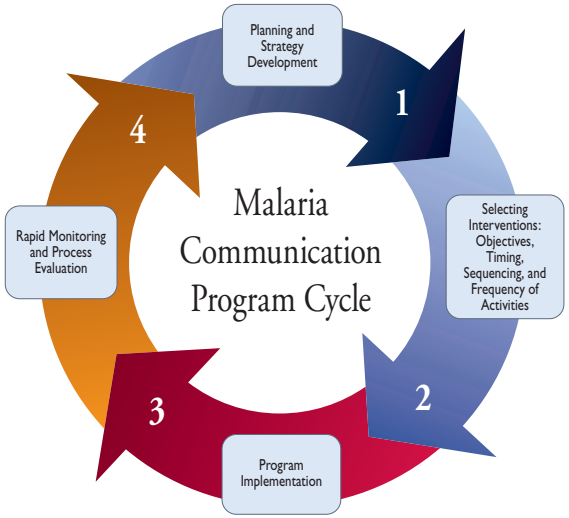
# PMI COMMUNICATION AND SOCIAL MOBILIZATION GUIDELINES

**Introduction:** Achieving and maintaining the goals of the President's Malaria Initiative (PMI) and of national malaria programs depend on correct and consistent use of insecticide-treated nets (ITNs), acceptance of indoor residual spraying (IRS), and adherence to treatment and prevention therapies. Past malaria control programs have taught us the importance of communication and community participation to attain sustainable shifts in the behaviors of individuals and communities around malaria treatment and prevention. The new resources and myriad new partners available for malaria programs now provide an opportunity to fully address the underlying behaviors related to malaria prevention and treatment in the design and operation of programs.

**Purpose:** The purpose of these guidelines is to assist in the development, implementation, monitoring and evaluation of programs to influence behaviors and mobilize communities to create long term normative shifts towards desired behaviors and to sustain enabling behaviors around the four PMI interventions. These behaviors are:

- Increased demand for malaria services and products;
- Acceptance of IRS;
- Improved adherence to treatment regimens and IPTp during pregnancy;
- Regular ITN use by the general population, focusing on vulnerable groups including pregnant women and children under five;
- Prompt, appropriate treatment with ACTs for children under five within 24 hours of onset of symptoms; and
- Community involvement in malaria control.

**Who will use these guidelines?** These guidelines were developed for PMI country teams along with counterparts in National Malaria Control Programs and other relevant departments within the Ministry of Health and other implementing partners. The guidelines can be used in the selection, management, monitoring, and evaluation of the PMI communication and social mobilization activities. The guidelines also can be a tool for local capacity building with a wide range of communication partners. In some cases the PMI team itself will employ the guidelines to design and carry out programs. In other cases the PMI team will use the guidelines to decide what broad programs need to be implemented and assist in-country contractors, grantees, and/or local partners to help design and implement programs.




*Modified from: Making Health Communication Programs Work, US Department of Health and Human Services, NIH, National Cancer Institute, p. 11.*

**What do these guidelines contain?** The guidelines contain information about how to plan, implement, monitor, and evaluate a behavior change-social mobilization process to reach individuals and communities affected by malaria. The guidelines are structured as a planning framework. They explain how to establish goals and objectives, review existing data and conduct a rapid assessment, develop a strategy with a budgeted plan of activities, and monitor and evaluate the process.

**What are the guidelines based on?** These guidelines are derived from existing reviews and research, including a review of published and unpublished literature on the impact and effectiveness of communication for IRS, ITNs, case management, and prevention of malaria in pregnancy.

The guidelines are based broadly on existing planning and strategy models for communication and social mobilization, which contain a similar set of steps and elements.

Step One

# Planning and Strategy Development

**PMI Messages and Audiences in a Nutshell:** Communication strategies and activities should be designed to encourage specific target audiences to take certain actions and specify why and how. The following table is an example of messages that may be used. Messages must be targeted to the intended audience *(please note: all examples of tables and checklists are provided in complete form in the PMI communication and social mobilization guidelines)*.

| Belief | Action | Intended Audiences |
|---|---|---|
| Mosquitoes cause malaria | Acquire and sleep under an ITN every night | Policymakers |
| Children under 5 and pregnant women are most vulnerable | Seek treatment from qualified health worker within 24 hours of onset of fever of child | Families, decisionmakers, e.g., heads of households, mothers |
| There is an effective treatment for malaria | Take the complete dose of antimalarials correctly | Health service providers and community volunteers, distributors (vendors) |
| IRS is a safe and effective means of malaria prevention and control | Go to antenatal care (ANC) before fourth month of pregnancy | Community leaders, organizations |
| ITNs are an effective means of malaria prevention and control, specifically for children under 5 and/or pregnant women | | Sprayers |
| IPTp is safe | | Medicine dispensers |

**Rapid Assessment:** The first step to designing and implementing a communication/social mobilization strategy is to understand the current behaviors of the target audiences and their motivations. Most of the rapid assessment and formative research will take place in the initial planning stages of communication activities. The rapid assessment will allow PMI teams to compile and assess current knowledge, beliefs, practices, opinions, and other behavioral determinants.

Before gathering any new information, collect and review whatever information already exists in country (or in neighboring countries with similar ethnic groups in their population). It is important to understand the program's target audiences – specifically, who they are, what they believe, and what they do and do not do. This focus will differ from country to country.

The findings from any new formative assessments, combined with those from the rapid assessment, should be used to develop the communication strategy that will describe interventions and define the objectives, timing, sequencing, and frequency of activities.

Step Two

# Selecting Interventions: Objectives, Timing, Sequencing, and Frequency of Activities

The next step in the process is to determine what types of activities are needed to achieve the goals and priorities of the PMI team given the information collected. PMI teams should work with the MOH Information, Education, and Communication (IEC)/Behavior Change Communication (BCC)/Health Education Unit (HEU), in conjunction with relevant MOH programs, to develop a comprehensive communication strategy.

Communication Activity Options: The communication and social mobilization guidance provides tables for each of the four PMI interventions, which were designed to avoid the common pitfall of leaping directly from selecting a target audience to developing communication materials. Each intervention is sorted by audience, desired behaviors, social or other outcome, assets, challenges, suggested approaches/specific techniques, rapid assessment and monitoring and evaluation options. PMI teams should use information from the rapid assessment to prioritize target audiences under each intervention; review country-specific assets and challenges to have a firm understanding of noncommunication-specific issues; and select appropriate approaches and/or techniques that will contribute to the desired behavioral, social, or other outcome. Below is an example of a table provided for ITNs. Asterisks indicate suggested approaches/specific techniques which the literature review has shown to be most effective.

| Desired Behavioral, Social or Other Outcome | Assets | Challenges | Suggested Approaches/Specific Techniques | Rapid Assessment | Monitoring and Evaluation |
|---|---|---|---|---|---|
| **Policy makers** | | | | | |
| Policy makers support a coordinated and harmonized ITN strategy<br>National leadership endorses evidence-based, standardized messages | LLINs are promoted worldwide; Net culture present<br>Universal country Coverage/distribution<br>Political will for policy change exists<br>Presence of donor coordination | Taxes/tariffs still exist on ITNs<br>Poor visibility of NMCP<br>Short-term gain vs. sustainability | Championing leaders in harmonized distribution strategies<br>Showcasing effective approaches<br>Streamlining/consistency in messages, consensus meetings | Stakeholder interviews<br>Key informant interview | Policy change<br>Consensus panel<br>Organized committee |
| **Health service providers** | | | | | |
| Service providers target vulnerable populations<br>Service providers (public/private) provide correct information about nets (and re-treatment where appropriate)<br>Service providers counsel during ANC and other points of service on the benefits/correct use of treated nets | Addressing vulnerable populations are a key priority area among leaders<br>Vibrant private sector exists<br>Health workers are well trained on benefits of ITNs<br>Adequate training facilities available | Distribution challenges in remote areas; difficult to identify/ reach vulnerable populations<br>Lack in availability of ITNs<br>Small proportion of target population go to health facilities | Social marketing (including voucher programs) to target groups**<br>Service provider recognition (e.g. Gold Star, branding)<br>Job aides/point of purchase/service materials<br>Values clarification and IPC training for service providers | Sample survey of providers<br>Observations | Monitoring reports, mystery clients |
| **General population, women, individuals** | | | | | |
| People know how malaria is transmitted and the risks<br>People (especially the most vulnerable) use nets as a key part to preventing malaria<br>Women make family health decisions such as obtaining and using ITNs<br>Community members know how to use nets correctly (and re-treat them if necessary)<br>Family members hang nets properly | Strong logistics management system in place<br>Willingness/ability to pay for nets among vulnerable groups<br>Presence of net culture<br>Presence of PVO/NGO networks, employer-based schemes and boarding schools<br>Strong logistics management system in place<br>Presence of PVO/NGO networks<br>Strong national radio coverage | Low literacy levels<br>Preference of other ineffective methods for mosquito control<br>Limited coordination/ implementation capacity at sub-district level and below<br>Men may control money flow<br>Lack in availability of re-treatment kits; lack of ITNs due to stock outs in the public sector<br>Limited coordination/ implementation capacity at sub-district level and below<br>Remoteness of target populations | Locally adapted, pictorial IEC materials, mass media**, IPC in community<br>Positive deviance among ITN users in community<br>Targeted voucher programs**<br>Health education during ANC and immunization clinics**<br>Targeted IEC, community mobilization, IPC, door to door campaigns by Community Health Workers (CHW)**<br>Community re-treatment days, modeling ITN use in health settings and schools**<br>Demonstration campaigns around net hanging, modeling ITN use in health** settings and schools, targeted IEC material<br>Radio programming, TV spots<br>Traditional media, story tellers, drama puppetry | Sec. data analysis (DHS), KAP<br>Focus groups | Monitoring reports<br>Behavioral surveillance survey<br>Cost-benefit analysis<br>Sample survey of women<br>Behavioral surveillance survey<br>Tracking survey<br>Campaign follow up survey |

Step Three

## Program Implementation

Most materials and media for the general public should be developed after the appropriate policies have been implemented, the products are commonly available, key messages have been determined, and health staff has been trained. PMI teams should develop a checklist to review the specific communications activities and timing for preparatory work, communication activities, and follow-up. In addition, a communication activity implementation timeline or strategic schedule should complement the checklist. This strategic schedule maximizes the impact of focused messages on target audiences. Consider which preparatory activities need to be addressed first – followed by a subsequent sequence of activities – and estimate how long each activity will take. With regard to developing materials, PMI teams should consider the cycle of creating draft materials-pretesting materials-revising materials-pretesting-(revising)-dissemination/outreach. Finally, planning materials/media to be developed is facilitated by crafting a creative brief that allows PMI team members and implementing partners to review and agree upon key aspects of products and activities. This creative brief can be found in the communications and social mobilization guidance document.

**Program Budgets and Functions:** PMI programs will vary with regard to what communication activities are conducted for which interventions. Costs (for air time, daily rates, per diem) vary significantly by country. Communication activities within the PMI budget should be approximately 5%-15%, depending on challenges and assets. For details on activities costs in country, the best sources would be the IEC/BCC/HEU unit at the MOH, UNICEF, and/or USAID projects, especially those with in-country offices.

**Capacity Building within Communication Activities and Exit Strategy of Devolution of Activities to Host Countries:** It is important to define the role of the NMCP/MOH leadership and oversight in the process of developing and implementing the communications program, as well as the Country Coordinating Mechanisms and other donor and NGO, community-based organization, and FBO partners. The NMCP/MOH should have a leadership or oversight role alongside the contractors for capacity building, buy-in, and to avoid parallel systems. As with other components of PMI interventions, the communications component has an underlying goal of building local communications capacity. In settings where the local resources for communication are strong, subcontracting with those institutions will provide a natural devolution of this component of PMI.

**Capacity building activities can include:**

- Joint monitoring and training activities with NMCP/MOH counterparts
- Training of trainers
- Specific workshops on monitoring and evaluation (M&E) and technical and creative work

**Integration of PMI Communication Activities with Other Child Survival, Maternal Health, and Infectious Disease Interventions:** PMI communication activities can be used to strengthen integrated approaches at three levels: 1) to improve health worker performance at the health facility; 2) for appropriate management of childhood illnesses at the community levels; and 3) to increase prompt, care-seeking behaviors; improve compliance with therapy for childhood illnesses, and provide additional nourishment during and after illness at the household level. Preventive malaria measures, including use of ITNs, IPTp, and IRS should also be integrated at all three levels.

Step Four

## Monitoring and Evaluation

Monitoring of PMI communications activities will focus on program implementation and process and output indicators. Although PMI does not expect to evaluate each communication intervention individually, there is an interest in evaluating BCC/IEC to demonstrate outcomes and highlight lessons learned to inform BCC/IEC policy and programs. This type of evaluation will be based on outcome indicators. PMI outcome indicators all have a behavioral component. For instance, the proportion of children aged less than five years who slept under an insecticide-treated net the night before a survey is equally dependent on household ownership and use behavior.

Monitoring will help assess whether program activities are on track, how close they are to meeting the projected timeline and budget, and whether staff members perform their roles correctly. There is not a standard set of process and output indicators specific to BCC/IEC programs within PMI. Process and output indicators can vary from country to country to reflect the country's specific communication plan. A list of suggested process and output indicators to consider for monitoring can be found in the guidance.

The outcome and impact evaluation of PMI will not specifically evaluate BCC/IEC; however, PMI's monitoring and evaluation staff consider behavior change a necessary step to achieving success. PMI can evaluate the success of communication activities by tracking progress toward outcome indicators in program areas. Changes in outcome indicators should be interpreted alongside output indicators for communications interventions as reported through routine monitoring of communications activities in the same areas.

**Types of questions:** How many people participated in training? How many materials were distributed?

**Suggested tools:** Materials distribution list, television and radio logs, focus groups, staff surveys, observations

**Suggested approaches to use tools:** Regular spot-checks, monitoring of media channels, exit interviews among clients

Minimum Monitoring and Evaluation Standards for Communication Activities: PMI teams should describe the process of strategy, materials, and activity development and implementation, including methodology and when the steps happened. Steps should be described in detail, including how, when, how many, and target audience. Provide data for the process indicators for activities and materials – number, frequency, etc. – that are possible to measure, such as "number of booklets produced and distributed," "number of radio spots aired X times during October through December 2007," etc.
The rapid monitoring checklist gives examples of questions that can be used to collect relevant monitoring information, a list of tools to collect the information, and suggested approaches for using the tools. With this checklist, PMI teams can measure whether the communication was implemented as planned and trends/changes in knowledge, practices, beliefs, opinions, and other behavioral determinants. The box shows some examples from the rapid monitoring checklist:

Below are some examples of process and output indicators that can be found in detail in the annex of the communications and social mobilization guidance:

| Type of Indicator | Example |
|---|---|
| Crosscutting (process) | Number of materials produced, by type, target audience |
| IRS (output – received message) | Proportion of intended target group who heard any of the radio spots about IRS |
| ITNs (output – recalled message) | Proportion of target group who can explain/demonstrate proper hanging of ITN |
| Case Management (output – believed message; output – action taken) | Proportion of target group who believe it is important to seek treatment for fever within 24 hours from a qualified provider; proportion of parents of children under 5 with fever who sought treatment from qualified health personnel within 24 hours of onset of fever |
| IPTp (output – intended action) | Proportion of women who intend to get at least two doses of IPTp, if they should become pregnant |

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