

## **Mission Report – Country Angola**

### **Technical Assistance in Assessing Communication Preparedness for Roll Out of LLINs Campaign**

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**Mission dates: in country: May 29 to June 7, 2014**

**Location (s): Luanda, Angola**

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**Subject of report: Communication Strategy and Prospects for Implementation**

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#### **1. Objectives of the mission**

- Review and support the development or modification of technical tools for campaign implementation, such as training guides, data collection forms, supervision and monitoring checklists, etc.
- Make recommendations for improvements

#### **2. General overview of planned distribution**

- **This section needs to be supplied by other members of the technical assistance team that had not yet arrived in country during the period that I was assessing the communication and training aspects of the project.**

#### **3. Campaign planning / implementation situation on arrival**

- I examined preparedness of the net distribution campaign in terms of communication, both interpersonal and mass media. Specifically I researched preparation of the upcoming Global Fund-funded campaign in the provinces of Cabinda, Lunda Norte, Lunda Sul, Bengo and Namibe. This campaign which, according to the national plan, was supposed to be completed in 2013. It has not been initiated. It was reported to me that there have been some irregularities in the selection of implementing NGOs. It was also reported to me that the distribution deadline for these five provinces has been extended to the end of 2014. Without NGOs selected and operating, I was limited to examining the preparedness in terms of material and communication strategy.
- Overall the planned communication activities and IEC materials in support of the upcoming LLINs distribution in the provinces of Cabinda, Lunda Norte, Lunda Sul, Bengo and Namibe appear sound and meet the standards that I have seen applied in other African countries. I base this statement on having had the opportunity to review national communication plan documents, various other

reports on past campaigns, some research products, training manuals and IEC materials. In addition, I was briefed by numerous malaria partners including those from the National Malaria Control Program, the UTG, UNICEF, PSI as well as consultants. The recommendations that follow are meant in the spirit of contributing to a plan that is well advanced and with the selection of competent implementing parties could make important strides in achieving the aims of the LLINs distribution campaign.

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

Five months prior to distribution, the national plan of action calls for:

- development of key communication messages for the campaign, slogans, logos, etc.
- development of information to be delivered to the media and press to sensitize traditional authorities, faith-based groups, local political leaders and military about the distribution.
- testing of the effectiveness of messages of the campaign

All these activities have been undertaken. Testing of the effectiveness appears to have consisted of testing of the logos and images used in written materials.

I had an opportunity to examine digital versions of communication materials, such as posters, banners, flyers, etc, as well as to examine the gear that will be distributed to *mobilizadores* (community volunteers) and supervisors, including vests, T-shirts and caps. The design and messages of this material appears to conform to international standards.

Informants told me that the communication materials and gear had been ordered and most of it had already arrived in a central warehouse from whence they will be distributed to provincial health authorities.

I had no means to assess whether the quantities ordered meet the needs, nor to verify what materials had arrived in country.

If the Global Fund wishes to assure that the materials have been received, it should seek verification by an accounting firm.

In the section below, I list my recommendation on how to improve on what has already been accomplished.

In terms of the implementation of communication activities to target populations, these are awaiting the selection of the implementing partners and the roll out of their proposed activities.

#### **5. Key challenges and recommendations**

## 5.1 Training and Messaging

According to the communication plan for LLINs distribution, *mobilizadores* (essentially volunteer community agents of change) are to play a key role in social mobilization, especially at the household and community levels, to accept and use LLINs. An NGO will be selected to undertake cascade training of trainers from other NGOs whose responsibility will be to supervise community mobilization in a given area and train the *mobilizadores*.

With support from the Global Fund, USAID/PMI and the Japanese government, the Ministry of Health has produced training manuals for both the training of trainers (Manual do Mobilizador para a Campanha de Distribuição de Mosquiteiros) and community mobilizers (Manual do Mobilizador para a Campanha de Distribuição de Mosquiteiros). Overall, these manuals appear to meet international standards and are well conceived, with ample detail on selection and responsibilities of the *mobilizadores* -- in pre-campaign, campaign and post-campaign phases, including ideas on how best to hold community dialogs, street drama, meetings, special events, etc. These manuals will serve as useful guides both for the trainers and learners. Reportedly each NGO conducting training is to assume responsibility for the cost of reproducing the manuals that they will need.

The National Malaria Control Program (PNCM) should consider expanding the messages that the *mobilizadores* are asked to convey. Currently the manuals identify four key messages:

- a. Malaria or Paludismo is the same disease.
- b. Malaria is transmitted through a mosquito bite.
- c. Protect yourself by sleeping under an insecticide-treated mosquito net;
- d. To be protected from mosquito bites, correctly use the mosquito net.

Ideally, the construction of messages should be based on research data. PNCM had planned to conduct a Knowledge, Attitude and Practice Survey (KAPS), but, as I understand it, the KAPS was not conducted pending the findings from the 2014 decennial national census that has just been completed. Malaria Indicator Survey had been undertaken in January 2011, and one is planned for 2015. Nonetheless, it is imperative that the program widen the basic research needed to understand beliefs, preferences, constraints, motivations, and current behaviors in regard to the acceptance and sustained use of LLINs to inform the upcoming distribution campaign. The goal should be to especially learn of reasons for resistance to use, types of messages and interventions that can help overcome resistance, and better understanding of the types of messages and interventions that will likely trigger the desired actions or behavior. The research and its interpretation should seek to inform the PNCM and its partners about what has been working in terms of behavior change so that these lessons learned can be incorporated in the upcoming distribution campaigns.

During the several discussions held with PNCM, there appeared to be general agreement at the technical and leadership levels for a more scientific approach to message development. However, I also heard a generalized concern that a new research agenda might unduly delay the start up of the GF-supported campaign in the provinces of Cabinda, Lunda Norte, Lunda Sul, Bengo and Namibe. However, during my out-briefing of the PNCM director, the director said that it would be possible to conduct in a rapid fashion the types of mini-KAPS discussed below.

Nonetheless, I am making two sets of recommendations regarding messaging. The first option recommends an expansion of messaging, whether further research is available or not, and the second is for a rapid research intervention.

Also, I recommend that the expanded messages be included as a supplement to the existing training manuals; this supplement could be used as the point of departure during discussion in formal training sessions; and by using a supplement, this may be a way of reducing additional production and publication expenses.

#### First Option for Message Expansion

In addition to the four messages already contained in the manuals, consider having *mobilizadores* communicate to target audiences:

- the signs and symptom of malaria,
- guidance on when to seek health care services especially for children under five and pregnant women,
- what type of testing and treatment to expect, and
- responsibility for fulfilling IPTp.

Part of the reason for encouraging a broader discussion of these fundamental malaria technical messages is that it appears that malaria in a clinical sense may not be as widely understood by the target audience as would be ideal. Interviews with malaria communication partners as well as research data from 2011 suggest that malaria or paludismo as it is also known in Angola are terms that are commonly used to describe a variety of common ailments. Using the LLINs campaigns as a way of increasing knowledge of malaria, including its symptoms and consequences, and hence the perception of risks that malaria poses may constitute an important aspect of the BCC strategy.

In order build up community solidarity around malaria prevention, it may be also productive to ask community members to work together to eliminate sources of stagnant water such as open containers and abandoned tires.

#### Second Option for Message Expansion

Consider conducting a series of rapid mini-KAPSs - in one or two provinces that have benefited from 2013 LLINs distribution campaigns (Zaire, Kwanza Norte, Malanje

and Uige) as well as in one or two of the provinces that are targeted for the upcoming campaigns, namely Cabinda, Lunda Norte, Lunda Sul, Bengo and Namibe .

- Consider using as a starting point for a mini-KAPS the updated reference guide for indicators, supplemented with qualitative questions/and or focus group discussions with community members that elicit information on beliefs, attitudes and practices, including perception of risk, understanding what malaria is and isn't, practical and ideational barriers to net usage, and the types of motivational messaging that engender positive behavior change.
- For these smaller KAPSs, it is advisable that survey implementers ensure an adequate sample size to draw meaningful interpretations from the data.
- Conduct meaningful samplings in both rural and urban areas, and maintain rural and urban data sets disaggregated from each other.

It may be necessary for the PNCM to identify and contract an organization capable of designing and perhaps assisting local health authorities in implementing and analyzing this research for as quick a turnaround as possible

The research findings from those provinces that will be part of the upcoming distribution campaign can serve as a rudimentary baseline for comparison with the summative evaluation that should be conducted after the campaign.

#### Dissemination of Mini-KAPS Findings

On the basis of these findings, PNCM should consider holding an orientation workshop for the malaria program's communication working group (grupo de comunicação) that includes principal malaria partners as well as technical personnel from the Health Promotion Cabinet (Gabinete de Promoção de Saúde). Consider also holding orientations on these findings for the provincial-level health promotion officials as well.

On the basis of these findings, create a supplement to the existing training manuals for trainers and for *mobilizadores* that creates a greater space for discussion of likely forms of resistance that may be encountered and best practices for communicating messages likely to trigger the desired behavior change. As previously noted, I recommend a supplement, partly as a budgetary consideration since manuals have already been designed and glossy versions of them have been printed. Those NGOs chosen to conduct training of trainers and training of *mobilizadores* will reportedly be required to budget for the production of the manuals. At that point, it may be worthwhile considering integrating the "supplement" into the body of the existing manual.

#### Praise as a Communication Technique

From my own field work in evaluating the effectiveness of BCC promotion for malaria prevention and treatment, child and maternal health, nutrition and sanitation, “praise” for positive actions taken has been shown to be a powerful method of reinforcing new positive behavior change. First-person praise, that is, praise directed at the person or group that has adopted the new behavior; or “third-person” praise, that is for others in the community who serve as models of change, appear to have a powerful impact. As a result, I recommend that the trainings include a discussion of the wisdom of using praise as a BCC technique. Praise for good positive action is consistent with the thrust of positive deviance behavior change methodologies.

It may also be effective to ask the *mobilizadores* to use interactive approaches such as asking questions and waiting for answers as a means to impart new knowledge and reinforce positive behaviors and attitudes and to be able to assess a respondent’s perceived risk of malaria.

#### Inclusion of the Private Sector in Training

The malaria program may want to instruct the implementing NGO partners to include representatives of companies who deal with health issues in training opportunities. For example, in the provinces of Lunda Norte and Lunda Sul, mining companies distribute nets to their employees and the employee families, but also distribute nets to the wider community in their localities. According to one company informant, the nets that are distributed are provided by the government. Company personnel responsible for the distribution would likely become more effective at BCC if they could benefit from the type of training provided to *mobilizadores*.

## **5.2 Mass Media**

In accordance with the communication action plan, PNCM has produced three radio spots attuned to different phases of the distribution campaign, one TV spot and a jingle. The Portuguese-language radio spots have been centrally produced, and the versions in Angola’s national languages are typically produced at local language radio stations, per the preferences of the local stations. It is official government policy that radio and TV stations air these spots without charge as part of their social responsibility. I am confident that the malaria communication group and partners have the knowledge and experience to optimize the scheduling of broadcasts. Their plan is to present to each station a broadcast schedule for airing these spots linked and timed to pre-campaign, campaign and post-campaign activities.

I had an opportunity to review the mass media productions with members of the PNCM communication team. I recommended to them improvements in the radio spots. Currently, the spots consist of male and female voices telling the public what they should be doing in an authoritative fashion. I pointed out that there are likely limits to the effectiveness of this top-down mode of communication. I suggested that the radio spots be more like the one TV spot, which consists of a dialog or conversation between a father and a mother about the need to protect their family from mosquito bites and hence malaria by sleeping under nets.

The PNCM communication specialists and the PNCM director were very open to re-producing the radio spots according to the guidelines that I suggested, which are also culturally friendly given the fundamental orality of Angolan society.

The malaria jingle both has appropriate messaging in its lyrics and is lively, so much so that it makes you want to get up and dance with it. I find this also very culturally appropriate, given the musicality of Angolan culture. It would be important to use the jingle as the standard intro and outro for all radio and TV programming dealing with malaria issues. A CD with the jingle should be provided to all radio and TV stations so that they can use the jingle for all reports and programs dealing with malaria, including distribution of the CD to those stations producing their national language versions of the radio spots.

#### Journalism Network

PNCM has reportedly helped to promote a motivated network of journalists who want to be allies in the fight against malaria. In the past, the PNCM has sponsored journalism training events with this journalist network. It would seem worthwhile to mobilize the group as the five-province campaign begins to be implemented, as well as to orient the journalists to findings from the mini-KAPSs as a way of optimizing these mass media channels for conveying additional BCC messages.

### **5.3 Religious leaders:**

As I understand, the local authorities typically send to churches a communiqué asking the leaders to make announcement from the pulpit. It may be worthwhile to go beyond this approach. As part of its outreach, the malaria program and its partners should consider requiring a more robust outreach to pastors, heads of women's support groups, and church health committee members. As influential forces in their communities, an even modest training or orientation about the campaign and key technical and behavior change messages would like pay important outcome dividends.

### **5.4 Monitoring Social Mobilization, Interpersonal and Other Forms of BCC**

Since many activities are likely to be carried out by partners, the monitoring of compliance with agreed upon activities and strategies on the part of contracted partner NGOs should be on-going. I discussed with the PNCM communication team the need for developing an instrument to help them assess performance. We agreed that a performance checklist would likely be a valuable tool in their supervision toolkit. The purpose of checklist is to make sure program processes are on track and provide timely feedback and create opportunities to make midcourse corrections.

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

The most imminent step that should be taken for enhancing the communication program is to design and implement what has been described above as mini-KAPSs in order to enhance understanding of effective BCC messaging.

Once the findings are in place, the inclusion of enhanced messaging in training and other forms of orientations should move forward at a quick pace.

Redesign and re-produce the three radio spots.

The selection of NGO partners responsible for training and for supervising community mobilization for LLINs distribution is imperative.

The development of a performance checklist as an aid to evaluate NGO-led activities, provide timely feedback and create opportunities for improvement.

#### Recommendations for the Long Term, that is, Beyond the Upcoming Campaign

- PNCM should consider creating a centralized digital archive of reports, findings, research instruments, communication materials and other documents. All partners should be required to contribute to this. It would be helpful if it were available online and password-enabled. A digital archive will help reinforce the program's institutional memory. This certainly would have been a useful tool for me in accessing pertinent information. For instance, I have heard about a past partner report that examined areas of resistance to LLIN use, but I was unable to obtain a copy, and I was only able

to get some relevant research documentation in the final day of my consultations in Luanda.

- Enlarge the country's pool of health communication specialists through in-service and university-level training and education offerings in health communication theory and practice. To jump start this process, offer a workshop to the PNCM communication group and allied health promotion specialist in MINSa at national and provincial levels in basic theory and practice of BCC.
- Branding: Consider developing a branding strategy that seeks to promote a stimulus for change based on the positive benefits to be achieved by taking proposed action. Such a branding strategy should likely be designed to create a cognitive association that links malaria control, prevention and treatment with a better, more prosperous life/ future for family, community and nation. In essence, this is the promotion of a new social norm to replace what is likely a widespread cognitive association between malaria and the inevitability of suffering that may be reproduced by a fatalistic mindset. Those complying with the social norm may be associated with being cool, smart or whatever other positive attributes can be made in a culturally compelling fashion.

The belief that concrete actions on malaria prevention and treatment can lead to improvements in one's life also reinforces a sense of agency and self-efficacy that are destined to help MINSa in its efforts to mobilize the person, family, community and nation around other urgent health issues in addition to that of malaria. Branding of malaria prevention and treatment in Angola may make all the more sense because of its highly urbanized demographic (around 60%) with its less formal community structures and apparently high level of mass media consumption.

## **7. Conclusion**

A great deal of preparatory work

### **List of Acronyms**

BCC Behavior Change Communication

KAPS Knowledge, Attitude and Practice Survey

MINSa Angolan Ministry of Health

PNCM National Malaria Control Program

PSI Population Services International

UTG Management Technical Unit

**List of key people met during mission / meetings attended**

May 30: Orientation and Assessment Planning Meeting.

Participants:

Francisco M. Telles, Advisor, PNCM)

Munzala Mundele Ngola, Deputy Director, Unidade Tecnica de Gestao

June 2: General Briefing Meeting with Key Communication Partners

Key participants: (15 participants in all)

Munzala Mundele Ngola, Deputy Director, Unidade Tecnica de Gestao

Francisco M. Telles, Advisor, PNCM

Antonio Lavor, Fiocruz

Clara Barona de Ayerbe, UNICEF

Cristina Lussiana, PSI

Joana Martinho do Rosaria, Pathfinder

Bruno Neto, Communication Consultant

Mikhail Tiounine, Communication Consultant

PNCM communication team

June 3: Follow-up meeting with the core communication group including PNCM and UTG communication specialists as well as team and communication consultants

June 4: Meeting with PNCM and UTG communication specialists to clarify data and activities to date.

June 5: Briefing of and feedback from the core communication group including PNCM and UTG communication specialists as well as team and communication consultants on preliminary findings

June 6: Two separate briefing for UTG Coordinator and PNCM Director.

Participants at UTG meeting: Coordinator Maria de Fatima Saiunda and Munzala Mundele Ngola

Participants the PNCM meeting: Director Filomeno Fortes and Francisco Telles