

ACSM Refinements for UCC Implementation Guideline

Advocacy, Communication and Social Mobilization (AcsM) Preparatory Activities

1. The ACSM subcommittee will hold a regularly scheduled meeting, once every two weeks and more frequently, as needed, in order to provide timely and consistent leadership to all implementing partners involved in UCC's ACSM activities.
2. As one of its first activities, the ACSM subcommittee will convene a meeting of communication partners to develop a plan to produce core motivational and technical messages for the campaign. Part of the message development process will consist of a review of recent qualitative research findings about knowledge, attitudes and practices surrounding LLIN use, care and repair as well as what motivators will be necessary to help the campaign reach its goals of use through effective BCC. If gaps exist in recent qualitative research findings, it may be necessary to conduct rapid qualitative research, such as focus group discussions and/or mini-KAPs, particularly in those areas or regions where net use is lower in relationship to access. For instance, according to the preliminary 2014-15 MIS preliminary results, four regions -- Central 1 and 2, East Central and Southwest -- had ITN use the previous night below 70%. Three of these four regions have the lowest use:access ratios -- Central 1 at 0.82, Central 2 at 0.83 and Southwest at 0.73, -- suggesting a special need to understand barriers and motivators to use. A fifth region, West Nile, which has a 71% usage rate has a relatively low use:access ratio of 0.86, may also warrant further study.

From the review of the research findings, the ACSM subcommittee should oversee the drafting of a media guide containing best practices in terms of media format used that take advantage of "anthropological or ethnographic" knowledge of family dynamics, including who within the extended family structure influences the behavior of the primary audience.

3. The ACSM subcommittee will also oversee the design of new messages responsive to the unique characteristics of this UCC campaign. So, in addition to the more traditional core messaging about net use, care and repair, messages should be designed and pretested around the following themes:
 1. how universal usage means that sleeping under an LLIN protects the wider community and one's social responsibility to end malaria in Uganda;
 2. why some beneficiaries are receiving PBO LLINs and others the traditional LLINs;
 3. the wave distribution roll out strategy, so that all beneficiaries will understand that they will be included;

4. the new monitoring system of 5% of households that constructively portrays the effort to assure fairness and universal coverage, so that all can benefit; pretest messages; be sure to include positive messaging around 105% in VHT training
5. the do's and don'ts in repurposing old and expired nets.

Additional messaging around PBO handling and evaluation protocols may emerge, and the ACSM sub-committee must be prepared to address issues surrounding protocol details as they are approved and become available.

4. One task of the ACSM subcommittee will be overseeing the developing a branding strategy for the entire malaria program that will focus on creating a vision of a Malaria Free Uganda for the multiple ACSM audiences. A creative brief that draws upon qualitative research findings will be drafted and provided to public relation firms as part of a competitive bid process. Among the deliverables for this contract will be:
 1. logo
 2. slogan
 3. musical jingle to be used on all media spots and programs dealing with malaria
 4. national malaria song that can be sung in communities and schools
 5. music video embodying the motivational messages and positive associations to malaria elimination
 6. list of branded messages
 7. talking points for government officials and malaria champions
 8. fact sheet about the economic benefits of a Malaria Free Uganda to family, businesses, employers, farmers and the overall economy (gross domestic product), as part of an umbrella narrative about the benefits of LLIN use and other malaria prevention and treatment actions.
5. The ACSM sub-committee should ensure that sufficient number of visibility materials such as aprons, t-shirts and/or caps for registrars and distribution site personnel are ordered and distributed, as well as banners for use at distribution sites and community meetings.
6. The ACSM subcommittee will develop an advocacy plan including responsibilities, oversight and development of advocacy toolkit, consisting of factsheets and proposed actions for government agencies and ministry. These will include advocacy to the following government entities as well as to the associated parliamentary committees:
 - a. Communication Commission/Ministry of Information for free or reduced airtime for Public Service Announcements (PSAs) and programming regarding UCC on state-owned media and private media

- b. Communication Commission to arrange for contributions from telecoms for free SMS reminders on net use
 - c. Ministry of Education to promote school activities around HHR, distribution and net use, care and repair, which may include the singing of the national malaria song at schools and fostering of malaria health curriculum
 - d. Ministry of Gender, Labour and Social Development to design set of LLIN messages to be incorporated into its activities, e.g. to address reported male priority in LLIN use
7. The ACSM subcommittee will develop a plan for mobilizing existing malaria champions in its advocacy and BCC initiatives, creating a calendar of champion commitments. It will also expand the number of malaria champions as needed. Malaria champions will be provided with a toolkit of supports consisting of branded and key messages, visibility materials, Frequently Asked Questions, and talking points.
 8. The ACSM subcommittee will develop an advocacy plan that includes designation of responsibilities, oversight and development of advocacy tools to be used in engaging the Ugandan Inter-religious Council (UIRC) to make the organization's members malaria champions with special commitments to help mobilize followers of all faiths around LLIN use. The ACSM subcommittee will work with UIRC to develop a malaria plan of action which may include drafting and dissemination of a set of sample sermons tailored for use by all faiths.
 9. The ACSM subcommittee will develop a plan to engage the private sector in the UCC. This will include the production of an advocacy toolkit that will explain how malaria control is in business's interest and what types of acknowledgements the business will receive for their in-kind and financial contributions. Among the advocacy objectives will be the obtaining of free SMS reminders for the public to sleep under LLINs every night and requests to major advertisers to donate some of their negotiated discounted airtime on radio and TV for use by the UCC. Part of the advocacy with employers will consist of mobilizing them to give their employees time off to pick up their nets at distribution sites. The engagement of the public sector will be conducted directly with firms or through business associations and service organizations such as Rotary Clubs.
 10. The ACSM subcommittee will review the microplanning tools to assure that key communication inputs from major stakeholders, such local drama troops, health CBOs and other influential actors, are included. A mapping of local activities of malaria communication partners, will set the stage for devising a plan to coordinate routine malaria communication with the communication requirements of the UCC, especially BCC around use, care and repair.

11. The ACSM subcommittee will take part in revision of the Training of Trainers training manual to input BCC training content and methodology in the curriculum for the ToT orientations and the two-day registration and the one-day distribution trainings for the VHTs and their supervisors. The VHT training methodology will be designed to empower VHTs in their Interpersonal Communication during household visits and distribution site activities in the promotion of BCC.

The training manual should also include discussions of

- a. monitoring for false rumors and disinformation and suggested actions for supervisors and district health officials to take in countering such rumors;
 - b. development of communication strategy to potential beneficiaries in case of a LLIN shortage at the time of distribution
12. The ACSM subcommittee will oversee the design of BCC teaching aids for the VHTs trainings as well as job aids such as Frequently Asked Questions and IPC guides.
 13. Development of a ACSM guide to steer the sensitization of influential local community leaders and the types of actions that will be asked for them. The sensitization session will take place during the district-level UCC orientations.
 14. The ACSM subcommittee will plan with its partners the creation of a network of journalists dedicated to helping to make Uganda malaria free. An initial orientation of interested journalists will take place prior to the launch of the UCC and plans will be made for coverage of the UCC and long term championing within the media of malaria issues. The network will be encouraged develop a website or Facebook page where members of the network can post their reporting and where useful background information, press releases and other malaria reports can be placed as a reference tool for journalists and their media houses.
 15. The ACSM subcommittee will oversee the development of a standard curriculum and a radio programmers toolkit for a one-day orientation for radio professionals and district health educators. The ACSM subcommittee will also establish a plan addressing the issue of financial support for participating stations.

Each district will be asked to nominate a representative from the three most important stations in their district in terms of audience reach and commitment to social programming to participate in the orientation. The ACSM subcommittee will also oversee the development radio programmers toolkit that will be provided to each station supporting the UCC.

One radio orientation will be held in advance for each of the campaign waves. The goals of the orientations will include

- a. planning of the radio interventions best suited for each phase of the UCC, including registration, distribution and long term promotion of net use, care and repair.
 - b. the adoption of best-practices in terms of broadcast formats and content for each campaign phase, i.e. call-in shows and use of testimonials about the benefits of net use
 - c. obtaining radio stations' commitment to develop and broadcast PSAs and programs during each phase of the campaign
 - d. promotion of local health officials in radio programs around the UCC
16. The ACSM subcommittee will oversee the development of a communication plan for urban areas, particularly Kampala and Wakiso. In terms of the media, both radio and TV will be deployed as the primary ways to reach the public, but also explore using public events at which large crowds gather, such as sporting events, to reach urban audiences. The plan should also include the development of communication strategies reflecting the special registration and distribution needs of urban areas.
17. The ACSM subcommittee will coordinate with the partner association, Communication for Development Foundation Uganda, to develop a plan for the expansion of the health hotline that it operates to include malaria issues, including responses to enquiries from the public around LLIN use, care and repair as well as responses to possible false rumours and disinformation. The hotline service can also map the incidences of disinformation and misunderstanding that they receive from callers to help inform and localize corrective communication strategies.

Campaign Activities

The preparatory activities will set the stage for the roll out of a series of communication activities coincidental with each phase of the campaign. These include:

1. Orientations for local radio personnel prior to each wave
2. The broadcast of media PSAs and programming in support of each campaign phase
3. The organization of a national launching event, possibly with the participation of the President
4. Sensitization of local influential stakeholders such as religious leaders and heads of CBOs during district-level orientations.

5. Training of VHTs for registration to include the BCC IPC they will undertake during their household visits.
6. BCC activities by VHTs at the distribution sites.
7. Use of broadcast media and SMS reminders following the receipt of nets by the beneficiaries with the goal of promoting net use, care and repair as well as proper repurposing of old and expired nets.