Malaria Control Series 21

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL MALARIA CONTROL PROGRAMME





Communication Strategy for Malaria Control Interventions 2008 - 2013

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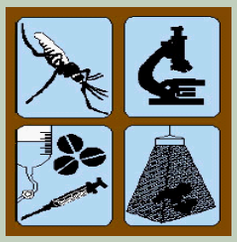
THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE



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Communication Strategy for Malaria Control Interventions 2008 - 2013

Malaria Control Series

1. National Guidelines for Malaria Diagnosis and Treatment, 2000
2. Diagnosis and Treatment of the Malaria: A handbook for Clinician,2001
3. Managements of Malaria at Health Center and Dispensary Level, 2001
4. Tiba Sahihi na Huduma ya Uuguzi kwa Wagonjwa wa Malaria, 2001
5. Tiba Sahihi ya Malaria: Mwongozo kwa wahudumu wa jamii, 2001
6. Huduma ya Uuguzi kwa Wagonjwa wenye Malaria,Mpangilio wa Kuhudumia Wagonjwa wa Dharura na Matibabu yake: Toleo la Tano, 2003
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11. National Guidlines for Malaria Diagnosis and Treatment, 2006
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16. Training Course on Nursing Care of Malaria Patients: Leaner's Guide, 2007
17. Training Course on Laboratory Diagnosis of Malaria, 2007
18. Mwongozo wa Udhibiti wa Mbu Waenezao Malaria kwa Uwiano, 2008
19. National Guidelines for integrated Malaria Vector Control, 2008
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NATIONAL MALARIA CONTROL PROGRAMME

This booklet has been prepared by the National Malaria Control Programme of the Ministry of Health and Social Welfare

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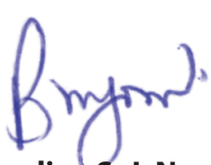
Foreword

The Communication Strategy has been developed to support the two main/core strategies that were identified in the National Malaria Medium Term Strategic Plan 2008-2013 (MMTSP). The overall goal, is to implement a coordinated and comprehensive program, over the next five years, that will help to achieve the change in behaviors, at the various levels, including the political, service delivery, community and individual, that is needed to reduce the burden of malaria by 80%, by the end of 2013.

The Malaria Medium Term Strategic Plan (MMTSP), has Behaviour Change Communication, as one of the supporting strategies. This communication strategy is cross cutting all of the main strategies, and serves to guide and unify the NMCP and its implementing partners, in the 5 year plan, to reduce the burden of Malaria in Tanzania.

The strategy identifies the main messages, for the different challenges, for the two main strategies, malaria diagnosis and treatment and malaria prevention, as well as, the tools and channels to communicate these messages. With all program implementers following the same communication strategy and guidelines, it will help to ensure that there is an attainment of the goals outlined by the MMTSP 2008 – 2013.

I hope that, the efforts placed in the development of this strategy, will not be in vain, but be put into practice. We all have a key responsibility, towards the fight against malaria. Various approaches addressed in this strategy, call for a need for participation, by all different strata of the identified stakeholders. I urge all of you to make use of this strategy.



Blandina S. J. Nyoni
Permanent Secretary
Ministry of Health and Social Welfare

Acknowledgements

Development of this Malaria Communication Strategy marks an important milestone in the efforts of the Ministry of Health and Social Welfare, through the National Malaria Control Programme, to ensure that communication for behaviour change, in the prevention and treatment of malaria, is done in a more coordinated and systematic way, leading to reduction of malaria incidence in Tanzania. The use of this Communication Strategy is expected to add value in changing people's behaviour towards malaria prevention and treatment seeking.

The Ministry of Health and Social Welfare, wishes to express a sincere gratitude, to all individuals and organization, that in various ways, have contributed to the development and finalization of this Communication Strategy. Special gratitude is dedicated to Vantage Communications Ltd, who did the work of developing the initial draft, of this Communication Strategy, Mr. Robert Ainslie, who facilitated the work of reviewing and updating the document and President's Malaria Initiative (PMI) for logistic and support for the development and printing of the document.

The Ministry would also like to extend appreciations, to officials from the Ministry of Health and Social Welfare sections and programmes, including NMCP, HES, RCHs, CBHC, The Communication Unit, The Environmental Sanitation Unit and The School of Environmental Health in Tanga. Officials from WHO, UNICEF, JHU/CCP, Jhpiego, PSI, CSSC, T-MARC, The Clinton Foundation, TANAM, RTI, and The Dar es Salaam City Council, for their participation in the whole process of developing this Communication Strategy. Their valuable contribution has played a fundamental role, in making this document a success.

Since it is not easy to mention everyone involved in this long process, the Ministry acknowledges the work of every partner, who in one way or another, contributed in the development and finalization of this Malaria Communication Strategy.

Dr. Deo M. Mtasiwa
Chief Medical Officer

List of Abbreviations

ACT	*Artemisinin Combination Therapy*
ANC	*Antenatal Clinic*
AYA	*African Youth Alliance*
BCC	*Behaviour Change Communication*
CBHC	*Community Based Health Care*
CBMC	*Community Based Malaria Control*
CSSC	*Christian Social Service Commission*
CBO	*Community Based Organisation*
CEDHA	*Centre for Educational Development Health –Arusha*
CEEMI	*Centre for Enhancement of Malaria Interventions*
CHMT	*Council Health Management Team*
CORPS	*Community Own Resource Persons*
DMO	*District Medical Officer*
DPS	*Directorate of Preventive Services*
GDP	*Gross Domestic Product*
FBO	*Faith Based Organisations*
HES	*Health Education Section*
HMIS	*Health Management Information System*
HSR	*Health Sector Reform*
IEC	*Information Education and Communications*
IMCI	*Integrated Management of Childhood Illnesses*
IPT	*Intermittent Preventive Treatment*
ITNs	*Insecticide Treated Nets*
JHU/CCP	*Johns Hopkins University/ Center for Communication Programs*
LGC	*Local Government Councils*
LLINs	*Long Lasting Insecticidal Nets*
DMIFP	*District Malaria and IMCI Focal Persons*
MoHSW	*Ministry of Health and Social Welfare*
MCS	*Malaria Communication Strategy*
MP	*Members of Parliament*
MMTSP	*Malaria Medium Term Strategic Plan*
mRDTs	*Malaria Rapid Diagnostic Test*
NACP	*National Aids Control Program Programme*
NATNETS	*National Insecticide Treated Nets Programme*
NGO	*Non Government Organisation*
NIMR	*National Institute for Medical Research*
NMCP	*National Malaria Control Programme*
PHAST	*Participatory Hygiene and Sanitation Transformation*
PSI	*Population Services International*
PMORALG	*Prime Minister Office, Regional Administration and Local Government*
RBM	*Roll Back Malaria*
RCHS	*Reproductive and Child Health Section*
RTI	*Research Triangle Institute*
SP	*Sulfadoxine-Pyrimethamine*
SWAP	*Sector Wide Approach*
TACAIDS	*Tanzania Commission for AIDS*
TBA	*Traditional Birth Attendant*
T MARC	*Tanzania Marketing and Communications Campany*
TANAM	*Trustees of Tanzania National Malaria Movement*
TDHS	*Tanzania Demographic and Health Survey*
UNICEF	*United Nations Children Fund*
WHO	*World Health Organisation*

1. Background

1.1 Demographic and Health Situation

The United Republic of Tanzania (mainland) has an estimated population of **38.7 million people (2002 census with 2007 projection)**, with an annual growth rate of 2.8%. 76% of the people live in rural communities. 20% of the population is children under five years of age, 27% are 5 to 15 years olds, and 20% are women of reproductive age (between 15 to 49 years). Indigenous Tanzanians make up the largest ethnic group on mainland Tanzania (99%) and there are over 120 tribes, each with its own dialect. Other ethnic groups include Asians, Europeans and Arabs, who make up 1% of the total population. The official languages are Kiswahili and English.

The current estimated infant mortality and under five year mortality rates are 58 and 91 per 1,000 live births respectively. Maternal mortality is estimated at 578 deaths per 100,000 live births. Life expectancy at birth is 45 years.

Malaria is estimated to consume 3.4% of GDP or about 240 million USD annually. Tanzania spends about USD 11.37 per person per year on health. Of this, USD 2.14 is spent on malaria services. About 75% of malaria expenditures are borne by the household, with the government contributing 20% and partners 5%. Of the household malaria expenditure, about one-third is spent on antimalarial drugs and almost half on bed nets, insecticides, coils and other preventive strategies. This burden is greatest on the poorest households and contributes to the continuing cycle of poverty.

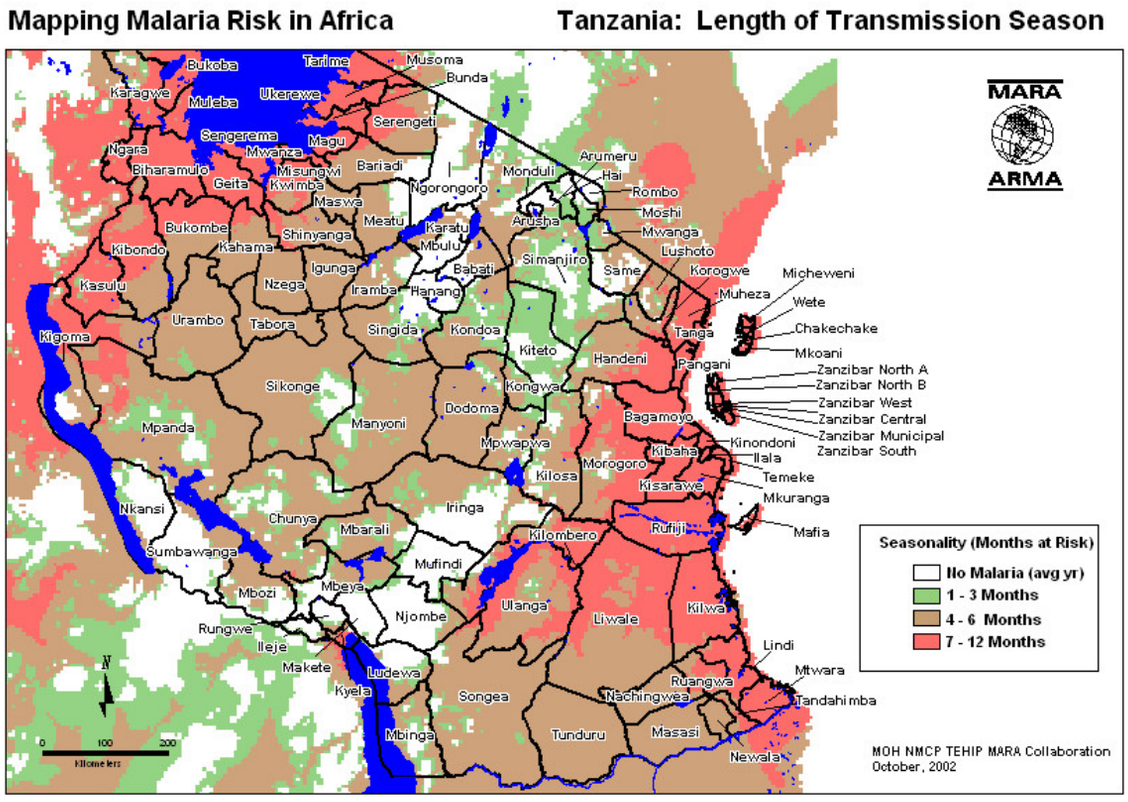
The 2007-08 Tanzania HIV/AIDS and Malaria Indicators Survey reports 39% of Tanzanian households owns an ITN. The percentages of children under 5 years of age and pregnant women sleeping under ITNs have increased from the 2004/04 figures. Currently one in four (26%) children under 5 and 27% of pregnant women sleep under an ITN. However large discrepancies still exist between urban and rural areas. Additionally 30% of pregnant women report having received IPT the recommended two times during an antenatal visit for their last live birth.

1.2 Malaria in Tanzania

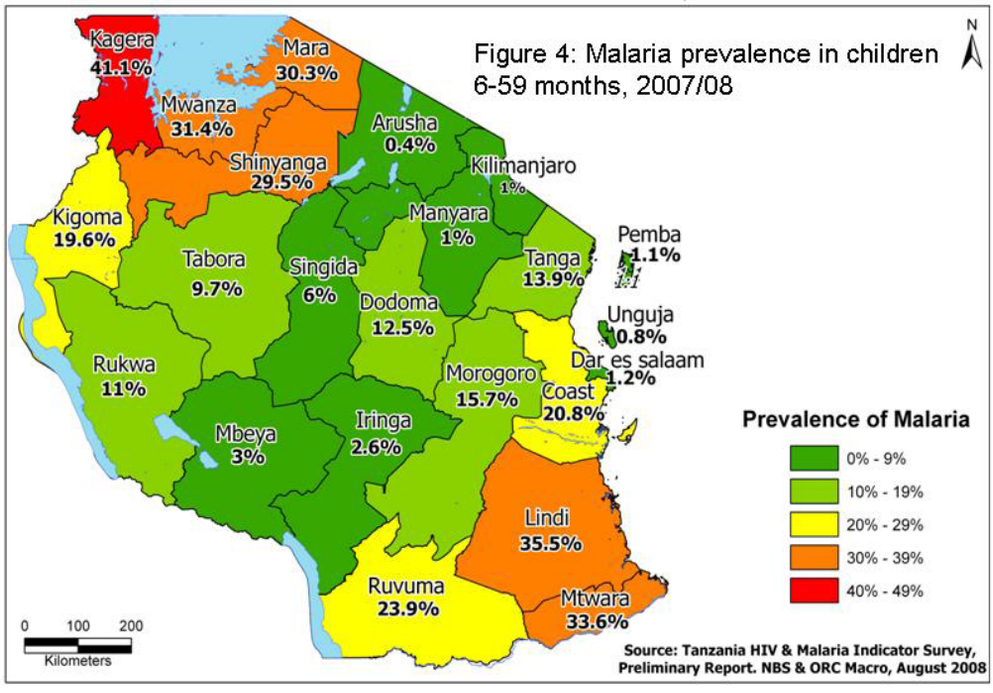
Malaria continues to be the largest single component of the burden of disease in sub-Saharan Africa, even though simple, effective and affordable treatments exist. Malaria's pervasive morbidity and high mortality persist because of failed transactions between those at risk of malaria transmission and available preventive and curative health systems. The consequence is not just an intolerable burden for individuals, their families and national health systems, but is also a devastating and continuing impediment to socio-economic development on the continent.

In Tanzania malaria is the single most significant disease affecting the health and welfare of its 38.7 million mainland inhabitants. The climatic conditions are favourable to mosquito breeding almost the entire country. Tanzania has the third largest population at risk of stable malaria in Africa after Nigeria and the Democratic Republic of Congo. The transmission is stable perennial to stable seasonal in over 80% of the country and about 20% of the population live in unstable malaria transmission areas prone to malaria epidemics.

Map No 1: Map of Tanzania depicting climate suitability for malaria transmission



Map No 2: Malaria prevalence in children aged less than five years 2007-2008



The species Plasmodium falciparum is responsible for over 95% of malaria infections in Tanzania. The principal malaria vectors are Anopheles gambiae and Anopheles funestus.

The number of clinical malaria cases per year is estimated to be 17 – 20 million resulting in approximately 80,000 deaths. It is estimated that malaria contributes to about 36% of all deaths in Tanzanian children aged less than five years (IHRDC-DSS, 2005). Children under five years of age and pregnant women are especially vulnerable to malaria due to their low malaria immunity status. Reports of disease statistics from health facilities (HMIS) indicate that malaria is the leading cause of outpatient and inpatient health care visits and of deaths among children. Over 40% of all outpatient attendances are attributable to malaria.

1.3 Policy Context

The Tanzania Development Vision 2025 provides the overarching vision for all social sectors in Tanzania. Among its main targets is the provision of a high quality livelihood through access to quality health services for all and a reduction in infant and maternal mortality rates by three quarters of current levels. It also aspires to raising life expectancy to a level comparable with those attained by typical middle income countries.[1]

In line with the above Development Vision, the overall objective of health policy in Tanzania is, therefore, to improve the health and well-being of all Tanzanians with a focus on those at most risk (i.e. infants and children under 5 years of age). In addition, the country's health policy seeks to encourage the health systems to be more responsive to the needs of the people.

The country has been undergoing health sector reforms (HSR) and decentralisation of health systems in order to improve the quality of care and equity in access. A multi-sector approach and collaboration with various partners is also being strengthened at policy level resulting in a sector wide approach to funding whereby funds are allocated centrally.

Within the environment of Health Sector Reform and a Sector Wide Approach to funding provided by donors (SWAP), the Ministry of Health's Mid Term Strategic Plan (MTSP) (2000-2004) has determined that the intention of the Ministry is to allow identification and critical examination of those areas that it is capable of executing and directing resources to areas of greatest need.

The Government of Tanzania's policy on malaria is articulated through the Malaria Medium Term Strategic Plan (MMTSP) - 2008-2013

1.4 Institutional framework for Malaria Control in Tanzania

Implementation of the five-year MMTSP 2008-2013 is in line with Health Sector and Local Government reforms. Core funding of the activities will be provided through the Sector Wide Approach to funding (SWAP), agreed between the Ministry of Health and Social Welfare and donor agencies contributing to the Health Sector basket funds against the annual Medium Term Expenditure Framework (MTEF).

The Ministry of Health and Social Welfare's organisational structure comprises the Minister for Health and Social Welfare, the Deputy Minister for Health and Social Welfare, the Permanent Secretary and the Chief Medical Officer with five directorates. Those directorates include: Preventative Services, Hospital Services, Human Resource Development, Policy and Planning, Administration and Personnel. Government owned health facilities at regional and district levels are administered through the Prime Minister's Office for Regional Administration and Local Government.

1.4.1 NMCP Management and Coordination

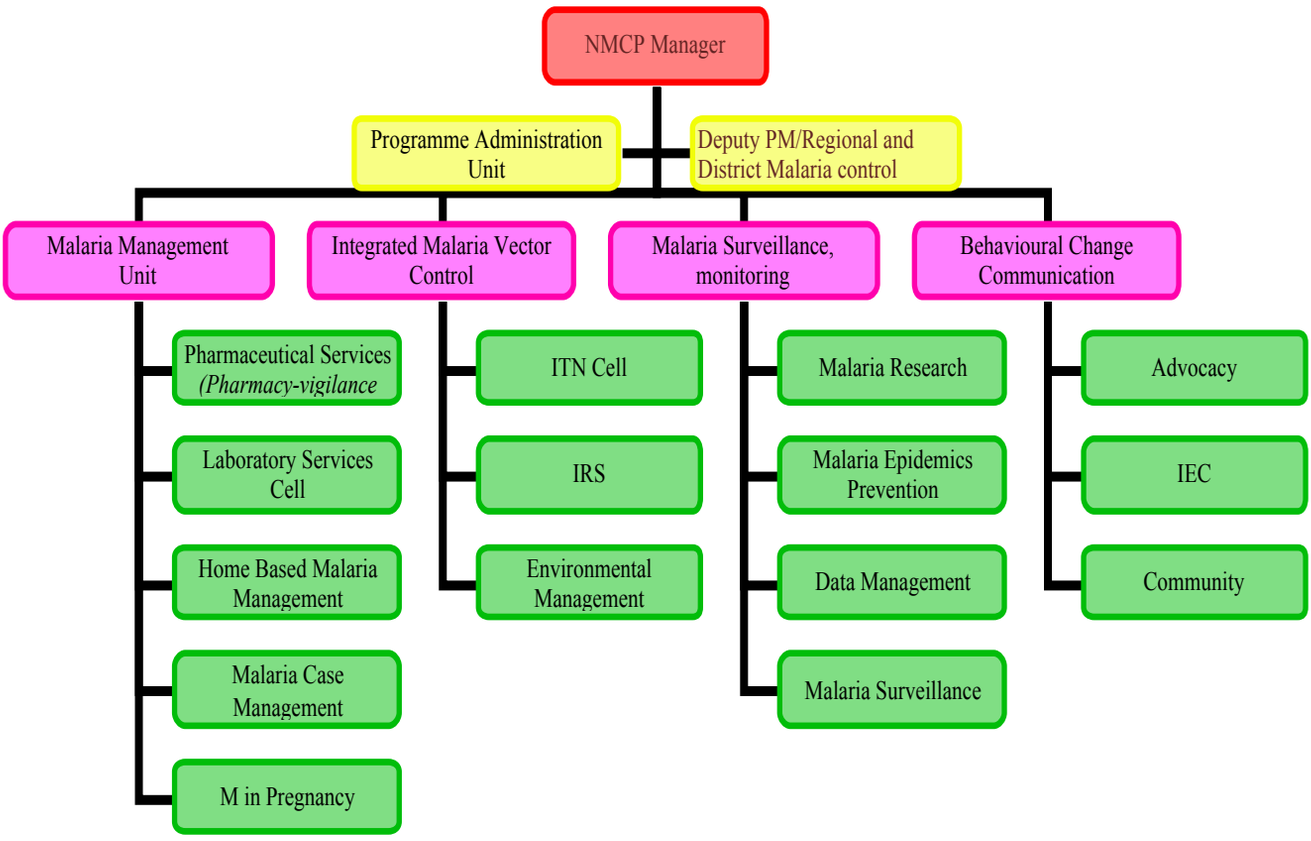
The National Malaria Control Programme (NMCP) coordinates the implementation of all malaria control activities in the mainland. NMCP's organization consists of two major strategic units: 1) Malaria Case Management and, 2) Malaria Prevention.

There are two supportive units which are the Programme Administration Unit and Regional and District Malaria Services Coordination Unit. There are 4 operational units and 15 cells as depicted in the organogram on the next page.

The NMCP is charged with:

- Policy formulation and advocacy;
- Capacity building and Technical support to the Regions and Districts;
- Preparation and revision of malaria control guidelines;
- Provision of supportive supervision and performance monitoring of CHMTs;
- Consultation and dialogue with stakeholders;
- Definition of research agenda;
- Development and provision of training manuals and IEC materials;
- Supervision, Monitoring and Evaluation;
- Enhancement of malaria epidemiological surveillance systems and HMIS;
- Resource mobilization.

Organigram of the National Malaria Control Programme



1.4.2 NMCP mission, vision and goal

NMCP's Vision:
Tanzania becomes a society where malaria is no longer a threat to the health of its citizens regardless of gender, religious or socio-economic status.

NMCP's Mission:
Tanzanians have universal access to malaria interventions through the effective and sustainable collaborative efforts with partners and stakeholders at all levels.

NMCP's Goal
To reduce the burden of malaria by 80%, by the end of 2013, from current levels (currently: mortality of estimated at 80,000 death per year and a morbidity of 18,000,000 cases per year).

The goal shall be attained through implementation of five strategies; which two are core strategies and three are supportive strategies. Each strategy has its outcomes, outputs and targets.

The IEC/BCC Unit of the NMCP is charged with the development and the implementation of the behaviour change strategy that will support the main 2 strategies.

1.4.3 MMTSP 2008 -2013 Strategies, Outcomes, Outputs and Targets

Main strategies:
- Malaria Diagnosis and Treatment
- Malaria Prevention

Supportive strategies:
- Monitoring, Evaluation and Surveillance
- BCC/IEC and Community Based Malaria Control
- Regional/District Support and Capacity Building

Strategy 1: Malaria Diagnosis and Treatment

Outcomes
- Appropriate malaria diagnosis and treatment provided
- Reduced vulnerability to malaria infection and its complication in pregnancy

Output
- Improvement of anti- malaria drug supply management
- Appropriate malaria case management provided at health facility level
- Access to appropriate home based care in place, with access to early diagnosis and prompt treatment improved at home
- Improvement of access to early malaria confirmatory diagnosis to facilitate rational use of ACTs
- Improvement in attendance of pregnant women to ANC services
- Quality ANC services provided at all levels

Targets

- *The proportion of health facilities with no reported stock out of recommended anti malaria drugs anytime of the year shall be increased from 80% in 2007 to 90% by 2013.*
- *The proportion of drug outlets selling anti-malaria drugs according to the national guidelines shall be increased to 80% by 2013.*
- *The proportion of children under 5 years of age diagnosed with uncomplicated malaria in HFs who are appropriately managed shall be increased from 64% in 2007 to 80% by 2013.*
- *The proportion of children under 5 years of age admitted with severe malaria receiving appropriate treatment according to the national guidelines shall be increased from 66% in 2007 to 90% by 2013.*
- *The proportion of children under 5 years with fever receiving appropriate treatment within 24 hours of onset of fever shall be increased from28% in 2007 to 80% by 2013.*
- *The proportion of laboratory confirmed malaria cases shall be increased from 20% in 2007 to 80% by 2013.*
- *In collaboration with RCHS, the Focused Ante Natal Care (FANC), package shall be provided at all level of health care by 2013.*
- *IPTp uptake for pregnant women in Tanzania to be raised from 65% in 2007 to 80% by 2013*
- *IPTp2 for pregnant women in Tanzania to be raised from 31% in 2007 to 80% by 2013.*

Strategy 2: Malaria Prevention

Outcomes

- Reduced malaria transmission through effective implementation of integrated malaria vector control

Output

- Increased ownership and use of ITNs/LLINs in vulnerable groups and in the general population IRS scale up and expanded scale up best practices of environmental management for malaria breeding sites
- Scale up best practices of larviciding for malaria vector control

Targets

The main targets set for this plan aim to reduce malaria transmission through effective implementation of Integrated Malaria Vector Control (IMVC) and also of malaria prevention during pregnancy. The targets are:

- *The proportion of pregnant women sleeping under ITNs/LLINs raised from 23% in 2007 to 80% by 2013.*
- *The proportion of children under five sleeping under ITNs/LLINs raised from 26 % in 2007 to 80% by 2013.*
- *The proportion of households owning at least one ITN/LLINs raised from 36% in 2007 to 90% by 2013.*
- *The proportion of households owning at least two ITNs/LLINs raised to 80% by 2013.*
- *Half of the country's population protected from malaria by scaling-up effective and timely use of IRS from 1 district in 2007 to 60 district by 2013.*
- *Effective environmental management for malaria control implemented in 15 selected municipal/town councils by 2013.*
- *Larviciding for malaria control scaled up from 1 city council in 2007 to 4 city councils by 2013.*

Strategy 3: Behaviour Change Communication

BCC/IEC is essential in effective implementation of the NMCP technical strategies, as it cuts across all strategies by promoting positive behaviour for the prevention and control malaria. It also entails demand creation, whereby communities can make informed choices that will result in better health and increased overall demand for effective services.

Outcomes

Enhancement of positive behaviour changes which promote appropriate malaria prevention and treatment

Outputs

Output 1: National Communication Strategy for malaria control institutionalized and operationalized.

This output will be achieved through:

- Reviewing and updating the existing National Communication Strategy (NCS) document;
- Disseminating the document to the implementing partners;
- Develop guidelines for implementation of the NCS;
- Strengthen district level capacity to implement NCS;
- Incorporation of BCC targets and output in the NMCP and district reporting and supervision systems.

Output 2: Effective BCC/IEC for positive malaria health practices expanded

This output will be achieved through:

- Development, dissemination and distribution of print and electronic promotional messages/materials;
- Strengthening district capacity on development and delivery of effective BCC messages on malaria control;
- Commemoration of World Malaria Day annually;
- Establish a resource center for BCC/IEC materials at the national level.

Output 3: Community based Malaria Control activities enhanced.

This output will be achieved through:

- Collaborate with IMCI unit of MoHSW to include the use of ITNs/LLINs and early-treatment seeking behavior in the cIMCI promotion package;
- Implementation of other Community Based Malaria Interventions;
- Training of CHWs/CORPs on malaria intervention promotional services in selected areas.

Targets

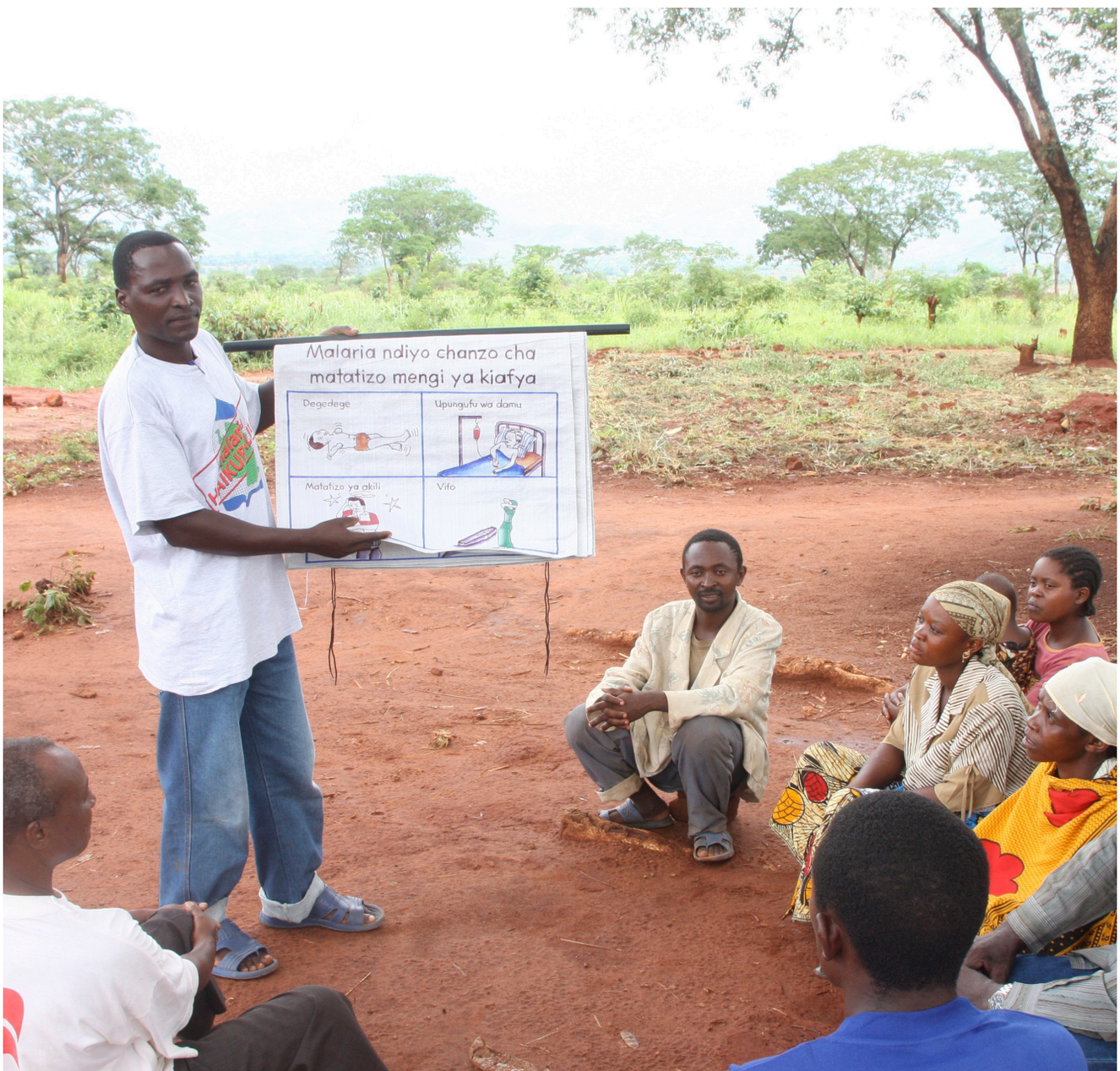
- The 5 year Communication Strategy will be institutionalized and operationalized to effectively guide all malaria BCC/IEC activities by 2013;
- Sustained IEC/BCC messages on malaria interventions are given to the public by 2013;
- All malaria interventions are known by 80% of the target population by 2013;
- At least 30% of villages in Tanzania have CHWs/CORPs delivering malaria intervention promotional services by 2013.

Strategy 4: Regional/District Support and Capacity Building

Outcomes
NMCP adopts an improved approach on trainings and capacity strengthening for service.

Outputs
- NMCP to adopt improved approach to training
- Strengthening capacity towards service improvement

Targets
By 2013, 80% of NMCP training activities will incorporate a pre-intervention assessment, follow up and impact assessments to improve the quality and effectiveness of training interventions.



Strategy 5: Monitoring, Evaluation and Surveillance and Operational Research

Outcomes

- Malaria control activities and their outcomes effectively monitored
- Malaria cases and deaths caused by epidemics reduced

Outputs

- Improved quality of routine HMIS malaria data through MoHSW approved sentinel HFs;
- Enhanced EDS through malaria epidemic hot spots;
- Functional MEEWS established and implemented in all epidemic prone districts;
- Improved coordination network for malaria operational research;
- Strengthened Monitoring and Evaluation of the MMTSP.

Targets

- By 2013, quality, reliable and timely HMIS data will be available for assessment of malaria morbidity and mortality from selected sentinel health facilities;
- By the year 2013, all Malaria Epidemic Prone districts have stratified maps on epidemic hot spots and have set up functional Epidemic and Early Warning and Detection System (MEEWS and MEEDS);
- By the year 2013, all malaria epidemics are detected and contained within two weeks from the onset;
- A functional Malaria Operational Research network in place as part of M&Enetwork by 2010;
- Malaria control Implementation plans will be based on evidence from representative surveys and operational research.

2. PROBLEM STATEMENT

2.1 The Role of Communication in Development and Behaviour Change

Scholars in development studies like Schramm, 1979; Hedebro, 1986; Hamelink, 1988; Mody, 1991; Melkote & Steeves, 2001; and others, have long been pre-occupied with the question of what causes change and how change occurs. Since changes occur at different times in different places and different conditions, there is no independent theory that has come up to explain how precisely that change occurs.

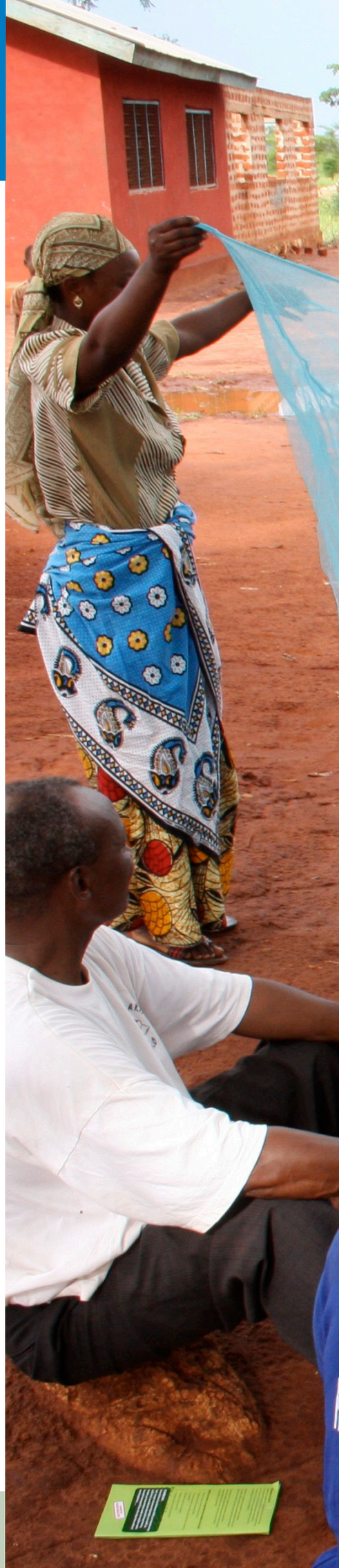
It is commonly acknowledged that for change to occur there is an exchange of information. This can be from change agents, mass media, observations, discussions internal catalyst, etc. Thus ensuring effective information exchange or communication can help ensure that changes in behaviours towards the prevention and control of malaria.

Information plays a key role in accelerating change in any society. If people are made to realize the need for change and they are given adequate information about the change, they will be willing to try out the change. On the other hand, if people don't appreciate the need for change and they get scanty information about the change, they are likely to be resistant to change.

Although information is a pre-requisite for change to take place, it is important to note that the availability of information alone will not automatically lead to the desired change. Thus information is not the only important factor in the change process. Other factors that affect people's way of life, like the socio-economic and political conditions, are also important considerations which all influence change. Nevertheless, information goes a long way to accelerate the process of change.

The updated Communication Strategy for the National Malaria Control Programme uses a strategic communication approach where communication guides the program towards its goals. Strategic communication can serve as the creative vision that integrates a program's multifaceted activities.

The communication programs in the 1960s were largely using "monologue" approaches, while in 1970s people started to use "dialogue" as part of the methods. Social marketing approaches were adopted in the 1980s. In this era social programs began to make use of integrated marketing communication approaches borrowed from the commercial sector. Today we live in "The Strategic Era" characterized by multi-channel integration, multiplicity of stakeholders, increased attention to evaluation and evidence-based programming, large-scale impact at the national level, more pervasive use of mass media, and a communication process in which participants ("senders and receivers") both create and share together.

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HISA KWA KILA MTANZANIA
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Strategic communication is widely acknowledged as a promising approach to tackle problems in the sophisticated social development world. Strategic approach to communication has helped to change communication programs from a "spare wheel", called upon when other approaches fail, to a "steering wheel" that can provide direction for program activities.

What communication scholars mean by strategic is not limited to a narrow definition such as a way of tackling a problem or working towards an objective Lessons learned from over 25 years of communication programs around the world have convinced Piotrow et. al (1997) to specify, among others, that strategic communication needs to be designed on the basis of scientifically collected data and recognized that behaviour change is as much a societal process it is also an individual decision-making process. (Kneeland 1999 in Tayler et.al., 2003), but in addition to that, it should also engage some key strategic elements.

Strategic communication is based on a combination of (Piotrow & Kincaid, 2001):
Data, ideas, and theories integrated by a visionary design to achieve verifiable objectives by affecting the most likely resources and barriers to behavioral change, with the Active participation of stakeholders and beneficiaries.

The above factors were all used in the development of this National Communication Strategy to ensure that there was overall all agreement on the process and results.

In approaching this strategy a framework was developed that provided a guide for the development of each of the components of the strategy, the ***Pathways Framework for Malaria Prevention and Control.***

The ***Pathways Framework for Malaria Prevention and Control*** describes a process of social change influenced by communication in a variety of ways. The model is organized in five vertical columns, with each column containing specific information that ultimately leads to the health impact goal for the program, reduced burden of malaria. While the model has an implicit left-to-right orientation, suggesting causal order and progression toward (pathways to) improved malaria practices and control, as is consistent with common stage models of behavior change, it should not be interpreted as endorsement of a strictly linear communication and change process.

The Pathways Framework for Malaria Prevention and Control captures the need for comprehensive communication programs for Tanzania. This framework reflects the concept of mutually-supportive channels of communication, aimed at different levels: the socio-political environment, service delivery systems, communities, families and individuals. It also outlines the initial outcomes and behavioral outcomes that precede actual change in reducing malaria burden or changing the social norms relating to malaria prevention. In short, it summarizes the multiple elements that together lead to the desired long-term outcomes.

The initial and behavioral outcomes in this model can be used to develop indicators that can be measured through monitoring and evaluation methods, and the contribution of each factor can be demonstrated in achieving true impact: reducing the malaria burden among Tanzanians.

Briefly The framework can be described as follows:

Underlying Conditions The pathways model for Malaria is grounded in underlying social, political, and economic conditions as well as the health situation, resources (both human and financial). This is represented in the first column.

Domains of Communication Growing out of and enabled (or constrained) by those conditions, communication interventions of various types can be used to affect the behaviours, program goals and objectives. This communication occurs within three principal domains: the social political environment) enabling environment, policies), service delivery systems (access to services and products), and among individuals within communities (the factors directly related to behaviours of individuals).

An example of these factors is at the individual level, where there are a number of factors including: health literacy and recall of messages, social support/stigma, emotional engagement, beliefs, attitudes, norms and values, the extent to which one perceives risk and self-efficacy.

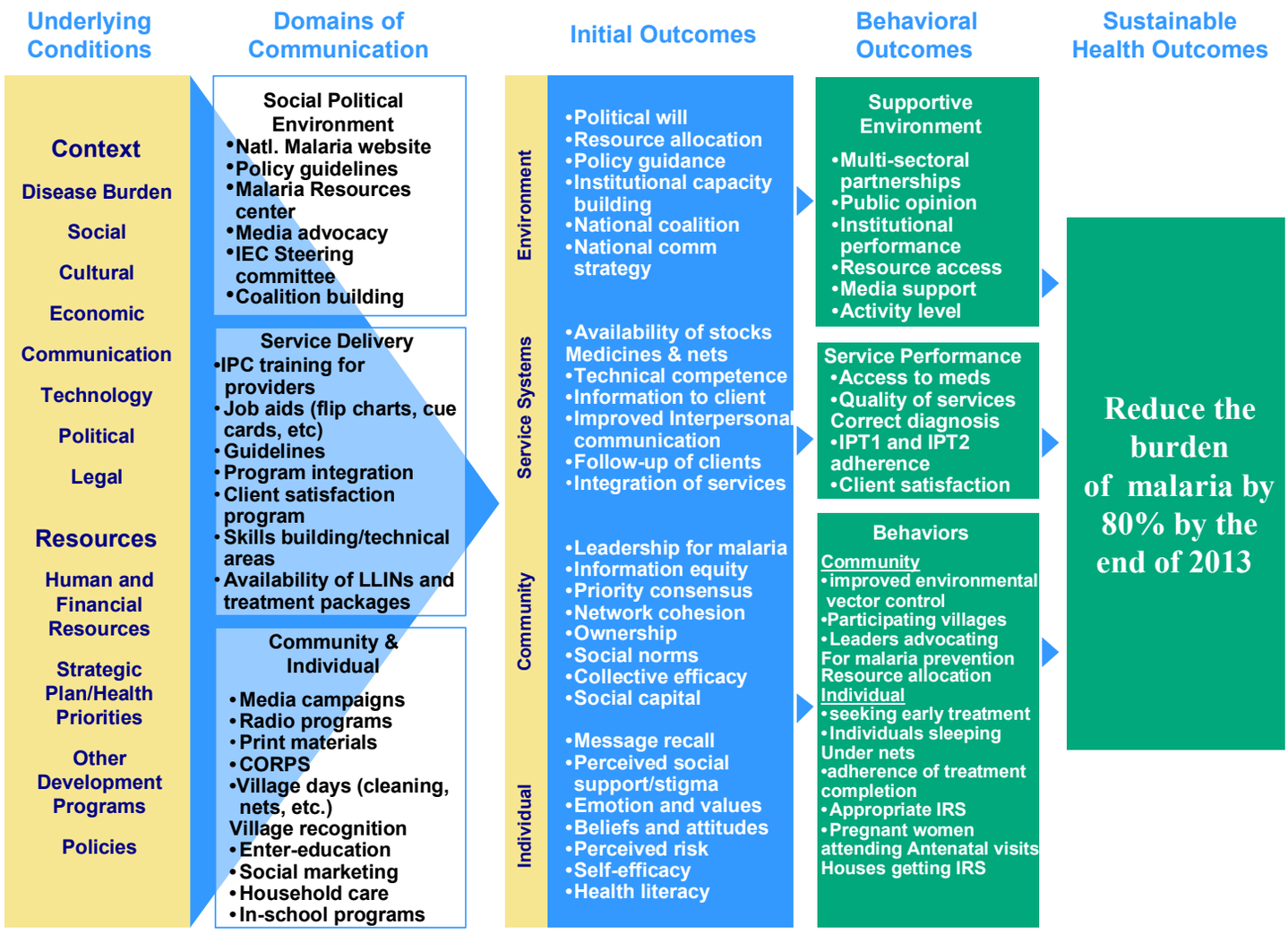
These interact with other factors including: access to resources, the level of community social capital and support, the quality of services; and the characteristics of the overall policy environment. These are all informed by the different communication interventions that are identified in the second column.

Initial Outcomes Communication interventions within these domains are expected to motivate and facilitate a variety of changes over time. Initial outcomes or enabling changes in the middle column of the pathways model are identified. These are the expected initial outcomes or results from the interventions identified.

Behavioral Outcomes In turn, these initial outcomes facilitate behavioral changes that are expected within the three main domains (socio-political, service delivery and the community and individual).

Sustained Health Outcome With these new (or changed) behaviors, it is expected to lead to sustained and positive health impacts, which are in the last column. This impact is the overall goal of the NMCP's Medium Term Strategic Plan, and the goals of the communication strategy.

Pathways Framework for Malaria prevention and control



2.2 Rationale for Malaria Communication Strategy

This Malaria Communication Strategy (MCS) uses a strategic communication approach that will help guide the NMCP and its partners in the implementation of effective communication and community mobilization programs to change people's behaviors leading to healthier malaria prevention outcomes. The MCS provides the overall message strategy as well as the proposed communication activities that will lead the NMCP to achieve its stated goal of reducing the malaria burden by 80% by 2013. The MCS identifies the problems, audiences, communication channels, and the main messages for each area. Through the implementation of the strategy, the NMCP and its implementing partners will have the standardized information and messaging to ensure the same message and information is being disseminated in a coordinated manner. Through this process, the NMCP can "guide" the malaria prevention and control work being implemented throughout Tanzania.

While the Malaria Medium Term Malaria Strategic Plan (2008-2013) has five strategies, the Communication Strategy will focus on the 2 main strategies: Malaria Diagnosis and Treatment and Malaria Prevention, as well as the first supporting strategy, Behavior Change Communication. The other two supporting strategies, Monitoring, Evaluation and Surveillance and Regional/District support and capacity building are dealt with separately, not within the communication strategy.

Using a strategic communication approach will ensure that all partners are working together towards the same goals that all have agreed to. Each partner knows how its activities and programs fit into the overall strategy and how the achievement of the projects goals will provide input into the overall achievement of the NMCP's goals.

2.3 Key Issues in Malaria Communication in Tanzania

Within the context of the Malaria Medium Term Strategic Plan 2008-2013, the following issues have been identified as key to the communication strategy for malaria: -

Programme Strategy	Communication Gaps/Needs
1. Malaria Diagnosis and Treatment	1. *Awareness of signs and symptoms of malaria* 2. *Early treatment seeking behaviour (patients, especially children must receive treatment within 24 hours of detection)* 3. *Correct treatment of patients (both at home and at health centres (the right drugs and treatment guidelines)* 4. *Importance of completing treatment key to fighting treatment failure and prevention of parasite developing resistance to drugs* 5. *Adherence to test results (health professionals and the general public)* 6. *Importance of pregnant mothers attending early to Health Facilities to get quality malaria management when they feel sick (safe and effective treatment based on proper diagnosis* 7. *Importance of improving interpersonal communication between providers and client on diagnosis and treatment of malaria* 8. *Correct diagnosis of malaria at Health Facilities* 9. *Importance of follow-up visit.*
2. Malaria Prevention	1. *Sustained and appropriate ITN/ LLIN use among pregnant women and children under five and the community at large* 2. *Importance of regular treatment of conventional nets* 3. *Need to address existing misconceptions about ITNs/ LLINs* 4. *Awareness of pregnant women on the importance and benefits of IPTp* 5. *Increased community awareness on the importance of the use of integrated malaria vector control* 6. *Acceptance of Indoor Residual Spraying (IRS) by the community, particularly at household level* 7. *Community awareness, involvement and participation in environmental manipulation and modification interventions for malaria vector control* 8. *Community involvement in larviciding activities for malaria vector control* 9. *Enforcement of by-laws pertinent to mosquito control.*
3. Behavior Change Communication	1. *Malaria profile needs to be raised and sustained. The resigned attitude to malaria has to be overcome* 2. *NMCP has to be perceived as the main source of information on malaria* 3. *NMCP needs to assume leadership on the coordination of malaria advocacy* 4. *Participation of village/community health workers in community based malaria control activities.*

3. STRATEGIC COMMUNICATION FOR MALARIA CONTROL

3.1 Communication Strategy Goal, Objectives, Audiences, Tools and Channels

The overall goal of the communication strategy is to serve as a guide to all stakeholders, partners, and groups implementing the Malaria Medium Term Strategic Plan 2008-2013 to ensure coordination of efforts, messages and activities during the implementation period.

3.1.1 Communication Strategy Objectives

In line with the above goal(s) and operational targets that are defined in the MMTSP, the proposed communication strategy is based on the following objectives:

- To raise the profile of malaria through advocacy efforts aimed at politicians, potential partners, community leaders etc.;
- Ensure consistent and standardized messaging among all partners in malaria prevention;
- Improve the flow (dissemination) of information to key target audiences at national, community and household levels through a planned and systematic series of activities and channels.
- To influence positive behaviour change among target audiences with regard to treatment seeking and other critical malaria related behaviours.
- Harmonize and coordinate all malaria behavior change communication activities implemented by the different partners in Tanzania.

At a more operational level, the communication strategy aims at getting the right messages to the right audience segments using the right channels and promoting those behaviours that help to reduce the incidence of malaria in Tanzania.

3.1.2 Duration

The malaria communication strategy complements the MMTSP 2008 – 2013, therefore the strategy will cover the same time period, 2008-2013. However this communication strategy should not be seen as a static document. During the life of the document, there will be changes in the implementation new or revised targets and goals. It is advisable that the BCC Cell and its implementing partners revisit the strategy on a regular basis to revise as necessary.

3.1.3 Targeted Audiences

The following are the different audience that will be reached by the communication strategy: -

Audiences	Description	Audiences
Primary Audiences	The core group of people around whom the strategic communication objectives are focused and within whom the primary behaviour change is to take place.	1. Households, particularly, fathers, mothers and Caregivers 2. Schools (leaders, teachers, children) 3. Health workers at different levels 4. Can be the same groups under the secondary audience depending on the messages and who they are for.

Secondary Audiences	People who directly relate to the primary audience through frequent contact and who may either support or inhibit behaviour change in the primary audience. The strategic communication objectives often must focus on these people directly for changes to take place in the primary audience	1. Community leaders at national, regional, district, ward, village and sub-village levels 2. Religious Leaders, NGOs, CBOs and Faith-based organisations (FBOs) 3. Media 4. Drug Manufacturers, drug shops, Pharmacies and other sellers of drugs 5. Traditional Healers 6. Can be the same groups under the primary audience depending on the messages and who they are for.
Tertiary Audiences	Local community groups, institutions or individuals who may either support or inhibit behaviour and social change in a community or area, by allowing or disallowing an intervention to take place. These people control the local social environment, communication channels and decision-making processes and have a great influence on local social norms.	1. Politicians, Members of Parliament, District Leaders 2. Development Partners 3. Related Health Institutions and Programmes 4. Other government institutions/ department/sector.

3.1.4 Communication Tools/ Approaches and Channels

Promoting or addressing the key communication issues/gaps identified in 2.3 requires effective strategic communication interventions targeted to the right audiences and using the right tools and channels. The following have been identified as the main overarching 8 tools or approaches that can be used in developing and implementing the communication interventions.

- **Advocacy:** To create a shift in public opinion and mobilize necessary resources and forces to support an issue, policy, or constituency.
- **Advertising:** To inform and motivate in a controlled setting through paid media (such as TV, radio, billboards, newspapers, and magazines).
- **Promotion:** Provides added incentives to encourage the audience to think favorable about a desired behavior or to take some intermediate action that will lead toward practice of the desired behavior (coupons, free samples, contests).
- **Interpersonal Communication (IPC):** Enhances personal interaction between individuals. Includes discussions in and outside the clinic, training and managing counselors, including peer counselors & enhancing the place where communication takes place.
- **Events Promotion and Sponsorship:** Develops or sponsors events for the purpose of calling attention to and promoting a desired behavior (e.g. news conference, celebrity appearance, grand opening, concert, award presentation).
- **Community Participation:** To assist community to participate and actively support and facilitate the adoption of desired behaviors or programs.
- **Publicity:** The use of non-paid media communication to help build audience awareness and positively affect attitudes toward the desired practices.
- **Entertainment:** TV or radio programs, folk dramas, songs, and games that provide entertainment interspersed with educational messages.

Within the approaches mentioned above there are a number of communication channels that are used to deliver specific messages. Each or these channels have advanteges and disadvanteges on how and when to use. Each has their ways of reaching specific audiences, and is used based on a number of considerations.

Channel	Audience Reached	Advantages	Disadvantages
Interpersonal Communication: • Provider to client • Spouse to spouse • Peer to peer	Individuals	May be the most credible source because it is face to face communication. Most participatory. Highly effective.	Is difficult to control messages. Requires expert training by a communicator. Is costly to scale up. Takes a long time to build reach.
Community Media (comm. radio, newspapers)	Men, Women Children	Participatory. May be more credible than mass media because it is localized. Low cost.	Costly to scale up. Low reach beyond the immediate community. Low frequency. One way communication.
Community Activities	Audience segments	Participatory. May have more credibility than mass or community media because they engage the audience. Stimulates institutionalization of community structures. Encourages sustainability of the effort. Low cost.	Costly to scale up. Low reach. Low frequency.
Television	Households, families, segments	Comes into homes-can spur family discussion. Reaches a large percentage of the intended audience. Delivers maximum impact (sight, sound, motion). Cost efficient. Engaging.	Expensive production costs. Initially more urban than rural. May be too costly at certain times of the year. Prime time may be prohibitive; other time slots may not reach many audience members.
Radio	Individuals, families, adolescents	Used as a personal medium in many countries. Delivers frequency. May be used to build reach. Reinforces TV messages. Can be highly creative. Less expensive than TV. Can send messages in local languages.	Fragmented Costly to build reach when there are many different stations covering one area. No visuals. Not always easy to buy in all parts of the country.

Magazines	Men, youth, women	Segmented to reach different audiences by lifestyle, demographics, and attitudes. Reproduction value/color. Pass along readership. Prestigious.	Long lead time. Low frequency. For people who are literate only. More upscale.
Newspapers	Educated men and women, policy makers	Mass medium. Timely. Message length. Influential. Flexible sizing.	For literates only. Reproduction quality. Poor photo reproduction. Short lifespan. May not be cost efficient.
Brochures	Men, women, youth	Provide the right amount of content Good production quality. Segmented to reach specific groups Topic specific and can elaborate on the information.	Can be costly. Not sure if people will read it if given to them. For people who are literate
Comic books	Men, women, youth	Provide the right amount of content. Good production quality. Entertaining. Segmented to reach specific groups. Topic specific and can elaborate on the information.	Can be costly. Not sure if people will read it if given to them. For people who are literate
Popular entertainment	Audience segments	Participatory. May have more credibility than mass or community media because they engage the audience. Stimulates institutionalization of community structures. Encourages sustainability of the effort. Low cost.	Costly to scale up. Low reach. Low frequency.

3.2 Tactics and Messages

This section outlines each of the main strategies per the Malaria Medium Term Strategic Plan 2008-2013. Within each strategy, the communication challenges are identified, the main messages for each challenge as well as the audiences, the tools and channels to be use the key promises and the desired actions as a result of being exposed to the messages.

Each of these is outlined in table form based on the main factors identified in the data and through the communication strategy workshop with the different implementing partners.

3.2.1 Programme Strategy 1: Malaria Diagnosis and Treatment

Existing Policies and Guidelines

To achieve the targets under Strategy 1, the Ministry of Health and Social Welfare and subsequently the NMCP will focus on a set of outputs that will be supported by the communication efforts. While communication and behaviour change can not ensure better drug supply or no stock outs, it can support these activities by informing the intended audience of the improvements and or specific information on the drugs, or where you can get them or additional information. The Ministry of Health and Social Welfare is also ensuring the certain supply functions are in place throughout the country to ensure the achievement of the targets set forth.

One of these is increasing access to Artemesinin-based Combination Therapy (ACT) in the private sector. Since the introduction of ACT in the public sector in December 2006, private sector access to ACTs has been limited due to the high price of drugs and local regulatory issues. Many of these issues have been worked out and pilot programs are being implemented to get ACT into a wide range of private sector drug outlets.

A second supply side activity is the use of malaria Rapid Diagnostic Test (mRDT) kits which are being adopted in the public sector and possibly in the private sector as well. These are simple to use more reliable tests kits and provide reliable results. This will help to ensure a faster diagnosis and can be used in all Health Facilities even those with no microscope or have unreliable functioning microscope.

Priority Problem 1: Low Awareness of the Signs and Symptoms of Malaria

Communication Challenge/ Behaviour Problem:	There is an inability of community and individuals to recognize the signs and symptoms of malaria when it occurs. While there are other reasons for not treating quickly (see below), one of the main barriers is that symptoms such as headache or vomiting (with children under five) are not quickly recognized as possible symptoms of malaria. Community (and especially) care-givers must be educated about the danger of malaria especially if not treated in the first 24 hours.
Target Audience:	**Primary**: Fathers, mothers, and caretakers **Secondary** CORPs, CCA's and health workers
Communication Objective:	Increase knowledge on the signs and symptoms of malaria especially for children under 5.
Main Messages:	1. Recognize signs and symptoms of malaria and take proper action immediately 2. Malaria presents a variety of sign and symptoms. 3. Don't wait until you see all of the symptoms, only one sign or symptom is enough to take action.
Message Delivery Channels:	**Mass Media:** Radio, TV, **Interpersonal Communication (IPC):** Health providers **Print Materials:** (leaflets, posters, brochures),
Key Promise and Support Points:	*Recognition of signs and symptoms will help in seeking early treatment and prevent complications, as well as getting the right treatment and finishing the treatment within 24 hours of the symptom*
Desired Action/ Response:	Caretakers are able to recognize signs and symptoms of malaria and take action quickly (bring to nearest health facility).

Priority Problem 2: *Early treatment seeking behaviour (patients, especially children must receive treatment within 24 hours of detection of symptoms or signs).*

Communication Challenge/ Behaviour Problem:	Community and caretakers are not seeking proper treatment early (within 24 hours) because there is unaccepted attitude to malaria, real or perceived high costs to treat malaria once diagnosed, and as stated earlier, a lack of knowledge of the danger signs and symptoms of malaria.
Target Audience:	**Primary Audience:** Fathers, mothers, and caretakers **Secondary Audience:** Leaders, CORPs, health providers
Communication Objective:	To increase the proportion of the general community who seek prompt treatment at the onset of malaria illness within 24hours.
Main Messages:	1. Seek treatment as soon as you recognise signs/symptoms of malaria to avoid complication or death and for quick recovery. 2. The cost of treating malaria is not as high as losing a person to malaria. 3. Appropriate use of Interpersonal Communication Skills create friendly atmosphere among service providers and clients. 4. Counsil caretakers on the importance of seeking care early for their children in order to saves lives.

Message Delivery Channels:	**Mass media:** Radio spots, Television spots for broadcast on national TV, community TV and also through mobile TV vans; **Health facilities:** Counselling and IPC; **Community/social mobilization:** Village Health Days, local theatres/drama; **Print materials:** Posters, billboards, etc.
Key Promise and Support Points:	*If you don't respond promptly and early to any suspected malaria case you risk losing a loved one.* *There are health services near you that are waiting and willing to help you detect and treat if your loved one has malaria.*
Desired Action/ Response:	Early and prompt treatment seeking for all suspected cases of malaria (within the first 24 hours of signs and symptoms).

Priority Problem 3: *Correct treatment of patients (both at home and at health centres (the Correct/effective drugs and treatment guidelines)*

Communication Challenge/ Behaviour Problem:	A significant proportion of caretakers provide incorrect treatment to their febrile children. Some health workers at health facilities and are not aware of current drug policy on malaria treatment (i.e. what medicine to give, the right dosage and treatment guidelines).
Target Audience:	**Primary:** Fathers, mothers, care-givers, front line health workers **Secondary:** Drug shops, community leaders
Communication Objective:	Increase the proportion of primary audience who know how to give correct and timely anti malarial treatment to their sick children
Main Messages :	1. Get Dawa Mseto in the right dose for your child. 2. Your child needs to complete the full cycle of medication, don't stop when he/she is feeling better.
Message Delivery Channels:	Mass media: Radio programmes Print materials: Posters and fliers (at health centres and drug shops) CCA's - through interactive community talks Capacity building for health workers
Key Promise and Support Points:	*Correct treatment of malaria reduces costs and risk of re-occurrence of malaria episodes, and prevents the progression to severe disease.*
Desired Action/ Response:	1. Patients and caregivers ensure that treatment is completed and taken correctly. 2. Health Workers, caregivers and drug sellers are fully aware of current Ministry drug policy and treatment guidelines.

Priority Problem 4: *Importance of completing treatment key to fighting treatment failure (prevention of malaria parasite developing resistance to drugs)*

Communication Challenge/ Behaviour Problem:	Patients are generally not aware of the dangers of not completing drug doses. Many tend to stop taking treatment once feeling better.
Target Audience:	**Primary Audience:** Fathers, mothers and caregivers. **Secondary Audience:** Health Workers, CORPs, Drug Shop Attendants, Drug sellers
Communication Objective:	To increase the proportion of patients and household members aware of the importance of completing the full cycle of the drug treatment. To increase the proportion of drug shop attendants and health workers who continuously emphasis the importance of completing treatment to patients and care-givers.
Main Message:	1. You need to finish the complete cycle of ACT even if you start to feel better. 2. Completing the full cycle of CT will ensure a full recovery and avoid a more severe recurrence.
Message Delivery Channels:	**Mass Media:** TV and Radio spots **Community mobilization/socialization:** Village Health Days, Local theatre/drama **Interpersonal communication:** At Health facilities – two way communication **Print materials:** Poster, job aides)
Key Promise and Support Points:	*If I complete my prescribed malaria treatment, I greatly enhance my recovery and reduce the possibility of a more severe recurrence.*
Desired Action/ Response:	Patients complete prescribed treatment.

Priority Problem 5: Adherence to test results (health professionals and the general public)

Communication Challenge/ Behaviour Problem:	Clients and health professionals disregard laboratory results especially when they are negative and treat as malaria (especially mRDTs results). They feel that they have the symptoms and believe that it is malaria. So when they see a negative result, they don't believe it and proceed to treat it as if it is malaria.
Target Audience:	**Primary Audience**: Patients, service provider, **Secondary Audience**: Community leaders, CORPS, CCA's
Communication Objective:	Increase the percentage of clients and health professionals who act in accordance with laboratory test result for malaria.
Main Messages:	1. Malaria laboratory and MRDTS tests are accurate and should be followed 2. Disregarding lab results delays proper treatment and incurs more harm than good 3. Laboratory testing techniques and equipment have been improved
Message Delivery Channels:	**Mass media:** TV and Radio spots **IPC:** In health facilities
Key Promise and Support Points:	*Treating malaria based on laboratory MRDT results will lead to rational use of anti malarial medicine.* *Following the results of the laboratory test will decrease the overall cost of treatment.*
Desired Action/ Response:	Patients and health workers follow the guidelines for treatment or non-treatment based on the results of the lab test.

Priority Problem 6: *Importance of pregnant mothers reporting early to Health Facilities to get quality malaria management when they feel sick (safe and effective treatment based on proper diagnosis)*

Communication Challenge/ Behaviour Problem:	Pregnant women are reporting late to health facility when they identify sign and symtons of malaria. They think it is part of the pregnancy and are diagnosed late.
Target Audience:	**Primary**: Pregnant women and their partners **Secondary**: Caretakers, health workers, community leaders
Communication Objective:	Increase the number of pregnant women who seek early treatment when they suspect they have malaria.
Main Messages:	1. Malaria during pregnancy can cause serious complications and even death for pregnant women and their unborn babies 2. Pregnant women are vulnerable than other adults to severe malaria when they don't get proper treatment early. 3. Health workers should adhere to treatment guidelines while managing malaria in pregnancy 4. Pregnant women should comply with treatment therapies and finish the full course of medication.
Message Delivery Channels:	**Mass Media:** TV and Radio **IPC:** In the health facility **Print materials:** Posters and Fliers
Key Promise and Support Points:	*Going to the health facility after recognition of sign and symptoms of malaria will help ensure early diagnosis and treatment that can save a pregnant woman's life and that of her unborn baby.* *Women should plan for their 4 ANC visits during pregnancy and take the IPTp to ensure they are protected against malaria.*
Desired Action/ Response:	Pregnant women should report to the health facility as soon as they recognise sign and symptoms of malaria.

Priority Problem 7: *Importance of improving interpersonal communication between providers and client on the diagnosis and treatment of malaria*

Communication Challenge/ Behaviour Problem:	A good relationship and rapport building is necessary for a transfer of knowledge to happen and patients to clearly understand the diagnosis and follow the appropriate course of action. A key to this rapport building is quality interpersonal communication between the health provider and the patient. Overall the IPC skills among health providers need to be improved and counselling more standardized.
Target Audience:	**Primary Audience**: Health service providers **Secondary Audience**: Patients
Communication Objective:	Increase the IPC skills of Health Service Providers for better patient counselling.
Main Messages:	1. Good counselling ensures better treatment compliance. 2. All patients should be treated with care and respect.
Message Delivery Channels:	**IPC:** Training and aides **Print materials:** Job aides **Mass media:** Radio
Key Promise and Support Points:	*If you treat your patients with care and respect you ensure better treatment compliance.*
Desired Action/Response:	Health service providers conducting better counselling sessions.

Priority Problem 8: Importance of follow up visit

Communication Challenge/ Behaviour Problem:	Inadequate knowledge on the importance of immediate return visit if the child develops complication or does not recover after three days of treatment.
Target Audience:	**Primary Audience**: Fathers, mothers, care takers **Secondary Audience**: Health care providers
Communication Objectives:	To increase the proportion of caretakers who promptly return the child to the health facility when the child does not recover within 3 days or develops complications. Provide clear and adequate information on the importance of immediate return visit if the child does not recover within 3 days or develops complications.
Main Messages:	It saves lives to immediately return to the health facility for further review and management if the child does not recover after three days of treatment or develop complications. Immediate identification if the child does not recover within 3 days or develops complications.
Message Delivery Channels:	**IPC:** Training and aides **Print materials:** Job aides
Key Promise and Support Points:	*Returning your child to the health facility when she/he is not recovering within three days or is developing complications will prevent the progression to severe disease and or death.*
Desired Action/ Response:	Caretakers are bringing back children under five years who have not recovered after three days of treatment or have developed complications. Health care providers giving adequate information on the benefits of immediate return visit if the child does not recover after three days of treatment or develops complications.

3.2.2 *Programme Strategy 2: Malaria Prevention*

To ensure that the success of the goals laid out for the Malaria Prevention strategy, the Ministry of Health and Social Welfare and NMCP have put in place some changes from the previous malaria control plan. The communication strategy and subsequent communication activities will focus on creating knowledge and motivation around the different behaviours for malaria prevention. This will include reaching different audiences such as communities, individuals and health workers to ensure they have the information and knowledge to change the targeted behaviours.

These will be in support of activities, products and systems the Ministry of Health and Social Welfare/ NMCP is putting in place. Below are activities the Ministry of Heath and Social Welfare will put in place:

Rapid and high coverage of Long-Lasting Insecticide Treated Nets (LLINs):
LLINs Coverage of shall be rapidly expanded by directly providing free LLINs initially to children under 5 years of age through a single "catch-up" campaign alongside established channels. The scaling up of LLINs will later involve distribution of free LLINs to all sleeping spaces in the country where each household will receive two LLINs. Implementation of these measures shall guarantee that most of the nets used in Tanzania are treated and that a Universal coverage rate of LLINs is reached.

Introduction of Indoor Residual Spraying:
Indoor Residual Spraying (IRS) will be implemented in epidemic-prone and high-burden areas as part of an Integrated Malaria Vector Control (IMVC) strategy. The IMVC strategy will also explore, and if possible, scale up best practices of environmental control of malaria breeding sites including larviciding.

Priority Problem 1: Sustained and appropriate ITN/ LLINs use among pregnant women and children under five and the community at large

Communication Challenge/ Behaviour Problem:	Inadequate awareness on the importance of ITN/ LLINs use among pregnant women, children under five and the community at large. Usage of ITNs and Long Lasting Nets (LLINs) in households is still low; few women use ITN/LLIN during pregnancy; very few children under five use ITN/LLIN regularly.
Target Audience:	**Primary audience:** Fathers, mothers, children and other community members. **Secondary audience:** Community leaders, teachers, religious leaders and Traditional Birth Attendants (TBAs).
Communication Objective:	Increase awareness and knowledge on the importance of using ITNs/ LLINs among pregnant women, children under five and other community members in order to create a new social norm of sleeping under LLINs every night.
Main Messages:	1. ITNs/LLINs have been proved to be effective in repelling and killing malaria mosquitoes. 2. All community members, particularly pregnant women and children under five should sleep under an ITNs/LLINs every night all year round. 3. ITNs/LLINs are safe for everyone and especially important for children under five and pregnant women.
Message Delivery Channels:	**Mass Media:** Radio, TV **Interpersonal communication**: At the health facilities **Print media and materials:** Posters and Fliers
Key Promise and Support Points:	*If you sleep under ITN/LLIN you are assured to get a good nights' sleep, good health, save money and lives and thus improve socio-economic status.*
Desired Action/ Response:	Sleep under a treated net every night all year around. Everyone in the house sleeps under a treated net all year round.

Priority Problem 2: ***Importance of regular treatment of conventional nets.***

Communication Challenge/ Behaviour Problem:	**A high proportion of net owners do not regularly treat their mosquito nets necessary with all these LLINs.**
Target Audience:	**Primary Audience**: Fathers, mothers, caretakers and other community members **Secondary Audience**: Health workers, community leaders, CORPS, CCA's.
Communication Objectives:	1. To increase the proportion of households that treats their nets regularly. 2. To increase the proportion of households whose members sleep under a net every night.
Main Messages:	1. An ITN only works if treated regularly. 2. Ask a health worker/shop keeper where you can get a retreatment kits. 3. ITNs are a safe effective and affordable way of preventing malaria.
Message Delivery Channels:	**Mass media:** Radio **Social Mobilization:** Community events **Community mobilization:** CORPs, CCA's **Print materials:** Posters and fliers
Key Promise and Support Points:	*If you regularly treat your net, it will continue to protect you for many years. A net loses its protective ability after 10 washes if not retreated.*
Desired Action/ Response:	People regularly treat ITNs/LLINs to ensure effectiveness.

Priority Problem 3: Need to address existing misconceptions about ITNs/ LLINs

Communication Challenge/ Behaviour Problem:	Some ITN users fear that ITNs/LLINs are harmful or can prevent proper breathing during sleep. These negative beliefs lead to people not sleeping under nets every night as recommended. Also people believe that once the rainy season is over they no longer need to sleep under the nets.
Target Audience:	**Primary Audience:** Fathers, mothers, caretakers, children and other community members **Secondary Audience**: Schools (teachers, children), health workers, CORPS, CCA's.
Communication Objectives:	To increase the number of people who have a favourable opinion of the benefits of ITN/LLINs usage.
Main messages:	1. ITN/LLINs kills/repels mosquitoes carrying malaria parasites. 2. Sleeping under a treated net is safe for the whole family. 3. Every family member should sleep under a treated net every night. 4. The insecticide applied on the wall kills/repels mosquitoes and poses no threats to human health.
Message Delivery Channels:	**1. Mass media:** Radio and TV **2. IPC:** Counselling at health facilities
Key Promise and Support Points:	*ITN/LLINs and IRS is a safe means for preventing malaria among children under five years, pregnant women and other community members, and have been approved by WHO and the Ministry of Health & Social Welfare.*
Desired Action/ Response:	Increased use of ITN/LLIN in areas where there are misconceptions about ITN/LLINs.

Priority Problem 4:	***Awareness of importance and benefits of IPTp for pregrant women***
Communication Challenge/ Behaviour Problem:	There is inadequate knowledge among pregnant women and their husbands on the importance and benefits of a full course of IPTp (2 times during pregnancy). While close to 60% of pregnant women got the first dose only 30% received the 2nd dose.
Target Audience:	**Primary audience:** Pregnant women and their partners **Secondary audience:** Health workers, community leaders, teachers, religious leaders and Traditional Birth Attendants (TBAs).
Communication Objectives:	1. Increase knowledge among pregnant women and their partners on the importance and benefits of IPTp. 2. Increase the percentage of pregnant women and their partners who complete the full cycle of the IPTp medication.
Main Messages:	1. IPTp protects a pregnant woman and the babies against malaria. 2. Make sure you get the two doses of SP if you are pregnant. 3. You need to go to 4 ANC appointments during your pregnancy to help ensure you have a safe pregnancy.
Message Delivery Channels:	**Mass Media:** Radio and TV **Interpersonal communication:** With heath providers **Print materials:** Job aides and other materials at the HF.
Key Promise and Support Points:	*IPTp saves lives and assures you a healthy baby and delivery. IPTp is safe and effective. You only need to take it two times during pregnancy and you can get all the information and medication at the health facility.*
Desired Action/ Response:	Make sure that the pregnant woman gets and takes two doses of SP and reports early in her pregnancy, attends all of her ANC appointments.

Priority Problem 5:	***Increased community awareness on the importance of Integrated Malaria Vector Control (CIMVC)***
Communication Challenge/ Behaviour Problem:	There is low awareness of Integrated Malaria Vector Control (IMVC) which brings together a combination of interventions that work together to increase the likelihood of malaria prevention and control at the community and household level. Using ITNs/LLINs, IRS and ensuring clean and sanitary households will help to control and prevent malaria better than just practicing of the activities.
Target Audience:	**Primary Audience:** Parents and children, community leaders, Schools (teachers, children) **Secondary Audience:** CORPS, Health providers , leaders at all levels, CCAs
Communication Objectives:	1. To increase the use of a combination of insecticide treated nets, indoor residual spraying and cleaning of potential mosquito breeding sites. 2. To increase knowledge and use of the different activities that make up IMVC. 3. To provide guidelines for the implementation of IMVC.
Main Messages:	1. There are several methods of controlling malaria mosquitoes such as sleeping under ITNs/LLINs, IRS, larviciding & environmental management. 2. Make sure you participate in IMVC methods that can help to prevent you/community from malaria.
Message Delivery Channels:	**Mass Media:** Radio and TV **Print materials:** at the HF, schools, community locations **Community/social mobilization:** schools program, local theatre, village cleaning days, CORPS, CCAs
Key Promise and Support Points:	*Integrated Malaria Vector Control will reduce malaria in your community because each of the strategies (LLINS, IRS, etc.) alone are proven to reduce malaria and when integrated and all working together they have a better chance of succeeding.*
Desired Action/ Response:	People start using all malaria prevention strategies (Cleaner environment around homestead, use of ITNs/LLINs, and IRS) to decrease malaria in communities.

Priority Problem 6: Community acceptance of Indoor Residual Spraying (IRS) particularly at the household level

Communication Challenge/ Behaviour Problem:	Inadequate community acceptance on Indoor Residual Spraying (IRS). People don't trust the safety of the insecticide used. There are inconveniences associated with IRS such as moving household items out of houses prior to spraying
Target Audience:	**Primary audience**: Household members and community members **Secondary audience**: Leaders, politicians
Communication Objectives:	Increase community acceptance and participation with Indoor Residual Spraying (IRS)
Main Messages:	1. IRS is a safe and effective way to prevent malaria. 2. IRS is important in preventing and controlling malaria in epidemic prone areas. 3. IRS benefits outweigh the work that householders need to do to prepare for the spraying.
Message Delivery Channels:	**Mass Media:** Radio and TV **Print materials:** At the HF and other key locations in the community **Community/social mobilization:** CORPS
Key Promise and Support Points:	*IRS is a safe and effective way to prevent and control malaria and ensure you a comfortable sleep by repelling and killing malaria mosquitoes.*
Desired Action/ Response:	Cooperate with sprayers and comply with spraying instructions

Priority Problem 7:	***Community awareness, involvement and participation in environmental manipulation and modification interventions for malaria vector control.***
Communication Challenge/ Behaviour Problem:	There is low household and community awareness, involvement and participation in environmental manipulation and modification
Target Audience:	**Primary Audience:** Households, community members, Schools (teachers, children), CORPS **Secondary Audience:** Community leaders, health providers
Communication Objectives:	To increase community awareness and participation in environmental manipulation and modification.
Main Messages:	Malaria transmitting mosquitoes breed in stagnant water, make sure you destroy/remove all the breeding sites.
Message Delivery Channels:	**Mass Media:** Radio and TV **Print materials:** At the HF, schools, community locations **Community/social mobilization:** Schools program, local theatre, village cleaning days, CORPS
Key Promise and Support Points:	*Environmental modification and manipulation will reduce in your community hence reduction in malaria transmission*
Desired Action/ Response:	Involved communities in drain cleaning and their surroundings, modification and manipulation of breeding habitats

Priority Problem 8: Community involvement in larviciding activities for Malaria Vector Control

Communication Challenge/ Behaviour Problem:	Lack of access to compounds in larva control activities in middle level social class communities. There is low priority on expansion to larviciding in other urban areas
Target Audience:	**Primary Audience:** Households, donors, **Secondary Audience:** Community leaders CORPS, health providers
Communication Objectives:	1. To increase community awareness on larva control activities in implementing areas. 2. To raise partners, leaders and decision maker's awareness on the necessity of expansion of larviciding areas.
Main messages:	1. Allow larviciding to be done in your compound/area 2. Larviciding help to reduce mosquito population hence reduction in malaria transmission
Message Delivery Channels:	**Mass Media:** Radio and TV **Print materials:** At the HF, schools, community locations Sensitization meetings to leaders and decision makers, **Community/social mobilization:** Local theatre, streets cleaning days
Key Promise and Support Points:	*Larviciding will reduce the number of mosquitos in your community hence reduction in malaria transmission*
Desired Action/ Response:	Communities allow access to their compounds Expansion of larviciding to other urban areas

Priority Problem 9: Enforcement of by-laws pertinent to mosquito control

Communication Challenge/ Behaviour Problem:	Poor enforcement of laws on man made breeding sites due to outdated mosquito control ordinance.
Target Audience:	**Primary Audience:** MOHSW, Local authorities-health Department, **Secondary Audience:** Public health officers
Communication Objectives:	To practice mosquito control ordinance and by-laws through routine household and compounds inspections
Main Messages:	Disobedient to by laws pertinent to mosquito control an offence
Message Delivery Channels:	**Community/social mobilization:** Meeting with local authorities **Mass Media:** Radio and TV
Key Promise and Support Points:	*Proper enforcement of the legislation will reduce man made breeding sites hence reduction of malaria transmission*
Desired Action/ Response:	Updated legislation in place and enforced

3.2.3 Programme Strategy 3: Behavior Change Communication (BCC)

Existing Policies and Guidelines

BCC/IEC is essential in effective implementation of the NMCP technical strategies, as it cuts across all strategies by promoting positive behaviour for the prevention and control of malaria. It also increases demand, whereby communities can start to make choices that will result in better health and increased overall demand for effective services. While this is the Behaviour Change Communication Strategy, it also includes messages and information for advocacy activities and it cuts across all of the strategies, in the MMTSP 2008 – 2013

Priority Problem 1: ***Malaria profile needs to be raised and sustained. The resigned attitude to malariaas an inevitable reality has to be overcome.***

Communication Challenge/ Behaviour Problem:	Tanzania has no organized lobby for malaria advocacy. As a result, malaria's profile relative to other less 'dangerous' health problems, is low. Also, there is a general, albeit false, perception that malaria is not 'fatal'. Consequently, malaria does not get anywhere near to the level of coverage that is commensurate with its potency.
Target Audience:	**Primary Audience**: Politicians (MPs, Ministers, Bureaucrats), community leaders, religious leaders. **Secondary Audience**: Mothers and fathers, schools (teachers, students)
Communication Objective:	To increase and sustain malaria advocacy and correct information on malaria in the public domain (and on the national agenda).
Main Messages:	1. Malaria is the single most significant disease in Tanzania affecting the health and welfare of its 38.7 million inhabitants. 2. Malaria is fatal but it can be prevented with simple yet effective behaviours. 3. Working at all levels will help to control and prevent malaria.
Message Delivery Channels:	**High level advocacy:** Stakeholder meetings and forums. **Media advocacy:** Articles in paper, media forums.
Key Promise and Support Points:	*Malaria can only be eradicated if it remains high in the public mindset. Only then will politicians and other stakeholders allocate it the attention, priority and resources it requires.*
Desired Action/ Response:	Leaders take a role the overall malaria program, ensuring both financial and human resources are appropriately allocated. The general population understands the seriousness of malaria.

Priority problem 2:	***NMCP needs to be perceived as the main source of information on malaria***
Communication Challenge/ Behaviour Problem:	Media and other stakeholders do not look to NMCP as a major source of information or authority on malaria related issues.
Target Audience:	**Primary:** NMCP leadership **Secondary**: News media, NGOs, BCC implementing partners, other government ministries
Communication Objective:	To position NMCP and its leadership as the national experts on malaria prevention and control.
Main Messages:	1. NMPC is the main clearing house for information on malaria prevention and treatment in Tanzania. 2. NMCP is the main contact for malaria prevention and treatment programs in Tanzania.
Message Delivery Channels:	1. Press conferences to update media on malaria control and prevention activities. 2. Media advocacy to print and electronic media to ensure correct and up to date information.
Key Promise and Support Points:	*NMCP is the main source of public information on malaria as mandated by the MMTSP. The NMCP has the information available to all.*
Desired Action/ Response:	NMCP leadership takes on the role as the national clearinghouse and mouthpiece for malaria information.

Priority Problem 3: ***NMCP needs to assume leadership on the coordination of malaria advocacy activities***

Communication Challenge/ Behaviour Problem:	NMCP should take coordinating role in the fight against malaria rather than the apex body responsible for malaria advocacy.
Target Audience:	NMCP leadership.
Communication Objective:	To develop and implement a vibrant malaria advocacy strategy with NMCP at the helm.
Main messages:	1. NMCP is the lead organization for malaria advocacy in Tanzania. 2. Malaria can be controlled and prevented and it takes everyone doing their part.
Message Delivery Channels:	1. Internal Planning Workshops. 2. Documented Work Plan. 3. Malaria advocacy newsletter distributed to all key stakeholders. 4. World Malaria Day Activities with NMCP at the forefront. NMCP should lead the planning and sponsor activities not only at national level but also in regions and districts. 5. An annual malaria advocacy campaign in the mass media to coincide with World Malaria Day. Campaign should embrace press (adverts and supplement), media interviews, TV talk shows and spots, radio spots, T-shirts and other give-aways. Suggested concept is a Malaria Week punctuated by various media and non-media activities to draw the attention of stakeholders to the key challenges and achievements in malaria control and prevention. 6. Direct mails to lobby support from leaders at community and national level, political and religious level etc. 7. Annual Roundtable Discussions with private sector, NGOs, Members of Parliament, district health workers to take stock of malaria prevention and control achievements and to renew their commitment and support.
Key Promise and Support Points:	NMCP will proactively lead malaria advocacy activities in Tanzania.
Desired Action/ Response:	NMCP leadership commit to specific advocacy actions on a sustainable, proactive and planned basis.

Priority Problem 4:	***Participation of village/community health workers in community based malaria control activities***
Communication Challenge/ Behaviour Problem:	Communities need to take a lead in the malaria control activities and embrace prevention as a tool for malaria control through use of Integrated Malaria Vector Control including ITNs/LLINs, IRS, and environmental controls, etc. This can be lead by the VHWs/CHW/CORPs as a main resource for mobilizing communities.
Target Audience:	**Primary**: VHWs/CHW/CORPs, formal and informal leaders. **Secondary**: Community members, health workers.
Communication Objective:	To increase the proportion of communities and community organizations and VHWs proactively developing mechanisms for community-led malaria prevention and control.
Main messages:	1. Communities working together can effectively reduce the incidence of malaria. 2. Your local VHW/CHW has the information for effective malaria programs. 3. Malaria can only be prevented and eliminated through an integrated approach to vector control using the different tools such as ITNs/LLINs, IRS, and environmental modifications.
Message Delivery Channels:	**Community Mobilization** **Health facilities**
Key Promise and Support Points:	*As a community, we have the responsibility to detect, prevent and control malaria in our area.*
Desired Action/ Response:	Communities working together to develop action plans for malaria prevention and treatment, and implementing the plans.


malaria
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4. INSTITUTIONAL/MANAGEMENT FRAMEWORK FOR MALARIA COMMUNICATION IN TANZANIA

4.1 National Malaria Control Programme (NMCP)

In line with the mandate of the Ministry of Health and Social welfare, through the MMTSP 2008 - 2013, the National Malaria Control Programme through the IEC/BCC Unit will take overall responsibility for implementing this Malaria Communication Strategy at national level.

The IEC/BCC unit reports to the NMCP Programme Manager, who in turn will keep the Ministry of Health and Social Welfare and other relevant stakeholders informed as provided for in NMCP's overall reporting framework. The IEC/BCC Unit work closely with all other units and cells within the NMCP.
It also works very closely with other sections of the MOHSW such as Health Education Section, Communication Unit of the MOHSW and Reproductive and Child Health Section.

4.2 The IEC/BCC Unit of the NMCP

This is a unit of the NMCP which is responsible for coordinating all malaria BCC, advocacy and community based malaria activities on mainland Tanzania. This is done through developing and disseminating BCC, Advocacy and CBMC guidelines to be used by every implementing partner. The unit is also responsible for conducting supervision and monitoring of BCC, advocacy and CBMC activities at region and district levels.

4.3 The BCC Working Group

The specific mandate of the BCC Working Group is to assist the IEC/BCC unit of the NMCP to coordinate all malaria communication in Tanzania by providing a one-stop shop for reviewing, vetting and approving all proposed malaria communication activities in Tanzania. The BCC working group will also serve as an advisory forum for the NMCP IEC/BCC unit.

It is proposed that the BCC working Group comprises representatives from the following: Health Education Section, Communication Unit of the MOHSW, Reproductive and Child Health Section, Community Based Health Care, Representative from Malaria BCC Implementing partners, research Institutions such as IHI and NIMI, representative from MEDIA, representative from each NMCP unit. Other institutions may be added as may be deemed fit. The working group meetings are conducted in a monthly basis.

The role of the BCC working Group is to oversee the implementation of the Malaria Communication Strategy. This working group will who review the strategy on a regular basis to ensure that it reflects the current programming of the NMCP, as well as reflecting the most current messages and strategies.

4.4 Regional, District and Community Leaders

NMCP primarily focuses on strategy development, policy formulation and monitoring & evaluation, with implementation being devolved to other agencies and to the lower structures such as the regions, districts, wards and communities.

Within this framework, NMCP sets guidelines, provides tools and materials, provides training and capacity building and ensure that there is an effective monitoring and evaluation framework to ensure proper use of resources and expected outcomes.

The Regional and District Malaria & IMCI Focal Persons are responsible for coordinating, supervising and monitoring of malaria communication activities at the Regional and district level respectively.

4.5 Community Owned Resource Persons (CORPs)

NMCP mainly provides expertise and training as well as resource support to enable CORPs to carry out their activities. The direct supervision of these CORPs however, is devolved to the local community structures at district and other appropriate levels.

4.6 Partnerships and Collaboration with other Stakeholders

NMCP is mandated to work with other stakeholders, particularly other government programmes, development partners, NGOs and the private sector.

NMCP, through its structures provides a coordination role in order to ensure that available resources are maximized while reducing duplication of effort among different players. NMCP seeks to support rather than compete with stakeholders and ensures that available resources are used to enhance successful initiatives being implemented by other players provided such initiatives are within the identified priorities of the MMSTP 2008 - 2013.

4.7 Monitoring and Evaluation (M & E)

The monitoring and evaluation plan for the communication strategy has its goal to ensure that the program is advancing as planned. There are many ways in which to effectively monitor the program activities as well as to evaluate the program impact.

Since the majority of the actual programs are implemented by partners, there will need to be a considerable effort to jointly plan and share M&E plans. Also there is the M & E unit within the NMCP that is the key organ in monitoring and evaluation of the programs. For monitoring, specific messages will be evaluated for effectiveness, communication channels rated, as well as process indicators measured. For the evaluation, these should be conducted at the end of the different programs and campaigns, and the information shared among the partners. All of this information will be part of the re-planning and strategizing for the next set of activities and campaigns.

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