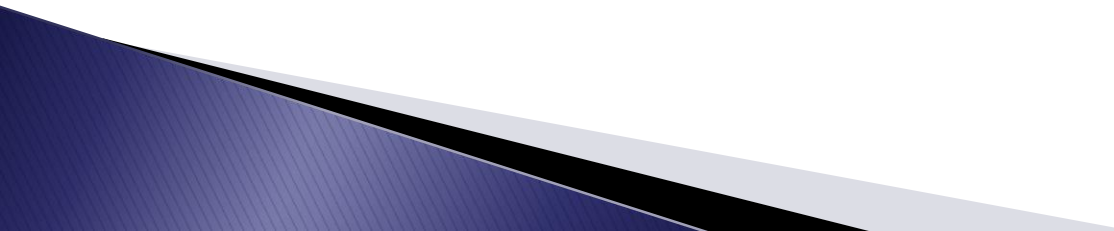


# National Malaria BCC Programs

Beatie Divine, CDC/U.S. President's Malaria Initiative  
Betsy Thompson, USAID/U.S. President's Malaria Initiative

Behavior Change Communication  
Workshop for  
Long-Lasting Insecticide-Treated Net  
(LLIN) Scale-Up to Universal Coverage  
and Use  
Bamako, Mali , September 21 – 24, 2010

# An Effective National Malaria BCC Program:

- ▶ BCC component in national malaria control strategy
  - ▶ National BCC Strategy for Malaria
    - Targeted, consistent
    - Strong M&E component
    - Narrow set of effective interventions for both national activities and campaign activities
  - ▶ Communications partners work together
    - Coordination mechanism – BCC working group, task force
    - Appropriate, harmonized messages
    - Coordinated by intervention and geography
  - ▶ Well-trained BCC leadership and staff
  - ▶ Strong MOH/NMCP backing for BCC funding
- 

# An Effective National Malaria BCC Program Supports Net Campaigns

## National Program:

- ▶ Creates national platform for discussion
  - Proper use
  - Dispel misunderstandings
- ▶ Shares information with campaigns (formative research, survey data)
- ▶ Provides repeated, continuous messaging
  - Campaign is quick, BCC program is ongoing
- ▶ Results in synergy – national program and net campaign mutually beneficial
  - Other LLIN activities
  - ACT, IPTp activities

# Problems National Malaria BCC Programs May Face (1)

## National Level:

- Lack of a coordination between NMCP and MOH
- Lack of coordination with partners and other ministries
  - Partners and ministries (ex: Education) do not take advantage of the communication program
  - Lack of consistency and quality control
- Lack of strong M&E
  - Lack of good evidence that the current BCC activities are generating the desired outcome
- Money allocated for BCC but spent on other activities

# Problems National Malaria BCC Programs May Face (2)

## Community level:

- BCC activities are disjointed and at times not appropriate for specific problems at hand
- Poor focus and targeting

## Household level:

- Household constraints and barriers to change are not taken into account in designing of malaria BCC interventions

# **Main Issue for National Malaria BCC Programs - LLINs**

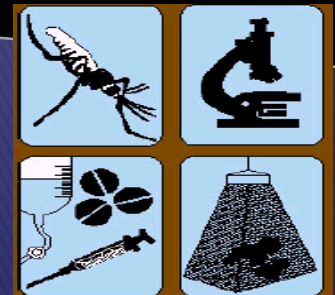
## **Appropriate use of LLINs:**

- Persistent gap between ownership and use of nets
- Growing problem of poor physical condition of existing nets (holes in nets that are less than 6 months old)

- ▶ Now let us learn from the rich experiences of several countries

# Implementation of BCC Activities for Malaria in Tanzania

Leah Ndekuka  
BCC Cell  
NMCP Tanzania



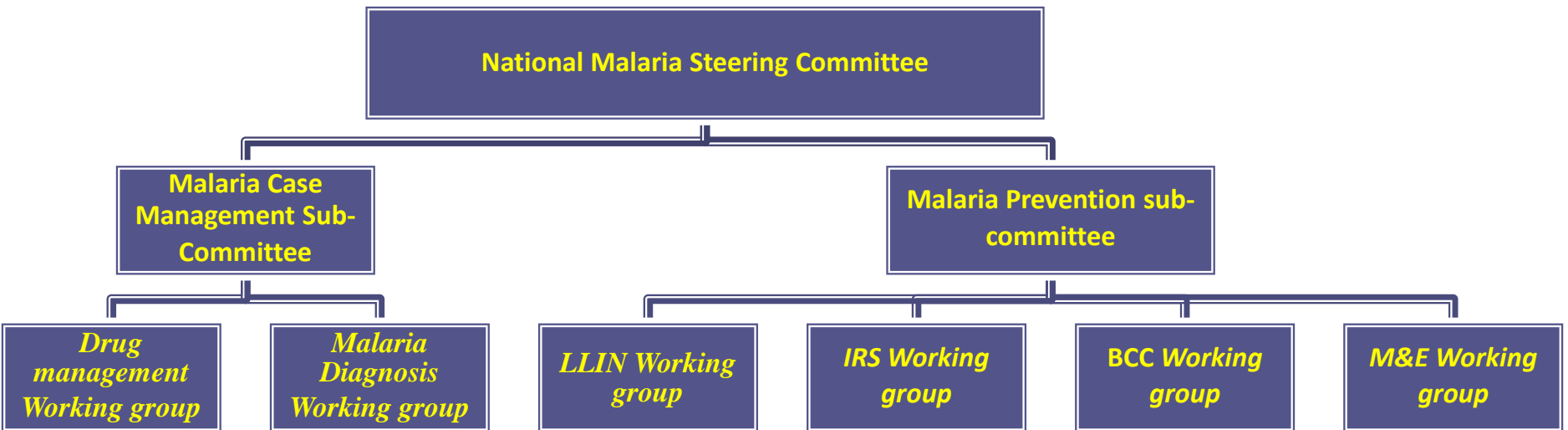


# Outline

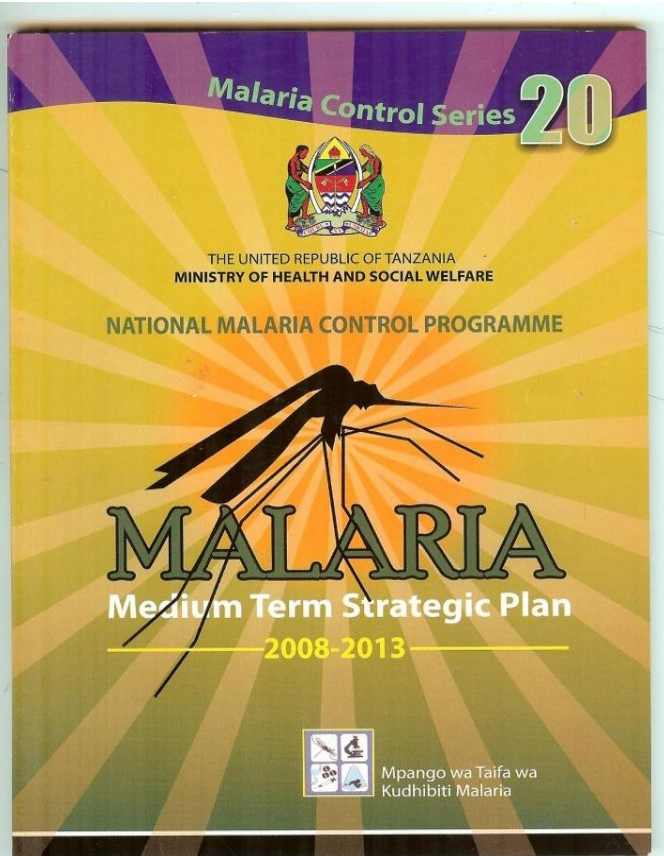
- ▶ Introduction
- ▶ MMTSP 2008 – 2010
- ▶ National BCC Strategy
- ▶ Implementation of BCC activities
- ▶ Partners coordination and message harmonization
- ▶ Funding
- ▶ M&E for BCC
- ▶ Challenges
- ▶ Conclusion

# Introduction

## NMCP Organizational arrangement



# MMTSP 2008 – 2013

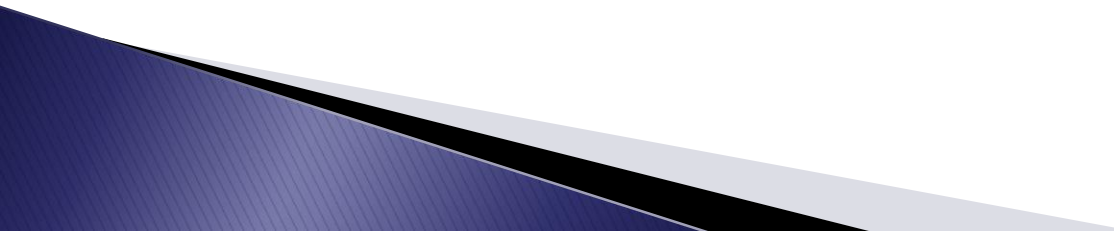


- ▶ Provide direction in all malaria control activities
- ▶ Focus on the two core areas – prevention and diagnosis and treatment
- ▶ National BCC strategy (2008 – 2013) addresses all key intervention areas identified in the MMTSP
  - LLIN
  - IRS
  - MIP
  - Environmental sanitation
  - Case management

# NMCP BCC Cell

- ▶ Responsible for coordination, provision of BCC guideline, supervision
- ▶ The Cell has 3 staff
- ▶ BCC Working Group functions
  - Reviewing materials/messages
  - Discuss implementation of BCC activities
  - Advise on BCC activities in the country

# Implementation of Malaria BCC activities

- ▶ NMCP coordinate partners activities
  - ▶ Partners have budgeted annual implementation/work plans that respond to the National BCC Strategy
  - ▶ Partners planned activities are evidence based (Programmatic qualitative studies and national surveys)
- 

# Partners & Partners coordination

- ▶ Over 15 implementing partners
- ▶ Direct implementing partners – mostly NGOs & FBOs
- ▶ Supporting partners – Private, MoHSW and other ministries, bilateral and multilaterals
- ▶ All partners address interventions as specified in the National BCC Strategy with varying focus
- ▶ BCC activities on environmental sanitation is untouched area

# Messages and Activities Harmonization

- Comm Strategy stipulate key priority areas
- **In each area the CS identifies;**
  - **Communication objective, generic messages, target audience & communication channels**
- These guide partners messages and material development
- **NMCP BCC WG review and approves messages and materials before final production and placement**

# Funding

- ▶ GOVT OF TZ
- ▶ Global Fund – BCC Component (Round 1, 4, 7, 8 RCC for R. 1)
- ▶ PMI– COMMIT
- ▶ Voices (Bill gate)
- ▶ PMI Washington



# BCC M&E

- ▶ National (M&E plan)
- ▶ Programmatic
  - COMMIT Community survey
  - Decision tree (behaviour pathway)
  - Jhpiego exit interview
  - PSI track surveys
- ▶ Research findings are shared to all partners through various forums – dissemination meetings
- ▶ Activities and Materials development process is informed by research findings

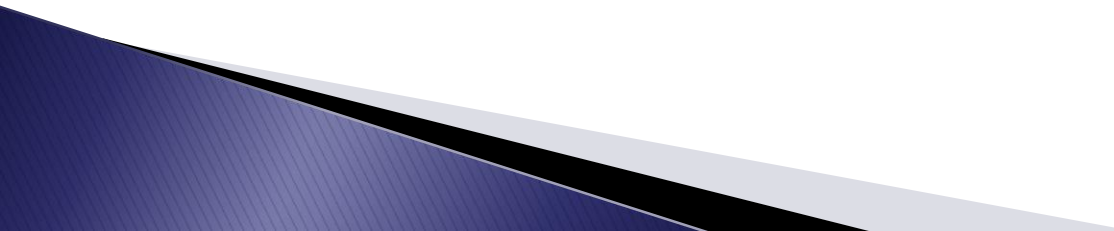
# Challenges

- ▶ Predetermined proposals with rigid focus areas
- ▶ Operationalization of BCC strategy at the lower level
- ▶ Inadequate allocation of fund for BCC activities at the district level
- ▶ Occasional duplication of materials and BCC activities
- ▶ Funding gap for BCC Cell coordination activities from the Govt due to implied presence of partner fund

# Implementation of BCC Activities for Malaria in Uganda

Mary Byangire – Sendi (**SW/MPH**)...  
**Senior Health Educationist/NMCP/MoH**

# Presentation Outline

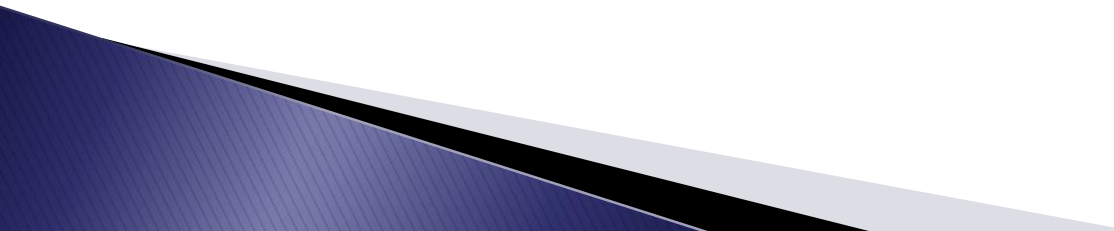
- ▶ Background
  - ▶ BCC National Malaria strategy components
  - ▶ Implementation Plan (by Interventions)
  - ▶ Major Achievements
  - ▶ Communication Partners
  - ▶ Lessons Learnt
  - ▶ Challenges
  - ▶ Future Plans
- 

# Background

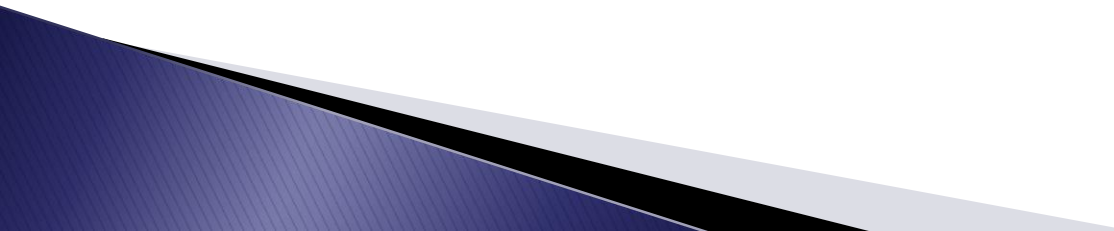
NMCP constituted in 1995

- ▶ BCC not initially among priority areas
- ▶ Importance of BCC in malaria control boosted by the Abuja Declaration 2000
- ▶ BCC strategy was thus paramount
- ▶ Integrated BCC strategy designed for 2000/1 – 2005/6 and 2005/6-09/10

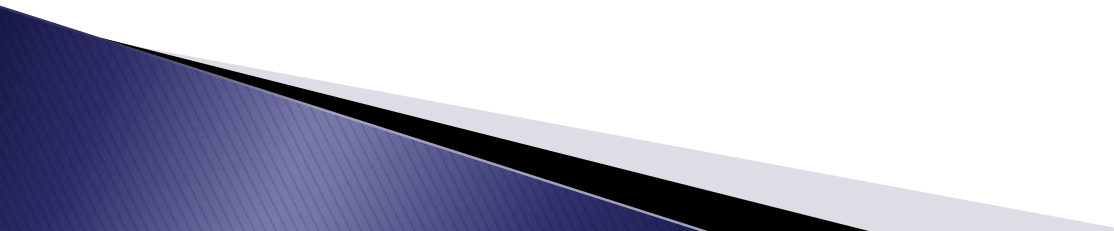
# **BCC National Malaria Strategy components/implementation**

- ▶ Advocacy
  - ▶ Social Mobilization
  - ▶ Media
  - ▶ Interpersonal Communication
  - ▶ Community Mobilization
  - ▶ Operational Communications Research
- 

# **BCC National Malaria Strategy components/implementation**

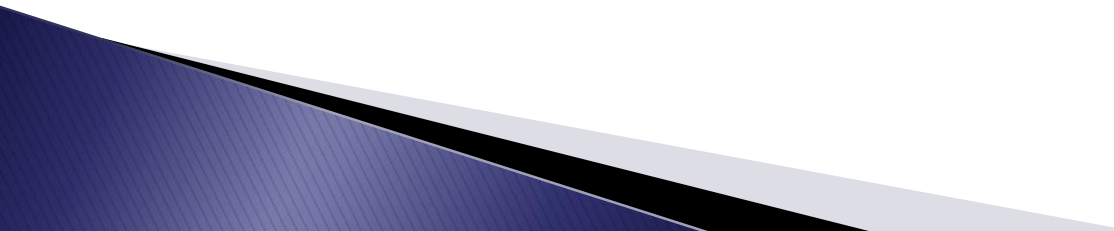
- ▶ Advocacy
  - ▶ Social Mobilization
  - ▶ Media
  - ▶ Interpersonal Communication
  - ▶ Community Mobilization
  - ▶ Operational Communications Research
- 

# NMCP BCC Personnel or Unit

- ▶ NMCP/BCC is supported by the Health Promotion & Education division
  - ▶ The division is headed by an Assistant Commissioner and several team members who interface with malaria work
  - ▶ A fulltime Senior Health Educator for the National Malaria Control Programme
- 



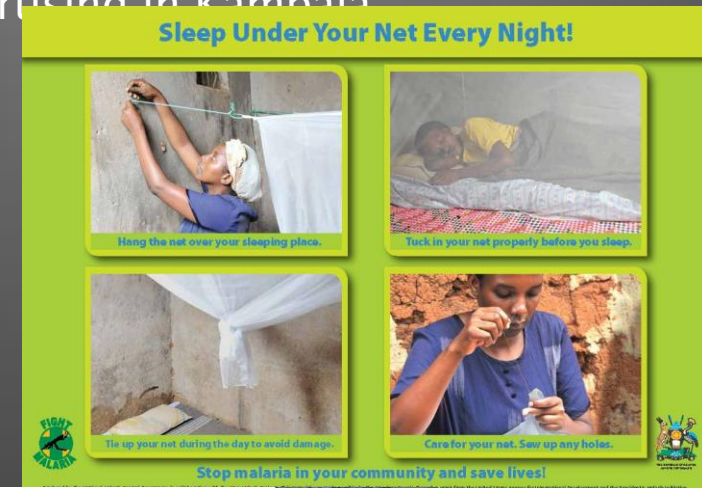
# Partners & Partner coordination

- ▶ RBM Partnership meetings held quarterly
  - ▶ Educational materials centrally cleared and shared
  - ▶ An inventory of BCC educational materials conducted
  - ▶ Current MoH policy does not allow individual project logos
- 

# Message Harmonization

- ▶ The Advocacy and Social Mobilization working group is charged with getting educational materials cleared and the MoH takes ownership of them.

- ▶ Community job aide for LLIN Distribution and Street Pole Advertising in Kampala



# Funding for BCC Activities

Source	Estimated Funding	Period
1) Central Funding		
2) USAID – UPHOLD	US\$ 300,000	2002 – 07
3) USAID – AFFORD/ HCP		
4) USAID – SMP	US\$ 60,000	2009 – 10
5) DFID		
6) UNICEF/ WHO		
7) Bill & Melinda Gates	US\$ 240,000	2008 – 10

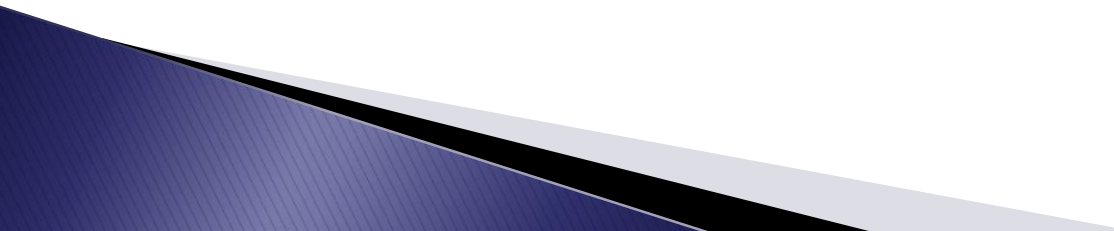
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4) USAID – SMP	US\$ 60,000	2009 – 10
5) DFID		
6) UNICEF/ WHO		
7) Bill & Melinda Gates	US\$ 240,000	2008 – 10

# Funding for BCC

- ▶ At the Ministry level, funding is tagged to interventions.
- ▶ For Indoor Residual Spraying (IRS) activities,  $1200/=$  (\$0.5) per household

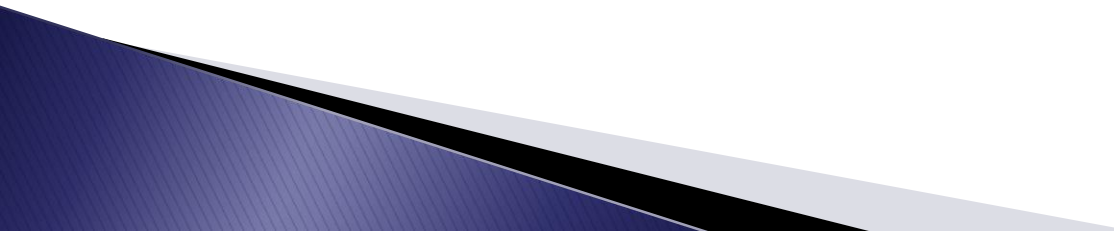
# BCC M& E and Qualitative Surveys

- No vertical qualitative survey specifically carried out
  - Some shallow BCC specific sections included in UDHS (2006), Service Provision Assessment (2008), Health Facility survey (2009)
- 

# Key Lessons Learnt

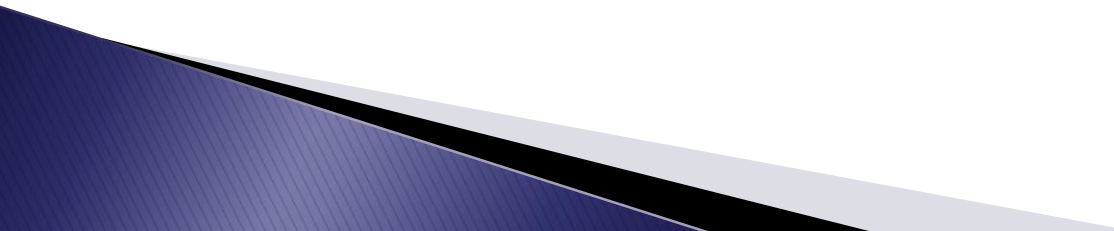
- ▶ BCC still inadequately appreciated
- ▶ Need to move ahead of the program, continue during implementation and continue after for sustainability
- ▶ Communities that have been exhaustively organized (before/during/after) respond positively eg Homapak in Kumi and Rukungiri

# Key lessons learnt

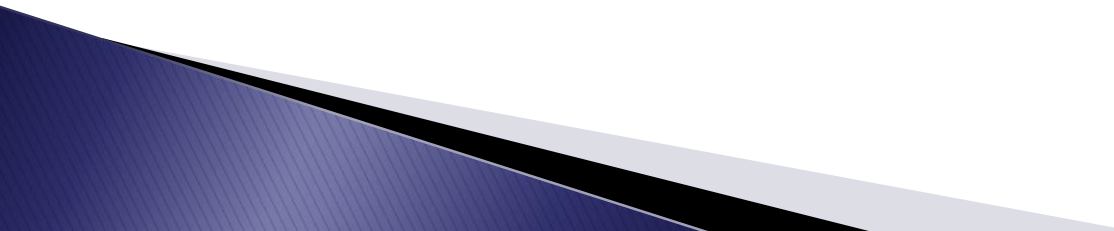
- ▶ Build on the current wave of targeting Elimination of malaria (Hold Feelings)
  - ▶ Use the momentum worldwide favours BCC (Influence feelings)
  - ▶ Pool available resources (Organize through using available records)
  - ▶ Protracted professional support for malaria BCC
- 



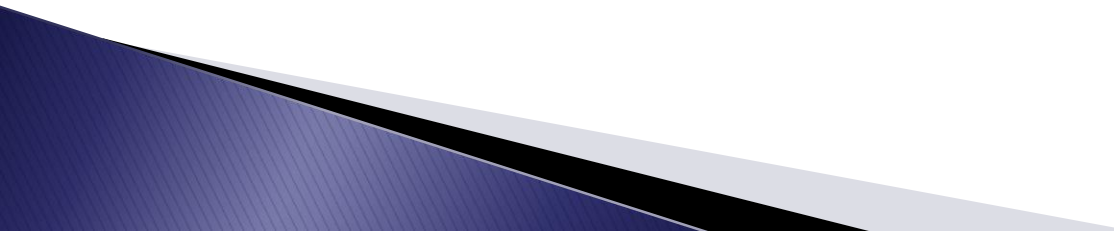
# Top 5 Key Challenges (i)

- ▶ Lack of immediate physical outputs creates less appreciation
  - ▶ Support for introduction of a service is assumed to be an alternative for IEC/BCC
  - ▶ Quantification of service is key in MCP interventions yet IEC may not easily be quantified in short term
- 

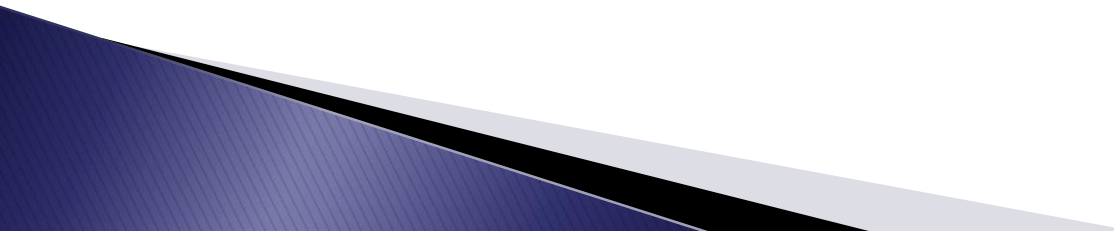
## **BCC Challenges (ii)**

- ▶ Independent BCC support budget
  - ▶ Getting the right persons to support advocacy and social mobilization activities
  - ▶ Creating focussed media support ( too broad and difficult to quantify)
  - ▶ IEC materials need to move from generic to specific for better BCC
- 

## BCC Challenges (contd)

- ▶ IPC very reliable but message easily adulterated time consuming
  - ▶ Sustaining community dialogue for malaria interventions
  - ▶ Community Mobilization invaded by globalization hence difficult to sustain the message
- 

# Recommendations

- ▶ Recruit specific Advocates at all levels
  - ▶ Focussed media support
  - ▶ Use local epidemiological data for talk shows and community mobilization
  - ▶ Independent budget support
- 

# Overview of Malaria BCC Program in Ghana

Maurice Ocquaye

BCC ADVISOR – ProMPT

Kwame Gapkey –NMCP BCC Officer



**ProMPT GHANA**  
Promoting Malaria Prevention & Treatment



**Your Health • Our Concern**



*Center for  
Communication  
Programs*



# Country-owned Strategy

- Links to *National Strategic Framework and Policy*
- National ownership
- Message harmonization
- Current research findings
- Addresses
  - Home management of malaria
  - Intermittent preventive treatment in pregnancy
  - Case management
  - Long-lasting insecticide nets
  - Indoor residual spraying

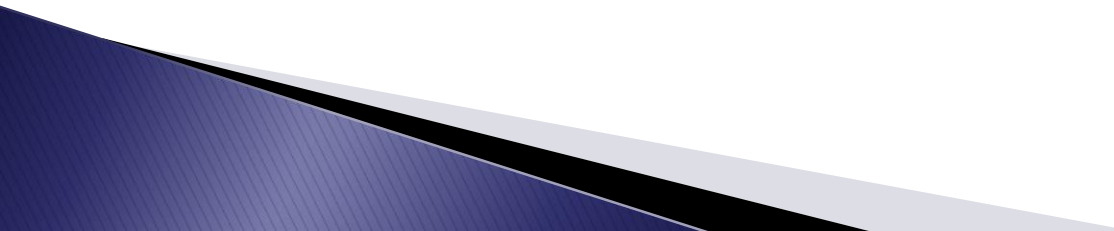
# Structure

- Dedicated National Malaria Control Programme (NMCP) BCC Officer
- Coordination via National Malaria Communication Committee (NMCC)
- Funding of NMCC activities through partners: mainly PMI and Global Fund
- Budget for Communications
  - NMCP = \$6.1m for 5 Years (2008–2013)
  - ProMPT = \$2m (BCC) + \$1.5m (CM) = \$3.5m for 1 Year (MOP2010)
  - BCS = \$1.5m for 1 Year (MOP2010)
  - RTI ?
  - VOICES?
  - UNICEF?



# Surveys

## Existing Baseline Data

- DHS malaria Module (2008)
  - Multiple Indicator Cluster Survey
  - NetMark Survey
  - Northern Region Campaign Outcome Evaluation
  - Eastern Region LLIN Campaign Baseline Survey
  - NMCP KAP Study
- 

# Implementation of BCC Activities for Malaria in Ghana

NATIONAL  
MALARIA BEHAVIOUR CHANGE  
COMMUNICATION STRATEGY



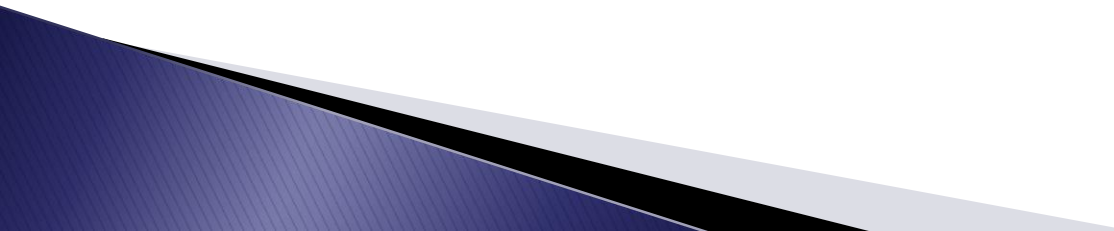
REPUBLIC OF GHANA

MINISTRY OF HEALTH

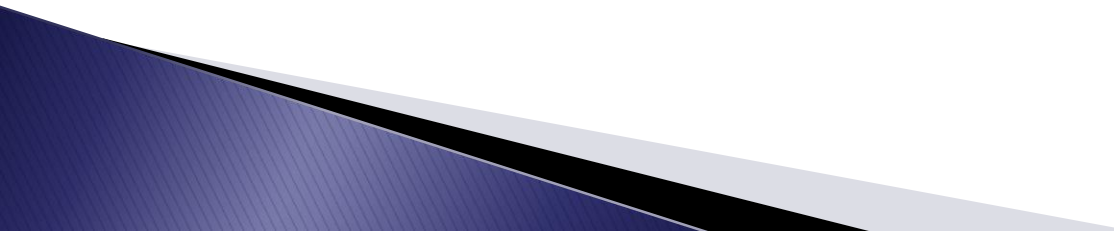
"Let's Come Together and Drive  Malaria Away!"



# Background

- Plethora of materials addressing different audiences with fragmented messages from various partners
  - Multiple partners with each producing own set of BCC materials
  - Mixed and incoherent messaging sometimes confusing the public
  - New drug policy requiring urgent communication materials to address them
  - Fill in existing gaps in malaria communications
- 

# Strategy/Tactics

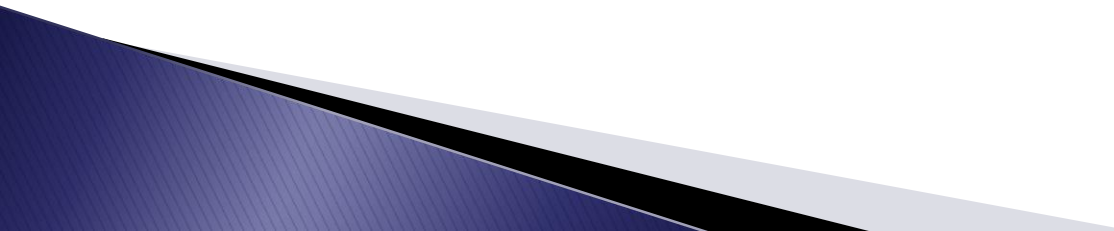
- Participatory process
  - Multiple stakeholder involvement
  - Collective review of all communication materials in the country
    - Print, electronic, manuals, guidelines, etc.
    - WHO, UNICEF, GSMF, GSCP, NMCP, HPD, Stratcomm Africa, VOICES, PMI, ProMPT
- 

# Message Harmonization

- Reviewed existing materials to assess gaps
- Harmonized messages, developed new messages to fill in gaps and addressed different targets/issues
- Used existing evidence-based studies
- Assigned partners roles and responsibilities

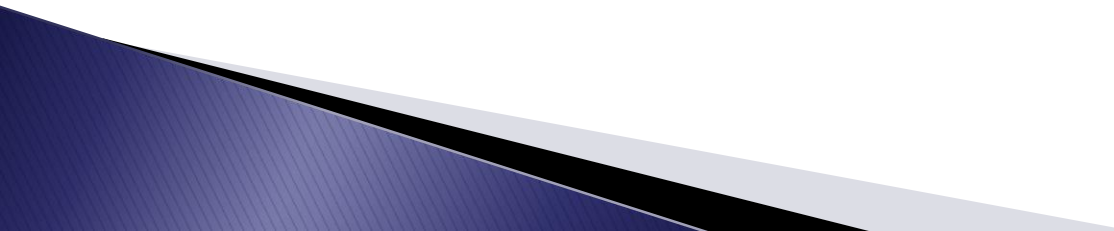


# Process

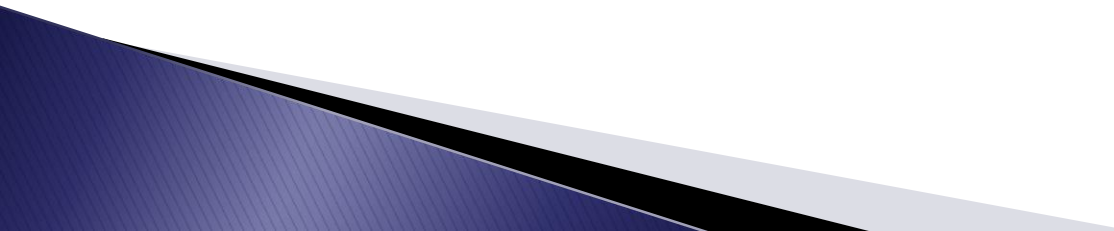
- Worked with ad agency to develop concept and creative briefs, etc.
  - Created overarching theme:  
*Let's Come Together and Drive Malaria Away*
  - Developed logo, color scheme, and theme song
  - Pretested all produced materials nationwide
  - Revised based on feedback from the field before finalizing materials for mass production and distribution
- 



# Current Status and Planned Activities

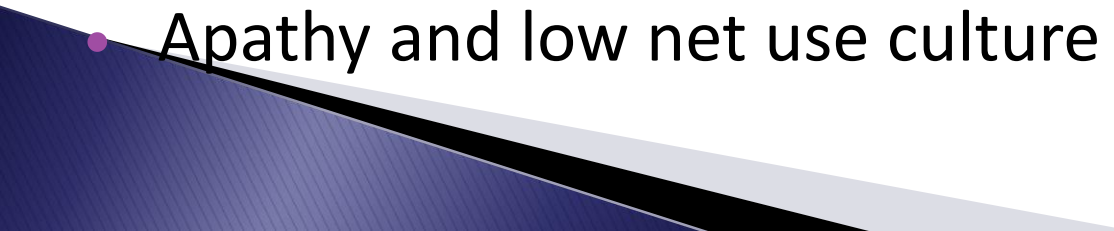
- Nationwide airing of radio and TV spots
  - Nationwide distribution of integrated package of materials
  - Launch a nationwide campaign with the NMCC under the “Good Life -- Live it Well” Campaign
  - Development of a radio magazine show and a TV game show incorporating key malaria messages, etc.
  - Ongoing inter-personal communication activities at community level with NGO/FBO/CBO, media, volunteers, etc.
- 

# Adaptation and Rollout of National Communication Strategy

- ▶ Repeat participatory process at zonal & regional levels
  - ▶ Involve NGOs, FBOs, and other stakeholders in similar participatory process at district level to promote community engagement and ownership
- 



# Key Challenges

- Working through NMCC is time consuming; but very effective with great outcome
  - Interventions must be evidence-based; but very limited data covering all areas
  - Addressing complex and technical issues in simple, clear and concise way to the targets
  - Malaria still perceived as a disease that is not serious
  - Apathy and low net use culture
- 

# BCC for LLIN Scale-up to Universal Coverage and Use ETHIOPIA



Federal Democratic Republic of Ethiopia  
Ministry of Health



**USAID**  
FROM THE AMERICAN PEOPLE




**President's Malaria Initiative**

# National Malaria Strategy

National Strategic Plan for Malaria Prevention,  
Control and Elimination, 2010 – 2015

There are five national intervention  
Strategies.

One of these is Community Empowerment  
and Mobilization through Health Extension  
Program (HEP). Later I will talk about  
another intervention that addresses M&E.



# Malaria Workplan

FMOH BCC Plan are the following:

1. **Conducting Advocacy Workshop and Social mobilization activities to eliminate Malaria:**
  - At Federal, Regional, Zonal, and Woreda/Districts levels.
  - Social mobilization through HEP
    - Informing community using HEWs at Health Facilities and Household visits

# Malaria Workplan (con't)

2. **Organizing Consultative workshop on Malaria elimination with partners working on malaria prevention and control.**
3. **Conducting Community mobilization**
  - Educate community through HEWs and Developmental Agents.
  - Inform community through Religious leaders, Town Criers and Influential persons.
  - Mobilize community (in collaboration with partners) using Mobile Van, Radio and TV messages, and different IEC/BCC materials with funding from various donors.

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# Malaria Workplan (con't)

4. Celebrating World Malaria Day at National level by organizing different Promotional activities.
  - Annual Review meeting
  - Panel discussion
  - Community mobilization Activities
  - Distribution of malaria IEC/BCC materials, T-shirts, leaflets, posters & banners with funding from Donors, such as PMI, WHO, UNICEF etc.

# Malaria Workplan (con't)

5. **Distributing IEC/BCC materials provided by malaria partners to:**
  - Mobilize community
  - Prevent and control Malaria during major and minor transmission season.



# NMCP BCC Personnel

- ▶ Previously, the FMOH used to have the Health Education and Extension Centre (HEEC) which has now been dismantled by the FMOH.
- ▶ HEEC was solely responsible for reviewing and approving all IEC/BCC materials developed by NGOs/partners before printing and distribution.
- ▶ Currently, the Health Promotion and Disease Prevention General Directorate of FMOH oversees this process.

# Partners to Partner Coordination

## Partners working in Malaria Prevention and Control:

- ▶ 40 NGOs ( of which 10 are local NGOs)
  - LLINs, IRS, treatment, Case Management, communication, capacity building
- ▶ 4 Net / Insecticide Manufacturers
- ▶ 11 Private Sector/ Net Importers & Stitching facilities
- ▶ 3 Research Institutes

# Partners and Partner Coordination (con't)

The balance between type of interventions:

1. **Most emphasis on LLIN distribution**
  - Effective way to engage population at large
  - Over 20 Million LLINs distributed in last 3 years
2. **Environmental management**
  - Easily doable by communities
3. **IRS**
  - Spraying is conducted once a year in the most epidemic prone areas.

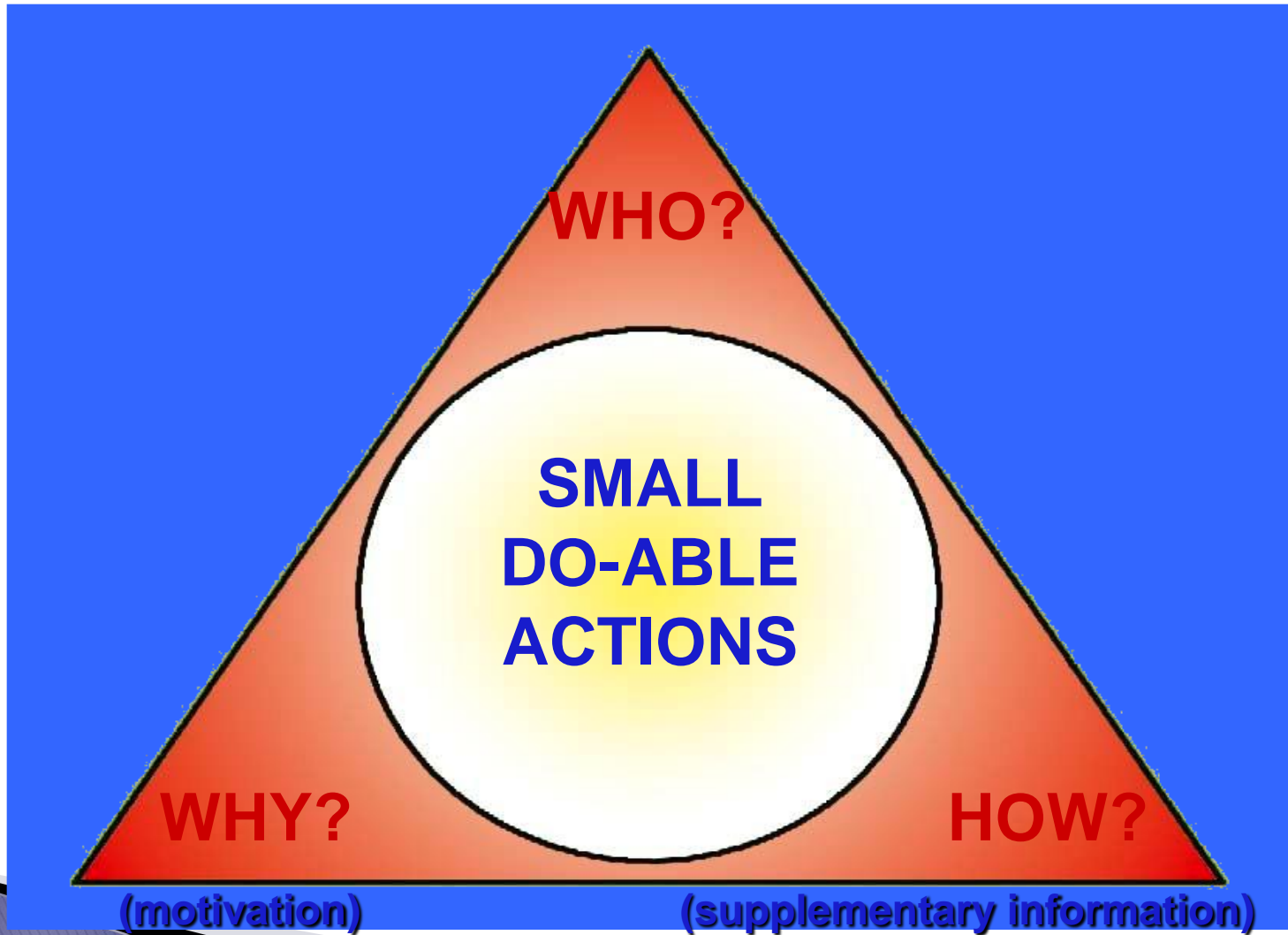
# Message Harmonization Process

**Goal** – To identify priority Malaria actions at the family and community level and reach consensus among partners.

**Objectives** – To ensure that Malaria messages are standardized and partners speak the same language.

**Outcome** – Essential Malaria Actions (EMAs) which are based on small doable actions, messages are developed.

# Small Doable Actions



# MALARIA TASKFORCE

Malaria Communication Taskforce members include:

- FMOH
- USAID
- C-Change
- UNICEF
- CRDA
- Malaria Consortium
- CARE
- CU-ICAP
- CRS
- IFHP, MSH etc.

# Message Harmonization

## How Malaria Messages were Developed:

- ▶ In October 2008, C-Change organized a micro-planning workshop with malaria partners, to identify gaps and review all the existing malaria IEC materials available.
- ▶ Following the workshop, C-Change assisted with the establishment of a National Communication Taskforce, which is chaired by the FMOH and works closely with RHBs.

# Message Harmonization (con't)

- ▶ In February 2009, C-Change conducted a “Message Harmonization” Workshop, where malaria partners identified and prioritized 8 Essential Malaria Actions (EMAs), on the 4 thematic areas.
- ▶ In October 2009, C-Change conducted a “Message Finalization” Workshop, after the 8 EMAs had been pre-tested in the field and the illustrations were refined.
- ▶ A sub-group of taskforce developed Malaria Message Guide and Implementation Guide



# Funding for BCC Activities

- ▶ PMI
  - ▶ Global Fund
  - ▶ WHO
  - ▶ UNICEF
  - ▶ DFID
  - ▶ Japan
  - ▶ MSF Greece
  - ▶ Macepa/PATH
- 

# Production of IEC/BCC materials

Done according to the Donor's guidelines, for example:

- ▶ Based on PMI's guidelines, C-Change takes the lead to provide technical assistance and supply of IEC materials to malaria partners to:
  - Ensure consistency of messages
  - Minimize duplication of effort
  - Ensure appropriateness of branding
    - Adheres to strict USAID guidelines on branding
    - Logo of Donor, FMOH, RHB & implementing partner

# Production of IEC/BCC materials (con't)

To date, C-Change has developed & provided IEC/BCC materials and technical assistance to:

- ▶ FMOH (LLIN inserts, WMD posters, banners, scorecards, “How to hang LLINs” leaflets, in 6 local languages)
- ▶ RTI (to develop IRS illustrations & messages)
- ▶ Peace Corps & US Army (30,000 leaflets)
- ▶ IFHP (60,000 Malaria Scorecards)
- ▶ FIDO (who put up billboards of EMAs in SNNPR)

# BCC M & E

Health system strengthening and capacity building to support is one of the National Strategy's 5 intervention areas

Includes:

- ▶ Monitoring and Evaluation activities to measure program effectiveness
- ▶ Development of Human Resources with emphasis on frontline and middle level professionals

# Qualitative and Quantitative Surveys

FMOH in collaboration with partners conducts Research:

- ▶ MIS research on malaria every 3 years:
  - MIS 2007
  - MIS 2011 – will be underway soon
- ▶ DHS every five years
- ▶ Research data is shared with relevant partners and presented during the national review meeting, organized by FMOH

# Coordination of BCC interventions

Malaria partners coordinate interventions:

- ▶ **Mapping** – working with Regional Health Bureaus (RHBs) to identify malarious areas
- ▶ **Division of labor** – partners focus mostly on LLINs, IRS, Diagnosis & Treatment
- ▶ **Some partners focus** – on communication activities, others on LLIN distribution, RDTs, drug supply, research, etc.

# Biggest Challenges

- **Low LLIN utilization / Misuse**
- **Low uptake** of malaria prevention, treatment and control services
- **Replacement** of worn out LLINs
- **Main target audience** – women with child bearing age (15 – 49) live in media dark zone
- **Integration** of messages
  - Based on the new BPR system, FMOH wants to integrate malaria, HIV, maternal health, TB, leprosy etc. into one package.
- **Multi-species** (Vivax and Faliciparum) – complicates treatment regimen.

In conclusion.....



# Elements of an Effective National Malaria BCC Program

- ▶ National malaria communications strategy
  - Coordinated
  - Targeted
  - Cohesive
  - National malaria communications work plan
- ▶ Malaria BCC/communications task force/work group
  - Harmonize messages
  - Share results of evaluations, research, activities
- ▶ Strong M&E component
  - Move to a narrow set of interventions that work

# Thank you all

- ▶ PMI Communication and Social Mobilization Guidelines
  - <http://www.pmi.gov/technical/bcc/index.html>
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