzibar has epidemiologically declined, ZMCP faces a number of challenges. These include: maintaining technical expertise to cover the expanding activities of the program, further training of staff, financial constraints to maintain current achievements and funding of the newly introduced component (active surveillance unit) and limited funding from the recurrent budget of the MoH&SW.

ZMCP's mandate is to work closely with the existing and new partners to mobilize the necessary financial and technical resources to ensure that the program activities are carried out as planned.

Zanzibar Strategic Plan for Malaria Control 2007-2012

The current (2009) strategic plan for malaria control in Zanzibar is the second. The objective of the first malaria Strategic Plan (2003/2004-2007/2008) was to reduce malaria morbidity and mortality by 35% by 2008, as compared to 2002 levels by scaling up effective interventions. Implementation of the first strategic plan focused on: prevention of infection, early diagnosis and prompt treatment and prevention of malaria in pregnancy. As a result, there have been substantial achievements almost in all key interventions.

The second and current strategic plan (2007-2012) has a long-term goal of eliminating malaria in Zanzibar. Its medium term goal is to reduce morbidity and mortality due to malaria in the population of Zanzibar up to a level that is no longer a public health threat especially in the most vulnerable

groups (children under five, pregnant women and the poor). The focus of the current strategic plan is to reduce malaria morbidity cases reported in 2006 (250 cases per 1000 people) by 70% in 2012 (75 cases per 1000 people). The specific objectives of the 2007-2012 strategic plans are:

- To prevent infection with malaria,
- To ensure prompt and effective case management
- To prevent and control malaria in pregnancy
- To provide effective epidemic preparedness and response and;
- To assess the potential for sustainable elimination

This communication strategy focuses on the first three objectives of the strategic plan.

ZMCP recognizes that in order to achieve the above objectives, it is essential to maintain high coverage of effective interventions and to strengthen the newly established surveillance system for early detection of malaria hotspots and prompt response. The supportive strategies which are interdependent in nature include:

- Behaviour change and communication through advocacy, information and social mobilization
- Management, coordination and implementation at different levels of the health system and
- Monitoring and evaluation of malaria control activities and timely operational research.

3. COMMUNICATION CHALLENGES FOR MALARIA CONTROL

In order to raise a sustained profile of malaria control in Zanzibar, it is important to have appropriately designed and well implemented behavior change and advocacy strategy. Also, messages that are well tailored to different decision makers, stakeholders and audiences are required. Also, in order for the achieved levels of malaria control to be sustained, communication through a variety of channels is required to ensure that:

- Treatment policies and guidelines are available and are clearly understood at all levels,
- Health seeker-provider relationship are influencing treatment compliance and effectiveness,
- Demand for malaria services and products among health care seekers is increased,
- Household practices are favorable to effective malaria control and
- Communities are mobilized for malaria control.

In an effort to address the above concerns, there are a number of priority problems and communication challenges in the control of malaria in Zanzibar. This section presents the current policies and guidelines, priority problems as well as the communication challenges for each of the four key malaria interventions.

3.1: Malaria Case Management

3.1.1 Current Policies and Guidelines

Current policies and guidelines for malaria case management include:

- National Guidelines for Malaria Diagnosis and Treatment in Zanzibar
- MoH&SW Malaria Treatment Policy , 2003
- Regulatory Framework for Medical Practitioners and Private Hospitals
- IMCI Case Management Guidelines
- Zanzibar Malaria Strategic Plan 2008-2012

3.1.2 Communication Challenges

- Caretakers and community in general have misconceptions and misperceptions about the causes of fever and malaria
- Caretakers and community in general do not differentiate early the signs and symptoms of uncomplicated from severe malaria both for themselves and for children under five years of age
- Caretakers and community in general do not recognize the importance

of seeking and receiving prompt and appropriate treatment within 24 hours from the onset of illness both for themselves and for children under five years of age

- Caretakers and community in general do not know the proper treatment for malaria
- People rely on self-medication and/or improper medication as the first response to malaria or fever
- Healthcare providers in the public and private sector combine monotherapy and ACT in treatment of malaria
- Service providers combine both clinical and laboratory diagnosis simultaneously
- Children under five years of age with fever/malaria do not receive prompt and adequate treatment within 24 hours of onset.
- MoH&SW does not have a clear monitoring and supplying mechanism of ACTs

3.2 Control of Malaria in Pregnancy

3.2.1 Current Policies and Guidelines

- Health Policy
- Guidelines on Treatment of Malaria in Pregnancy
- Kinga dhidi ya Malaria, Muongozo kwa Mama Mjazito

3.2.2 Communication Challenges

- Pregnant women are not preventing and/or treating malaria correctly (e.g. use of SP for IPT timely)
- Pregnant women do not pay first ANC visit on time(i.e at the 16th -27th week)
- Healthcare providers are not providing SP for IPT as per guidelines (i.e under DOT)
- There are misconceptions about malaria and fever during pregnancy
- Pregnant women and their families do not know the serious consequences of malaria during pregnancy
- pregnant women are not aware of the importance and effectiveness of taking SP for IPT as DOT during pregnancy
- Some pregnant women do not know the effectiveness, importance and safety of using ITNs/LLN during pregnancy
- Pregnant women are attending ANC too late and too few times to take the recommended IPT program
- Most healthcare facilities are understaffed and health providers

have little time to provide quality information on malaria and treatment to pregnant women

- Some health providers do not emphasize on the importance and effectiveness for pregnant women to take SP for IPT under DOT.

3.3 Prevention of Malaria through ITNs/LLNs, IRS and other Vector Control Methods

3.3.1 Current Policies and Guidelines

- Integrated Vector Control Guideline
- Vision 2025
- Poverty Reduction Strategy (MKUZA)
- Health Sector Reform
- Zanzibar Malaria Strategic Plan 2008-2012
- Udhhibiti wa mbu: Mwongozo kwa wapiga dawa majumbani

3.3.2 Communication Challenges

- Caregivers and their communities do not regard environmental management as one of the preventive measures of malaria.
- Caregivers and their communities do not regard IRS as one of the preventive measures of malaria.
- IRS services are not conveniently available at community levels
- Communities do not know that IRS is their responsibility
- Because of the decline of malaria burden in Zanzibar, caregivers and their communities do not regard malaria as a big threat
- Although ITNs/LLNs are provided free of charge in Zanzibar, users are not satisfied with the types of ITNs/LLNs
- Users of ITNs/LLNs do not know the right time interval to replace them or re-treat them
- Users of ITNs/LLNs are not aware of the conditions that may affect the lifespan of the bed nets (ITN/LLN)
- Re-treatment chemicals and services are not widely available outside of ZMCP
- Caregivers and their families do know the importance of using ITN/LLN to prevent malaria
- Caregivers and their communities do not know the importance of cleaning their environment to destroy mosquito breeding grounds
- Care givers do not know the difference between malaria vector mosquito and other mosquitoes
- Males are not adequately involved in care giving for under five

- children and pregnant women
- Most of the IVM interventions (particularly distribution of ITN/LLN) focus on women and children under five in exclusion of men

3.4 Community Based Malaria Control Activities

3.4.1 Current Policies and Guidelines

3.4.2 Communication Challenges

- NGOs, CBOs and faith-based organizations are not active in promoting the importance of ITNs/LLNs and IRS in their communities
- Information, education and communication messages on malaria do not target healthcare providers, husbands of pregnant women and community leaders regarding the current interventions on malaria.
- IEC materials and messages do not reflect the current malaria epidemiological trends in Zanzibar where malaria cases have tremendously declined.
- Community health nurses and other health care providers do not participate actively in the delivery of health education and promotion of IPT, ITN/LLN use and seeking prompt treatment for fever and/or malaria.
- Community, local, regional and national leaders are not mobilized to play an active role in malaria control and ensuring proper understanding of the core malaria interventions by themselves and the population at large.
- Health education resource persons at the zonal and district levels lack capacity to involve community health service providers (TBAs, CBDs and community-based organizations) in the promotion of ITNs/LLNs and IPT and dissemination of malaria prevention and control messages to communities.
- Most of the health education materials are placed in the wrong place and are not used according to the message portrayed
- Most of the IEC materials do not reflect the malaria epidemiological trend in Zanzibar (e.g. the decline of the burden of malaria).
- Spouses and male household members are not mobilized to support pregnant women to seek ANC services
- IEC materials and messages do not target to increase male support in prevention and control of malaria.

JUSTIFICATION FOR THE DEVELOPMENT AND REVISION OF MALARIA COMMUNICATION STRATEGY 2007-2012

Currently it has been observed (field experience) that knowledge and awareness on malaria continues to rise among the community members. However, the implementation of malaria advocacy based on the current achievements need to be further analyzed in order to address the observed operational gaps.

Despite of the increased coverage on ITNs Long Lasting Insecticidal Nets and improved malaria case management, there are still some negative beliefs, attitudes and taboos on malaria e.g. convulsion (degedege) which is associated to an evil spirit (communication with CORPS participants during training). In addition, the introduction of IRS at community level has shown tremendous indications in the reduction of malaria morbidities though numbers of studies have been conducted to explore and collect community members' opinion on this intervention. Malaria case management has further been expanded (availability of ACTs in all health facilities, microscopes and RDTs) all these services aimed at improving people's welfare. It is important for health care providers and health promotion officers to explore community feelings and opinion on the services provided.

In line with the above, the need for revising the malaria communication strategy was realized fundamental process in order to guide the implementation of malaria control interventions in Zanzibar. The primary goal is to facilitate behavior change leading to effective decision-making towards the positive practices. The strategy will seek to strengthen malaria control efforts by supporting the delivery of cost effective malaria control interventions in the following key areas:

- Access to effective case management
- Prevention of malaria through ITNs and other vector control methods including IRS and larviciding where necessary
- Control and prevention of malaria in pregnancy
- Community based malaria control activities.

4. Sheha is an official Government post at the lowest level of the village. Administratively, ten assistants in his/her Shehia support Sheha with average population of 3,000

It is the responsibility of the Government of Zanzibar to ensure that the right to quality of care is given for all citizens by putting greater emphasis on the vulnerable groups for example children and pregnant women, people living with HIV, orphans etc. The key areas mentioned above will be dealt accordingly.

STRATEGIC FRAMEWORK FOR MALARIA COMMUNICATION

The Malaria communication strategy is defined as an approach that identifies and addresses a wide range of malaria communication interventions that are used to deliver supportive and key messages that influence behavioral change. Multiple channels for communication will be used to establish the effective delivery of interventions for malaria control so as to promote positive behaviors change ultimately improving the health status of the population. The communication strategy articulates several approaches to be used in the dissemination of information to different target audiences. Some of these approaches include the following:

- Mass media (newspapers, radio and television)
- IEC materials through health facilities and places where communities congregate
- Inter-personal communications: through Shehas¹, sheha councilors, heads of villages, religious leaders, informal CORPs, TBAs, community-based distributors, women and youth groups, schools, and cooperative society.
- Integrated approaches such as the “Communication for Behavioral Impact” (COMBI) implemented by the Lymphatic Filariasis Program, the ‘Child to Child’ initiative approach (employed by the Ministry of Education) and also local initiatives such as “Jambiani community based malaria control”. Jambiani village in southern part of Zanzibar a role model that has documented a significant malaria reduction to over 90%.
- Community theater approach: This will be used to disseminate information and messages to a large population in a community at one time.

Communication strategy will act as a guide in the implementation of behavior change communication interventions. The document outlines the various strategies and activities to be implemented in the four years. Such a strategy identifies a wide range of communication interventions that can be used to deliver key messages that can influence behaviors change. The strategy will also indicate how existing institutional and financial resources

can be used to mobilize people in order to have a measurable impact on health, knowledge, attitudes behaviors and practices and to contribute among the community on minimizing the morbidity and mortality rates due to malaria.

The purpose of the strategy is to provide a long range-planning framework that identifies priority IEC interventions to be addressed on malaria control. The four key areas stipulated in this document, will be discussed through the logical planning matrix, whereby goal, purpose, outputs and objectives are outlined and specific activities and indicators highlighted.

GUIDING PRINCIPALS

1. Communication strategy will act as a backstop to the Zanzibar Malaria Strategic Plan 2007-2012 in the key strategic interventions.
2. For the success of the communication strategy, the current availability of health care services needs to be maintained. BCC will create a demand for such services through promoting health care seeking behavior.
3. The implementation of the communication strategy will build on current and prior successes in malaria control in Zanzibar and will rely on the existing local structures to partners involved in the implementation of the strategy will be obliged to utilize the local structures in mobilizing communities for behavior and social change;
4. Mass media and interpersonal communication are the main channels of communication in Zanzibar
5. Community involvement and participation at all stages of malaria control in Zanzibar is imperative.

COMMUNICATION STRATEGY FOR KEY AUDIENCES

Key audiences in this strategy include: leaders, service providers, communities and households and individuals and partners. For each of the key audiences, the Strategy states the communication objectives, key messages, communication channels and desired outcomes. These strategies are likely to vary from one key intervention to the other as shown in this section.

3.4.2.1 Communication Strategies for Partners

A number of stakeholders and partners will be actively involved in the implementation of Malaria Communication Strategy. These will also be targeted for advocacy and communication messages at higher levels.

ZMCP, Health Promotion Unit and Technical Working Groups for key interventions will lead and plan how other key partners will be involved in the implementation of the strategy.

These include leaders at national and district levels that influence and decide policies and resource allocation. Specifically, they include key ministries (MoH&SW, Ministry of Education and Vocational Training and Ministry of Finance), key donor agencies (Italian Government, UNICEF, WHO, PMI, USAID, etc), national NGOs and the private sector. Such partners can influence public opinion with policy statements and by setting positive examples for others to follow. Despite the decline of malaria burden in Zanzibar, national and district leaders need to be informed and convinced of the importance of continuing with malaria interventions as a one of the national priorities for achieving national development and poverty eradication goals.

The overall communication objective for leaders is to ensure that sufficient resources are allocated for malaria prevention and control both at service delivery and community levels and to encourage both public and private health providers to provide correct and accurate information on malaria prevention and control.

The specific communication objectives for leaders include:

To ensure that all service providers have information and skills they need to deliver quality services and information on malaria.

- To ensure that sufficient resources are allocated for implementing the communication strategy through government and donor-funded programs
- To ensure sufficient resource allocation
- To ensure that sufficient supply of up to date equipment and drugs are available at health facilities
- To ensure that ITN/LLN and IRS information and services are available countrywide
- To advocate for prioritization of malaria interventions even after malaria declines.
- To ensure that annual DHMT budgets and plans include resources for promotion of malaria prevention and control.
- To ensure that technical assistance and support at national, district and community levels is available.

The communication channels for leaders and key partners include radio, TV spots, booklets, fact sheets and seminars.

The desired outcome will be the increased resource allocation, increased communication and advocacy to other leaders and to communities and increased provision of quality health services on malaria prevention and control in Zanzibar.

3.4.2.2 Communication Strategies for Health care Providers

Service providers (both public and private) need to be well updated with relevant skills and information on malaria prevention, treatment and control. According to the Zanzibar Malaria Strategic Plan 2007-2012, health service provision is under the responsibility of the MoH&SW. However, the Health Policy (2000) recognizes efforts of health provision at various levels including the recognized institutions, private practitioners, faith based organizations, charitable organizations and NGOs. As far as the public health system is concerned, health care provision includes primary levels (PHCU and PHCC), district hospitals and consultant or referral hospitals and some specialized institutions.

The overall communication objective for health providers is to ensure that service providers understand the importance of providing prompt, reliable and high quality service for malaria prevention and control to households and communities and to ensure that health providers are updated on the policies and treatment guidelines.

The specific communication objectives are:

- to increase the knowledge of health providers about the importance of offering IPTp to all pregnant women under DOT
- To increase knowledge of health providers about the importance of providing information to pregnant women on malaria prevention and control
- To increase knowledge about promotion of ITN/LLN use especially by pregnant women and children under five years
- To increase knowledge about importance and promotion of IRS
- To increase the availability of IRS information and services at community level
- To increase knowledge of health providers on the importance of good health seeker-provider relationship

The communication channels for health providers include:

- MoH&SW policies and treatment guidelines,
- logos, branding and packaging,
- fact sheets,
- training modules for in-service training

The desired outcomes include:

- increased quality of case management
- increased care seeker satisfaction
- decreased morbidity and mortality cases
- increased quality of IPT services
- increased acceptance, access and use of ITN/LLN and IRS services at community level

3.4.2.3 Communication Strategies for Communities

Community leaders and community health providers can influence decision making and behaviour change at individual, household and community levels. This is only possible if these people have correct information on what to do and when and where to go for proper information and services about prevention and control of malaria. Community leaders in Zanzibar include Sheha, the religious leaders and other influential leaders. Community health providers include TBAs, CORPS, CBDs, CBOs and NGOs.

The overall communication objective for communities include is to ensure that community leaders are able to give correct information to households and community members about malaria and mobilize communities to take correct actions to prevent, treat and control malaria.

The specific communication objectives include:

- To increase the knowledge of community leaders on the importance of educating and mobilizing community members to seek early and prompt response to malaria symptoms
- To increase knowledge of community leaders and health providers about the importance of educating and mobilizing pregnant women, their spouses, family and household members to prevent malaria during pregnancy by seeking early the ANC service and using ITN/LLN
- To increase knowledge of community leaders and health workers on promoting and mobilizing community members to use ITN/LLN and IRS services

- To increase knowledge and attitude of community leaders and health workers on promoting and mobilizing endemic-prone areas (boarding schools, prisons, barracks, fishing centres, airports and marines) on the use of ITN/LLN and IRS services.

The communication channels include media and interpersonal communication such as:

- Community meetings
- Radio, TV spots
- Drama and film shows
- Fact sheets and posters
- Brochures and leaflets
- Malaria Days (Africa Malaria Day, SADC Malaria Day, World Malaria Day).

The desired outcomes include:

- Increased community knowledge and awareness of the signs and symptoms of malaria
- Increased community early and prompt response to malaria symptoms
- Increased community access and use of ITN/LLN and IRS services

3.4.2.4 Communication Strategies for Households and Individuals

Prevention and control of malaria at household level is the direct responsibility of individuals and household members. In an effort to prevent and control malaria at household and individual level, communication messages that are targeting to influence the decision making and behaviours of these individuals are vital. Key target audiences at household levels include heads of households, mothers and fathers, caretakers of young children, pregnant women and their spouses, other household members, extended family members, neighbours and close friends.

The overall communication objective for households and individuals is to ensure that individuals and households have information they need to recognize signs and symptoms of malaria, to take prompt and proper response to malaria and to prevent occurrence of malaria by using correct malaria prevention and control services.

The specific communication objectives for households and individuals include:

- To increase the knowledge of individuals and households to recognize the signs and symptoms of malaria and the importance of seeking early and proper treatment for fever and/or malaria
- To increase knowledge among pregnant women about the importance of preventing malaria during pregnancy by taking IPT under DOT and using ITN/LLN services
- To increase knowledge among household members about the importance of supporting pregnant women to prevent malaria during pregnancy by taking IPT under DOT and using ITN/LLN services
- To increase knowledge among individuals and household members about the importance of owning and correctly using ITN/LLNs.
- To increase knowledge and positive attitudes among individuals and household members towards the use of IRS services in their households and neighbourhoods.

Communication channels for individuals and households

- Community meetings
- Radio, TV spots
- Drama and film shows
- Fact sheets, billboards and posters
- Brochures and leaflets
- Malaria Days (Africa Malaria Day, SADC Malaria Day, World Malaria Day)

The desired outcomes include:

- Increased individual and household prompt and correct response to signs and symptoms of malaria
- Decreased morbidity and mortality cases due to malaria
- Increased use ANC services among pregnant women and children under five years
- Increased use of ITN/LLN and IRS services among individuals and household members

GOALS, OBJECTIVES AND TARGETS

Goal

To reduce malaria morbidity and mortality among the Zanzibar population through the development of appropriate malaria prevention and control interventions.

Overall Objective

To promote behaviors of individuals, communities and health care providers in Zanzibar that will positively impact on malaria prevention and control through an effective behavior change communication to reduce malaria burden in Zanzibar.

Specific Objectives

The specific objectives for are:

1. To increase knowledge and skills of both health providers and care takers for appropriate malaria case management at health facilities and in communities in general;
2. To increase knowledge for early recognition of signs and symptoms of malaria among the care takers and community in general for children under five years of age
3. To increase access of information to health care providers for improved appropriate management of fever and uncomplicated malaria at health facilities.
4. to increase level of community knowledge on the importance of use of ITNs/LLINs and other vector control interventions (IRS, environment management etc) for preventing and controlling malaria
5. To increase capacity of individuals, households and communities to implement malaria control interventions in their localities.
6. To increase use and coverage of IPTp for pregnant women
7. To establish and implement sound and effective BCC interventions for malaria control

Targets by 2012 are:

1. To improve health care seeking behavior within 24 hours from the onset of the illness from 68 % in 2007 to 90%² in 2012.
2. To increase the proportion of appropriate management of severe malaria among children under five at health facilities¹ from 68% of 2007 to 80% by 2012.
3. To increase the use of ITNs for pregnant women from 18% in 2004 to 90%² in 2012.
4. To increase the use of ITNs for children under five from 24% in 2004 to 70%³ in 2012.
5. To raise the level of awareness and increase knowledge of the communities on the use of ITN and re-treatment and LLN.
6. To increase the use of LLTNs for the pregnant women from 38% in 2005 and 73% in 2007 to 95% in 2012.

7. To increase the use of LLTNs for those with under five children from 37% in 2005 and 74% in 2007 to 95% in 2012.
8. To increase the use of IPT for pregnant women from 0% in 2002 to 70% in 2012
9. To increase knowledge and skills among health services providers on effective communication for malaria prevention and control from... Into 60% by 2012.
10. To provide community leaders and organized social groups with community malaria control guidelines and IEC materials for the dissemination of malaria information' and messages from Into 90% of by 2012.
11. To reach community members with appropriate information on malaria prevention and control to 95% by 2012.

4. KEY INTERVENTION AREAS

This Communication Strategy has four strategic intervention areas which will be implemented from the year 2007 -2012. For each of the four areas specific messages and strategies for malaria prevention will be developed to each target group. The technical messages to be conveyed to the public shall be within the social, cultural and economic contexts of the communities.

Similarly, in each of the four areas, medial planning and development of communication channels to inform the general public about malaria will also be developed.

Other partners in malaria control shall be approached for the required manpower, materials and financial support. The partners that will be approached for support include the following:

- Ministry of Education and vocational training and other relevant ministries
- Civil society groups (e.g. CBOs, NGOs, faith-based organizations etc)
- Advertising and marketing agencies.
- Community development committees, health committees and malaria committees in communities
- Bi lateral, ministerial agency, UN Organization and other RBM partners will be approached to financially support the strategy

Zanzibar Malaria Control Program in collaboration with the Health promotion Unit of the Ministry of Health will coordinate and ensure that the activities in the strategy are implemented and monitored. In parallel to collaboration, the role of D.H.M.T at this stage remains important.

4.1 Assurance of Prompt and Effective Case Management

Early and correct diagnosis, with prompt treatment and effective anti-malarial drugs is a key for reduction of malaria morbidity and mortality. The appropriate management of a patient with malaria will be determined by correct malaria diagnoses through the parasite identification.

With the introduction of ACT in all public health facilities, extensive educational campaigns is required to update the public on the use of the drug. Being a new drug, communities need to thoroughly understand it in its holistic manner and should know the type of benefits expected.

Given that prompt and effective case management has been improved tremendously throughout the country, early treatment seeking behavior needs to be strongly emphasized.

4.2 Promotion of ITNs and other vector control methods

The use and regular re-treatment of nets for personal protection and vector control will also be addressed in the communication strategy. The use of ITNs is important to vulnerable groups so that to reduce morbidity due to malaria including anemia. Strategies to promote the use of long lasting treated nets (LLINs) have been developed to minimize the problem of low re-treatment rate.

Therefore, there is a social justification for population to use insecticide treated nets at a high coverage to reduce the transmission of malaria disease. In order to ensure effective implementation of integrated management, the Ministry of Health and social welfare Zanzibar in collaboration with other National and International Organizations emphasizes on sensitizing the community on the acceptance and support of Indoor Residue Spray (IRS) among others so that to reduce malaria burden among the community members.

4.3 Control and prevention of malaria in pregnancy

Pregnant women should be encouraged to sleep under an Insecticide Treated Net at night and use of IPT as indicated in the national guidelines. Health service providers, especially from MCH clinics, should take the lead in awareness rising to women on the prevention of malaria in pregnancy. However, the communication strategy packages will strongly re-enforce pregnant women to continue using IPT as an alternative strategy for combating malaria. Pregnant women shall receive two doses of SP throughout their pregnancy period. Behavior change communication approaches will further be used to orient pregnant women on importance of attending MCH clinics regularly.

Furthermore, the special efforts shall be made to promote and encourage pregnant women and those with children under five the importance of using Long Lasting Nets.

4.4 Community based malaria activities:

Community involvement and participation is an integral part of the malaria control program. Involvement of community members at all stages of planning, implementation, monitoring and evaluation are vital. Strong emphasis should be placed to involve community leaders, school children and their teachers and social groups in malaria prevention and control. Promotional messages and materials should be developed in collaboration with the community. Different media channels for the dissemination of

malaria information should be designed for each target group. Community meetings, dialogue and discussions will be organized at all levels so that to ensure well and full community involvement and participation for the benefits of community and program developments in scaling up malaria in Zanzibar community.

The school based malaria control will be introduced as an initiative to speed up in scaling the problems of malaria in Zanzibar. On the other hands a community based malaria control will be in line with that of school based initiative.

In this regard, therefore, community based malaria days will be used as promotional strategy for implementing and evaluating achievements and constrains on malaria intervention in community.

Management and Supervision

Management is the most critical element of the communication strategy. The planning, development, implementation and monitoring of the strategy are crucial to maximize efficiency and smooth operations.

There is need to:

- (a) Prepare a detailed operational plan for the strategy.
- (b) Prepare a series of activities based on the operational plan

Develop a series of activities to be monitored and evaluated.

COMMUNICATION STRATEGY FOR KEY INTERVENTIONS

The malaria communication strategy has four major strategic areas that have been described in detail in this document. For each of the outputs in the strategy communication objectives, primary audience, secondary audience, key promises, support points and desired actions are described in more detail below. Segmentation of the target audiences, messages and desired actions will be carried out.

a. Key Intervention Area 1: Access to treatment and effective case management

Priority Problems:

- Both caretakers and community in general are not seeking early and proper treatment of malaria both for themselves and for children under five years
- Service providers offering malaria management services at public and private health facilities do not comply with malaria guidelines

Priority problem I:

Both caretakers and community in general are not seeking early and proper treatment of malaria both for themselves and for children under five years

Communication objectives

- To promote appropriate health care seeking behavior within 24 hours from the onset of the signs and symptoms of uncomplicated malaria for children under five years of age from 17% in 2002 to 65% in 2012.
- To raise the level of awareness and increase knowledge on signs and symptoms of severe malaria and its appropriate management up to 80% by 2012.

Primary Audience

Mothers and caretakers

Secondary Audience

- Frontline health care workers, Traditional healers, Husbands and mothers in law, Schoolteachers, BAs, Shopkeepers and private hospitals

Key Promises (same as motivating factors)

- The children will be promptly and correctly managed by using efficacious anti-malarial drugs
- Early visits will prevent children from severe disease and complications
- Children will receive free consultation and treatment
- Convulsions are best managed at health facility
- The children will be assessed other conditions using IMCI approach

Support Points

- To participate in economic activities
- Better services
- Good approach to the patients
- Services available any time
- Drugs availability
- Doctors and Nurses are well trained
- Accessibility of the services

- Malaria is a killer disease but is preventable and curable
- Convulsion are due to high fever/malaria and not evil spirit

i. Desired Actions

- Mother/caretaker be able to recognize uncomplicated malaria and danger signs due to severe malaria and hence to act accordingly.
 - Early attendance to the health care facility
 - A child with fever is to be sent to health care facility immediately for appropriate treatment to prevent convulsions.
 - A child with danger signs (not able to suck/drink, vomiting everything, convulsions, unconsciousness) is sent immediately to nearest health care facility for prompt treatment

Priority Problem II:

Service providers at public and private health facilities do not comply with national guidelines for prevention and control of malaria.

Communication Objectives

To increase the proportion of health providers in public and private facilities who correctly follow the guidelines for managing malaria from 55.9% in 2007 to 90% in 2012.

Primary Audience:

Service providers offering ANC services at public and private health facilities

Secondary Audience:

DHMTs, training and supervision teams, technical working groups, Zonal health officers.

Key promises:

- Taking full dosage of the correct malaria drugs reduces morbidity and mortality due to malaria
- Under dosing is dangerous and can lead to complications
- Administering SP for IPT under DOT ensures pregnant woman's compliance to the regimens
- Treatment for malaria among non-pregnant women is ACT and for pregnant women it is SP
- ACT is recommended by the MoH&SW and WHO

- Not all febrile illness in children is malaria
- Microscopic diagnosis is the only diagnosis for malaria recommended by MoH&SW

Patients have right to know their malaria laboratory test results

Support points:

- The ZMCP produces and distributes guidelines for managing malaria to all public and private facilities free of charge
- The workload will be reduced because there will be fewer cases of malaria to manage
- Elimination of malaria in Zanzibar is possible; it begins with healthcare providers by providing accurate diagnosis and correct and approved prescriptions for malaria

Desired action responses:

- Correct prevention and control of malaria as stated in the malaria guidelines.
- Improved quality of health care.
- Reduction of morbidity and mortality due to malaria.

b. Key Intervention Area 2: Prevention of Malaria through ITNs/ LLTNs, IRS and other vector control methods

Priority Problems

- Caregivers do not regard both IRS and environmental management as some of the preventive measures of malaria
- Despite its nation wide coverage, the benefits of IRS in preventing malaria are not clearly promoted.

i. Communication objectives

- To raise the level of awareness and increase knowledge of the communities in the importance of IRS and use of ITNs and re-treatment on conventional nets.
- To promote the use of ITNs for pregnant women from 73% in 2007 to 90% in 2012
- To promote the use of ITNs for children under five from 74% in 2007 to 90% in 2012.
- To promote use of LLTNs for pregnant women and children under 5 in the country

- To promote timely administration of IPT to pregnant women through their pregnant period.
- To encourage the community to accept and support the IRS activities to a level of over 90% of the targeted households.
- To encourage communities to sustain effective malaria control interventions despite of the decline of malaria

ii. Primary audience

- Pregnant women and children under five years
- Caretakers
- General community

iii. Secondary audience

- Husbands
- Mothers in law
- School Children
- School and Madras Teachers
- THs, TBAs and MCHAs
- Local community members, Political leaders, and comm. Leaders.

iv. Key promise

- Sleeping under ITN/LLTNs prevents from mosquito bites
- ITNs/LLTNs repels mosquitoes and provide sound sleep
- ITNs/LLTNs reduces malaria attacks
- ITNs/LLTNs are available at no cost to under five and pregnant women
- ITNs/LLTNs are available at affordable price to the rest of the population group
- Insecticide for net treatment and re-treatment are available and free
- IPT treats malaria during pregnant effectively
- IRS kills anopheles mosquitoes causing malaria disease and is free of charge

v. Support points

- The ITNs/LLTNs are provided free.
- The ITNs/LLTNs are easy to and are for personal protection against malaria disease.
- The ITNs/LLTNs inhabits reduces effectively number of malaria vector (*anopheles*) at home.

- The IPT are free for pregnant women in health facilities.
- The IRS readily available and are free.
- LLTNs are readily available and free.

vi. Desired actions

- Community members use ITNs properly/accordingly.
- Community members timely re-treat their bed nets
- Community members accept IRS to their houses.
- Pregnant women administer IPT at regular intervals

c. Key Intervention Area 3: Control and Prevention of Malaria in Pregnancy.

Priority Problems

- Pregnant women are not preventing and/or treating malaria correctly and timely
- Service providers offering antenatal services at public and private health facilities do not comply with malaria treatment guidelines
- For a variety of reasons, many pregnant women attend ANC late, mostly in their third trimester.

Priority Problem I:

Pregnant women do not use SP for IPT

Communication objective

1. To increase the use of IPT for pregnant women from 57% in 2007 to 80% in 2012.

Primary audience

- Pregnant women
- Women at child bearing age

Secondary audiences

- Caretakers
- Husbands
- Mother in laws
- THs, TBAs, MCHAs, and CBD.

Key promises

IPT (SP) drugs are available and are provided free

IPT (SP) prevent pregnant women from getting severe malaria during pregnancy
Pregnant women will deliver a healthier baby
IPT reduce the risk of getting severe anemia
IPT decrease maternal deaths

Support points

- Service providers are well trained.
- Services are readily available at health facilities.
- SP is generally a safe anti-malarial drug during pregnancy.
- SP is provided free.
- SP are available at each health facility

Desired actions

- Pregnant women attend antenatal clinic regularly.
- Pregnant women take the correct doses of IPT (according to the national. guidelines)
- Pregnant women will convince others to take SP during their pregnancy.
- Pregnant women take IPT at correct intervals.

Priority problem II:

Pregnant women are not preventing and treating malaria correctly and timely.

Communication Objectives:

Increase the proportion of women aged 18-25 who are aware of the dangers of fever and malaria during pregnancy from 73% 2007 to 90% in 2012.

Primary Audience:

Women aged 18-25 and pregnant women

Secondary Audience:

Extended family (husbands, in-laws, mothers) and health workers (MCHAs and CBDs)

Community and opinion leaders

Key promise:

Receive IPT during pregnancy to prevent malaria makes a mother health and have a healthy baby

Malaria in pregnancy can be avoided

A pregnant woman who sleeps under ITN/LLNs may avoid mosquito that transmits malaria

ITNs/LLNs are effective for the mother and for the unborn baby

Support points:

- Service providers are well trained.
- Services are readily available at health facilities.
- SP is generally a safe anti-malarial drug for the mother and the unborn baby.
- SP is provided free.
- SP are available at each health facility
- SP is available in health facilities and drug shops labeled with the malaria symbol.

Desired action response:

Pregnant women attend ANCs early and regularly

Family members and community leaders encourage pregnant women to attend ANCs early

Pregnant women encourage other pregnant women to attend ANCs early and regularly.

d. Key Intervention Area 4: Community Based Malaria Control Activities

Priority Problems

- Malaria policies and guidelines are not adequately circulated to districts, health facilities and communities
- Activities of the partners and stakeholders in malaria prevention and control in Zanzibar lack adequate coordination and collaboration
- Health facility staff are too few to provide health education to their catchments areas

Priority Problem I:

Malaria policies and guidelines are not adequately circulated to districts, health providers and communities

Communication objectives

- To provide 60% of community leaders and organized social groups involved in malaria control with guidelines and IEC materials for dissemination of malaria information and/or messages by 2012.

- To increase knowledge and skills among 60% of health care service providers on effective communication for malaria prevention and control by 2012.
- To reach 60% of community members, schools and other special settings (army, barracks and fishers) with appropriate information on malaria prevention and control by 2012.
- To disseminate advocacy tools on malaria prevention and control to policy makers and development partners by end of 2012.

Primary audiences

- Community health service providers (TBAs, CBDs and CHNs)
- Health care service providers
- Community and religious leaders
- Schoolteachers
- School aged children
- Mothers in law
- Husbands, Policy makers and Development partners

Secondary audience

- Caretakers
- Pregnant women
- Children under five years
- Women at childbearing age

Key promises

- Malaria is a curable and preventable disease if health service providers correctly follow guidelines
- Guidelines on effective drugs (ACT) for treating malaria are available at all health facilities and are provided free.
- Guidelines on how ITN/LLTNs should be used to prevent people from mosquito bites are available
- ITNs/LLTNs are available at affordable price
- ITNs/LLTNs makes you sleep well and repels mosquitoes away
- Insecticides for treatment and re-treatment are available at affordable price.
- Keeping household surroundings clean and free from stagnant water prevent mosquito breeding
- Guidelines on drug for IPT are available and provided free
- IPT prevent pregnant women from getting severe malaria during

- pregnancy
- Pregnant women will deliver a healthier baby when using recommended malaria interventions such as ITN/LLTNs and IPT
- IRS kills anopheles mosquitoes and reduces malaria transmission.

Support points:

- Communities participate more effectively in economic activities
- Better health services
- Free consultations and effective management of malaria is provided through public health system
- Health care service providers are using good and friendly approach to the patients
- Health care service providers are well trained
- ITNs/LLTNs use is at high coverage in communities reduces the prevalence of malaria especially to children under five
- ITNs/LLTNs is cost-effective methods of preventing malaria
- ITNs/LLTNs are at a high coverage in the country.
- SP are accordingly used by pregnant women.
- Services are readily available at health facilities
- IRS is provided free
- Raised IRS demand among community members.

Desired actions

- Health providers have the reviewed and updated policies, treatment guidelines, training modules and reference materials
- Communities are aware of the trends of malaria cases and case management
- Health workers are updated on malaria case management
- Public and private health providers adhere to malaria treatment guidelines
- Children with fever are taken immediately to the nearest health care facility to prevent complications.
- Pregnant women are attending antenatal clinic regularly and are taking SP according to national guidelines
- Pregnant women are convincing others to take SP during their pregnancy
- Community members are using ITNs/LLTNs effectively
- communities are keeping household surroundings clean without inviting breeding sites

- Pregnant women are attending early to the clinic
- Communities are accepting and supporting malaria intervention activities at their homes

Priority Problem II

Activities of the partners and stakeholders in malaria prevention and control in Zanzibar lack coordination and collaboration

Communication objectives

To strengthen public-private partnership in malaria prevention and control

To strengthen working relationship between ZMCP, DHMTs and other health sector programs so as to ensure proper patient management at all levels

To provide community leaders and organized social groups with community malaria control guidelines and IEC materials for dissemination of malaria information and messages from to 90% in 2012

To reach community members with appropriate information on malaria prevention and control to 95% in 2012

To ensure that service providers have all necessary information they need to deliver quality and up to date services

Primary audiences

- Ministry of Health
- Ministry of Education and Vocational Training
- Ministry of Finance
- Policy makers
- Development partners
- National NGOs
- ZAMACO

Secondary audiences

- Zonal DHMTs
- DHMTs
- District Education Officers
- District based NGOs

Tertiary audiences

- Community health service providers (TBAs, CBDs and CHNs)
- Health care service providers
- Community and religious leaders

- Schoolteachers
- School aged children
- Mothers in law
- Husbands,

Key promises

- Malaria is a curable and preventable disease
- Effective drugs (ACT) for treating malaria are available at all health facilities and are provided free.
- ITNs/LLTNs are available at affordable price
- Insecticides for treatment and re-treatment are available at affordable price.
- Keeping household surroundings clean and free from stagnant water prevent mosquito breeding
- Drug for IPT is available and provided free
- IPT prevent pregnant women from getting severe malaria during pregnancy
- Pregnant women will deliver a healthier baby when using recommended malaria interventions such as ITN/LLTNs and IPT
- IRS kills anopheles mosquitoes and reduces malaria transmission.

Support points:

- Communities participate more effectively in economic activities
- Better health services
- Free consultations and effective management of malaria is provided through public health system
- Health care service providers are using good and friendly approach to the patients
- Health care service providers are well trained
- ITNs/LLTNs use is at high coverage in communities
- Malaria prevalence is consistently declining especially among children under five
- ITNs/LLTNs is the cost-effective methods of preventing malaria
- ITNs/LLTNs are at a high coverage in the country.
- SP are accordingly used by pregnant women.
- Services are readily available at health facilities
- IRS is provided free
- Acceptance and demand for IRS among community members is high.

Desired actions

- Increased coordination and collaboration among partners and stakeholders of malaria prevention and control
- Increased communication and advocacy to communities
- Increased resource allocation
- Pregnant women attend antenatal clinic regularly and take SP according to national guidelines
- Pregnant women will convince others to take SP during their pregnancy
- Community members use ITNs/LLTNs effectively
- Increased awareness on trends in malaria cases
- Keeping household surroundings clean without inviting breeding sites
- Early attendance to the clinic
- Communities accept and support IRS activities at their homes

5. MONITORING AND EVALUATION

Monitoring, evaluation and follow up of activities will be conducted simultaneously. Evaluation tools will be developed and used in each step of development. Implementation of strategies to inform implementers and malaria personnel on how best to deliver the services will be conducted. Specific aspects of the strategy will be looked at to assess progress, challenges and impact of the services. It is recommended that each operational element of the strategy be evaluated to determine whether or not there has been:

- ❖ Increase of awareness and knowledge (understanding about malaria).
- ❖ A positive shift in attitudes and behaviors about malaria. Individual should be aware and at least able to mention signs and symptoms of malaria and make quick decision of seeking prompt treatments (within 24 hrs) whenever a child develops fever.
- ❖ A decline in morbidity and mortality rates in malaria to pregnant women and children under five years of age

Supervisory and field visits will be conducted to ensure effective implementation of the planned activities in the communication strategy. Evaluation will be conducted in two phases: -

- ❖ Mid evaluation which will take place 2 years after starting implementation (2010)
- ❖ Final evaluation, which will take place at the end of the strategic plan (2012).

Monitoring and evaluation will be conducted to assess achievements, progress and challenges in the strategy. Contrary to evaluation and monitoring during implementation of the strategy, health care providers will be provided with on-job trainings so as to develop new knowledge and skills. Challenges confronted at this time should be taken for discussion and resolutions be sent back to the field implementers as feedback and be implemented.

LOGICAL FRAMEWORK MATRIX

The malaria communication strategy has a logical frame that describes the goal, purpose, outcomes and activities. Verifiable indicators and means of verification on the activities are inclusive.

Appendix 1 : Logical Framework Matrix

Appendix 1 Logical Framework Matrix

GOAL	PURPOSE	OBJECTIVES	OBJECTIVE VARIABLE INDICATORS	MEANS OF VERIFICATION	RISK & ASSUMPTION
To reduce malaria morbidity and mortality through the development of positive behavior change interventions	To put in place an effective behavior change communication strategy directed to 60% of health care providers and communities that will contribute in the reduction of malaria burden in Zanzibar by 35% by 2012	1. To promote early recognition of signs and symptoms of uncomplicated malaria for children under five years of age and appropriate health care seeking behavior within 24 hours from onset of the illness from 7% in 2005 to 65% in 2012	<ul style="list-style-type: none"> ➢ Malaria related morbidity and mortality rates reduced in Zanzibar ➢ Proportion of morbidity attributed to uncomplicated malaria in under fives attending OPD to 80% in 2012 ➢ Creation of an appropriate health behaviors and actions regarding early health seeking and recognition of signs and symptoms on malaria among the community are increased from 7% in 2007 to 90% in 2012 ➢ Effective behavior change communication strategy guideline in Zanzibar shall be in place and operational by May 2009 	<ul style="list-style-type: none"> ➢ Health facilities survey/reports ➢ Community surveys ➢ FGDS ➢ Community needs assessments 	<ul style="list-style-type: none"> ➢ Limited financial resources ➢ Political environment/stability. ➢ Un timely submission of reports from health facilities ➢ Negative attitudes and believes among the community members
		2. To raise the level of awareness on signs and symptoms of severe malaria among the community members and practicing appropriate management of malaria cases up to 80% by 2012	<ul style="list-style-type: none"> ➢ The level of awareness on signs and symptoms for severe malaria among the community members is increasing by 80% in 2012. 	<ul style="list-style-type: none"> ➢ Communication strategy document in place and use. ➢ Progress reports available timely. 	<ul style="list-style-type: none"> ➢ Time limitation to finalize the document ➢ Limited financial support from Central Government ➢ Scarcity of skilled

GOAL	PURPOSE	OBJECTIVES	OBJECTIVE VARIABLE INDICATORS	MEANS OF VERIFICATION	RISK & ASSUMPTION
				<ul style="list-style-type: none"> ➢ Morbidity and Mortality data available. 	<p>health personnel to run the awareness rising campaign</p> <ul style="list-style-type: none"> ➢ Negative believes and misconceptions on ITNs/LLINs to the community
		<p>3. To promote the use of ITNs/LLINs for pregnant woman from 73% in 2007 to 90% by 2012</p> <p>4. To promote the use of IPT for pregnant women from 57% in 2007 to 80% in 2012</p>	<ul style="list-style-type: none"> ➢ Increase use of ITNs/LLINs for pregnant woman and children from 73% in 2007 to 90% by 2012 ➢ Use of IPT in pregnant women increasing from 57% in 2007 to 80% in 2012 	<ul style="list-style-type: none"> ➢ Progress reports ➢ Community survey reports ➢ FGDS ➢ ANC Clinic records ➢ Progress reports ➢ HIS 	<ul style="list-style-type: none"> ➢ Possibility in scarcity of SP. ➢ Misconceptions on IPT on possible abortion
		<ul style="list-style-type: none"> ▪ 5. To promote the use of ITNs/LLINs for children under five from 74% in 2007 to 90% in 2012. 	<ul style="list-style-type: none"> ➢ Increase in use of ITNs/LLINs to children under five ➢ Increase demand of ITNs/LLINs for children under five 	<ul style="list-style-type: none"> ➢ Routine date ➢ Clinic records ➢ Progress reports ➢ Number of ITNs/LLINs meetings conducted ➢ Number of TV and Radio program conducted and aired 	<ul style="list-style-type: none"> ➢ Misconception on ITNs/LLINs prevailed in community ➢ Scarcity of ITNs/LLINs at vendors ➢ Wrong perception on delivered messages
		<p>6. To raise awareness on use of ITNs/LLINs</p>	<ul style="list-style-type: none"> ➢ Community awareness on the use ITNs/LLINs increased ➢ Increase demand of ITNs/LLINs from Community ➢ Increase the rate of treatment of nets 	<ul style="list-style-type: none"> ➢ FGDS ➢ Community surveys ➢ Clinics records ➢ Number of net retreated campaigns and meetings conducted 	<ul style="list-style-type: none"> ➢ Limited funds for ITNs/LLINs ➢ Misconceptions and negative beliefs on ITNs/LLINs

GOAL	PURPOSE	OBJECTIVES	OBJECTIVE VARIABLE INDICATORS	MEANS OF VERIFICATION	RISK & ASSUMPTION
		7. To increase knowledge among 60% of the health care providers in effective communication for malaria prevention and control by 2012	<ul style="list-style-type: none"> ➤ Knowledge and skills of health care providers in communication are improved by 60% by 2012 	<ul style="list-style-type: none"> ➤ Training reports ➤ Number of trainings conducted ➤ Survey findings ➤ Rapid assessments 	<ul style="list-style-type: none"> ➤ Un conducive political environment ➤ In ability to conduct training at time ➤ Luck of funds
		8. To provide 60% of the community leaders and organized social groups with information packages and IEC materials for dissemination of malaria messages by 2012	<ul style="list-style-type: none"> ➤ Community leaders and organized social groups dissemination messages on malaria to about 60% by 2012 	<ul style="list-style-type: none"> ➤ Community meetings ➤ Meeting reports ➤ No. of Material distributed ➤ Number of Radio and TV messages aired ➤ Proportion of community leaders able to disseminate malaria information 	<ul style="list-style-type: none"> ➤ Political stability and commitment ➤ Community participation
		9. To reach 60% of the community members with appropriate message in malaria	<ul style="list-style-type: none"> ➤ Community members participating in malaria IEC activities ➤ Community members disseminate malaria messages 	<ul style="list-style-type: none"> ➤ Malaria message aired on TV and Radio 	<ul style="list-style-type: none"> ➤ Limited funds and commitment ➤ Resistance of community

Appendix 2 : Implementation Plan for the Communication Strategy

Zanzibar Malaria Control and Prevention Program																
Implementation Plan for Malaria Communication Strategy 2008 - 012																
Key Area 1.	Effective case management and treatment of malaria	2008		2009		2010		2011		2012		Indicators	Implementation Partners	Responsible	Budget US\$	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2					Q3
Activity	Target group	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	community, mothers and caretakers, community leaders, policy makers at all levels, health care providers, traditional healers, TBAs, shopkeepers, private health facilities, households	1	2	3	4	1	2	3	4	1	2	3	4			
1	Carr out community focus group Discussions to assess community attitudes, Perceptions and misconceptions on Malaria													WHO, UNICEF, Global Fund, NGOs,CBOs ,Community and others	HPRU and ZMCP	6000
2	Sensitize communities against the identified misconceptions on malaria													Italian cooperation ,UNICEF, WHO, MoHSW, Global Fund and others	HPRU and ZMCP	10000
3	Develop and Distribute appropriate health learning materials and messages on case management													Italian cooperation, UNICEF-WHO<MoHS W, Global Fund and others	HPRU and ZMCP	20000

Key Area No. 2: Prevention of malaria through the use of ITNs / LLINs/LLITs and other vector control methods																		
Activity	Target group	2008			2009			2010			2011			2012		Implementati on Partners	Respo nsible	Budget US\$
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2			
Environmental management																		
Carry out community knowledge, attitudes, beliefs and misconceptions on ITNs / LLINs and IRS	Pregnant mothers, women at childbearing age, care takers, community and TBAs																HPRU, ZMCP	25000
1																		
Provide feedback to community on survey findings	Pregnant mothers, women at childbearing age, care takers, community leaders, TBAs																HPRU, ZMCP	10000
2																		
Conduct Community Meetings and group meetings based on the findings	Pregnant mothers, women at childbearing age, care takers, community and TBAs, TBAs, community leaders.																	
3																		
Develop and distribute religious multi-channels (each as: IEC materials, radio and television events to raise awareness on ITNs, LLINs and IRS;	Pregnant mothers, women at childbearing age, care takers, community and TBAs																	
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Key Area no. 3: Control and Prevention of Malnutrition Respiquancy

Activity	Target group	2008			2009			2010			2011			2012			Indicator	Implementation Partners	Responsible	Budget (US\$)
		01	02	03	04	01	02	03	04	01	02	03	04	01	02	03				
1 Carry out community focused group discussions to assess knowledge attitudes, perceptions and misconceptions on IPT	Pregnant mothers, women at childbearing age, care takers, and TBAs.																WHO, UNICEF, Global Fund Italian Cooperation SMZ, Community and others	HRU, ZMCP	30000	
2 Provide feedback to the community on survey findings.	Pregnant mothers, women at childbearing age, care takers and TBAs.																WHO, UNICEF, Global Fund Italian Cooperation SMZ, Community and others	HRU, ZMCP	15000	
3 Community sensitization on IPT through:																				
Conducting community advocacy meetings	Pregnant mothers, women at childbearing age, care takers, community leaders and TBAs and MCHA																WHO, UNICEF, Global Fund Italian Cooperation, SMZ, Community and others	ZMCP, HRPU	10000	
Developing and Distributing IEC materials, Leaflets, brochures, etc	Pregnant mothers, women at childbearing age, care takers, TBAs and MCHA																WHO, UNICEF, Global Fund Italian Cooperation, SMZ and others	HRU, ZMCP	20000	
Developing advocacy programmes through a) Mass media (Radio and TV programs) b) Panel discussions c) Scors d) Drama e) Animated TV Commercials	Pregnant mothers, women at childbearing age, community leaders, TBAs and TBAs																WHO, UNICEF, Global Fund Italian Cooperation, SMZ, MoH&SW and others	HRU, ZMCP	5000	
Organize debates for IPT on IPT through TV and Radio - Use special events - Use specific awareness	Pregnant mothers, women at childbearing age, community leaders, TBAs and MCHA																WHO, UNICEF, Global Fund Italian Cooperation, MoHSW, Community Investors	HRU, ZMCP	6000	
Use Folk Media (songs, Theatre groups, role plays, and story telling)	Pregnant mothers, Women at childbearing age, community leaders, TBAs and MCHA																WHO, UNICEF, Global Fund Italian Cooperation, MoHSW, Community Investors	HRU, ZMCP	6000	
Organizing tarab Songs, poems, drumming (Geni) and dance	Pregnant mothers, Women at childbearing age, community leaders and TBAs, MCHA																WHO, UNICEF, Global Fund Italian Cooperation, MoHSW, Community Investors and MoHSW	HRU, ZMCP	7000	

Activity	Target enu. p.	2008			2009			2010			2011			2012			Indicato n	Implementa tion partne r	Reason able	Budget US\$
		Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q				
		1	2	3	4	3	2	1	2	3	4	3	2	1	2	3				
4	Organize workshops to review IPT guideline															IPT guideline reviewed and revised in place	WHO, UNICEF, Global Fund Italian Cooperation MoH-SW, Community Health Workers and MoH-SW, WHO, UNICEF, Global Fund Italian Cooperation MoH-SW, Community Health Workers and MoH-SW	ZMCP	10000	
5	Conduct monitoring and evaluation of the service providers and MCHAs															Evaluation findings and report		HPRU	30000	
Sub Total (Key area no.3)																			135000	
Key Area no.4-COMMUNITY BASED MALANSA CONTROL ACTIVITIES IMPLEMENTED																				
1	Conduct community survey (FGD) on community perceptions and misconceptions on malaria.															Community survey conducted	WHO-GFA TM/UNICEF FIMoHSW	HPRU ZMCP	20000	
2	Conduct community meetings to provide survey findings														Community health trainings conducted		HPRU ZMCP	15000		
3	Conduct community formal trainings on control and prevention of malaria disease														Number of trainings conducted		ZMCP	20000		
4	Organize community workshop to strengthen participatory teaching aids (V-Ps) on control and prevention of malaria														Number of materials produced, Participatory teaching reports		ZMCP	20000		
5	Strengthen school base malaria prevention and control activities in Zarabar.														Number of materials produced in schools		ZMCP-H FRU	8000		
6	Work closely with school based health committees to strengthen malaria component.														Number of school health committees formulated		ZMCP-H FRU	6000		
7	Revise Teachers' Guides, Students' Guidebooks and curricula for malaria														Teachers Guide and Students' Guidebook developed		ZMCP-H FRU	25000		

Detailed BCC Implementation Plan

	2009				2010				2011				2012			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategy 1: Public IEC/BCC campaigns to increase awareness on malaria, its causes, signs, symptoms and treatment and prevention among different audiences.																
Phase 1: Preparations																
• Update policy and guidelines for 4 key interventions																
• Create campaign slogan /Theme																
• Update the current IEC/BCC materials																
• Produce policy and guidelines																
• Plan and produce IEC/BCC materials according to the IEC/BCC production cycle																
• Plan and produce radio and TV spots according to the IEC/BCC production cycle																
• Conduct Rapid assessment on community perceptions and misconceptions about malaria interventions to determine new IEC/BCC needs																
Phase 2: Massive dissemination of IEC/BCC materials: Disseminate IEC/BCC materials through various channels (community meetings, radio, TV, interpersonal communication, posters, etc)																
Strategy 2: Mobilization of partners at district and community level to participate in providing up-to-date information and services on malaria prevention and control																
• Link ZMCP to community level activities by mobilizing partner bodies at different levels (DHMTs, NGOs, FBOs, CBOs, Shehas, Imam, CORPs, community leaders etc)																
Strategy 3: Community Sensitization and Mobilization to create demand for the various target audiences to access malaria information and control interventions in a desired manner (Case management, ITNs/LLINs, IPTp, IRS, and community involvement in the environment management activities, etc)																
• Plan and implement community meetings with community leaders																
• Produce and disseminate radio serial drama linked to community level activities																
• Support and engage CSOs (CBOs,NGOs,FBOs) to conduct community sensitization activities																
• Religious leaders sensitization campaigns in churches and mosques																
Strategy 4: Policy advocacy directed at policy makers at different levels to provide them up-to-date information and solicit their support for budgeting, allocating and supplying sufficient resources for malaria prevention and control services (drugs, ITNs/LLINs, IPTp, IRS, etc)																
• Update ZMCP website and a News letter																
• Place policy, guidelines, fact sheets and articles on ZMCP website and update it regularly																
• Produce and disseminate briefing materials																
• Plan and implement briefing sessions																
• Create and actively facilitate national policy dialogue forum for malaria control in Zanzibar																
Strategy 5: Correspondence with audience to encourage feedback and promote dialogue and participation in malaria prevention and treatment																
• Plan and organize school essay competitions																
• Plan and conduct live interviews on radio/TV and encourage SMS or phone calls																
Strategy 6: Media advocacy to promote accurate and analytical coverage of malaria information and services																
• Produce and disseminate Press Release on malaria information and services annually																
• Plan and implement a media award scheme																
• Organize mass media training workshop																
• Encourage media interviews and coverage on the four malaria key interventions																
• Document information on malaria control interventions (success stories) covered in the media																
Strategy 7: Stakeholder communication to help leaders add on and communicate up-to-date information on malaria prevention and treatment when interacting with key audiences (communities, households, individuals, etc)																
• Produce and disseminate malaria fact sheets to policy makers on current malaria epidemiological trends																
• Identify appropriate forums (parliamentary session, cabinet meetings, political rallies, etc) and disseminate malaria fact sheets to policy makers																
Strategy 8: Capacity building of ZMCP and HEU staff on IEC/BCC strategies																
• Hold orientation workshop to ZMCP and HEU staff on IEC/BCC approaches to different audiences																
• Recruit and/or train public relations officer with journalistic skills to respond to public concerns																
Strategy 9: Capacity building and internal communication with health providers to support them provide information and services in ways appropriate to the guidelines																
• Produce and distribute the revised health policy and guidelines																
• Plan and conduct refresher course to health providers on Case management and Malaria in Pregnancy																
• Produce and distribute fact sheets on current malaria epidemiology in Zanzibar, challenges and opportunities																
• Mobilize health providers to provide up-to-date information, treatment and services to health seekers according to the guidelines																
• Plan and Support IEC/BCC documentation centre at ZMCP																
• Support quarterly feedback to the WDCs on malaria situation in the catchments area																
Strategy 10: Thematic road shows and outreach events on rotational basis across different DHMT zones through partnership with district officials, respective communities and other actors (NGOs, CBOs) to provide opportunity for the public to learn about (and respond to) the changes in malaria epidemiological trends, challenges and opportunities																
• Identify and collaborate with partners in preparation of events																
• Plan and organize drama and musical performance culminated with Q&A sessions																
• Distribute IEC/BCC materials to participants																
• Commemorate World Malaria Day at different locations (schools, workplaces, ports, etc)																