3. Launch creation of Roll Back Malaria messages and place them in local Newspapers.
4. Place demonstrations on the treatment and re-treatment of nets
5. Supply pre-packaged anti-malaria medication, where available, to local communities
6. Publicize materials provided by the country and regional offices, and Ministry of Health

5.4.9 Targets

Between now and 2015

i. At least 90 percent of those affected by malaria should have access to rapid, adequate and affordable treatment

ii. At least 90 per cent of those at risk, especially pregnant women and children under five, should benefit from the most appropriate IEC/BCC campaign information.

iii. At least 70 per cent of pregnant women at risk, especially those at first pregnancy, should have access to protective treatment or prophylaxis

5.4.10 Channels: Posters Pamphlets and Brochures

Posters pamphlets and Brochures account for another 8.3 percent of the communication strategies used in the fight against malaria by the NMCC in Zambia

5.4.11 Content/nature of messages

1. Post Malaria posters at points of maximum visibility (maximum prominence at points high human traffic of target groups, e.g. women, school children, youth groups, teacher training students.

2. Promotion of poster design competitions

3. Provide local posters, in local languages and using local context, and other promotional material.

4. Inscribed car licence stickers, rulers, pencils, school exercise books, probably sponsored by other partners

5. Launch creation of Roll Back Malaria posters around the country.

5.4.12 Targets

Between now and 2015

i. At least 90 percent of those affected by malaria should have access to rapid, adequate and affordable treatment

ii. At least 90 per cent of those at risk, especially pregnant women and children under five, should benefit from the most appropriate IEC/BCC campaign information.

iii. At least 70 per cent of pregnant women at risk, especially those at first pregnancy, should have access to protective treatment or prophylaxis

5.4.13 Channels: Other Channels

Other channels like internet, PSAs, Theatre for community development and door to door campaigns, all combined, account for the other 8.3 of the communication strategies used by NMCC to combat malaria in Zambia.

5.4.14 Content/nature of messages

1. Come up with Public Service Announcements for locally produced promotional material (posters, newspaper supplements, etc,.) group discussions, workshops, school poem, essay and poster design competitions, etc,.

2. Provide local posters, in local languages and using local context, and other promotional material.

3. Inscribed car licence stickers, rulers, pencils, school exercise books, probably sponsored by other partners.

4. Organize poem, essay, drawing, poster design and other competitions in schools around core messages and PSAs

5. Launch creation of Roll Back Malaria clubs in schools

6. Organize demonstrations on the treatment and re-treatment of nets at community meeting points

7. Supply pre-packaged anti-malaria medication, where available, to local communities

8. Organize community level discussions to encourage the exchange of traditional knowledge on the causes, prevention and treatment of malaria

9. Organize cross-sector discussions, workshops, seminars, around PSAs, bringing together anti-malaria community members, health workers, building contractors, farmers and other developers whose work impacts on malaria situation

10. Publicize materials provided by the country and regional offices, and headquarter

5.4.15 Targets

Between now and 2015

i. At least 90 percent of those affected by malaria should have access to rapid, adequate and affordable treatment

ii. At least 90 per cent of those at risk, especially pregnant women and children under five, should benefit from the most appropriate IEC/BCC campaign information.

iii. at least 70 per cent of pregnant women at risk, especially those at first pregnancy, should have access to protective treatment or prophylaxis.

5.0.0 Outcomes

As earlier alluded to, measuring the outcomes has been difficult because there has not yet been any documented research to ascertain the impact of IEC/BCC materials on the different audiences. As much as there has been a reduction in malaria prevalent rates, it is almost impossible to attribute these reductions to the effectiveness of IEC/BCC Information. There is a serious need to do a national wide assessment of the impact of IEC/BCC materials in the fight against malaria. While the researcher acknowledges the financial burden of such a research, the benefits of such a research maybe far more beneficial and provide a new frontier that can help shape the battle against malaria in Zambia. All the strategies that have been used cannot be said to have yielded any positive results without understanding why peoples' behaviour towards malaria have shifted positively especially in recent years.

These were the findings obtained using the self-administered questionnaire that was given to the twelve NMCC workers. However as stated earlier the researcher relied much on the documented information that exists at NMCC, Ministry of Finance and other cooperating partners. Hereunder the researcher presents and analyses this information which forms the core of this research.

5.6.0 Presentation and analysis of findings

5.6.1 The NMCC Key Communication opportunities

When working in harmony, communication programs at international, national and community levels have lead to more successful communications that have increased demand for and utilization of services in communities and simultaneously improve service delivery. Given the importance communication has in achieving the RBM 2010 and 2015 targets, more dedicated funding for communication activities is necessary at international, national and community levels. However this is a big challenge for the entire universe to mobilize resources needed to fight malaria later on dedicate these resources towards developing communication strategies that can effectively combat disease, especially for developing countries with other serious competing needs like putting food on the tables of their majority poor citizens. As a country Zambia is not immune to these challenges. The National Malaria Control Centre has a challenge of intensifying its communication programs to reach out to a larger Zambian society that need appropriate malaria information. Gaps in the current malaria communication structure are outlined below.

5.6.2 International level. In recent years, communication has not received the necessary attention at the international level to develop appropriate guidelines and tools to guide country efforts. This has led to a number of issues, including:

1. Lack of a global coordinating mechanism such as a Communication Working Group

2. Insufficient operational research to identify and evaluate best practices and to document lessons learned for malaria IEC / BCC programs

3. Absence of sufficient evidence regarding the effectiveness of particular channels, specific messages and topics for discussion, or types of integrated approaches for malaria specific programs

4. Lack of consistent use of limited data to determine behaviour and attitude patterns in the highest risk populations and monitoring and evaluation indicators to inform planners of the success of malaria communication programs

5.6.3 National level. At the national level there are a number of challenges around communication and behaviour change methodologies. Some of the key cross-cutting issues include:

1. Lack of time, capacity and resources for the design and implementation of communication programs due to low prioritization

2. Ineffective advocacy to promote malaria control programs as priority interventions in national government agendas

3. Failure to evaluate communication contributions to malaria program objectives

4. Differing priorities and insufficient resources for communication programs

5. Lack of sustained communication with multiple channels (schools, workplace, women's groups, etc.)

6. Poor capacity to engage in social research necessary to understand household and community dynamics and guide innovative, locally sensitive (season, venue, product availability) interventions

7. Over-reliance on mass media and promotional items at the expense of participatory and interpersonal communication

8. Insufficient partner coordination in creating harmonized approaches, messages and integrated messaging with national health education services

5.6.4 Community level. At the community level, national programs often fail to overcome a number of challenges, including:

1. Failure to identify and ensure the participation of local political, religious and traditional leaders to facilitate information dissemination and malaria control within the community

2. Insufficient attention paid to participatory methodologies, especially in the development of messages and interventions

3. Insufficient communication targeted for home-based care and service providers

4. Application of broad, generic strategies, including messages and specified behavioural outcomes, without understanding the unique dimensions of specific communities, especially the most marginalized

populations that are often most at risk and will remain that way when other populations benefit from program interventions

5. Insufficient insights drawn from community leaders and grass roots efforts

6. Lack of integration of malaria communication activities with other health programs (Expanded Program for Immunization (EPI), etc.)

5.7.0 Funding. One of the main challenges for developing successful communication interventions is that they must be adequately funded and developed based upon research and existing evidence. Communication budgets should include the costs of research and evaluation, community mobilization, pre-testing messages and materials, training and supervising clinical and community based providers, developing IEC materials (tools for providers and information for households), and media and coordination costs of all of these budget items.

The costs per capita or per household should be determined to communicate with people about malaria, bed nets, IPT and new treatment and to motivate them to use these means to keep their families healthy. In addition, budgets should include costs to reach each household, with multiple messages through multiple channels sustained through the entire project cycle. For a long time the NMCC has asked for increased funding towards the enhancement of communication programs. However it is important to note that though there has been increased funding towards malaria programs at international level, locally there still remains a big gap in funding health programs later on funding health communication programs. However, this has not been the case with NMCC. Communication is treated as an afterthought

issue and very little attention is paid to the role of information in combating malaria.

5.8.0 Priorities

Communication priorities for the NMCC and Partners vary according to the malaria stage as described below.

5.8.1 Priorities for scaling up. In recent years communication interventions have been designed with the active participation of those directly involved at the community level, e.g. service providers and intervention participants. Communication and community mobilization have been recognized as key to increasing the use and coverage of households protected by insecticide-treated nets, home-based management of fever and timely services. Programs have reflected the regional, community and individual characteristics that present barriers and afford opportunities for meeting malaria program objectives. In addition, there is still a strong need for advocacy with international donors, partners, national, regional and local leaders and the inclusion of basic principles for communication campaigns to guide selection of channels, message content and to evaluate outcomes. The priorities recommended by the NMCC are as follows.

5.8.2 Advocate for communication programs. The NMCC has been encouraging donors and organizations working in country programs to provide funding, capacity building, training or technical assistance for communication programs. A standard formula for calculating the need and cost for communication funding (e.g. cost per household, standard formative and summative research activities) is required so that future budgets can be properly estimated. The NMCC has also

been encouraging the government to pay more attention to malaria-endemic communities and to increase resources to malaria communication programs.

5.8.3 Advocate for operational research for communication programs. There is a need to identify and evaluate best practices and document lessons learned for malaria IEC / BCC programs, especially to address the challenges at the national level. NMCC should strongly advocates for more operational research for community communication programs.

5.8.4 Technical guidance. To support communication and behavior change efforts, the NMCC has developed and provide guidelines for communication interventions based upon best practices:

5.8.5 Guidelines for communication programs. NMCC aims to achieve consensus around recommended approaches for IEC / BCC during scale-up for impact and make these guidelines available for community programs. The guidelines should cover the initial research protocols, design, implementation monitoring and evaluation of communication programs. They should also contain specific recommendations of key messages, identify appropriate communication channels and recommended participatory approaches. Furthermore, existing guidelines (e.g. the President's Malaria Initiative (PMI) Communication and Social Mobilization Guidelines), lessons learned from other health communication efforts (e.g. polio eradication, control of diarrhoea, measles) and tools for the design and implementation of communication programs should be reviewed and made available to all communities. As has constantly being mentioned in the research this is not yet clear

because there has not been any credible research that has been done to document the effectiveness of these programmes.

5.8.6 Best practice sharing. Best practice examples and experience with malaria IEC / BCC exist in partner organizations (e.g. UNICEF, the President's Malaria Initiative, Population Services International, MACEPA and Malaria Foundation International). Additionally, partners and other development agencies have accrued vast experience in communication programs for other health activities that can provide valuable insight on methods and approaches that could be adapted for malaria communication activities, which can be assessed and disseminated through the use of the NMCC communication strategy.

5.8.7 Resources clearing house. NMCC should consider establishing a national 'Resource Clearing House to enable the easy access and sharing of guidelines and best practice examples on communication activities. While realizing that communication programmes cannot be standardized and participatory programs are required in addition to messaging, the resource clearinghouse would be a useful source for malaria communication materials: pamphlets, posters, audiotapes, videos, training materials, job aids, tools, electronic media and other media/materials designed to promote effective prevention, proper treatment and control of malaria. The clearing house should include materials that target different age groups and educational levels, using a variety of locally relevant languages.

5.8.8 Direct technical support for national malaria communication interventions. Besides providing guidelines and best practices, it is imperative that the NMCC assist communities directly with their national malaria communication strategies, including the design, implementation, evaluation and scale-up of activities. One strategy recommended is to directly support the placement of staff at the NMCC to coordinate malaria communication strategies within each high burden community.

5.8.9 Priorities for sustained control and elimination. As the NMCC moves into 2015 and beyond, community communication programs should be as critical as during initial scale-up periods to ensure sustainability of the individual and community behaviors regarding malaria prevention and treatment. The activities mentioned below need to be started immediately. Service delivery, access, and positive health related behaviours at the community and individual levels will need to be maintained, while government the and the donor community will face other priorities in the wake of diminished mortality due to malaria. Communication activities under the NMCC would need to adapt to large scale maintenance programs while simultaneously keeping resources and health systems focused on malaria-related objectives. The key areas include:

5.8.10 Integration of community-level activities. Malaria communication initiatives that embrace diverse strategies to adapt to community realities will need to be merged into standard health message programs. There is a need to provide training for health workers and supervisors and to give them guidelines to ensure that routine service delivery fully supports malaria control and treatment. Health education around malaria prevention and control should also be incorporated into routine communication protocols and checklists at the community-level. This includes implementing guidelines for merging malaria messages into school

packages, community service outlets and other participatory approaches. Guidelines for malaria health promotion at schools already exist and can be developed further to support the multi-dimensional educational and cultural needs of all malaria endemic regions and communities.

5.8.11 Strengthen communication and behaviour change efforts for sustained control and elimination. Activities to promote sustained malaria control must require different messages, channels and frequency of delivery. The NMCC should facilitate consensus building and support operational research to provide guidelines for IEC / BCC programs for sustained control and elimination, as well as continuing to encourage monitoring and evaluation to ensure quality of interventions does not deteriorate and that activities remain adaptable to political, social-economic or epidemiological changes.

5.8.12 Additional considerations for elimination. While there is significant overlap in priorities for sustained control and elimination, there are some additional communication activities necessary as a program moves from sustained control to elimination. Specifically, given the length of each stage, varied communication approaches will be necessary as the program approaches elimination to ensure that messages evolve to reflect the changing epidemiology and maintain desired behaviours to achieve and sustain gains. In addition, it will be essential to emphasize the continued need for awareness and proactive intervention to avoid resurgence of the disease.

5.9.0 Organizational Implications

Currently, there is no structure within the NMCC that coordinates national and community level communication support though at ministry level there is an IEC

working group. Scale-up of activities to achieve the 2010 targets requires a significant increase in the NMCC efforts in IEC / BCC as an integral part of the NMCC package. Following a NMCC decision in 2007, the IEC / BCC unit was tasked with seeing if a revitalized focus on country level communication activities could be sustained.

Therefore, the NMCC needs to clarify if a national coordinating mechanism (such as a working group) should be established and who/which group(s) within the MoH will coordinate the required communication and behaviour change interventions. The decision on communication leadership within the NMCC however should involve close coordination and integration with partners, including donors and other stakeholders who have expertise in communication and behaviour change methodologies with malaria, but must also link to the available expertise in other areas of health communication and health promotion to ensure adequate capacity and best practices are available.

5.10.0 Opportunities

5.10.1 Commitment to develop and implement malaria communication strategies

All key participants in the evaluation identified a strong need to develop coherent and effective malaria communication strategies. For these health professionals, working at national level, the assessment offered a good opportunity to come to together to identify needs and priorities. As a result there is a strong commitment to developing such strategies and the supporting platforms that are needed to do this; for example the coordinator of NMCC has made a commitment to setting up regular coordination meetings for organisations involved in malaria communications.

5.10.2 Community health volunteer structures in place

The scale and scope of these obviously vary between communities but they offer an opportunity to provide and possibly scale-up community outreach activities through, for example, networks of peer educators, community health volunteers and community-based resource persons.

5.10.3 Radio and Television infrastructures provide national coverage

A moderately developed infrastructure of public, civil and private sector radio and television stations, offer a considerable resource to a wider and integrated malaria communications strategy. Local and community-based radio provide an entry point to hard to reach groups as they are more likely to be owned and trusted by the community and are often broadcast in local languages.

5.10.4 Evidence of positive development and participation practice

As previously mentioned there is a strong repository of development and participation knowledge and practice within the NGO sector. This could be further strengthened through local and national networks and the mapping of NGO activities and learning. Malaria communication requires concerted efforts of all stakeholders.

5.10.5 Moderate capacity of private sector and marketing organisations

This was found to be the case in urban areas and peri-urban areas where media infrastructures are more developed and audiences have a slightly higher consumer spend. The participants noted that much of the private sector health campaigns employed a style and content more appropriate to “Western” audiences and were strongly influenced by the perceived needs of international NGOs and audiences. A partnership between private and civil society sectors in the development of

malaria communications would be more likely to lead to more localised and targeted materials.(Wakumelo,2008)

5.10.6 New and significant investments into the marketing and distribution of bed nets.

The introduction of pilot and national bed net campaigns represents a significant investment in policy development and funding in both urban and rural areas. While activities vary in scale they are likely to form a major component of in-country communication strategies and it will be important to ensure that existing bed net strategies are effectively linked to and incorporated in national malaria communication strategies.

5.10.7 Limited understanding and knowledge of development communications.

The researcher found considerable confusion around communication terminology and methodologies such that there was a variable understanding between practitioners and non-practitioners of the applicability and scope of contemporary communication tools. This was underpinned by an over reliance on conventional IEC (Information, Education, Communication) approaches that tended to be led by health professionals rather than community-driven. The NMCC communication strategy demonstrated a lack of integrated communication planning and activities between sectors, for example health, education, women and youth, and agriculture. Malaria communications activities tended to run as stand alone campaigns; these were often project and donor driven and were over reliant on social marketing approaches.

5.10.8 Poor visibility of National Malaria Control Programme.

NMCC is still poorly positioned within Ministry of Health as a unity under the Directorate of P ublic Health and Research with the NMCC Coordinator often having to report through several lines of management to reach directors of health. This is further compounded by the level of political commitment and donor support to HIV and AIDS programmes and was commonly cited by all participants as a contributory factor to the lack of prominence and funding to malaria control programmes. These factors have a causal effect on operations and give rise to poor press relations (for example journalists find it very difficult to obtain permission to interview health professionals), poor coordination and planning, duplication of activities and fragmented advocacy.

5.10.9 Absence of basic malaria communication strategies.

The NMCC uses a fragmented approach to malaria communications strategies; while commitment is made at national policy level, this is not reflected in national malaria control programmes' linked objectives and activities. For example three principle strategies have been developed to support home-based care, management in pregnancy and the implementation of a new drugs policy; these are largely project driven and do not relate to a principle communications strategy.

5.10.10 Lack of regional coordination and information sharing.

These activities are in the development stage. There have been some promising developments in the East and Great Lakes Africa Region with the forming of an Inter-agency Inter-country forum which first met in Mombasa, 2002. Some NGOs are taking a regional approach, for example, Panos in West Africa shares inter-country broadcast materials and CEEMI (Centre for the Enhancement of Effective

Malaria Interventions) in Tanzania is developing regional training workshops and malaria control in pregnancy projects (PANOS:2006).

5.10.11 Limited coordination and implementation capacity at sub-district level and below.

This can largely be attributed to the decentralisation process that has yet to be fully supported and implemented at provincial and district levels. In most cases this has meant a shift in responsibility for health communications to provincial and district level providers who lack the training and resources to implement effective health communication programmes.

5.10.12 NMCC's limited capacity to deliver health education.

Typical of all government units and departments NMCC is supported by small number of staff who lack resources and training and are responsible for too diverse a range of activities. Commonly staff are not in a position to advocate for more prominence and funding and lack the confidence of other departments and sectors to deliver effective communications materials. It is important to note that most of the money spent on malaria communication materials come from donors like Presidential Malaria Initiative (PMI) and PEMFA.

5.10.13 Limited communications research and monitoring.

Evidence gathered from primary research demonstrates that at national level there is a good level of knowledge of malaria prevention and control. The ministry of health conduct annual campaigns targeted at educating members of the general public about the dangers of malaria. There is very little evidence of media research and practitioners are largely dependent on a 'gut feel'. Audience segmentation and profiling are not practised; one exception being DISH's (Delivery of Improved

Services for Health) Home-based Management of Fever/Malaria in Children and Control of Malaria in Pregnancy in Mpika were noted.

5.10.14 Lack of involvement of communities in defining their needs and priorities. This was most notable in government, multi-lateral and private sector programming. There was plenty of evidence to support that where national and local NGOs were involved as significant project stakeholders levels of participation and project ownership increased. The MACEP and PEMFA are two good examples.

5.10.15 Health communications monitoring and evaluation protocols are not in place.

This was found to be the most far reaching problem and as such it was not possible within the scope of the research to attribute any wide-scale impact relating to malaria communications. Some individual projects such as ITN campaigns were able to demonstrate an increase in their use as did a small scale MoH study in Luapula on the effectiveness of malaria information. By and large, there are no health communications monitoring and evaluation protocols in place.

5.10.16 Poor planning and development of messages.

One of the primary causal factors determined was the lack of coordination platforms for malaria communications. Message development tended to be project or behaviour specific and was driven by stand alone campaigns. Messages were delivered as statement of fact rather than sold as the benefits of desired behaviour change; at worst messages adopted a tone of blame and associated good practice with good individuals that ultimately led to alienation. Most of NMCC campaigns involved people like the Minister of health, traditional leaders and health

practitioners thereby giving these campaigns a tone of alienation. As much as the use of celebrities and official figures is important in communicating health messages, communicators should be open minded and be able to use common people from the street who can be looked at as "one of us" by the majority of the population.

5.10.17 Continuum approaches to practice change not applied to communications programmes.

As already mentioned campaign materials and messages developed tended to relate to specific individual practice rather than viewing behaviour change as an interlinked and independent process of historical, contemporary and future health choices and actions. Communication materials did not address, particularly in the context of very low-income families, the casual relationship and opportunity cost of adopting one set of behaviours over another. The disturbing fact is that this information is well documented in most MoH literature but no remedial measures have been taken.

5.10.18 Limited strategies to meet the needs of poor and marginalised groups.

This is demonstrated by the lack of audience profile and preference research and the limited capacity to segment and target audiences according to specific information needs and most appropriate means of communication. It is an open secret that most of the people who suffer from malaria are the rural and poor folk who have very limited knowledge about malaria. This group should have been targeted in order to scale up malaria communication. It is important to note that all the literature produced by NMCC is in English making it difficult for people with low literate levels to understand. The above, compounded with the complexity of health message, makes it very challenging NMCC to effectively communicate malaria information.

CHAPTER SIX

6.0.0 Conclusion

A key aspect of implementing the various interventions is the need to produce and document, on a timely basis, the relevant data and information for capturing malaria outcomes and service provision.

Data included in this study was collected from the HMIS and other data sources not collected from the main stream HMIS such as ART, IDRS. This study provides vital information on the way the National Malaria Control Center use information to combat malaria in Zambia. The findings were that it is not yet clear to tell whether information has played a critical role in the fight against malaria. A lot still remains to be done in terms of communications research and getting feedback from the consumers of NMCC products.

While malaria remains a major public health and development challenge in Zambia, there is a unique opportunity to scale up malaria-related interventions, strengthen systems, and make a major effort to roll back malaria in Zambia. Malaria currently accounts for nearly four million clinically diagnosed cases per year, 36% of hospitalisations and outpatient department visits, and from one previous study at University Teaching Hospital, up to 20% of maternal mortality. In addition to the direct health impact of malaria, there is also a severe social and economic burden on our communities and country as a whole, but especially on the poorest among us, and those vulnerable individuals and households who are also trying to cope with the HIV/AIDS pandemic. Thus malaria control should addressed, not as a separate, vertical, disease-specific intervention but as part of a

health systems strengthening effort to provide holistic services in all facets of care, and as part of a larger community-development efforts.

6.1.0 Recommendations

The researcher highly recommends that NMCC should seriously consider taking the following measures in their strategic planning

1. Country-level program communication/advocacy and international advocacy as separate areas of activity and, as such, should be carried out by two different groups.

2. At-scale programs and activities, defined in terms of population-based public health impact, should be a goal and a priority.

3. Sustainability of programs must be a priority, defined in terms of longer-term goals of capacity, local ownership and ability to function without external funding.

4. Communication activities must begin with listening to the people, i.e. ascertaining what people know within their cultural contexts.

5. Managing expectations of the timing and impact of communication, especially in dialogue with RBM partners and funders.

6. Both process and outcome indicators are essential to monitoring and evaluating different communication activities.

7. Communication has a critical role to play at the central level in ensuring the national malaria control programmes have a sufficiently high profile within the Ministry of Health and beyond.

8. The size, location and nature of "communities" differ and must be taken into consideration in the strategy.

9. Communication activities are best designed and built with participatory processes, working with existing social platforms and networks.

10. The role of communication professionals is important in the design and management of communication activities and programs.

11. Last, but not least: The malaria communication framework and activities must strike a balance between focused malaria communication objectives and broader communicable disease and public health communication objectives. For example, promotion of ITNs may require a focused campaign; while improving treatment-seeking behaviour may require a more integrated approach.

6.1.1Areas for Further Research.

There is need for future research to apply more rigorous qualitative methods of evaluating how NMCC and the Ministry of Health in general can use information to combat malaria. From the conclusions of this study, it was clear that the Ministry of Health and NMCC in particular have made serious strides in reducing the malaria burden on the country.

It is equally important for future research to broaden up and get the views of the general public who are the consumers of all NMCC communication materials

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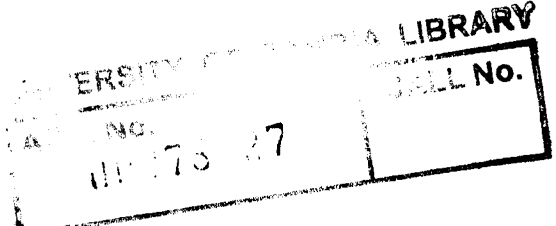
APPENDIX 1

IN-DEPTH INTERVIEW CHECKLIST (NMCC WORKERS

1. In what ways have you been involved in NMCC programs?
2. For how long have you been involved in NMCC activities?
3. Have you been involved in NMCC Project Management Structures?
4. If yes, how long have you served in NMCC management?
5. Some people have the perception that it is only members of staff who disseminate information on malaria. What is your perception?
6. Have you ever attended any meeting organised by NMCC to discuss ways of disseminating malaria information?
7. If yes, how did you find the discussions?
8. Have you ever attended a meeting or workshop organised by NMCC to sensitize workers on the combating of malaria?
9. In your view, are the approaches used by NMCC to disseminate information on malaria effective?
10. If you think they are effective, what are some of the things you can point out as successes?
11. How is the relationship between NMCC and other organisations combating malaria?
12. Have there been any monitoring and evaluation on funded projects in these organisations?
13. Which media is the NMCC using to disseminate its messages?
14. What would you say are some weaknesses of the communication strategies used by NMCC in its quest to disseminate information to the target groups?
15. What can you consider as the strong points for this strategy?

16. What is your view of the way you receive and send official information at NMCC?

17. What would you recommend to be done in order to improve the communication strategies used by NMCC?



APPENDIX 2

FOCUS GROUP DISCSSION (FGD) NATIONAL MALARIA CONTROL CENTRE WORKERS AND SUPPORTING STAFF

1. It is practically important to reach everyone in the community individually. Different communication strategies have to be utilised to reach different groups of people in society. Discuss these strategies as used by the National Malaria Control centre to combat malaria.(E.g. mass approach, use of TV, pamphlets and brouchures,etc, Funding other organisations, community Approach, Group Approach etc.)?

2. The national malaria Control Centre has been coordinating the fight against malaria and as such need to lead by example by instituting workplace programmes and policies in the whole country. Which communication strategies are being used by NMCC to ensure that the impact of malaria at the workplace is mitigated through the development, promotion and implementation of innovative and deliver malaria prevention, care and support programmes. (E.g. workshops or any programmes introduced)?

3. The positive approaches towards reporting on malaria, means of communication used e.g. Radio, TV, Print Media, public Service Announcements, Traditional Theatre, Advertising etc... and from your experiences, which means of communication are more effective and quick to reach large numbers of people in their respective age groups?

4. In what ways has the NMCC focused its campaigns on increasing awareness on the use of long lasting insecticide treated mosquito nets to the general public and children in particular?

5. How has NMCC integrated malaria sensitization campaigns into their programmes through the use of Information Education and Communication?

6. Has there been any research to show the effectiveness of these strategies and what has been the basis of measuring this effectiveness.