

CCoP MEETING
KAMPALA
SEPTEMBER 29-30, 2015



President's Malaria Initiative

BACKGROUND

On September 29-30, 2015, the second Roll Back Malaria (RBM) Communication Community of Practice (CCoP) Annual Partners Meeting convened in Kampala, Uganda.



The second annual Roll Back Malaria (RBM) Communication Community of Practice (CCoP) Annual Partners Meeting convened in Kampala, Uganda, on September 29-30, 2015. The two-day meeting brought together 49 social and behavior change communication professionals from 19 countries who work in the field of malaria prevention and control. Participants included international and Ugandan malaria organizations, implementing partners, private sector organizations, and 11 national malaria control program representatives. The meeting was opened by the Uganda National Malaria Control Program SBCC lead, Mr. Richard Okwii.

The purpose of the annual meeting was to strengthen ties within the community of practice, review and advance the leadership and operational effectiveness of the CCoP, and create a face-to-face forum for the discussion of best practices, emerging issues, and common challenges found in malaria SBCC. This year, the annual meeting was of particular importance because of the ongoing restructuring of the RBM Partnership and the need to discuss how the CCoP will move forward

within the new structure. Generic invitations were sent out to the CCoP's 264 listserv contacts and personalized invitations were sent to each endemic country's national malaria control program. Although the meeting was originally planned to be co-sponsored by the President's Malaria Initiative (PMI) and the RBM Secretariat, due to the unexpected early closure of the Secretariat the sole funder of the Kampala meeting was PMI. In addition to supporting venue and translation costs, PMI was able to provide travel stipends for 11 participants from endemic countries to attend the meeting. Implementing partners were able to support the remaining 38 country participants. Simultaneous translation was provided for English and French speakers.

The meeting's main objectives were to:

- Identify and respond to field-based needs for SBCC capacity building around the meeting's theme: "Improving the Impact of Malaria SBCC through Effective Coordination."
- Facilitate the nomination and election of new CCoP co-chairs and task force leaders.
- Review updates from the RBM Board regarding the restructuring and future roles for working groups and communities of practice.
- Review the structure, leadership, recruitment, and operational effectiveness of the CCoP.
- Collect, disseminate, and discuss recent strategies, initiatives, programs, activities, and studies that build the malaria SBCC evidence base.

The official opening to the meeting was made

MEETING OBJECTIVES & HIGHLIGHTS



by Mr. Richard Okwii, SBCC focal person for the Uganda National Malaria Control Program. Mr. Okwii spoke passionately about the value of the CCoP and Uganda's excitement to host this important meeting. Mr. Okwii participated in both days of the meeting, contributing to discussions examples from the Uganda experience.

The first day was dedicated to a wide range of valuable presentations on SBCC for malaria best practices and lessons learned. Each session was followed by rich discussion. The second day included additional field presentations as well as sessions on the administrative and operational functions of the CCoP, general elections, and task force planning.

Meeting highlights included:

- Important panel discussions including different models for malaria SBCC country-level coordination and participation techniques,
- emerging issues in malaria SBCC, and strategies for increasing uptake of intermittent preventive treatment during pregnancy (IPTp) with sulphadoxine pyrimethamine (SP).
- Fifteen countries contributed to the oral and panel presentations, and several participants made verbal commitments to return to their countries and apply what they had learned.
- The three active CCoP task forces (Monitoring and Evaluation, Knowledge Management, and Communications and Outreach) were reinvigorated and new members were recruited. Small group work allowed task force members to discuss priorities for the coming year and logistics for coordination and meeting.
- Elections for the new CCoP co-chairs and steering committee members were discussed and nominations begun.
- Excitement was generated for the upcoming SBCC Summit 2016: Elevating the Science and Art of SBCC, to be held in Addis Ababa, Ethiopia, February 8-10, 2016. The importance of a strong

MEETING OUTCOMES

malaria SBCC presence was discussed and participants collaborated on ideas for abstracts.

- CCoP members left the meeting re-energized and committed to joining the bi-monthly calls and attending the next CCoP annual meeting, tentatively planned for September 13-15, 2016, in Dakar, Senegal.

SBCC Technical Outcomes

Technical presentations were provided by implementing partners in the field and on a and global level as well as representatives from government, donors, and the private sector. Through these presentations participants gained an understanding of:

- Recently released global strategy documents and developments that inform the framework for malaria SBCC programs. These included PMI's new six-year strategy and Action and Investment to Defeat Malaria 2016-2030 (AIM) document; the WHO Global Technical Strategy; and the new Sustainable Development Goals. Countries should include Communities, Rights, and Gender initiatives when submitting Global Fund concept notes.
- How the Malaria Behavior Change Communication (BCC) Indicator Reference Guide can be used in the field for research, monitoring, and evaluation.
- How SBCC is being used to address and understand emerging issues such as seasonal malaria chemoprevention (SMC) in West Africa, mass drug administration within the Ebola outbreak, and the recent malaria outbreak in Northern Uganda. One presentation discussed a new area for malaria SBCC—the effect of substandard and falsified drugs and where communication can have an impact.

- Three different models of coordination to improve the impact of SBCC on malaria interventions: the first demonstrated how all malaria actors can coordinate activities and messages; the second followed the success of a malaria SBCC working group with diverse members; and, the third showed how NMCP and a lead implementing partner can coordinate SBCC activities to support a national LLIN campaign.
- Country improvements in IPTp uptake through SBCC campaigns. This included shifting from IPTp2 to IPTp3, addressing efforts to increase testing and treatment, and understanding how evaluation data helped develop the second phase of a campaign focusing on health providers.

Operational Effectiveness Outcomes

The second day of the meeting focused on addressing ongoing changes in the RBM partnership, group priorities and desired objectives of the CCoP, and discussions regarding the structure and functionality of the group. Specific outcomes included:

- A mutual understanding of how the CCoP was conceived, how it is situated within the RBM Partnership, and how it will function within the new RBM structure.
- The identification of CCoP key priorities and planned operationalization of the three task force work plans for the coming year.
- The sharing of numerous knowledge-management platforms available to the CCoP for resources, listserves, online modules, etc. A number of materials and resources were provided to the participants on flash drives.



Richard Okwii, Uganda National Malaria Control Program SBCC Lead (Standing), during break-out session

Official Opening

Mr. Okwii opened the meeting by acknowledging that communication is an neglected, but necessary focal area to strengthen malaria prevention and control and specifically, to strengthen the NMCP of Uganda. He stated that Uganda NMCP has recently overseen the completion of an updated malaria indicator survey, which showed that malaria prevalence is down. However, he said that while they celebrated these gains, they had also suffered a recent malaria outbreak in northern Uganda where indoor residual spraying (IRS) has recently stopped. He expressed his beliefs that the outbreak may be due to the result of poor SBCC during the period of IRS spraying and bed net distribution. Mr. Okwii appealed to donors to support needed research and implementation, and to partners to bring innovative

communication to the field.

Day 1 Session 1

Recent Global Strategy Developments - Facilitated by Nan Lewicky, Health Communication Capacity Collaborative (HC3)

President's Malaria Initiative (PMI) Strategy 2015-2020 - Bhavna Patel, PMI

Bhavna Patel presented an overview of PMI goals and contributions from 2005 to 2014 and a summary of the PMI Strategy 2015-2020. She noted that PMI milestones reflect the priorities and objectives of the WHO Global Technical Strategy for Malaria 2016-2030 (GTS). However, while they will adapt to the new malaria epidemiology, where prioritization needs to take place, areas of high transition areas

PRESENTATIONS

Meeting participants presented state-of-the art SBCC programs and interventions and their impact on malaria prevention, treatment, and control.

Bhavna Patel, PMI

President's Malaria Initiative:

Presentation of PMI Progress, Strategy, and Priorities: RBM CCOP Meeting September 29, 2015



PMI Strategy 2015-2020

will be the focus, not simply pre-elimination or elimination areas. She also noted that while other US Government health initiatives—such as maternal and child health, immunizations, etc.—have experienced reductions in funding over the past couple of years, PMI has experienced modest increases in funding, a clear indication malaria remains a top priority. She talked about achieving and sustaining the scale of proven interventions, adapting to new epidemiological approaches and incorporating new tools, improving country capacity to collect and use data, mitigating risks against the current malaria control gains, and building capacity and health systems. She ended with some thoughts on SBCC opportunities, including improving interventions for net use and care-seeking behavior, recognition of malaria in

Fara Ndiaya, Speak Up Africa

From MDGs to SDGs



MDGs to SDGs

pregnancy (MIP), health worker adherence to test and treat, and SBCC interventions in the context of elimination.

Post-Millennium Development Goals, New Development Sustainable Development Agenda - Co-Chair Fara Ndiaye, Speak Up Africa

Fara Ndiaye discussed the Post-MGD New Development Sustainable Development Agenda, a timely presentation considering the SDGs were validated the prior week in New York at the UN General Assembly. The focus of the SDGs is on a holistic combination of economic development, social inclusion, environmental sustainability, and good governance. The indicators are inextricably linked to achieving a malaria-free world through

Leaving No One Behind

Community, Rights, Gender

Communication Community of Practice,
September 29-30, 2015
Kampala, Uganda



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Leaving No One Behind: CRG

their focus on people, prosperity, dignity, justice, the planet and partnership. She noted that while the indicators are meant to be universal, it is necessary that each country take into consideration their own realities, capacities, and levels of development.

Global Fund Communities, Rights, and Gender (CRG) Orientation – Anna McCartney-Melstad, HC3 Nigeria

Anna McCartney-Melstad gave an orientation on the Global Fund Community Rights and Gender work and the importance for malaria SBCC professionals to “be loud” in advocating for support. In particular, it is important to identify and address vulnerable populations in our work, and to include special interest and minority groups in developing Global Fund concept notes. She encouraged partnerships with specialists who can advise on reaching these populations and the community groups and civil societies that can implement these programs. Additional funds should be budgeted to ensure appropriate staff capacity and ability to reach hard-to-reach populations.

Action and Investment to Defeat Malaria (AIM) 2016-2030 – CCoP Co-Chair Rob Ainslie, Johns Hopkins Center for Communication Programs (CCP)

Rob Ainslie provided additional detail on AIM 2016-

AIM 2016-2030

2030 (Action and Investment to Defeat Malaria). As a result of CCoP feedback, the AIM document now includes an entire chapter on SBCC. He also outlined the status and next steps of the RBM Partnership restructuring. The Transitional Oversight Committee (TOC) is being led by Dr. David Parirenyatwa, (MOH Zimbabwe) and Admiral Tim Ziemer (PMI). The CCoP will continue operating under the umbrella of the new RBM Partnership to support endemic country SBCC program needs.

The morning session concluded with Nan Lewicky (HC3) introducing the upcoming International SBCC Summit that will take place in Addis Ababa, Ethiopia, in February 2016. She emphasized the importance of having malaria professionals at the table and encouraged participants to submit abstracts and form panel presentations.

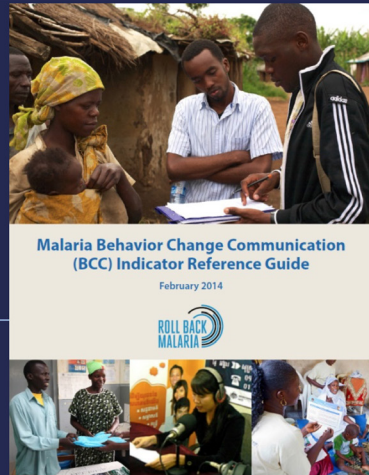
Day 1 Session 2

SBCC Technical Presentations - Facilitated by Rob Ainslie, CCP

Applying the Malaria SBCC Indicators to Your Evaluations – CCoP M&E Task Force Angela Acosta, VectorWorks

Angela Acosta, VectorWorks

MALARIA BCC INDICATOR REFERENCE GUIDE



Applying the Malaria SBCC Indicators to Your Evaluations

Angela Acosta spoke about the Malaria BCC Indicator Reference Guide as one of several products the M&E task force has produced in recent years. The guide uses not only knowledge, but also other determinants of behavior such as risk perception, self-efficacy, and social norms. Angela said that the task force is interested in incorporating feedback from those with experience using the indicators so that the guide can be further refined. She also encouraged country programs to select and adapt indicators from the guide to meet program needs and suit their local contexts. Examples of ways to do this would be to advocate for their use in nationally representative surveys like the Demographic Health Survey (DHS), the Malaria Indicator Survey (MIS), and the Multiple Indicator Cluster Survey (MICS), or on smaller sub-national surveys and knowledge attitudes and practices (KAP) surveys.

Angela presented two examples of national surveys (Liberia and Madagascar) that used indicators from the guide that center on ideational behaviors. Both cross-sectional surveys identified attitudes and beliefs associated with three outcomes of malaria prevention and treatment: use of bed nets, receipt of malaria prophylaxis during antenatal care visits, and use of health services when a child has fever.

Mwinyi Khamis, ZAMEP

Malaria Knowledge, Attitudes, Practices and Behaviour survey 2014

Mwinyi I. Khamis
Zanzibar Malaria Elimination Program
Zanzibar- Tanzania

Malaria Knowledge, Attitudes, Practices and Behavior Survey

Angela finished her presentation by pointing out a number of M&E task force resources, which include the M&E online training course, M&E guide (short guide based on the course), reporting guide, and research agenda. She also presented a slide with rough costing estimates for M&E activities.

Malaria Knowledge Attitudes, Practices and Behaviors Study in Zanzibar- Mwinyi Khamis, Zanzibar Malaria Elimination Program (ZAMEP)

Mwinyi Khamis followed Angela's introduction to kinds of surveys that can be used to determine important malaria attitudes and behaviors with an example of a knowledge, attitudes, practices and behaviors (KAPB) survey that used indicators from the Malaria BCC Indicator Guide. Mwinyi's presentation started with a description of malaria transmission in Zanzibar, which has decreased dramatically in the past decade, and is in the pre-elimination phase. The Zanzibar Malaria Elimination Program (ZAMEP) decided to collect KAPB information in focal areas to determine which interventions would be most effective at reducing transmission. Data for the study were taken from 30 hot-spot villages (based on average cases per week after the rains had begun) in 2013. These hot spots were compared to 30 control villages that had reported zero cases during that year. Results shared

Edith Nantongo, CHC



Response to the Malaria Outbreak in Northern Uganda

USAID Uganda /Communication for Healthy communities (CHC)
Date: 29-30 September, 2015
Venue: Speke Resort Munyonyo



Obulamu?

Response to the Malaria Outbreak in Northern Uganda

included responses regarding bed-net efficacy (many respondents do not feel that bed nets are a foolproof barrier even while acknowledging they are the best way to prevent malaria) and availability of nets (which appeared to be associated with usage). The majority of respondents felt health providers are the best people to talk to if children have malaria. Mwinyi ended the presentation by stating that the results of this survey are informing current SBCC programming in Zanzibar.

Day 1 Session 3

Emerging Issues in Malaria SBCC - Facilitated by
Zacherie Nzeymana, PSI Kenya

Responding to the Malaria Outbreak in Northern Uganda- *Edith Nantongo, Communication for Health Communities (CHC)*

Edith Nantongo began by providing an overview of IRS activities in Uganda over the past three years. She explained that one possible explanation for alarm over recent malaria case reporting in northern Uganda is that people may have become relaxed, or accustomed to the protective effect of IRS, and have let down their guard in terms of practicing other preventive measures like sleeping under ITNs. Edith explained that CHC is helping

ensure the situation is addressed with evidence-based SBCC programming. CHC is a five-year USAID-funded project that designs health interventions for HIV, fertility, malnutrition, TB, and malaria. The organization's mandate is to support Ugandan, US partners, and civil-society organizations create and build an evidence base for health communication. Edith then described the How's Life campaign, saying the idea is to discuss health in the context of life. The campaign does not go straight to messaging, but approaches communities with discussions in which public health messages are carefully placed.

Edith then discussed the issue of malaria cases reported in northern Uganda. She stated CHC has been using targeted radio programming that utilizes talk shows with district leadership and cultural leaders to connect with their audiences. CHC has worked with service-delivery projects active in northern Uganda as well as with community health workers who conduct house-to-house visits. Barriers mentioned were lack of drugs, stock outs, shortages of health workers, and small household structures. Edith mentioned the use of the positive deviant approach in their efforts.

Seasonal Malaria Chemoprevention SBCC 2015 Campaign- *Mory Camara, Mali NMCP*

Mory Camara shared the process and lessons learned from Mali's seasonal malaria chemoprevention campaign. The intervention targeted women and caretakers as its primary audiences, and guardians and grandmothers as its secondary audiences. It included mass-media activities, such as radio and TV spots, and community activities, such as activities to engage public criers and family, religious, and community leaders. Visual materials promoting properly protecting and treating children during malaria season were also used. Mory highlighted several lessons learned, including the value of including community leaders in mobilization activities, strengthening messages by diversifying channels, and expanding reach through SMS. He mentioned that difficulties remain—some rural parents continue to express alarm at perceived side effects of the medication. To address this, emphasis is placed on showing mothers how they can support

Mory Camara, Mali NMCP

Campagne de Communication en matière de Chimio prévention du Paludisme Saisonnier au Mali 2015

RBM CCoP Annual Meeting, Kampala 29-30
September 2015

Présenté par : Mory Camara, Chef de Division Communication et Mobilisation Sociale PNLN
Mali



Seasonal Malaria Chemoprevention SBCC Cam- paign in Mali

their children. Mory felt that radio was a channel that effectively reaches women in Mali. Community workers and opinion leaders have been successful at targeting fathers and opinion leaders. Mory also spoke about building the capacity of journalists, and outreach to administrative leaders.

ACCESS Seasonal Malaria Chemoprevention-Fara Ndiaye, *Speak Up Africa*

Fara Ndiaye presented on the ACCESS Seasonal Malaria Chemoprevention (SMC), a three-year (2014–2017) project implemented in Burkina Faso, Chad, Mali, Nigeria, and The Gambia. This initiative addresses malaria spikes that occur during four-month rainy seasons in areas of the Sahel where seasonal malaria prevalence is particularly high. These areas are not resistant to sulphadoxine pyrimethamine (SP), the drug being used. ACCESS SMC focuses on providing technical assistance to NMCPs. In summary, the three major SBCC objectives of this work are to build and maintain trust, manage expectations, and ensure adherence. The ACCESS SMC campaign used a two-pronged approach, involving mass media (community radio, videos, and a media toolkit and training) and community sensitization (community-level activities to build trust, ensure uptake of SMC, and promote local ownership). Lessons learned included

Fara Ndiaye, *Speak Up Africa*

CCoP Annual Meeting, September 29-30 2015
Kampala, Uganda

Social Behaviour Change Communication for Seasonal Malaria Chemoprevention

Presented by Fara Ndiaye
Speak Up Africa

SBCC for Seasonal Malaria Chemoprevention

a lack of understanding around the timing of doses, differences between rural vs. urban audiences, and challenges around creating urgency for preventive behaviors. Fara mentioned some of the barriers encountered: ACCESS SMC was often confused with another campaign in one area, use of sugar to accompany the bitter medicine created logistical problems in another area, mothers mistook the administration of SP for polio campaigns, and caretakers in many areas did not readily accept the notion they should be giving medicine to children who are not ill. Fara finished by speaking about the power of community dialogues, and the importance of ensuring a consistent brand identity is created and used by all partners.

Communication to Address SSFFC Malaria Medicines -Cheryl Lettenmaier, *CCP Uganda*

Cheryl Lettenmaier started the session by walking participants through the global issue of substandard, spurious, falsified, falsely labeled, and counterfeit antimalarial medicines (SSFFCs)—a public health problem that is associated with economic loss, treatment failure and death, and artemisinin resistance. To reduce the burden of global SSFFCs, international and national stakeholders have conducted a number of activities, which fall into the following categories:

Cheryl Lattenmaier, CCP Uganda



Communication to address SSFFC Malaria Medicines

September 29, 2015
Kampala, Uganda, Malaria Communication Community of Practice Meeting
Cheryl Lattenmaier, HC3 SSFFC Malaria Communication Field Coordinator



Communication to Address SSFFC Malaria Medicines

improving quality assurance and surveillance, improving purchasing and vending practices, and strengthening criminal investigations. HC3 is developing an implementation guidance document to assist stakeholders at the country level develop tailored communication strategies to raise public awareness of SSFFCs and encourage them to adopt preventative behaviors to protect themselves and others. Materials will be pre-tested in Nigeria, where a recent study found that approximately one in ten medicines were substandard.

Mass Drug Administration During Ebola – Kumba Wani Lahai, Sierra Leone NMCP

Kumba Wani Lahai presented on the Sierra Leonean National Malaria Control Program (NMCP) mass drug administration (MDA) program. The program was created because, during the Ebola outbreak, malaria, pneumonia, and diarrhea continued to be the primary killers of children under five in Sierra Leone. However, at this time, linkages between the communities and health facilities were weakened, which led experts to predict that there would be a drastic increase in malaria morbidity and mortality. To reduce the risk of malaria among children above six months old, the NMCP partnered with the national and district Ebola response centers (NERC/DERC) to implement a door-to-door MDA

Kumba Wani Lahai, Sierra Leone NMCP



MASS DRUG ADMINISTRATION (MDA) FOR MALARIA DURING EBOLA OUTBREAK IN SIERRA LEONE

Wani K. Lahai
29th Sept 2015
Uganda

Mass Malaria Drug Administration During Ebola

as a directly observed treatment with a three-day course of artesunate/amodiaquine (AS/AQ). The team developed a communication plan, with support from partnerships with Roll Back Malaria. The first MDA cycle was conducted in January 2014 and the second cycle was conducted in January 2015. To reduce the burden of malaria on these already vulnerable communities, the team also created campaign jingles that were aired on five radio stations and were used in radio panel discussion groups, TV panel discussion programs, IEC materials, advocacy in newspapers, and health-related text messages using the Tera messaging system. Kumba found that local leaders (e.g., traditional leaders, religious leaders, community health workers) and relevant stakeholders were key to improving the community's acceptance of the MDA activities. This led to a high uptake of the medicine. These social-mobilization efforts were key to engaging communities around malaria and Ebola prevention and treatment activities. Kumba cited several challenges, including apprehension and mistrust of the health system and its messages, and the challenge of reaching hard-to-reach populations. Fortunately, as she said, the complementary approach to Ebola prevention allowed health facilities to meet their malaria-related targets, while also building a system that is useful for any future outbreaks where a quick reduction of malaria burden is needed.

Patience Panganai, MCHIP Zimbabwe



Social and Behaviour Change Communication in a Changing Malaria Landscape in Zimbabwe

Patience Panganai

Zimbabwe National Malaria Control Programme
SBCC Subcommittee Chairperson



RBM CCoP Annual Meeting

29 – 30 September, 2015

Speke Munyonyo Resort

Uganda



Seasonal Malaria Chemoprevention SBCC Campaign in Mali

Day 1 Session 4

Improving the Impact on Malaria Through Effective Coordination - Facilitated by Terri Muchoki, CCoP Steering Committee

SBCC in a Changing Malaria Landscape – Patience Panganai, MCHIP Zimbabwe

Patience Panganai shared her experience collaborating with a range of partners to implement an SBCC campaign promoting IRS, LLINs, IPTp, environmental manipulation, and case management. Patience works on an SBCC malaria sub-committee comprised of ten full members, including USAID/MCHIP, PSI, and NMCP representatives. The sub-committee provides technical guidance, lobbies advocates, mobilizes communities around malaria SBCC activities, and facilitates malaria SBCC activities. This coordination has yielded several positive results, such as a SADC Malaria Day event, World Malaria Day event, an environmental scoping of available malaria SBCC, best practices documentation, and an audience profile for adult men for a targeted IRS campaign. Patience explained that while these activities revealed several challenges—including the need for more resources and improved financial management skills—it has led to a far-reaching

Anna McCartney-Melstad, HC3 Nigeria

Nigeria's Advocacy, Communication and Social Mobilization Branch



On Behalf of: Itohowo Uko

AD, Head, ACSM, National Malaria Elimination Programme-Nigeria
Annual Meeting held at Speke Report Munyonyo, Kampala, Uganda 29th- 30th Septemb



Strengthening Coordination Gaps in Nigeria

campaign. In fact, a retrospective assessment revealed that 62% of the target population was reached by the campaign's malaria messages. Patience exclaimed, “we are speaking with one voice,” and as such, the messages that are delivered are unified, qualified, and approved by the sub-committee.

Strengthening Coordination Gaps in Nigeria - Anna McCartney Melstad, HC3 Nigeria

Anna McCartney-Melstad presented on behalf of Itohowo Uko on the Nigeria's National Malaria Elimination Program's (NMEP) Advocacy, Communication, and Social Mobilization Branch (ACSM) partnership with HC3 Nigeria Malaria. The ACSM works to promote effective implementation of malaria programs, create demand and utilization of malaria prevention and treatment interventions, and mobilize Nigerians to fight malaria at different levels. The ACSM houses multiple branches, which coordinate with each other to ensure that effective malaria strategies are implemented at all levels. These include: state and national sub-committees and their subsequent content design teams and ad hoc task forces. Recent ACSM activities have resulted in the development of an advocacy plan, revitalized advocacy toolkit, innovative strategies for resource mobilization, and strengthened

Cheryl Lattenmaier, CCP Uganda



Communication to address SSFFC Malaria Medicines

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Cheryl Lattenmaier, HC3 SSFFC Malaria Communication Field Coordinator



Communication to Address SSFFC Malaria Medicines

relationships with media agencies. To standardize their messages and approaches, the ACSM created a national blueprint for designing and developing all malaria SBCC programs (the ACSM Guidelines), a harmonized SBCC strategy, standardized creative briefs, and national malaria SBCC centerpiece materials. Additionally, the ACSM has launched an entertainment-education strategy, which includes a Nollywood serial drama, National Malaria theme song and music video, variety radio shows, and social media activities to complement its behavior change activities. Furthermore, the ACSM has also worked to ensure that more relevant SBCC indicators are captured in the MIS and other national surveys, advocate for robust research and monitoring and evaluation in partners' yearly planning, and collect programmatic research results to identify and share best practices.

Although large-scale coordination comes with its challenges, Anna explained that the benefits are worth the effort. Through these activities, the various ACSM branches have been able to facilitate the exchange of lessons learned and best practices, and have resulted in greater engagement of malaria promotion activities at the local, state, and national levels.

DRC: Coordination for Implementation – Michel

Michel Itabus, Mali NMCP

Place de la Communication dans le Changement Social des Comportements PNLN-ASF/PSI de la RDC



Coordination for Implementation in the Democratic Republic of Congo

Itabus, DRC NMCP & Kathleen MacDonald, PSI

Michel Itabus and Kathleen MacDonald announced that they collaborated on this presentation and would co-present. Both presenters stressed the importance of collaboration between technical and financial partners. They used the example of the distribution of 24 million LLINs between 2014 and 2015 to illustrate how organizations like PSI and the DRC NMCP have been able to coordinate efforts. The communication campaign to support the initiative was carried out in before, during, and after net distributions. PSI-hosted workshops were held to bring together communication experts during the needs-assessment stage. Artemisinin-based combination therapy (ACT) and rapid diagnostic test (RDT) promotion in the private sector was accomplished by holding weekly meetings with partnering communication agencies. The NMCP provided technical insights to inform message development and validation. Michel closed the presentation with several photos of campaign highlights that included use of channels like popular TV channels, journalist involvement, LLIN promotion during football matches, and the help of religious leaders. The DRC presentation was followed by a general discussion about malaria SBCC coordination.

Nan Lewicky, HC3



RBM CCoP Updates

Day 2 Session 1

Discussion on the current CCoP structure and proposal for going forward - Facilitated by Robert Ainslie, CCP, and Nan Lewicky, HC3

Robert Ainslie introduced the CCoP Steering Committee members and co-chairs in attendance, and then briefly explained how the group came into being before giving an update on ongoing structural changes to the RBM Secretariat. Rob answered questions about how the CCoP fits into the Secretariat, and assured those present that, as this community of practice has functioned without significant financial support from RBM in the past, it will continue to function going forward. Nan Lewicky then introduced the different task forces and briefly explained their roles. She ended by announcing the current nomination of CCoP co-chair and steering committee positions and called on members to participate in the upcoming elections.

Task Force Break-Out Sessions

Knowledge Management, Monitoring and Evaluation, and Communications and Outreach Task Forces met in small groups to review 2014–2015 activities and to plan for 2016.

Waziri Nyoni, TCDC



Safe Motherhood Campaign

Day 2 Session 2 Session 2

SBCC to Improve Malaria in Pregnancy Interventions- Facilitated Nan Lewicky, HC3

Safe Motherhood Campaign IPTp3+ – Waziri Nyoni Tanzania, TCDC

Waziri Nyoni began his presentation by introducing the first phase of TCCP’s Safe Motherhood campaign. It began focusing exclusively on malaria in pregnancy but in its second phase (Show Your Love) expanded to include pregnancy and postpartum messaging. Waziri stressed that the real challenge in Tanzania has been reaching rural women. To do this, TCCP developed a community resource kit, which included several modules based on campaign objectives and thematic areas. Another challenge was linkage to services, particularly closing the loop between women referred to facilities, and tracking to determine how many made use of services. To track linkage, program planners developed ANC wallet-sized cards, which women could present and have signed at health facilities. Contracted community-based organizations collected forms from participating facilities to track service utilization. Waziri stressed the importance of restocking materials before and during demand-generation activities.

Kumba Wani Lahai, Sierra Leone NMCP



ROLL
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SIERRA LEONE: MASS COMMUNITY ENGAGEMENT FOR UPTAKE OF IPTp

RBM CCoP Annual Meeting
29th – 30th September, 2015, Uganda

Presented by:
Wani K. Lahai: NMCP/MOHS

Communication to Address SSFFC Malaria Medicines

Mass Community Engagement for Uptake of IPTp2 & ITNs – Wani Kumba Lahai, Sierra Leone NMCP

Kumba Wani Lahai began her presentation by acknowledging that while she would present work done to promote IPTp2, Sierra Leone is currently updating their strategy to reflect current WHO policy guidelines for three or more doses of SP. Kumba noted that male involvement is very important when trying to increase uptake of malaria in pregnancy medicines and services, as they often have the final say in whether or not women can go to health facilities. The NMCP is working with paramount chiefs to promote ITN use and IPTp at the regional level. Kumba noted that her country's history of religious tolerance makes advocacy by religious leaders a clear priority. Religious leaders who often have the final and authoritative say in cultural norms act as ideal malaria ambassadors. These ambassadors train "Malaria Champions," who pay house-to-house visits with picture books. Kumba showed an example of a certificate of completion given for all SP doses taken. She also described a system of tracking used to determine if radio emissions were being aired as planned. Kumba ended her presentation with brief summary of achievements between 2010–2015, noting that some of the initial gains were hampered by the recent Ebola outbreak.

Dennis Mwambi, PSI Kenya

COMMUNICATION INITIATIVES EXPERIENCES FROM
KENYA



CCoP - ANNUAL MEETING
UGANDA
29th TO 30th SEPT 2015

Communication Initiatives: Experiences from Kenya

Mass Communication Initiatives: Experiences from Kenya – Dennis Mwambi, PSI Kenya

Dennis Mwambi began his presentation with a recap of recent strategy updates in Kenya. LLIN promotion is a key component of Kenya's 2009–2018 malaria strategy. Dennis described the channels used to promote LLIN use, and mentioned briefly how each reaches specific audiences. LLIN ownership has increased in recent years, with households with a child under five years of age showing significantly higher ownership than those without. Dennis then described how PSI has used exposure to campaigns and recall of specific messages to determine if interpersonal communication had an effect on net use. He also showed that exposure to mass media was strongly associated with net use in the previous net campaign in Kenya. Dennis stressed that while mass media has been effective, PSI has not found that any one channel is sufficient to reach all audiences, and that evidence-based decisions regarding the right mix of channels is crucial.

Not Every Fever is Malaria – Linda Nakara, NMCP Tanzania

Linda Nakara began by pointing out that malaria prevalence has declined in recent years. Tanzania's vision is to reduce it further—to less than 1%

Linda Nakara, Tanzania NMCP



TANZANIA - MAINLAND



Annual CCoP Partners Meeting: “Not Every Every Fever is Malaria Campaign”

Linda Nakara



September 29-30, 2015
Speke Munyonyo Resort-Kampala



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Not Every Fever is Malaria Campaign

by 2020. She pointed out that previous SBCC campaigns had so successfully established malaria as the source of fever that after the introduction of RDTs it was difficult to convince people otherwise. Linda described a study from 2014 that showed just how prevalent acute respiratory infection was compared to malaria in Tanzania. To address this issue, Tanzania’s NMCP has launched a campaign (Not Every Fever is Malaria) that focuses on creating awareness of malaria’s declining prevalence, promoting the efficacy of RDTs, and promoting early care seeking and adherence to test results and treatment. Linda described the multi-channel campaign and its target audiences, and showed examples of campaign materials. Radio spots were monitored through a contracted company, quarterly omnibus surveys were used to measure reach and recall, and a qualitative survey was conducted at the end of the campaign. Results at the end of phase 1 were promising, with 51.7% slogan recall and 34.5% recall of “get tested when you have fever” message. However, qualitative research also highlighted that provider mistrust of RDTs was an ongoing challenge. To address this issue, phase 2 of the campaign will focus on building trust of RDTs and motivating patients with malaria-like symptoms to promptly visit a health facility. Use of the new expression, “Time has changed, not every fever is malaria,” will be used to remind patients to

Amina Fakir-Knipiler, Sanofi



Schoolchildren Against Malaria Initiative

seek testing and care early.

Schoolchildren Against Malaria – Amina Fakir-Knipiler, Sanofi

Amina Fakir-Knipiler began by outlining Sanofi’s three goals: to explore boundaries of medical innovation, prevent disease and support patients, and improve access to healthcare. Sanofi’s work in malaria prevention is part of the organization’s corporate social responsibility. Amina stated that Sanofi has pioneered malaria SBCC in schools since 2008, working to reduce school absenteeism, raise awareness about malaria, strengthen private-public partnerships to fight malaria, and drive innovative and adapted approaches for learning through play. She showed materials from an educational tool kit and described how stakeholders are engaged. Amina showed the results of the campaign, stating 7.7 million individuals have been reached by schoolchildren in 15 countries.

SBCC Malaria Resources – Michael Toso, HC3

Michael Toso wrapped up the second day of sessions with a brief presentation on malaria resources that have been developed, collected, and curated for CCoP use. The materials were disseminated on a flash drive before the presentation. Michael pointed out that

SBCC Malaria Resources

Knowledge Management Task Force

Communication Community of Practice,
September 29-30, 2015
Kampala, Uganda



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SBCC Malaria Resources

the collection and dissemination of malaria SBCC resources is a vital role the Knowledge Management Task Force performs for the CCoP. Michael walked the group through information and CCoP resources available on the RBM website, the HC3 Springboard (<https://healthcomspringboard.org>), HC3 HealthCOMPASS (www.thehealthcompass.org), and then described the contents of materials included on the flash drives. The RBM website is a final repository for products developed by the CCoP, the HC3 Springboard is a forum where ideas and information can be shared among SBCC professionals, the HealthCOMPASS is a repository of carefully curated campaign examples, research, and guides, and the flash drive contains links to each website as well as resources from the RBM website. Michael ended by asking that the CCoP contribute to this growing body of knowledge and evidence throughout the coming year.

Participant List

Name	Organization	Country
1. Ahmed Julla	NMCP	South Sudan
2. Amina Fakir-Knipiler	Sanofi	France
3. Andrew Thompsett	President's Malaria Initiative	USA
4. Angela Acosta	JHUCCP/VectorWorks	USA
5. Anna McCartney Melstad	JHUCCP/HC3	Nigeria
6. Basil Tushabe	DCFU	Uganda
7. Bhavna Patel	President's Malaria Initiative	USA
8. Boniface Denakpo	NMCP	Benin
9. Boubacar Bocoum	JHUCCP/JKJ	Boubacar Bocoum
10. Corinne Fordham	JHUCCP/HC3	USA
11. Cheryl Lattenmaier	JHUCCP	Uganda
12. Davinah Nabirye	FHI360/CHC	Uganda
13. Daudi Ochieng	Malaria Consortium	Uganda
14. Dennis Mwambi	PSI	Kenya
15. David Dadi	TCCP	Tanzania
16. Edith Nantongo	FHI360/CHC	Uganda
17. Espilidon Tumukurate	Uganda Health Marketing Group	Uganda
18. Fara Ndiaye	Speak Up Africa	Senegal
19. Felisberto Massingue	JHUCCP/Pacto	Mozambique
20. Gloria Sebikaari	USAID	Uganda
21. Goreth Sinkenguburundi	NMCP	Burundi
22. Guda Alemayehu	USAID/PMI	Ethiopia
23. Jessica Kafuko	USAID/PMI	Nigeria
24. Joel Kisubi	USAID/PMI	Uganda
25. John Zoya	NMCP	Malawi
26. Judy Kangahho	JHUCCP	Uganda
27. Kathleen MacDonald	PSI	Democratic Republic of Congo
28. Kumba Wani Lahai	NMCP	Sierra Leone
29. Leila Noisette	Malaria Consortium	Uganda
30. Linda Nakara	NMCP	Tanzania
31. Mathew Okoh	JHUCCP/HC3	Nigeria
32. Mathias Pollock	PSI	USA
33. Michael Toso	JHUCCP/HC3	USA
34. Michel Itabus	NMCP	Democratic Republic of Congo
35. Milka Njunge	Sumito Chemical Company	United Kingdom
36. Monique Vololoarinosinjatovo	NMCP	Madagascar
37. Mory Camara	NMCP	Mali
38. Mwinyi Issa Khamis	NMCP	Zanzibar
39. Nan Lewicky	JHUCCP/HC3	USA
40. Naomi Kaspar	USAID/PMI	Tanzania
41. Patience Panganai	MCHIP	Zimbabwe
42. Peter Eriaku	JHUCCP	Uganda
43. Richard Okwii	NMCP	Uganda
44. Robert Ainslie	JHUCCP	Indonesia
45. Sergio Tsabete	NMCP	Mozambique
46. Teri Muchoki	Independent	Kenya
47. Thaddeus Pennas	FHI360	USA
48. Tom Ngaragari	PSI	Kenya
49. Waziri Nyoni	TCDC	Tanzania
50. Zacharie Nzeyimana	PSI	Burundi



MEETING AGENDA

Annual Communication Community of Practice Partners' Meeting
 September 29-30, 2015
 Kampala, Uganda

Improving the Impact of Malaria SBCC through Effective Coordination

Meeting Objectives

1. Grow the RBM CCoP's network and expand its role in enhancing implementation of malaria prevention, control, and elimination activities.
2. Understand state of the art SBCC and its impact on malaria through exchanging experiences and lessons learned from the field.
3. Identify and develop the activities for the CCoP task force work plans for 2015/2016.
4. Advance implementation of the Strategic Framework for Malaria Communication at the Country Level with improved collaboration and harmonization of malaria SBCC.

Tuesday 29 September, 2015 Day 1	
8:00-8:30	Registration / coffee and tea
8:30-8:45	Welcome and Announcements - <i>Rob Ainslie, CCoP Co-Chair</i> CCoP Overview
8:45 – 9:00	Official Opening - Richard Okwii, Uganda National Malaria Control Program
9:00-9:10	Participant Introductions
9:10- 10:00	Recent Global Strategy Developments (Facilitator: Nan Lewicky, HC3) <ul style="list-style-type: none"> • PMI 2015-2020 – <i>Bhavna Patel (President's Malaria Initiative)</i> • Post-MDG New Development Sustainable Development Agenda – <i>Fara Ndiaye (Speak Up Africa: CCoP Co-Chair)</i> • Global Fund Communities, Rights, and Gender Orientation – <i>Anna McCartney Melstad (HC3 Nigeria: CCoP Steering Committee)</i> • AIM 2016-2030 – <i>Rob Ainslie (JHUCCP: CCoP Co-Chair)</i> • Call for Ethiopia SBCC Summit Abstracts – <i>Nan Lewicky</i>
10:00-10:30	Coffee Break
10:30 – 12:00 Session 1	Malaria SBCC Indicators (Facilitator: Anna McCartney Melstad, HC3) <ul style="list-style-type: none"> • Applying the Malaria SBCC Indicators to Your Evaluations – <i>Angela Acosta (VectorWorks: CCoP M&E Task Force)</i> • Malaria Knowledge, Attitudes, Practices and Behavior Study in Zanzibar -<i>Mwinyi Khamis (ZMEP)</i>

12:00 – 1:00	Lunch
1:00 – 3:00 Session 2	<p>Presentations: Emerging Issues in Malaria (SBCC Facilitators: Zacharie Nzeyimana)</p> <ul style="list-style-type: none"> Seasonal Malaria Chemoprevention SBCC 2015 Campaign – <i>Mory Camara (Mali NMCP), Boubacar Bocoum (KJK)</i> ACCESS Seasonal Malaria Chemoprevention- <i>Fara Ndiaye (Speak Up Africa) - Nigeria, Burkina Faso, Mali, Niger, The Gambia, Guinea, Chad</i> <p><i>Discussion: 20 min</i></p> <ul style="list-style-type: none"> Responding to the Malaria Outbreak in Northern Uganda- <i>Edith Nantongo Uganda (Communication for Health Communities)</i> Mass Drug Administration During Ebola – <i>Kumba Wani Lahai Sierra Leone(NMCP)</i> Substandard, Spurious, Falsely Labeled, Falsified, and Counterfeit ACTs — <i>Cheryl Lettenmaier (CCP Uganda)</i> <p><i>Discussion: 20 min</i></p>
3:00 – 3:30	Coffee Break
3:30 – 4: 45 Session 3	<p>Panel: Improving the Impact of Malaria SBCC Through Effective Coordination (Facilitator: Robert Ainslie)</p> <ul style="list-style-type: none"> Zimbabwe : SBCC Technical Working Group Representative – <i>Patience Panganai</i> Nigeria: Strengthening Coordination Gaps – <i>Anna McCartney Melstad</i> DRC: Coordination for Implementation – <i>Michel Itabus, Kathleen MacDonald</i> Uganda: Donor/NMCP coordination – TBD <p><i>Discussion: 20 min</i></p>
4:45 – 5:00	Wrap-up day one – <i>Teri Muchoki</i>

Wednesday, 30 September, 2015 Day 2	
8:00 – 8:30	Arrival of participants / coffee and tea
Session 1 8:30 – 9:30	<p>Discussion on the current CCoP structure and proposal for going forward (<i>Nan Lewicky & Robert Ainslie</i>)</p> <ul style="list-style-type: none"> ▪ <i>Steering Committee Task Force Leaders Introduction</i> ▪ <i>New RBM structure and where CCoP fits</i> <ul style="list-style-type: none"> ○ <i>Plenary brainstorm</i> ▪ <i>Co-Chairs and steering committees</i> ▪ <i>Task forces</i> ▪ <i>Calls</i> ▪ <i>Leadership Nominations and elections</i>
9:30 – 10:30	<p>M&E, C&O, KM</p> <p>Breakout Sessions: Task Force action plans</p> <ul style="list-style-type: none"> ▪ <i>Monitoring and Evaluation</i> ▪ <i>Knowledge Management</i> ▪ <i>Communication and Outreach</i>
10:30 – 10:45	Working Coffee Break (to be served to groups while working on action plans)
10:45 – 11:30	Plenary: Task Force Work Plan Presentations
11:30 – 12:00	<p>Presentations: SBCC to Improve Malaria in Pregnancy Interventions (Facilitator- <i>Nan Lewicky</i>)</p> <ul style="list-style-type: none"> ▪ <i>Safe Motherhood Campaign IPTp3+ – Waziri Nyoni Tanzania (TCDC), David Dadi (TCCP)</i> ▪ <i>Mass Community Engagement for Uptake of IPTp2 & ITNs – Wani Kumba Lahai - Sierra Leone, (NMCP)</i> <p><i>Discussion: 10 min</i></p>
12:00 – 1:00	Lunch
1:00 – 2:00	<p>Presentations: SBCC happenings in the Field (Facilitator <i>Thad Pennas</i>)</p> <ul style="list-style-type: none"> ▪ <i>Communication Initiatives in Kenya – Dennis Mwambi (PSI)</i> ▪ <i>Case Management – Linda Nakara (Tanzania, SBCC Cell Leader)</i> ▪ <i>Sanofi Schoolchildren Against Malaria - Amina Fakir-Knipiler</i> <p><i>Discussion: 10 min</i></p>
Session 2 2:45 - 3:30	Skills Session: Identifying and Using SBCC Malaria Resources – <i>Mike Toso (HC3) Knowledge Management Task Force</i>
3:30 – 3:25	Coffee Break
3:30 – 5:00	Closing Remarks: CCoP Steering committee (Teri Muchoki, Thaddeus Pennas, Anna McCarty-Melstad, Nan Lewicky, Fara Ndiaye, Robert Ainslie)

ROLL BACK MALARIA COMMUNICATION COMMUNITY OF PRACTICE 2015



President's Malaria Initiative