



Social and Behavior Change Communications (SBCC) Strategy



Support for Service Delivery and Integration in Malawi (SSDI)
2011 – 2016



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Foreword (By HEU)

Acknowledgement

The Ministry of Health in collaboration with the SSDI-Communication project would like to acknowledge the efforts of a number of individuals and partner organizations that made the development of this strategy possible. First we would like to thank the United States Agency for International Development (USAID) for the financial and technical assistance in the development of this strategy.

We also gratefully acknowledge the following Ministry of Health officials for their leadership and guidance: The Director of SWAp and the SSDI-Coordinator in the Ministry of Health, Dr. Ann Phoya; the Deputy Director of Preventive Health Services- Health Education Unit, Mr. Hector Kamkwamba; the Deputy Director of Preventive Health Services- National Malaria Control Program, Mrs. Doreen Ali; the Director of Reproductive Health Unit, Mrs. Fannie Kachale; the Head of Nutrition; and other officials that participated in the process of coming up with this priorities in this strategy.

Special mention is given to the following individuals and organizations: Gomezgani Jenda and Beth Deutsch (USAID); Dan Wendo, Premila Bartlett, Catherine Nkangama, Jane Zgambo and Florence Kayambo (SSDI-Services); Takondwa Mwase and Amanda Manjolo (SSDI-Systems); Jane Brown, Carol Underwood and Peter Roberts (JHU ICP); Fayyaz Ahmad Khan, Thomas Ofem, Alinafe Kasiya, Chancy Mauluka, Gavelet Mzembe, Roreen Mzembe, Dziko Chatata and the staff of SSDI-Communication; Glory Mkandawire (BRIDGE II Project); Joby George (Save the Children International); Fred Kamchira and Tobias Kumkumbira (Health Education Unit); National TB Program; Plan Malawi; CRS/ WALA; FPAM; Youth Net and Counseling (YONECO); Creative Arts for Community Mobilization (CRECCOM); Mercantile International; Galaxy Media; Story Workshop; Futures Group; Mai Khanda; and all stakeholders that participated in this process.

We wish to acknowledge your dedication and professionalism throughout this process. To you all we say 'zikomo kwambiri' (Thank you). And 'zikhala bwino' for our country (It will be well for our country)

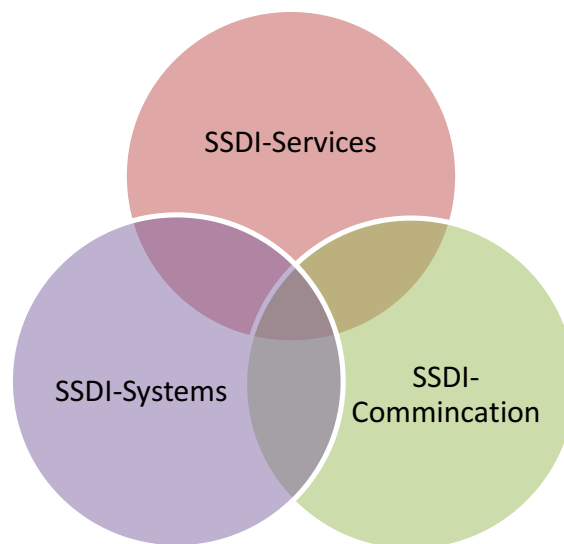
Background and Introduction

About SSDI

In 2011, USAID Malawi awarded the five year, US \$100 million Support for Service Delivery Integration (SSDI) Project, consisting of three separate, but interrelated Cooperative Agreements: SSDI-Services, SSDI-Systems and SSDI -Communication. SSDI Services works with the Government to achieve improved service delivery; SSDI Systems to improve policies, management and leadership; and SSDI Communication to support social and behavior change communication (SBCC).

SSDI supports the Government of Malawi to achieve its vision of improving the health status of all Malawians. The goal of SSDI is to support, in partnership with the Ministry of Health, effective integration and delivery of quality services under the EHP, and to strengthen the national health system in line with the HSSP II. The EHP promotes the provision of a basic, cost-effective package of promotive, preventive, curative and rehabilitative health services determined on the basis of scientific and practical experience in service delivery and its ability to have a significant impact on the health status of the majority of people in Malawi.

SSDI is guided by the principles of country ownership and leadership, integration for greater efficiency, and building on existing systems and past achievements. SSDI focuses on a comprehensive program of support in 15 districts (Nsanje, Phalombe, Chikhwawa, Machinga, Mangochi, Mulanje, Balaka, Zomba, Salima, Nkhotakota, Dowa, Kasungu, Lilongwe, Chitipa and Karonga) located in each of the country's five health zones. This five-year project (October 1, 2011-September 30, 2016) has the central theme, ***'Together we build healthy families'***.



Purpose of this Strategy

There exist several health communication strategies in Malawi for various health topics including HIV and AIDS, nutrition, malaria and WASH. While it is encouraging to see a focus on communication, having multiple strategies can make it more difficult to achieve the Government of Malawi's (GoM) goal of integrating health services at all levels. The SSDI-Communication

(SBCC) Strategy is a departure from the tradition of developing separate communication strategies for different health areas, and presents a unified strategy for communicating about six major health priority areas: malaria; maternal, neonatal and child health (MNCH); water, sanitation and hygiene (WASH); family planning (FP); HIV and AIDS; and nutrition. Additionally, this integrated strategy explores and addresses social norms and conditions that influence people's health behavior.

SSDI is aware of the MOH's plans, through the Health Education Section, to develop a National Health Communication (SBCC) Strategy that will tie all government and health partners' efforts together. This document is not only in line with these plans but can serve as the basis for its development as it is theory and evidenced based and addresses the government's six health priority areas.

How the Strategy was Developed

This strategy has been made possible due to the leadership of the Ministry of Health and the inputs of various stakeholders from within and outside Malawi. The following Government of Malawi documents were reviewed preparatory to conducting the communication strategy development workshops:

- Malaria Communication Strategy for Malawi (2009 – 2014)
- SUN 1000 Special Days: National Nutrition Education and Communication Strategy (2011-2016)
- Road map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity in Malawi (2007)
- HIV and AIDS Communications Guidelines (2006 Part 1-3)
- Family Planning Communication Strategy Framework

These documents provided GoM's strategic direction for Malaria, Nutrition, MNCH, and HIV/AIDS, as well as the approved key messages on these health areas.

Two participatory workshops were held in July 2012 (at Malawi Institute of Management, Lilongwe), and February 2013 (at Sun and Sand, Mangochi). At the first workshop senior MoH officials, SSDI and other stakeholders identified key messages on each of the six health topics. During this workshop participants also adopted the lifestages approach as a way to prioritise key messages based on the needs of each lifestage. Therefore this strategy is built around four lifestages as follows: young couples (about to get married/ and married); parents of under five children; parents of older children (6-12yrs); and adolescents. The rationale for using these lifestages has been provided in subsequent sections of this strategy.

At the second workshop in Mangochi in February 2013, senior MoH officials, SSDI and other partners revisited the key messages in the draft strategy based on the preliminary findings from the formative assessments (qualitative study and population based survey) that were conducted

by the SSDI program. The formative assessments were conducted between August and December 2012. In addition other research studies such as the Malawi Demographic and Health Survey (MDHS) 2010 report were also used to finalize the strategy.

The strategy was finalized in April 2013 and it will run until September 2016.

How the Strategy is Organized

The strategy is organized into three major parts for ease of implementation. Part 1 lays out the overarching strategic approach and positioning. Here, the branding of the SSDI communication efforts as one central, and unified platform is explained. Key messages and cross-cutting interventions that would be employed in the central campaign platform are also provided here. This platform ties together all other components of the strategy.

Part 2 spells out the specific lifestage audiences that SSDI is targeting; identifies their current situation, the desired situation, the communication objectives specific to each audience as well as audience-specific messages and interventions.

In part 3 of the strategy, the implementation plan as well as the monitoring and evaluation plans are laid out.

How the Strategy can be used

This document can be used at national level by the MoH and all Government departments, TWGs and other coordinating bodies to strategically plan and provide oversight to national and district implementation.

This document is a guide that can be used for national and district level strategic plans based on the local health priorities and relevant behavioral information.

Program planners can also use this document to define program specific strategies based on specific areas of focus, primary audiences and communities that they work with.

Guiding Principles and Theoretical Basis

The following principles guide SSDI SBCC Strategy's development and implementation and underscore the approach needed for behavior change communications to be strategic and effective.

1. Communication is a process:

Communication is not the poster, radio spot or leaflet that is produced and distributed. Health Communication is an unending process of working with community members to ensure they have the relevant knowledge and enabling environment to take actions that sustain and improve

their health. It builds on what has been done in the past and serves as the foundation for future efforts.

2. TEAM Works

Healthy communities are always the result of team work. Households, health facilities, international development partners, local NGOs and the government of Malawi have to work together to ensure a healthy Malawi. Individual and community behavior change efforts will be within the context of demand creation for existing health services and improved linkages between communities and health facilities. This strategy would be implemented within the framework of the existing national policies, protocols and frameworks. Effective collaboration will be needed among all partners to harness the potential of the diverse resources that each stakeholder can contribute.

3. Focus demands sacrifice

Less is more, in communication. While this strategy covers 6 EHP areas, the idea is not to comprehensively address all components of each area but to concentrate available resources on key messages and doable actions in each area, which would make the highest impact on the overall national health agenda.

Guiding Principles

- 1. Communication is a process**
- 2. TEAM Works**
- 3. Focus demands sacrifice**
- 4. Voices of ordinary people count**
- 5. Communication works when men and women work as partners**

4. Voices of ordinary people count

People need to feel they are part of the solution, not simply recipients of information. By focusing on providing channels (e.g. radio or town hall meetings) for people to speak their minds, the debate will better reflect real local issues and challenges. This will help lead to better local, home-grown solutions. The use of real personal stories as role models of do-able actions also reinforces the fact that real people can make a difference to their own and other's lives.

5. Communication works when men and women work as partners

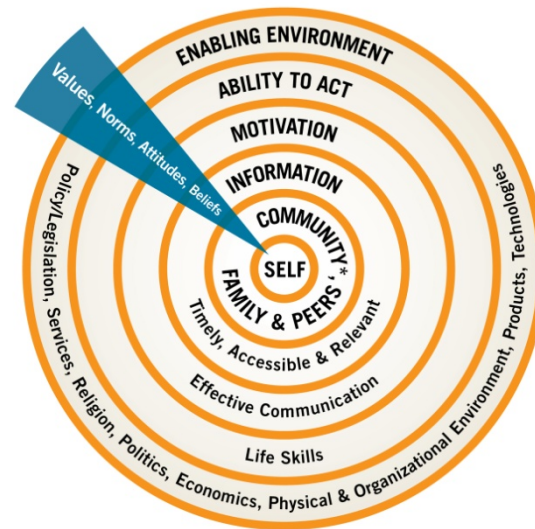
As in most parts of the developing world, women in Malawi carry a disproportionate burden of poverty and ill-health but often lack the decision making power that they need to handle this. A key principle of this strategy is the cross-cutting nature of gender, and the communication of the benefits households and communities could enjoy when men and women work together as equal partners.

Underlying Theoretical Approach

Health is more than just an absence of illness or disease. Health is not provided by the Ministry of Health. Good health starts at home. Our worldview is through a social-ecological lens. We understand that behavior is influenced through multiple levels, including the individual, as well as broader societal influences, and that, notions of health and well-being cannot be conceptualized as merely individual-level phenomena. Therefore, interventions must

incorporate a **multilevel approach** in order to bring about sustainable change. At the **individual** level, our approach is based on the extended parallel process model (EPPM). This model conceptualizes individual behavior change as being (a) motivated by people’s desires to reduce their risk and (b) facilitated by enhancement of personal efficacy to bring about change. At the **interpersonal** level, we have incorporated principles from the theory of normative social behavior, which conceptualizes behavior change

as being determined by interpersonal and social network influences. Finally, at the **socio-cultural** level, we have incorporated principles from social epidemiology, in which individuals’ choices, decisions, and behaviors depend not only on their own characteristics, but also on group or community characteristics. SSDI believes that many life conditions (including poverty and lack of access to education) and diseases (HIV/AIDS, malaria, and TB) that take their toll on Malawians will only be tackled successfully through simultaneous action at the household, community, societal, and policy levels. We are adopting a LifeStage perspective in which people’s own definitions of health and well-being change according to their particular stage in life. This allows us to package health differently to different audiences. This approach provides another exciting opportunity: significant changes in people’s lives, marked by pivotal events



*Examples of community could include community leaders and other decision makers, faith-based leaders, community media, and community networks.

SOURCE: Adapted from McKee, N., E. Manoncourt, Chia S. Y. and R. Carnegie (Eds.) (2000) *Involving People, Evolving Behavior*, New York: UNICEF, Penang, Malaysia: Southbound

such as birth, graduation, marriage, and first employment, among others, serve as teachable moments when people become open to adopting new behaviors or changing harmful practices.

Part 1: Over-arching Strategic Approach and positioning

Summary of Research Findings

Overview

The SSDI project conducted a baseline survey and a formative research in August 2012. The objective of the baseline survey was to establish the baseline benchmarks for the project for subsequent evaluations; inform project interventions. It was conducted in 15 intervention districts and 4 control districts in each zone except the South East zone where all the districts are intervention districts. On the other hand, the formative research aimed at understanding the individual, collective, social and structural factors that inhibit or promote healthy practices in Malawi. It was conducted in one district in each zone except Central West zone.

Key Findings

Knowledge

- Almost all respondents knew that malaria is caused by mosquito bites; insecticide-treated bed nets were considered highly efficacious.
- Three-quarters of respondents noted that improper hand washing can cause diarrhea, and about half mentioned that it is associated with cholera transmission.
- Overall, knowledge of danger signs associated with pregnancy was very low; approximately one fifth of respondents were unaware of any danger signs associated with pregnancy and childbirth – whether for the child or the mother.
- Knowledge of at least one contraceptive method is almost universal among respondents; injectable, male condoms, and oral pills were the most-mentioned methods.
- The majority of respondents believed that they could reduce their risk of contracting HIV/AIDS to a great extent through abstinence, faithfulness and condom use; more than nine of ten respondents noted that mother to child transmission of HIV could be prevented.

Attitudes and Social Norms

- Only a third of respondents believe that bed nets are “very safe.”
- Overall approval of family planning (FP) is almost universal.
- Only about a third recognized the need to take a feverish child to a health facility within 48 hours of the onset of fever.
- On average, respondents reported a desired family size of 4.1 children.
- Over 90% of married respondents report that both they and their partners approve of

contraception.

- About three-quarters of respondents believe others they know use contraception.
- The majority of respondents **did not** believe that male circumcision was an effective method in reducing HIV risk
- Less than 20% of respondents think that “most” people they know use a condom every time they have sex with a casual partner.

Gender equity

- More than 80% of men and women believe a woman has the right to tell men to use condoms and nearly 95% believe that decisions on family size should be mutual.
- The results indicate that, where there are barriers to gender equity, women express less equitable views than do men.

Information sources

- Health care providers were identified by respondents as their main source of health information, followed by community health workers and radio. Men were about 4 times as likely to mention radio as were women.

Communication

- Over the previous six months, respondents reported discussing the following with at least one person (most often a friend):
 - HIV/AIDS (44%)
 - Malaria prevention/treatment (30%)
 - Contraceptive methods (23%)
 - Ways to prevent and treat diarrhea (21%)
 - How to prevent and treat a fever or a cough (18%)
- Men were more likely to communicate with someone about all of the abovementioned topics

Health Behaviors

- About 90% reported washing their hands after using the toilet, 80% before handling food, but less than 30% after cleaning a defecating child.
- Under-5 children in four out of five households slept under a net the night before the survey; about three-quarters of mothers sought medical assistance for a child with fever.
- Among the women who gave birth in the past five years, 98% received some antenatal care; childbirth was attend by a trained medical professional -- midwife or nurse, a medical assistant or clinical officer or by a doctor (in that order).
- Over 80% of births took place in a hospital or health facility.
- Two-thirds of respondents reported ever use of contraceptives; more than half reported current use with higher rates among men than women.
- Rates of condom use were comparatively low, with less than one-quarter of men and a tenth of women reporting condom use at last sex.
- Approximately 22% of males and 3% of females reported having more than one partner

(concurrent or sequential) in the previous 12 months.

Community Health

- Most serious problems facing their communities: Male and female respondents alike identified lack of safe drinking water as the foremost barrier to good health, followed by poverty, lack of food, inadequate healthcare services and illnesses as their most serious health concerns.

Strategic Approach and Positioning

Strategic Approach

The SSDI project addresses a broad range of health areas- malaria, MNCH, family planning, WASH, HIV/AIDS and nutrition, as they affect four major audience segments: young married couples, parents with children under five, parents with older children and adolescents. This is an ambitious project with a tremendous challenge for effective social and behavior change communication. One way to tackle this is to design and deliver an over-arching strategy that brings together all the focal health areas and the audience segments under a single central platform that resonates with the audiences and key stakeholders. This approach also enables the communication around each health topic to have even greater impact, as there are no missed opportunities for integrating key health concepts.

Because SSDI formative research and data from the 2010 MDHS have shown a high awareness among audiences on all 6 health topics, the central strategic approach is to create a positive environment for men and women, health workers, religious and community leaders to actively discuss health problems and issues, find ways to tackle them together and then take actions to change individual behaviors and community norms. In line with the socio-ecological model, the project will reach: individuals, families and peers within the community with social and behavior change communication messages through the mass media and interpersonal communication; community leaders and their community members with community mobilization/advocacy activities aimed at increasing participation and involvement; religious leaders, journalists, media partners and health workers with capacity building efforts to improve their role in building healthier communities.

Campaign Positioning

The qualitative component of the SSDI formative research revealed that community members associated wellbeing and health with smaller families, self-sufficiency, food security and the absence of disease. The project will design and deliver a comprehensive campaign to give expression to the strategic approach above. The positioning for this campaign will reflect the audiences' understanding of health and wellbeing: packaging messages and images under a healthy lifestyle approach, using positive images of audience representatives living out the aspirations of the people- small healthy families doing simple things to keep healthy- sleeping under nets, going for ANC, using modern contraceptives etc. The campaign will offer audiences hope, and confidence that they can change, just like other people are changing. Campaign

information will acknowledge and celebrate the changes that people are already making. This positioning will inform and guide messages and interventions targeted at key stakeholders- health workers, journalists, traditional and religious leaders as well as media partners such that health promoting actions of these stakeholders will be highlighted and show-cased as examples of what needs to be done by all to build healthy communities.

During a participatory workshop, several concepts for the overarching platform (*Table 1*) were developed based on the research findings and local knowledge. All three were pretested among the intended audiences, and the winning concept was: “Life is Capital (Moyo ndi Mpamba), Take care of it (Usamalireni)

Table 1: Overarching Platform Concepts

Big Idea	Supporting Ideas
It is well (Ziri bwino)	<ul style="list-style-type: none"> • Make it better (Wonjezerani) • How about you? (Nanga inu) • You too can (Nanunso mungathe) • Take part (Tenganipo mbali) • Keep moving (Pitilizani) • It’s up to you (Wwira mpini, fumbi ndiwe mwini, palasa wekha) • You too can do it (Inunso mungathe) • We are on the right track (Zagwira nsewu)
Life is capital (Moyo ndi mpamba)	<ul style="list-style-type: none"> • Take care of it (Usamalireni) • Prune it (Utengulereni) • Nurture it (Uchengetereni)
On the right track (Zagwira nsewu)	<ul style="list-style-type: none"> • Keep going/keep moving (Yendandibe/Tiyeni nazo)

Moyo ndi Mpamba, Usamalireni is the central platform, the brand- the immediately recognizable identity of health communication integration efforts of the Ministry of Health and all its partners. The campaign name and slogan will be repeated on all materials produced and distributed/broadcast under the SSDI project including radio/TV materials, outdoor advertising materials/print BCC support materials, job-aids, and other key project documents as well as during advocacy and community mobilization events. The campaign name and slogan will also be used to mark/identify health facilities that have met certain basic requirements as determined by SSDI-Services in conjunction with the GoM, as well as mark/identify communities and villages that win the SSDI-Communication healthy villages competition.

The key benefit of this approach and branding in general is that as target audiences and key stakeholders recognize and associate positively with these campaign symbols, their tendency to trust and believe campaign messages and promises increases, so also is the tendency to act on these messages.

Over-arching Interventions and Messages

In line with the central campaign platform idea, key message points, activities, tools and channels will be employed across all audiences. These key message points and interventions are presented in the tables below (*Tables 2a and 2b*). During the creative process of turning these message points into actual creative messages, care will be taken to ensure that each final message is crafted to respond to the peculiar needs of the respective target audiences. For instance: the family planning needs of newlywed couples is different from the family planning needs of parents with older children. Newlywed couples will need information about available methods and their safety; while parents of older children will need information on longer term to permanent FP methods and the motivation to use these. These are crucial creative considerations that will be observed throughout the implementation of this strategy.

Table 2a: Message points per health area

<p>Family Planning</p> <ul style="list-style-type: none">• Family planning methods are safe. If you have side effects, go to the clinic.• Choose temporary or permanent family planning methods according to your needs• Pregnancy after the age of 35 puts a woman at greater risk• Getting pregnant when you are too young (younger than 18) puts your health and that of the baby at risk• Discuss with your partner on how best to plan your family• You have a right to decide when to get pregnant• Make healthy choices as a couple. Talk about family planning• Real men talk to their spouses about family planning
<p>Malaria</p> <ul style="list-style-type: none">• Anyone can get malaria. Sleep under a long lasting insecticide treated net every night, all year round to protect yourself.• Everyone in the family should sleep under the LLIN• Long Lasting insecticide treated bed nets are safe for everyone in the family.• Visit the nearest health center as soon as you notice fever in any family member (within 24 hours)• Make sure to take all your malaria drugs as prescribed at the health center• Keep surroundings clean and dry to prevent mosquitoes from breeding
<p>MNCH</p> <ul style="list-style-type: none">• It is important to plan carefully for child birth and have a birth plan that includes when to go to the clinic, how to get there and the resources that will be needed during that period. Having a birth preparedness plan will help ensure a healthy outcome for your pregnancy and delivery

- All couples should learn about, and know the danger signs of pregnancy, delivery and after delivery
- Pregnant women should attend ANC at least 4 times before delivery and once within the first 3 months of pregnancy
- Pregnant women should deliver at the health center for safe and skilled delivery
- All children should be fully immunized by the age of one year
- Parents should take their under 5 children to the health facility as soon as they observe any danger sign

Nutrition

- Eat foods from the 6 food groups- plant proteins, animal proteins, carbohydrates, fats & oils, minerals and vitamins to stay strong and healthy
- Pregnant and breastfeeding women need more food. Pregnant women should eat one extra meal per day, while breastfeeding women should eat two extra meals per day.
- Breastfeed your baby exclusively for the first six months

WASH

- Leftover food should be covered properly and re-heated before eating to avoid disease
- Wash your hands with clean water and soap/ash before preparing or eating meals, after visiting the toilet and after changing baby nappies
- Drink only clean and safe water. Make water safe by boiling, or by treating with chlorine or other treatment agents
- Avoid open defecation to prevent disease

HIV/AIDS

- If you do not know your status, you cannot get treatment. Get tested for HIV, get treated
- STIs predispose you to HIV infection. Seek early treatment for STIs
- Unprotected sex puts you at risk of HIV infection. Use condoms each time, every time
- Partners who stay faithful to each other greatly reduce their risk of HIV infection
- HIV positive mothers can give birth to HIV negative babies. Find out how at the health center
- Talk to your partner about HIV and your options to protect each other. Take the test together.

Table 2b: Overarching interventions

LEVEL	CHANNEL	ACTIVITY/TOOL
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NATIONAL	CENTRAL CAMPAIGN PLATFORM	<ul style="list-style-type: none"> • Branded Mass Media Campaign with ties to all national, community and other activities
	MASS MEDIA: Radio	<ul style="list-style-type: none"> • Campaign Radio Spots • National “Wellness” Dialogues • Cheni Cheni Nchiti Radio program • National enter-educate radio program
	Mass Media: Out-door Advertising	<ul style="list-style-type: none"> • Billboards • Branding of inter-city and mini buses • Flexi banners in banking halls, shopping malls, and other high human traffic public buildings
	Hotline Service (in discussion)	<ul style="list-style-type: none"> • Accessible phone and SMS service with primary focus on MNCH issues but may include others
COMMUNITY	COMMUNITY MOBILIZATION	<ul style="list-style-type: none"> • Community media: theatre, song, dance, storytelling etc. • Open days, sports competitions • Religious (health related) sermons and outreach • Healthy village competitions • Video on wheels • Identification and promotion of Health Champions • Travelling radio shows • Mobile clinics/community outreach
	FAMILY/INDIVIDUAL	<ul style="list-style-type: none"> • Family Health Booklet • African Transformation (Gender Toolkit) (except adolescents) • Home visits by CHVs and volunteers (except adolescents) • Couple Communication Counseling •

Part 2: The *Lifestages* Strategic Approach per Key Audience

Young Married Couples

Situation Summary

Maternal and child mortality rates are still unacceptably high in Malawi. This situation is caused by biological, behavioral and cultural factors. The behavioral determinants of maternal health include preference for large families and low use of family planning methods, delay in decision making to deliver at a clinic, poor infection prevention practices at hospitals and at homes, previous negative experiences at health clinics/unfriendly attitudes of health care providers, negative perceptions about health centers, and low perceptions of the danger signs in pregnancy. The socio-cultural and socio-economic factors implicated here include: low utilization of family planning; distance to health facility, availability of transport and transport costs; availability, accessibility and quality of antenatal care services; availability, accessibility and quality of emergency obstetric care services.

The story of Amos and Nanyoni in the box above provides a portrait of the members of this audience segment and helps us understand this audience better.

Audience Profile: Amos and Nanyoni

Amos and his wife Nanyoni live in Katelera Village. Amos, 33 is a farmer while Nanyoni buys and sells fish at a local market. They are semi-literate and have been married for close to a year. Nanyoni is pregnant. She has attended antenatal clinic (ANC) once at 32 weeks of pregnancy. She was offered an HIV test but she did not want to take it since she wanted to ask Amos first for permission. Although the nurse at the clinic asked her to come back the following month, she is reluctant to go because there is nobody to look after her business when she goes. She wishes the health facility was nearby and that the nurse was friendlier. She has a lot of questions about her pregnancy- including why her feet swell sometimes and how she can ensure her health and that of her unborn baby- but older women in the neighborhood have told her not to worry and laugh each time she asks those questions. She and her husband rarely discuss issues relating to pregnancy. Amos is a caring and loving husband who supports her fish business, but does not think attending ANC clinic is important. After all he always reminds her, his own mother never went to the health facility and still delivered her children without problem. Amos and Nanyoni hardly talk about their health and the pregnancy. They have a mosquito net, which was given to them by some visiting health workers but they never sleep under it because Amos has heard stories that it could make him impotent. Recently, Nanyoni has been getting frequently ill, and her mother and mother-in-law have been giving her some herbs, which so far have not helped. Amos is worried, but his friends assure him that Nanyoni's illness is due to the pregnancy and will pass as soon as she delivers.

Desired Situation and Communication Objectives

Desired Situation

SSDI supports the Government and people of Malawi in the vision of zero deaths from preventable deaths among pregnant mothers and neonatal children. The desired situation is therefore one that ensures:

- A positive environment where young couples are knowledgeable about essential health issues (malaria, MNCH, nutrition, HIV/AIDS, WASH and family planning) discuss these issues openly and freely between themselves and with health providers, and take actions to protect the health and wellbeing of the family.
- Community leaders and members work together to change gender and other sociocultural norms that create socio-economic and health disparities
- Health workers are competent and friendly, and that Government provides them with the equipment and supplies needed to provide quality services to their clients.

Communication Objectives

By September, 2016:

1. To increase by 10% the proportion of young married women and men 16 – 35 years old who are knowledgeable about danger signs during pregnancy and childbirth.
2. To increase by 10% spousal communication among young married women and men 16-35 years old, on family planning.
3. To reduce by 15% the proportion of young married women and men who do not feel LLINs are safe and effective in preventing malaria.
4. To increase by 10% the proportion of young married women and men who understand that washing hands with soap after visiting the toilet helps prevent diseases.
5. To increase by 10% the proportion of young married women and men who understand the benefits of attending ANC clinic for the pregnant mother and the unborn baby.

Young Couples-Specific Messages and Interventions

Key Messages

1. Taking care of pregnancy is the responsibility of both the husband and the wife. Men and women should work together to ensure safe pregnancy and safe delivery.
2. Pregnant women should attend ANC clinic for at least 4 times before delivery as follows:
 - a. As soon as pregnancy is discovered
 - b. Between the 4th and the 6th month
 - c. Between the 7th and the 8th month
 - d. During the 9th month.

3. Long lasting insecticide treated nets are safe and ensure protection from malaria. Sleep under them every night, all year round
4. Healthy meals are meals that contain foods from the six classes- Animal protein (chicken, beef, fish), plant protein (beans), carbohydrates (nsima, rice), fats and oil (...), vitamins and minerals (green vegetables, fruits).
5. Pregnant women should eat at least 1 extra healthy meal every day for their health and the health of the unborn baby
6. Dirty hands and dirty water cause infections and disease. Ensure:
 - a. You drink only water that has been made clean and safe by boiling or through treatment with chlorine.
 - b. Wash hands with water and soap after visiting the toilet, before preparing and meals, and after changing baby nappies.
7. Left over foods should be covered to protect it from flies and reheated before eating
8. Couples should go for HIV counseling and testing together to learn how to keep each other and the family protected from HIV.
9. Pregnant women who have HIV can have babies who do not have HIV by utilizing the prevention of mother to child transmission services at the health facility.

Interventions

In addition to central platform interventions that are targeted to all audience segments, young married couples will be specifically reached by integrating priority health messages into couple counseling sessions for newlyweds, as well as during marriage celebration events. These events will also provide the opportunity for distributing support print materials including the family health booklet.

Parents with (of) Children Under 5 Years Old.

Situation Summary

The situation of parents with (of) children that are under five years of age is to a large extent, similar to that faced by young married couples (See section on young married couples). However, parents with children less than five years old face the additional challenges of struggling to keep their children alive in an environment where 112 children out of every 1000 live births die before the age of 5 and 47% of surviving children are stunted (MDHS, 2010). Children die primarily from malaria, diarrhea, pneumonia and malnutrition.

Additionally, cultural norms around marriage, pregnancy and child rearing place an excessive burden on mothers, who remain the primary care givers at home but do not have the power to take crucial decisions regarding their health and the health of their children. Such norms include the preference for male children and large family sizes. The story of Daniford and Walusungu paints the picture of the current situation of parents with (of) children under five years of age.

Desired Situation and Communication Objectives

Desired Situation

- ✓ Husbands see wives as equal partners in efforts to ensure family health and wellbeing.
- ✓ Couples discuss issues around family size and make decisions together about FP.
- ✓ Mothers exclusively breastfeed babies for the first 6 months.

Meet Daniford and Walusungu

Daniford and Walusungu are 42 and 38 respectively and have been married for 12 years. They have five children ages: 12, 10, 8, 5 and 2. Walusungu is pregnant with their 6th child. The first four children were girls and although Wausungu would like to stop having children, Daniford insisted that they try again because he needs a male child that would protect the family lineage. Walusungu was very happy when the 5th child turned out a boy and hoped that she could now rest from the rigors of child bearing. Daniford once again insisted that their son needed a brother in this dangerous world.

Walusungu now feels tired most of the time because with her pregnancy, she manages to take care of the 5 children. Things are very tough and she finds it difficult to feed and clothe the children with the little money from her flour business. Daniford recently lost his job with the construction company he used to work with and has become quarrelsome and uninterested in the welfare of the family. The children are always sick and Walusungu is tired of the long and frequent trips to the health facility.

In her last trip to the health facility, the nurses gave her one mosquito net and told her that the children will get less sick unless all of them sleep under a mosquito net every night. She is now wondering how she could fit all 5 children under one net at night. At least if the children are protected, she would find a way to deal with her own fevers. The nurse also informed her about permanent family planning method to enable her to stop getting pregnant forever. She likes the idea but knows that she dare not bring this up with her husband. Walusungu is sad and confused.

- ✓ Mothers continue breastfeeding up to 2 years, but start feeding baby healthy nutritious foods at 6 months
- ✓ Parents ensure their children receive all prescribed immunizations before age 5
- ✓ Parents take under 5 children to health clinic as soon as certain symptoms are observed
- ✓ HIV positive mothers utilize PMTCT B+ services and adhere to treatment regimes.
- ✓ All family members including children under 5 sleep under LLINs every night
- ✓ All families are able to recognize signs and symptoms of malaria and seek treatment early
- ✓ Parents and children dispose of fecal matter appropriately, wash their hands with soap frequently and use only safe drinking water

Communication Objectives

1. Increase by 5% the proportion of parents of children under 5 who understand the benefits of exclusively breastfeeding babies for the first six months.
2. To increase by 10% the proportion of parents of children under 5 who know that pregnant women, lactating mothers and children under 5 need meals from the different food groups to stay strong and healthy.
3. To reduce by 15% the proportion of parents of children under 5 who do not feel LLINs are safe and effective in preventing malaria.
4. To increase by 5% the number of parents of children under 5 who understand the negative effects of too frequent, too many, and pregnancies after 40 years.
5. To increase by 10% spousal communication among parents of children under 5, on family planning.
6. To increase by 10% the proportion of parents of children under 5 who understand that washing hands with soap after changing baby nappies helps prevent diseases.
7. To increase by 5% the number of parents of children under 5 who know at least 3 danger signs in children and the need to take children with these signs to the health center immediately

Specific Messages and Interventions

1. Couples should discuss family size and take family planning decisions and actions together.
2. Too many pregnancies, pregnancies that are too close to each other (less than three years apart), and pregnancies after the age of 40 are not good for the health of a woman.
3. Childhood immunizations help protect babies from diseases. Parents should ensure the baby receives all immunizations that are available at the health clinic. (*Provide schedule of immunizations*)
4. Parents should take their under 5 children to the health clinic as soon as they observe the following signs:
 - a. Fast or noisy breathing

- b. Loose and watery stool that lasts more than 3 days
 - c. Severe body weakness and a lack of appetite
 - d. Fever
- 5. Malaria is the number 1 killer of children under 5. Parents should ensure all family members, especially children under 5 sleep under mosquito nets, which are safe for everyone.
- 6. Children under 5 should be taken to the health clinic as soon as malaria symptoms are observed.
- 7. Mothers should feed babies only breast milk and nothing else for the first 6 months.
- 8. After 6 month, mothers should introduce other age appropriate healthy foods, but continue breastfeeding for at least two years
- 9. Husbands should support their wives by providing for nutritious and healthy foods for the family
- 10. Mothers should wash their hands with soap every time they change baby diapers; before and after they feed baby; before and after they prepare baby's food.
- 11. Parents should dispose of feces by flushing down the water cistern or into the pit latrine
- 12. Parents should ensure baby is always clean, and baby clothes are washed and dried regularly
- 13. Parents should ensure that their children wash their hands before and after meals and after visiting the toilet.
- 14. Mothers who are HIV positive should take their drugs as prescribed at the clinic.. These drugs keep the mother healthy and also prevent the virus from infecting the baby.
- 15. ARV drugs do not work well if they are not taken as exactly prescribed by the doctor.

Interventions

- Children's Growth Monitoring and Promotion Sessions

Parents with (of) Older Children

Situation Summary

Parents of older children have gone through the intensive period of protecting their young children through immunization and providing proper nutrition, etc, but now need to continue those positive behaviors while helping to teach their growing children about many other health issues that start at home: food security and good nutrition for the whole family; early identification and treatment of fever and malaria; safe water and good hygiene practices (hand washing); LLIN bed nets to prevent malaria; family planning and child spacing (potentially longer-term methods); HIV and STIs which affect older couples even more than young couples; possible cervical cancer; and the potential of domestic violence affecting the whole family.

Parents in this audience segment are also under pressure to guide their adolescent children towards making healthy decisions including relationships with the opposite sex as well as the acquisition of life skills including goal setting, decision making, and self-esteem. Like Felix and Memory below, parents of older children find it difficult to effectively discuss sex-related matters with their children. Additionally, while women might want to stop having children and are aware of available methods, their husbands are often not disposed to family planning use.

Desired Situation and Communication Objectives

Desired Situation

- ✓ Couples are comfortable discussing family planning issues and are open to using short to long term modern methods
- ✓ Couples discuss long term family goals
- ✓ Communities perceive modern family planning use including long term to permanent methods as the right thing to do.
- ✓ Couples know the consequences of multiple concurrent sexual partnerships and are faithful to each other.
- ✓ All family members sleep under LLINs every night
- ✓ Parents and children dispose of fecal matter appropriately, wash their hands with soap frequently and use only safe drinking water
- ✓ Parents are knowledgeable about adolescent health issues, have the communication skills and are comfortable discussing SRH issues with older children
- ✓ Women utilize available cervical cancer screening services

Communication Objectives

1. Increase by 10% the number of parents of older children who are comfortable discussing sex-related matters with their children
2. To increase by 10% the proportion of parents (couples) of older children who discuss and take decisions together regarding family planning and family health.
3. To increase by 5% the number of parents of older children who know that sleeping under LLINs every night, all year round protects family members from malaria and that nets are safe
4. To increase by 5% the number of parents of older children who understand the negative effects of pregnancy after 40 years.
5. To increase by 10% the proportion of parents of older children who understand that washing hands with soap after visiting the toilet, before meals and after changing baby nappies helps prevent diseases.

6. To increase by 10% the number of parents of older children who know what good nutrition is and how it affects the health of the family.

Specific Messages

- Being pregnant after 40 years of age is dangerous to a woman's health: husbands and wives should discuss how to prevent pregnancy after 40 years
- Long-term and permanent family planning methods provide a safe and healthy way to stop having children
- Ensure everybody in the family sleeps under bed nets everyday
- Take your children to the clinic when they are sick
- Your child's body is now developing into adulthood and feelings/urges/fantasies about sex are natural
- If you do not talk to your children about sex and how they can deal with pressures to have sex, they will learn about it from others
- Ensure everybody in the family eats nutritious meals prepared from the six food groups
- Ask about cervical cancer screening at the health facility

Specific Interventions

- ✓ Training to improve parent-child communication

Adolescents

Situation Summary

HIV and Adolescents: According to the 2010 MDHS¹, 4.2% of adolescents are HIV positive. This is an increase over the 3% reported in 2004. Stigma against people living with HIV is higher among adolescents; 34.3% of females and 55.8% of males engage in concurrent sexual partnerships; 41.7% of females and 36.1% of males did not use condoms in their last sexual encounter. There is also significant transactional and trans-generational sex among adolescents, particularly among adolescent girls and older men. Knowledge about the ABC approach to prevention stands at 65%, while 69.3% of adolescents between 15 and 19 years have tested and received their HIV test results.

SRH/FP and Adolescents: According to the MDHS, 14% of women between 15 and 24 years, and 22% of men between 15 and 24 years have initiated sex before the age of 15. Among those aged 16 – 19 years, 11.7% of those who had sex before age 16 were HIV positive by the time of the 2010 MDHS. There is a general lack of safer sex negotiation skills among adolescents and while knowledge about family planning methods is high among females (98%), only 20.5% have ever used a family planning method.

Malaria and Adolescents: Sleeping under bed nets is lowest among children 5 – 14 years (20.1%), followed by among young people 15 – 34 years (31.4%). These figures are higher in children under 5 years (45.2%) and adults between 35 and 49 years (43.0%). Like all other age groups, vulnerability to malaria is high among adolescents. Anecdotal evidence indicates that

¹ National Statistical Office (NSO) and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

adolescents, especially young men, often feel it is a sign of weakness to go to the clinic and so are often reluctant to go.

Adolescents and Water and Sanitation: Adolescents are affected by WATSAN problems just like any member of the society. For those living in areas with high risk of infection of waterborne diseases, problems of water and sanitation need attention. Because most adolescents are adventurous, reaching them would be an important approach to mobilize communities to own WATSAN problems and start acting on them. For instance 2.1% urban and 13.1% in rural families do not have toilets (MOH, 2012). Mobilizing the youth in the specific areas and families to construct toilets would be an important approach to reach parents who have for long stayed in such environments. As young people in school are already learning about health and hygiene related issues, this is a potential entry point to capitalize on.

Desired Situation and Communication Objectives

Desired Situation

- ✓ Community members work together to address cultural practices and norms that put adolescents at risk of HIV and teenage pregnancy
- ✓ Contraceptive use among adolescents is perceived as normal and healthy
- ✓ Youth have comprehensive knowledge of HIV/AIDS, including ABC.
- ✓ Sexual debut is delayed until 18 for both young men and women.
- ✓ Communities understand the risks of early marriages and families do not subject their daughters to it.
- ✓ Adolescents have life skills including safer sex negotiation skills.
- ✓ Adolescents understand their risk of HIV acquisition
- ✓ Adolescents make mutual and respectful decisions about their sexual relationships.
- ✓ Sexually active adolescents practice safer sex- (mutual fidelity, correct and consistent condom use, reduction in concurrent sexual partners).
- ✓ Adolescents know their HIV status.
- ✓ Male adolescents access VMMC.
- ✓ Adolescents sleep under a mosquito net every night.
- ✓ Adolescents and guardians of young adolescents report early signs of fever to a facility promptly (within 24 hours) and adhere to treatment regimens
- ✓ Understand the risks and consequences of getting pregnant
- ✓ Adolescents who need contraceptives, including emergency contraception have access to these contraceptives; and use them (high quality youth friendly services)
- ✓ Adolescents make mutual and respectful decisions about their sexual relationship
- ✓ Adolescents wash their hands regularly with soap/ash and clean water (e.g. after using the toilet, changing nappies, before eating, before preparing food)

- ✓ Adolescents become advocates for proper feces and other waste disposal in their communities
- ✓ Adolescents know the six food groups they should be consuming.
- ✓ Adolescents understand the link between nutritious food and engaging in good nutritional practices (e.g. proper food preparation and storage) and better health.
- ✓ Adolescents become advocates for better nutrition practices.

Communication Objectives

1. To reduce by 10% the proportion of adolescents who do not feel at risk of malaria, HIV and other disease
2. To reduce by 15% the proportion of adolescents who have misconceptions and negative attitudes towards VMMC
3. To increase by 10% the number of adolescents who perceive themselves as agents of good health ambassadors in their communities
4. To increase by 10% the proportion of adolescents who understand what constitutes a healthy meal
5. To increase by 10% the proportion of adolescents who understand the importance of healthy meals to their growth and wellbeing
6. To increase by 10% the proportion of adolescents who have positive attitudes towards HIV testing
7. To increase by 15% the proportion of adolescents who understand that washing their hands with soap before meals and after visiting the toilet protects them from disease
8. To increase by 5% the proportion of adolescents who understand the risks associated with early and unprotected sex.
9. To increase by 5% the proportion of adolescents who know the benefits of family planning, the availability of methods including emergency contraceptives and where to get them.

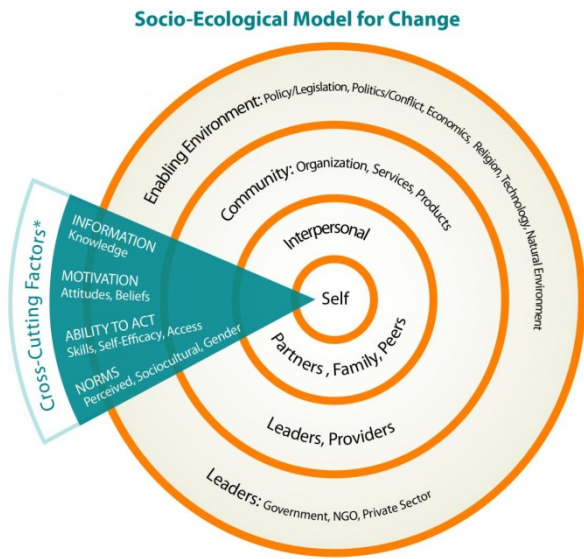
Specific Messages and Interventions

1. Visit the nearest health clinic to take the HIV test. knowing your HIV status means knowing how to live healthy and longer.
2. Malaria and HIV/AIDS are a leading cause of death among young people. You can prevent both through the following actions
 - a. Prevent mosquitos from biting you by sleeping under long lasting insecticide treated bed nets (LLITNs)every night. LLITNs kill mosquitoes but are not poisonous to human beings
 - b. Use a condom each time you have sex. Condoms protect you from HIV.
 - c. If you are a boy, ensure you get circumcised at the health clinic. Male circumcision reduces your risk of HIV infection.

- 3.
4. Having children now can destroy your future. Ask about family planning at the clinic. Family planning helps you have children when you are ready for them.
5. Wash your hands with water and soap before meals and after visiting the toilet.

Interventions

- Life skills training for adolescents
- Healthy youth clubs in communities and in schools
- District level soccer competitions (working with FAM)
- Engagement with youth and adolescents through entertainment education and drama groups.



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Influencing Audiences

The SSDI SBCC strategy draws heavily from the socio-ecological model, which targets interventions at four distinct but overlapping levels- self, family/peer, community and enabling environment. The audience specific strategies outlined above are operational at the self and family/peer levels. To address issues at all four levels, the project will in addition to the four primary audience segments, target the following audiences that directly and indirectly influence the primary audiences: facility-based and community-based health workers, faith leaders and traditional leaders, media owners and managers, as well as journalists.

Health Workers:

Frontline health workers who interface with community members at the facility and community level are the strength of any country's health system. In addition to providing clinical services, health workers are an opportunity for providing target audiences with timely and relevant information on all aspects of health and wellbeing. However, community health workers in Malawi are inadequate, and are mostly over-burdened with clients. This could be demotivating and discouraging, leading to poor attitudes towards clients and affecting community members'

use of available services. SSDI will build frontline health worker capacity in the area of interpersonal communication to improve provider-client interactions as well as provide health workers with job aids to help them provide quality services.

Faith (Religious) Leaders

Malawians are religious people who hold their faith leaders in high esteem and respect. Faith leaders greatly influence the attitudes, practices and behaviors of their followers and congregations through their actions and what they say in and out of the pulpit. SSDI will leverage on this advantageous position of faith leaders by identifying and working with them as partners. The primary intervention expected of faith leaders is the integration of campaign messages into religious sermons, during counseling before and after weddings. The campaign will also explore the use of eminent and popular faith leaders as “voices of reason” in campaign materials and products. Working closely with these faith leaders, toolkits including sermon packs will be developed and distributed. Faith leaders will also serve as channels for the distribution of support BCC materials developed in the project.

Traditional Leaders

Side by side with government institutions, there is the Malawian traditional ruling system from national to village level. Paramount Chiefs (PC) oversee whole ethnic groups and are supported by Senior Chiefs(SC), who in turn supervise Traditional Authorities (TA) who operate at the district level. Next in hierarchy and closer to the community are Group Village Heads (GVA) who supervise individual Village Heads (VH). Paramount chiefs have great authority over their people. They are highly feared and revered by the TAs and GVHs; and when they step in the village, there is emotion in the air. SSDI will partner with this strong traditional ruling system to mobilize project communities, as well as increase participation in project activities and ownership of the project. Specifically, SSDI will facilitate the formation of traditional ruler’s health committees at zonal, district and community levels. These committees will meet regularly to discuss health issues and make pronouncements that support healthy behaviors in their communities.

Media Owners and Managers

Mass media is a crucial avenue for challenging norms and cultures that prevent people from attaining their full health potential, for introducing new ways of thinking and doing things, and for normalizing these new ways. SSDI recognizes this and so anchors the central platform of this strategy in mass media. To leverage on the opportunities the mass media can offer, SSDI will go beyond this commercial engagement with mass media, to actively engage media owners and managers as partners in efforts to improve the health of Malawians. Twice a year, SSDI will convene a high level media forum- where media owners/managers will rub minds with key stakeholders in the health/development sector and make commitments on what the media can contribute to ongoing efforts, including but not limited to free air time and space on national media.

Journalists

At a second level, SSDI will build the capacity of journalists in Malawi in the area of effective coverage and reporting of health related issues. Trained journalists will be mentored and provided with incentives to produce high quality health content for the mass media.

Change matrix for influencing audiences

Audience	Communication Objectives	Interventions
Health Workers	<ul style="list-style-type: none"> Increase by x% the number of facility and community based health workers who have received training on interpersonal communication and counseling Increase by x% the proportion of health workers who have job aids to remind them of national guidelines for treatment of malaria etc 	<p>Interpersonal Communication and Counseling Training.</p> <p>Production and distribution of job aids</p>
Faith Leaders	<ul style="list-style-type: none"> Increase by x% the proportion of faith leaders who have the skills required to integrate EHP messages in sermons and other religious activities Increase by x% the proportion of faith leaders who speak out against risky behaviors and norms 	<p>Training of faith leaders</p> <p>Production and distribution of sermon kits for faith leaders</p>
Traditional Leaders	<ul style="list-style-type: none"> To increase by x% the number of traditional leaders who are working together to tackle negative (unhealthy) community norms and practices. E.g open defecation 	<p>Orientation workshops for Traditional leaders</p> <p>Traditional leaders forums</p> <p>Healthy Village Competitions</p> <p>Community health champions</p>

Media Owners and Managers	<ul style="list-style-type: none"> To increase by x% the number of media owners and managers who make commitments towards free or subsidized airtime and space for health issues 	Media round tables
Journalists	<ul style="list-style-type: none"> Increase by x% the proportion of journalist who are knowledgeable about issues around the EHPs To increase by x% the number of journalist who are reporting on, or producing health-related programmes 	Training and mentoring of Journalist Motivational competitions

Part 3: Implementation, Monitoring and Evaluation

Implementation

This strategy covers the period April 1st, 2013 to September 31st, 2016. The large number of health priorities and the diverse audiences being addressed require that the strategy and the campaigns arising from it are implemented in phases. Phasing will ensure that interventions and messages reach all audiences in a focused manner without loss in dose and intensity. The strategy/campaign will be implemented in three overlapping phases as follows:

Phase 1: During this phase, which will last for 12 weeks, campaign attributes- name, slogan and brand promise will be propagated through all the channels and tools identified in the strategy. The goal is to ensure that target audiences easily recognize the campaign through its visual and audio identities.

Phase 2: Phase 2 will begin while phase 1 is in its 6th week and continue for the next 40 weeks. During this phase, malaria and WASH messages will be disseminated to all four priority audience segments, but family planning and MNCH messages will focus only on Young Married Couples and Parents of children under five years. The rationale for this is that the key messages from malaria and WASH apply to all audiences, while young couples and parents of children under five have very similar family planning and MNCH challenges. Additionally, nutrition and HIV messages are an integral part of MNCH.

Phase 3: Phase 3 will commence as phase 2 enters the 38th week and run for another 50 weeks. During this phase, malaria and family planning messages from phase 1 will continue to be disseminated while adolescent sexuality issues will be introduced.

This phasing strategy applies more to the media component of the strategy, since other components- interpersonal communications, community mobilization and advocacy are more able to deliver on all messages simultaneously without the need for phasing.

Activities	Q1 (2013)			Q2 (3013)			Q3 (2013)			Q4 (2013/14)			Who
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Flight phase 2 billboards and flexi banners				x	x	x	x	x	x	x	x	x	SSDI-COM
Broadcast National Enter-educate radio program				x	x	x	x	x	x	x	x	x	SSDI-COM
<i>Continue ongoing/new community mobilization/outreach activities: community theatre, health sermons, healthy village competitions, promotion of health champions, youth health clubs/soccer competitions, newly wed counseling, growth monitoring sessions</i>													
Ongoing Community Mobilization (Community Action Cycles)	x	x	x	x	x	x	x	x	x	x	x	x	SSDI-SERV
Community theatre events	x	x	x	x	x	x	x	x	x	x	x	x	SSDI-COM
Produce sermon guides for faith leaders		x	x	x									SSDI-COM
Train faith leaders on EHPs and how to use sermon guides			x	x									SSDI-COM
Sermons integrating health messages					x	x	x	x	x	x	x	x	SSDI-COM
Promotion of health champions and healthy village competitions				x	x	x	x	x	x	x	x	x	SSDI-COM
Healthy youth clubs and soccer competitions at district level				x	x	x	x	x	x	x	x	x	SSDI-COM
Newlywed couple counseling and growth monitoring sessions				x	x	x	x	x	x	x	x	x	SSDI-COM
Train frontline healthcare workers on IPC		x	x										SSDI-SERV
Produce and distribute job aids to health workers			x	x	x	x							SSDI-COM
Orientation meetings with traditional leaders			x	x	x								SSDI-COM

Activities	Q1 (2013)			Q2 (3013)			Q3 (2013)			Q4 (2013/14)			Who
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Twice a year high-level media round tables			x									x	SSDI-COM
Training and mentoring of journalists				x		x		x		x		x	SSDI-COM

Program Monitoring Plan (PMP)

The monitoring and evaluation plan below highlights the process and outcome indicators that will be monitoring on quarterly and annual basis. Through quarterly reviews, and annual mini surveys, data will be collected to measure progress on implementation on the strategy and coverage of interventions.

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
Indicators to Monitor the Push and Reception of Messages in the Strategy to the Masses							
Number of people reached with messages on malaria, MNCH, FP, Nutrition, HIV/AIDS and WASH			Community mobilization report	Senior CM Advisor	Quarterly	Cumulative	Coverage
Number of radio spots aired by topic			Package and Material Development Report	Package and Material Development Team leader	Quarterly	Cumulative by topic	

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
Number of households reached by CHVs			Community Mobilization Report	Senior CM Advisor	Quarterly	Total and ratio	Coverage a
Number of health related sermons delivered by religious leaders			Community Mobilization Report	Senior CM Advisor	Quarterly		
Number of people reached with health related sermons			Community Mobilization Report	Senior CM Advisor	Quarterly		
Number of minibuses, flexi banners, billboards			Package and Material Development Report	Package and Material Development Team Leader	Quarterly		
Number of print media health related materials on EHP produced by topic			Package and Material Development Report	Package and Material Development Team Leader	Quarterly		

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
Number of print media health related materials on EHP disseminated			Package and Material Development Report	Package and Material Development Team Leader	Quarterly		
Young Married Individuals							
To increase by 10% the proportion of young married men and women 16 – 35 years old who are knowledgeable about danger signs during pregnancy and childbirth	Percent of young married men and women 16 – 35 years old who are knowledgeable about danger signs during pregnancy and childbirth	The number of young married 16-35 years (women/men) who are knowledgeable about danger signs / total number of young married (women/men) 16-35 in the sample.	Baseline Survey Report, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend Analysis	Performance
To increase by 10% the proportion of	Percent of young married		Not available in baseline	M&E Officer (Under the	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
young married men and women 16 – 35 years old who are knowledgeable about potential sources of infections during pregnancy and childbirth	men and women 16 – 35 years old who are knowledgeable about sources of infections during pregnancy and childbirth		report but alternative sources to be explored for baseline value, Annual assessment, End of project Evaluation	Supervision of RME Manager)			
To increase by 15% spousal communication among young married men and women 16-35 years old, on health issues including HIV/AIDS, family planning, malaria, MNCH,	Percent of young married men and women 16-35 years old that discussed family planning issues		Baseline Survey, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
WASH and nutrition issues							
To reduce by 10% the proportion of young married men and women who have misconceptions about sleeping under LLITNs	Percent of young couples who have misconceptions about sleeping under LLITNs		Malaria Indicator Survey 2012 Report, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 20% the proportion of young married men and women who understand that washing hands with soap after visiting the toilet helps	Percent of young couples who understand that washing hands with soap after visiting the toilet helps		Baseline Survey Report, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
prevent diseases	prevent diseases						
To increase by 10% the proportion of young married men and women who know the benefits of having a birth plan and have an intention to have one	Proportion of young married men and women who know the benefits of having a birth plan and have an intention to have one		Assumed at zero in Baseline, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 5% the proportion of	Percent of young married men and		Alternative sources for Baseline to	M&E Officer (Under the Supervision	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
young married men and women who understand the benefits of attending ANC clinic for the pregnant mother and the unborn baby	women who understand the benefits of attending ANC clinic for the pregnant mother and the unborn baby		be explored, Annual Assessment, End of Project Evaluation	of RME Manager)			
To increase by 15% the proportion of young married men and women who adequately understand side effects of modern family	Percent of young married men and women who adequately understand side effects of modern family planning methods		Alternative sources for Baseline to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
planning methods							
To increase by 20% the proportion of young couples who know what constitutes a healthy meal	Percent of young married men and women who know what constitutes a healthy meal		Alternative sources for Baseline to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 10% the proportion of young married men and women who know that pregnant/breast feeding mothers need	Percent of young married men and women who know that pregnant/breast feeding mothers need		Alternative sources for Baseline to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
more healthy meals each day	more healthy meals each day						
To increase by 10% the proportion of young married men and women who perceive couple HIV counseling and testing as a healthy and normal part of marriage	Percent of young married men and women who perceive couple HIV counseling and testing as a healthy and normal part of marriage		Alternative sources for Baseline to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
Parents with (of) children under 5 Years							

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
Increase by 5% the proportion of parents of children under 5 who understand the benefits of exclusively breastfeeding babies for the first six months	Proportion of parents of children under 5 who understand the benefits of exclusively breastfeeding babies for the first six months		Alternative sources for Baseline to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 10% the proportion of parents of children under 5 who know that the family including children under 5 need healthy	Percent of parents of children under 5 who know that the family including children under 5 need healthy		Baseline Survey Report, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
meals to grow, go, and glow.	meals to grow, go, and glow						
To increase by 5% the number of parents of children under 5 who know that sleeping under LLINs every night, all year round keeps family members away from the hospital	Number of parents of children under 5 who know that sleeping under LLINs every night, all year round keeps family members away from the hospital		Baseline Survey Report, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
To increase by 5% the number of parents of children under 5 who understand the negative effects of too frequent and too many pregnancies	Number of parents of children under 5 who understand the negative effects of too frequent and too many pregnancies		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 3% the proportion of parents of children under 5 who adequately understand side effects of modern family planning methods	Percent of parents of children under 5 who adequately understand side effects of modern family planning methods		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
To increase by 10% the proportion of parents of children under 5 who understand that washing hands with soap after visiting the toilet, before meals and after changing baby nappies helps prevent diseases	Percent of parents of children under 5 who understand that washing hands with soap after visiting the toilet, before meals and after changing baby nappies helps prevent diseases		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 5% the number of parents of children under 5 who know danger signs in children and the need to take children with	Number of parents of children under 5 who know danger signs in children and the need to take children with		Alternative sources for Baseline value to be explored, Annual Assessment, End of	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use
these signs to the health center immediately	these signs to the health center immediately		Project Evaluation				
To increase by 10% the proportion of parents of children under 5 who discuss and take decisions together regarding family planning and family health	Percent of parents of children under 5 who discuss and take decisions together regarding family planning and family health		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
Parents of older children							
Increase by 5% the number of parents of older children who	Number of parents of older children who know how to		Alternative sources for Baseline value to be	M&E Officer (Under the Supervision	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
know how to prepare healthy meals for their families	prepare healthy meals for their families		explored, Annual Assessment, End of Project Evaluation	of RME Manager)			
Increase by 5% the proportion of parents of older children who have intentions to use long term family planning methods	Percent of parents of older children who have intentions to use long term family planning methods		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
Adolescents							
To increase by 10% the proportion of	Percent of adolescents who receive		Alternative sources for Baseline	M&E Officer (Under the Supervision	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
adolescents who receive training in life skills including decision making, goal setting, self-esteem and safer sex negotiation	training in life skills		value to be explored, Annual Assessment, End of Project Evaluation	of RME Manager)			
To reduce by 15% the proportion of adolescents who do not feel at risk of malaria, HIV and other disease	Percent of adolescents who do not feel at risk of disease (malaria, HIV or other)		Baseline, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
To reduce by 10% the proportion of adolescents who have misconceptions and negative attitudes towards VMMC	Percent of adolescents who have misconceptions and negative attitudes towards VMMC		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 10% the number of adolescents who participate in community action against open defecation and other risky behavior's	Number of adolescents who participate in community action against open defecation and other risky behaviors		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
To increase by 10% the proportion of adolescents who understand what constitutes a healthy meal and it's importance to their growth and wellbeing	Percent of adolescents who understand what constitutes a healthy meal and its importance to their growth and well being		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 10% the proportion of adolescents who have positive attitudes	Percent of adolescents who have positive attitudes towards HIV testing		Baseline survey, Annual assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
towards HIV testing							
To increase by 15% the proportion of adolescents who understand that washing their hands with soap before meal, after visiting the toilet and after changing baby diapers protects them from disease	Percent of adolescents who understand that washing their hands with soap before meal, after visiting the toilet and after cleaning baby's bottom protects them from disease		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/ Schedules	Data Analysis	Information Use
To increase by 5% the proportion of adolescents who understand the risks associated with early and unprotected sex	Percent of adolescents who understand the risks associated with early and unprotected sex		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance
To increase by 5% the proportion of adolescents who know the benefits of family planning and the available family planning methods.	Percent of adolescents who know the benefits of family planning and the available family planning methods.		Alternative sources for Baseline value to be explored, Annual Assessment, End of Project Evaluation	M&E Officer (Under the Supervision of RME Manager)	Annually	Trend analysis	Performance

Objective	Indicator	Indicator definition	Sources and Methods of Data Collection	Person's Responsible	Frequency/Schedules	Data Analysis	Information Use

Evaluation

In order to measure the effectiveness of the strategy, the final evaluation of the program will measure the behavior changes that will occur in the communities due to the social behavior change communication interventions during the five year period. Impact indicators in the Performance Monitoring Plan (PMP) will be used to estimate the level of change when compared with the baseline values.

The evaluation will measure the following indicators among others;

- Percent of pregnant women who slept under a net the previous night
- Percent of Under 5 children who slept under a net the previous night
- Percent of individuals who report making a behavioral change as a result of exposure to program
- Percent of communities in which at least 50% report positive changes in the community as a result of program
- Percent of communities in which at least 50% report positive changes in the community as a result of program
- Percent of individuals who discuss program with at least 1 other person
- Percent women (and men) who feel confident that they can negotiate contraception use with their husbands (wives)
- Percent women who believe that not using FP methods increases risk of unwanted pregnancy
- Percent community residents who believe that most reproductive-age people in their communities use FP methods
- Percent women (and men) who believe that not immunizing their children puts them at high risk for mortality
- Percent pregnant women who are confident they can attend ANC during the first trimester
- Percent of people who believe that they are at risk to malaria

