

## Mission Report – Chad

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**Mission dates: August 14<sup>th</sup> to 24<sup>th</sup>, 2012**

**Location (s): N´Djamena, Chad**

**Date of report: August 24<sup>th</sup>, 2012**

**Subject of report: Mission report**

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### **1. Objectives of the mission (from scope of work)**

- Review all relevant communication plans and past communication work provided by Malaria No More (MNM) to understand current landscape of malaria control communications
- Review MNM's Knowledge, Attitudes and Practices (KAP) baseline survey report to understand malaria landscape in Chad and to use the results to help facilitate a communications workshop that will lead to an updated national communications plan
- Review and identify key issues to address in the Chad Communications Plan for the 2011 Mass Long lasting insecticide treated nets (LLIN) distribution and gather lessons learned to date and recommendations for a communications plan that will provide a roadmap for the next several years;
- Review any communications content and creative to date and provide feedback to the overall technical quality of the materials;
- Understand how existing data as well as KAP study could enhance/inform the Communications Plan elements;
- Coordinate and facilitate a communications workshop among key stakeholders the week of August 20<sup>th</sup> with the goal of:
  - o Educating all partners on the importance of malaria control communications
  - o Walk through the KAP survey to build the case for evidence based communication work
  - o Identify the most salient messages for malaria control
  - o Identify the target population for the messages
  - o Involve non-traditional corporate, media, and entertainment partners into the communications planning process to ensure maximum impact and leverage new resources
  - o Work to develop a prioritized list of key communication activities over the next 12 to 24 months
  - o Develop a high-level implementation plan - harmonizing the PNLP and health partner activities
- Refine the current communications plans circulating among the health partners and PNLP; incorporate the feedback and the KAP results as well as the input collected during

the communications workshop; ensure process for harmonizing work across partners and the PNLP

### **1. Mission roll out and main accomplishments**

- I reviewed the documents available regarding the country's communications activities. They are dated 2010 and have not been updated. This made it difficult to understand the current state of implementation of the various planned communications activities.

The Communication Strategy could be improved by:

- Including a more in-depth status report on the indicators at the beginning of the project
- Showing the evidence supporting the decisions made. This could include the targets chosen for 2013 or the behaviours that need promoting
- Including a clear log frame
- Making sure that the "Communication" indicators are totally in line with the National Malaria Strategy

The Strategic Plan could be improved by:

- Linking the plan to concrete evidence
- Clarifying roles and responsibilities
- The plan proposes to focus on too many messages and there is no explanation on how these messages were selected
- Including in the budget funds for testing communication materials

Following these documents, other more in- depth plans should have been developed to show exactly what was going to be done for example in terms of advocacy or at community level.

- I worked closely with MNM Research Manager to analyse the KAP baseline study and present it in a way to facilitate decision making regarding the development of messages and the planning of communications activities. The outcome of this work was presented and used during the communications workshop.
- Once in country, I attended a 2 day workshop organised by the PNLP aimed at defining the programme funding gaps for commodities as well as for M&E, communications and programme management. This was done using a Roll Back Malaria template. All main partners attended the workshop. The workshop ended on Wednesday 16<sup>th</sup> however it did not manage to achieve its goals due to lack of time and insufficient data to inform decision making. The PNLP is due to organise a follow-up meeting.
- I met with UNICEF to better understand the organisation's role in the malaria communications activities. The meeting was with Dr. Mehoundo Faton, Chief Health & Nutrition and Dr. Djimasde Mbairebe, Maternal, Child Health and Malaria Specialist. It then became clear that although the Communication Strategy identifies UNICEF as a sub-

recipient of the current Global Fund Round 7 PALAT project this is not correct. The organization is not a sub-recipient and has only received limited funds to support the PNLP with the development of the Communications Strategy and the Implementation Plan documents. UNICEF also used some ExxonMobil Foundation funds to support the government during the LLIN distribution activities in 2011.

- On August 21<sup>st</sup> and 22<sup>nd</sup> the Communication Message Strategy took place at MNM's office.

The goals of this workshop were:

- I. to share the recently published KAP study results
- II. to learn how to use the results of this survey to make strategic decisions about malaria messaging (i.e. who is the key target audience, what benefits should the communication focus on...)
- III. to share information and help with the harmonization of relevant activities run by the different partners
- IV. to agree on next steps

In total 9 people attended the workshop including representatives of PNLP, MSF (France), JHPIEGO, HCNC and MNM. UNICEF and UNDP representatives also attended but only for a few hours on one of the two days.

During the 1<sup>st</sup> day of the workshop we focused on using the KAP baseline data to make decisions regarding who should be the primary and secondary targets of our communications activities.

These were:

- ACTs/RDT: 1<sup>st</sup> Health worker and 2<sup>nd</sup> mothers of children under 5.
- LLINs: pregnant women and mothers of children under 5
- ITP: 1<sup>st</sup> pregnant women and 2<sup>nd</sup> health workers

For each target a basic archetype was developed with the information available.

An analysis of the targets' perceived barriers, advantages and benefits of doing the desired behaviours was also done. All the work was prepared in small groups and then presented to everyone for feedback and input. (See annex a)

During the 2<sup>nd</sup> day, based on the work done during the previous day, proposals were made regarding the different media channels to be used for each target taking into consideration the desired behaviours that had been defined the previous day. (See annex a)

The workshop ended with sharing and discussing information about the various activities planned by the PNLP and its partners for the rest of the year. This exercise led to the decision to prioritise the organisation of a follow-up workshop to the one that had been organised by the PNLP the previous week to identify financial gaps. The PNLP also agreed to start organising a regular partners' meeting every other month. Sadly, due to the PNLP's lack of financial resources and data it was not possible to come up with a more extensive list of next steps that could be agreed upon apart from what the partners such as MNM and JHPIEGO are already doing.

All in all, the workshop achieved its goals in that:

- I. attendees left with a better understanding of the results of the KAP survey
  - II. they learned about the various elements that are required to develop a successful communication campaign and how to use the data to make these decisions
  - III. a productive conversation took place on the next communication activities planned by the partners as well as the financing challenges
- I have also reviewed the brochure the PNLN has developed. (See annex b) Here is a summary of the feedback given:
    - It is unclear what the purpose of the brochure is
    - It is unclear who the target is for the brochure. In some instances the information is too technical whilst in others it is not detailed enough (e.g. women are told to start taking ITP from the beginning to the end of pregnancy)
    - The document needs its text reviewed and simplified to suit the education level of the target
    - There is no mention of ACTs or RDTs

I would strongly suggest reviewing the document to take into consideration the decisions made during the workshop regarding target definition, benefits, etc... to make sure all information is in line with what was highlighted as a need in the KAP study.

## 2. Key challenges and recommendations

PNLN capacity: The PNLN's current lack of funding due to a discontinuation in the disbursement of funds from the PALAT project is a major challenge and the reason why communication activities have been relatively limited until this year. Most of the PNLN planned activities are not taking place and it is only through the assistance of MNM (mainly with communication activities) and JHPIEGO (with mainly capacity building activities) through Exxon Mobil's funding that certain activities are currently taking place.

*Recommendation:* MNM and other AMP partners to follow-up with PNLN to make sure that the next steps that were agreed during the workshop take place. The health partners should also make sure that the materials currently being developed by the PNLN stick to the decisions made during the workshop. Equally MNM and the other partners should help the PNLN in prioritising the many activities that they have planned (e.g. are schools a priority?).

Availability of information to make informed decisions: Information gathering is a real challenge in Chad. For example the availability in country of ACTs, RDT and Fansidar is not clear. This limits the ability to properly understand the current commodities' gap and the implementation of the communication activities as it could be counterproductive to develop a campaign driving people to request products that are not available.

Equally, market research data is limited and outdated except for the recent KAP study published by MNM in 2012. This study was invaluable in informing decisions taken during the workshop however further research is needed to understand:

- what is the current availability of commodities in the public and private sector
- what are the health professionals' challenges, attitudes, knowledge and practices especially when it comes to prescribing ACTs and IPT as well as testing for malaria

- consumers' perceived advantages and disadvantages of IPT, ACTs and RDTs as well as the challenges they face to get treated

*Recommendation:* The understanding of the current availability at health centre level of commodities needs to be prioritised.

Some of the qualitative data mentioned above could be collected through simple Focus Groups which could help fill some of the gaps.

During the workshop: as much as the goal of the workshop was to learn how to use the data from the survey, we found that people were not too familiar with how to read charts. Equally challenging was the fact that although a report on the KAP results had been sent to the participants, this was really the first time many of the participants had seen the data.

Another challenge during the workshop was the disappointing lack of attendance of WHO and the only sporadic presence of UNICEF and UNDP.

*Recommendations:*

Organize a meeting with all partners to present the content of the KAP survey to include organisations that did not come to the workshop. There will be a possibility of combining this with the results from the wave 1 survey scheduled in January, 2013.

### **3. Next steps / Future planning**

*After the workshop:* The challenge will be to make sure that the outcome of the workshop is used for the development of new materials as well as to assess and revise the materials that are currently being developed by the PNLN and by the other partners. Equally, information such as who are the main targets should inform the prioritisation of the activities planned for the future.

The summary of the workshop decisions should be shared with the organisations that attended the meeting and the KAP survey report should be shared again with partners once more.

*2013 planning:* There seems to be great need to focus on advocacy and it seems that the PNLN has limited understanding and funding to do it properly. This is an area where AMP could provide technical support to develop an advocacy plan which is not currently available.

### **4. Conclusion**

The PNLN is facing a difficult financial situation which is having a major impact on the communications activities. There is a need for partners to step in and fill some of these gaps however it will be important to get a clear picture of the current commodity situation first.

With the PNLN's limited capacity it will be important that its partners increase the harmonization of their activities by improving the sharing of information and coordination.

The country will also need increased technical support to:

- get a clear picture of the commodities currently available and the existing gaps
- finance and implement their M&E activities (incl. improving the PNLN's understanding of the target audience)

- develop a detailed advocacy plan

## **5. List of Acronyms**

ACT:	Artemisinin Combination Therapy
KAP survey:	Knowledge, attitudes and practices survey
LLINs:	Long lasting insecticide treated nets
M&E:	Monitoring and Evaluation
MNM:	Malaria No More
PALAT:	Project d'Appui à la Lutte Antipaludique au Tchad
PNLP:	Programme National de Lutte contre le Paludisme
RDTs:	Rapid Diagnostic Tests
UNICEF:	United Nations Children's Fund
UNDP:	United Nations Development Program
WHO:	World Health Organization

## **6. List of key people met during mission / meetings attended**

- UNICEF: Dr. Mehoundo Faton, Chief Health & Nutrition and Dr. Djimasde Mbairebe, Maternal, Child Health and Malaria Specialist
- HCNC: Mme. Tetimian Elizabeth, Assistant
- PNLN: Mr. Dinira Santa, Cellule communication
- MSF: Dr. Idriss Traore, Coordinateur Pharmacien
- JHPIEGO: Dr. Morgah Kodjo, Responsable
- PALAT/UNDP: Mme. Zahra Abakar, Assistant

## **7. List of Annexes**

- a. Summary of workshop outcomes
- b. PNLN brochure