



MALARIA

communication strategy

Division of Malaria Control

MINISTRY OF HEALTH

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Acronyms and Abbreviations

1. ANC	Ante Natal Care
2. BCC	Behaviour change communication
3. CBHC	Community-Based Health Care
4. CHW	Community Health Workers
5. CORPs	Community Owned Resource Persons
6. DHMTs	District Health Management Team
7. DIWG	District IEC Working Group
8. DOMC	Division of Malaria Control
9. FANC	Focused antenatal care
10. IEC	Information Education Communication
11. IPC	Inter-Personal Communication
12. IPT	Intermittent Presumptive Treatment
13. KAP	Knowledge, Attitude and Practice
14. KDHS	Kenyan Demographic and Health Survey 2003
15. ITNs	Insecticide-Treated Nets
16. MDGs	Millennium Development Goals
17. MIP	Malaria in Pregnancy
18. MoH	Ministry of Health
19. M& E	Monitoring and Evaluation
20. NGOs	Non Governmental Organisations
21. NHSSP	National Health Sector Strategic Plan
22. MIECTWG	Malaria IEC Technical Working Group
23. NMS	National Malaria Strategy
24. PSI	Population Services International
25. RBM	Roll Back Malaria
26. TBAs	Traditional Birth Attendants
27. UNICEF	United Nations Children's Fund
28. WHO	World Health Organisation

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Foreword (goes here—Director of Medical Services)

Executive Summary

The National Malaria Strategy 2001-2010 (NMS) provides the framework for the prevention, control and treatment of malaria in Kenya. The NMS outlines four strategic approaches that will;

- guarantee all people access to quick and effective treatment, to significantly reduce illness and death from malaria
- provide malaria prevention measures and treatment to pregnant women
- ensure use of insecticide treated nets by at risk communities, to significantly reduce rates of disease
- improve epidemic preparedness and response

Two vital cross cutting strategies on:

- **Information, education and communication (IEC) to better arm the public with preventive and treatment knowledge**
- Monitoring, evaluation and research, to constantly update and up-grade control strategies

IEC underpins and is essential to the success of all the NMS strategic approaches. The objectives of the NMS rely on uptake of effective intervention by at risk communities. Therefore communication is a vital tool in achieving the NMS target of 30% reduction in malaria mortality.

This National Malaria Communication Strategy provides the broad framework that guides communication on malaria in Kenya and identifies the issues that need to be addressed to promote key behaviours and to build a supportive environment to sustain those behaviours.

To effectively address these issues, the Communication Strategy seeks to increase the proportion of:

- Health-care providers with correct knowledge on treatment and management of malaria.
- service providers with the correct knowledge on prevention and treatment of malaria at the community level.
- caregivers of children under five who understand how to protect and treat children against malaria.
- women of child bearing age who know the risks of malaria in pregnancy and where to obtain treatment and services
- pregnant women demanding and utilising IPT and ITNs
- households demanding and correctly using ITNs.
- households with knowledge of IRS and its application in epidemic prone districts.

- decision makers' who are knowledgeable about the socio-economic consequences of malaria and devoting more resources to the prevention, control and management of malaria.

To achieve the above objectives, the following strategies will be employed:

- 1) Behaviour change communication to create demand on IPT and ITNs , treatment and management of malaria targeted at pregnant women and mothers of children under five in malarious areas
- 2) Targeted and phased public communication campaigns to negate misconceptions, build support, acceptance and utilisation of preventive and treatment measures targeted at populations at risk of malaria.
- 3) Strengthening the capacity of and promoting community-based service providers.
- 4) Strengthening the capacity of health care providers to increase their knowledge on malaria preventive and treatment measures
- 5) Advocacy among decision makers and influential leaders at different levels to generate support and raise the profile of malaria as a manageable national problem.
- 6) Media advocacy to promote accurate and analytical coverage of malaria and to raise the profile of malaria nationally.
- 7) Capacity building and coordination to build coherence in implementation of this strategy among organisations active in the prevention, control and treatment of malaria.

Underlying each communication strategy is the basic yet powerful fact that malaria is preventable and no one need die of the disease. The malaria communication strategy will be implemented over a period of three years. The first phase will focus on the most vulnerable audience segments – pregnant women and children under five years in malaria endemic areas. Community mobilisation activities will be initiated in areas where interventions are already up and running and will be expanded to new areas as services become available. Activities will be implemented at three levels: national, regional and local.

To leverage resources and to maintain coherence of communication activities among implementing institutions at the three levels, implementation will be coordinated through the Malaria IEC Technical Working Group.

This strategy document provides a broad framework around which communication on malaria will be implemented. It is designed to be flexible and accommodate communication aimed at supporting policy change in areas such as treatment of malaria and thematic campaigns to address emerging issues in all areas related to malaria.

Background and Context

Malaria is the number one cause of death in Kenya, accounting for approximately 34 000 deaths among children under five years, each year and more than 8 million out-patient treatments at health facilities each year. Pregnant women and children under five are the most at risk. During pregnancy, malaria causes anaemia, miscarriages and can result in low birth weight babies.

Kenya has four malaria epidemiological zones: endemic areas along the shores of Lake Victoria and the south coast where malaria transmission is perennial (26 districts); epidemic-prone areas in highlands which are highly populated (16 districts); epidemic-prone areas in arid/semi-arid lowlands which are sparsely populated; and highlands around mountainous areas with low risk or no transmission.

In order to address the increasing problem of morbidity and mortality due to malaria, the Kenyan Government, through the National Health Sector Strategic Plan (NHSSP), made malaria a high priority for prevention and treatment under the Division of Malaria Control. The government also developed the 10-year National Malaria Strategy (NMS) document whose main objective is to reduce the level of malaria illness and death in Kenya by 30% by the year 2006 and to sustain that improved level of control until 2010. The NMS directly contributes to MDG 3 and 5 on reducing child mortality and maternal mortality respectively, and indirectly to MDG 1 on poverty reduction.

The NMS articulates four strategic approaches that will.

- Guarantee all people access to quick and effective treatment,
- Provide malaria prevention measures and treatment to pregnant women,
- Ensure use of insecticide treated nets (ITNs) by at-risk communities, and
- Improve epidemic preparedness and response in epidemic prone areas.

In January, 2001, the Division of Malaria Control developed a 5-year Information, Education and Communication (IEC) implementation plan to support the NMS. The plan describes communication issues and broad IEC approaches in support of the four NMS strategic approaches. The aim is to reach 80% of those at risk with messages about prevention and control of malaria. An IEC technical working group comprising representatives from various departments of MOH and stakeholders was formed to assist in the implementation of the plan.

The IEC TWG decided to develop a communication strategy that would provide a broad framework to guide communication efforts for malaria control and support the implementation of IEC activities.. The National Malaria Communication Strategy will be implemented in line with the NHSSP II and will be integrated into any future National Health Communication Strategy.

Summary of Key Findings

Information to guide the development of this strategy was generated primarily from a literature review of published reports such as the 2003 Kenyan Demographic and Health Survey (KDHS) and unpublished knowledge, attitude and practice (KAP) research reports and documented best practices on malaria prevention, control and treatment. A list of these sources is presented in Annex 1. Key findings relevant to the development of this strategy are summarised below.

Magnitude and Impact of Malaria

Malaria remains the number one cause of death in Kenya, and one of the main barriers to economic and social development. Pregnant women and children aged below five years are the most susceptible groups to malaria. Malaria increases the risk of anaemia and miscarriage in pregnant women, can result in low birth weight and stillbirth and stunted growth in children. Over 70 percent of Kenyans are exposed to the deadly parasite every year, including about 3.5 million children aged below five years. Research findings show that:

- Malaria epidemics have been increasing in frequency and severity among densely populated and most economically productive areas of Kenya.
- Increased seasonal malaria epidemics have been recorded during the rainy seasons in arid and semi arid areas of Eastern and North Eastern Provinces;
- It is estimated that approximately 34,000 children under-five (96 per day) die annually from the direct consequence of malaria infection and at least 14,000 children require hospitalization due to malaria annually.

National Policies on Malaria Prevention and Control

The Kenyan government has developed policies and strategies that focus on the prevention and management of malarial, including vector control, and prompt control and treatment of malaria in pregnancy (ITNs use and IPT). The NMS is Kenya's response to the global "Roll Back Malaria" (RBM) initiative, which recognises the disease as an economic burden and a barrier to development for millions of Africans. The NMS provides an enabling environment for the creation and implementation of guidelines to coordinate stakeholder efforts, strengthen partnerships and advocacy for scaling-up effective interventions to meet national and international malaria targets. .

Partners and Allies in Malaria Control

There are a vast array of partners active in malaria control in Kenya. These can be categorised into NGOs, United Nations agencies, bilateral organisations such as USAID, DfID, DANIDA and private sector including pharmaceutical, insecticide and ITN companies. Their activities include, among others: social marketing, IEC materials development, provision of drugs and equipment and service provider training. Other government departments and Ministries such as Divisions of Reproductive, Child and Environmental Health and Ministry of Education partner the DoMC in implementation of the NMS, In addition, research and academic organisations play a crucial role in providing the evidence base for malaria control efforts in Kenya.

Knowledge about Malaria and Insecticide Treated Nets

- i) **Knowledge, Attitudes, and Practices about Malaria.** There is generally high knowledge about malaria transmission by mosquitoes (95%) although the majority of the Kenya population hold some misconceptions about modes of transmission. Also knowledge on the effects of malaria during pregnancy is relatively low. A national survey shows that only one quarter of the respondents know malaria can lead to low

birth weights. A significantly lower proportion of the population (10%) knows malaria causes anaemia, neonatal and maternal mortality.

ii) Insecticide-Treated Nets (ITNs) - Knowledge, ownership, use and re-treatment.

A national survey report indicates a near universal awareness of bed nets as a preventive measure against malaria- 68% of the population know that sleeping under a net is the best way of preventing malaria -but net ownership in Kenya in 2003 was about 22%. Net ownership however is expected to have increased in the recent past as a result of the current extensive distribution of substantially subsidised nets to biologically vulnerable groups living in endemic districts dubbed '*clinic nets programme*'. Distribution of mosquito nets, both treated and untreated is the most common malaria preventive strategy in Kenya.

Malaria in Pregnancy

i) Knowledge and treatment practice among service providers: Although more than 89 percent of service providers are aware of the written guidelines for malaria treatment and management, only 40 percent are able to accurately state the effects of malaria during pregnancy.

ii) Intermittent Presumptive Treatment (IPT). The proportion of women receiving IPT during antenatal clinics is low. Nationally, only 4% reported receiving IPT. Western Province has the highest proportion of pregnant women receiving IPT during ANC (7%) and North Eastern and Central Provinces records the lowest (2%).

iii) Care-seeking behaviours: Few women are aware that malaria is dangerous during pregnancy and therefore few take preventive measures (such as sleeping under ITNs or receiving IPT). Although at least 90% of women attend at least one antenatal clinic visit, few make their first visit before 27 weeks, long after the first dose should have been administered.

Factors that inhibit/facilitate adoption of preventive behaviours

Some cultural beliefs hinder the administration of anti-malarial drugs including the mistaken belief that traditional herbs are the best cure for malaria; that anti-malarial drugs cause abortion, premature births, or abnormality in the baby; and there are some religions and culture that do not permit women to take drugs during pregnancy.

Effective treatment of malaria is also hindered by misconceptions such as the belief that cerebral malaria is caused by evil spirits. Conventional medicines are thus withheld from cerebral malaria patients in favour of alternative interventions such as traditional medicines and faith healing. In some communities, pregnant women and children are denied a chance to use nets mainly because men do not share sleeping spaces (and nets) with their wives and breast-feeding children.

Research findings however indicate that men play a critical role of providing money for household purchases, including mosquito nets and their re-treatment.

Behaviour change communication (BCC) programs and resource mobilisation

A list of organisations focusing on social mobilisation and behaviour change communication was identified through literature review. These organisations are active in malaria/IEC interventions through activities such as ITNs campaigns and disaster preparedness. Key among them are:

- Division of Malaria Control (DoMC) through MoH:
- Community-Based Health Care programmes
- Population Services International
- World Health Organisation
- United Nations Children's Fund (UNICEF)
- AMREF

- KeNAAM among others

Coordination of communication activities

Currently, there is no strategic coordination of communication activities among the partners, between stakeholders and the DOMC. Each organisation implements its own intervention programmes, though many of partners belong to the malaria IEC technical working group.

Participation of Private Sector Initiatives

Some pharmaceutical companies have produced print materials to support their respective products, which include generic messages on treating fevers and/ or using ITNs.

Coverage of Malaria by the National Media

A content analysis of coverage of malaria by the two national newspapers with the highest combined circulation in Kenya (*Daily Nation* and *Standard*) undertaken between May 2004 and June 2005, shows that the largest coverage of malaria issues occurred during the Africa Malaria Day. Findings of the content analysis show that coverage has been sporadic during the year, with the exception of designated malaria days. The reporting is often linked to events and lacks depth and analysis. However, a review of electronic media schedules published in the national media show that there are close to 15 news features and discussion programmes on health and related areas that have the potential of accommodating issues on malaria.

IMPLICATIONS OF KEY FINDINGS ON THE COMMUNICATION STRATEGY

- 1. Build on existing positive level of knowledge on the relationship between mosquitoes and malaria.** There is almost universal knowledge that malaria is transmitted by mosquitoes. Misconceptions on the causes of malaria continue to persist hindering preventive, treatment and control measures. The communication strategy will disseminate messages and support BCC approaches that will reinforce this positive association and negate myths on other modes of transmission. The strategy will be planned to increase knowledge and address misconceptions on all aspects of malaria including, prevention, transmission, control and treatment. A key message that will underlie every strategic approach will be the basic yet powerful fact that malaria is preventable and no one need die of the disease.
- 2. Address misconceptions and cultural myths on causes of malaria and improve care-seeking behaviour.** The assessment showed that effective treatment of malaria is hindered by misconceptions and cultural beliefs that for example attribute cerebral malaria to such causes as an “animal” entering the child or possession by evil spirits. Though prompt and correct treatment is critical in the fight against malaria, the literature shows that caregivers within households (and sometimes health workers) routinely use incorrect treatment for malaria. Though most mothers of under-fives are aware that fever is a sign of malaria few know that delaying treatment of fevers puts the child at increased risk of death. The strategy will utilise participatory approaches that promote community dialogue to address these misconceptions.
- 3. Strengthen knowledge and skills of health care workers and disseminate information on methods of treatment.** The findings indicate that more than half of health care providers lack accurate information on the effect of malaria on mothers, children and the foetus. The strategy will increase knowledge and continuously disseminate information to health care providers on the most up to date treatment and management of malaria such as the new treatment policy. This approach will also support development of interpersonal communication in order to make health care providers an effective pillar in malaria prevention, control and treatment.

4. **Create Demand for Ownership and Utilisation of ITNs.** Though knowledge about ITNs is high, utilisation of ITNs as a protective measure against malaria remains low due to barriers articulated elsewhere in this document. The communication strategy will promote ITNs as the most important and effective protective measure against malaria, particularly amongst high risk groups.
5. **Tailor Communication to the Specific needs of each group.** There are key important audience segments that need to be reached and engaged during the implementation of this strategy. These audience segments include pregnant women, care givers of children under five and heads of households in malaria endemic areas. The strategy recommends targeted and mutually reinforcing communication to various key target audiences. Communication should for example be planned to maximise opportunities for reaching women and caregivers of children under five at all points of contact with the health care delivery system.
6. **Strengthen capacity of service providers at the community level and Community Owned Resource Persons and promote them as important providers in the control and treatment of malaria.** The CORPS play an important role in the treatment and management of malaria at the community level and this strategy will support their important role at the community level.
7. **Leverage the Media as a strategic partner.** Media content analysis that reviewed coverage of malaria over one year showed that coverage was relatively ad hoc, event driven and lacked analytical coverage necessary to position malaria as a national problem that is manageable. The strategy recommends a proactive approach for engaging the media as a strategic partner in the coverage of malaria.
8. **Raise the profile of malaria as a national problem and advocate for resources and involvement of different sectors in the prevention and control of malaria.** Advocacy directed at decision makers to mobilise resources to support malaria. The profile of this advocacy effort will be raised by linking it to Africa Malaria Day.
9. **Coordinate communication aspects of different organisations working in malaria to build synergy across their work.** There are many organisations that provide communication services in areas related to malaria. Although there is a Malaria IEC Technical working group coordinated by DOMC, there is no unified approach on malaria communication among different organisations active in this area.

Audience Segments

The following are the primary and secondary audiences for this communication strategy.

PRIMARY AUDIENCE

1. Pregnant women living in malaria risk areas

Many women are unaware that malaria is dangerous during pregnancy, thus few take preventive measures (such as sleeping under ITNs, or receiving IPT during ante-natal clinics). Cultural beliefs also hinder correct and prompt treatment of malaria among pregnant women. Pregnant women in highly endemic areas are largely asymptomatic and do not recognise that they are at risk group for malaria.

2. Care givers in households with children less than five years in malaria endemic zones.

Children under five years are the most vulnerable group to malaria but some cultural beliefs lead to misconceptions about treatment of malaria in these children. Caregivers are critical to significantly reducing illness and death in infected children. Caregivers represent a special population, which can be reached with communication to improve fever recognition and prompt treatment, and management of severe/complicated malaria.

3. Heads of households in malaria risk areas.

Heads of households play a critical role by virtue of providing the money for household purchases, including the money for nets and their re-treatment. They also provide money for travel to health care facilities and for treatment. Cultural barriers that hinder effective treatment of malaria include prohibiting pregnant women and children from using nets, and promoting exclusive use by adult men. Households are unlikely to re-treat nets, mainly due to lack of knowledge of the sources of re-treatment and affordability. It is important to reach heads of households with communication messages so that ITNs use becomes a priority and a social norm.

4. Heads of households in highland epidemic prone zones.

Heads of households in highlands at risk of malaria epidemics can create demand for indoor residual spraying (IRS) in communities before epidemics strike. This requires community involvement in selecting sprayers, financing spraying, and convincing heads of households to have their houses sprayed.

SECONDARY AUDIENCES

1. Partners of pregnant women.

Partners of pregnant women need to be educated on the benefits of ITNs use by pregnant women and children under five. Other considerations include prompt and effective treatment of malaria, IPT of women during ANC, net re-treatment, and household spraying. Partners of pregnant women can participate in community and residential spraying as part of their contribution to the prevention and treatment of malaria.

2. Community influencers of pregnant women.

Community influencers include partners of pregnant women, health care providers, community leaders, chiefs, elders, and politicians/political players. Their level of competence, understanding and skills in delivering accurate and timely information, care and support to those who need it is important to success at individual and communal levels. A supportive community means providing accurate and effective treatment, availing drugs and treated nets, and improving accessibility to health facilities. These influencers and their roles are discussed in the relevant sections.

3. Health care workers.

This category includes village health care workers, community health workers (CHWs), nurses, clinical and laboratory technicians, and district hospitals management staff. Knowledge remains low among health care workers, a significant group that should be knowledgeable and skilled on the proper and correct treatment of malaria.

4. Service providers at the community level.

Service providers at the community level include shopkeepers, kiosk owners, and chemists/drug retailers. The service providers are important as the first reference point of treatment in the community. The communication strategy will focus on building confidence and raising the profile of competent service providers as important resources in the treatment of malaria at the community level. The lessons from the Bungoma District Malaria Initiative (BDMI) "Vendor-to-Vendor Education" will serve as a good reference point

5. Decision makers in government, media, development partners and relevant private-sector organisations.

Decision makers in government, the mass media, the educational system and development partners and relevant private sector organisations can devote resources to malaria. Decision makers can create an enabling environment for the accurate analysis and dissemination of information about malaria and treatment, prevention and control.

6. Political, administrative and community leaders in malaria endemic zones.

Political leaders can mobilise resources through the GoK and other agencies to support subsidised equipment and treatment, ensure that prevention and control measures take place regularly in malaria risk areas, and that preparedness systems and response teams are a national priority. Such leaders include politicians, members of parliament, the provincial administration, community leaders and village elders, chiefs and their assistants.

7. Decision makers from NGOs, professional bodies and community groups working in malaria or related areas.

Decision makers from NGOs and professional bodies can provide resources, technical assistance, leadership and direction ensuring that the strategy is implemented. They can provide support for national and district level planning and ensure implementation of the communication strategy.

The Communication Strategy

Findings from the assessment for this strategy suggest that there is need for a communication strategy that provides information and skills to populations at risk of malaria in endemic and epidemic-prone districts of Kenya so that they can make informed decisions and protect themselves and those they provide care for against malaria. On the basis of this assessment, the following are the communication objectives of this strategy.

OVERALL OBJECTIVE

The overall objective of the communication strategy is to support the scaling up of effective interventions and targets outlined in the NMS.

The following are the communication objectives that the strategy will address under each of the four NMS approaches. Salient issues under each NMS approach are discussed briefly.

Prompt and Effective Treatment

Prompt and correct use of an effective anti-malarial for treatment by health care providers and correct treatment of fever cases and late health care seeking behaviour among community members are some of the key issues that communication will address to support this NMS approach.

Communication Objectives:

1. To increase the proportion of health care providers with correct knowledge on up to date treatment and management of malaria.
2. To increase the proportion of service providers with knowledge on prevention and treatment of malaria at the community level and to raise their profile within their communities
3. To increase the proportion of caregivers for children under five who seek prompt treatment for their children and have the knowledge and skills to protect children under five against malaria.

Management of Malaria in Pregnancy

Communication will support the following key issues under this NMS approach:

- Risk of malaria in pregnancy and the importance of taking and completing IPT doses during pregnancy.
- Treatment of malaria in pregnancy.
- Promotion of the use of correct drugs for IPT during pregnancy especially among health care providers.

Communication Objectives:

4. To increase the proportion of women of child bearing age who know the risks of malaria in pregnancy and where to obtain treatment and services
5. To increase the proportion of pregnant women demanding and utilising IPT and ITNs

ITN and Other Vector Control Methods

Key issues that communication will address to support this NMS approach are:

- Promotion of use of ITNs among those at risk of malaria infection
- Knowledge and skills on proper use of ITNs and their re-treatment.
- Knowledge and skills on relevant integrated vector control methods

Communication Objectives:

6. Increase proportion of care givers for children under five correctly using ITNs to protect this vulnerable group.

7. Increase the proportion of households demanding and correctly using ITNs.

Epidemic Preparedness and Response

Under this NMS approach, communication will address the following key issues:

- Promotion of wide coverage of IRS by health care providers.
- Demand and application of IRS among households in epidemic prone areas.

Communication Objectives:

8. To increase the proportion of households with knowledge and skills on the application of IRS and its demand among epidemic prone districts.

Cross-Cutting Issues

Communication Objective to support cross cutting issue:

9. To increase the proportion of decision makers' knowledgeable on the social economic consequences of malaria and devoting more resources to the prevention, control and management of malaria.

STRATEGIES TO BE EMPLOYED

The following strategies will ensure that the primary and secondary audiences are reached effectively to achieve the communication objectives of the national malaria communication strategy. The communication objectives under each of the four NMS strategic approaches are addressed by the broad strategies outlined below. Underlying each communication strategy will be the basic yet powerful fact that malaria is preventable and no one need die of the disease.

1. Behaviour change communication to create demand on IPT and ITNs and on treatment and management of malaria targeted at pregnant women and mothers of children under five in malaria risk areas
2. Targeted and phased public communication campaigns to negate misconceptions, build support, acceptance and utilisation of preventive, management and treatment measures targeted at populations at risk of malaria.
3. Strengthening of the capacity and promotion of community-based service providers
4. Capacity strengthening of health care providers to increase their knowledge on malaria preventive and treatment measures
5. Advocacy among decision makers and influential leaders at different levels to generate support and raise the profile of malaria as a national problem that is manageable.
6. Media advocacy to promote accurate and analytical coverage of malaria and to raise the profile of malaria nationally
7. Capacity building and coordination to build coherence in implementation of this strategy among organisations active in the prevention, control and treatment of malaria.

Each of the seven specific communication strategies are elaborated below under the strategy communication matrix.

COMMUNICATION STRATEGY MATRIX

The key aspects of each of the seven specific communication strategies described above are summarized under each respective strategy in matrix form. The matrix integrates all aspects of the strategy indicating the logical link between the audience, key message themes, methodology, channels and tools, expected outcomes and implementing partners. Key message themes are based on the objective for communication for each audience and the findings from the assessment. The strategy matches audiences with specific channels depending on the appropriateness of the channel to the specific audience. The approaches combine mass media, community level activity and interpersonal communication all linked to specific outcomes.

8. Strategy 1: Behaviour change communication to create demand for IPT and ITNs, and treatment and management of malaria among pregnant women and mothers of children under five in malaria risk areas

Under this strategy, pregnant women will be reached through a combination of communication approaches that will link communication with uptake of IPT and correct use of ITNs. It will also promote correct treatment and management of malaria among pregnant women and children under five years. The strategy will employ communication approaches that will include reaching the pregnant woman during ANC visits, through health care providers, through opinion leaders in the community, through information/counselling materials and through targeted mass media advertising.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
Primary Pregnant women Caregivers of children under five Secondary Partners of pregnant women Heads of Households Healthcare workers	Timing and benefits of attending early ANC Benefits of IPT during pregnancy for mother and baby Recognition of malaria symptoms and their correct and prompt treatment Benefits of sleeping under ITNs Correct use of ITNs	Reach pregnant women with key IPT and ITNs messages Healthcare providers to inform, educate, and motivate pregnant women through interpersonal communications during ANC Reach target audience through opinion leaders in their communities Collaborate with ITNs centres to inform and educate pregnant women on correct use of ITNs Develop and produce targeted mass media programs	Information and educational materials, Brochures, posters, and flip charts on IPT and ITNs Radio/TV spots and documentaries in Kiswahili and local language on Community forums and barazas, Folk music, drama and dance depicting correct IPT uptake and ITNs use	Increased proportion of women completing IPT doses Increased proportion of women who understand the risks of malaria in pregnancy and attend ANC. Increased proportion of pregnant women sleeping under ITNs Increased proportion of children under five receiving correct and timely treatment for malaria	Key divisions in the Ministry of Health, Division of Health Promotion Hospitals and health institutions Healthcare workers, ANC clinics Mass Media organisations Advertising agencies Community and Opinion leaders ITNs pick up centres and NGOs who promote ITNs use and re-treatment UN agencies such as WHO, UNICEF Bilateral agencies—USAID Kenya, World Bank, DfID NGOs active in malaria

Strategy 2: Targeted and branded phased public communication campaign

A branded communication platform will be created to drive this strategy, which will aim at building a critical mass within key audience segments knowledgeable and supportive of the recommended interventions against malaria. The strategy will be delivered through mutually reinforcing mass media (radio, TV, print) linked to activities at the community level that will engage change agents who will reinforce the key messages at the local level. Target audience for this strategy will be heads of households in at risk malaria areas and epidemic prone zones, partners of pregnant women, community leaders and school children in upper primary school. Mass media will be reinforced with information and educational materials targeted at the different audiences. Community mobilisation activities will promote ITNs in communities where they are available while IPT and correct treatment and management will be promoted in communities with access to health facilities. The centre piece for this strategy will be a serial radio drama linked to community activities that will initially be implemented for a period of one year.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
Primary Heads of households in endemic zones	Benefits of sleeping under ITNs	Reach various audience segments with key preventive and treatment messages through community opinion leaders	Information and educational materials	Increase in proportion households who recognise symptoms and seek treatment	Key Divisions in the Ministry of Health
	Sources of ITNs	Reinforce IEC on prevention and treatment through targeted mass media programs	"How to" Guides, manuals, brochures, flip charts, posters on prevention and treatment	Increased proportion of households using ITNs to prevent malaria	Division of Reproductive Health
Heads of households in highland epidemic zones	Benefits of application of IRS for epidemics prevention	Develop and produce an enter-educational radio drama linked to community activities on prevention and treatment	Radio/TV spots and docu-dramas on epidemic preparedness in Kiswahili and local languages	Increased proportion of households sprayed	Division of Child Health
	Steps for heads of households and community leaders to take in implementing IRS	Community-based activities that build support, acceptance and use of preventive and treatment measures	Radio/TV information and education discussion programmes	Increased number of community activities on malaria	Division of Health Promotion
Care givers of children under five	How to recognise and steps to take to seek prompt treatment against malaria	Integrate malaria into the school health programme that works with pupils as change agents at home and in the community	Forums, meetings and barazas		Drug manufacturers
Secondary Partners of pregnant women		Create an award scheme to recognise and reinforce prevention, treatment and control at the communal level	Develop and produce a serial radio drama to build support and acceptance of IPT, ITNs and IRS		NGO organisations
Political leaders					Media organisations
Community and Opinion leaders					Advertising partner agency
School children in upper primary school					UNICEF, WHO
					USAID, DfID

Strategy 3: Capacity strengthening for community-based service providers.

This strategy will be undertaken through the development and dissemination of an integrated curriculum to strengthen the capacity of CORPs in malaria endemic and malaria prone areas as community resources in the treatment, prevention and control of malaria. The confidence of the community on community-based service providers will be build by promoting and raising the profile of competent service providers within the community that they serve. This strategy will also explore the possibility of branding service outlets managed by competent providers.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
<p>Primary Community-based service providers</p> <p>Secondary Care givers of children under five; Heads of households in malaria risk areas Community influencers</p>	<p>Benefits of a holistic community effort in malaria prevention, treatment and control</p> <p>Benefit of early and correct treatment of malaria</p> <p>Correct steps to take in suspecting malaria infection</p> <p>How to correctly treat fever at home</p> <p>Importance of referring severe malaria to competent professionals</p>	<p>Vendor education on proper malaria treatment through guidelines</p> <p>Vendor education on developing interpersonal communication skills</p> <p>Technical assistance by MoH and organisations through specific programs on interpersonal communication and malaria treatment and prevention</p> <p>Formal and informal training programs to build capacity to effectively communicate treatment and prevention issues</p>	<p>Information and educational materials, CORPS training materials</p> <p>Targeted “How to guides” on symptom recognition and treatment</p> <p>Brochures, guidelines, flip charts of interpersonal communication skills</p> <p>Community meetings and barazas</p> <p>Folk and community drama, skits, plays, dance</p>	<p>Increased percentage of community-based service providers promoting Kenya’s national malaria intervention measures</p> <p>Increased proportion of service-providers with increased capacity to use treatment guidelines for management of malaria</p>	<p>Key divisions in the Ministry of Health, Division of Malaria Control</p> <p>Division of Health Promotion</p> <p>Development partners NGOs, FBOs, CBOs</p> <p>Drug companies/distributors</p> <p>Mass media organisations</p> <p>Community leaders</p> <p>Healthcare providers UN agencies USAID Kenya. Dfid</p>

Strategy 4: Communication capacity strengthening of health care providers

The strategy will focus on strengthening the capacity of health service providers around the current treatment and management of malaria. Appropriate teaching materials will be developed and disseminated to health service providers in malaria endemic and in epidemic prone districts. The materials will include flip charts, treatment guidelines etc. The strategy will also support development of interpersonal skills among health care providers.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
<p>Primary Healthcare providers</p> <p>Secondary Key Divisions in Ministry of Health Division of Malaria Control Division of Reproductive Health Division of Child Health Medical training institutions</p>	<p>Current guidelines/policies on malaria treatment and management</p> <p>Information on new treatment and preventive drugs</p> <p>Cultural barriers and facilitators to treatment and prevention</p>	<p>Reinforce malaria management through focused programs and training</p> <p>Piggy-back on existing treatment and prevention programs</p> <p>Create a national coordination committee to provide coherence, guidance monitoring and evaluate progress, challenges, and practices</p>	<p>Information and educational materials</p> <p>Brochures, flip charts, posters on malaria prevention and treatment</p> <p>Instructional documentary on effective application of guidelines</p> <p>Seminars, workshops and guidelines on malaria prevention and control</p> <p>Documented cases of malaria treatment and management measures</p> <p>Training manuals</p> <p>Malaria and IPT guidelines</p>	<p>Increased proportion of healthcare providers who correctly use national guidelines for management of malaria</p> <p>Increased proportion of health care providers with information on correct use of new anti-malarial drugs for management of malarial</p>	<p>Key Divisions in the Ministry of Health</p> <p>Department of Malaria Control</p> <p>Division of Health Promotion</p> <p>Division of Reproductive Health</p> <p>Division of Child Health</p> <p>School of Nursing</p> <p>Development partners</p> <p>NGOs dealing with malaria</p> <p>Community health centres</p> <p>WHO, UNICEF, DfID, NASCOP, USAID-Kenya</p>

Strategy 5: Advocacy among decision makers and influential leaders at different levels.

Decision makers in government, the private sector, civil society, development organisations, the media and professional bodies play an influential role in matters of national importance. Advocacy effort will be directed at raising decision makers' awareness on the socio-economic cost of malaria to the country and the challenges and opportunities under the current treatment and management of malaria. The decision makers will be reached and mobilised into action through information materials that will demonstrate the challenges and opportunities of controlling and managing malaria and how they can participate. Decision makers will be motivated to place malaria control high in their agenda through an award scheme that will be linked to the African Malaria Day.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
<p>Primary Decision makers in government, private sector and civil society</p> <p>Secondary Mass media and professional bodies Heads of households</p>	<p>Challenges, progress and opportunities of the current treatment and management of malaria</p> <p>Benefits of and opportunities for leadership in malaria treatment and management</p> <p>Costs (social, economic and health) to national development of not using ITNs/IRS</p> <p>Goals of NMS</p>	<p>Forums for the dissemination of key information on progress, opportunities and challenges in malaria control and prevention</p> <p>Networks and forums that encourage discussion, implementation, monitoring and evaluation of the NMS</p> <p>Leadership award for communal and national efforts, initiatives and progress in malaria treatment and management linked to the Africa Malaria Day</p>	<p>Information and education materials</p> <p>Quarterly progress news reports/ newsletter</p> <p>Brochures, periodical on progress and challenges</p> <p>"How to" guides and posters on the implementation of the NMS</p> <p>Fact sheets on costs and benefits of current challenges and opportunities of treatment and management</p> <p>Conferences and seminars</p> <p>Piggy-back on meetings of development organisations who focus on malaria treatment and management</p>	<p>Increased percentage in number of leaders and decision makers Integrating malaria in their organisational work</p> <p>Increase in knowledge among decision makers and leaders on effective malaria intervention measures</p> <p>Increased percentage in number of decision makers participating in initiating, supporting, and funding, prevention, treatment initiatives and management programmes</p>	<p>Department of Malaria Control</p> <p>Division of Health Promotion</p> <p>Political leaders</p> <p>Parliamentarians</p> <p>Media organisations</p> <p>Advertising agencies</p> <p>Development partners</p> <p>Private sector stakeholders</p> <p>All active partners at national and regional levels</p> <p>UN agencies such as UNICEF and WHO</p> <p>Bilateral agencies such as USAID, DfID</p> <p>NGOs dealing with malaria</p>

Strategy 6:

Mass Media advocacy to promote accurate and analytical coverage of malaria

The media will be leveraged as a strategic partner through a proactive media relations programme and a media award scheme. Under this strategy, the media will be used as one of the avenues of increasing knowledge and building support on the recommended interventions against malaria. The DOMC will proactively engage mass media organisations by providing them with the information and tools that will facilitate accurate and analytical coverage of malaria. Individual journalists and media houses will be motivated to cover malaria more deeply and analytically through a media award scheme that will be linked to the African Malaria Day. Media training workshops at the national and regional level will be designed to prepare journalists to cover malaria more analytically and to participate in the award scheme. The award scheme will be designed to focus reporting on specific themes or activities programmatically tied to malaria interventions at particular periods.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
<p>Primary</p> <p>Executives of media organisations</p> <p>Editors of national and regional media bodies</p> <p>Journalists in national and regional media organisations</p> <p>Secondary</p> <p>Key Divisions in MoH, DOMC</p> <p>Healthcare providers</p> <p>Development partners</p>	<p>Update on treatment and management of malaria</p> <p>Information on new drugs for malaria treatment</p> <p>Steps to take to promote accurate and analytical coverage of malaria control, treatment, and prevention</p> <p>Roles and responsibilities of different institutions in relation to the NMS</p> <p>Regional progress and challenges on malaria control</p>	<p>Increase knowledge on NMS among editors/reporters through workshops and editorial briefings</p> <p>Facilitate accurate coverage of malaria by developing and disseminating a media kit</p> <p>Proactively manage the media by establishing a function within the DMOC to engage the media in malaria coverage and related issues</p> <p>Increase the breadth and depth of media coverage on malaria through an award scheme</p>	<p>Information and educational materials,</p> <p>Media kits</p> <p>Workshops and editorial briefings on analytical writing and accurate media coverage</p> <p>TV/Radio programs and activities,</p> <p>Media call-in programs to disseminate accurate information</p> <p>Media awards entry guidelines on accurate and analytical coverage of malaria through media houses</p>	<p>Increased percentage of analytical coverage of malaria in the mass media</p> <p>Percentage increase of accurate coverage of malaria</p> <p>Percentage increase of malaria coverage, outside and during AMD</p> <p>Percentage increase of media programmes on malaria</p>	<p>Key Divisions in the Ministry of Health,</p> <p>Division of Health Promotion</p> <p>Division of Malaria Control</p> <p>Media organisations</p> <p>School of Journalism, University of Nairobi</p> <p>Healthcare providers</p> <p>Development partners</p> <p>Professional media associations</p> <p>UNICEF, WHO, USAID-Kenya, DfID</p>

Strategy 7: Capacity strengthening and coordination for coherence to build synergy in implementation of this strategy at the national level

Technical assistance will be provided to members of the Malaria IEC Technical Working Group (MIECTWG) at the national level and to district IEC working groups in endemic and epidemic prone districts to help them integrate malaria communication in their activities. The responsibility for coordinating the implementation of the strategy at the national level will be the MIECTWG while the DIWG and DHMTs will be responsible for overseeing its implementation at the district level.

Audience	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
<p>Primary Active organisations in malaria prevention, control and treatment</p> <p>Secondary Key Divisions in the Ministry of Health, Department of Malaria Control Division of Family Health Division of Child Health Development partners Media organisations</p>	<p>Benefits of collaboration in the treatment and control of malaria</p> <p>Effect of synergy and national development</p> <p>Progress, and challenges in the implementation of NMS</p> <p>Regional developments and progress in the treatment, control and prevention of malaria</p>	<p>Networks and forums that encourage discussion, planning, implementation, monitoring and evaluation of the NMS</p> <p>Coordination of strategy implementation at the national level through NIWG</p> <p>Coordination of strategy implementation at the district level through DIWG and DHMT</p> <p>Technical teams that provide guidance on strategy implementation at the district and national levels</p>	<p>Information and education materials</p> <p>Quarterly progress reports</p> <p>Develop “How to” guides, brochures, posters on strategy implementation at district level</p> <p>Develop “How to” guides, brochures, posters on strategy implementation at national level</p> <p>Conferences and seminars on strategy integration</p>	<p>Increased percentage in number of partners at all levels able to implement communication activities within the framework of the National Malaria Communication Strategy</p>	<p>Key Divisions in the Ministry of Health,</p> <p>Division of Malaria Control</p> <p>Division of Health Promotion</p> <p>Division of Reproductive Health</p> <p>Division of Child Health</p> <p>Political leaders</p> <p>Media organisations</p> <p>Advertising agencies</p> <p>All active partners at national and regional levels</p> <p>Private sector stakeholders</p> <p>Drug manufacturers</p>

STRATEGY IMPLEMENTATION: GENERAL RECOMMENDATIONS

A phased approach will be adopted in implementing this strategy over a period of three years. The first phase of the implementation will focus on pregnant women and care givers for children under five. Community mobilisation activities will be initiated in areas where interventions are already up and running and will be expanded to new areas as services become available. Activities will be implemented at three levels: national, regional and local. Implementation will be coordinated through the Malaria IEC Technical Working Group to leverage resources and to maintain coherence of communication activities among implementing institutions at the three levels. Below are general recommendations on key strategy implementation areas:

Assigning a communication specialist to manage the implementation of this strategy:

Implementation of this strategy will require focused effort and it is recommended that the MoH assign a communication specialist to specifically manage the implementation of this strategy. MoH with its collaborating partners will work out modalities of this function.

Communication will be delivered from a branded platform: A theme, logo and slogan to provide a branded platform for all communication materials will be developed at the beginning of the implementation of this strategy. This will enhance coherence of messages and create synergy across different communication activities.

Development and production of communication materials: All materials produced will require pre-testing among intended audiences prior to production. Development of materials will be competitively contracted out to an advertising agency, which will be responsible for developing the theme and long-term identity of the communication programme. The IEC TWG will participate in the development of all creative materials to ensure their technical accuracy and appropriateness.

Branded and phased multi-media public communication programme: The campaign will be implemented through phased but carefully linked streams over the three years. An educational radio serial drama linked to community level activities is recommended as the centre piece to link mass media and community level activities.

Media placement: A media plan for the public service advertising will be based on the most recent media usage data. The agency contracted to coordinate media placement should have the capacity to negotiate for bonus spots among media houses, as this is a social communication programme.

Dissemination¹ of information materials: Materials will be disseminated through a demand-driven network to ensure that materials are distributed efficiently and used effectively at community level.

Media Award Scheme: The media award scheme activities will be linked to the public information campaign to generate the necessary and the right media content early in the implementation of the Communication Strategy. The award will be tied to the Africa Malaria Day.

Malaria leadership awards: The leadership awards will be planned to be presented during the Africa Malaria Day. The lead-up to the awards will be promoted to generate public interest in malaria control and prevention and to magnify good interventions in malaria. Opportunities for participation of the private sector and development partners will be created at the national, regional and local level.

¹ Dissemination refers to distribution of materials together with an explanation of who the intended audiences are and where they should be used, handed out or displayed.

STRATEGY IMPLEMENTATION PLAN

Activities	Time frame											
	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Strategy 1: Behaviour change communication to create demand on IPT and ITNs, treatment and management of Malaria												
<ul style="list-style-type: none"> Produce and disseminate BCC materials on ITNs and IPTs 	■	■	■						■	■		
<ul style="list-style-type: none"> Support and coordinate community outreach forums 			■	■	■	■	■	■	■	■	■	■
<ul style="list-style-type: none"> Orientate health care providers in key BCC message themes 			■	■	■	■	■	■	■			
Strategy 2: Targeted and phased public communication campaign												
<ul style="list-style-type: none"> Identify and engage strategic communication partner organisation 	■	■										
<ul style="list-style-type: none"> Create campaign iconography (theme, logo, slogan) and produce information materials, radio and TV spots 		■	■	■	■							
<ul style="list-style-type: none"> Link mass media to community level activities by mobilizing partner bodies at different levels. 			■	■	■	■	■	■	■	■		
<ul style="list-style-type: none"> Produce and disseminate radio serial drama linked to community level activities 				■	■	■	■			■	■	■
Strategy 3: Strengthen capacity and promote community-based service providers												
<ul style="list-style-type: none"> Develop and disseminate guidelines for vendor education on malaria 				■	■	■	■					
<ul style="list-style-type: none"> Provide community based training to build capacity of vendors and community level service providers 			■	■	■	■	■	■	■	■	■	■
<ul style="list-style-type: none"> Plan and implement a programme to raise the profile of vendors at community level 				■	■	■	■	■	■	■	■	■
Strategy 4: Capacity strengthening of health care providers												
<ul style="list-style-type: none"> Produce and disseminate updated guidelines on malaria to health care providers 			■	■	■	■	■					
<ul style="list-style-type: none"> Plan and implement training programme to support communication on malaria 			■	■	■	■	■	■	■	■	■	■
Strategy 5: Advocacy among decision makers and influential leaders at different levels.												
<ul style="list-style-type: none"> Produce and disseminate information materials to decision makers on challenges and opportunities 			■	■	■	■	■	■	■			
<ul style="list-style-type: none"> Plan and organize leadership award scheme around AMD 		■					■				■	
<ul style="list-style-type: none"> Identify appropriate forums for disseminating information to decision makers 												
Strategy 6: Media advocacy to promote accurate and analytical coverage of malaria												
<ul style="list-style-type: none"> Produce and disseminate a media kit 		■	■	■								
<ul style="list-style-type: none"> Plan and organize media training workshop 				■			■			■		
<ul style="list-style-type: none"> Implement a proactive media relations programme 			■	■	■	■	■	■	■	■	■	■
<ul style="list-style-type: none"> Plan and implement a media award scheme 		■	■	■			■	■			■	■
Strategy 7: Capacity strengthening and coordination for coherence and synergy												
<ul style="list-style-type: none"> Develop "how to" guides for use by organisations implementing this strategy at different levels. 			■	■								
<ul style="list-style-type: none"> Hold an orientation workshop for implementing agencies 			■	■								
<ul style="list-style-type: none"> Provide follow-up technical assistance on communication planning at different levels. 				■	■	■	■	■	■	■	■	■
<ul style="list-style-type: none"> Review TOR of the MIECTWG and establish a mechanism to enhance coordination for coherence and synergy 			■	■								

Monitoring and Evaluation Framework

Monitoring and evaluation will be essential to objectively establish progress towards the achievements of the objectives of this communication strategy and in tracking the performance of the programme.

The key aspects of the M&E framework for this programme include:

- Monitoring of the implementation of the activities as they happen
- Assessing the outcomes and the contribution of communication activities to the NMS targets at regular intervals (e.g. population based surveys to assess changes in knowledge, attitude, behaviours and practices)
- Adding results to the national records and any new information into the health information management system

Process and outcome indicators, their means of verification and the NMS target they are contributing to are outlined under each of the seven strategic approaches outlined below.

Strategy 1

Behaviour change communication for demand creation on IPT and ITNs and correct treatment and management of malarial focused on pregnant women in malaria endemic areas.

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
Proportion of pregnant women: <ul style="list-style-type: none"> ▪ Who have heard or seen IPT/ITN messages ▪ Who attend ANC in time ▪ Reporting sleeping under ITN the previous night Proportion of children under five receiving prompt and correct treatment on malaria	Increased proportion of pregnant women: <ul style="list-style-type: none"> ▪ Who know the steps to protect themselves against malaria during pregnancy ▪ Who have received timely IPT and have completed dosage ▪ Attending ANC ▪ Who use ITN during pregnancy 	<ul style="list-style-type: none"> ▪ National and regional population based household surveys ▪ ANC records ▪ Population based ITN user surveys 	<ul style="list-style-type: none"> ▪ 60% have at least 2 IPT doses ▪ 80% of fever or anaemia cases managed appropriately at ANC ▪ 60% of pregnant women sleep under an ITN. ▪ 60% of fever cases which are treated at home by family members or care takers will be managed appropriately

Strategy 2

Targeted and phased public communication campaigns to build support, acceptance and utilisation of preventive and treatment measures targeted at populations at risk of malaria.

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
Proportion of households: <ul style="list-style-type: none"> ▪ Who have seen or heard messages on effective preventive measures for malaria ▪ Re-treating bed nets on a regular basis ▪ Whose dwelling units are sprayed 	Increased proportion of : <ul style="list-style-type: none"> ▪ Net ownership in households ▪ Households using ITNs to prevent malaria. ▪ Households sprayed against malaria ▪ Vulnerable people sleeping under an ITN 	<ul style="list-style-type: none"> ▪ National and regional population based household surveys ▪ Population based ITN user surveys 	<ul style="list-style-type: none"> ▪ 60% of risk groups sleep under net ▪ 50% of nets regularly re-treated ▪ 60% of households in malaria risk areas are sprayed

Strategy 3

Strengthen capacity of CORPS and promote community-based service providers within their communities

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
<p>Percentage of community-based service providers</p> <ul style="list-style-type: none"> ▪ Managing malaria cases correctly and appropriately. ▪ Adopting one or more of Kenya's national malaria intervention measures <p>Proportion of:</p> <ul style="list-style-type: none"> ▪ Service-providers using treatment guidelines for malaria ▪ Care givers correctly identifying fever and any symptoms of malaria 	<p>Increased percentage in:</p> <ul style="list-style-type: none"> ▪ Number of community-based service providers promoting Kenya's national malaria intervention measures <p>Proportion of :</p> <ul style="list-style-type: none"> ▪ Service-providers with increased capacity to use guidelines for treatment and management of malaria 	<ul style="list-style-type: none"> ▪ National and regional population based household surveys ▪ Health facility records ▪ Sample health care provider interviews 	<ul style="list-style-type: none"> ▪ 60% of fever cases which are treated at home by family members or care takers will be managed appropriately ▪ 80% of first line therapeutic failure and severe malaria cases correctly managed by health staff

Strategy 4

Strengthen capacity of healthcare providers to increase their knowledge on malaria preventive and treatment measures.

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
<p>Proportion of:</p> <ul style="list-style-type: none"> ▪ Malaria cases treated and managed correctly using new anti-malarial drugs. ▪ Health facilities supplied with malaria guidelines 	<p>Increased proportion of:</p> <ul style="list-style-type: none"> ▪ Healthcare providers who correctly use national guidelines for treatment and management of malaria ▪ Healthcare providers with information on correct use of new anti-malaria drugs ▪ Number of disseminated malaria guidelines 	<ul style="list-style-type: none"> ▪ Records in health facilities ▪ Sample provider interviews ▪ Health facility surveys 	<ul style="list-style-type: none"> ▪ 80% of fever cases treated by CHWs or outpatient managed according to national guidelines ▪ 80% of first line therapeutic failure and severe malaria cases correctly managed by health staff

Strategy 5

Advocacy among decision makers and influential leaders at different levels.

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
<ul style="list-style-type: none"> ▪ Number of sessions on malaria held by leaders and decision makers in each malaria zone ▪ Percentage of local leaders at community level who can name current measures for prevention and control of malaria. ▪ Number of malaria treatment and management initiatives receiving support from local leaders. 	<p>Increased percentage in:</p> <ul style="list-style-type: none"> ▪ Number of sessions for leaders and decision makers addressing malaria in campaigns, programs and initiatives ▪ Awareness and knowledge among decision makers and leaders on effective intervention measures for prevention and control of malaria ▪ Number of leaders and decision makers participating in initiating, supporting and funding prevention, treatment initiatives and management programmes 	<ul style="list-style-type: none"> ▪ Key informants interviews ▪ National and regional population based household surveys 	<p>80 % of households receive targeted messages on malaria</p>

Strategy 6

Media advocacy to promote accurate and substantive coverage of malaria to reinforce key messages and to raise the profile of malaria as a national problem

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
<p>Percentage of number of:</p> <ul style="list-style-type: none"> ▪ Media organisation devoting resources and participating in coverage of malaria ▪ Journalists regularly providing coverage to malaria ▪ Journalists participating in the AMD media award scheme 	<p>Percentage increase in:</p> <ul style="list-style-type: none"> ▪ Number of media houses producing analytical articles with key messages on malaria intervention ▪ Accurate coverage of issues on malaria. ▪ Coverage of malaria, outside AMD and supplement days ▪ Mass media programmes devoted to malaria 	<ul style="list-style-type: none"> ▪ Media content analysis ▪ Interview with media gatekeepers 	<ul style="list-style-type: none"> ▪ 80% of households receive targeted messages on malaria

Strategy 7

Capacity building and coordination to build coherence in implementation of this strategy among organisations active in the prevention, control and treatment of malaria.

Process Indicators	Outcome Indicators	Means of Verification	National Malaria Strategy Targets
<p>Percentage of partners participating in activities addressing malaria control. Specifically:</p> <ul style="list-style-type: none">▪ Number of partners supporting media coverage on malaria issues.▪ Number of partners advocating, supporting and funding prevention, treatment initiatives and management programmes▪ Number of partners who promote and distributing nets and re-treatment kits.	<p>Increased number of partners at all levels implementing communication activities within the framework of the national malaria communication strategy.</p>	<p>Inventories of partners and activities</p> <p>Review of operational plans of partner organisations</p>	<p>80 % of households receive targeted messages on malaria</p>

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