The printing of this document was made possible with the support of the American people through the United States Agency for International Development (USAID). The contents of this document are the sole responsibility of the Ministry of Health and do not reflect the views of USAID or the United States Government.
Acknowledgements

This Malaria Communication Strategy was prepared by the Ministry of Health (MOH) through the National Malaria Control Centre (NMCC) with support from the United States Agency for International Development (USAID) through its Communications Support for Health (CSH) project. This document will be used as a guide in the design, implementation, monitoring and evaluation of malaria communication activities by both public and private institutions at national, provincial, district and community levels in Zambia.

The Ministry of Health would, therefore, like to acknowledge with sincere thanks the technical and material contributions from many individuals from various partner organizations who participated in the review of the 1st Edition (2005-2010) of the Malaria Communication Strategy and subsequent development of the 2nd Edition (2011-2015) of the strategy.

We would like to thank the following individuals for their valuable contributions: from MOH Beatrice Mwape, Nina Moonga, and Rose Masilani; NMCC Dr. Chibesa Sichitamba-Wamulume and Pauline K. Wamulume; from the President’s Malaria Initiative (PMI) Dr. Allan Craig and Dr. Oliver Lulembo; from CSH Anne Fiedler, Florence Mulenga, Josephine Nyambe, Kapasa E. Sikazwe, Answell Chipukuma; from Zambia Integrated Systems Strengthening Project (ZISSP) Dayton Makusa, Vera Mbewe, and Mpundu Mwanza; from the World Health Organization Dr. Freddie Masaninga and Nora Mweemba; as well as Alex Katambala (Consultant), Constance Njovu (Zambia Anglican Council), Morden Mayembe (Zambia News and Information Services), and Todd Jennings (Malaria Control and Evaluation Partnership in Africa).

MOH further acknowledges the support given to the team of reviewers and contributors by Dr. Elizabeth Chizema-Kawesha, Director, Public Health and Research and Dr. Mulakwa Kamuliwo, Acting Deputy Director, Public Health and Research – Malaria.

Finally, we wish to thank all cooperating and implementing partners for the technical, material and financial support.
Foreword

The Government of the Republic of Zambia through the Ministry of Health is committed to reducing the burden of malaria. In April 2000, African Heads of States, representatives from governments and the Roll Back Malaria Partners signed the historic Abuja Declaration in Nigeria. The declaration called for speedy implementation of effective and evidence-based interventions to control and prevent the malaria scourge. A decade ago, world leaders again met and adopted eight comprehensive and time-bound Millennium Development Goals (MDGs) to improve the state of the world by 2015. The fourth (improve child health), fifth (improve maternal health) and sixth MDGs (combat HIV/AIDS, malaria and other diseases) are critical to malaria control. These goals aim at reducing child mortality, maternal mortality, HIV and other infectious diseases including malaria.

Malaria still remains a major health challenge in Zambia. The overall goals of the National Malaria Control Programme as contained in the National Malaria Strategic Plan (2011-2015) are to reduce malaria incidences by 75% of the 2010 baseline, reduce malaria deaths to near zero, and reduce all-cause mortality by 20% by 2015. The third goal seeks to establish and maintain five malaria-free zones. The National Malaria Communication Strategy has been developed to promote positive behaviour change, and increase uptake and adoption of key malaria control interventions by contributing to global and national goals on malaria.

As revealed by the Malaria Indicator Surveys of 2004, 2006, and 2010, the programme has implemented a variety of Information, Education and Communication activities for behaviour change which have resulted in the gradual increase of knowledge and practices. In addition, the country has experienced changes in malaria epidemiology, a situation which calls for new strategies to address emerging challenges. Therefore, there is need to intensify communication activities to further increase utilization and acceptance of interventions such as Insecticide Treated Nets (ITNs) and Indoor Residual Spraying (IRS). In addition, the uptake of the recommended doses of Intermittent Preventive Treatment (IPT) must be promoted through innovative and appropriate measures. More efforts are required to encourage people to seek early malaria testing and treatment.

The communication strategy will serve as a guide in the implementation of communication activities to be implemented at national, provincial, district and community levels. This document will equip service providers with skills to provide locally tailored, appropriate and relevant information on communication. The document also describes management and coordination mechanisms to be used from national level through to community-based structures.
It is my expectation that this 2nd Edition of the communication strategy will facilitate a much stronger and robust communication programme and contribute to the reduction of malaria morbidity and mortality in Zambia.

It is also my conviction that the success of any programme hinges on involving and empowering communities to take action. This will give birth to community-driven interventions.

In conclusion, I hope that this strategy will provide a yardstick to all implementers as it contains broad objectives, strategies, activities and core messages, which should be translated into viable, effective and relevant programmes at all levels. Of great importance too, is the emphasis on monitoring and evaluation process and the inclusion of indicators to be used as benchmarks.

Dr. Peter Mwaba
Permanent Secretary
MINISTRY OF HEALTH
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavioural Change Communication</td>
</tr>
<tr>
<td>CBO</td>
<td>Community – Based Organisation</td>
</tr>
<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>CORP</td>
<td>Community Own Resource Person</td>
</tr>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>DJs</td>
<td>Disc jockey</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith – Based Organisation</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IPTp</td>
<td>Intermittent Preventive Treatment in pregnancy</td>
</tr>
<tr>
<td>IRS</td>
<td>Indoor Residual Spraying</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide Treated Mosquito Net</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MPR</td>
<td>Malaria Programme Review</td>
</tr>
<tr>
<td>NAIS</td>
<td>National Agriculture and Information Services</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NMCC</td>
<td>National Malaria Control Centre</td>
</tr>
<tr>
<td>NMCP</td>
<td>National Malaria Control Programme</td>
</tr>
<tr>
<td>PMO</td>
<td>Provincial Medical Officer</td>
</tr>
<tr>
<td>PPP</td>
<td>Public, Private Partnership</td>
</tr>
<tr>
<td>PSA</td>
<td>Public Service Announcements</td>
</tr>
<tr>
<td>RDC</td>
<td>Residence Development Committee</td>
</tr>
<tr>
<td>RDT</td>
<td>Rapid Diagnostic Test</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>TCA</td>
<td>Theatre for Community Action</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WMD</td>
<td>World Malaria Day</td>
</tr>
<tr>
<td>ZANIS</td>
<td>Zambia News and Information Services</td>
</tr>
<tr>
<td>ZDHS</td>
<td>Zambia Demographic and Health Survey</td>
</tr>
</tbody>
</table>
1. INTRODUCTION ............................................................................................................................................ 8
2. GUIDING PRINCIPLES ................................................................................................................................. 9
3. BACKGROUND .............................................................................................................................................. 10
4. STRATEGIC APPROACH ............................................................................................................................... 12
5. STRATEGIC DESIGN ....................................................................................................................................... 15
  5.1 Insecticide Treated Mosquito Nets (ITNs) ...................................................................................................... 15
    5.1.1 Problem Behaviours ............................................................................................................................. 15
    5.1.2 Behaviour change objectives .................................................................................................................. 15
    5.1.3 Target audiences ...................................................................................................................................... 15
    5.1.4 Communication objectives .................................................................................................................... 16
    5.1.5 Key promise ........................................................................................................................................... 17
    5.1.6 Support Points ....................................................................................................................................... 17
    5.1.7 Messages .............................................................................................................................................. 17
    5.1.8 Message delivery strategies .................................................................................................................. 18
    5.1.9 Summary of Proposed BCC Strategy for ITNs ......................................................................................... 24
  5.2 Indoor Residual Spraying (IRS) .................................................................................................................... 25
    5.2.1 Problem Behaviours ................................................................................................................................ 25
    5.2.2 Behaviour change objectives .................................................................................................................. 25
    5.2.3 Target Audiences .................................................................................................................................... 26
    5.2.4 Communication objectives .................................................................................................................... 26
    5.2.5 Key promise ........................................................................................................................................... 26
    5.2.6 Support Points ....................................................................................................................................... 26
    5.2.7 Messages .............................................................................................................................................. 26
    5.2.8 Message delivery strategies .................................................................................................................. 28
    5.2.9 Summary of Proposed BCC Strategy for IRS ......................................................................................... 33
  5.3 Intermittent Preventive Treatment in Pregnancy (IPTp) ............................................................................. 34
    5.3.1 Problem Behaviours ................................................................................................................................ 34
    5.3.2 Behaviour Change Objectives ............................................................................................................... 34
    5.3.3 Target Audiences .................................................................................................................................... 35
    5.3.4 Behaviour Change Communication Objectives ......................................................................................... 35
    5.3.5 Key promise ........................................................................................................................................... 35
    5.3.6 Support points ....................................................................................................................................... 35
    5.3.7 Messages .............................................................................................................................................. 36
    5.3.8 Message delivery strategies .................................................................................................................. 36
    5.3.9 Summary of Proposed BCC Strategy for IPTp ......................................................................................... 38
  5.4 Environmental Management ......................................................................................................................... 39
    5.4.1 Problem Behaviours ................................................................................................................................ 39
    5.4.2 Behaviour Change Objectives ............................................................................................................... 39
    5.4.3 Target Audiences .................................................................................................................................... 40
    5.4.4 Behaviour Change Communication Objectives ......................................................................................... 40
    5.4.5 Key promises ........................................................................................................................................... 40
    5.4.6 Support points ....................................................................................................................................... 40
    5.4.7 Messages .............................................................................................................................................. 41
    5.4.8 Summary of Proposed BCC Strategy for Environmental Management .................................................. 42
  5.5 Malaria Diagnosis ........................................................................................................................................ 43
    5.5.1 Problem Behaviours ................................................................................................................................ 43

Table of Contents
1. **INTRODUCTION**

This communication strategy has been developed to support the National Malaria Control Programme (NMCP) Strategic Plan for 2011 to 2015. This document outlines the long term commitments of the Government of the Republic of Zambia and stakeholders involved in the control of malaria in Zambia.

The communication strategy has been developed on the premise that communication is a cornerstone in the success of any health intervention. It has been recognised and appreciated that people need information in order to make informed decisions about their health. It follows that without information; people will not make the much desired decisions or adopt corresponding behaviours for the prevention and treatment of malaria. This communication strategy will assist partners in malaria prevention and treatment to make vital information accessible and facilitate behaviour change among individuals and targeted audiences.

The purpose of the National Malaria Communication Strategy is to outline the methods that will be used to disseminate messages to different target audiences under each strategic intervention contained in the National Malaria Strategic Plan. The strategy further defines the channels and approaches to ensure that the messages reach the targeted audience for greatest impact.

The document makes reference to the implementation and coordination framework from the national through community-based structures to the end beneficiary. The ultimate beneficiary is the community affected by malaria. Communities will be reached through existing community structures. Where relevant community structures do not exist, they should be established.

The strategy outlines the messages that will be utilised in the development of communication materials and activities. It also makes reference to the training requirements and further proposes the function of existing community groups such as neighbourhood health committees (NHCs), safe motherhood action groups (SMAGS) and malaria advocacy groups that may exist or be established. Finally, the document spells out the monitoring and evaluation process.
2. GUIDING PRINCIPLES

The guiding principles of this communication strategy are as follows:

- This malaria communication strategy will act as a support intervention to the NMCP Strategic Plan and thus will support the strategic interventions.
- Behaviour change communication (BCC) will create demand for services and products. The availability of services and anti-malarial commodities in all parts of the country where BCC activities will be implemented is vital.
- Malaria communication activities will take into consideration the different epidemiological strata and the defined strategic intervention for each stratum.
- The strategy will appreciate and make use of local knowledge and structures to facilitate change from within. Partners involved in the implementation of the strategy will have an obligation to utilise the local structures and knowledge in implementing their communication related activities.
- The strategy will incorporate traditional communication techniques available in different parts of the country. Having a variety of linked communication channels is more effective.
- Community engagement and participation at all stages of malaria communication development and implementation is crucial as local input will improve the quality of the communication.
- Community level partnerships, which aim at ensuring optimal use of available local resources in the form of human, financial, knowledge and/or material, will be encouraged for the successful implementation of the strategy.
- Gender considerations in the selection of malaria committees and production of communication materials will be important, particularly for topics such as intermittent preventive treatment (IPTp) in pregnancy.
3. BACKGROUND

The Government of the Republic of Zambia (GRZ), through the Ministry of Health (MOH) and collaborating partners, has developed a NMCP Strategic Plan. The strategic plan runs from 2011 to 2015. Its theme, strategic focus, vision, mission, and shared values were agreed upon during a highly consultative process with stakeholders. A comprehensive National Malaria Programme Review, conducted in 2010, informed the development of the strategic direction and objectives of the plan. The plan builds on lessons learnt during the 2006-2010 implementation period. It seeks to consolidate the gains to ensure future programme impact.

3.1 Vision, Mission, Overall Goals, Strategic Objectives and Values of the Strategic Plan

3.1.1 Vision

The vision of Zambia’s Malaria Prevention and Control Programme is to progress towards a “malaria free Zambia.”

3.1.2 Mission

Zambia’s malaria mission is: “To facilitate equity of access to quality assured, cost effective malaria prevention and control interventions close to the household.”

3.1.3 Overall Goals

1. By 2015, reduce malaria incidence by 75% of the 2010 baseline;
2. By 2015, reduce malaria deaths to near zero and reduce all-cause child mortality by 20%;

3.1.4 Objectives, Targets and Milestones

Objective 1. By 2015, reduce malaria cases from 2010 levels by 75%

Target 1.1 Achieve universal coverage and utilization of prevention measures
By 2012, achieve 100% coverage and utilization for all populations at risk of malaria with locally appropriate interventions. Milestone: none, as the target is set for 2012.

Target 1.2 Sustain universal coverage and utilisation of prevention measures
By 2015 and beyond, in provinces and districts where universal coverage and utilisation have been achieved, sustain this achievement through an appropriate package of supportive interventions. Milestone 1: Between 2012 and 2015, maintain 100% Long Lasting Insecticide Nets’ (LLIN) ownership, at least 80% LLIN use. Milestone 2: Between 2012 and 2015, maintain 100% Intermittent Preventive Treatment in pregnancy (IPTp) coverage among pregnant women at risk of malaria and attending antenatal care.
Target 1.3 Accelerate developments of surveillance systems
By 2015, all districts are capable of reporting monthly numbers of suspected malaria cases, number of cases receiving a diagnostic test, and number of confirmed malaria cases from all public health facilities. **Milestone:** By 2013, 50% of districts have met the 2015 target; districts not meeting full surveillance reporting are able to consistently report from select health sites.

Objective 2. Reduce malaria deaths to near zero by 2015

Target 2.1 Achieve universal access to case management in the public and private sector
By 2012, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective anti-malarial drugs. **Milestone:** none, as the target is set for 2012.

Target 2.2 Achieve universal access to community management of malaria
By 2015, 100% of fever (suspected) cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective anti-malarial drugs. **Milestone 1:** By 2012, community systems (neighbourhood health committees [NHC] and community health workers [CHWs]) have received training and support to perform diagnostic testing and effective treatment. **Milestone 2:** By 2013, 80% of fever cases receive a malaria diagnostic test and 80% of confirmed cases receive treatment with effective anti-malarial drugs.

Objective 3. Establish malaria free zones by 2015 in five districts

Target 3.1: By 2015, have supported and documented five malaria free zones/districts in Zambia. **Milestone:** By 2013, malaria has been eliminated in two districts in Zambia.
4. STRATEGIC APPROACH

This communication strategy has been developed to support the achievement of objectives and targets of the NMCP Strategic Plan of 2011 to 2015. It is designed to contribute to the interventions outlined in the Strategic Plan.

Primarily, the goal of this Communication Strategy is to enhance the level of community awareness and knowledge of various malaria control interventions and relevant skills, in order to bring about positive behaviour change.

The thematic areas addressed are as follows:

- Prevention Methods
- Diagnosis
- Treatment
- Screen and Treat
- Surveillance

The strategic focus is to give communication a significant role in malaria interventions. The table below summarises the role that communication will play in each of the interventions.

Table 1: Role of Communication

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Role of Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevention Methods</td>
<td>• Create awareness about the available malaria prevention interventions</td>
</tr>
<tr>
<td>• Insecticide Treated Mosquito Nets (ITNs)</td>
<td>• Increase knowledge on how each of the prevention methods works</td>
</tr>
<tr>
<td>• Indoor Residual Spraying (IRS)</td>
<td>• Increase knowledge on the safety of each of the prevention methods</td>
</tr>
<tr>
<td>• Intermittent Preventive Treatment in Pregnancy</td>
<td>• Dispel myths and misconceptions associated with each of the prevention methods</td>
</tr>
<tr>
<td>(IPTp)</td>
<td>• Influence change of negative attitudes associated with any of the prevention methods</td>
</tr>
<tr>
<td>• Environmental Management</td>
<td>• Introduce and/or promote practices that will lead to the eventual adoption of prevention methods by individuals and groups of individuals</td>
</tr>
<tr>
<td></td>
<td>• Promote positive behaviour change towards utilisation of prevention methods</td>
</tr>
<tr>
<td></td>
<td>• Build relevant skills necessary for adopting and utilising prevention interventions</td>
</tr>
</tbody>
</table>

| 2. Diagnosis | • Create awareness about the availability of testing services  
• Increase knowledge on why testing for malaria is important  
• Increase knowledge on how testing is done  
• Create awareness about the dangers of treating malaria without testing  
• Increase knowledge on the importance of testing before treatment  
• Dispel myths and misconceptions associated with testing for malaria |
|---|---|
| 3. Treatment | • Create awareness about the availability of effective malaria treatment  
• Increase knowledge on how malaria is treated  
• Increase knowledge on identifying signs and symptoms of malaria  
• Create awareness about the problems associated with malaria self-treatment  
• Increase knowledge on the advantages of seeking early treatment for malaria  
• Create awareness about the disadvantages of purchasing anti-malaria drugs over the counter  
• Increase knowledge on the importance of completing anti-malaria medication |
| 4. Screen and Treat | • Create awareness about what is involved in screen and treat as a malaria elimination intervention  
• Increase knowledge on how screen and treat is done and by whom  
• Create awareness about the benefits of participating in a screen and treat exercise |
| 5. Surveillance | • Create awareness about what is involved in surveillance as a malaria elimination intervention  
• Increase knowledge on how surveillance is done and by whom  
• Create awareness about the benefits of participating in the surveillance programme |

For each intervention, an introduction has been added to assist implementing partners to appreciate the context in which core messages have been proposed and also to assist implementers to add their own messages, based on the context. Problem behaviours have also been outlined to assist implementing partners to know what behaviours they need to be mindful of as they promote the various malaria control interventions. These problem behaviours are not exhaustive and can be updated as new evidence comes up.
The strategy has further outlined the desired behaviours in the form of behaviour change objectives. This should help implementers to remain focussed. The desired behaviours can also assist implementers to formulate more messages that they think can help to achieve such behaviour change.

Specific audiences will be targeted in this communication strategy. To enhance effectiveness, the messages will be tailored according to psychographic audience characteristics as opposed to socio-demographic characteristics. The difference between the two approaches is described in the boxes below.

**Psychographic**
- a. Behaviors
- b. Attitudes
- c. Beliefs
- d. Lifestyle

**Socio-demographic**
- a. Age
- b. Gender
- c. Economic
- d. Education
- e. Ethnic
- f. Residence

BCC objectives have been designed to contribute towards achieving the desired behaviour change. The objectives are supported by key promises and support points. These are important for the purposes of reinforcing messages. In whatever format the messages are disseminated, it will be important to add the key promise and support points.

Core messages and message delivery strategies have also been outlined to assist implementing partners to conduct BCC activities at various levels.
5. STRATEGIC DESIGN

5.1 Insecticide Treated Mosquito Nets (ITNs)

The distribution of ITNs is one of the interventions being implemented by the NMCP, under Integrated Vector Management (IVM). The national vision for the ITN programme distribution is to have universal coverage, meaning that all sleeping spaces in all households are covered by an ITN. An ITN comes in as a barrier to disturb the process of malaria parasite transmission.

Zambia’s NMCP has distributed millions of treated mosquito nets since 2002. The challenge now is to ensure there are enough mosquito nets to cover every sleeping space and to increase usage. Ensuring correct usage, meaning that the distributed nets are hanging in households and people are sleeping under them every night all year round, will also be a challenge.

5.1.1 Problem Behaviours

There are several behaviours that hinder utilisation of mosquito nets. These include the following:

- Some people do not make an effort to acquire ITNs;
- Some people acquire ITNs but do not hang them. Instead, they store the ITNs securely in suitcases so that they continue looking new and last for years;
- Some people acquire ITNs but hang them incorrectly;
- Some people acquire ITNs but do not sleep under them, even after hanging the ITNs correctly;
- Some people acquire ITNs but use them for making curtains, wedding dresses or for fishing.

5.1.2 Behaviour Change Objectives

The overall objective is to increase the correct utilisation of ITNs among households in Zambia. The specific behaviour change objectives are as follows:

- Increase the number of men and women who acquire ITNs and hang them correctly;
- Increase the number of children, men and women who sleep under ITNs;
- Reduce the number of people who misuse ITNs (that is, use ITNs as fishing nets, curtains or wedding outfits).

5.1.3 Target Audiences

In order to achieve the above stated desired behaviours, the following audiences will be targeted:

- Men and women who think that it is not possible to prevent malaria as it is a feature of their geographic environment;
- Men and women who do not believe that malaria is transmitted by a mosquito;
• Men and women who think that the chemical on the ITNs may be harmful to their health;
• Men and women who think that sleeping under an ITN may cause them to suffocate;
• Men and women who use mosquito nets as fishing nets;
• Women who use mosquito nets as curtains or wedding dresses.

5.1.4 Communication Objectives

In order to increase the correct utilisation of ITNs among households in Zambia, the following are the communication objectives:

• To increase the percentage of men and women who know that malaria is only transmitted by a mosquito, from the 2011 baseline to more than 90% in the next two years.
• To reduce the percentage of men and women who think that it is impossible to prevent malaria as it is a feature of their geographic environment, from the 2011 baseline to fewer than 10% in the next two years.
• To reduce the percentage of men and women who think that the chemical on ITNs may be harmful to their health, from the 2011 baseline to near zero in the next two years.
• To reduce the percentage of men and women who think that sleeping under an ITN may cause them to suffocate, from the 2011 baseline to less than 5% in the next two years.
• To increase the percentage of men and women who know where ITNs can be found from the 2011 baseline to more than 90%.
• To increase the percentage of men and women who correctly use ITNs from the 2011 baseline to more than 90% in the next five years.
5.1.5 Key Promises

In order to encourage behaviour change, the following are the key promises and benefit statements that should be used to reinforce messages:

- When you make an effort to acquire ITNs for yourself and your family, you will save money by getting free ITNs that are distributed by the government through the Ministry of Health.
- When you hang ITNs correctly, you will avoid mosquito bites and thereby avoid suffering from malaria.
- When you sleep under an ITN, you will not have to treat malaria and therefore save time and money by not having to go to the health facility with a sick child. You will also reduce the risk of the child dying as a result of malaria.
- When you use ITNs for their intended purpose, you avoid being in conflict with the law. The law prohibits use of mosquito nets for fishing.

5.1.6 Support Points

When packaging messages on ITNs, the following should be used as support points to reinforce messages:

- Malaria is the leading cause of death in Zambia, especially among children under 5 years. The use of ITNs can prevent death from malaria.
- ITNs also prevent you from being bitten by other insects that may be of danger to your health.

5.1.7 Messages

In order to achieve the communication objectives and thereby achieve behaviour change, the following are the core messages:

- Malaria prevention is possible, even in locations that are known to be malaria prone.
- Malaria is spread from person to person by the bite of an infected female mosquito.
- A treated mosquito net is only effective if it is slept under; it serves as a physical barrier between you and the biting mosquito. The insecticide also repels and kills the mosquito.
- One cannot get malaria by exposure to too much sun, getting wet, eating premature sugarcane or drinking dirty water.
- The mosquitoes that spread malaria usually bite people at night when they are sleeping. One of the best ways to prevent malaria is to sleep under an ITN.
- It is particularly important for children under 5 years old and pregnant women to sleep under ITNs because they are more likely to get malaria because their bodies are less able to fight the disease.
- ITNs prevent mosquito bites in two ways. They act as a barrier between the person sleeping under it and the mosquitoes, and also kill or repel the mosquitoes.
• ITNs are safe to use. The insecticides are not harmful to children or adults.
• The ITN mass distribution campaign sends trained community health workers to a home to identify the needs at a house, supply new nets or replace old ones as needed, and then assist the household members in hanging the nets.
• If a free ITN is not available, buy one. Buying an ITN is less expensive than the cost of suffering from malaria. When you or your child is sick with malaria you lose the chance to engage in income earning activities.
• Everyone should sleep under an ITN, but those with growing or weakened immune systems should be prioritised, such as young children (under five), pregnant women, and the chronically ill (those with HIV/AIDS, TB, etc.).
• ITNs give children and adults a peaceful sleep because they are not bothered by the buzzing and biting of mosquitoes and other insects.
• ITNs reduce the number of mosquitoes and other insects in the room.
• Educating others on the benefits of using ITNs increases utilisation of nets and reduces incidences of malaria in the community.
• All colours of ITNs are equally good and effective and still protect users from mosquito bites.
• ITNs are not used on beds alone; people sleeping on mats can use ITNs too.
• ITNs do not need to be retreated but, because they last for a long time, they need to be washed, inspected and repaired (stitched) — even a very small hole in the net is big enough for a mosquito.
• ITNs are designed in a way that allows for easy breathing while sleeping under them. A person sleeping under a net cannot suffocate.
• ITNs should not be used as fishing nets. This is against the law, even if the net was bought from someone.
• Proper use of an ITN involves:
  o Hanging it over a space where someone sleeps;
  o Tucking it around the mat or mattress;
  o Ensuring that it is closed when someone is inside; and
  o Repairing any hole(s) immediately upon discovery.
• While malaria transmission is highest during the rainy season, it is present all year-round. You should sleep under an ITN every night all year round.
• ITNs prevent malaria and save lives. They do not cause respiratory tract infections or lead to premature births (they can actually help to prevent them). Neither do they kill people, cause bad dreams, infertility or impotence.

5.1.8 Message Delivery Strategies

In order to deliver the above-stated messages effectively, the following are the key channels and strategies.

1. Radio Disc Jockeys

Radio should be the priority channel. This is against the background of recent studies, such as the
2007 Zambia Demographic and Health Survey (ZDHS) and the 2010 Malaria Indicator Survey, which listed radio as the most common source of information on malaria in Zambia.

In utilising radio to disseminate malaria messages, radio disc jockeys (DJs) should be oriented on malaria issues. DJs have an opportunity to share with the audience what they know. For example, they may deliver a message about malaria after playing a song. This is a great opportunity for them to give malaria messages to a large audience. Late night DJs, for example, can be reminding people to sleep under ITNs. The following approaches can be used:

The starting point in working with DJs should be to hold an orientation workshop for them. They should be orientated on the current malaria situation in Zambia as well as key malaria control interventions. Once familiar with the messaging, the DJs should be given the freedom to personalize the messages in their own style in order to keep the malaria messaging interesting. Given their levels of popularity, the DJs are capable of influencing the behaviour of a large audience, particularly youth, by encouraging them to always sleep under an ITN.

Other media cadres to be oriented on malaria should include the following:

- Feature writers
- Continuity announcers
- Programme producers
- Programme presenters
- Talk-show hosts/hostesses

Each of these professionals has the opportunity to pass on their individual perspective on the malaria situation in Zambia to large audiences. However, this should not discourage organizations from
interacting with the media. The media can play a vital role in identifying and interviewing sources that can influence attitudes and behaviours related to malaria prevention. For example, a reporter may interview a police chief about the consequences of being found using a mosquito net for fishing. Once broadcasted, this may dissuade people from engaging in this behaviour.

The orientation for reporters should focus on identifying useful news sources on ITN issues, conducting effective interviews, and writing stories that are capable of influencing attitude and behaviour change.

2. Radio Drama

Radio drama is very useful in changing people’s behaviours and attitudes. The drama should, however, be interesting and run over an extended period of time. The more people find a programme to be consistent, the larger the listenership it will build. One-off radio drama programmes have limited impact. It is possible to even have a drama series that runs for the entire year. In this regard, a professional scriptwriter should be engaged to write a continuous story that addresses ITN utilisation.

The key strategy in using radio drama is to build a script around one or more characters that shall, over time, be identified with mosquito net usage. In other words, whenever this popular character is mentioned, people should be reminded of mosquito nets. This is achievable with consistency and sustainability of the radio drama.

3. Radio Phone-In Programmes

Radio discussion programmes that allow listeners to phone-in should be organized to promote utilisation of ITNs. In this regard, a discussion guide should be developed to assist presenters of programmes to know what issues to discuss and which discussants to invite. These programmes are particularly effective in communities where there are fewer radio stations. Where there are a lot of radio stations, such as Lusaka, discussion programmes are proving to be ineffective. Listeners tend to tune to other stations to listen to music once a particular station begins to air a discussion programme. To avoid wasting resources, it is therefore recommended that discussion programmes be aired in communities not yet saturated with radio stations. Where communities are saturated with radio stations, radio talk shows should instead be used. Radio talk shows are proving to be more popular and effective because they are primarily musical shows. Commercial companies, such as mobile phone service providers, have adopted the use of radio talk shows to promote their products and services.

4. Radio Quiz

Radio quizzes are popular among younger/youth listeners. These should be utilised to encourage young people to think about malaria prevention. A series of questions should be developed around ITN utilisation and be given to selected radio stations. Those who participate should be given ITNs and promotional materials such as mugs, key holders, pens, caps and t-shirts when they successfully
participate in the quiz.

5. **Radio Spots**

Radio spots are effective in calling for action. It is therefore recommended that radio spots be produced to carry messages that encourage consistent ITN utilisation.

6. **Television Spots**

Television spots should also be produced to carry ITN messages. This is a particularly useful opportunity to show audiences how ITNs should be hanged and used.

7. **Newspaper Feature Articles**

Officers in the malaria control programme should be encouraged to work with journalists to write feature articles around ITN utilisation and other malaria issues. Writing a feature on an issue requires that someone has adequate information on that particular issue. Feature writers should therefore be assisted by officers that have adequate knowledge on malaria interventions. In this regard, a platform should be created where feature writers can interact with professionals in the malaria control programme. Such a platform can take the form of a quarterly round-table discussion session.

8. **Poster Calendars**

Posters have always been used to disseminate information on malaria issues. To enhance effectiveness, it is recommended that poster calendars be produced to carry messages around ITNs. The advantages of a calendar poster over an ordinary poster is that the calendar poster is stuck inside a house for an extended period of time, and can therefore stimulate family dialogue which in turn can lead to household action such as acquiring an ITN. The poster calendar should be designed in such a way that it displays the peak season for malaria and gives tips on how to stay protected.

9. **Fact Sheets**

Fact sheets are particularly important when dealing with audiences with higher education levels. Such audiences argue on the basis of facts and tend to be convinced with facts. A fact sheet that gives statistics of how ITNs lead to a drop in malaria morbidity and mortality will be very useful in persuading the educated to adopt the utilisation of ITNs. Adoption of particular behaviour by the educated has shown to have a multiplier effect, meaning other people willingly adopt behaviours that have been adopted by those they perceive to be educated.

10. **Text Messages**

Arrangements should be made with mobile phone service providers to take part in malaria campaigns. Mobile phone companies are able to send out text messages in ‘bulk,’ allowing their entire network
to receive a particular message. This would allow, for example, a large network of people to receive a reminder about sleeping under a mosquito net at night. For example, the message can read as follows:

Thank you for being on our network. Prevent malaria, sleep under an ITN. Goodnight.

This can be proposed to mobile phone operators as part of their Corporate Social Responsibility (CSR) activities. Many of these companies have already shown goodwill towards malaria prevention by participation in malaria commemorative events.

11. **Stickers**

Stickers should be produced to carry messages that remind people to utilise ITNs. These can take a form of car stickers. For example, a car sticker can carry a message as below:

For a good night’s rest, sleep under an ITN

12. **T-shirts**

T-shirts are an effective channel of communication. T-shirts should be designed with messages on the utilisation of ITNs. If the T-shirts are designed in a consistent colour, which later comes to be associated with malaria, they will become a message in themselves. The audience will see the T-shirt and begin to associate it with malaria and ITNs, without necessarily reading the message on the T-shirt. Consistency is important in communication. For instance, companies that have powerful brands such as mobile phone operators usually run with a consistent colour until it becomes a message in itself. One does not normally have to read what is written on a mobile phone company billboard before they recognize the brand. The same can happen with ITN utilisation if there is consistency with colours.

Messages on the T-shirts must be brief. Examples could include the following:

Get an Insecticide Treated Net, Not Malaria

Protect your family against malaria
Use treated mosquito nets

Don’t Get Malaria
Get a Treated Mosquito Net

Get an Insecticide Treated Net, Not Malaria
13. **Malaria Commemorative Days**

Malaria commemorative days, which include World Malaria Day and the Southern African Development Community (SADC) Malaria Week should be utilised to disseminate messages on ITNs. In this regard, speeches and remarks by officials should be written in a tone that motivates people to acquire and use ITNs. All speeches and remarks must contain a call to action in terms of ITN acquisition and utilisation.

The commemorative days should also give an opportunity to different interest groups in society to develop messages for communication products, such as banners and T-shirts, for their participation in the commemorative events. Community drama groups should also be given the opportunity to develop plays and sketches that promote utilisation of ITNs. Both behaviour change communication and malaria experts should facilitate participatory processes for message development. During commemorative events, communication products such as placards, banners and T-shirts should be used to display messages.

14. **Under-Five Children’s Clinic Card Envelops**

Considering that children under-five are the most vulnerable malaria victims, envelopes should be designed for carrying under-five children’s clinic cards. These cards should have a reminder message for parents to always have children sleep under treated nets. For example, the message can read as follows:

```
Protect your child from malaria.

Make sure your child sleeps under a treated mosquito net every night, all year round

Remember malaria kills.
```

Currently there are no envelops designed for carrying children’s under-five clinic cards. These should be introduced as a new innovation and be distributed to all under-five clinic centres so that each parent who brings a child for under-five clinic gets the card back in an envelope. A lot of parents have difficulties with keeping the clinic cards properly. They would find envelops very useful, especially if they are made of hard (more durable) paper or plastic material.

15. **Health Talks**

Health talks should be conducted in schools and churches. Health workers, including community health volunteers and community based malaria agents should visit schools and churches to talk about malaria prevention. A discussion manual and any other communication aid, such as a flip chart, should be prepared for this purpose.
Health talks should also be given during community meetings. Health workers, community health volunteers and community malaria agents should take advantage of community gatherings or meetings taking place in their areas to talk about malaria.
### Summary of Proposed BCC Strategy for ITNs

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase the number of men and women who acquire and use ITNs.</td>
<td>Primary Audiences: Caregivers, Mothers and fathers of children under 5 years, Pregnant women</td>
<td>• To increase the percentage of men and women who know that malaria is only transmitted by a mosquito, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• Radio DJs, Radio drama, Radio phone-in, Radio quiz, Radio spots, Newspaper features, Poster calendars, Fact sheets, Text messages, Stickers, T-shirts, Malaria commemorative days (speeches, testimonies, theatre etc.)</td>
</tr>
<tr>
<td>• Increase the number of men and women who hang ITNs correctly.</td>
<td>Secondary Audiences: Spouses of pregnant women, Health Workers, CBOs/FBOs, Religious and Traditional leaders, Policy makers, Media.</td>
<td>• To reduce the percentage of men and women who think that it is impossible to prevent malaria as it is a feature of their geographical setup, from the 2011 baseline to fewer than 10% in the next two years.</td>
<td></td>
</tr>
<tr>
<td>• Increase the number of children, men and women who sleep under ITNs.</td>
<td></td>
<td>• To reduce the percentage of men and women who think that the chemical on ITNs may be harmful to their health, from the 2011 baseline to near zero in the next two years.</td>
<td></td>
</tr>
<tr>
<td>• Reduce the number of people who misuse ITNs (that is, use ITNs as fishing nets, curtains or wedding outfits)</td>
<td></td>
<td>• To reduce the percentage of men and women who think that sleeping under an ITN may cause them to suffocate, from the 2011 baseline to less than 5% in the next two years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To increase the percentage of men and women who know where ITNs are found, from the 2011 baseline to more than 90%.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To increase the percentage of men and women who use ITNs correctly from the 2011 baseline to more than 90% in the next five years.</td>
<td></td>
</tr>
</tbody>
</table>
5.2 Indoor Residual Spraying (IRS)

The principle of Indoor Residual Spraying (IRS) is based on mosquito behaviour. Scientists observed that, after biting, the female anopheles mosquito needs to rest and it tends to rest on a wall for a few hours to digest the blood. By applying a limited amount of insecticide to walls and ceilings, the mosquito will absorb the chemical once it lands on the wall and die within a day, preventing it from spreading malaria.

The ‘R’ in IRS means it has long-lasting residual properties: the insecticide remains active on the walls for at least four to nine months (this is why IRS is conducted prior to the rains when malaria transmission is at its peak). The liquid insecticide dries to form a crystalline deposit on the sprayed surface. This chemical deposit is what repels and kills the mosquitoes.

Due to the scale of the exercise, IRS makes the most sense in urban and peri-urban areas where houses are closer together. That is why IRS was initially introduced along the line of rail, while ITNS were focused in rural areas. However, the government is expanding the reach of its IRS activities. To assist in planning, the government and its partners carry out an inventory of an area, counting the number of homes and the type of homes (for example, plastered walls versus non-plastered walls). This determines the amount and type of chemical to procure and the number of spray operators required.

The main challenge faced by the IRS programme, from the demand side, is the acceptance rate of IRS at household level.

5.2.1 Problem Behaviours

- Some people lock up their houses when IRS is announced in their areas while others turn away spray operators.
- Some people agree to have their houses sprayed but they immediately wash off the chemical from the walls after the spraying has been conducted.

5.2.2 Behaviour Change Objectives

The overall behaviour change objective is to increase acceptance of IRS among households in Zambia. The specific behaviour change objectives are as follows:

- Increase the number of households that willingly welcome spray operators during the spraying exercise and consequently reduce the number of people who avoid IRS by locking up their houses.
- Increase the number of household members who cooperate with spray operators and follow the pre- and post-spray guidelines that are given by spray operators.
- Increase the number of spray operators that demonstrate adequate inter-personal and technical skills to relate with community members and counsel community members on
safety practices.

- Increase the number of community leaders who promote IRS acceptance in their areas.

### 5.2.3 Target Audiences

- Men and women who think that the chemical used in IRS may be harmful to their health.
- Men and women who have doubts on the effectiveness of IRS.

### 5.2.4 Communication Objectives

In order to increase the acceptance of IRS among households in Zambia, the following are the communication objectives:

- To increase the percentage of men and women who know that malaria is only transmitted by a mosquito, from the 2011 baseline to more than 90% in the next two years.
- To reduce the percentage of men and women who think that the chemical used in IRS is harmful to their health, from the 2011 baseline to near zero in the next two years.
- To increase awareness of the benefits of IRS from the 2011 baseline to more than 90% in the next two years among household members.
- To increase the percentage of household members able to state that IRS is an effective way of protecting households and communities from malaria.

### 5.2.5 Key Promise

In order to encourage behaviour change, the following is the key promise and benefit statement that should be used to reinforce messages:

- If you allow your house to be sprayed, you will reduce malaria and save lives.

### 5.2.6 Support Points

- IRS can prevent malaria which is the leading cause of death in Zambia, especially among children under five years. IRS also prevents you from being bitten by other insects.
- IRS is effective because it reduces malaria: the insecticide kills the mosquitoes that transmit malaria.

### 5.2.7 Messages

In order to achieve the communication objectives and thereby achieve behaviour change, the following are the core messages:

- IRS is safe. Only a small amount of insecticide is sprayed: enough to kill mosquitoes but safe for people of all ages. The insecticides used are approved by the World Health Organisation
(WHO) and are not harmful to children, adults or domestic animals after spraying.

- The men and women who perform the spraying are responsible people from your community specially trained to spray your houses and handle your properties with caution.
- Members of households should allow spray operators to enter their homes. Only properly trained and equipped spray operators are a part of the national programme’s IRS efforts.
- IRS is a very good intervention to prevent malaria because once it is done there are no routine follow-up activities needed on the part of household occupants for up to nine months. Allow your house to be sprayed.
- Spraying takes place only once a year but protects the family for the entire peak malaria season.
- IRS is most effective if the whole community participates, so please encourage your neighbours to have their houses sprayed too.
- Do not be discouraged if you see mosquitoes after your house has been sprayed. Mosquitoes must come into contact with the sprayed surfaces in order for them to die. This means you may see the mosquitoes flying around before they rest on a sprayed surface and die.
- Indoor spraying does not cause cockroaches, bed bugs and other insects to appear suddenly. Rather, the insecticide disturbs them, forcing all bugs to come out of their hiding places.
- The chemicals used in IRS are a new generation of insecticides which are clear and do not leave stains on the sprayed surfaces.
- IRS prevents mosquito bites in two ways. It prevents the entry of mosquitoes and kills the mosquitoes that enter houses.
- Households should provide clean water to spray operators for IRS.
- To be most effective, house occupants should prepare their homes for spraying, cooperate with, and grant operators access to spray their houses.

Before spraying:
- Remove stored water, food and cooking utensils from your house.
- Move furniture to the centre of the rooms; this allows for easy access when spraying walls.
- Keep domestic animals and pets away during the spraying.

After spraying:
- Wait for at least two (2) hours before entering your house. Enter only when the walls are completely dry.
- When you do enter your house immediately open windows and doors.
- Dispose of dead cockroaches, bed bugs or other insects by burying or throwing them in a pit latrine.
- Seek medical attention if you experience serious skin irritation.
- Do not paint, smear with cow dung or wash walls for at least six months; painting, smearing or washing walls causes the chemical to lose its effectiveness.
- IRS is only effective if the mosquitoes have no place to hide in your home so please allow the operators to spray all rooms, including your bedroom.
- Spray operators are provided with identification cards so that you do not give access to strangers or non-Ministry of Health spray operators.
- Spray operators should wear their protective clothing before spraying.
In the case of accidental splash of insecticide on any part of your body, including the eyes, wash with soap and large quantities of clean water and then seek medical attention.

Community leaders should be role models and allow their houses to be sprayed.

As a community leader, it is your responsibility to encourage community members to accept IRS.

5.2.8 Message Delivery Strategies

In order to deliver the above-stated messages effectively, the following are the key channels and strategies.

1. Mass Media

As stated earlier, the main challenge faced by the IRS programme in Zambia is acceptance at household level. It is, therefore, important to use communication channels that are deemed to be authoritative. Communities in Zambia have considerable respect for radio, television and newspapers. They attach authority to these mass media channels. These channels should be used in combination to reinforce, validate and authenticate messages that will be delivered at the grassroots level, by designated agents such as community volunteers.

The mass media should, at a minimum, be used to:

- Announce that IRS is a government programme to protect the people of Zambia from malaria and is provided at no cost to the beneficiary;
- Inform households that IRS is meant for all households. Furthermore, if some houses in a given area are not sprayed they will provide a safe haven for mosquitoes, which means that malaria will continue spreading in the community;
- Announce that the local leaders are called upon to ensure that houses in their areas are sprayed.

The announcement for IRS commencement should be supported by:

- Announcements by political, civic, religious, traditional and other leaders;
- Continuous public announcements in local languages using community radio stations;
- Radio programmes: live-phone-in shows, interviews, and testimonials;
- Radio and television drama in English and local languages;
- Radio and television spots in English and local languages;
- Television discussion programmes;
- Newspaper advertisements and statements.

Story lines, drama scripts, discussion guides for radio presenters and talking points for meetings at various levels should be drafted by the IEC/BCC technical working group.
2. Community Mobilisation

Community mobilisation is recommended to develop ownership and empower communities to play an active role in the IRS programme. Communities should be involved throughout the period of the IRS campaign. Their capacity in health education and communication to create an enabling environment at the community level should be built. In this regard, the following should be mobilised as soon as IRS is about to be launched:

- Neighbourhood health committees
- Faith based organisations and religious leaders
- Traditional leaders
- Resident Development Committees
- District administrators
- Schools

The engagement of the local leadership must be sustained to ensure that the IRS programme is seen to be embraced by them. The following strategies should be used:

- The local leadership should be involved in the selection of spray operators.
- The local leadership should be involved in the screening of community groups and individuals who will be involved in the door-to-door campaigns. These should include neighbourhood health committees, spray operators, malaria agents, community health workers and environmental health experts.
- The local leadership should be involved in the planning of how IRS will be conducted.
- The local leadership should be given whatever promotional materials will be made available to spray operators, health workers and any other participants. In this regard, t-shirts and caps are recommended. This is a proven motivation to local leadership. Giving them the opportunity to be in charge of the distribution even increases the prospects of programme ownership.
- The local leadership should have a role in training workshops and any other capacity building activities that shall be arranged for IRS community participants. It would be ideal for the local leadership to orient the spray operators about customs and tradition within the area to best prepare them for entering people’s homes, especially in villages.

3. Advocacy

First and foremost, malaria advocacy teams such as community or district malaria task forces tasked with the responsibility for lobbying and raising the profile of malaria in respective communities should be set up at community level. These teams should however be motivated through the creation of an annual contest in which they can compete for a prize for best practice. Ideas can be borrowed from a similar contest which already exists for journalists in Zambia.

In addition, advocacy should be undertaken at all levels to gain the support of key leaders/decision makers for the IRS programme. Advocacy events at the community level in which community
members, leaders, and families share their commitment to eliminating malaria should be arranged. These advocacy events should not be one-off but continuous during the spray season. These events will enable community members to share success stories.

The advocacy events can take the following forms:

(i) **Commemorations of malaria days:**

Civic and traditional leaders should deliver commitment speeches during the commemorations of malaria days. The speeches, strategically drafted by professionals, should demonstrate the leaders’ commitment to supporting IRS programmes. Phrases such as, “I will personally ensure that all councillors in my constituency speak to the people about the IRS programme and give me written reports. I will in turn submit these reports to the Provincial Medical Officer’s office to demonstrate our commitment to malaria elimination,” should be included in draft speeches and remarks. Once these pronouncements are made, an advocacy team should monitor the leaders to ensure that they are following through with their said commitments.

(ii) **Local IRS Launch:**

The malaria advocacy team should ensure that IRS is launched at community level. This is an opportunity to get commitment from the local leadership in a manner as explained earlier.

(iii) **Periodic leadership debriefings:**

The district and provincial medical officers should schedule regular visits with traditional and civic leaders to debrief them on happenings in malaria prevention programmes. The leadership should be acknowledged as being part of the success in malaria prevention. Their efforts, no matter how small, should be acknowledged and appreciated. This will motivate leaders to do more and become key allies in subsequent campaigns.

The advocacy effort must endeavour to bring on board, for IRS promotion, the following:

- Parliamentarians
- Civic leaders
- Religious leaders
- Traditional leaders
- School managers and teachers

These are people with a considerable following and who frequently have a ready audience before them. Whenever IRS is launched, these leaders should be encouraged to put IRS on their agenda during their gatherings. They should always be supported by the District Medical Offices (DMOs) with talking points on:
• What is IRS?
• Why IRS?
• When will it be done?
• How will it be done?
• Who will do it?
• What is the role of households?
• Why spray all the households?
• What next after IRS? What happens to the mosquito nets?

The malaria advocacy team should also be charged with the responsibility of conducting community meetings and facilitating health talks. This will provide them with an opportunity of being in regular contact with the local leadership, whom they should always call upon to grace the gatherings.

4. Mobile Public Announcements

The announcements made in the mass media about the commencement of and on-going IRS activities should be complemented by the use of mobile public announcements. The Zambia News and Information Services (ZANIS) is one such institutions which currently has such services. There is evidence that more organisations are buying public address equipment for use to raise awareness on various functions in communities.

5. Mobile Video Shows

Mobile video shows should be conducted in selected areas. As a prerequisite to utilising this communication channel, videos that answer community concerns about IRS should be produced. Some IRS target areas may have concerns that are different from others so this may require targeted messages in the videos. The general messages for IRS are contained in Section 5.2.5, but additional messages may be added to address the specific needs of some communities. The quality of the videos should be of broadcast quality so that they can be used on television when need arises.

Drama performances should also be used to complement mobile video shows. There is evidence, however, that drama performances conducted in public places do not attract all the intended audiences, such as adults. Children seem to be the first to respond to community drama, leaving many adults thinking such activities are not for them. Adults often stand far off from the action thereby missing key messages. This scenario seems to change, however, when drama performances are packaged with videos and performed at night during mobile video shows. Night time events naturally attract more of an adult audience.

6. Theatre for Community Action (TCA)

The type of stand-alone drama, which is recommended for IRS, is Theatre for Community Action (TCA). This is a kind of drama which is organised for an audience that has been selected from
the population. For example, a drama performance specifically targeting religious leaders may be held at a church as opposed to a market or football pitch. The performance should always be accompanied by a facilitator who can conduct a discussion on the issues raised in the drama and what the target audience can do to address the identified issues. The event should end with resolutions of community action.

7. **Flyers**

Flyers should be produced to disseminate the following information about IRS activities:

- What is happening?
- When is it happening?
- Why is it happening?
- Who is making it happen?
- Why should it be supported?
- How should it be supported?

Flyers should be designed in a format suitable for the community and deliver the information using straightforward language. Fancy or expensive looking designs and materials should be avoided in order to prevent people from collecting them and storing them in their homes.

8. **Door-to-Door Delivery**

Volunteers should be identified from churches, schools and other community structures to distribute flyers door-to-door and encourage members of households to accept IRS.

Community structures that make outstanding contribution to IRS implementation must be commended publicly for other communities to emulate. For example, if a residence development committee (RDC) emerges to be very supportive, an official at the level of District Commissioner or Permanent Secretary can issue a media statement to commend them. This will inspire others to work harder to ensure that IRS is equally successful in their areas. Malaria teams should be on the lookout for community structures that excel in malaria control programmes and assists local leaders in commending them for their work.

9. **Billboards and Wall Paintings**

Messages can also be put on billboards and wall paintings in selected, but strategic places in communities. These help to capture different audiences, including those walking or driving along streets or roads of a given community.
### 5.2.9 Summary of Proposed BCC Strategy for IRS

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase the number of households that willingly welcome spray operators during the spraying exercise and consequently reduce the number of people who lock up their houses to avoid IRS.</strong></td>
<td>Primary audience: Heads of households</td>
<td>To increase the percentage of men and women who know that malaria is only transmitted by a mosquito, from the 2011 baseline to more than 90% in the next two years.</td>
<td>Radio</td>
</tr>
<tr>
<td><strong>Increase the number of household members who cooperate with spray operators and follow the pre and post-spray guidelines that are given by spray operators.</strong></td>
<td>Secondary audiences: Spray operators, Health workers, CBOs/FBOs, Media, Traditional leaders, Community leaders, Political and civic leaders</td>
<td>To reduce the percentage of men and women who think that the chemical used in IRS is harmful to their health, from the 2011 baseline to near zero in the next two years.</td>
<td>Television</td>
</tr>
<tr>
<td><strong>Increase the number of spray operators that demonstrate adequate interpersonal and technical skills to relate with community members and counsel community members on safety practices</strong></td>
<td></td>
<td>To increase awareness of the benefits of IRS from the 2011 baseline to more than 90% in the next two years among household members.</td>
<td>Newspapers</td>
</tr>
<tr>
<td><strong>Increase the number of community leaders who promote IRS acceptance in their areas.</strong></td>
<td></td>
<td>To increase the percentage of household members able to describe the procedure involved in the IRS exercise from the 2011 baseline to more than 90% in the next two years.</td>
<td>Community mobilisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase the percentage of household members who are knowledgeable on the safety of insecticides when used appropriately from the 2011 baseline to more than 90% in the next two years.</td>
<td>Advocacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase the percentage of household members able to state that IRS is an effective way of protecting households and communities from malaria.</td>
<td>Mobile public announcements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile video shows</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Theatre for Community Action</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Flyers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Door-to-door delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Billboards</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wall paintings</td>
</tr>
</tbody>
</table>
5.3 Intermittent Preventive Treatment in Pregnancy (IPTp)

Intermittent Preventive Treatment in pregnancy (IPTp) is taken by pregnant women to prevent malaria during pregnancy.

Prevention of malaria among pregnant women is recommended because a pregnant woman is more vulnerable to malaria: the body of a pregnant mother is working hard to ensure growth of the baby and this weakens the body’s defences to fight not only malaria but other diseases as well. Furthermore, a pregnant woman can have malaria without showing the signs and symptoms — body hotness, chills, sweating, headache, joint pains, etc. If sick, the disease may be quietly attacking the mother’s placenta that provides nutrients to the baby.

Malaria in pregnancy can result in anaemia (thin blood), premature birth, low birth weight, miscarriage and even death of the mother. It is estimated that malaria is responsible for 20% of the deaths of mothers in Zambia.

Despite the importance of IPTp in saving mothers’ lives, there are many myths and negative attitudes associated with IPTp, which pose a great challenge to making this intervention a total success.

Furthermore, unlike ITN, IRS or case management, IPTp is embedded in another public health service — antenatal care (ANC). That being the case, a two-layered communication strategy is needed. The first layer should promote the behaviours of ANC utilisation, while the second should encourage women accessing ANC to request and subsequently use IPTp.

5.3.1 Problem Behaviours

- Some women do not attend ANC when they become pregnant.
- Some women attend ANC but either start late or stop halfway, thereby failing to complete their IPTp treatment.
- Some women attend ANC as recommended throughout their pregnancy but refuse to take IPTp.

5.3.2 Behaviour Change Objectives

The overall behaviour change objective is to increase the uptake of IPTp among pregnant women. The specific behaviour change objectives are as follows:

- Increase the number of pregnant women who attend ANC and demand IPTp;
- Increase the number of pregnant women who take IPTp according to the advice given by health workers;
- Increase the number of men who support pregnant women to attend ANC and take IPTp;
- Increase the number of in-laws who support their pregnant daughters-in-law to attend ANC and take IPTp;
• Increase the number of relatives and friends who support pregnant women to attend ANC and take IPTp;
• Increase the number of health workers who talk to pregnant women about IPTp and encourage them to take it.

5.3.3 Target Audiences

• Women and men who do not know the dangers of malaria in pregnancy.
• Women and men who do not know the services that are offered at an antenatal clinic and how such services benefit pregnant women.
• Women who do not want to attend an antenatal clinic before the pregnancy becomes visible for fear it will disrupt the pregnancy.
• Women who refuse to take IPTp for fear it may harm their unborn baby.
• Husbands who do not want their wives to attend ANC.
• Mothers-in-law who do not want their daughters-in-law to attend ANC.

5.3.4 Behaviour Change Communication Objectives

In order to increase the uptake of IPTp among pregnant women in Zambia, the following are the communication objectives:

1. To increase the percentage of men and women who know the importance of attending ANC, from the 2011 baseline to more than 90% in the next two years.
2. To increase the percentage of men and women who know the services offered through ANC, from the 2011 baseline to more than 90% in the next two years.
3. To increase the percentage of men and women able to state the dangers of malaria during pregnancy, from the 2011 baseline to more than 90% in the next two years.
4. To increase the percentage of men and women able to list the benefits of IPTp, from the 2011 baseline to more than 90% in the next two years.
5. To increase the percentage of men and women who are aware of where to access IPTp and who should use it, from the 2011 baseline to more than 90% in the next two years.
6. To increase the percentage of men and women able to state the importance of Intermittent Preventive Treatment (IPT) for pregnant women, from the 2011 baseline to 80% in the next two years.

5.3.5 Key Promise

• If you attend ANC starting from the beginning of your pregnancy, you will be attended to by trained healthcare providers who will give you advice on your pregnancy and how to prevent malaria.
• If you take IPTp three times during pregnancy, you will prevent malaria during your pregnancy and are more likely to be healthy, have a safe delivery, and a healthy baby.
5.3.6 Support Points

- ANC provides women with information and services that benefit their health and the health of their babies.
- Research by the World Health Organisation (WHO) and the Government of Zambia has shown IPT to be safe for pregnant women and the unborn baby. By taking IPTp the dangerous complications from malaria, even death, can be avoided.

5.3.7 Messages

In order to achieve the communication objectives and thereby achieve behaviour change, the following are the core messages:

- Pregnant women should register at antenatal clinics early in their pregnancies and attend ANC a minimum of four times during each pregnancy. This enables them to receive the three recommended doses of the IPTp medicines and other essential services during pregnancy.
- Late attendance of ANC is not good because a pregnant woman misses out on early detection of pregnancy related complications.
- The medicines are to be taken at least one month apart. It is good to eat something when taking the medicines. The patient could even carry groundnuts when going to the antenatal clinic.
- During ANC pregnant women receive counselling and information about how to prevent malaria and other problems during pregnancy.
- The medicine given for IPTp is safe. It will not harm either the woman or her baby. The medicines do not cause the baby to stop growing, or premature birth (on the contrary, IPTp prevents premature births and low birth weight babies).
- Malaria is particularly dangerous during pregnancy. It can cause stillbirths, miscarriages, anaemia, and small and/or weak babies.
- Although there can be side-effects, like with any medicines, IPTp medicines usually do not make pregnant women sick. If a woman does get sick, it is often because the medicines were taken on an empty stomach. Ensure that a pregnant woman eats some food when going for IPTp.

5.3.8 Message Delivery Strategies

In order to deliver the above-stated messages effectively, the following are the recommended key channels and strategies.

1. Community-Based Health Talks

Community-based health talks are recommended for sensitising communities on IPTp. It should, however, be noted that most areas do not have adequate health workers who could leave their posts to conduct health talks on a regular basis. It is, therefore, recommended that capacity is built in
local volunteers to serve as community resource persons. These should include community malaria agents and Community Health Volunteers. Trained health volunteers should be given the necessary knowledge and skills required to disseminate malaria control information. A tailored training programme should be arranged with a training institution such as the University of Zambia (UNZA).

2. **Health Facility Based Health Talks**

An opportunity exists at health facilities where health workers give health talks to antenatal clinic clients. Malaria control messages should be integrated in these health talks. A checklist of talking points should be developed by the Malaria Control Programme partners. Health workers should use the checklist to ensure that all essential points are covered during antenatal health talks.

The talking points on IPTp should be developed as part of the BCC materials for IPTp.

3. **Radio Drama Series**

IPTp, as an essential part of ANC, requires a lot of community support. This calls for the utilisation of communication channels that are credible, with a wider reach. Radio is therefore recommended as the ideal platform to encourage the community in supporting pregnant women to utilize ANC. The preferred format is a radio drama series that takes the audience from pre-pregnancy, through pregnancy to post-delivery stage, highlighting applicable malaria control measures at each stage. In other words, the drama series being recommended must be an integration of all malaria control measures ranging from IPTp to surveillance.

4. **Counselling Cards**

Counselling cards highlighting the effects of malaria in pregnancy and how IPTp works to minimise dangers of malaria in pregnancy are recommended. The cards should be developed as part of the BCC materials for malaria control.

5. **Posters**

Posters are recommended to serve as a reminder for every pregnant woman to take IPTp. These should be put in public places, especially clinics and markets.

6. **Leaflets**

Leaflets are recommended to explain the impact of malaria during pregnancy and how IPTp can help to minimise the risks of malaria in pregnancy.

7. **Health Worker Training Workshops**

Training workshops for health workers are recommended to facilitate the integration of malaria
control interventions into other health services. One output of such workshops should be a detailed plan of how health workers intend to integrate malaria control into other health services. The workshops should also lead to some form of commitment from the health workers, which can then be followed up.
## 5.3.9 Summary of Proposed BCC Strategy for IPTp

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increase the number of pregnant women who attend ANC.</td>
<td>Primary Audience 1:</td>
<td>To increase the percentage of men and women who know the importance of attending ANC, from the 2011 baseline to more than 90% in the next two years.</td>
<td>- Community based health talks</td>
</tr>
<tr>
<td>- Increase the number of pregnant women who demand IPTp when attending ANC.</td>
<td>Primary Audience 2:</td>
<td>To increase the percentage of men and women who know the services offered at an antenatal clinic, from the 2011 baseline to more than 90% in the next two years.</td>
<td>- Health facility based health talks</td>
</tr>
<tr>
<td>- Increase the number of pregnant women who take IPTp according to the advise given by health workers.</td>
<td>Primary Audience 3:</td>
<td>To increase the percentage of men and women able to state the dangers of malaria during pregnancy, from the 2011 baseline to more than 90% in the next two years.</td>
<td>- Radio drama series</td>
</tr>
<tr>
<td>- Increase the number of men who encourage pregnant women to attend ANC and take IPTp.</td>
<td>Secondary Audience:</td>
<td>To increase the percentage of women and men able to list the benefits of IPTp, from the 2011 baseline to more than 90% in the next two years.</td>
<td>- Counselling cards</td>
</tr>
<tr>
<td>- Increase the number of in-laws who encourage their pregnant daughters-in-law to attend ANC and take IPTp.</td>
<td>- Husbands, in-laws, and friends</td>
<td>To increase the percentage of women and men aware of where to find IPTp and use it, from the 2011 baseline to more than 90% in the next two years.</td>
<td>- Posters</td>
</tr>
<tr>
<td>- Increase the number of relatives and friends who encourage pregnant women to attend ANC and take IPTp.</td>
<td>- Health workers</td>
<td>To increase percentage of men and women able to state the importance of IPTp for pregnant women, from the 2011 baseline to 80% in the next two years.</td>
<td>- Leaflets</td>
</tr>
<tr>
<td>- Increase the number of health workers who talk to pregnant women about IPTp and encourage them to take it.</td>
<td>- CBOs and FBOs</td>
<td></td>
<td>- Health worker training workshops</td>
</tr>
<tr>
<td></td>
<td>- Traditional and religious leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Media</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5.4 Environmental Management

Environmental management means to undertake one or a number of activities to modify or manipulate our surroundings to reduce malaria, including filling standing water pools, clearing drainage ditches, removing piles of rubbish, introducing fish that eat mosquito larvae, and putting chemicals in the water that kill mosquito larvae (larviciding).

Environmental management is important for malaria prevention and control because the mosquitoes that spread malaria breed in stagnant water. Therefore, if the environment is ‘managed’ appropriately - activities designed to reduce breeding areas or to kill mosquitoes in their early stages of life - then the number of mosquitoes in our immediate area may be reduced, thereby decreasing the level of malaria transmission.

The mosquito that causes malaria lays her eggs on still water. This can be water in a tyre, tin, clogged drainage ditch or in a puddle after a heavy rain (this is the reason why the peak malaria period in Zambia is during the rainy season from December to April; the rains result in more potential breeding areas). Mosquito eggs become larvae which become pupa and finally emerge from the water as an adult mosquito. The best approach is to clear nearby debris that can trap water, fill holes with standing water and clear drainage ditches.

As with all interventions, malaria will not be eliminated by environmental management alone. In Africa, larval control is more difficult than other places because the vector, the malaria mosquito, is fairly unselective about where she lays her eggs.

Environmental management is a good complement to IRS and ITN use. It is estimated that Zambia has some 2.5 million human homes, while mosquito ‘homes’ or breeding areas probably exceed 2 billion in the rainy season. Even a small amount of water can become an attractive place for the female malaria mosquito to lay her eggs. There is no way to fill, drain, or larvicide all potential breeding sites.

However, the further, the malaria mosquito is made to fly from where it took its blood meal in search of a suitable patch of water, the better for the people. The specific contribution of environmental management to malaria control is, therefore, to get rid of water reservoirs. The major challenge is to make people appreciate the association of stagnant water, especially seemingly clean water to mosquito breeding areas.

5.4.1 Problem Behaviors

- Some people do not bury or drain pools of water around their dwellings.
- Some people keep empty tins or containers of water around their residential dwellings as decorations.
5.4.2 Behaviour Change Objectives

The overall objective is to increase the number of household occupants and local authorities that practice environmental management. The specific behaviour change objectives are as follows:

- Increase the number of household occupants that clean their surroundings by filling stagnant water pools, clearing drainage ditches, getting rid of empty tins and tyres, and removing piles of rubbish.
- Increase the number of local authorities that put chemicals in water reservoirs to destroy mosquito larvae.

5.4.3 Target Audiences

- Household members who think that it is not their responsibility to clean their surroundings by filling stagnant water pools, clearing drainage ditches, getting rid of empty tins and tyres, and removing piles of rubbish.
- Civic and traditional leaders who think that environmental management with regards to malaria prevention is not an important leadership agenda.

5.4.4 Behaviour Change Communication Objectives

In order to increase the number of households and local authorities that practice environmental management, the following shall be the communication objectives:

- To increase the percentage of heads of households who know how mosquitoes breed, from the 2011 baseline to more than 90% in the next two years.
- To increase the percentage of heads of households able to state how to clean their surroundings in order to reduce the breeding of mosquitoes, from the 2011 baseline to more than 90% in the next two years.
- To increase the percentage of local authority managers who prioritise environmental management as a way of reducing the breeding of mosquitoes and fighting malaria, from the 2011 baseline to near 100% in the next two years.

5.4.5 Key Promises

- If you clean your surroundings by way of filling stagnant water pools, clearing drainage ditches, getting rid of empty tins and tyres, and removing piles of rubbish, you will reduce the breeding of mosquitoes and thereby reduce the chances of you and your family suffering from malaria.
- If you put special chemicals in water reservoirs to destroy mosquito larvae, you will contribute to the reduction of the mosquito population and thus reduce the chances of transmitting malaria, and ultimately reduce the malaria incidences in your community.
5.4.6 Support Points

- History has shown that two of the main actions that resulted in malaria elimination in the United States were large-scale draining/filling of stagnant water pools and the screening of homes.

5.4.7 Messages

- Environmental management is easy but effective. It includes filling standing water pools, clearing drainage ditches, removing piles of rubbish, introducing fish that eat mosquito larvae and putting chemicals in the water where mosquitoes are likely to breed.
- If you reduce breeding areas or kill mosquitoes in their early stages of life, you will contribute to the reduction of mosquitoes in your immediate locality, thereby decreasing the chances of you and your family getting malaria.
- Mosquitoes breed in clean, stagnant, or slow moving water. Keep your surroundings clean, free of tyres, tins and other garbage that can trap water.
- Even a very small amount of water can serve as a breeding site for mosquitoes.
- Environmental management can also include mosquito proofing homes by installing screens to prevent mosquitoes from entering. Local authorities should encourage this practice.
- As a local authority, encourage standardised home construction methods that require screens. Also, ensure that large-scale construction projects do not leave huge holes that fill with water during the rainy season and create possible breeding areas.
- As a local authority, budget for environmental management in your annual budget. This will reduce malaria transmission in your district.
### 5.4.8 Summary of Proposed BCC Strategy for Environmental Management

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
</table>
| • Increase the number of household occupants that clean their surroundings by filling stagnant water pools, clearing drainage ditches, getting rid of empty tins and tyres, and removing piles of rubbish.  
• Increase the number of local authorities that put chemicals in water reservoirs to destroy mosquito larvae. | Primary Audience:  
• Heads of households  
• Household members  

Secondary Audiences:  
• Community leaders  
• Environmental health workers  
• NGOs/CBOs/FBOs  
• Civic authorities | • To increase the percentage of heads of households who know how mosquitoes breed, from the 2011 baseline to more than 90% in the next two years.  
• To increase the percentage of heads of households able to state how to clean their surroundings in order to reduce the breeding of mosquitoes, from the 2011 baseline to more than 90% in the next two years.  
• To increase the percentage of local authority managers who prioritise environmental management as a way of reducing the breeding of mosquitoes, from the 2011 baseline to near 100% in the next two years. | • Community mobilisation  
• School talks and demonstrations  
• Radio spots  
• Television spots  
• Posters  
• Leaflets  
• Booklets  
• Radio and TV drama  
• Discussions/talks in churches |
5.5  Malaria Diagnosis

From 2008 to 2009, Zambia adopted a policy of universal laboratory diagnosis of suspected malaria infections before treatment. In the past, diagnosis of malaria was done clinically, based on symptoms. It was, however, noted that the main symptoms of malaria (headache, fever, sweating, chills, and joint pains) were also associated with other conditions. Emphasis was hence placed on the fact that there is only one way to know if a person had malaria or not, and this is through a blood test.

As of 2010, the new WHO malaria treatment guidelines recommended that all patients with suspected malaria are to receive confirmation by a blood test before treatment is started. The only exception is when diagnostic microscopy or rapid tests are not available.

Diagnostic tools are available throughout Zambia. Health workers are able to confirm diagnosis of malaria and provide better patient care. In Zambia, there are two ways to conduct the test:

1) A blood slide that is read under a microscope, or
2) A rapid test that detects the malaria parasites in the blood. This is called a rapid diagnostic test (RDT) and is the most common testing method in Zambia.

RDT has changed the malaria landscape in Zambia and other countries due to its ability to diagnose the disease even in remote areas. The use of RDT instead of clinical diagnosis, based only on symptoms, has resulted in better patient care, better planning and cost savings (for example stocking an appropriate number of malaria medicines).

With the advent of RDTs, a patient can know their result in a matter of minutes and, if necessary, begin appropriate treatment. The main challenge is to create demand for malaria testing. Many people, both young and old, prefer to take malaria medicine without undergoing a diagnostic test.

5.5.1  Problem Behaviours

• Some people refuse to be pricked for blood samples for fear of pain.
• Some people refuse to be pricked for blood samples because they belong to religious organisations that do not allow blood to be drawn from a human being, regardless of the purpose.
• Some health workers do not offer to test patients before treating them for malaria.

5.5.2  Behaviour Change Objectives

The overall behaviour change objective is to increase the number of people who get tested for malaria before they receive treatment, whether at home or at a health facility. The specific behaviour change objectives are as follows:
• Increase the number of people who undergo malaria diagnostic tests when they suspect that they have malaria;
• Increase the number of people who undergo a malaria diagnostic test before taking anti-malaria drugs;
• Increase the number of people who demand to be tested for the presence of the malaria parasite in their blood before commencing malaria treatment;
• Increase the number of health workers who conduct a malaria diagnostic test before prescribing malaria treatment;
• Increase the number of drug store and pharmacy operators who offer RDT to their clients before selling them anti-malaria drugs.

5.5.3 Target Audiences

• Boys, girls, men and women who have fear of being pricked for blood samples.
• Men and women who think they can tell whether or not they have malaria without being tested.
• Men and women who feel that there is no harm in taking malaria drugs even if they do not have malaria.
• Men and women who think that their blood samples for a malaria test may be used to test them for HIV against their will.
• Health workers who think they can tell whether or not a patient has malaria without testing them.
• Health workers who think testing for malaria is a waste of time.
• Men and women who work in drug stores that sell malaria drugs to clients without confirmation of malaria diagnosis.

5.5.4 Behaviour Change Communication Objectives

The following are the communication objectives to increase the number of people who get tested for malaria before they receive treatment.

• To increase the percentage of people able to state the advantages of having a malaria diagnostic test when they suspect that they have malaria, from the 2011 baseline to more than 90% in the next two years.
• To increase the percentage of health workers who regard conducting a malaria diagnostic test before prescribing malaria treatment as essential, from the 2011 baseline to near 100% in the next two years.
• To increase the percentage of drug store and pharmacy operators able to state the importance of malaria diagnostic testing and the dangers of dispensing malaria drugs to clients who are not confirmed to have malaria, from the 2011 baseline to more than 90% in the next two years.
5.5.5 Key Promise

- If you undergo a malaria diagnostic test, you will know whether or not you have malaria and be advised on correct medication to treat your condition and avoid wasting time with wrong medication.

5.5.6 Support Points

- Malaria tests, especially RDTs, are available at hospitals and clinics throughout Zambia, even in remote areas. Rapid malaria test kits can even be purchased at select chemists.

5.5.7 Messages

- Malaria can only be confirmed with a blood test. You must demand a blood test, especially if a health worker gives you malaria medicine without doing a test. This is regardless of whether it is a government or private clinic.
- Ensure that you have a prompt malaria test whenever you suspect that you have malaria because malaria can be very deadly.
- RDT only requires a small blood sample. After only fifteen (15) minutes, a person who has given a blood sample will know if he/she has malaria.
- Taking malaria drugs without confirmation that you have malaria can lead to drug resistance. Ensure that you have a malaria diagnostic test before taking any malaria medicine.
- The blood for a malaria test is only used to test for malaria; it is not used to test for HIV/AIDS. Likewise, a positive malaria test result does not mean that you have HIV.
- RDTs are safe and accurate tools; the government only allows importation of internationally certified RDTs.
- As health workers, you should fully rely on RDTs to diagnose malaria and not clinical diagnosis. Administering malaria treatment to patients whose results are negative will increase drug resistance and make malaria treatment difficult.
- If you treat patients for malaria without testing them, it may result in dispensing the wrong medicine. This does not help to cure what a patient is really suffering from and can lead to the unnecessary death of a patient due to a misdiagnosis.
- If you sell malaria medicines, it is important that you have RDTs to confirm that the people who buy malaria drugs do actually have malaria. If people who do not have malaria continue taking malaria drugs, the malaria parasite in their bodies will become resistant to the drug and the drug will be rendered useless.
## 5.5.8 Summary of Proposed BCC Strategy for Malaria Diagnosis

<table>
<thead>
<tr>
<th><strong>Behaviour Change Objectives</strong></th>
<th><strong>Audiences</strong></th>
<th><strong>Communication Objectives</strong></th>
<th><strong>Communication Approaches</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase the number of people who undergo malaria diagnostic tests when they suspect that they have malaria.</td>
<td>Primary Audiences: • Both males and females above 10 years old</td>
<td>• To increase the percentage of people able to state the advantages of having a malaria diagnostic test when they suspect having malaria, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• Radio DJ announcements</td>
</tr>
<tr>
<td>• Increase the number of people who undergo a malaria diagnostic test before taking anti-malaria drugs.</td>
<td>Secondary Audiences: • Health workers • Pharmacists • Drug store shop keepers</td>
<td>• To increase the percentage of people able to state the benefits of having a malaria diagnostic test before taking anti-malaria drugs, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• Radio drama</td>
</tr>
<tr>
<td>• Increase the number of people who demand to be tested for the presence of the malaria parasite in their blood before commencing malaria treatment.</td>
<td></td>
<td>• To increase the percentage of health workers who regard conducting a malaria diagnostic test before they administer malaria treatment as essential, from the 2011 baseline to near 100% in the next two years.</td>
<td>• Radio phone-in</td>
</tr>
<tr>
<td>• Increase the number of health workers who conduct a malaria diagnostic test before prescribing malaria treatment.</td>
<td></td>
<td>• To increase the percentage of drug store and pharmacy operators able to state the importance of malaria diagnostic testing and the dangers of dispensing malaria drugs to clients who are not confirmed to have malaria, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• Radio quiz</td>
</tr>
<tr>
<td>• Increase the number of drug store and pharmacy operators who offer RDT to their clients before</td>
<td></td>
<td></td>
<td>• Radio spots</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Newspaper features</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Poster calendar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Fact sheet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Text messages</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Stickers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• T-shirts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Malaria commemorative days (speeches, testimonies, theatre, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Health talks (facility and community)</td>
</tr>
</tbody>
</table>
5.6 Malaria Treatment

Malaria is one of the major causes of death among children under five and pregnant women in Zambia. The available data on outpatient visits, hospital admissions, and deaths due to malaria confirm that this disease makes substantial demands on Zambia’s health infrastructure.

In 2003, Zambia introduced a new malaria treatment policy with the first line therapy being artemisinin combination therapy (ACT). This was due to widespread resistance to chloroquine. This case management effort has contributed to an on-going epidemiological transition in the country, as evidenced by the decline in malaria incidence by 39% between 2006 and 2008, and more than 60% decline in inpatient malaria cases between 2001 and 2008 in both under 5 and 5-15 age groups.

There are, however, behavioural change challenges associated with the utilisation of ACTs. One of the major challenges is to establish trust in the efficacy of the new medicines. A lot of effort is needed to convince the public to change from a known and trusted product (Chloroquine and Fansidar) to the new medicine (Coartem®). It has also been challenging to change other health seeking behaviours, such as self-treatment, the use of traditional herbs, and waiting for malaria to get cured on its own.

5.6.1 Problem Behaviours

- Some people treat themselves when they have malaria.
- Some people stop taking anti-malaria drugs the moment they feel better.
- Some people share malaria drugs and hence do not take a full course.
- Some people delay seeking treatment for malaria by taking a ‘wait and see’ approach.

5.6.2 Behaviour Change Objectives

The overall behaviour change objective is to increase the number of people who access appropriate treatment for malaria. The specific behaviour change objectives are as follows.

- Increase the number of people who seek early treatment when they suspect that they have malaria.
- Increase the number of people who complete a full course of anti-malaria medication when they are put on malaria treatment.

5.6.3 Target Audiences

- Men and women who are not able to tell the signs and symptoms of malaria.
- Men and women who do not know the steps to take once they observe signs or symptoms of malaria whether in themselves, their children, or adults around them.
- Men and women who do not know about the availability of effective anti-malaria drugs at health facilities.
- Men and women who believe malaria will go away without treatment.
Men and women who think they know enough about malaria and do NOT seek help from health facilities.

Men and women who do not know the dangers of stopping to take anti-malaria drug treatment in the middle of their treatment because they feel better.

Men and women who share malaria drugs with others and hence do not take a full course.

Men and women who delay seeking treatment for malaria by taking a ‘wait and see’ approach.

Men and women who believe that they have experience with malaria therefore they can handle it on their own.

Men and women who have lost hope of recovering from malaria due to prolonged illness.

5.6.4 Behaviour Change Communication Objectives

In order to increase the number of people who access appropriate treatment for malaria, the following shall be the communication objectives:

- To increase the percentage of people who know the signs and symptoms of malaria, from the 2011 baseline to more than 90% in the next two years.
- To increase the percentage of people able to describe the correct medicines and dosages for treating malaria, from the 2011 baseline to 80% in the next two years.
- To increase the percentage of men and women who recognise malaria as a serious disease and hence do not delay in seeking treatment, from the 2011 baseline to more than 90% in the next two years.
- To increase the percentage of people who know the dangers of inappropriate treatment for malaria (self-administration, traditional healers and private pharmacies), from the 2011 baseline to 80% in the next two years.

5.6.5 Key Promise

- If you recognise the signs and symptoms of malaria and seek prompt and correct treatment, you will reduce the risk of dying from malaria.

5.6.6 Support Points

Malaria is the most common cause of death among children under 5 years, pregnant women and the chronically ill. Most deaths occur because people with malaria are not treated early enough with the correct medicine.

5.6.7 Messages

- Fevers during pregnancy can be caused by malaria parasites. If you have a fever while pregnant, report to the health facility for evaluation to save your life and that of your unborn
• Fever is the most common symptom of malaria among children under five years. Whenever your child has a fever, take him/her to the nearest health facility to be checked for malaria.
• Whenever you suspect you have malaria, seek prompt treatment. Time is critical with a disease like malaria; in a matter of hours it can develop from a fever, to a coma, to death.
• The sooner you begin treatment after confirming you have malaria, the sooner you can begin to recover and avoid serious complications.
• Malaria medicines are strong even if they are not injections. Tablets and dispersible medicines are just as effective.
• Always seek malaria treatment from a health facility. Traditional herbs might help to relieve some of the symptoms of malaria but they will not cure the disease.
• Delaying immediate testing and treatment of malaria can have serious consequences. Uncomplicated malaria can easily develop into complicated malaria and cause death.
• The most effective anti-malaria medicines are ACTs—Artemisinin-based Combination Therapies. Artemisinin is a plant that had been used by the Chinese for thousands of years before its medicinal properties were recognized as a treatment for malaria.
• Traditional healers should recognise the symptoms of malaria and urge community members to go for immediate testing and treatment. Time is critical and they have an important role to play.
• It is essential that you take the full course of your anti-malaria treatment; do not share the medicines or save them for later use. Always throw away old medicine.
• Malaria medicines are available at all hospitals, chemists, and government and private clinics in Zambia.
• In Zambia, the first line treatment for malaria is Coartem®, an ACT or Artemisinin-based Combination Therapy. This is a three-day treatment, with two doses per-day (for children, the number of pills per dose is based on weight).
• If you are purchasing malaria treatment, be sure that you are truly buying the correct medicine: Coartem®, a combination therapy with artemether and lumefantrine.
• When you are on malaria treatment, it is not unusual to feel better on the second day, but it is essential to take the full three-day course to be sure all the parasites are cleared from your body.
• For babies and young children there is now Coartem® dispersible (from 5kg to 25kg). However, Fansidar is still the appropriate treatment for babies under 5kg (less than three months old).
• In the first four (4) weeks of pregnancy, Quinine is the drug of choice; after that, Coartem®.
• Quinine is the drug of choice for patients (babies, children, pregnant women) experiencing severe/complicated malaria. This is when malaria has developed into a medical emergency and patients are suffering from repeated vomiting, high fever, convulsions, unconsciousness, and unable to eat or drink. Because of these symptoms, sometimes Quinine must be administered through a drip.
• Coartem®, Fansidar, and Quinine are the only drugs approved by the government to treat malaria in public health facilities. It is recommended to take food and water with your tablets. If you vomit within an hour of taking a dose, take another one. If you vomit again seek immediate medical attention.
• All children under five who have a positive diagnostic test should be treated within 24 hours of onset with appropriate ACTs.
• Treat malaria promptly. Mild cases of malaria can rapidly progress into severe and life threatening conditions. This usually occurs within the first 24 hours. Most children who die of malaria die within the first two days of being ill.
• Follow the instructions on the ACT pack to ensure the child gets the correct dose.
• ACTs kill malaria germs and reduce fever. Paracetamol reduces fever but does not kill malaria germs.
• If the child does not improve after two (2) days of treatment or their condition worsens, take the child to the health facility immediately for appropriate treatment.
• Malaria associated with any of the following danger signs should not be treated at home. Take the child immediately to the nearest health facility if he/she is:
  o Having fits (convulsions)
  o Refusing to eat or drink
  o Vomiting everything
  o Having difficulties in breathing
  o Confused
  o Looking pale
  o Too weak to sit or stand
  o Producing Coke (dark) coloured urine
  o Unable to pass urine
  o Showing yellowness of the eyes and body
• When you use ACTs, report any unusual reaction to the nearest health facility.
• As a health provider or shop owner, remember to tell clients to report any unusual reaction to medication to the nearest health facility.
• Fevers during pregnancy may be caused by malaria and need immediate evaluation at a health facility. At the health facility, they will give the woman medicine that will cure the malaria and not harm her or her baby.
• If you feel the symptoms of malaria, seek treatment from a reliable health provider before the end of the day.
• Encourage your local leaders to ensure that malaria drugs and ITNs are available at local clinics.
### 5.6.8 Summary of Proposed BCC Strategy for Treatment

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Audiences:</td>
<td>• To increase the percentage of people who know the signs and symptoms of malaria, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• Community mobilisation</td>
</tr>
<tr>
<td></td>
<td>Men and women</td>
<td>• To increase the percentage of people able to describe the correct medicines and dosages for treating malaria, from the 2011 baseline to 80% in the next two years.</td>
<td>• Talks during ANC</td>
</tr>
<tr>
<td></td>
<td>Pregnant women</td>
<td>• To increase the percentage of people who recognise malaria as a serious disease and hence do not delay in seeking treatment, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• School talks and demonstrations</td>
</tr>
<tr>
<td></td>
<td>Parents of children under 5 years of age</td>
<td>• To increase the percentage of people who know the dangers of inappropriate treatment for malaria (self-administration, traditional healers, private pharmacies), from the 2011 baseline to 80% in the next two years.</td>
<td>• Radio spots</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td>• Posters</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td></td>
<td>• Leaflets</td>
</tr>
<tr>
<td></td>
<td>Secondary Audiences:</td>
<td>• Health workers</td>
<td>• Booklets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To increase the percentage of people who know the dangers of inappropriate treatment for malaria (self-administration, traditional healers, private pharmacies), from the 2011 baseline to 80% in the next two years.</td>
<td>• Church meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community mobilisation</td>
<td>• Radio and TV dramas</td>
</tr>
</tbody>
</table>
5.7 Screen and Treat

This intervention is premised on the fact that it is common for people to have malaria but feel fine and not show any of the symptoms. This is because people that live in a malaria prone area are repeatedly bitten by infected mosquitoes. If they survive, their bodies develop what is known as ‘partial acquired immunity,’ an antibody response. This does not mean that they never get sick from malaria. Rather, they do not get as sick and eventually can become asymptomatic: carrying low density malaria in the blood with no symptoms and not feeling ill. The danger is that mosquitoes can still pick up parasites from these individuals when bitten and then spread the disease to others.

To address this problem—a large reservoir of the parasite in people who are not ‘sick’ with malaria and therefore not treated—the NMCP has proposed to introduce screen and treat. Instead of waiting for those with symptoms (passive detection), screen and treat involves testing everyone in an area (active detection) and treating those who test positive regardless of the symptoms. This intervention has the potential to clear parasites from people and communities as the local reservoir for the parasite is removed. The major challenge with this intervention is convincing people, who are not feeling sick or presenting any symptoms or signs of malaria, to accept to give blood samples for testing.

5.7.1 Problem Behaviours

Some people refuse to be pricked for blood samples, especially if they do not feel sick.

5.7.2 Behaviour Change Objectives

The overall behaviour change objective is to increase the number of ‘healthy’ people that give blood samples for malaria testing.

5.7.3 Target Audiences

- Men and women who believe that blood should not be given as a sample for a medical test, regardless of the circumstances.
- Men and women who are suspicious of where blood samples are taken after the test.
- Men and women who believe that there are other ways of testing for malaria other than using blood samples.
- Men and women who feel that it is not necessary to undergo a malaria test if someone is not feeling ill.

5.7.4 Behaviour Change Communication Objectives

In order to increase the number of ‘healthy’ people that give blood samples for malaria testing, the following is the communication objective:

- To increase the percentage of people who understand and appreciate screen and treat as a
malaria prevention intervention, from zero to 60% in the next two years.

5.7.5 Key Promises

- If you accept to be tested for malaria, despite you not showing any symptoms, you will be helping to eliminate malaria in your community and the entire country.

5.7.6 Support Points

- A large reservoir of the malaria parasite is in people who are not ‘sick’ with malaria and therefore not treated. Screening and treating has the potential to clear parasites from people and communities because the local reservoir for the parasite will be removed.

5.7.7 Messages

- Accept to be tested for malaria when requested to, even if you are not feeling sick. It is common for people to have malaria but feel fine and not present any symptoms.
- Be tested for malaria when requested to. This is because people that live in malaria prone areas are repeatedly bitten by infected mosquitoes and can become asymptomatic. This means that you carry a low density of malaria in your blood and show no symptoms or illness. The danger is that mosquitoes can still pick up parasites from you and then spread the disease to others who could get sick and die.
- Screening and testing everyone in areas where malaria transmission is very high is a government programme. It is aimed at eliminating malaria. Cooperate with health workers who will request to have you tested for malaria.
- Accept to be tested for malaria when you are requested to undergo a malaria test, even if you are not feeling sick. You may have a malaria parasite in your body but because of your strong immunity, you may not be sick of malaria. You can, however, pass on the malaria parasite through a mosquito bite to other people, including babies who may not be as strong.
- Give a blood sample for you to be tested for malaria. Malaria can only be detected through a blood test.
- All blood samples collected for malaria testing are used for that specific purpose. The samples are not used for any other purposes, not even HIV testing.
### 5.7.8 Summary of Proposed BCC Strategy for Screen and Treat

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
</table>
| • Increase the number of ‘healthy’ people who give blood samples for malaria testing. | Primary Audiences:  
  • Boys  
  • Girls  
  • Men  
  • Women  

Secondary Audience:  
  • Community leaders | • To increase the percentage of people who understand and appreciate screen and treat as a malaria prevention intervention, from zero to 60% in the next two years. | • Radio drama  
  • Radio spots  
  • Malaria commemorative days (speeches, testimonies, theatre, etc.)  
  • Health talks (health facilities, schools, churches, and communities)  
  • Flyers  
  • Community television stations e.g. Copperbelt and Northwest Television in North-Western Province |
5.8 Active Surveillance System

This is a malaria control intervention which is premised on the fact that any successes scored in malaria control can be eroded by recurrence of the disease. This intervention calls for constant monitoring of any rebound of malaria in areas where malaria has either been eradicated or reduced. Employing a surveillance system makes the most economical sense in areas with little to no malaria instead of stocking large quantities of medicines and rapid testing equipment.

Clinical staff in areas with little to no malaria should, upon detecting the disease in a patient, also test and treat that person’s family members and others in the patient’s residential area. All family members, possibly even the neighbours, should be tested for malaria and treated if necessary. The travel history of the patient should also be noted to determine if it was a local transmission or imported from a malaria prone area. In cases where the affected household does not have ITNs or is using old ones, new ones should be supplied. Indoor residual spraying could also be considered as part of the intervention.

The major challenge of this intervention, from the demand side, is that family members and neighbours who are not sick and are not showing any signs or symptoms of malaria may not readily accept to be tested.

5.8.1 Behaviour Change Objectives

The overall behaviour change objective is to have people who are not sick and are not presenting any signs or symptoms of malaria, accept to be tested and treated for malaria. The specific behaviour change objectives are as follows:

- To increase the number of household members who willingly give blood samples for malaria testing, even when they do not feel sick.
- To increase the number of household members who take malaria medicines appropriately, after being tested, even if they do not feel sick.

5.8.2 Behaviour Change Communication Objectives

In order to have people who are not sick and not presenting any signs or symptoms of malaria to accept malaria testing and treatment, the following shall be the communication objectives:

- To increase the percentage of boys, girls, men, and women who understand and appreciate community follow-up of malaria cases as an effective malaria prevention intervention, from zero to 60% in the next two years.
5.8.3 **Key Promises**

- If you accept to be tested and treated for malaria, despite you not appearing to be sick, you will be helping to halt the return of malaria to your community. This will make you and your family less likely to suffer from malaria.

5.8.4 **Support Points**

- People who live in areas where malaria has been eradicated may pick up malaria parasites from other places. When they do, they can pass on the parasite to family members and those near them. Testing family and community members who have been around someone who has tested positive for malaria has the potential to clear ‘imported’ parasites and leave the area malaria-free.

5.8.5 **Messages**

- If someone has recently suffered from malaria in your family or neighbourhood, accept to be tested for malaria when requested to, even if you are not feeling sick. It is common for people to have malaria but feel healthy and not show any symptoms.
- Be tested for malaria when requested to. This is because when a family member or neighbour suffers from malaria, it means malaria parasites have been introduced in the area and could be passed on to many others.
- Following up malaria cases in families and neighbourhoods of people who are confirmed to have had malaria is a government programme. It is aimed at preventing malaria from returning to areas where it has been nearly eliminated. Cooperate with health workers who will request to have you tested for malaria.
- Accept to be tested for malaria when you are requested to undergo a malaria test, even if you are not feeling sick. You may have a malaria parasite in your body but, because of your strong immunity, you may not be sick with malaria. You can, however, pass on the malaria parasite through a mosquito bite to other people including babies who may not be as strong.
- Give a blood sample for you to be tested for malaria. Malaria can only be detected through a blood test.
- All blood samples collected for malaria testing are used for that specific purpose. The samples are not used for any other purposes, not even HIV testing.
- Get involved in fighting malaria by reporting all suspected cases to the nearest hospital or health centre.
5.8.6  Summary of Proposed BCC Strategy for Surveillance

<table>
<thead>
<tr>
<th>Behaviour Change Objectives</th>
<th>Audiences</th>
<th>Communication Objectives</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To increase the number of household members who willingly give blood samples for malaria testing, even when they do not feel sick.</td>
<td>Primary Audiences: • Boys • Girls • Men • Women</td>
<td>• To increase the percentage of boys, girls, men and women who understand and appreciate community follow-up of malaria cases as an effective malaria prevention intervention, from zero to 60% in the next two years.</td>
<td>• Radio drama • Radio spots • Malaria commemorative days (speeches, testimonies, theatre, etc.) • Health talks (health facilities, schools, churches, and communities)</td>
</tr>
<tr>
<td>• To increase the number of household members who take malaria medicines appropriately after being tested, even if they do not feel sick.</td>
<td>Secondary Audience: • Community leaders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. IMPLEMENTATION STRATEGIES

6:1 Social Mobilisation and Advocacy

Social mobilisation and advocacy will be deployed by involving the policy makers, health workers and community to organise and take actions that support malaria control activities. To achieve this, information sharing platforms will be organised where decisions and activities to be undertaken within the respective districts are communicated. It is proposed that implementation be done at three levels:

- Decision making (Policy level)
- Implementation (Health workers level)
- Beneficiary (Community level)

6:1:1 Policy Level

Hold national, provincial and district malaria advocacy meetings – Malaria advocacy activities will be launched at district level through the identification of key NGO partners and community leadership. These groups should meet to discuss relevant policies and the implementation of the malaria control activities. The main purpose of these meetings, will be to win the support of these key groups to create a favourable environment and enhanced advocacy for malaria control interventions. At all levels, the aim will be to raise the profile and to lobby for more resources for malaria control.

Observe a National Malaria Week and Commemorate World Malaria Day

As part of the annual commemoration of World Malaria Day (WMD), a National Malaria Week will be celebrated during the month of April and culminate with WMD on the 25th of April of each year. These events will provide an opportunity to increase awareness on malaria, to advocate for political commitment and financial support, and to launch new initiatives for malaria affected populations. Each district will hold activities in selected regions where the burden of malaria is high. The week will also present the opportunity for malaria themed creative performances – drama, poems, songs, etc. Key note speeches by community social and political leaders should also be included.

6:1:2 Health Workers Level

Development of district communication malaria control plans

This strategy, the National Malaria Communication Strategy (NMCS), will be disseminated to health workers and implementing partners, mainly NGOs and Civil Society Organisations. In order to implement the NMCS, a joint district communication plan will be developed as part of the overall district malaria control plan. The communication plan will take into account relevant interventions applicable in the respective district. The district can then use the local malaria control plan for resource
mobilisation purposes to support the implementation of the plan.

6.1.3 Community Level

**Formation of malaria advocacy groups** – Malaria advocacy groups will be comprised of community representatives who are able to use their positions of influence to change the behaviours of others. They will be selected based on their ability to use and/or organise forums where captive audiences can be met for dissemination/discussion of malaria issues. This will be instrumental in passing key messages and mobilising the community for action.

All efforts should be made to include all the relevant stakeholders and agencies involved in malaria control in the advocacy groups. The chosen individuals will be accountable to their communities.

The proposed membership of the advocacy group will include religious leaders, women and youth group leaders, traditional healers, traditional leaders, teachers and any others to be identified. The group should be continuously consulted through community meetings and dialogue as decision makers on key malaria interventions to be implemented. Such interventions could include the availability of ITNs for distribution, community participation in IRS, and commemoration of the WMD at community level. With the availability of material and financial resources, the advocacy group should also develop community plans to reach vulnerable groups, particularly pregnant women and children.

**Hold malaria field days** – In addition to WMD commemorations, malaria field days should be organized throughout the year by volunteers, CHWs, NGOs, and community theatre groups. These field days should include demonstrations, community drama, songs, and poems about malaria. Activities should address general information about malaria as well as issues specific to that community.

During the field day, persons who have suffered from malaria should be given a chance to talk about their personal experiences with malaria. This will also allow them to advocate for the recommended prevention and treatment techniques to their own communities.

### 6.2 Development and Distribution of BCC Materials

BCC materials are intended to support the implementation of strategies by reminding the community about key malaria messages. Low literacy levels remain a big challenge to the effectiveness of print materials. However, as proposed in the following steps, including the community in the entire product development process enhances their sense of ownership and interest in the products. IEC materials will supplement other more interactive one-on-one communication activities.

#### 6.2.1 Design

The materials and messages for each strategic approach are outlined in the document above. The key
messages to be communicated will be subjected to a national technical review by a malaria BCC/IEC technical working group comprising of health education specialists and partners.

When possible, skilled professionals at district level, such as graphic designers, should be used in product development. Local songs, poems and drama will be assessed for technical accuracy of messages before studio recording for mass transmission.

### 6.2.2 Pre-testing

All materials, once technically approved by the national working group, should be translated into local Zambian languages. The district teams will organise Focus Group Discussions (FGDs) where the messages/materials will be pre-tested and the comments compiled for inclusion in the development process. The final material/message design will be shared with partners and district teams before mass production. While this new process of community inclusion may add time to the schedule of materials/messages production, it should lead to more effective products and increase the communities’ sense of ownership and interest in the products. This will ultimately give the materials a longer shelf life.

### 6.2.3 Production of BCC messages and materials

The number of materials to be produced will be according to the specifications provided by national, provincial and district requirements. The quantity of materials produced should be sufficient to cover entire target areas and be determined by the outlets, such as health facilities, households, schools, public offices and churches, where the materials will be distributed. This includes the number of in each district. Popular and trusted personalities can also be identified and engaged to disseminate messages through local media such as community radio stations.

### 6.2.4 Distribution plan

Once developed, the MOH/NMCC distribution plan will be distributed to partners in the districts for subsequent dissemination to the targeted areas. The main national warehouse/store will act as a clearing house for all IEC/BCC products. A distribution list indicating the list of districts, partners and quantities to receive will be developed. In the districts, the District Medical Officer and partners should also develop a plan for the distribution of the materials upon delivery from the warehouse.

### 6.2.5 Dissemination and feedback

In order to improve future materials and messages, the district teams will hold feedback sessions to inform national level of any necessary changes in case there is need for re-production.

### 6.3 Capacity Building

This strategy strives to build the capacity of district level staff on malaria communication. Health workers need to communicate the right information based on evidence and in the right way.
Community health workers also need to provide targeted key messages to individuals at household level and conduct follow ups to track behaviour change. There is also the need to increase access to BCC/IEC materials and other information on malaria for district staff.

6.3.1 Training of health workers in communication skills

To enable health workers to deliver key messages on malaria, their capacity in teaching and communication skills should be developed through training workshops. Linkages to other health strategic workshops will be established, particularly in providing training on case management, IPTp, ITNs and IRS. It is recommended that MOH provide a focal person to oversee implementation of malaria control activities as part of the overall health promotion activities.

6.3.2 Training of Community Own Resource Persons (CORPs)

Community Own Resource Persons (CORPs) should include malaria agents, TBAs, CHWs and volunteers, and should act as a bridge between health service providers and the community. The resource persons should also be incorporated in advocacy efforts aimed at stimulating community participation in malaria control activities. To enable them to function and deliver correct messages, resource persons should be given a clearly defined role and the necessary knowledge and skills required to interact with their community.

In undertaking the training of CORPs on malaria control, a simplified curriculum should be developed and shared with partners to ensure uniformity in content and clear roles defined for malaria control. MOH and partners should develop a system where the activities of the CORPS should be monitored and given feedback on community malaria activities, such as net tracking and referrals.

6.3.3 Establishment of Resource Centres

6.3.3.1 National IEC/BCC Resource Centre

The resource centre will maintain an inventory of all IEC/BCC materials and messages, enabling people to review these materials as a basis for developing new messages/materials, document best practices, and conduct case studies on communication activities.

6.3.3.2 Community Resource Centre

The establishment of community resource centres is designed to provide the community with a place where they can access information on malaria. The malaria control programme will maintain an inventory of the resource centres and ensure periodic supply of IEC materials and messages. Strategies will be devised to work with resource centre managers and ensure communication materials reach communities.
6.4 Partnerships

The concept of Public, Private Partnerships (PPPs) will be promoted as the private sector grows in Zambia. The involvement of dynamic private companies to sponsor communications materials’ development and dissemination will be encouraged. However, all such partners will be encouraged to ensure that the materials development process, including in monitoring and evaluation of communication activities, involves the participation of target audiences and groups, particularly marginalised groups such as women and children.

6.4.1 Public Partnerships

(a) Public Broadcaster – Explore possibilities of collaborating with the Zambia National Broadcasting Corporation (ZNBC). Solicit for free airtime to run Public Service Announcements (PSAs) and feature information about malaria activities on appropriate programmes.

(b) Education – Work with the Ministry of Education to identify opportunities to incorporate malaria education into school curriculums and extracurricular activities, such as contests for poems, songs and dramas with malaria messages.

(c) Agriculture – Use the existing agriculture extension officer network to increase community-based malaria IEC/BCC distribution channels and to monitor community based activities. A partnership with National Agriculture and Information Services (NAIS) should also be explored to integrate malaria messages in agriculture communication outreach programmes, particularly aspects of environmental management as a malaria control method.

(d) News and Information Services – Explore possibility of partnering with ZANIS to include malaria IEC/BCC materials in their existing countrywide distribution system of English and local language publications.

(e) HIV/AIDS – Explore the possibility of integrating with HIV Working Groups/Task Forces at district level.

6.4.2 Private Partnerships

(a) Private Media – Work with the private media owners (newspapers, radio, and TV) to organize media briefings to discuss malaria.

(b) Private Companies – Work with the corporate sector to solicit for sponsorship of BCC activities. Potential private partners could include banks and mobile phone companies. Local businessmen and businesswomen can also be approached to join the anti-malaria drive in their localities. For example, they could be requested to provide incentives to the volunteers involved in door-to-door campaigns for ITN, IRS, and environmental management promotions.
7. MONITORING AND EVALUATION

Throughout the implementation of this communication strategy, there should be routine data collection and measurement of progress towards the BCC objectives. This should be a continuous and systematic process to determine if the actions being taken are leading to the desired behaviour change. The key question that implementing partners should always ask is, “How do we know if we are progressing towards our goals?”

There are four key reasons why implementing partners should monitor the execution of the communication strategy. The execution should be monitored in order to provide accurate information to:

1. Make immediate management (shorter term) decisions which will guide Strategy implementation and thus assure good performance;
2. Hold partners accountable for implementing the strategy according to plan;
3. Conduct advocacy; and
4. Gather input for evaluation.

Aspects to monitor:

1. Inputs
   - All resources - staff, funds, equipment, supplies (their availability, timeliness, quality and condition, quantity, use, etc.)
2. Activities
   - E.g. Mobile video shows, trainings/workshops, material development such as research and pre-test of IEC/BCC materials
3. Outputs
   - These are the immediate or direct products (what comes out of) of the activities, e.g. quantity of posters produced, scripts developed, number of women and men who attended health talk sessions, etc.
4. Outcomes
   - The expected change as a result of the output e.g. numbers of people knowledgeable about how malaria is transmitted, numbers of people who know the advantages of sleeping under an ITN, etc.

Outputs will be directly tied to expenditures for the Communication Strategy activities (use of funds, staff time and other resources). This is important because it is the logical way to justify the application of resources. Furthermore, the above four levels need to be monitored because it is only through these components that implementers can make changes that will improve the impact and quality of malaria control programme.

Not only should implementation of the communication strategy be monitored, but it should also be evaluated. Evaluation is “the assessment at one point in time of the impact of work and the
extent to which stated objectives have been achieved.” In other words, evaluation refers to a process of determining as systematically and objectively as possible the merit, value, or worthiness of an intervention and whether or not impact has been achieved. Evaluation can also be described as assessing the outcome and impact of a program.

Implementing partners should focus on comparing expected and achieved results, as well as establishing and explaining the causal relationship between outcomes (that is, observed changes in the beneficiaries’ behaviour or condition) and the Strategy’s BCC interventions carried out. The key question for implementing partners to ask is “How do we know if we achieve our goals?”

Implementing partners should pay particular attention to evaluation for any of the following reasons:

1. To determine or establish accountability for programme results;
2. To show if and how the BCC activities caused the changes observed in the target population;
3. To improve the intervention being evaluated;
4. To generate knowledge and learning for wider application.

Under the broader malaria control programme, it is recommended that a monitoring and evaluation (M&E) system is developed. This would consists of an M&E Plan (and a budget), personnel, data collection and management systems, reporting formats and communication mechanisms.

Particular attention should be paid to the M&E Framework which is a key part of the M&E plan. The framework identifies the project or programme’s goals, objectives, outcomes, outputs, processes and inputs as well as indicators that will be used to measure success or failure. It also defines the relationship between key implementation factors and points out internal and external factors that could affect the project or programme’s success.

There are four main operational frameworks used in M&E, namely the (1) Conceptual framework, (2) Results framework, (3) Logical framework, and (4) Logic models. Others include strategic frameworks, which are used largely at high level strategic planning. The M&E team can select their preferred model.

Appendix 1 of the Strategy has outlined some indicators that could be incorporated in whatever framework would be or has been adopted for the NMCP in Zambia.
8. CONCLUSION

The 2010 Malaria Programme Review (MPR) revealed a significant decline (greater than 60%) in malaria morbidity and mortality in Zambia. However, the review also showed that malaria still features on the list of top ten diseases of public health importance and will, therefore, require continued investments.

BCC has played a significant role in reducing malaria morbidity and mortality in Zambia. BCC is, therefore, among the most critical areas where continued investment is required in order to sustain the gains that have been recorded in the NMCP. Efforts should be directed towards coordination and standardization of messages and procedures, as well as integration between BCC efforts and overall malaria control programming. Most importantly, the creation of demand for malaria prevention methods (e.g., ITNs, IRS) should be linked with availability of the products and services. Policies need to be developed that ensure access to the products and services being promoted. For example, ITNs, IRS, RDTs, drugs and so on must be available as demand for them is being created across the country.

Communication leadership is of paramount importance within the NMCP secretariat to coordinate consistent messages and interventions across all malaria partners. This is especially important because of the many partners who have acquired a stake in the malaria control programme at various levels. Due to the large number of partners working on malaria in various parts of the country and intervention areas, additional guidance from the national level on coordinated communication interventions will be of great help.

In order to ensure smooth implementation of this communication strategy, the National Malaria Control Centre (NMCC) should take a lead role. Its roles should include, among others, the following:

- Defining priority areas for BCC interventions.
- Developing BCC management capacity and technical skills at all levels.
- Coordinating stakeholders BCC interventions to reduce overlaps and encourage scale ups.
- Mobilizing resources by leading advocacy efforts to policy and decision makers in the private and public sectors.
- Ensuring quality of communication materials.
- Overseeing the development of consistent and standardized messages.
- Undertaking media advocacy and provide relevant and accurate information to journalists on a continuous basis.
- Monitoring and evaluating progress in BCC interventions among all partners.

On the other hand, partners should enhance their roles, which should include, among others, the following:

- Coordinating partnerships to ensure effective use of resources.
- Providing technical support to each other.
- Providing technical guidelines to each other.
• Creating forums for sharing experiences.
• Assisting in the development of consistent and standardized BCC and advocacy messages.
• Supporting qualitative and quantitative research for the development of BCC interventions and messages and to measure the effectiveness of various programme interventions.
• Building partnerships with the media and equipping journalists with current and accurate information to promote the achievements of the NMCP Strategic Plan 2011 - 2015 targets.

This Communication Strategy should be constantly reviewed and updated to ensure that it is always in line with the National Malaria Control Program (NMCP) Strategic Plan. It should also be used to build off of the gains and successes of existing work done over the years.
## 9. APPENDIX

### BCC MONITORING AND EVALUATION INDICATORS

**Table 1: ITN BCC Indicators**

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To increase the percentage of men and women who know that malaria is only transmitted by a mosquito, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of radio drama scripts developed and aired</td>
<td>• Percentage of people who know that malaria is only transmitted through mosquito bites.</td>
</tr>
<tr>
<td>• To reduce the percentage of men and women who think that it is impossible to prevent malaria as it is a feature of their geographical setup, from the 2011 baseline to fewer than 10% in the next two years.</td>
<td>• # of TV drama scripts developed and aired</td>
<td>• Percentage of people who state that it is possible to prevent malaria in malaria zones.</td>
</tr>
<tr>
<td>• To reduce the percentage of men and women who think that the chemical on ITNs may be harmful to their health, from the 2011 baseline to near zero in the next two years.</td>
<td>• # of discussion programmes designed and aired</td>
<td>• Percentage of people who state that the chemical on ITNs is not harmful to human beings.</td>
</tr>
<tr>
<td>• To reduce the percentage of men and women who think that sleeping under an ITN may cause them to suffocate, from the 2011 baseline to less than 5% in the next two years.</td>
<td>• # of radio quizzes developed and conducted</td>
<td>• Percentage of people who state that a person, including a baby, cannot suffocate by sleeping under an ITN.</td>
</tr>
<tr>
<td>• To increase the percentage of men and women who know where ITNs are found, from the 2011 baseline to more than 90%.</td>
<td>• # of TV spots developed and aired</td>
<td>• Percentage of people who describe the process of ITN mass distribution correctly.</td>
</tr>
<tr>
<td></td>
<td>• # of radio DJ’s talking points developed and used</td>
<td>• Percentage of people who state that ITNs should only be used for malaria prevention.</td>
</tr>
<tr>
<td></td>
<td>• # of TV continuity announcers orientated</td>
<td>• Percentage of people who know where to report misuse of ITNs.</td>
</tr>
<tr>
<td></td>
<td>• # of radio spots developed and aired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of newspaper features written and published</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of fact sheets compiled, printed and distributed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of malaria commemorative days observed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of health talks talking points developed and utilised</td>
<td></td>
</tr>
</tbody>
</table>
Table 2: IRS BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To increase the percentage of men and women who know that malaria is only transmitted by a mosquito, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of mass media products produced and disseminated</td>
<td>• Percentage of men and women who state that malaria is only transmitted through mosquito bites.</td>
</tr>
<tr>
<td>• To reduce the percentage of men and women who think that the chemical used in IRS is harmful to their health, from the 2011 baseline to near zero in the next two years.</td>
<td>• # of community mobilisation activities planned and conducted</td>
<td>• Percentage of men and women who state that it is possible to prevent malaria even in malaria prone areas</td>
</tr>
<tr>
<td>• To increase awareness of the benefits of IRS from the 2011 baseline to more than 90% in the next two years among household members.</td>
<td>• # of advocacy activities conducted</td>
<td>• Percentage of heads of households who can state at least three benefits of IRS.</td>
</tr>
<tr>
<td>• To increase the percentage of household members able to describe the procedure involved in the IRS exercise from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of mobile public announcements conducted</td>
<td>• Percentage of men and women who describe how IRS is done and what they ought to do as members of households before and after IRS.</td>
</tr>
<tr>
<td>• To increase the percentage of household members who are knowledgeable about the safety of insecticides when used appropriately from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of mobile video shows conducted</td>
<td>• Percentage of men and women who rank IRS among the top two malaria control interventions.</td>
</tr>
<tr>
<td>• To increase the percentage of household members able to state that IRS is an effective way of protecting households and communities from malaria</td>
<td>• # of theatre for community action conducted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of flyers produced and distributed</td>
<td></td>
</tr>
</tbody>
</table>
### Table 3: IPTp BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To increase the percentage of men and women who know the importance of attending ANC, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• % of community based health talks conducted</td>
<td>• Percentage of women and men aged 15-49 able to mention at least three benefits of attending ANC.</td>
</tr>
<tr>
<td>• To increase the percentage of men and women who know the services offered through ANC, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• % of health facility based health talks conducted</td>
<td>• Percentage of men and women aged 15-49 able to mention at least three services offered during ANC.</td>
</tr>
<tr>
<td>• To increase the percentage of men and women able to state the dangers of malaria during pregnancy, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• % of radio drama series developed and aired</td>
<td>• Percentage of men and women aged 15-49 able to state at least three dangers of malaria in pregnancy.</td>
</tr>
<tr>
<td>• To increase the percentage of men and women able to list the benefits of IPTp, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• % of counselling cards printed and distributed to health facilities</td>
<td>• Percentage of men and women aged 15-49 able to state at least three benefits of IPTp.</td>
</tr>
<tr>
<td>• To increase the percentage of men and women who know where to get IPTp and who should use it, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• % of posters printed and on display</td>
<td>• Percentage of men and women aged 15-49 able to describe how IPTp is accessed and how it is used.</td>
</tr>
<tr>
<td>• To increase percentage of men able state the importance of IPTp for pregnant women, from the 2011 baseline to 80% in the next two years.</td>
<td>• % of leaflets printed and distributed</td>
<td></td>
</tr>
</tbody>
</table>
Table 4: Environmental Management BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To increase the percentage of heads of households able to say how mosquitoes breed, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of community mobilisation activities conducted</td>
<td>• Percentage of heads of households able to correctly describe how mosquitoes breed.</td>
</tr>
<tr>
<td>• To increase the percentage of heads of households able to say how to clean their surroundings in order to reduce the breeding of mosquitoes, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of school talks and demonstrations conducted</td>
<td>• Percentage of heads of households able to correctly describe how they can clean their surroundings to reduce the breeding of mosquitoes.</td>
</tr>
<tr>
<td>• To increase the percentage of local authority managers who prioritise cleaning the environment as a way of reducing the breeding of mosquitoes, from the 2011 baseline to near 100% in the next two years.</td>
<td>• # of radio spots produced and aired</td>
<td>• Percentage of local authority managers who rank environmental management among the top five activities of their councils.</td>
</tr>
<tr>
<td></td>
<td>• # of posters produced and on display</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of leaflets produced and distributed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of booklets produced and distributed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of radio and TV dramas produced and aired</td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Malaria Testing BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
</table>
| • To increase the percentage of people able to state the advantages of having a malaria diagnostic test when they suspect having malaria, from the 2011 baseline to more than 90% in the next two years. | • # of radio DJ announcements made  
• # of radio dramas produced and aired  
• # of radio phone-in programmes conducted  
• # of radio quizzes prepared and aired  
• # of radio spots produced and aired  
• # of newspaper features written and published  
• # of poster calendars produced and on display  
• # of fact sheets produced and distributed  
• # of text messages developed and circulated  
• # of Malaria commemorative days (speeches, testimonies, theatre etc) observed  
• # of health talks (facilities and communities) conducted | • Percentage of boys, girls, men and women able to state the advantages of having a malaria diagnostic test when they suspect having malaria.  
• Percentage of boys, girls, men and women able to state the benefits of having a malaria diagnostic test before taking anti-malaria drugs.  
• Percentage of health workers who do not regard conducting a malaria diagnostic test before prescribing malaria treatment as a waste of time.  
• Percentage of drug store and pharmacy operators able to state the dangers of dispensing malaria drugs to clients who are not confirmed to have malaria. |
Table 6: Malaria Treatment BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To increase the percentage of people who know the signs and symptoms of malaria, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of community mobilisation activities conducted</td>
<td>• Percentage of boys, girls, men and women able to state at least three signs and symptoms of malaria.</td>
</tr>
<tr>
<td>• To increase the percentage of people able to describe the correct medicines and dosages for treating malaria, from the 2011 baseline to 80% in the next two years.</td>
<td>• # of talks during Antenatal Clinics conducted</td>
<td>• Percentage of boys, girls, men and women able to describe the correct medicines and dosages for treating malaria.</td>
</tr>
<tr>
<td>• To increase the percentage of people who recognise malaria as a serious disease and hence do not delay in seeking treatment, from the 2011 baseline to more than 90% in the next two years.</td>
<td>• # of school talks and demonstrations conducted</td>
<td>• Percentage of boys, girls, men and women who recognise malaria as a serious disease and hence do not delay in seeking treatment.</td>
</tr>
<tr>
<td>• To increase the percentage of people who know the dangers of inappropriate treatment for malaria (self-administration, traditional healers, private pharmacies), from the 2011 baseline to 80% in the next two years.</td>
<td>• # of radio spots produced and aired</td>
<td>• Percentage of boys, girls, men and women able to mention at least three dangers of inappropriate treatment for malaria (self-administration, traditional healers, private pharmacies).</td>
</tr>
<tr>
<td></td>
<td>• # of posters produced and on display</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of leaflets produced and distributed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of booklets produced and distributed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of church meetings conducted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of radio and TV dramas produced and aired</td>
<td></td>
</tr>
</tbody>
</table>
Table 7: Screen and Treat BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
</table>
| • To increase the percentage of people who understand and appreciate screen and treat as a malaria prevention intervention, from zero to 60% in the next two years. | • # of radio dramas produced and aired  
• # of radio spots produced and aired  
• # of malaria commemorative days (speeches, testimonies, theatre, etc.) observed  
• # of health talks (health facilities, schools, churches, communities) conducted | • Percentage of boys, girls, men and women who correctly explain what is meant by screen and treat as a malaria prevention intervention.  
• Percentage of boys, girls, men and women who correctly describe how screen and treat can lead to eradication of malaria  
• Percentage of boys, girls, men and women able to state the importance of their own participation in screen and treat.  
• Percentage of boys, girls, men and women able to state at least one consequence of their own refusal to participate in screen and treat. |
Table 8: Surveillance BCC Indicators

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
</table>
| • To increase the percentage of boys, girls, men and women who understand and appreciate community follow-up of malaria cases as an effective malaria prevention intervention, from zero to 60% in the next two years. | • # of radio dramas produced and aired  
• # of radio spots produced and aired  
• # of malaria commemorative days (speeches, testimonies, theatre, etc.) observed  
• # of health talks (health facilities, schools, churches, communities) conducted | • Percentage of boys, girls, men and women able to describe the importance of community follow-up of malaria cases.  
• Percentage of boys, girls, men and women to describe the importance of their own participation in malaria surveillance.  
• Percentage of boys, girls, men and women to state at least one consequence of their own refusal to participate in malaria surveillance. |
References

Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009.

www.rbm.who.int/Countryaction/nsp/som:


Ministry of Health. Guidelines for the Diagnosis and Treatment of Malaria in Zambia


Ministry of Health, National Malaria Control Centre. Knowledge, Attitudes and Practices (KAP) and Perceptions on ITNs and IRS for Malaria Control in Zambia. Lusaka.


Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.