

Mission Report – Swaziland

Technical Assistance to the Health Promotion Team, NMCP

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Mission dates: August 31 – September 12

Location (s): Mbabane, Manzini, Lombombo

Date of report: October 6, 2014

Subject of report: Support to Strengthen Effectiveness of Behavior Change Communication and Advocacy Interventions

1. Objectives of the mission:

To provide technical support in the planning and effective implementation of advocacy, social and behavior change communication activities in a malaria elimination setting. Undertake an in-depth analysis of the current Advocacy and SBCC practices in terms of their appropriateness and effectiveness, and give practical recommendations.

- Evaluate the existing BCC practices and documents and support the team to update the current Communication and Advocacy Plan accordingly in line with results from the most recent KAP survey undertaken in the country.
- Suggest appropriate and acceptable cost-effective strategies able to motivate local communities to health-seeking behaviour, including potential Health solutions that could work in the context of Swaziland.
- Provide technical support to the National Team in the development of malaria training materials, data collection tools and job aids for Community Health Workers
- Support the National Health Promotion Team in the development of guidelines and materials for conducting community dialogues and community mobilization activities with broad reach and an effective means of ensuring messages passed lead to changed behaviour

2. Behavior Change, Social Mobilization and Social Norm Creation

Introduction

This report presents the Swaziland NMCP with a series of recommendations for key behavior change communication (BCC), social mobilization and advocacy interventions in support of the country's 2015-2020 malaria elimination goals. These recommendations are intended to inform the NMCP as it elaborates its new five-year "Malaria Elimination Communication Plan."

Recommendations seek to establish a robust strategy for motivational message development, enhanced social mobilization activities, social norm development and advocacy that is based on a solid foundation of qualitative formative research with key target groups. Recommended activities included in this report have often been broken down into various outlines and presented in table format as an aid to implementing health promotion officers.

Malaria elimination is defined as the interruption of local malaria transmission in a geographical area, or zero locally-acquired cases. Though interruption of local malaria transmission is the goal, ongoing importation will require continued interventions. As a result, the elimination strategy must address behavior changes required to achieve interruption of local transmission, including communications in support of rapid response to case detection and a reduction or elimination of importations from high endemic regions outside of Swaziland. As the incidence of malaria continues to reduce, the challenge of sustaining desired preventive behaviors while the population perception of threat decreases is likely to pose a challenge. For this reason, the following recommendations include the promotion of social norms regarding malaria preventative behavior that would become self-reinforcing and critical to realizing the NMCP vision of a malaria-free Swaziland.

Research and analysis consisted of

- Desk review of NMCP documents, including the *Swaziland Malaria Elimination ME Plan Draft, Swaziland Malaria Elimination; Communication and Advocacy Plan 2009-2013, Swaziland Malaria Knowledge, Attitudes and Practices Survey 2014, and National Malaria Elimination Strategic Plan 2015-2020*;
- In-depth discussions with NMCP's thematic departments;
- A focus group discussion and interviews with a group of Rural Health Motivators (RHMs), the leadership of the Mozambican Association of Swaziland and members of the Manzini traders committee.
- Interview with radio broadcaster

The recommendations and implementation steps were devised in close consultation with the NMCP Health Promotion Officer. These recommendations respond, furthermore, to the malaria elimination strategic plan's Health Promotion/IEC priorities, namely:

- The strengthening of community outreach particularly in active foci;
- Targeting travelers and other high-risk groups to improve adherence to preventative measures and early treatment-seeking behavior.

According to the strategic plan, these two communication priorities seek to ensure identification and treatment of all confirmed infections, as well as to eliminate all foci so as to decrease infection more permanently in the country. The strategy also aims to address the constant threat of re-establishment, due to regular cross-border human movement from higher-endemic countries.

Qualitative Formative Behavior Change Research and Development of Key Messages Guide

The Malaria Elimination Strategic Plan's goal is ensuring 100% IRS coverage in active, residual foci each season. After 2014, the NMCP will no longer distribute bed nets as part of its elimination strategy, though those households that received nets in previous years will be encouraged to continue using them, especially if they reside within the foci-locality [this includes households within a 500 meter-radius of a household where an infection has taken place]. As long as the nets, that is, long lasting insecticide nets are still within the 3-year life expectancy, those who received in previous years and the current year are to be advised to continue using them.

According to the KAP survey analysis, forty-three percent of the respondents reported that their households had been sprayed. Concerning IRS, when asked for a reason for not receiving spraying, a majority of the respondents said no one came (73.4%) and some said no one was at home (12.8%). After hearing community concerns in one locality, the low level of IRS success in terms of households sprayed may be suggestive of a breakdown in communication and/or a deeper non-acceptance to IRS.

Although the KAP survey report indicated that eighty-three per cent of respondents reported that they would seek treatment for themselves or their children within one day when experiencing the signs and symptoms of malaria, treatment-seeking behavior will likely continuously need to be encouraged to ensure rapid response at the onset of symptoms, particularly fever.

The report indicates that 78% of the surveyed population residing in areas targeted for net distribution reported ownership of at least one net. However, net usage was found to be 21.8% and 32.9% amongst children and adults, respectively. This represents a very low level of net usage amongst the respondents, even though knowledge of malaria prevention methods appears to be high.

In summation, knowledge of the cause of malaria and its symptoms and signs are high. Knowledge of its prevention is low. Use of nets is low. There is substantial room for improvement in IRS coverage. Motivation for adopting preventative behavior appears low.

In a focus group discussion held with Rural Health Motivators (RHMs) in the Inkhundla (chiefdom) of Lomasha in the Lubombo District, it became evident that community members had concerns, beliefs and/or fears about IRS that have not been answered by existing key messages that are largely technical.

Examples of barriers to behavior change that informants gave included:

- There exists a belief that the pesticide used in traditional-style homes, DDT, was not desirable because it attracted cockroaches. Indeed, a member of the NMCP surveillance team explained that DDT did irritate cockroaches causing them to come out of their hiding, giving homeowners the impression that IRS attracted them. The development of messages to address these concerns appears to be warranted, if the rate of acceptance is to improve. (One possible solution is to explain how long these pests will remain in the open.)
- The perceived aggressiveness of sprayers reportedly discouraged cooperation and caused some residents to be absent when sprayers came.
- It was reported that some community members were absent from their homes at the time when sprayers arrived but, nonetheless, desired IRS. It appeared that the community was unaware that mop-up IRS operations are available, raising questions of the quality of communication between the IRS campaign and targeted communities.
- RHMs reported concerns within the community about IRS in households where children and others with asthma and tuberculosis were living, suggesting the need to empower RHMs, members of the Malaria Elimination Committees (MECs) and sprayers on handling such situations.
- RHMs noted that community members often paid little attention to their advice, suggesting the importance of raising the community stature and interpersonal skills of RHMs, especially with regard to their effectiveness in promoting health-seeking behavior.
- Some members of the community reportedly feared sleeping under bed nets. After probing, there appears to be a not uncommon association or correspondence at a symbolic level between sleeping under nets and being placed in a coffin.

It appears that key technical messages, in themselves, are unlikely to overcome such barriers to desired behavior change, and that the development of motivational messaging addressing barriers, and enhanced social mobilization that included increased channels of communication with vector control agents, are in order. It is also recommended that sprayers, especially the “temporary” teams, receive enhanced training in effective community outreach and that the

teams work closely with NMCP health promotion officers to ensure community cooperation and compliance.

In designing stronger motivational messages and enhanced social mobilization, NMCP should consider conducting basic formative research to further identify and understand the characteristics - interests, behaviors and needs - of target populations to bring about desired behavior change.

To accomplish this, NMCP will likely require technical assistance and/or contracting an NGO experienced in BCC research to undertake qualitative formative research.

Suggested framework for qualitative formative research:

1. In high-risk low-veld communities, especially recent foci communities,
 - a. conduct a series (3 or 4) of focus group discussions within communities, especially to:
 - i. confirm / identify barriers to and acceptance of IRS;
 - ii. seek reaction to net use no longer being a part of the elimination strategy so as to anticipate how best to respond to questions from the public about changes in prevention strategy;
 - iii. discuss measures to be taken to eliminate active foci, including human parasite reservoir interventions, in order to develop effective messaging to increase understanding and compliance;
 - iv. confirm the identity of influential persons within the community, i.e. those capable of influencing others to adopt behavior change, such as the mothers of husbands;
 - b. conduct interviews with individuals already practicing the desired behaviors (positive role models) to determine what motivates them to practice the desired behavior;
 - c. on the basis of findings of both the focus group and role model interviews, develop key messages designed to motivate the desired behavior change and overcome resistance to IRS and net use by household members (it should be noted that the ending of net distribution will likely complicate messaging about net use which is already low; focus group discussions may, therefore, include probing about the best way to tailor messaging as part of a rapid response in an active foci locality);
 - d. design a message guide that can be used in the design of stakeholder meetings, trainings, theatrical performances, etc.
2. Conduct in-depth interviews with members of IRS teams to determine what obstacles to spraying they are encountering as well as to discover what communication methodologies appear to be effective with community members. Incorporate these

- findings in key messaging guide and integrate best practices into future enhanced communication training for IRS teams.
3. Focus group discussions with groups likely to travel to endemic countries, particularly neighboring Mozambique, to learn more about reasons for barriers to or acceptance of preventative measures while on travel to malaria endemic regions, as well as to assess the knowledge of the risks of malaria, malaria signs and symptoms and recommended health seeking behavior. These target traveler groups should include the petty traders who regularly travel to Maputo to purchase commodities, particularly used clothing, and Mozambicans resident in Swaziland who travel to Mozambique. These discussions should be designed to increase understanding of when, where, and why these mobile populations travel, and when and to where they return, as a way of targeting interventions to reduce importation risk.
 - a. From *ad hoc* discussions with members of this target group and from the KAP survey findings, there is likely widespread unfamiliarity with the use of repellent and mefloquine as preventative methods; this unfamiliarity is likely a major barrier to the adoption of preventative behavior.
 - b. From focus group research findings, develop a behavior change communication strategy. This might include, for instance, demonstrations in the use of repellent, including ways of using repellent so as to maximize its use and minimize costs.
 - c. If positive role models within this group can be identified, it may be possible to learn from them what has motivated them to adopt the desired behavior and to include the motivational factors and benefits achieved into a message strategy.
 4. It is recommended that a household survey be conducted in two or three foci communities to help determine if the communication strategy and implementation were effective or should be modified. Such a study ideally would be made a month or so after the enhanced community mobilization. The questionnaire should seek to measure to what extent household and community members have adopted the prescribed behaviors.
 5. Similarly, a survey of at-risk groups traveling to endemic regions, especially Mozambique, should be conducted after communications interventions to determine both the effectiveness of the behavior change intervention and what modifications might be necessary.

The following table is intended as a preliminary step-by-step guide for the research phase of a comprehensive malaria elimination communication strategy.

Qualitative Formative Research and Key Message Development	Timeline: Completed by mid-June 2015
Focus Group Discussions	
Contract with a NGO experienced in BCC research to carry out research and analysis	
Draft FGD question guide	
Conduct FGDs in 3 to 4 communities using established methodology (record and transcribe)	
Conduct FGDs in groups likely to travel to endemic regions	May include transport drivers, traders and Mozambicans resident in Swaziland
In-depth Interviews with Positive Deviants	
Conduct in-depth interviews with positive deviants (positive role models), perhaps three from each of the communities and identified groups that travel (record and transcribe)	
Key Message Development	
Analyze transcripts for beliefs underlying inaction and refusal as well as other barriers	
Analyze transcripts for beliefs and motivations for adhering to promoted behavior	
Identify key motivational messages designed to elicit promoted behavior change and compliance with prescribed behavior	
Elicit input from Vector Control and other partners in message development, especially for technical accuracy	
Test motivational message	
Create "Malaria Free Swaziland" key message guide	Guide should contain messages for members of high risk communities; for travelers; and for the general public a part of the social norm

	<p>strategy described below.</p> <p>Guide should also provide communication guidelines for RHMs, IRS teams and other rapid response team members.</p>
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Enhanced community mobilization with special attention to foci localities

It is advisable that enhanced community mobilization activities be closely coordinated with foci surveillance and vector control activities, especially in prioritizing target communities as part of rapid response to case detection and in targeting other communities in high risk areas. The following table “Enhanced Community Mobilization Activities,” which was devised in consultation with NMCP health promotion, provides a summation of steps that may be taken as part of the enhanced communication strategy. It adheres to the NMCP goal of setting up MECs at the community level; it also incorporates a strong outreach strategy to traditional leaders and other stakeholders; and it strongly suggests using theatrical performance as part of a community mobilization strategy.

Enhanced Community Mobilization Activities in High Risk Localities and Active Foci	
Prioritize Target Communities	
Collaborate with surveillance and vector control to establish list of communities in order of priority	Set up selection criteria based on case data mapping
Weekly Public Service Announcement on Vector Control Team Activities	
Reach agreement of radio station to air PSAs	
Provide schedule and key messages to station personnel	
Chiefdom Council Advocacy	Stakeholder Activity
Update Chiefdom Council members and other stakeholders on malaria situation in targeted communities	

Outline the components of the mobilization intervention; show Malaria Campaign Video	
Initiate a conversation on how council members can use their leadership and authority to promote compliance	e.g. during the FGD with RHMs, it was suggested that the community police would be effective in assisting sprayers and mobilize communities for dialogs; if this is a culturally acceptable practice, it may be worthwhile getting the buy-in from the traditional leaders for this approach. Make a list of commitments
Ask Council Members for help in organizing a community meeting	According to FGD participants, the buy-in of local headmen for the enhanced community mobilization is important. For instance, headmen are in a position to use community police to call a community meeting.
Community intervention	
Theatrical performance focusing on barriers to preventive behavior with dramatic moments of overcoming such barriers.	Identify theatrical group and devise community-based theatrical performance using messages developed from qualitative formative research
Community dialog	Community dialog should also be used to form MEC
Formation of Community Malaria Elimination Committee (MEC) The formation of MEC in high-risk communities is part of the elimination strategic plan	MEC responsibilities: <ul style="list-style-type: none"> • advocate for malaria prevention at community meetings • surveillance of stagnant water and community implementation of solutions • advocate for IRS acceptance and net usage • encourage early treatment-seeking behavior • provide support to sprayers and others involved in vector control activities • Set up a system for household and/or MEC members to notify spray team supervisors if households are missed. • Encourage community members to

	<p>accept Rapid Diagnostic Tests and Dry Blood Spots for Loop mediated isothermal amplification as part of the rapid response effort.</p> <p>It is advisable to ensure the committee includes community members who are positive role models, especially individuals who already use bed nets and have accepted IRS and who, as a result, have credibility for communicating effectively with community members.</p>
An “aside” meeting with Rural Health Motivators (RHMs) in locality	<p>Ensure RHMs have illustrated flip charts enabling effective communication of key messages to community members on malaria prevention and early treatment-seeking behaviors.</p> <p>Consider training RHMs in interactive communication techniques, that is, asking questions, seeking responses and clarifying misunderstandings.</p>
Seek to integrate RHMs within local MEC	RHMs serve as advocates of early treatment-seeking behavior and reporting on suspected cases.
Feedback meeting with Community Malaria Elimination Committee	Create a mechanism for the MECs to provide feedback to NMCP and its departments in order to give the MEC a voice and improve vector control, case management and surveillance activities.
Communication outreach to schools as part of foci response strategy	Create a message guide for use by school authorities, including health officers, to coincide with foci response and encourage integration in school curriculum as part of health education.
Negotiate with the MTN mobile network free SMS messages to mobile phones in a nearly designated foci locality	Messages should indicate what basic action the community should take and accept in response to confirmed cases

Enhancing Interpersonal Communication Skills of Rural Health Motivators

Advocacy within the Ministry of Health	
Explore with MOH the prospect of improving RHM's interpersonal communication skills and support in the design of a malaria prevention job aid, perhaps a flip chart	In Focus Group Discussion, RHM's noted that community members often ignored their messaging, so it may be important to strengthen their interpersonal skills and provide job aids that will increase their effectiveness.

Travelers to Higher Endemic Regions

Key target groups for prevention and health service seeking messaging are those who travel to higher endemic regions. These include groups such as transport drivers, petty traders who travel to Maputo to purchase goods to sell, Mozambicans resident in Swaziland who travel back and forth to their country of origin, and communities near the border with Mozambique with a high incidence of intermarriage and other social interactions with individuals and groups on the Mozambican side of the border.

Transport Companies as Stakeholders	
Seek buy-in from bus operators to show malaria video Public Service Announcements (PSAs) on buses with international travel	
Produce PSA video with key messages for travelers about prevention and treatment-seeking behavior in the event of signs and symptoms of malaria	
Sensitization meetings with management of international transport companies to take actions to protect bus and lorry drivers from infection	Provide malaria prevention kits to drivers that include repellent, prophylaxis and IEC material on prevention and treatment-seeking behavior.
Consult with vector control about the viability of spraying the interior of buses departing from Maputo with insecticide for mosquito control. This could be seen as a reminder to travelers	Traders noted that they are often bitten on board the buses when leaving Maputo for Manzini during the evening hours.

to take appropriate preventive behavior.	
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Border Crossings	
<p>Conduct an experiment setting up billboards for travelers with prevention messages and where to purchase repellent.</p> <p>Consider the feasibility and effectiveness of billboards advising travelers to use a bed net while in the high endemicity area.</p> <p>Consider also billboards reminding travelers coming back in of signs / symptoms and importance of treatment-seeking.</p>	<p>Such signs could be placed a kilometer or less from the border crossing designed to capture the attention of travelers leaving Swaziland.</p>
<p>Negotiate with petrol stations near crossings to sell repellent and distribute IEC on malaria prevention to customers, as well as displaying posters inside the store.</p>	<p>Petrol stations near border exit points typically have a convenience store where repellent could be sold.</p> <p>Billboards could direct travelers to a particular petrol store.</p>
<p>If the experiment promoting repellent use and sales proves successful, consider expanding it to other border crossings.</p>	

Mozambican Association of Swaziland

The leadership of the Mozambican Association of Swaziland expressed considerable support for engaging members of their community to adopt malaria prevention and treatment-seeking behaviors. The association president, Domingos Thomo, suggested that the group's various chapters could host malaria educational meetings in different parts of the country. He suggested that to guarantee strong turnout, a series of events could be organized around the performance of Mozambican musical artists. In addition, it is also recommended that such communication sessions also be aimed at Mozambican migrant workers hired by agricultural enterprises.

Note of caution may be in order: it will be important to ensure that groups such as Mozambicans that travel to higher endemic areas do not become stigmatized as reservoirs of the malaria parasite. It is important not to promote fear of any one group. Although the Mozambican community should be targeted as part of BCC campaign, it is advisable that all

communication to the public stress “those traveling” rather than “Mozambicans” in defining who must take preventive and early treatment-seeking behavior.

Outreach to the Mozambique Community	
Continue outreach with the Mozambique Association to organize regional events on malaria awareness	
Collaborate with the Association to hold sensitization meetings with Mozambican religious leaders	Mozambican residents in Swaziland reportedly often frequent their own churches and mosques.
Hold sensitization sessions with the management of agricultural enterprises to ensure their buy-in for BCC activities aimed at migrant workers	
Produce and distribute IEC materials in Portuguese	Mozambican Association may be able to help with this as part of their buy in to avoid expensive translation costs.

Retailers and Hawker

Retailers and Hawkers as Stakeholders	
Sensitization sessions with hawkers about malaria prevention on international travel and selling of repellent	Build on sound relationship already established with the Manzini Traders Committee
Foster a Malaria Elimination Committee within the Traders Committee	Responsibilities to include: <ul style="list-style-type: none"> • promotion of preventive and early treatment seeking behavior among the trading community • alert NMCP representatives of obstacles to the availability of prophylaxis and repellent
Advocate with retailers to include repellent in their sales promotions during malaria season	

Social Norm Creation and “Malaria Free Swaziland Day”

As mentioned in the introduction, the promotion of a social norm around malaria prevention and early treatment-seeking may be critical to long term malaria elimination in Swaziland. The birthing of a new social norm that reproduces spontaneously the desired behavior change

outcomes and increases demand for health services and malaria prevention may help sustain elimination as the perceived risk of malaria infection is reduced.

Identity and behavior change theory suggests that an appeal to individuals on the basis of their identity as members of a larger group and what that may represent can be part of an effective BCC strategy. For instance, published research indicates that in neighboring Mozambique, an appeal to behavior change based on a sense of citizenship, that is, belonging to a larger group, resonated with the Mozambican public and has served to compel acceptance of IRS in certain provinces.

The following table outlines recommendations of how to attain a new social norm in Swaziland through the mobilization of the education system and religious institutions as well as through enhanced branding of malaria elimination. It is recommended that a “Malaria Free Swaziland Day” become the centerpiece of such a social norm strategy.

Social Norm Promotion and Advocacy Activities	
Branding	Timeline
Produce musical theme, jingle and song; Use musical theme and jingle when broadcasting media reports and PSAs	2015
Develop key motivational messages based on qualitative research and testing	2015
Launch a “Malaria Free Swaziland” Day	2015 Determine the best date for this, taking into consideration regional and international malaria days and the value of timing such a day in Swaziland with the malaria season.
Social Norm Outreach to Religious Leaders	
Organize sensitization sessions with Council of Churches, Islamic Council and similar organizations to encourage religious leaders to take leadership in social norm promotion around malaria prevention	2015 The Inter-Religious Program to Combat Malaria in neighboring Mozambique may serve as an example of how to mobilize mosque and church leadership in the elimination effort.
Advocacy for Parliamentary Activity	
Develop key messages for parliamentary	2015

budget committee	
Advocate for “Malaria Free Swaziland” Day	2015
Prepare materials for parliamentary briefings based on departmental input	ongoing
Advocacy with Ministry of Education	
Development of a “malaria free” curricula for all school levels that is to be associated with “Malaria Free Swaziland” Day Consider having all school children learn the “Malaria Free Swaziland” song Consider having this some developed as part of a competition, in which the best song is adopted	2015 for introduction in 2016
Malaria Free Swaziland Day	
Design a multi-prong roll out strategy for this day, including TV and radio programs in addition to school activities	2015 In PSAs, stress first person accounts of compliance and benefits achieved by adopting the desired behaviors.

Additional Advocacy Activities

Advocacy with Swaziland Water and Agricultural Development Enterprise (SWADE)	
Adoption of policies requiring farmers using irrigation to take measures to prevent breeding grounds	2015

6. Additional Tools Developed

In response to MNCP health promotion request for an enlarged set of indicators, I developed a set of process indicators that can be found in the annex

5. Key challenges and recommendations

Communication and advocacy activities are understaffed, and there currently appears to be insufficient funding for these critical activities. For example, at the time of the mission there was only one malaria-focused health promotion officer in place. In the adoption of a new communication and advocacy strategy, priority should be given to surpassing these two twin challenges of budget and staffing. NMCP will likely need to contract an NGO experienced in BCC research to undertake the formative research and assist in message development and other aspects of the recommended implementing strategy.

The process of social norm promotion will likely prove critical to sustaining malaria elimination, and hence special priority should be given for funding social norm development.

6. Next steps / Future planning

The most critical aspect will be to find resources to advance the NMCP's communication goals and then to prioritize recommendations with resource flow. Then, it will be necessary to contract an NGO and obtain technical assistance to carry out formative qualitative research for enhanced message development that will feed into enhanced community mobilization, improved vector control and surveillance as well as social norm promotion.

7. Conclusion

The considerable detailed recommendations and implementation steps presented above form the conclusions of the consultancy.

List of Acronyms

Dry Blood Spots (DBS)
Behavior Change Communication (BCC)
Focus Group Discussions (FGDs)
Indoor Residual Spraying (IRS)
Long Lasting Insecticide Nets (LLINs)
Loop mediated isothermal amplification (LAMP)
National Malaria Control Program (NMCP)
Rapid Diagnostic Test (RDT)
Rural Health Motivators (RHM)
Social and Behavior Change Communication (SBCC)

List of key people met during mission / meetings attended

Daily meetings

Kwazvo Muchabayiwa, NMCP, Health Promotion Officer

September 2 – NMCP

Adam Sobu, Clinton Health Access Initiative

Kevin Makadzanwe, WHO

Kwazvo Muchabayiwa, NMCP

Nyasatu Mkhankhali, Clinton Health Access Initiative

Simon Kunene, NMCP

Steven Mthethwa, NMCP

September 2 – Department of Health Promotion, MoH

Voyivoi Lukehule, Health Promotion, MoH

Kwazvo Muchabayiwa, NMCP

September 4

Domingos Thomo, head of the Mozambican Association of Swaziland

September 5

Focus group discussion held with Rural Health Motivators (RHMs) in the Inkhundla of Lomahasha in the Lubombo District

September 8

Zulisile Zulu, NMCP Surveillance

Teclar Maphosa, former NMCP Health Promotion Officer

September 9

Rally and meeting with membership of Mazini Traders Association

Meongiseni Mathobela, NMCP Case Management

September 10

Nelisiwe Motsa, Swazi radio broadcaster dealing with health issues

September 11

Outbriefing with Steven Mthethwa, NMCP

Annex

Advocacy, Communication and Social Mobilization Process Indicators

In response to NMCP health promotion request for an enlarged set of indicators, the following process indicators have been created for consideration:

Mass Media Campaigns	2015	2016	2017	2018	201
Ongoing radio campaigns deployed					
Rapid response radio announcements provided to SBIS1 (to be read at end of newscast)					
Number of radio PSAs on Vector Control activities aired					
Rapid response SMS announcement relayed by MTN to Foci localities					
Number of public transport campaigns deployed					
Foci Community Mobilization					
Number of chiefdom councils updated on foci community mobilization efforts					
Number of foci communities mobilized					
Number of school assemblies address as part of foci response					
Number of Community Malaria Elimination Committees formed					
Number of Drama performances					
Number of community dialogues held					
Highest Risk Community Mobilization					
Number of chiefdom councils reached about community mobilization efforts					
Number of foci communities mobilized					
Number of Community Malaria Elimination Committees formed					
Number of drama performance					
Number of community dialogues held					

Number of Rural Health Motivators trained					
Mozambican Community Mobilizations					
Number of Community Dialogs/Activities with Mozambican communities					
Sensitization of Mozambican religious leaders—pastors and imams					
Outreach to Employers, e.g. agricultural and transport					
Number of sensitization meetings held					
Number of memoranda of understandings signed					
Transport Company Mobilization					
Number of buses showing public service announcements video on malaria prevention and health services					
Meetings with transport company management					