Vector Control
PMI AIRS Project: Community engagement and behavior change to enhance malaria control in Northern Region, Ghana
Making a case for Indoor Residual Spraying

- Title of publication
  
  *Effect of anti-malarial interventions on trends of malaria cases, hospital admissions and deaths, 2005–2015, Ghana*

- A total of 210,709 hospital and laboratory records from 2005 to 2015 examined.


<table>
<thead>
<tr>
<th>Findings (decreases over the period)</th>
<th>IRS Districts</th>
<th>Non-IRS Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Positivity Rate</td>
<td>89%</td>
<td>38%</td>
</tr>
<tr>
<td>Malaria admissions</td>
<td>68%</td>
<td>35%</td>
</tr>
<tr>
<td>Malaria deaths</td>
<td>88%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Background

About Africa Indoor Residual Spraying (AIRS) Project

- Ghana is one of 17 AIRS countries. Spraying sleeping rooms since 2008 in one of 10 regions in Ghana, the Northern Region. We are spraying in some selected districts. Funded by the President’s Malaria Initiative (PMI).

- Indoor Residual Spraying (IRS) is the application of long-lasting insecticides on the walls/roofs/eaves of rooms where people sleep to kill malaria transmitting mosquitoes.

- Target for IRS effectiveness: coverage of 85% PMI/WHO and 90% NMCP/GHS.

The problem

- Low acceptance resulting into low spray coverage of 83.8% in 2014
- Post spray assessment conducted points to the level of engagement of communities & IRS-related issues in the community
Intervention

• Changing the Communication structure
  Communication Assistant role was changed from a district level one to a sub-district level one

  • Prior to 2015
    Coordinator → District Level/ District Communication Assistants → Community Mobilizers

  • 2015 onwards
    Coordinator → Sub-district Level/Sub-district Communication Assistants → Community Mobilizers

• Focusing on Community-based strategies
  (Why focus on community-driven strategies?)
  • Community structure/ institutions
  • Community-based educational events/programs
  • Community communication channels
  • Refocusing stakeholders meetings
Intervention cont’d

• Identification of difficult households and communities for BCC targeting using data on unsprayed structures

• Identifying issues for resistance and Developing targeted messaging for IRS-related issues and introducing messaging on communal responsibility in IRS implementation

• Engaging communities early

• Collaborating with government information agencies

• Developing a Community Communication Work Plan for each sub-district
Monitoring and Evaluation

• **Beneficiary Satisfaction Survey**
• **Mobilization Supervision Form**
• **Spray Coverage Data**

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**Comparison of District Spray Coverage over three years**

<table>
<thead>
<tr>
<th>District</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>BYD</td>
<td>95.4</td>
<td>95.5</td>
<td>97.7</td>
</tr>
<tr>
<td>EMD</td>
<td>91.2</td>
<td>93.4</td>
<td>95.3</td>
</tr>
<tr>
<td>KD</td>
<td>93.4</td>
<td>93.9</td>
<td>97.5</td>
</tr>
<tr>
<td>WMD</td>
<td>87.8</td>
<td>88.4</td>
<td>91.4</td>
</tr>
<tr>
<td>MMD</td>
<td>90.7</td>
<td>92.5</td>
<td>93.3</td>
</tr>
<tr>
<td>KaD</td>
<td>92.4</td>
<td></td>
<td></td>
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<tr>
<td>GD</td>
<td></td>
<td></td>
<td>89.8</td>
</tr>
</tbody>
</table>
Monitoring and Evaluation Cont’d

Data on unsprayed structures

Locked Structures and Refusal Cases Tracker

Trend of unsprayed structures

<table>
<thead>
<tr>
<th>Year</th>
<th>Locked Structures</th>
<th>Refused/denied Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>10,471</td>
<td>6,187</td>
</tr>
<tr>
<td>2016</td>
<td>10,358</td>
<td>5,030</td>
</tr>
<tr>
<td>2017</td>
<td>8,626</td>
<td>2,215</td>
</tr>
</tbody>
</table>

Locked Structures and Refusal Cases Tracker

- **Compounds with locked structures only**
  - Decrease: 96.0%
  - Increase: 3.0%
  - No change: 0.4%

- **Compounds with refusal structures only**
  - Decrease: 97.0%
  - Increase: 2.6%

- **Compounds with both locked and refusal structures**
  - Decrease: 97.4%
Due to the size of the video, we are unable to attach it to the presentation.

Please find the link below

https://drive.google.com/file/d/0B3skqck1FayQSjU0cTJiMkZiWG8/view?usp=sharing

A community video addressing IRS-related concerns and misconceptions in the Moar language spoken by people in Bunkpurugu-Yunyoo District in the Northern Region of Ghana
Images/Materials/Audio-Visual

**Mobilization Supervision Form**

12. What do you do after your room has been sprayed?
Select the options below in relation to response(s):

- Open windows/doors after two hours for 30 minutes before reentering
- Sweep and mop floor after reentry
- Bury or throw any dead insect into a pit latrine
- Wash your hands with soap and water after mopping
- Wash itchy skin with soap and water or go to any health center if discomfort continues
- Do not clean, plaster, put up posters or paint sprayed surfaces
- Other

**Locked Structures & Refusal Cases Tracker**

B. Indicate the Key message offered below:

- Risk of malaria especially to Chn
- Benefits & effectiveness of IRS
- Communal responsibility for IRS effectiveness
- Concerns & misconceptions
  - STEPS: IRS Homeowner preparation, Health, Safety & Compliance
  - Relevance of community & community leadership participation in IRS
- How to pack out efficiently so as not to be stressed
- Other
## Community communication work plan

* (a summary of the schedule of all community engagement activities for each sub-district)

<table>
<thead>
<tr>
<th>Activities</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3</td>
</tr>
<tr>
<td>BCC in difficult Households</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Information van awareness creation</td>
<td></td>
<td></td>
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<tr>
<td>Pre-spray House-to-house mobilization &amp; sensitization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-spray Stakeholders Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Community Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Facility outreach/ events</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>In-school programs/ outreach</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Church &amp; Mosque education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Video Shows</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Spray door-to-door mobilization</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Media Campaign to support Spray</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Post spray stakeholders Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Community Meetings

Community leaders meeting on how to spray their difficult community

Community members in Sakogu in a meeting with the IEC Assistant, Sumera Imran
Community Educational Events

Community members in Zitimi dramatizing the need to work together to prevent the female Anopheles mosquito (in the middle) from escaping the impact of the IRS intervention.

Youth groups who largely pose a challenge to the project are engaged in dramatizing the need to contribute to community efforts to reduce malaria incidences in the community.
Lessons Learned

• Identifying and building strategies around existing community structures

• Changing the communication structure (Sub-district Communication Assistant position)

• Changing the focus of stakeholders meetings in order to engage communities and their leadership.

• Seeking out collaborations which boost community engagement

• Starting community engagement activities early

• Finding/Developing tools has helped the project to monitor BCC activities
Credits

• The US PMI, USAID & CDC
• The Ghana National Malaria Control Program
• The Ghana Health Service especially the Northern Regional Health Directorate
• The District Assemblies in our target districts
• The chiefs and people of the Mamprugu, Kumbungu and Karaga Traditional Areas
Thank you
Role of gender inequality and self-efficacy in LLIN use among women (15-49 years) in 4 regions of Ethiopia, using a valid measure of LLIN ownership
Malaria in Ethiopia

- About 75% of the land is exposed to malaria*
- 60% of the population is exposed to malaria**
- Acute febrile illnesses are the leading causes of morbidity and mortality among under-five children*
- Malaria contributes up to 20% of under-five deaths*
  - Nearly 100,000 children death in epidemic years
- 64% of households have at least one LLIN***

* Ethiopia Malaria Indicator Survey 2013  
** Word bank and UNICEF, 2012  
*** EMIS, 2015
Factors Contributing to Malaria in Ethiopia

- The health sector in Ethiopia is greatly affected by climate change
- Protective immunity of the population is generally low and all age groups are at risk
- Low socio-economic status
- Limited and inconsistent use of LLIN

Tsegaye et al, 2016
CCP is implementing an integrated SBCC project named **Communication for Health**


240 woredas across four regions
Objectives of the Project

Goal: Increase knowledge and health practices of individuals and communities

IR 1: Design & implementation
- Message harmonization
- Social mobilization
- Media
- Gender integration
- mHealth

IR 2: Capacity strengthening
- OCA
- Competencies determination
- CS interventions
  - System level
  - Organizational level
  - Individual level

IR 3: Data use and generation
- Baseline
- Sociocultural
- CS on data use
- Project M&E
Project Baseline Survey

Objectives

- To *provide baseline estimates* for project indicators
- To *identify key behavioral determinants* for health services use and health practice
- To *determine appropriate communication intervention* for targeted populations
Project Baseline Survey

Methodology

• Cross sectional survey conducted

• 2770 women (15-49 years) were interviewed from 72 EAs
  – 1817 (66%) were from malaria's sites.

• A structured questionnaire covering 6 health areas

• Data analyzed using SPSS V20

• LLIN availability was measured through observation & self report
Major findings in malaria sites

n=1817
Demographics of Study Participants  
(n=1817)

Percent respondent Type

- Pregnant women: 8.7%
- Women with 3-5: 25.8%
- Women with U2: 22.7%
- Other women 15-49: 42.8%

Percent age of Respondent

- 15-24: 32.9%
- 25-34: 37.5%
- 35-49: 29.6%
Demographics of Study Participants (n=1817)

Percent Educational Status

- No formal education: 55.9%
- Primary: 34.0%
- Secondary or higher: 10.1%
Percent Ownership of LLINs (n=1817)

- Reported: 60
- Observed: 40
Percent Use of LLINs by respondent type
(n=1817)

Pregnant Women
Women with U2
Women 3-5
Other women
Total

Reported
Observed & Reported
Percent Use of LLINs by region from observed & reported (n=1817)

- Amhara: 31.9%
- Oromia: 26.4%
- SNNP: 35.8%
- Tigray: 42.8%
- Total: 34.3%
Knowledge, Self-Efficacy and Outcome Expectancy

Knowledge on cause and prevention of malaria (n=1817)

- Knowledge on cause of malaria: 31.9%
- Knows 3+ malaria protection actions: 32.3%

Self Efficacy and Outcome Expectancy on LLIN use (n=1817)

- Low: 21.7% Self Efficacy, 7.4% Outcome Expectancy
- Moderate: 50.3% Self Efficacy, 52.5% Outcome Expectancy
- High: 27.9% Self Efficacy, 40% Outcome Expectancy
Other Crosscutting Factors

Gender inequity norms (n=1817)

- Low: 17
- Moderate: 65
- High: 17

Media exposure at least once a week (n=1817)

- Radio: 18
- TV: 4
- Print material: 5
## Determinants of LLIN Use for Women 15 – 49

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Determinant</th>
<th>AOR</th>
<th>CI (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge on malaria prevention</td>
<td>Don’t know any prev. methods</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knows 2 prev. methods</td>
<td>1.70**</td>
<td>1.15 - 2-50</td>
</tr>
<tr>
<td></td>
<td>Knows 3+ prev. methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-efficacy to use LLIN</td>
<td>Low/Moderate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>3.74***</td>
<td>2.89 - 4-85</td>
</tr>
<tr>
<td>Availability of Mobile phone in HH</td>
<td>No</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1.27*</td>
<td>1.03 – 1.57</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single/Divorced/Widowed</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married/Cohabitating</td>
<td>1.52*</td>
<td>1.14 – 2.03</td>
</tr>
<tr>
<td>Gender inequality</td>
<td>High</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>1.54**</td>
<td>1.17 – 2.02</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>1.11</td>
<td>0.78 – 1.58</td>
</tr>
<tr>
<td>Respondent Type</td>
<td>Pregnant</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women with U2 children</td>
<td>1.61*</td>
<td>1.08 -2.39</td>
</tr>
<tr>
<td></td>
<td>Women with children 3- 5</td>
<td>1.5*</td>
<td>1.01 – 2.25</td>
</tr>
<tr>
<td></td>
<td>Other women 15-49</td>
<td>1.21</td>
<td>0.84 – 1.82</td>
</tr>
</tbody>
</table>
Lessons

• Including observation of LLIN at the household increases validity of the measurement on use of LLIN

• Significant regional variation in use of LLIN

• Gender and self efficacy are key determinants of LLIN use by women 15-49
Program Implications
Social Mobilization

• Key actors consult and set vision, identify problems and analyze root causes, and develop action plan
• Action plans address knowledge and gender inequality in communities
• LLIN usage priority for pregnant women and children under-5
• Project support in implementation through:
  – SM tool
  – School interventions
  – Media support
Media for Behavior Change

• Weekly Radio (Drama and Reality)
  – Follows ‘life stages’ approach
  – Looking at the couple as a unit
  – Addresses couple communication and gender power dynamics
  – Works on knowledge and self efficacy of LLIN use

• Listeners groups
Gender Integration

• Looking through a gender lens in every step of the SBCC process

• Social mobilization activities
  – Women as leaders and participants
  – Male engagement initiatives

• Media & Material Development
  – Print – consideration to women less likely to read
  – Videos and discussion toolkits
  – Radio and listeners groups for both women and men
Monitoring & Evaluation

- Review meetings & supportive supervision
- Follow up visits
- Media content monitoring

> Monitoring findings show promising results in improving uptake of RMNCH services
Materials
The effectiveness of interpersonal communication in curbing resistance to IRS implementation
Background

• The overall objective of the Uganda Indoor Residual Spraying (IRS) Project Phase II is to achieve the President’s Malaria Initiative (PMI) Uganda targets in IRS, and reduce the burden of malaria.

• The project’s Social Behavior Change Communication (SBCC) strategy is focused on promoting IRS acceptance and disseminating integrated malaria prevention and control messages.

• Interpersonal Communication (IPC) is one of the approaches utilized to inform and engage communities for better uptake of IRS.

• IRS is currently implemented in 14 districts of Uganda with high malaria prevalence (5 year project: 2012 – 2017)
At inception, there was high resistance in some districts in eastern (Budaka) and northern (Dokolo/Lira) sub-regions, which required intense IPC efforts to enhance IRS acceptance.

Resistance was high especially among organic farmers and particular religious sects.

Myths and misconceptions further contributed to the resistance. Example: *the insecticide may lead to impotence among men, miscarriage among pregnant women, and breeds bed bags.*

The communities had concerns about the smell of the insecticide Actellic 300 CS, compared to other previously used insecticides.
IPC approaches used to address communities

• Conducted focused community dialogues with leaders and members of the resistant communities, addressing the community concerns regarding IRS
• Mobilized village, sub-county and community leaders to conduct IPC, through door to door visits among resistant communities
• Identified satisfied beneficiaries from the resistant communities and worked with them as mobilization champions.
Monitoring and Evaluation

- IPC was one of the key contributing factors that helped the project achieve its targets. Coverage across the three major resistant communities of Bata, Okwalongwen and Amach (northern Uganda), rose from 47.2% in round one to 92.0% in round four.

- IPC was one of the interventions that helped increase the coverage in Bata sub-county from 33.9% in the first IRS round to 95.4% coverage by the fourth round.

- Significant change in coverage was registered in Okwalongwen and Amach sub-counties. From 52.8% and 54.8% coverage respectively in the first round, to 91.4% and 89.2% respectively by fourth round of IRS. IPC was one of the main contributing factors for this increase in coverage.
Lessons Learned

• Holding focused group dialogues with leaders of resistant communities offered an opportunity to discuss their concerns about IRS, answer their questions and solicit their support for the intervention.

• Involvement of satisfied community members as mobilization champions in IRS, enhanced community acceptance of the intervention.

• Participation of village, sub-county and district leaders in IPC built confidence among the community as they trusted what their leaders said. This improved IRS coverage and also helped with dissemination of integrated messages on malaria prevention and control.

• Use of the women and youth groups in IRS mobilization through IPC enhanced community participation. The women and youth through their groups, disseminated IRS related messages in their regular meetings. This had a multiplier effect.
Lessons Learned Continued

• Involvement of all stakeholders including; MoH, district, sub-county, parish and village level in IPC among resistant communities built confidence, addressed their fears and helped to change their perception of IRS.

• IPC helped reach communities/households with integrated malaria prevention and control messages, and helped foster collective responsibility to prevent and control malaria transmission. Community engagement is a key component of the sustainability of IRS gains in the districts after IRS is withdrawn.
Images/Materials/Audio-Visual

IPC with a resistant religious sect by MoH staff in Budaka

IPC with a traditional healer by MoH staff in Budaka
Your Role in Indoor Residual Spraying

Step 1: Both males and females should participate in removing portable household properties out of the house.

Step 2: Provide 10 liters of clean water.

Step 3: Ensure the insecticide is emptied into the spray pump and the bottle is rinsed 5 times.

Step 4: Ensure your house is sprayed.

Step 5: Ensure that your house is marked after spraying.

Step 6: Sign a spray card after your house has been sprayed.

Step 7: Stay outside the sprayed house for at least 2 hours.

Step 8: Enter the sprayed house after 2 hours and sweep all dead insects.

Step 9: Pour all dead insects in a pit latrine/ OR dig a pit of 1 ft deep and bury.

Step 10: Continue to sleep under an insecticide treated mosquito net every night.

Step 11: You will have a healthy and happy family when your house is sprayed and you also sleep under an insecticide treated net every night.

This material has been produced with support from USAID/PEF and UK aid from the UK government.
RDC Amolatar flagging off the spray operators and emphasising good spray techniques.

RDC Amolatar on IPC with community at landing site.

Dialogue in Amolatar conducted by an elder.
Credits

• The USAID/PMI and DFID funded Uganda IRS Project- Phase II is implemented by Abt Associates. Communication for Development Foundation Uganda (CDFU) is the partner responsible for the SBCC component of the project.

• Ministry of Health and the district local governments for the support in planning and implementation of IRS activities
Cross-Cutting Interventions
SBCC Strategy Development – Zimbabwe Experience
Why a malaria communication strategy?

- It was not just the right thing to do but..
- We also knew our gaps
- We intended to deal with the gaps as effectively as possible
- We needed a handbook that anyone can use
- It was the right time to do it- align it with the national malaria strategy 2016 - 2020 which is aligned to the national health strategy for the same period & guide resource mobilization
Why a malaria communication strategy?

- National Malaria control Programme (NMCP) – SBCC Subcommittee needs it
- Funding and supporting partners need it
- Above all communities deserve it – if behaviour change is expected from them they deserve appropriate and good – ‘excellent’ quality communication
Who is supposed to benefit

- NMCP and the health promotion department
- SBCC fraternity – Technical committees
- All implementers – Provincial, District, Ward and village levels
- Partners - implementing, funding and technical

**THE COMMUNITY IS AT THE CENTRE**
Issues Considered
Considering where to start?

- Identification and sensitization of stakeholders
- Funding implications and budget
- Identification of Technical Expertise
- What is the best timing – NOW to align it with the Malaria strategic plan 2016-2020
Informed funder about the funding gap

Requested funding for:
- strategy development and
- technical support

PMI committed Funding

Technical support partners - Health Communication Capacity Collaborative (HC3) and Vector Works were identified with guidance from PMI
The Planning

- Desk Review documents - gathered documents included all relevant research literature and programme reports

- Identified stakeholders with support from SBCC subcommittee

- NMCP invited the stakeholders
Key documents shared in advance to inform technical partner on country context included:

- Past and present national malaria strategic plans
- Malaria communication strategy 2008-2013 Extended to 2015
- SBCC Implementation Guidelines
- MIS 2012 report and 2016 draft reports
- Case management audit report 2015
- Zimbabwe Demographic Health Surveys (ZDHS) reports
- Multiple Indicator Cluster Survey (MICS)
- Tracking Results Continuously (TRaC) Survey
- Malaria Programme Review (MPR)
MCS Development Process
Stakeholder Engagement Process
Stakeholder Engagement

- Participatory stakeholder consultative process conducted for 3 days

- Orientation of stakeholders on malaria communication strategy (MCS) development process by HC3

- Expectations of stakeholders captured
Stakeholder Engagement

Highlights of engagement steps

- Keynote presentation from Director NMCP to underpin the important issues on key thematic areas:
  - Vector Control
  - Case Management including MIP
  - SBCC
  - Surveillance

- NMCP Director - participant during stakeholder consultation
The Hard Facts

- NMSP 2016-2020 provide broad descriptions of communication approaches and strategies
- New MCS needed aligned to and supporting the NMSP 2016-2020
  - oriented to elimination
  - stratified implementation
The Hard Facts

Zimbabwe Malaria Stratification Map 2016
Facing the facts:
Zimbabwe Strategic Plan

Goal:
- To reduce malaria incidence to 5/1000 and malaria deaths by at least 90% of the 2015 figures by 2020

Objectives:
1. To protect at least 85% of the population at risk of malaria with an appropriate malaria prevention interventions for the period 2016-2020

2. To provide prompt and appropriate treatment to all confirmed malaria cases by 2018
Facing the facts: Zimbabwe Strategic Plan

Objective

3. To strengthen surveillance, monitoring, evaluation and operational research for evidence based programing in all malaria interventions for the period 2016-2020

4. To eliminate local malaria transmission in at least 9 districts by 2020

5. To increase utilization of all malaria interventions to at least 85% by 2020

6. To provide effective leadership and an enabling environment for optimal program management and coordination at all levels by 2018
HC3 guided the stakeholders in answering the following questions:

1. Where are we? – Data review
2. Where do we want to go? – Shared vision
3. How did we get here? – Situation analysis and root cause analysis
4. How will we know if we are getting where we want to go? - Monitoring
5. How will we know when we are there? - Evaluation
Where are we now?

Data review

Findings:
Critical issues for MCS
- High IRS coverage
- Low LLIN utilization
- Low access to treatment within 24 hours for children below 5 years
- Low IPTp uptake
- Special population groups not prioritised
Where are we?

Data review

Desk review findings informed formulation of:
- behavioural and communication objectives
- priority target audience
- messages and channels
Shared vision

What experience taught us ……

IT IS A TERRIBLE THING TO SEE AND HAVE NO VISION

-HELEN KELLER

QuotesNSayings.net
Shared Vision

A shared vision statement:

- Clarifies what is important
- Illustrates what you want to happen in the future
- Guides the strategy design and development process
Shared Vision

- Participants crafted individual visions
- Individual visions shared
- Group ranking of visions - participants encouraged to choose phrases/words of their choice from individual visions
- Participants agreed on the group vision – Shared Vision
“To have a malaria free Zimbabwe through empowered communities who have the knowledge and skills to protect themselves from malaria.”
How did we get here? –

Root Cause and Situation Analysis

- Participants identified health problem and worked in groups to:
  - Identify issues that contribute to the problem - **Causal factors**
  - Identify both program and communication challenges - **Root causes**
  - Identify and **rank communication challenges (SBCC challenges)**
Causal Factors and Root Causes

Malaria in Pregnancy

Low IPTp Uptake
- Low awareness of IPTp
- Low exposure to IPTp messaging

Low rates of LLIN use
- Facility SP stock-outs
- Supply chain issues
- Low exposure to SBCC

Low ITN access
- Less than 11 ITN for every 2 persons

Low perceived severity of MiP
- Low exposure to MiP messaging

Apparent Problem

Symptoms of problem (causal factors)
Possible root causes
Possible root causes
Actual root cause
Prioritize Communication Challenges

Considerations:

- The potential impact of addressing the communication challenge
  - The greater the potential impact, the more important it is to address
  - Any logical order in which to address the communication challenges
  - Root cause as source of multiple causal factors
  - Addressing root cause that has far-reaching effects
Shedding light on key SBCC theory

- SBCC schooling! What is “Real” SBCC?
- Appreciation of the science and art of SBCC by all stakeholders
- Bringing all stakeholders on board, knowing the key Behavioural theories
- The P-Process
The Planning framework
P-Process

- Participants were taken through 5 phases of the P-Process
- MCS development based on phase 1 and 2
- The output of Step 2 is a strategic plan that all implementers can use
Behavioural and Communication Objectives

- Behavior objective answers the WHAT
- Communication objective answers the - HOW
- Consensus reached on priority behaviours
- In depth interrogation of behavioral objectives together with stakeholders
Audience Analysis

Whose behaviors need to change and who influences their decision making?

➢ Audience analysis
The SBCC strategy

What goes into a malaria SBCC strategy?
- objectives
- key promises
- supporting points
- channels
- activities
- messages

How will we know if we are getting where we want to go?
- Monitoring and quality assurance plan

How will we know when we get there?
- Implementation plan and results framework
Guiding principles

Evidence-based decision making
- The plural of anecdote is not data: *no story telling*

Best practices
- Quality SBCC is a process: *cut no corners*

Focused programming
- Focus demands sacrifice: *a little of everything accomplishes nothing*
MCS Writing Process
MCS Writing Process

A small team drawn from the stakeholders and implementers wrote the MCS under the guidance of HC3

Participants were divided into groups and were given sections of the strategy to write according to the strategy outline

The writing team went through:
- Ruthless fact checking
- A round of peer review
- Acronym hunting
Zimbabwe MCS 2016-2020

- Theoretical Frame
  - Socio-ecological model
  - PRECEDE-PROCEED planning framework - provides a roadmap for the design of SBCC programmes

- Monitoring and Evaluation
  - Indicators adopted from SBCC indicator guide
  - Shows how behaviours will be tracked and programme progress evaluated
# MCS 2016 – 2020 Outline

<table>
<thead>
<tr>
<th>Acronyms</th>
<th>SBCC strategies</th>
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<td>Forward</td>
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<td>Background</td>
<td>Case management</td>
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<td>Introduction</td>
<td>Surveillance</td>
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<td>Vision statement</td>
<td>Cross border initiatives</td>
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<td>Special populations</td>
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<td>Malaria overview</td>
<td>Branding</td>
</tr>
<tr>
<td>Theory</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>Guiding principles</td>
<td>Implementation plan</td>
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</tbody>
</table>

- Vision statement
- Mission
- Malaria overview
- Theory
- Guiding principles

- Advocacy
- Vector control
- Case management
- Surveillance
- Cross border initiatives
- Special populations
- Branding
- Monitoring and evaluation
- Implementation plan
The Final Product

A malaria communication strategy that:

- reflects the national malaria strategic priorities and aligns with the national standards of performance
- any SBCC implementing partner can readily use as a DIY (do-it-yourself manual) and achieve good SBCC outputs and outcomes
- is a living document that can be applied in diverse situations and can inspire and guide experienced and non-experienced partners to conduct effective SBCC programs
Next Steps

- After the 1st draft
  - Agree on concrete realistic way forward - important
  - Feed back to the big group
  - Final document
  - Printing timelines
  - Dissemination and promotion of use
  - Encouraging innovation around the strategy – make it a living document!
Shared vision: Part of the Participants During the Malaria SBCC Strategy Development Stakeholder Consultation
A Gallery of Experiences

Malaria Branding

Behavior and Communication Objectives
A Gallery of Experiences

Monitoring and Evaluation

Prioritize Communication Challenges
Malaria Branding
Taking the lead and working collaboratively, enhanced skills transfer and ownership of the strategy
A wish list:

If we could do it again...

We would bring in some community representatives including the special populations during the MCS development process.
We sincerely extend appreciation to:

- **U.S. President’s Malaria Initiative (PMI) Zimbabwe** - Providing funding and technical support through the following partners:
  - **HC3** - Technical and Facilitation Support
  - **VectorWorks Team** - Technical and Facilitation Support – Facilitated during the development of the ‘Communication Guide for the Introduction of Rectangular LLINs in Zimbabwe’
  - **Zimbabwe Assistance Programme in Malaria (ZAPIM)** - Facilitating in-country logistics and printing of the strategy
Thank you!
USING MASS MEDIA AS A TOOL FOR MALARIA PREVENTION AND CONTROL: LESSONS FROM GHANA
Background 1:

- Malaria remains one of the leading causes of morbidity and mortality in Ghana particularly for pregnant women and children under five years.
- In July 2016, Communicate for Health and the GHS Health Promotion Department launched a national mass media campaign featuring the GHS’ refreshed “GoodLife, Live it Well” brand.
- Emphasizes adoption of simple “doable” actions centered around various technical areas: malaria, FP, nutrition, water, sanitation and hygiene (WASH) and maternal, newborn and child health (MNCH).
- Umbrella slogan is: GoodLife, Live it Well, its an #everydaything.
Background 2:

- GoodLife malaria messages cut across a range of Life Stage audiences including pregnant couples, care takers of children less than five years, adolescents and young people aged 18-35 years.
- GoodLife malaria strategy focuses on LLIN use, uptake of IPTp and Test, Treat and Track (T3) for malaria case management.
- The strategy fits into the country strategy for malaria prevention and control.
- Action Media workshops conducted with four Life Stage audiences informed material and content development for malaria and other technical areas.
MHC Television Series & Documentaries

- 26 minute malaria advocacy documentary entitled “End Malaria for Good: Invest in Malaria” and a five-minute abridged version and print materials produced with the NMCP to influence the political and social agenda of malaria in Ghana.

- The documentary, including live talk shows with guest speakers started broadcasting on 5 national stations since May 2017 with DFID support.

- Malaria messages cut across all of the GoodLife Life Stage audiences; National TV in multiple languages and print formats.

- Three 26-minute MHC TV episodes featuring LLINs, IPTp and Test, treat and track produced for broadcast.

- 4 Minute Malaria TV promo
Social Media & “YOLO”

- Launched **GoodLife social media platform** including Facebook, WhatsApp, Twitter, Instagram, YouTube & Vimeo

- To date the **GoodLife social media platform** has reached **25,290 subscribers** and a total post reach of **323,706 inc. Live interviews**.

- Integrated GoodLife messages into a popular Ghanaian Soap Opera “**You Only Live Once – YOLO**” episodes 3 & 4 with possible reruns of season 1-4.

- Analytics from the YouTube channel created for **YOLO** (yologhana) indicate that season four had **37,600 subscribers** and receive **3.4 million hits**.
Radio & Print Media

- Entertaining radio spots in multiple languages produced on malaria prevention and case management and broadcast on national, regional and community radio stations
  
  [https://vimeo.com/224484838](https://vimeo.com/224484838)

- 90 secs Radio promos on malaria LLINs, IPTp and case management produced in English being translated into 4 local languages—Ga, Ewe, Twi & Dagbani

- Tactical radio spots broadcast more than 700 times on 5 national radio stations between Dec & Jan, 2017.

- 9 out of 42 billboards focusing on malaria messaging mounted across 5 regions
Monitoring & Evaluation

- Mobile phone data collection using Interactive Voice Response (IVR) technology and Random Digit Dial (RDD) sampling methodology

- Baseline survey of Multi-Year Mobile Cohort Study conducted in February/March 2017

- 13,016 respondents reached for a National Population Sample

- 2250 respondents met demographic criteria for Life Stage Sample including respondents from 5 priority regions

- Follow up planned in 6 months
Monitoring & Evaluation

- **Study Objectives:**
  - Assess level of exposure to C4H programming
  - Assess changes in intermediate outcomes and behaviors
  - Evaluate impact of C4H exposure on interpersonal communication, information seeking, gender norms, and behavior
Results

Exposure to Malaria Messaging in Previous Month
% of study participants

- More than 5 msgs
- 1 - 5 msgs
- No msgs

<table>
<thead>
<tr>
<th>Group</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
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<tbody>
<tr>
<td>F 18-35 (N=700)</td>
<td>22%</td>
<td>56%</td>
<td>52%</td>
<td>55%</td>
<td>23%</td>
<td>26%</td>
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<tr>
<td>M 18-35 (N=702)</td>
<td>23%</td>
<td>52%</td>
<td>55%</td>
<td>26%</td>
<td>56%</td>
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<td>F w/CLU5 (N=209)</td>
<td>18%</td>
<td>47%</td>
<td>47%</td>
<td>24%</td>
<td>26%</td>
<td>22%</td>
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<tr>
<td>M w/CLU5 (N=329)</td>
<td>29%</td>
<td>48%</td>
<td>48%</td>
<td>24%</td>
<td>26%</td>
<td>23%</td>
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<tr>
<td>PW (N=89)</td>
<td>33%</td>
<td>55%</td>
<td>55%</td>
<td>19%</td>
<td>26%</td>
<td>23%</td>
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<tr>
<td>Partner/PW (N=221)</td>
<td>28%</td>
<td>53%</td>
<td>53%</td>
<td>17%</td>
<td>26%</td>
<td>22%</td>
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<tr>
<td>Total Life Stages (N=2,250)</td>
<td>25%</td>
<td>51%</td>
<td>51%</td>
<td>21%</td>
<td>26%</td>
<td>23%</td>
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<tr>
<td>National Sample (N=9,691)</td>
<td>27%</td>
<td>51%</td>
<td>51%</td>
<td>21%</td>
<td>26%</td>
<td>23%</td>
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</table>
Results

ITN Use among Child Under 5 Yrs and Pregnant Women

- Current behavior
- Intended behavior

<table>
<thead>
<tr>
<th>Category</th>
<th>Current</th>
<th>Intended</th>
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</thead>
<tbody>
<tr>
<td>Children Under 5: F w/CU5</td>
<td>48.2%</td>
<td>66.0%</td>
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<tr>
<td>(N=415)</td>
<td></td>
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<td>Children Under 5: M w/CU5</td>
<td>52.1%</td>
<td>61.0%</td>
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<tr>
<td>(N=685)</td>
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<td></td>
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<tr>
<td>Children Under 5: Total</td>
<td>51.0%</td>
<td>63.0%</td>
</tr>
<tr>
<td>(N=1,100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PW (N=89)</td>
<td>38.2%</td>
<td>59.6%</td>
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<tr>
<td>Partner/PW (N=221)</td>
<td>51.1%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Total PW (N=310)</td>
<td>47.1%</td>
<td>61.0%</td>
</tr>
</tbody>
</table>
Lessons Learned

- Exposure to Mass Media messaging on malaria does not always translate into use. Mass Media must therefore be combined with IPC:
- Community Radio serves as a credible interface between above the line and below the line media.
- Regular access to malaria commodities including LLINs, SP and Test Kits is critical for sustaining behavior change in malaria prevention and control initiatives
- Using mobile cross sectional and cohort surveys to track audience exposure, interest and action is new with great opportunity for adaptation within the Ghanaian context
- GoodLife & Integrated programming is a rallying point for catalyzing health behavior change in Ghana
Images/Materials/Audio - Visuals

Malaria Advocacy Documentary
https://vimeo.com/215676140

Facebook Page
www.facebook.com/gdlifeghana

Facebook Landing Page
http://www.goodlife.com/

Social Media Live Interviews
https://www.facebook.com/gdlifeghana/app/396393053713168/
CREDITS

- PMI-USAID/Ghana
- Ghana Health Service/Family Health Division/Health Promotion Department
- Ghana Health Service/ National Malaria Control Program
- UK Department for International Development (DFID)
- UNICEF
- National Population Council
Local Voices
Infusing Local Voices in Radio Magazine Programs to promote Community Buy-in

Amina C. Kato (JHCCP); Abolade Oladejo (JHCCP); Eze Eze Ogali (JHCCP); Usman Usman (JHCCP)
• Mass media campaign is an effective way of disseminating clear and concise behavior change messages.

• In Nigeria most SBCC programs incorporate radio in their strategy for reach and reinforcement of messages.

• Feedback on acceptance of the programs is usually low and the buy-in of the intended audience may not be totally known until a program evaluation is done.
HC3 Nigeria worked with local radio stations to develop/adapt radio magazine programs for thematic areas of malaria SBCC.

These magazine programs are designed to incorporate interactive elements:

a. Roving Reports within communities
b. Group Discussions
c. Local Expert interviews
d. Fact files to correct myths & misconceptions

Inclusion of these elements help to gauge audience acceptance and provide opportunity to address issues on per episode basis.

HC3 Senior Technical Advisor on Media interviewing Ass. Sec. Gen. of Nigerian Medical Association, Akwa Ibom state chapter, during the recording of RDT-Themed Radio magazine.
MONITORING

a. Weekly mentoring of producers

b. Vetting each episode before it airs

c. Broadcast monitoring agency engaged

HC3 Senior Technical Advisor on Media discussing with a producer in Ebonyi state on necessary elements to include the program’s fact file segment
RESULTS SO FAR

• State-specific programs produced in partnership with 9 local radio stations in 6 states (Nasarawa, Kebbi, Zamfara, Benue, Akwa Ibom and Ebonyi)

• Feedback from interactive elements shows acceptance and followership of the show by community members

• Online streaming of some of the programs commenced twice a week on an online radio in Nigeria.
LESSONS LEARNED

• Interactive mass media campaigns are effective in increasing the reach and reinforcement of SBC messages

• Interactive elements in the campaigns helped to make real time and effective changes, while the program is still ongoing.

• The process of conducting such campaigns can be quite challenging while working with producers that have not had their capacity built in SBCC

• Vetting of each episodes of a magazine program might be almost impossible with a large scope but very necessary at the onset
Credits

• United States Presidents Malaria Initiative – Funder

• Johns Hokpins Center for Communication Programs

• Nigerian Federal & State Ministries of Health

• Nigerian National & State Malaria Elimination Programmes
Promoting Healthy Malaria Behaviors Through Faith Leaders

Abolade Oladejo (JHCCP); Mathew Okoh (JHCCP); Michael Toso (JHCCP); Ifeanyi Kalu (NIFAA)
MALARIA IN NIGERIA

• About 300,000 deaths annually\(^1\)

• Only 36% of women reported exposure to malaria messages\(^1\)

• Prompt care sought for only 35% of children under 5 at the onset of fever\(^1\)

1. Nigeria Malaria Indicator Survey, 2015

The Government of Nigeria wants 80% of the people to habitually take appropriate malaria preventive & treatment measures through adequate malaria awareness by 2020

Ongoing HC3 community dialogue on malaria awareness in Sankalawa ward, Bungudu LGA, Zamfara, Nigeria.
Photo Credit: Bako Kantiok
RELIGION IN NIGERIA

• About 90% are either Christians or Muslims³

• A global attitude survey found that 88% of Nigerians consider religion as very important aspect of their lives²

• There is no evidence that there is a gender gap in religiosity²

Nigerian Inter-Faith Action Association (NIFAA) is a Non-Governmental organization formed by the coalition of Christian and Muslim faith leaders to foster health, religious, gender, human rights and social issues in Nigeria

INTERVENTION

OBJECTIVE – To promote appropriate malaria preventive and care seeking behavior among worshippers in 5 states

Advocacy
- SMOH & Religious Bodies
- Faith Leaders Selection
- LGA Selection (15 LGAs)

Capacity Building
- NIFAA (HC3)
- 300 FL1s (NIFAA)
- 3000 FL2s (FL1s)

Community Mobilization
- Malaria Awareness Sermons
MONITORING

- REPORTS
  a. Monthly
  b. Quarterly
  c. FL training reports

- MEETINGS
  a. Bi-monthly project appraisal
  b. Bi-Weekly project update

- DATA VERIFICATION
  a. Sermonization videos
  b. Exit interviews

A project update meeting between HC3 & NIFAA in November, 2016 Credit: JHCCP/HC3 Nigeria
RESULTS

• A total of 299 FL1s and 3,008 FL2s were trained in all states between November 2015 – March 2017.

• Combined population of worshippers reached by the FLs was estimated at 684,321 persons.

• Exit interviews done in Akwa Ibom showed that:

  a. About 60% of the FL1s and 65% of the FL2s reported infusing malaria topics in their sermon at least once weekly

  b. About 60% of the congregants, who reported accessing malaria services cited their faith leader as their source of information.

Chief Imam of Kaura central Mosque, Zamfara state, Nigeria supporting End Malaria Message at the 2017 World Malaria Day celebration. Credit: Bako Kantiok
FAITH LEADERS REACHED 19% OF THE POPULATION

- Zamfara: 52,785 (6%)
- Akwa Ibom: 109,560 (17%)
- Kebbi: 158,819 (25%)
- Benue: 164,907 (26%)
- Nasarawa: 198,250 (30%)
- Total: 956,462 (6%)
- Total: 633,074 (17%)
- Total: 635,729 (25%)
- Total: 627,454 (26%)
- Total: 666,924 (30%)
- Total: 666,924 (30%)

U.S. President’s Malaria Initiative
LESSONS LEARNED

• Managing faith leaders to conduct effective IPC is quite tasking and needs much hand-holding but it is worth it due to its sustainable nature

• Replication of this kind of project is quite achievable even in a country with diverse religious views

• Realistic deliverables should be set within such project life especially for cost and human resources

• There is need for strong synergy between faith leaders and governments agencies to achieve optimum results
PROJECT GALLERY
Credits

• United States Presidents Malaria Initiative – Funder

• Johns Hokpins Center for Communication Programs

• Nigerian Inter-Faith Action Association

• Christian Association of Nigeria

• Nigeria Supreme Council for Islamic Affairs

• Nigerian Federal & State Ministries of Health

• Nigerian National & State Malaria Elimination Programmes
Using Community Volunteers to Improve Social and Behavior Change in Malaria Control
Background

• Centre for Communication Programs Nigeria was engaged by HC3 Project to design, develop and implement quality evidence based SBCC Community intervention in 5 USAID/PMI supported states in Nigeria.

• Formative Research was conducted in Akwa Ibom and Kebbi states in selected LGAs to inform intervention design.

• Participants were selected to meet sampling criteria and Focus Group Discussion Guide was applied in data collection.

• Broad range of ideas on open-ended topics around health and malaria were discussed in a formal, controlled, pre-arranged time and places.

• FGD were audio – taped and transcribed for analysis
Background cont’d

Behavioral problems from this research include;

• Myths and cultural misconceptions....... 

• The perception that malaria is ordinary and does not portend severe risk to humans. 

• Husbands not giving consent to their wives and children to receive prompt, appropriate care and treatment. 

• Local, unauthorized remedies and self medication is highly practiced. Hence the belief that traditional herbs is more potent than western medicine (ACT).
Intervention

Behavior Change objectives of HC3 project aim to ensure

- Increase in consistent and correct use of Long Lasting Insecticide Nets (LLINs).

- Increase in early testing with appropriate treatment of malaria with Artemisinin Combination Therapy (ACT) among the general population.

- Increase in intermittent preventive treatment (IPTp) uptake and antenatal care (ANC) attendance among pregnant women.
Intervention cont’d

• Support National and State ACSM on SBCC capacity building

• Advocacy meetings with relevant stakeholders in the states and support the constitution of State level ACSM Working Group.

• A needs assessment and situation analysis to identify gaps in knowledge, attitude, practice and skills

• In concert with the NMEP, highly visual, appealing and innovative SBCC tools were developed and adapted for use at states.
Intervention cont’d

• Selection of wards and recruitment of community volunteers in consultation with the states and community leadership.

• Training of selected community volunteers on community mobilization techniques.

• Household visits.

• Community Dialogues

• Monthly review and validation meetings.
Intervention (Lessons) cont’d

• Proactive engagement with state officials, partners and community leadership facilitates program successes.

• Leveraging on the existing progressive structures at community level helped to promote and sustain HC3 project.

• The use of titleholders and well-recognized characters in the society as advocates has been most useful in social mobilization activities in the state.

• Community dialogues are key for strengthening linkages between the community and the health facility in the locality- a feedback mechanism that enhances success of community interventions.
Intervention (Lessons) cont’d

- Having separate dialogue sessions for male and female participants, encourages and empowers women to freely express themselves, seek for and get help.

- **Social gatherings** are fertile grounds for community mobilization activities.

- Community mobilization program can serve as a source of vital health information about the community and their major health challenges.

- Supportive supervision, monitoring, review and assessment of activities of CV can enhance performance.
Monitoring and Evaluation

Coverage

- **States** – Akwa Ibom, Kebbi, Nasarawa, Benue and Zamfara
- **LGAs** – 9 each in the 5 states (45)
- **Wards** – 45 (5 each in Akwa Ibom and Kebbi state), 3 each in Nasarawa, Benue and Zamfara states.
- **Community Volunteers** – 432
- **Coordination** – One Social Mobilization Assistant (SMA) per LGA and the state team (Coordinator, Assistant coordinator and Finance Assistant)
Monitoring and Evaluation Cont’d

Tool used for monitoring and reporting progress on project implementation have the following indicators;

- # - House-holds visited

- # - Community dialogues conducted

- # - Referrals made to health facilities

- # - Individuals reached with SBCC messages during IPC house-hold visits and community dialogues (disaggregated by Sex)
Monitoring and Evaluation cont’d
Steps taken to ensure data quality and accuracy include;

• Training of SMAs and CVs on the project indicators and reporting.

• Monthly data review / validation meeting and action planning / task assigning during community activities.

• Intensive monitoring during households visits by HC3 team.

• Levels of spot checks on collected data to ensure accuracy, compliance and corrective action.

• Back checks on visited households and random confirmation of attendees through phone calls.
Lessons Learned

• **Pretesting of SBCC materials** is an investment that is really worth it.

• The use of multiple approaches such as IPC, group meetings, advocacy reinforced through print and media outputs within the transmedia continuum facilitate behaviour change in all populations.

• **Bottom top approach** and creating local partnership is important for ownership and sustainable community level program implementation.

• **Continuous/on-going capacity building** and on the job field level mentoring, supportive supervision for CVs are important for quality.
MALARIA PREVENTION
3 simple steps for malaria prevention

Sleep inside the net every night
Treat malaria with ACT after testing
Attend ANC during pregnancy and receive SP
MALARIA PREVENTION

Sleep inside your Long Lasting Insecticidal Net (LLINs),
Every night all year long
HOW TO USE YOUR NET

AIR  HANG  SLEEP

CARE FOR YOUR NET

ROLLUP  WASH  DRY  MEND
TEST FOR MALARIA
BEFORE TREATMENT

RDT
If test result is positive, use ACT
TREATMENT OF MALARIA

Treat with ACT if test result is positive.
PROTECT YOURSELF & YOUR UNBORN BABY FROM MALARIA

REGISTER at the antenatal clinic as soon as you know you are pregnant and receive at least 3 doses of SP at recommended intervals.

FOR A MALARIA-FREE KEBBI STATE
PLAY YOUR PART

FOR EFFECTIVE TREATMENT OF MALARIA USE ➡️ ACT

ACT is the recommended treatment for malaria

FOR A MALARIA-FREE ZAMFARA STATE
PLAY YOUR PART
Kebbi State Ministry of Health with support from Health Communication Capacity Collaborative (HC3)/USAID/PMI

WORLD MALARIA DAY 2017

END MALARIA FOR GOOD

25th April
Credits
Thank you