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Ministry of Health



NATIONAL SOCIAL AND BEHAVIOUR CHANGE & ADVOCACY GUIDE FOR MALARIA INTERVENTIONS


2021-2025

2021



NATIONAL MALARIA
CONTROL PROGRAMME





**NATIONAL SOCIAL AND BEHAVIOUR
CHANGE & ADVOCACY GUIDE FOR MALARIA
INTERVENTIONS 2021-2025**

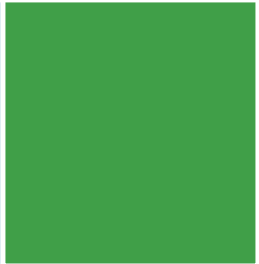


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Foreword

During the period of the last National Malaria Strategic Plan (2015-2020) and associated Communication Guide, the Ministry of Health (MOH), through the National Malaria Control Programme (NMCP) in collaboration with her partners, made significant progress in the fight against malaria. The number of confirmed malaria cases declined by 13% from 7.7 million in 2015 to 6.7 million in 2019. The incidence of malaria per 1,000 population dropped to 118 in 2019 from 162 in 2015, representing a 27% decline over the 5-year period. Between now and 2025, Tanzania aims to consolidate these gains, building a society free of malaria in line with Sustainable Development Goal (SDG) 3; the Global Technical Strategy (GTS) for Malaria 2016-2030; the Roll Back Malaria (RBM) Action and Investment to Defeat Malaria 2015; Tanzania Development Vision (TDV) 2025; MKUKUTA II; National Health Policy 2019; National Five-Year Development Plan 2016/17-2020/21; Health Sector Strategic Plan IV and Policy Guideline for Community Based Health Services (2020).

This Guide supports these goals and will contribute to achievement of the malaria prevention and control and elimination objectives outlined in the National Malaria Strategic Plan 2021-2025. It provides a framework for social and behavior change (SBC) and advocacy activities and serves as a guide to ensure that those activities are strategic, focused, and data driven. By following this Guide, stakeholders and partners will ensure that their activities and messages are consistent and harmonized, working together to achieve greater impact.

The Guide presents SBC information and plans for each malaria intervention, including behavioral and communication objectives, target audiences, strategic SBC approaches and channels, and key messages. The Guide also addresses issues of malaria stratification, as outlined in the current national malaria strategic plan, and provides considerations for how the design and implementation of SBC and advocacy activities and messages may need to be tailored for varying risk strata. The Guide also addresses advocacy and coordination issues as related to SBC.

To date, SBC and advocacy activities have contributed to strong gains in malaria knowledge and awareness. The Malaria Indicator Survey 2017 showed extremely high (>90%) knowledge of malaria and malaria interventions nationwide. However, other key determinants of malaria behaviors, such as attitudes, beliefs, self-efficacy, and norms, have not seen equally strong gains. As a result, while adoption of desired behaviors has been positive in some areas, achievement of targets for LLIN use, care-seeking, malaria testing and treatment have not been realized nationally.

Therefore, during the period of this Guide, SBC and advocacy activities must focus on maintaining high levels of knowledge and awareness, while moving to address other key determinants that will drive uptake of the desired behaviors. This will require stakeholders and partners to implement a range of approaches that fully engage and empower individuals, households, communities, and systems to adopt and support priority malaria interventions. Importantly, this Guide provides more specific guidance on targeting of SBC and advocacy activities to particular malaria risk strata, an area which was not sufficiently addressed in the previous guide. It also addresses new malaria control interventions that will be rolled out integrated areas, which will require SBC and advocacy activities to promote acceptance of these interventions in the targeted communities.



It is my sincere hope that, guided by this document, the National Malaria Control Programme and implementing partners at all levels will develop and implement high-quality SBC and advocacy activities in a well-coordinated manner. I believe that the various strategic approaches outlined in this Guide will contribute to uptake of key malaria interventions, leading to a reduction of the malaria burden in Mainland Tanzania, moving us closer to our goal of a society free of malaria.

Dr. Aifello Wedson Sichelwe
Chief Medical Officer
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Acknowledgments

The Ministry of Health (MOH), through the National Malaria Control Programme (NMCP), extends profound thanks and appreciation to all the stakeholders who participated in the development of this Guide through various virtual and in-person workshops and consultation sessions. This Guide is a critical component of our national efforts to address malaria and will ensure that SBC and advocacy activities are strategic, focused, and well-coordinated.

The MOH would like to acknowledge the valuable financial and technical support that was provided by USAID, through the USAID Tulong Afya Project, led by FHI 360, and the Global Fund toward development of this Guide. We recognize the hard work and contributions of consultant Dr. Charles M Matiko, and the USAID Tulong Afya team, Claire Gillum and Theresia Mrema, for ensuring successful development of this Guide.

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Finally, it is with immense gratitude that I acknowledge the efforts and dedication of all those individuals and organizations who contributed to development of the Guide. This includes representatives from PO-RALG, Prime Minister's Office, MOH (Health Promotion Section, Immunization and Vaccine Development, and Communication Unit), IHI, Pwani Malaria Control Regional Focal Person, Kibaha Town Council Malaria Focal Person, TAPAMA, ALMA, Jhpiego, USAID Boresha Afya, T-MARC Tanzania, TCDC, RTI-OMDM, Abt Associates, CHAI, Swiss TPH, and all others who participated in one way or the other. Your contributions were of great value.

Dr. Beatrice Mutayoba
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Abbreviations

ACD	Active Case Detection
ACT	Artemisinin-based Combination Therapy
ADDO	Accredited Drug Dispensing Outlet
ALMA	African Leaders Malaria Alliance
ANC	Antenatal care
API	Annual Parasite Incidence
CBO	Community-Based Organization
CCA	Community Change Agent
CHAI	Clinton Health Access Initiative
CHW	Community Health Worker
DC	District Commissioner
DED	District Executive Director
DHO	District Health Officer
DMFP	District Malaria Focal Person
DMO	District Medical Officer
FBO	Faith-Based Organization
GTS	Global Technical Strategy
HMIS	Health Management Information System
HPS	Health Promotion Section
ICT	Information and Communication Technology
IEC	Information, Education, and Communication
IHI	Ifakara Health Institute
IMVC	Integrated Malaria Vector Control
IPC/IPCom	Interpersonal Communication
IPTp	Intermittent Preventive Treatment of Malaria in Pregnancy
IPTsc	Intermittent Preventive Treatment of Malaria among school children
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
LLIN	Long-Lasting Insecticidal Net
LSM	Larval Source Management
MBS	Malaria Behavior Survey
mCBS	Malaria Case-Based Surveillance
mCCM	Malaria Community Case Management
MCM	Malaria Case Management
MDA	Mass Drug Administration
MEO	Mtaa Executive Officer
MICS	Multiple Indicator Cluster Survey
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MOH	Ministry of Health
mRDT	Malaria Rapid Diagnostic Test



MSDQI	Malaria Services and Data Quality Improvement
NGMDT&PT	National Guidelines for Malaria Diagnosis, Treatment and Preventive Therapies
NGO	Non-Governmental Organization
NMCP	National Malaria Control Programme
NMSP	National Malaria Strategic Plan
PA	Public Announcement
PEPFAR	US President's Emergency Plan for AIDS Relief
PMI	US President's Malaria Initiative
PO-RALG	President's Office-Regional Administration and Local Government
PPP	Public Private Partnership
QAACT	Quality Assured Artemisinin-based Combination Therapy
RAS	Regional Administrative Secretary
RBM	Roll Back Malaria
RCH	Reproductive and Child Health
RCHS	Reproductive and Child Health Section
RCT	Randomized Controlled Trial
RDT	Rapid Diagnostic Test
RMFP	Regional Malaria Focal Person
RTI-OMDM	RTI Okoa Maisha Dhibiti Malaria
SA	Strategic Approach
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SDM	Service Delivery Mechanism
SMC	Seasonal Malaria Chemoprevention
SNP	School Net Programme
SOP	Standard Operating Procedure
SST	Single Screening and Treatment
TAPAMA	Tanzania Parliamentary Alliance Against Malaria
TCDC	Tanzania Communication and Development Centre
TDHS	Tanzania Demographic and Health Survey
TDV	Tanzania Development Vision
TMIS	Tanzania Malaria Indicator Survey
TNVS	Treated Nets Voucher Scheme
TPH	Tropical and Public Health
TWG	Technical Working Group
USAID	United States Agency for International Development
VEO	Village Executive Officer
WDC	Ward Development Committee
WEO	Ward Executive Officer
WHO	World Health Organization

1.1. MALARIA IN MAINLAND TANZANIA

Significant steps have been made in the fight against malaria, resulting in remarkable reduction in the malaria burden in Mainland Tanzania. The number of confirmed malaria cases declined by 13% from 7.7 million in 2015 to 6.7 million in 2019. The incidence of malaria per 1,000 population has also dropped to 118 in 2019 from 162 in 2015, representing a 27% decline over the 5-year period. From 1999 to 2016, the country has seen an almost 50% reduction in infant, child, and under 5 mortality, driven in large part by a reduction in malaria.

However, malaria remains endemic in much of the country and data demonstrate that malaria transmission varies significantly, with some regions experiencing very low or no transmission and other regions still experiencing high rates of transmission. In high transmission areas, morbidity remains high among children under five years of age, with approximately 50% of cases diagnosed in health facilities being among children under 5, as compared to approximately 20% in low transmission areas.

Therefore, despite the significant decrease in malaria morbidity and mortality, malaria remains a major public health concern in Mainland Tanzania. It also poses a significant societal and economic burden in terms of lost productivity, healthcare costs, and absence from school. The economic impact of malaria is so high that, in developing countries, it is considered one of the major causes of poverty. In response, the Government of Tanzania has made the continued fight against malaria a key priority that will contribute to the country's health and development goals. To achieve this, people need to be informed and empowered to increase their ability to practice desired malaria preventive and treatment behaviours. Coordination at all levels needs to be strengthened for smooth implementation of SBC activities. The NMCP under its SBC Unit developed this National SBC and Advocacy Implementation Guide, which outlines strategies that will directly support the continued progress to reduce and eliminate malaria from Tanzania Mainland.

1.2. NATIONAL MALARIA STRATEGIC PLAN (2021-2025) VISION, MISSION AND OBJECTIVES

Vision

Tanzania becomes a society free of malaria.

Mission

Ensure all people in Mainland Tanzania have equitable access to sustainable, quality, effective, safe, and affordable malaria preventive and curative services through efficient collaborative partnerships and community ownership.



Goal




















The national goal is to reduce the average malaria prevalence in children aged less than 5 years from 7.5% in 2017 to less than 3.5% in 2025. The reduced transmission is expected to decrease the overall annual parasite incidence (API) per 1,000 population from an average of 122 per 1,000 in 2019, to less than 30 per 1,000 in 2025.

Malaria Control Strategic Objectives

The National Malaria Strategic Plan 2021-2025 identifies the following strategic objectives:

- 1) Integrated Malaria Vector Control (IMVC): Reduce malaria parasite transmission by maintaining recommended evidence-based vector control interventions according to the targeted malaria risk strata.
- 2) Malaria Diagnosis Treatment and Preventive Therapies: Prevent the occurrence of mortality related to malaria infection through universal access to appropriate diagnosis and treatment and targeted provision of preventive therapies for vulnerable groups.
- 3) Malaria Surveillance Monitoring and Evaluation: Provide timely and reliable information on malaria and its control needed to take appropriate actions in different transmission risk strata and ensure resources are used in the most cost-effective manner.
- 4) Logistic Management: Maintain timely availability of safe and quality malaria commodities and supplies at all delivery points.
- 5) Social and Behavior Change and Advocacy: Strengthen an enabling environment where individuals, households, and communities at risk of malaria are empowered to protect themselves and their families from malaria and seek proper and timely malaria care and treatment.
- 6) Program Management: Improve efficiency and effectiveness of implementation and coordination of malaria control strategies via accountable partnership.

Figure 1: Approaches under each malaria strategic component identified in the NMSP 2021-2025

National malaria interventions strategic components		
Strategic Component	Component	Approaches
Core Strategic components	Malaria Vector Control	LLIN  IRS  LSM 
	Malaria Diagnosis Treatment and Preventive Therapies	Test  Treat  Prevent  Reach 
	Malaria Surveillance Monitoring and Evaluation	Disease Surveillance  Monitor  Manage Info 
Supportive Strategic components	Commodities & Logistic Management	PSM  QA  Safety 
	Social and Behavioral Change & Advocacy	Community Advocacy Engagement  Vulnerable groups  PPP 
	Program Management	Leadership  Resource Mobilization  Partnership 



1.3. GOAL AND OBJECTIVES OF THIS GUIDE

Goal

The goal of this Guide is to provide a comprehensive roadmap to direct SBC and advocacy activities in support of NMSP 2021-2025 objectives, with the aim of transitioning Mainland Tanzania to the malaria elimination phase by 2030.

Objectives of this Guide

The NMSP 2021-2025 identifies the following aims for SBC and advocacy activities:

- 1) To promote increased access to and utilization of integrated malaria vector control methods by targeted populations.
- 2) To promote universal access to and utilization of appropriate malaria diagnosis, treatment, and targeted preventive therapies for vulnerable groups.
- 3) To strengthen public private partnerships (PPP) to maximize SBC and advocacy efforts and ensure consistency in the fight against malaria.
- 4) To increase visibility of specific malaria control campaigns to politicians, decision-makers, communities, and the general public so that malaria becomes an agenda and priority at all levels.

In order to support and facilitate achievement of these aims, this Guide has the following objectives:

- 1) To provide a framework to guide the development and implementation of strategic, evidence-based SBC& advocacy programs and activities.
- 2) To ensure use of consistent and standardized messages among all partners working on SBC & advocacy for malaria.
- 3) To guide advocacy efforts aimed at political leaders, decision-makers, private sector partners, and community leaders in order to raise the profile of malaria and generate increased resource allocation for malaria at all levels.
- 4) To improve coordination of SBC& advocacy activities across partners and at all levels in Mainland Tanzania.

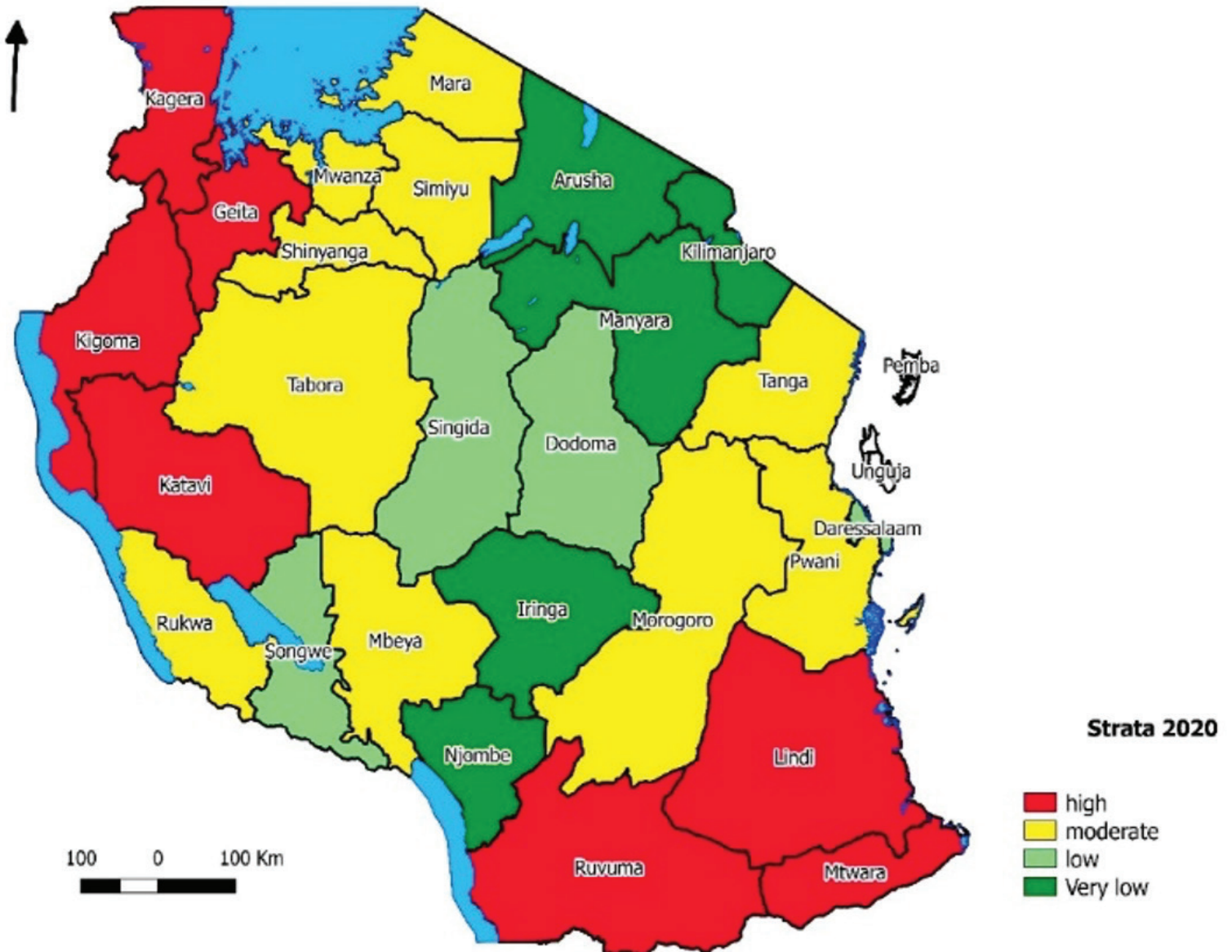
SBC and advocacy strategic approaches and objectives identified in the NMSP 2021-2025 are expanded upon in Annex 1.

1.4. MALARIA TRANSMISSION RISK STRATA CONSIDERATIONS

Mainland Tanzania has been divided into various malaria transmission risk strata based on malaria transmission rates, ranging from very low to high transmission risk. The map below (Figure 1) demonstrates low transmission areas in a “corridor” running from the northeast to the southwest of Tanzania, covering approximately one third of the country and its population. At the same time, the high transmission areas are found in the northwestern lake zone and in the southeastern coastal zone.



Figure 2: Map of Tanzania showing regions with high, moderate, low, and very low malaria transmission risk





The NMSP 2021-2025 identified specific considerations for SBC and advocacy activities related to malaria transmission risk strata, as summarized in the table below.

Table 1: SBC and advocacy considerations according to malaria risk strata

Malaria transmission risk strata	Considerations
Very Low	<ul style="list-style-type: none">• Maintain knowledge of malaria signs and symptoms, with emphasis on signs of severe disease.• Address the need to protect against malaria when travelling to endemic areas and regions with higher risk.• Promote continued consistent LLIN use, especially among groups with greater vulnerability to malaria because they are still at higher risk.• Continued emphasis on early treatment seeking for febrile illness and explanation that all those seeking care for fever will receive testing for malaria.• Promote active community participation and support for elimination activities, such as malaria case-based surveillance.
Low	<ul style="list-style-type: none">• Maintain knowledge of malaria signs and symptoms, with emphasis on signs of severe disease.• Address the need to protect against malaria when travelling to endemic areas and regions with higher risk.• Promote continued consistent LLIN use, especially among groups with greater vulnerability to malaria.• Address malaria risk perception, including shifts in immunity status due to malaria epidemiological transition.• Continued emphasis on early treatment seeking for febrile illness and explanation that all those seeking care for fever will receive testing for malaria.• Equip providers with skills and tools to address concerns about fevers that increasingly test negative for malaria to avoid client dissatisfaction and erosion of trust between clients and providers, including client mistrust of mRDTs.



Malaria transmission risk strata	Considerations
Moderate	<ul style="list-style-type: none">• Continue to promote uptake of all recommended malaria interventions, including consistent use of LLINs, acceptance of IRS (where it is implemented), treatment seeking for fever, testing before treatment, adherence to test results, use of recommended ACTs, and uptake of IPTp for pregnant women.• Promote both individual and social change to establish and maintain a culture of utilization of malaria interventions by all in the community.
High	
Urban	

Source: Adapted from NMSP 2021-2025

CHAPTER 2:

INTERVENTION-SPECIFIC PLANS

The plans contained in this section of the Guide are intended to provide partners and stakeholders with information and guidance to inform the design and implementation of SBC and advocacy activities in order to promote uptake of specific behaviors aligned with the integrated malaria vector control and diagnosis, treatment and preventive therapies interventions identified in the NMSP 2021-2025. Each intervention-specific plan begins with a series of analyses (situation, behavioral, audience) to understand the considerations and context for SBC and advocacy activities. The plans then lay out behavioral objectives for each intervention, and the target audiences, strategic objectives, channels and approaches, key messages, key benefits and supporting points to be addressed to achieve these objectives.

2.1. INTEGRATED MALARIA VECTOR CONTROL (IMVC)

Despite the progressive decline in malaria prevalence, Mainland Tanzania remains highly vulnerable to malaria transmission. Integrated malaria vector control (IMVC) is one of the major strategies for controlling malaria in Mainland Tanzania. Through IMVC interventions, Mainland Tanzania aims to reduce malaria transmission by maintaining recommended evidence-based vector control interventions according to the targeted malaria transmission risk strata. The NMSP 2021-2025 identifies three priority interventions designed to prevent human-vector contact and contribute to malaria vector control; these are: (1) long-lasting insecticidal nets (LLINs); (2) indoor residual spraying (IRS); and (3) larval source management (LSM), incorporating Bio-larviciding and environmental management. SBC and advocacy activities will play an important part in driving increased access and uptake of these interventions.





2.1.1. Long Lasting Insecticide-Treated Nets (LLINs)

LLINs Situation and Behavior Analysis	
Situation Analysis	<p>In Mainland Tanzania, LLINs are distributed through mass campaigns, as well as two primary continuous distribution channels: School Net Program (SNP) and health facility distribution. The SNP involves distribution of LLINs to eligible classes of school-age children while facility-based distribution involves provision of an LLIN to all pregnant women at their first ANC visit and to the parents of young children at their measles/rubella vaccination visit. Nets are also available commercially; however, access through the private sector is mostly available in urban areas. The most recent mass campaign took place in 2020 and covered 50 districts with very low and low malaria transmission risk across 10 regions with low malaria prevalence. According to the recent Malaria Indicator Survey (MIS), conducted in 2017, more than half (62%) of LLINs owned by households were obtained through mass distribution campaigns, 10% through shops/market, 4% through the SNP, 4% through ANC visits, and 1% through immunization visits.</p>
	<p>One of the NMCP's priorities is to increase ownership of at least one LLIN for every two people to 85%. In spite of strong progress across a range of LLIN indicators in the last decade, this target has not yet been achieved. Based on the 2017 MIS, 78% of households own at least one LLIN, 62% of the population have access to an LLIN in their household (calculated based on the number of LLINs in the household and the number of household members), and 52% of the population slept under an LLIN the night before the survey. This translates to a use:access ratio of 83%, which indicates a generally strong net use culture.</p> <p>The highest levels of LLIN use among those with access aligns with the peak malaria transmission season, with slight declines in use among those with access during the dry season. The most vulnerable groups – children under 5 and pregnant women – are prioritized for LLIN use in households that have at least one LLIN, but not enough. Children of school-age have the lowest LLIN use when households have insufficient LLINs. Populations in rural areas have slightly lower LLIN use:access ratios than those in urban areas in recent years. Wealth quintile trends in LLIN use:access have reversed since 2010 and 2011-12, with higher LLIN use among wealthier quintiles as of the 2017 MIS.</p> <p>Generally high rates of LLIN ownership and use at the national level mask large regional variances in key LLIN indicators. For example, LLIN ownership ranges from 89% in Pwani to 58% in Njombe; LLIN access ranges from 76% in Pwani to 42% in Singida; LLIN use ranges from 78% in Pwani to 16% in Njombe; and the use:access ratio ranges from 0.31 in Njombe to 1.03 in Mwanza.</p>

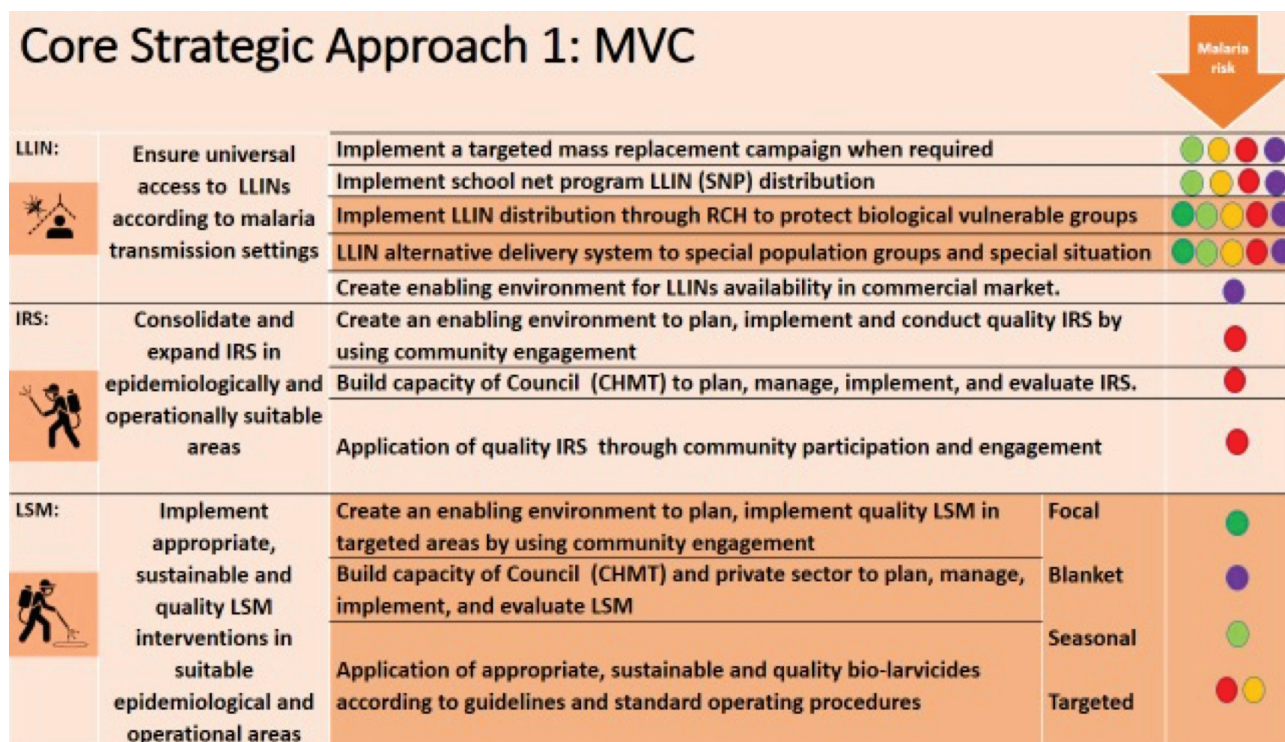


LLINs Situation and Behavior Analysis

Behavioral Analysis

Knowledge of LLIN as a way to protect against malaria is very high, with 87% of women surveyed during the 2017 MIS stating that there are ways to avoid getting malaria, (ranging from 70% in the lowest wealth quintile to 97% in the highest quintile), with 98% of these citing sleeping under a mosquito net as a way to do so. Among those surveyed in the 2017 MIS who stated they did not sleep under LLIN the previous night, the most commonly given reasons were that the net was being saved for later use (40%) and that there were no mosquitos (30%). Other research has revealed additional factors that are important barriers to LLIN use in Tanzania, including the belief that LLIN bring bed bugs or other pests into the home; the belief that the insecticide in LLIN is harmful, including impacting virility; and the attitude that sleeping under LLIN is uncomfortable, especially when it is hot. Further, research has shown that, in some cases, net use is considered a priority for certain vulnerable groups or certain seasons, resulting in lower net use among lower priority groups (e.g., school-aged children – as indicated in SMPS 2019) and during the dry season when malaria is perceived as less of a risk.

Figure 3: Integrated malaria vector control interventions identified in the NMSP 2021 - 2025



Legend

● Very Low
 ● Low
 ● Moderate
 ● High
 ● Urban



LLINs Audience Analysis and Strategic Approaches

Audience Analysis	<p>Primary Audiences:</p> <ul style="list-style-type: none">• Decisions around net use are often made by the head of household. This includes decisions impacting net ownership (e.g., registering for a mass campaign, supporting attendance at ANC or immunization visits where LLIN are provided, purchasing a net through the private sector), as well as net access (e.g., who in the household sleeps under the net) and use (e.g., whether nets are used, when they are used, and whether nets are repurposed for other purposes than malaria protection).• Net care and repair actions are more typically the responsibility of female members of the household. <p>Examples of primary audiences are:</p> <ul style="list-style-type: none">• Parents and caretakers of children under five years old.• Pregnant women and their spouses.• Heads of households. <p>Secondary Audiences:</p> <ul style="list-style-type: none">• Health care providers have an important impact on net access based on their role in distributing nets through ANC and immunization programs.• Teachers have an important influence through their role in net issuing and promoting net use, care and sharing among school children.• Community leaders and religious leaders are important influencers of attitudes and beliefs related to net access, net use and care. <p>Examples of secondary audiences are:</p> <ul style="list-style-type: none">• Health care providers.• Community leaders.• Teachers.• Religious leaders.• Policy makers.
Strategic Approaches	<p>Social and behavior change communication is most effective when it engages with the target audience at multiple levels through different channels to increase message exposure and recall, address myths and misconceptions and normalize net use, care and sharing through:</p> <ul style="list-style-type: none">• Mass media will be used to normalize net use, care and sharing through:<ul style="list-style-type: none">o National, regional, and local/community radio.o Television, including audio-visual content that can be used at the community and health facility level, and online.o Social media such as blogs, Instagram, WhatsApp, Facebook, and YouTube, targeted to areas with high penetration of mobile phones and smartphones among target audiences.



LLINs Audience Analysis and Strategic Approaches	
	<ul style="list-style-type: none"> • Mid-media. <ul style="list-style-type: none"> o Community events, including community theater performances, roadshows, and clinic shows. o Public Announcements (PA), e.g.,mbiu¹ • Community mobilization and engagement. <ul style="list-style-type: none"> o Advocacy and sensitization meetings particularly tied to mass campaigns and the SNP to raise awareness and generate support for distribution events. o Community dialogues. o Engagement of local and religious leaders. o School-based clubs and programs. o Interpersonal communication (IPC), including both one-on-one and small groups. <p>All of the above approaches should be supported by distribution of SBC materials such as fliers, factsheets, etc.</p>
<p>Considerations for areas with very low and low transmission risk</p>	<ul style="list-style-type: none"> • SBC activities should seek to promote continued LLIN use,with the aim of preventing recurrence of malaria in the community. • For target audiences in these strata, it is important to promote accurate risk perception when travelling to higher risk and endemic areas in order to support LLIN use when away from home.

LLINs SBC plans

LLINs Behavior Objective 1:

Increase the proportion of people who access LLINs when needed through appropriate channels

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Head of the household • Pregnant women and their spouses • Parents and caretakers of children • School children <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health care providers • Teachers • Community and religious leaders • Influential people in the community
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¹ Mbiu is Public announcement using public address audio-systems (Mbiu is a local method of announcing information in the community, mostly used at village/mtaa level.)



Target Audience

Communication Objective 1:

Increase the proportion of pregnant women and their spouses who know that they are eligible to receive a free LLIN at their first ANC visit.

Key Messages:

- Get the services you deserve by asking for your free LLIN when you attend your first ANC visit
- Taking action to access LLIN is the first step in protecting your family against malaria.
- When you ensure that there are enough LLINs to keep your family safe from malaria you will be respected in your community.

Secondary Audience:

- Health care providers
- Teachers
- Community and religious leaders
- Influential people in the community

Communication Objective 2:

Increase the proportion of parents and caregivers of infants who know that their children are eligible to receive a free LLIN during measles/rubella vaccination.

Key Messages:

- Get the services you deserve by asking for your free LLIN when you bring your child for their measles/rubella immunization visit.
- Taking action to access LLIN is the first step in protecting your family against malaria.
- You will be respected in your community by ensuring that you have enough LLINs to keep your family safe from malaria.

Communication Objective 3:

Increase the proportion of RCH health care providers who believe that it is important to issue an LLIN for free to all pregnant women during their first ANC visit and to infants during their measles/rubella vaccination.

Key Messages:

- You will be considered as a caring and hardworking provider when you provide LLIN to all pregnant women during the first ANC visit and encourage them to use it every night.
- All pregnant women should receive an LLIN at their first ANC visit, regardless of when in pregnancy they first attend ANC and regardless of whether they attend with their male partner.
- Provide LLIN to caretakers and parents of children under one year when they come for measles/rubella vaccination to protect them from malaria.
- For medical in-charge at the health facilities: At any time, ensure adequate stock of LLIN which cover at least 3months ahead.
- Caregivers of children under the age of 9 months should be given LLIN, during measles/rubella vaccine appointments, even when there is a stock out of these products.



Communication Objective 4:

Increase the proportion of parents and caregivers who know when, where, and to whom nets will be issued through the SNP.

Key Messages:

- LLINs are distributed for free to school children through the School Net Program.
- Each year, selected classes of school children will receive a free LLIN through the SNP.
- Taking action to access LLIN is the first step in protecting your family against malaria.

Communication Objective 5:

Increase the proportion of heads of households with extra LLIN, who believe it is important to give extra LLIN to neighbors, friends or relatives who do not have enough to cover their sleeping spaces.

Key messages:

- You will be recognized as a caring and considerate member of your community when you give away the extra LLIN that you don't need to people who do not have enough.
- Sharing extra nets with your neighbor, friend or relative, is the way of showing love and protecting them from malaria.

Communication Objective 6:

Increase the proportion of people who have comprehensive knowledge on targeted mass replacement campaign (when it will take place, who is eligible to receive nets, process for registration and net distribution).

Key messages:

- Your area has been selected for targeted mass replacement campaign, through which you can obtain new LLINs for your household.
- Attend identified issuing points in your area to get new LLINs for your household at no cost.
- Make sure you protect your family from malaria by obtaining nets for your household during the targeted mass replacement campaign.
- Taking action to access LLIN is the first step in protecting your family against malaria.

Key Benefit:

If I get an LLIN, I will ensure that all members of my household sleep safely and soundly, protected from malaria, so they stay healthy and productive.

Desired Action

All community members access sufficient LLINs for their households through appropriate distribution channels available in their community.



LLINs Behavior Objective 2:

Increase the proportion of people who sleep under an LLIN every night

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Pregnant women and their spouses• Parents and caretakers of children under 5 years old• Children going to school• Other community members <p>Secondary Audience:</p> <ul style="list-style-type: none">• Community and religious leaders• Teachers• Health care providers• Community health workers• Influential people• Popular celebrities, e.g., actors, singers, and artists• Policy makers
	<p>Communication Objective 1: To increase the proportion of people who believe sleeping under an LLIN every night is a safe and effective way to protect them from malaria.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• All community members, particularly pregnant women and children under five, should sleep under LLIN every night all year round to protect themselves and their loved ones from getting malaria.• LLINs are proven to be effective in repelling and killing mosquitoes.• LLIN are proven to be safe and pose no harm to human health.<ul style="list-style-type: none">o LLIN do not cause infertility and reproductive health challenges.o LLIN do not cause bedbugs and other insects.• Those who sleep under an LLIN every night live healthy and strong, protected from malaria and well-rested from an undisturbed sleep.• Sleeping under an LLIN can assure you a good night's sleep.
	<p>Communication Objective 2: To increase the proportion of people who believe malaria is a serious threat all year round, even when there are few mosquitos.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Malaria is a threat all year round. Sleeping under an LLIN every night is the best way to protect yourself and avoid unwanted illness.• Malaria is a serious disease all year around. Protect yourself by sleeping under LLIN every night even when you do not see a mosquito.



	<p>Communication Objective 3: To increase the proportion of people who believe it is important to sleep under an LLIN every night, even when they are staying away from home.</p> <p>Key message:</p> <ul style="list-style-type: none"> • Making a plan for sleeping under an LLIN when you travel will ensure a safe trip and avoid you bringing malaria back to your loved ones.
<p>Key Benefit</p>	<p>Key Benefit: If I sleep under an LLIN every night, I will sleep safe and secure knowing that I am protected from malaria and other nuisance bugs, which will keep me healthy and productive, ready to achieve what I want in life.</p>
<p>Desired Action</p>	<p>Everyone in the household sleeps under an LLIN every night, all year round, especially pregnant women and children under five.</p>

LLINs Behavior Objective 3:

Increase the proportion of people who take proper care of and repair their torn LLINs (e.g., hanging, tacking, washing, and mending holes)

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Heads of households • All adults in the household <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Healthcare providers • CHWs and community volunteers • School teachers • School children
<p>Communication Objectives & Key Messages</p>	<p>Communication Objective 1 Increase the proportion of people who believe it is important to properly hang or tack the net every day and wash it when it is dirty.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • There are simple steps anyone can take to care for their LLIN (wash your LLIN when it is dirty and dry it under a shade, do not put heavy objects on your LLIN when the LLIN is hung up). • Proper care of your LLIN will make it last longer, protect you, and save you money. • A well-cared-for LLIN can last longer. <p>Communication Objective 2: Increase the proportion of people who are confident in their ability to mend holes in the net so that it lasts long.</p>



	<p>Key Messages:</p> <ul style="list-style-type: none"> You can make your LLIN last longer by mending holes or tears, using supplies (e.g., needle and thread) which are easily available in our communities. By properly caring for your LLIN and mending it when it has holes or tears, you will be seen as responsible and wise
Key Benefit	<p>Key Benefit: If I take proper steps to care for and repair my LLIN, it will make my LLIN last longer, keep me protected from malaria, and save money.</p>
Desired Action	<p>Everyone takes steps to care for their LLIN and repair it when needed, e.g., hanging it carefully, mending holes and tears.</p>

LLINs Behavior Objective 4:

Increase the proportion of people who properly repurpose torn LLINs when they are no longer effective for malaria prevention

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> Heads of households All community members <p>Secondary Audience:</p> <ul style="list-style-type: none"> Community leaders Health care providers
Communication Objectives & Key Messages	<p>Communication Objective 1 Increase the proportion of people with correct knowledge on how and when to repurpose their old and damaged LLINs.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> When an LLIN is very old and damaged so that it no longer provides protection from malaria, it can still be put to other beneficial uses, such as patching newer nets or as screening for windows and doors. There are many safe and smart uses for old and damaged LLINs that no longer provide protection from malaria. LLINs do not have to be thrown away when they no longer provide protection from malaria.
Key Benefit	<p>Key Benefit: If I safely and appropriately repurpose my LLINs that are no longer effective in protecting me from malaria, I will be making smart use of my resources and keeping the environment clean.</p>
Desired Action	<p>All community members safely repurpose old and damaged LLINs when they are no longer effective against malaria.</p>



2.1.2. Indoor Residual Spraying (IRS)

IRS Situation and Behavior Analysis	
Situation Analysis	<p>Indoor residual spraying (IRS) first took place in Mainland Tanzania as a pre-emptive epidemic control measure in unstable transmission areas of the Lake Zone in 2007 and was subsequently scaled up to the entire zone between 2010 and 2013. Progressively, IRS has been scaled down to targeted Councils with high incidence, with only 6 Councils targeted for implementation in 2020. IRS is intended for implementation in areas with high malaria transmission to rapidly reduce vector transmission and malaria incidence and to interrupt malaria transmission by reducing human-vector contact.</p>
Behavioral Analysis	<ul style="list-style-type: none">• In cases where IRS is being introduced into a new community, leaders and household members are unclear on what actions they are expected to take before, during, and after the spray campaign.• There is widespread misinformation about side effects of insecticides used for IRS, such as that they affect fertility and increase incidence of other insects like bedbugs. These lead to uncertainty around its effectiveness and safety.• IRS requires households to remove all belongings from their home to allow the teams to spray. This can result in discomfort and embarrassment among households who do not want others to see their belongings.• Some educated people like teachers, extension workers, and other civil servants are very trusted and respected in the community; however, they also tend to refuse IRS. This practice tends to influence acceptability of IRS among other community members. The refusal takes three forms:<ul style="list-style-type: none">◦ Refusing until a thorough explanation of IRS is provided.◦ Accepting spraying only in select rooms in the home.◦ Complete refusal.

IRS Audience Analysis and Strategic Approaches	
Behavioral Analysis	<p>Primary audience:</p> <ul style="list-style-type: none">• Heads of households are the primary decision-makers regarding IRS, particularly regarding whether they will accept the spray team into the home. In most cases, heads of household are adult males.• Heads of institutions targeted for IRS (e.g., boarding schools and colleges), who need to be engaged prior to IRS to ensure appropriate preparations for spray campaigns. <p>Examples of primary audience:</p> <ul style="list-style-type: none">• Heads of households• Heads of institutions targeted for spraying (e.g., boarding schools and colleges)



	<p>Secondary Audiences:</p> <ul style="list-style-type: none">• Key influencers include local leaders/officials, religious leaders, community health workers and volunteers, and local members of the media in areas targeted for IRS. <p>Example of secondary Audience:</p> <ul style="list-style-type: none">• Local leaders (of regions, districts, divisions, wards, villages, and hamlets) in areas targeted for IRS• Religious leaders• Community Health Workers (Community Change Agents)• Media representatives (those who reach the target audience)
Strategic Approaches	<ul style="list-style-type: none">• In the period leading up to IRS spray campaigns, the following approaches are recommended to raise awareness of the upcoming campaign, generate support among local leaders, and promote dialogue among household members to ensure households are prepared for IRS:<ul style="list-style-type: none">o Advocacy and community sensitization meetingso Community-level media, particularly community radio and community theatero Interpersonal Communicationo Public announcements, e.g., Mbiuo Printed SBC materials, e.g., fact sheets, Q&A fliers, and posters• During IRS spray campaigns, the following approaches are recommended to promote community and household acceptance of the spray teams:<ul style="list-style-type: none">o Community-level media, particularly community radio and community theatero Community sensitization meetingso Interpersonal Communicationo Public announcements, e.g., Mbiuo Printed SBC materials, e.g., fact sheets, Q&A fliers, and posters• Immediately following IRS spray campaigns, the following approaches are recommended to promote relevant post-spray actions (e.g., not washing or painting walls) and to generate support for future IRS campaigns:<ul style="list-style-type: none">o Community feedback meetingso Community radioo Printed SBC materials, e.g., fact sheets and Q&A fliers
Considerations for areas of very low and low transmission	Per NMSP 2021-2025, IRS is not targeted to Councils with very low or low malaria transmission.



IRS SBC Plans

IRS Behavior Objective 1:

To increase the proportion of local leaders who promote IRS acceptance

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> Local leaders in areas targeted for IRS <p>Secondary Audience:</p> <ul style="list-style-type: none"> Local government authorities in areas targeted for IRS
<p>Communication Objectives & Key Messages</p>	<p>Communication Objective 1: To increase the proportion of community/local leaders who have accurate knowledge about IRS and planned activities in their community.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> Communities targeted for IRS are those at high risk for malaria; by supporting IRS activities/campaigns, you are helping to reduce the burden of malaria in your community. Prepare your villages/mtaa for IRS by allowing and supporting sprayers to visit households for spraying. <p>Communication Objective 2: To increase the proportion of community leaders who believe that IRS is a safe and effective way to reduce the burden of malaria in their community.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> Insecticide used for IRS is safe to human beings and effective method for malaria prevention. Insecticides used for IRS have been approved by different authorities including MOHCDGEC and WHO.
	<ul style="list-style-type: none"> Shortly after spraying, you may see an increase of bedbugs or insects in the home, as they are irritated or killed by the insecticide; IRS does not bring these bugs into the home, and they will decrease after a short time. <p>Communication Objective 3: To increase the proportion of local leaders who believe it is important that they promote and model acceptance of IRS in their community.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> Strong, smart leaders are those who know the facts about IRS and share them with their community.
<p>Key Benefit</p>	<p>If I promote IRS acceptance in my community, I will be seen as a strong leader who is contributing to greater wellbeing and reduction in malaria.</p>
<p>Desired Action</p>	<p>Local community leaders promote IRS acceptance in their community.</p>



IRS Behavior Objective 2:

To increase the proportion of households targeted for IRS who accept spray teams into their homes to conduct IRS

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Heads of households targeted for IRS• Heads of institutions targeted for IRS <p>Secondary Audience:</p> <ul style="list-style-type: none">• Local leaders in areas targeted for IRS
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of people targeted for IRS in the communities who believe that IRS is a safe and effective way to protect their household members from malaria.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Insecticides used in IRS is safe for human beings and is an effective method for malaria prevention.• Insecticides used in IRS have been approved by various authorities including MoHCDGEC and WHO.• IRS reduces the number of mosquitos and other insects in your home, which will help you get a better night's sleep. <p>Communication Objective 2: To increase the proportion of people targeted for IRS in the communities who know how to prepare their household structures for IRS.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• IRS is the application of insecticides on wall surfaces inside homes and other buildings to kill mosquitoes.• Move outside your home's furniture, mats/rugs, cooking implements and all foodstuffs prior to spraying.• Move all furniture that cannot be moved outside to the center of the room and cover them.• You are required to follow instructions after spraying – stay out of the house for 2 hours; and keep people, personal belongings, and pets out of the house for 2 hours to allow the spray to dry properly and avoid minor irritation. <p>Communication Objective 3: To increase the proportion of people targeted for IRS in the communities who believe that others in their community accept IRS in their home.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• If everyone accepts IRS, there will be fewer malaria-carrying mosquitos in the community, which will reduce the burden of malaria,• Each year hundreds of thousands of households in Tanzania receive IRS to protect themselves and their community from malaria,



	<ul style="list-style-type: none"> • IRS works effectively if everyone in the community accepts his/her house to be sprayed, • With less malaria in the community, everyone will be healthier and more productive.
Key Benefit	If I have my home sprayed as part of an IRS campaign, I will be seen as a smart and responsible member of the community who is contributing to greater health and prosperity by reducing the burden of malaria.
Desired Action	Heads of households allow sprayers into their home to conduct IRS.

IRS Behavior Objective 3:

To increase the proportion of households targeted for IRS who comply with spray team instructions before, during, and after the spray campaign

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Heads of households targeted for IRS • Other members of households targeted for IRS • Heads of institutions targeted for IRS <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Local leaders in areas targeted for IRS
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of heads of households and heads of institutions who know what to do before, during, and after IRS.</p> <p>Key Messages:</p> <p>Before spraying</p> <ul style="list-style-type: none"> • Move outside your home’s furniture, mats/rugs, cooking implements and all foodstuffs prior to spraying. • Move all furniture that cannot be moved outside to the center of the room and cover them. • Make sure all household members (including the sick and elders) and domestic animals leave the house before spray activities begin. • Close all doors and windows. <p>During spraying</p> <ul style="list-style-type: none"> • Stay outside the house during spraying. <p>After spraying</p> <ul style="list-style-type: none"> • Stay out of the house for 2 hours; and keep people, personal belongings, and pets out of the house for 2 hours to allow the spray to dry properly and avoid minor irritation. Collect all dead insects and dispose in a pit latrine or bury the dead insects. • Do not plaster/paint or wash your house walls for at least nine months.



Communication Objective 2:	<p>Communication Objective 2: To increase the proportion of heads of households and heads of institutions who feel confident in their ability to follow spray team instructions before, during, and after the spray campaign.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • By following spray team instructions, you will ensure that your household is sprayed quickly, safely, and effectively. • Spray teams will give you clear instructions of what to do before, during, and after the spray campaign – you can feel confident in knowing that everyone in the community will be taking the same actions.
Key Benefit	<p>If I comply with IRS instructions, I will feel confident knowing that I am taking safe and effective steps to protect my family and reduce malaria transmission in my community.</p>
Desired Action	<p>Heads of household and heads of institutions comply with spray team instructions before, during, and after the spray campaign.</p>

2.1.3. Larval Source Management (LSM)

LSM Situation and Behavior Analysis	
Situation Analysis	<p>Larval source management (LSM) incorporates bio-larviciding and environmental management (i.e., destroying mosquito breeding sites, cleaning household compounds, cutting long grass surrounding houses, and drying small ponds). Bio-larviciding application started in Mainland Tanzania in the mid-2000s targeting selected wards in Dar es Salaam and was subsequently scaled up countrywide in 2017. Three to four rounds of bio-larviciding are intended to be applied per month.</p> <p>A total of 124 vector control officers from 62 councils have been trained on bio-larviciding implementation, leaving 122 councils with insufficient capacity to fully implement bio-larviciding.</p> <p>To date (2020), little information has been gathered on LSM activities, achievements, or challenges. The Malaria Indicator Survey (MIS) does not include bio-larviciding outcome indicators and there is no routine national framework or indicators for monitoring implementation of bio-larviciding. The Malaria Program Review (MPR) for 2020 recommended development of such a national framework and indicators for monitoring of bio-larviciding activities, but this is yet to be initiated.</p>



LSM Situation and Behavior Analysis

Behavioral Analysis	LSM implementation experience to date has shown that the majority of community members are unaware of LSM(including bio-larviciding) as a supplementary intervention for malaria prevention, and do not have sufficient knowledge of what LSM is, how it contributes to malaria prevention, and what actions they may take to support LSM activities.
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LSM Situation and Behavior Analysis

Audience Analysis	<p>Primary Audience:</p> <ul style="list-style-type: none">• Community members, particularly heads of household who are the primary decision-makers regarding activities that may take place around the home to reduce mosquito breeding sites.• Community owned resource persons (CORPs) are community members, selected as volunteers to lead LSM (Including bio-larviciding) activities in their area. <p>Secondary Audience:</p> <ul style="list-style-type: none">• Community leaders,religious leaders, and influential people• Community Health Workers (CHWs)• Decision-makers at regional and council level
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Strategic Approaches	<ul style="list-style-type: none">• Advocacy and community sensitization meetings• Interpersonal Communication• Printed materials• Trainings for CORPs and CHWs• Social media• Local/community radio
Considerations for areas of very low and low transmission	No special considerations – these approaches will be applied in all malaria transmission risk strata.



LSM SBC Plans

LSM Behavior Objective 1:

To increase the proportion of local leaders who promote Bio-larviciding acceptance in their community

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Community leaders • Key opinion leaders • Village/mtaa social services committees • CHWs • Local Government Authorities <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Political leaders including Members of Parliament
<p>Communication Objectives & Key Messages</p>	<p>Communication Objective 1 To increase the proportion of local leaders who have accurate knowledge about bio-larviciding.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Bio-larviciding involves the application of insecticides to water bodies to kill larvae which may turn into adult malaria-transmitting mosquitoes. • Bio-larviciding kills the larvae of malaria-transmitting mosquitos, which reduces the mosquito population. • Bio-larviciding is among the Government’s malaria vector control interventions. • Bio-larviciding is a safe and effective way of reducing the burden of malaria in our communities.
<p>Key Benefit</p>	<p>Communication Objective 2: To increase the proportion of local leaders who believe it is important that they promote and model acceptance of Bio-larviciding in their community.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Strong, smart leaders are those who know the facts about Bio-larviciding and share them with their community.
<p>Key Benefit</p>	<p>If I promote bio-larviciding acceptance in my community, I will be seen as a responsible and smart leader who is committed to contributing toward malaria control and elimination in the community.</p>
<p>Desired Action</p>	<p>Local leaders promote the acceptance of Bio-larviciding activities in their community.</p>



LSM Behavior Objective 2:

To increase the proportion of people who support and participate in Bio-larviciding activities to reduce mosquito density, thereby reducing malaria transmission

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Community members <p>Secondary Audience:</p> <ul style="list-style-type: none">• Community leaders• CHWs• Religious leaders and influential leaders
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of people who have knowledge about Bio-larviciding activities.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Bio-larviciding activities aim to reduce mosquito density in the community hence lowering the number of malaria-carrying mosquitos and reducing malaria transmission.• Fewer mosquitoes will mean we can all sleep more soundly, without disturbance or the threat of malaria.• Bio-larviciding involves the application of insecticides to water bodies to kill larvae which may turn into adult malaria-transmitting mosquitoes.• Bio-larviciding kills the larvae of malaria-transmitting mosquitos, which reduces the mosquito population.• Bio-larviciding is among the Government's malaria vector control interventions.• Bio-larviciding is a safe and effective way of reducing the burden of malaria in our communities.
	<p>Communication Objective 2: To increase the proportion of people who accept and support the Bio-larviciding activities.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Participate in selection of CORPs for application of Bio-larvicide to reduce malaria burden in your community.• Participate in identification of mosquito breeding sites for Bio-larviciding activities to kill larvae which may turn into adult malaria-transmitting mosquitoes.
Key Benefit	<p>If I support and participate in Bio-larviciding activities, I will be playing my part to contribute to the fight against malaria, which will benefit my family and my community, as well as reducing the number of nuisance mosquitos in the community.</p>
Desired Action	<p>Community members to support and participate in Bio-larviciding activities.</p>



LSM Behavior Objective 3:

Increase the proportion of people who support and participate in environmental management activities to reduce breeding and hiding sites for mosquitoes

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Heads of Households • Other household members • Community members <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Community leaders • CHWs
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of people who know how to manage their environment to prevent malaria.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Environment management will reduce mosquito breeding and hiding sites in your community hence reduce malaria transmission. • Protect your household members– take steps to identify and destroy malaria breeding sites near your house. • There are simple steps you can take to prevent mosquito breeding near your home.
Key Benefit	<p>If I support and participate in environmental management activities, I will reduce mosquito breeding and hiding sites in my community and hence reduce malaria transmission.</p>
Desired Action	<p>Household and communities can demonstrate environment management practices around their surroundings.</p>

LSM Behavior Objective 4:

Increase the proportion of industry owners/business owners who adhere to the environmental management impact assessment recommendations, to reduce breeding and hiding sites for mosquitoes

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Road and building contractors • Industry owners <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Contractors associations owners’ associations • RHMT and CHMT
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of industry owners/management who believe it is important to adhere to the environmental management impact assessment recommendations to reduce breeding and hiding sites for mosquitoes.</p>



	Key Messages: <ul style="list-style-type: none">• The community members are your potential clients. Protect them by ensuring you adhere to the environmental impact assessment recommendations.• Reducing malaria in the community will lead to a healthier and more productive workforce.• When the community members are not suffering from malaria, they will participate in income-generating activities and they can afford your products/goods/services.
Key Benefit	If I support and participate in environmental management activities, I will protect the community members who are my potential clients from malaria; hence, more production and supply of my products/services.
Desired Action	Industry owners/management are adhering to the environmental impact assessment recommendations.



2.2. MALARIA CASE MANAGEMENT

The primary objective of case management is to prevent severe morbidity and mortality from malaria. Appropriate management of suspected malaria cases is based on timely care-seeking and provision of quality diagnostic and therapeutic services. Additionally, the use of chemopreventive therapies for biologically and socio-economically vulnerable groups is expected to contribute to malaria control and elimination by reducing parasite load among the target population. National Guidelines for Malaria Diagnosis, Treatment and Preventive Therapies (NGMDT&PT) 2021-2025 outline the requirements and protocols for appropriate malaria diagnosis and treatment in all transmission settings, as well as widening the scope of preventive treatment targeting higher-risk groups. National-level strategic direction for case management during the period of this Guide is to improve the quality of services in the existing points of care, with the longer-term aim of expanding services into a greater number of points of care (e.g., community-based malaria services) to increase access to essential malaria case management services. Overall, per the NMSP 2021-2025, the case management target is for at least 85% of people infected with malaria to receive appropriate diagnosis and treatment, and at least 85% of vulnerable groups to be protected through preventive therapies.

2.2.1. Diagnosis Including Care-Seeking

Diagnosis: Situation and Behavior Analysis	
Situation Analysis	<p>Care-seeking: Data from the TMIS 2017 showed that 20% of children under age 5 had a fever in the 2 weeks before the survey, with advice or treatment sought for 75% of these children. This was a decrease from 77% in the 2011-12 THMIS and 80% in the 2015-2016 TDHS-MIS, representing a reversal in a previously positive trend. Advice or treatment was most often sought from the public sector (47%), with 28% taken to a dispensary, 12% to a health center, and 6% to a hospital. The private sector was noted as the source of advice or treatment in only 9% of cases. The proportion of children for whom advice or treatment was sought increases with mother’s education and household wealth quintile.</p> <p>Diagnosis: At the facility level, mRDT is the preferred method of testing for malaria. In 2019, rates of testing all people at out-patient departments (OPD) in the public sector reached the targeted level of 51% (HMIS, 2019), while testing in the private sector exceeded the national target, reaching 59% (HMIS, 2019). According to the TMIS 2017, the percentage of children under age five who had blood taken from a finger or heel for testing increased from 25% in the 2011-12 THMIS to 43% in the TMIS 2017, indicating improved adherence to clinical protocols for malaria diagnosis. According to the 2019 annual malaria report, the leading method of malaria diagnosis in private health facilities is microscopy, though the tendency of using microscopy is decreasing with time.</p>



Behavioral Analysis	<p>Care-seeking:</p> <ul style="list-style-type: none">• Knowledge of malaria signs and symptoms is generally high, with 77% and 72% of women age 15-49 correctly reporting that fever is a sign or symptom of malaria (TMIS 2017 and TDHS-MIS 2015-2016, respectively).• The perception that malaria is the most serious health problem in the community has been declining over the last decade, declining from 66% in THMIS 2011-2012 to 57% in the TDHS 2015-2016 and TMIS 2017. This is particularly the case in low-risk strata; for example, the percentage of women who believe that malaria is the most serious health problem is lowest in Arusha and Njombe (both 29%), versus 74% in higher risk strata of Morogoro, Ruvuma, and Mara.• Approximately 10% of Tanzanians live more than one-hour walking distance from the nearest health facility. Cost to access facilities and poor accessibility of facilities during certain times of the year (e.g., when roads become inaccessible during rainy season) serve as barriers to prompt care-seeking for many Tanzanians. However, in spite of this, the majority of women (73%) reported that they can easily get treatment if their child gets malaria (TMIS 2017).• Inadequate quality of health services, long wait times, cost for services, and negative attitudes among some health care providers often serve as barriers for care-seeking.
	<ul style="list-style-type: none">• Adults with fever often delay care-seeking or self-medicate, with seeking care at the health facility seen as expensive, time-consuming, and inconvenient.• Seasonal farming activities, particularly in regions in the Lake Zone, often take precedence over prompt care-seeking for children with fever.• Some caretakers may prefer seeking care from traditional healers before going to a health facility for advice or treatment.• Gender norms related to household decision-making and access to resources often serve as barriers to care-seeking, with women unable to seek care for themselves or their children without permission from their male partners. <p>Diagnosis:</p> <ul style="list-style-type: none">• A large majority of women (92%) stated that the only way to be sure someone has malaria is to test their blood (TMIS, 2017), indicating client support for testing prior to treatment.• While health care provider adherence to clinical protocols for malaria diagnosis has been improving, some providers still fail to follow SOPs due to negative attitudes regarding the efficacy and accuracy of mRDT compared to microscopy; excessive workload; and lack of familiarity with latest guidelines.• In low-risk strata, where detection of malaria is infrequent, health care providers prefer not to test clients presenting with fever, assuming the cause cannot be malaria.



MCM Diagnosis: Audience Analysis and Strategic Approaches	
Audience Analysis	<p>Primary Audiences:</p> <ul style="list-style-type: none">• Parents and caregivers of children under 5 years old<ul style="list-style-type: none">◦ While women are often the primary caregivers, their male partners also need to be engaged as they typically have decision-making authority regarding care-seeking.• Health care providers <p>Secondary Audience:</p> <ul style="list-style-type: none">• Community and religious leaders• CHWs• Local government authorities
Strategic Approaches	<p>Care-seeking:</p> <ul style="list-style-type: none">• Mass media, including radio and television, social media, and digital media (e.g., SMS)• Mid-media including community theater performances, roadshows, and clinic shows
	<ul style="list-style-type: none">• Interpersonal Communication• Printed SBC materials <p>Diagnosis (for providers):</p> <ul style="list-style-type: none">• Advocacy and sensitization meetings• On-the-job training, mentorship, and supportive supervision• Printed SBC materials and job aids• Social and digital media (e.g., SMS)
Considerations for areas of very low and low transmission	<p>In low and very low risk strata, SBC to promote care-seeking should emphasize continued awareness of signs and symptoms of malaria. As the risk of malaria continues to remain low in these areas, emphasis should also be placed on addressing perceived severity of malaria, rather than perceived risk. In conjunction with this, SBC activities targeting health care providers should focus on adherence to clinical protocols to ensure all clients with fever are tested for malaria, reminding health care providers that malaria is still present in most regions of Tanzania.</p>



Diagnosis SBC Plans

Diagnosis Behavior Objective 1:

To increase the proportion of parents and caretakers of children under 5 who seek prompt and appropriate care at a health facility when their child has a fever

Target Audience	Priority Audience: <ul style="list-style-type: none">• Parents and caretakers of children under 5 Secondary Audience: <ul style="list-style-type: none">• Community and religious leaders• Health care workers• CHWs
Communication Objectives & Key Messages	Communication Objective 1 To increase the proportion of parents and caretakers of children under five who believe malaria is a serious illness. Key Messages: <ul style="list-style-type: none">• Malaria is a serious illness that can be fatal for young children
	Communication Objective 2: To increase the proportion of parents and caretakers of children under five who believe that the health facility is the best place to seek advice or treatment for a child with a fever. Key Messages: <ul style="list-style-type: none">• Go to the healthcare facility immediately after recognizing fever or other potential signs and symptoms of malaria.• By seeking care quickly, you will know the cause of your child's fever and ensure they get the right treatment.• Delaying care-seeking can cause your child to become sicker, which may require longer and more expensive treatment.• If the malaria test is negative, the health care provider will provide further care to identify and treat the source of your child's fever.• Accurate malaria testing is available for free at the public health facilities.• Seeking healthcare promptly will reduce the number of cases of malaria in your community.
	Communication Objective 3: To increase the proportion of male partners who believe it is important to support their partners to seek timely care at a health facility for their child with a fever. Key Messages: <ul style="list-style-type: none">• By seeking care quickly, you ensure appropriate treatment and preserve life.• Men have responsibility to support their partners decisions in early health care seeking.• It is a smart man who ensures his family gets prompt care when they are sick.
Key Benefit	If I take my child to the health facility for prompt care when they have a fever, I will feel that I am a smart and caring parent who is ensuring my child's future and avoiding spending time and money on ineffective treatment.



Desired Action	Parents and caretakers of children under five take their child to the health facility for care within 24 hours of the onset of fever.
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Diagnosis Behavior Objective 2:

To increase the proportion of people who seek prompt and appropriate care at a health facility when they have a fever

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• All community members <p>Secondary Audience:</p> <ul style="list-style-type: none">• Community and religious leaders• Health care workers• CHWs• Media
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of people who believe malaria is a serious illness, even for adults.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Malaria is a serious illness, even for adults.• When you are sick with malaria, you cannot work as productively as when you are healthy.
	<p>Communication Objective 2: To increase the proportion of people who believe that prompt care-seeking for fever at the health facility will save their lives and save them time and money.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• By seeking care quickly, you will know the cause of your fever and ensure you get appropriate treatment.• Delaying care-seeking can lead you to become sicker, which may require longer and more expensive treatment.• If the malaria test is negative, the health care provider will provide further care to identify and treat the true cause of your fever.
	<p>Communication Objective 3: To increase the proportion of people who believe that self-medicating for malaria is ineffective and potentially dangerous.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Delaying care-seeking and trying to self-medicate can lead you to become sicker, which may require longer and more expensive treatment.• Accurate malaria testing is available for free at the health facility.• The best course of action is getting accurate care and treatment at a health facility.



Key Benefit	If I seek care at a health facility when I have a fever, I will receive treatment that will allow me to get better quickly so that I can focus on achieving my goals.
Desired Action	Everyone with a fever seeks prompt care at the health facility.

Diagnosis behavior Objective 3:

To increase the proportion of health care providers who test all clients with symptoms of malaria with mRDT

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Health care providers <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health facility in-charge • Health management team
Communication Objectives & Key Messages	<p>Communication Objective 1</p> <p>To increase the proportion of health care providers who believe that giving high-quality care includes testing all clients with symptoms of malaria with mRDT.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • All suspected patients should be tested with a malaria test to confirm the diagnosis. • Not every fever is malaria; test before treatment. • Clients will recognize you for the good care you provide when you treat them compassionately and according to national guidelines.
	<p>Communication Objective 2:</p> <p>To increase the proportion of health care providers who believe that mRDT is the most effective way to know whether a client has malaria.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • mRDT is accurate and recommended for use in diagnosing malaria by the MoHCDGEC and WHO. • Testing all clients presenting with symptoms of malaria using mRDT will help you to identify the source of their symptoms and provide them the right treatment more quickly. • mRDT is an effective tool to help you do your job effectively and efficiently. • Prescribe anti-malarial drugs to patients who test positive for malaria; and look for other causes of fever if the malaria test results are negative and manage the fever.



	<p>Communication Objective 3: To increase the proportion of health care providers who believe that their peers test all clients with symptoms of malaria with mRDT.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • You are contributing to reducing the number of cases of malaria in the community when you appropriately test and treat clients for malaria. • Smart health providers know that mRDTs are the gold standard for malaria testing.
Key Benefit	If I test all clients presenting with symptoms of malaria with mRDT, I will be recognized as a smart and caring professional who serves my clients well, ensures rational use of medicines, and prevents resistance to anti-malarial drugs.
Desired Action	Health care providers test all clients presenting with symptoms of malaria using mRDT.

Diagnosis behavior Objective 4:

Increase the proportion of health care providers who treat according to malaria test results

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Health care providers <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Policy makers • Training institutions • Health Management Teams
Communication Objectives & Key Messages	<p>Communication Objective 1 Increase the proportion of prescribers who believe that malaria lab test results are accurate.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Malaria prevalence is declining; therefore, it is not a surprise to see a lot of people test negative for malaria. • Only prescribe anti-malarial treatment to patients who test positive for malaria. • Look for other causes of fever if malaria test results are negative.
Key Benefit	<ul style="list-style-type: none"> • If I treat clients based on guidelines and protocols with care and respect, I will support better treatment compliance. • If I treat malaria based on confirmed laboratory results I will: <ul style="list-style-type: none"> o Increase rational use of anti-malarial drugs o Reduce resistance of anti-malarial drugs
Desired Action	Health care providers treat clients according to malaria test results.



2.2.2. TREATMENT

Treatment: Situation and Behavior Analysis	
Situation Analysis	<p>Nationally representative surveys indicate that access to and provision of treatment with the recommended antimalarial within 24 hours after the onset of fever for children under 5 has not improved for the last 10 years, and remains around 35% (TMIS, 2017).</p> <p>Countrywide, ACTs have been used by 89% of patients treated with an antimalarial. Uninterrupted distribution of ACTs is maintained in public healthcare facilities, with a minimum level of stock out (2.3% for ALU in 2019). This is supported by client-side data, with 88% of women age 15-49 reporting that ACTs can be obtained at the nearest healthcare facility or pharmacy (TMIS, 2017). However, there is still inconsistency in accountability with a dispensing ratio of approximately 1.2 (dispensed treatment: confirmed malaria diagnosis).</p> <p>The private sector plays an important role to ensure the availability of quality assured antimalarial medicines in the community to those who seek health care in the private sector. Approximately 40% of people who go for malaria treatment access it through the private sector (MIS 2017).</p> <p>Through the co-payment mechanism, the Global Fund in collaboration with private sector participate in procurement and distribution of subsidized quality assured malaria medicines. In the period of 2015 to 2019 a total of 20.9 million doses of quality assured ACTs (QAACTs) were channeled to the private sector, indicating high market demand. Despite various efforts to ensure the access and the market share availability and adherence to the recommended retail price of subsidized QAACTs has been a challenge.</p>
Behavioral Analysis	<ul style="list-style-type: none">• While health care provider adherence to clinical protocols for malaria diagnosis has been improving, some health care providers still fail to follow SOPs due to negative attitudes regarding the efficacy and accuracy of mRDT compared to microscopy; excessive workload; and lack of familiarity with latest guidelines.• Some caregivers may not trust a negative mRDT result and insist on prescribing treatment for malaria.• Some patients also do not trust negative mRDT results and take ACTs regardless of test results, e.g., purchase ACT at the pharmacy or ADDO or use leftover doses from previous incidences of malaria.• Some patients also do not complete the dose, especially if they start to feel better, because they are not aware of the dangers of not completing the malaria dose, which include treatment failure and parasites developing resistance to drug.• In private sector, barriers towards ACT access have been observed because of low awareness on availability and adherence to recommended retail price of subsidized QAACTs.



Treatment: Audience Analysis and Strategic Approaches	
Audience Analysis	<p>Primary Audience:</p> <ul style="list-style-type: none">• Health care providers• Parents and caretakers of children under 5 years old• General population• Private sector pharmacy outlets and ADDO shops <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health Management Team• Local government authorities• CHWs
Strategic Approaches	<p>Clients:</p> <ul style="list-style-type: none">• Mass media: Radio, TV, social media• Mid-media: Community theater, Public Spots announcement• Interpersonal Communication• Printed SBC materials <p>Health care providers:</p> <ul style="list-style-type: none">• Advocacy and sensitization meetings• On-the-job training, mentorship, and supportive supervision• Printed SBC materials and job aids• Social and digital media (e.g., SMS)
Considerations for areas of very low and low transmission	<p>Recommended treatment differs based on malaria risk strata, requiring tailored communication to clients based on the treatment they will be provided if they test positive for malaria. In very low and low risk strata, the recommended course of treatment is ALU and primaquine (PQ), whereas in high-risk strata, the recommended course of treatment is ALU only.</p>



Diagnosis SBC Plans

Diagnosis Behavior Objective 1:

To increase the proportion of parents and caretakers of children under 5 who seek prompt and appropriate care at a health facility when their child has a fever

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• All community members• Parents and caretakers of children under 5 <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health care providers• CHWs• Community and religious leaders
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of people who believe that they should only receive malaria treatment if their malaria test results are positive.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Malaria is a serious illness that can be fatal for young children <p>Communication Objective 2: To increase the proportion of parents and caretakers of children under five who believe that the health facility is the best place to seek advice or treatment for a child with a fever.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Malaria tests which are currently used are accurate and recommended for use in diagnosing malaria by the MoHCDGEC and WHO.• If the malaria test does not show malaria, your health care provider will take steps to find the correct cause of your illness so that they can offer you the right treatment.• Getting the right care and treatment for your illness is the best way to get better quickly.• For communities with low or very low malaria risk, we are seeing less and less malaria now; do not take antimalarials if you have a negative malaria test result.
Key Benefit	If I trust the malaria test results, I will get the right care for myself/my child's illness so that I/my child will get well more quickly, without spending time and money on ineffective treatment.
Desired Action	Clients trust and accept malaria treatment based on test results.



Treatment Behavior Objective 2:

To increase the proportion of health care providers who treat according to malaria results

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Health care providers <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health Management Team• Local government authorities• Policy makers
	<p>Communication Objective 1: To increase the proportion of health care providers who believe that they should treat according to malaria test results.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• When you treat clients according to malaria test results, you will avoid prescribing ineffective treatment to clients who do not need it.• When you treat clients according to malaria test results, you are providing quality care.• Only prescribe anti-malarial drugs to patients who test positive for malaria.• Look for other causes of fever if malaria test result is negative and manage the fever.• You are contributing to rational use of medicine in the community when you appropriately test and treat clients for malaria accordingly.• Clients will recognize you for the good care you provide when you treat them compassionately and according to national guidelines.• If I treat all clients according to malaria test results, I will be recognized as a smart and caring professional who serves my clients well, ensures rational use of medicines, and reduces malaria cases in the community.
Key Benefit	Health care providers treat clients according to malaria test results.
Desired Action	Health care providers treat clients according to malaria test results.



Treatment Behavior Objective 3:

To increase the proportion of health care providers who provide quality malaria advice and treatment to their clients

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Health care providers <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health Management Team• Local government authorities• Policy makers
Communication Objectives & Key Messages	<p>Communication Objective 1:</p> <p>To increase the proportion of health care providers who believe that providing quality, client-centered malaria advice and treatment to their clients is an important part of their job.</p>
	<p>Key Messages:</p> <ul style="list-style-type: none">• By providing quality, client-centered advice and treatment, you will encourage people in your community to seek timely care before they experience serious illness.• When you provide quality care, you will be seen as a role model among your peers.• Appropriate communication with clients improves care seeking and treatment compliance, outcome, and trust of the health system• Treat clients with compassion, dignity, and respect.
Key Benefit	<p>If I provide quality, client-centered malaria advice and treatment to my clients, I will be recognized as a smart and compassionate provider by my community, my peers, and my managers.</p>
Desired Action	<p>Health care providers, provide quality, client-centered malaria advice and treatment to their clients.</p>



Treatment Behavior Objective 4:

To increase the proportion of the population who access ACT at subsidized prices in the private sector

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Parents and caretakers of children <5• General community <p>Secondary Audience:</p> <ul style="list-style-type: none">• First Line buyers• Pharmacy outlets and ADDO shops owners• Health management Team
Communication Objectives & Key Messages	<p>Communication Objective 1: Increase proportion of population with knowledge on availability of ACTs at subsidized price in private sector.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• QAACTs are available in the private sector at subsidized price.• Subsidized QAACTs have a green leaf logo on the package.• Test before taking QAACT and present the prescription/ test results certificate to the health care provider at the pharmacy outlets and ADDO shops.
	<p>Communication Objective 2: Increase proportion of pharmacy outlets and ADDO shops who believe it is important to adhere to the recommended retail price of subsidized QAACTs.</p>
	<p>Key Messages:</p> <ul style="list-style-type: none">• Adhering to recommended retail price of subsidized QAACTs increases accessibility and affordability of malaria medicines in the community, which will help to save lives in your community.• By adhering to recommended retail prices of subsidized QAACTs, you will be recognized and respected in your community for saving people's lives.
Key Benefits	<ul style="list-style-type: none">• If I know about subsidized QAACTs, I can access them when I need at lower price, and I will save the lives of my loved ones.• If I sell subsidized QAACTs at recommended retail price, I will be respected and recognized for saving lives of my community members.
Desired Action	Community members access QAACTs at subsidized price in the private sector.



2.2.3. Chemoprevention (IPTi, IPT for School Children, Seasonal Malaria Chemoprevention)

Chemoprevention: Situation and Behavior Analysis	
Situation Analysis	<p>One of the strategic approaches for malaria diagnosis, treatment, and prevention laid out in the NMSPP 2021-2025 is the provision of appropriate and effective services to reduce the risk of malaria infection and its complications among populations biologically and socioeconomically vulnerable to malaria. This includes intermittent preventive treatment for infants (IPTi), intermittent preventive treatment for school children (IPTsc), and seasonal malaria chemoprevention (SMC).</p> <p>IPTi offers personal protection against malaria for a period of approximately 35 days following the administration of each dose. In the mid-2000s, randomised controlled trials (RCTs) of IPTi were conducted on a large scale in the southern and northern zones of Tanzania. More recently, implementation research has been initiated to explore the feasibility of scaling it up in moderate and high malaria risk councils. Evidence shows that the parasite prevalence is progressively shifting from early childhood (children 1-5 years of age) to late childhood and early teenage years (children 6-15 years of age), especially in high transmission areas. In high-risk strata more than 50% of school age children have some degree of anaemia. Intermittent preventive treatment for school children (IPTsc) is currently being explored as part of RCTs and implementation research in Mainland Tanzania (SMPS 2019).</p> <p>SMC is the intermittent administration of full treatment courses of an antimalarial during the malaria season with the objective of maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of highest malaria risk. Provision of SMC is recommended</p>
	<p>by the NGMDT&PT 2020 to be explored as a measure to decrease the burden of infection in the childhood population living in moderate and high-risk areas with very strong seasonal transmission patterns. The criteria for identification of suitable Councils for introduction of SMC are: (i) evidence of seasonal transmission with at least 60% of precipitation in less than 3 months, and (ii) 60% of malaria cases in less than 4 months. Approximately 20 councils meet these criteria, with the majority of them in areas of very low and low malaria risk. Only 5 districts are currently recommended for SMC; these are Nanyumbu and Masasi in Southern Zone and Itigi, Bahi, and Manyoni in Central Zone. However, implementation will not be planned and rolled out until the completion of ongoing implementation research.</p>



<p>Behavioral Analysis</p>	<p>Chemoprevention activities have not previously been implemented in Mainland Tanzania outside of targeted clinical research and trials. Therefore, there is no evidence available from the Tanzanian context regarding behavioral determinants related to the key behaviors to be promoted. Based on learning from the introduction of other new services and interventions, it is anticipated that SBC implementers will need to address knowledge and awareness of chemoprevention services, as well as possible myths and misconceptions that may arise when SMC is introduced.</p>
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<p>Chemoprevention: Audience Analysis and Strategic Approaches</p>	
<p>Audience Analysis:</p>	<p>Primary Audience:</p> <ul style="list-style-type: none"> • Parents and caretakers of school age children <p>Secondary Audience:</p> <ul style="list-style-type: none"> • School teachers • Health care providers • CHWs • Community and religious leaders • Local government authorities
<p>Strategic Approaches</p>	<ul style="list-style-type: none"> • Targeted regional and community radio • Mid-media <ul style="list-style-type: none"> ◦ Community events, including community theater performances, roadshows, PA, and clinic shows • Community mobilization and engagement <ul style="list-style-type: none"> ◦ Advocacy and sensitization meetings, ◦ Community dialogues ◦ Engagement of local and religious leaders ◦ School-based clubs and programs • Interpersonal communication • Printed SBC materials
<p>Considerations for areas of low and very low, transmission</p>	<p>No special considerations</p>



Chemoprevention SBC Plans

Chemoprevention Behavior Objective 1:

To increase the proportion of parents and caretakers in areas targeted for chemoprevention who accept chemoprevention for their children, per the schedule

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Parents and caretakers of infants in areas targeted for IPTi • Parents and caretakers of under 5 children in areas targeted for SMC • Parents and caretakers of school age children in areas targeted for IPTsc <p>Secondary Audience:</p> <ul style="list-style-type: none"> • School teachers • School committees and board members • Health care providers • Village Health Governing Committees • Community and religious leaders • LGAs • CHWs
<p>Communication Objectives & Key Messages</p>	<p>Communication Objective 1 To increase the proportion of parents and caregivers who have accurate knowledge and awareness about chemoprevention.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Chemoprevention is the intermittent administration of an antimalarial to reduce the risk of malaria and its complications. • By protecting your child against malaria, you are avoiding illness that can keep them home from school and that can cost you time and money on healthcare facility visits. • Children who are protected from malaria are stronger and healthier. <p>Communication Objective 2: To increase the proportion of parents and caretakers who believe that chemoprevention is a safe and effective way to reduce malaria risks and complication to their children.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • The antimalarials given for chemoprevention are safe and effective, even for infants and young children.
<p>Key Benefits</p>	<p>If I ensure my children get chemoprevention, I will feel that I am a responsible parent who is protecting my children and helping them to stay healthy and succeed.</p>
<p>Desired Action</p>	<p>Parents and caretakers in targeted areas for chemoprevention ensure their eligible children receive chemoprevention services according to the schedule.</p>



2.2.4. Malaria Case-Based Surveillance (mCBS) and Active Case Detection (ACD)

mCBS and ACD: Situation and Behavior Analysis

Situation Analysis	<p>One of the strategic approaches for malaria diagnosis, treatment, and prevention laid out in the NMSP 2021-2025 is the provision of appropriate and effective services to reduce the risk of malaria infection and its complications among populations biologically and socioeconomically vulnerable to malaria. This includes intermittent preventive treatment for infants (IPTi), intermittent preventive treatment for school children (IPTsc), and seasonal malaria chemoprevention (SMC).</p> <p>IPTi offers personal protection against malaria for a period of approximately 35 days following the administration of each dose. In the mid-2000s, randomised controlled trials (RCTs) of IPTi were conducted on a large scale in the southern and northern zones of Tanzania. More recently, implementation research has been initiated to explore the feasibility of scaling it up in moderate and high malaria risk councils. Evidence shows that the parasite prevalence is progressively shifting from early childhood (children 1-5 years of age) to late childhood and early teenage years (children 6-15 years of age), especially in high transmission areas. In high-risk strata more than 50% of school age children have some degree of anaemia. Intermittent preventive treatment for school children (IPTsc) is currently being explored as part of RCTs and implementation research in Mainland Tanzania (SMPS 2019).</p> <p>SMC is the intermittent administration of full treatment courses of an antimalarial during the malaria season with the objective of maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of highest malaria risk. Provision of SMC is recommended</p>
Behavioral Analysis	<p>mCBS and ACD activities have not previously been implemented in Mainland Tanzania. Therefore, there is no evidence available from the Tanzanian context regarding behavioral determinants related to the key behaviors to be promoted. Based on learning from the introduction of other new services and interventions, it is anticipated that SBC and ACD implementers will need to address knowledge and awareness of mCBS and ACD, as well as possible myths and misconceptions that may arise as these activities are introduced. It will also be important to monitor for and address any stigmatization of passively identified cases, or those who subsequently test positive for malaria as part of ACD. SBC activities addressing health providers will also be needed to ensure mCBS activities are conducted according to national guidelines and SOPs.</p>



mCBS and ACD: Audience Analysis and Strategic Approaches	
Audience Analysis:	<p>Primary Audience:</p> <ul style="list-style-type: none">• Health care providers in facilities implementing mCBS and ACD• Community members in areas targeted for mCBS and ACD• Positive malaria patients (passive cases) in areas where mCBS and ACD is being implemented• Household members and neighbors of passive cases <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health facility in-charges• Community and religious leaders• Community leaders (VEO/MEO, WEO)• CHWs• Health management team
Strategic Approaches	<p>Healthcare providers</p> <ul style="list-style-type: none">• Advocacy and sensitization meetings• On-the-job training, mentorship, and supportive supervision• Printed SBC materials and job aids• Digital media (e.g., SMS) <p>Community members and leaders</p> <ul style="list-style-type: none">• Advocacy and community sensitization meetings• Interpersonal communication• Printed SBC materials
Considerations for areas of low and very low transmission	<p>mCBS and ACD will only be implemented in areas of low and very low transmission. These SBC plans only apply to these risk strata.</p>



mCBS AND ACD SBC Plans

mCBS and ACD Behavioral Objective 1:

To increase the proportion of health care providers in low and very low malaria transmission strata who follow mCBS protocols

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Health care providers in areas targeted for mCBS and ACD <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health facility management in areas targeted for mCBS and ACD • Local government authorities in areas targeted for mCBS and ACD • Health management team
<p>Communication Objectives & Key Messages</p>	<p>Communication Objective 1 To increase the proportion of health care providers in low and very low malaria transmission strata who feel confident in their ability to follow mCBS and ACD protocols.</p> <p>Communication Objective 2: To increase the proportion of health care providers in low and very low malaria transmission strata who believe supporting mCBS and ACD is an important part of their job.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • By following mCBS and ACD protocols, you will be on the frontlines of achieving malaria elimination in your community. • Conduct mCBS and ACD as soon as you receive the report of a malaria case; by responding quickly, you can prevent onward malaria transmission. • When you follow mCBS and ACD protocols, you will be seen as a role model among your peers in efforts to achieving malaria elimination in your community.
<p>Key Benefit</p>	<p>mCBS and ACD protocols are clear, actionable guidance that will allow me to effectively trace malaria cases in my community, supporting me to contribute to stopping the spread of malaria.</p>
<p>Desired Action</p>	<p>Health care providers in areas targeted for mCBS and ACD follow national guidelines and protocols.</p>

mCBS and ACD Behavior Objective 2:

To increase the proportion of people who comply with ACD activities in their community

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Household members and neighbors of passive cases • Members of communities targeted for mCBS and ACD
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Secondary Audience:

- Community and religious leaders in communities targeted for mCBS and ACD
- CHWs in communities targeted for mCBS and ACD
- LGAs targeted for mCBS and ACD
- Health management team

Communication Objective 1:

To increase the proportion of people with comprehensive knowledge and awareness of mCBS and ACD activities in their community.

Key messages:

- Active case detection is when health care providers visit the household members and neighbors of a person who has malaria to test them and provide treatment, if needed. When a person close to you is found to have malaria, health care providers will visit you and ask that you be tested for malaria.
- Malaria tests conducted during ACDs are safe, accurate and free; it is the same test that is provided at health facilities throughout the country.
- Blood samples collected as part of ACD are solely for malaria diagnosis and treatment; they will not be used for any other purpose.
- If you are found to have malaria, you will be treated, so that you cannot spread malaria to your loved ones.

Communication Objective 2:

To increase the proportion of community members who believe that mCBS and ACD benefit themselves, their family, and their community.

Key Messages:

- Although there is less malaria in our community now, we still need to take steps to protect ourselves and our loved ones; active case detection is one way in which we can stop the spread of malaria.
- You can have the malaria parasite and not show any symptoms; accept a malaria test to ensure you stay healthy and prevent transmitting to others.

Communication Objective 3:

To increase the proportion of passive clients at the health facility who have positive attitudes toward ACD and surveillance activities.

Key messages:

- If you test positive for malaria, provide your correct address to health care workers to allow for follow-up that will protect your family members and neighbors from malaria.
- Provide information to your household members and neighbors on the upcoming surveillance and ACD activity.
- Cooperate with ACD agents/HCWs who come to your home conducting surveillance activities; this will benefit your household and protect the whole community against malaria.

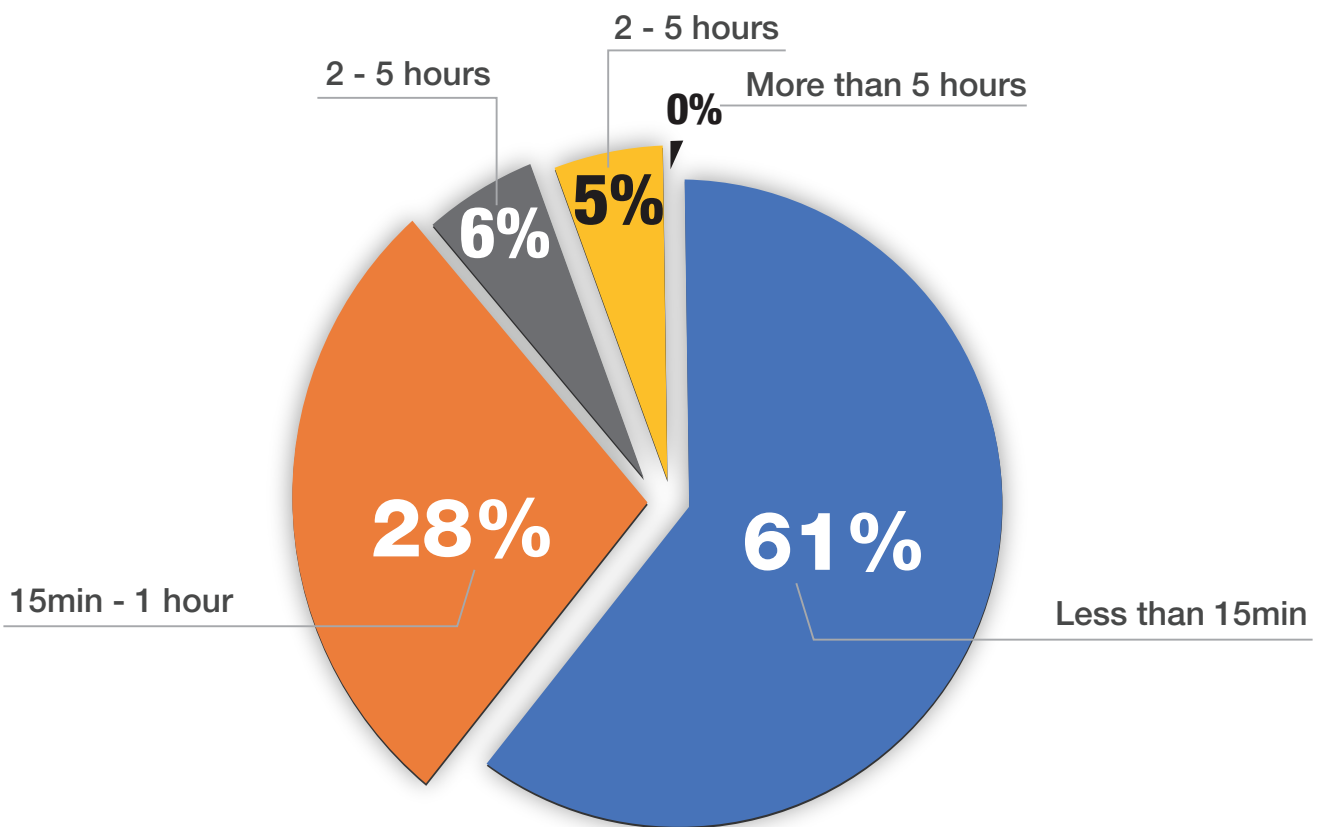


Key Benefit	If I agree to be tested for malaria as part of ACD, I will have peace of mind knowing whether I have malaria or not which will allow me to get quick treatment and prevent me from contributing to its spread in my community.
Desired Action	Community members comply with ACD activities in their community.

2.2.5. Malaria Community Case Management (mCCM)

mCCM: Situation Analysis and Behavior Analysis	
	Malaria Community Case Management (mCCM) is a new intervention which is expected to promote early recognition, prompt testing, and appropriate treatment of malaria among children under five years of age in the home or community. About 10% of the Tanzanian population has low access to health facilities in terms of >1 hour walking distance (see figure below).

Figure 6: Proportion of population by walking time to health facility in Tanzania





Situation Analysis	<p>In Tanzania in the context of the renewed Community-Based Health Services (CBHS) framework, mCCM can be effectively deployed in areas of the country with low accessibility to operational health services such as settings with long walking time or distance to health services delivery points (distance of over 5km or more than 1 hour walking time), hard to reach areas (geographical barriers), and settings with high ratio between service population and health facility (more than 10,000 population served by one healthcare facility).</p> <p>Early and accurate diagnosis of malaria is essential for both rapid and effective disease management and surveillance. High-quality malaria diagnosis is important in all settings as misdiagnosis can result in significant morbidity and mortality. The Tanzanian national guidelines for malaria diagnosis and treatment (2020) recommends prompt malaria diagnosis either by microscopy or malaria rapid diagnostic test (mRDT) in all patients with suspected malaria before treatment is administered. Diagnostic testing improves the overall management of patients with febrile illnesses.</p> <p>Malaria testing rate, a proxy indicator of access to diagnosis, is monitored through the national representative Malaria Indicator Survey. The NMSP 2021-2025 target is 85% while the 2017 achievement was 43%. Remarkable differences have been observed according to geographic location (56% in urban vs. 39% in rural areas) and wealth status (32% in lowest compared to 60% in higher wealth quintiles). Universal access to malaria testing in Tanzania is unlikely to be reached through routine access to the existing operational health facilities.</p>
Behavioral Analysis	<p>mCCM activities have not previously been implemented in Tanzania mainland. Therefore, there is no evidence available from the Tanzanian context regarding behavioural determinants related to the key behaviours to be promoted. Based on learning from the introduction of other new services and interventions, it is anticipated that SBC implementers will need to address knowledge and awareness of mCCM, as well as possible myths and misconceptions that may arise as these activities are introduced.</p>

mCCM: Situation Analysis and Behavior Analysis

Audience Analysis	<p>Primary Audience:</p> <ul style="list-style-type: none">• Heads of households in areas with limited access to healthcare facilities (targeted for mCCM).• Members of the community in areas with limited access to healthcare facilities (targeted for mCCM).
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	<p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health care providers • CORPs/CHWs • Health facility in-charge • LGAs • Health management team
Strategic Approaches	<ul style="list-style-type: none"> • Community sensitization and advocacy • Local theater • Interpersonal communication • Local community radio • Printed SBC materials
Considerations for areas of low and very low transmission	Not applicable; intervention will be on high and moderate strata.

mCCM SBC Plans

mCCM Behavior Objective 1:

Increase the proportion of people in areas with limited access to healthcare facilities who use mCCM Services

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Heads of households in areas with limited access to healthcare facilities (targeted for mCCM). • Members of the community in areas with limited access to healthcare facilities (targeted for mCCM). <p>Secondary Audience:</p> <ul style="list-style-type: none"> • CORPs/CHWs • Health care workers • Health facility in-charge • LGAs • Health management team
Communication Objectives & Key Messages	<p>Communication Objective 1 Increase the proportion of people in areas with limited access to healthcare facilities who are aware of mCCM.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • mCCM services are now available in your community. Contact your CHW/CORPs for more information on where and when the services will be available.



	<ul style="list-style-type: none"> • mCCM is an alternative way to access malaria case management services in your community • If you feel any malaria symptoms, remember you can easily access services in your community. Contact your CHW/CORPs for more information. <p>Communication Objective 2: Increase the proportion of people in areas with limited access to healthcare facilities who have positive attitudes toward mCCM service.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Malaria community-based case management is an easy way to access malaria testing and treatment services in your community. • Malaria community-based case management services provided by CHWs in your community are safe and effective. • You will be tested and treated according to malaria treatment guideline and if needed, you will be referred to the health care facility.
Key Benefit	If I go to the CORPs in my village/mtaal can conveniently get appropriate management for malaria in my community where there is no near healthcare facility.
Desired Action	Heads of households and other members of the community in areas with limited access to healthcare facilities use CORPs in the community to access community malaria case management.

2.2.6. Malaria in Pregnancy (Provision of LLINs, IPTp and Malaria Screening)

Malaria in Pregnancy (MIP) - Situation and Behavior Analysis	
Situation Analysis	<p>Malaria during pregnancy is a serious cause of morbidity and mortality for pregnant women and newborns, and contributes to stillbirth, premature birth, and low birth weight. During pregnancy, the naturally acquired partial immunity to malaria declines. The decline in immunity is most pronounced during the first and second pregnancy.</p> <p>The World Health Organization (WHO) recommends the following package of interventions for the prevention and treatment of malaria during pregnancy:</p> <ul style="list-style-type: none"> • Use of LLINs by pregnant women • In all areas with moderate to high malaria transmission, intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP), as part of antenatal care (ANC) services • Prompt diagnosis and effective treatment of malaria infections



	<p>LLIN use: The NMSP 2021-2025 recommends that all pregnant women sleep under an LLIN every night to prevent complications of malaria. An LLIN is provided for free to all pregnant women at their first ANC visit to support net access among this priority population. According to TMIS 2017, 51% of pregnant women slept under an LLIN the night before the survey. Net use was higher among pregnant women in urban areas, increased with education level, and was highest among women in the fourth wealth quintile.</p> <p>IPTp: IPTp with SP is recommended for all pregnant women at each ANC visit. The first IPTp-SP dose should be administered as early as possible during the second trimester (after 13 weeks of gestation age) and at each ANC visit thereafter.</p> <p>Tanzania has made significant gains in increasing uptake of IPTp. According to TMIS 2017, 83% of women age 15-49 with a live birth in the 2 years preceding the survey received one or more doses of SP/Fansidar to prevent malaria. Fifty-six percent of these women received 2 or more doses, and 26% received 3 or more doses. Furthermore, coverage of IPTp3 has increased from 33% in 2017 to 71% in 2019; however, this is still below the target of 80%. Uptake of IPTp is higher in urban areas and increases with education and wealth quintile.</p> <p>Malaria screening in pregnant women: Tanzania has a policy of single screening and treatment (SST) of pregnant women for the control of malaria in pregnancy. Under this policy, pregnant women are screened for malaria at their first ANC visit and on subsequent visits are tested for malaria only if symptomatic (fever or history of fever). The rate of malaria testing at ANC has increased from 75% in 2016 to 97% in 2019. The malaria positivity rate among pregnant women has decreased from 7% in 2016 to 6.4% in 2019 (DHIS2).</p>
Behavior Analysis	<ul style="list-style-type: none">• The majority of malaria in pregnancy (MIP) behaviors require women to attend ANC early and to achieve the targeted number of ANC contacts (at least 4); however, many barriers stand in the way of pregnant women achieving this, including: norms around when to disclose pregnancy, which inhibit ANC attendance in the first, and often second, trimesters; lack of partner support for ANC attendance; distance to health facility; attitudes around ANC, particularly beliefs that ANC is for inexperienced or “soft” mothers; and perceptions of the quality of services at the health facility.• Attitudes towards LLIN safety, and concerns about taking medications – including SP – during pregnancy serve as barriers to uptake of MIP interventions.



MIP: Audience Analysis and Strategic Approaches	
Audience Analysis	<p>Primary Audience:</p> <ul style="list-style-type: none">• Pregnant women• Partners of pregnant women who often have control over whether their partner accesses ANC and other health services during pregnancy <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health care providers• Influential family members, particularly mothers, mothers-in-law, aunts and older sisters• Community and religious leaders• CHWs
Strategic Approaches	<ul style="list-style-type: none">• Mass media<ul style="list-style-type: none">◦ National, regional, and local/community radio◦ Television, including audio-visual content that can be used at the community and health facility level and online◦ Social media such as blogs, Instagram, WhatsApp, Facebook and YouTube, targeted to areas with high penetration of mobile phones and smartphones among target audiences• Mid-media<ul style="list-style-type: none">◦ Community events, including community theater performances, roadshows, and clinic shows◦ PA◦ Mother meet ups• Interpersonal communication• Community mobilization and engagement<ul style="list-style-type: none">◦ Engagement of local and religious leaders• Printed SBC materials
Considerations for areas of very low and low transmission	<p>SBC and advocacy activities supporting MIP objectives in areas of low and very low transmission should focus on continued awareness of the severity of malaria in pregnancy and the increased vulnerability to malaria among pregnant women to ensure continued uptake of MIP interventions.</p>



Malaria in Pregnancy SBC Plans

mCCM Behavior Objective 1:

To increase the proportion of pregnant women who attend ANC early and complete at least 8 ANC visits

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Pregnant women and their partners <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health care workers• CHWs• Influential family members
Communication Objectives & Key Messages	<p>Communication Objective 1 To increase the proportion of pregnant women who know where and when to obtain ANC services.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Attend ANC once you realize you are pregnant.• ANC services are available in all healthcare facilities for free. <p>Communication Objective 2: To increase the proportion of pregnant women who believe that attending ANC early is beneficial for their health and the health of their expected child.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• When you attend ANC, you will have peace of mind knowing that you are getting the care you and your baby need to have a safe pregnancy and delivery.• Early detection of pregnancy-related problems may prevent future costly emergencies.• All pregnancies are different; all pregnancies deserve adequate care; show love to your unborn baby by attending ANC early and complete 8 ANC contacts.• Attending ANC is a brilliant way of showing love and care to your unborn baby. <p>Communication Objective 3: To increase the proportion of pregnant women who feel confident to attend ANC early and more than four times.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Attending ANC is an important way to protect and ensure the health of your unborn baby.



	<ul style="list-style-type: none"> • When you attend ANC, you will have peace of mind knowing that you are getting the care you and your baby need to have a safe pregnancy and delivery. • Attending ANC is a brilliant way of showing love and care to your unborn baby <p>Communication Objective 4: To increase the proportion of partners of pregnant women who believe they should support (via accompaniment and provision of resources) their pregnant partners to attend ANC.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Men who support their partners to attend ANC early and complete 8 ANC contacts are respected in the community. • Early ANC attendance will increase chances of good pregnancy outcomes. • Early detection of pregnancy-related problems may prevent future costly emergencies.
Key Benefit	If I attend ANC early and at least eight times, I will feel assured that my baby and I are healthy and safe, and I will be confident that I am a loving mother.
Desired Action	Early ANC booking and completion of 8 ANC visits by all pregnant women, escorted/supported by their partner.

MIP Behavior Objective 2:

To increase the proportion of pregnant women who take three (3) or more doses of SP during pregnancy

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Pregnant women and their partners <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health care workers • CHWs • Influential family members
Communication Objectives & Key Messages	<p>Communication Objective 1: To increase the proportion of pregnant women and their partners who believe there is a heightened risk of malaria during pregnancy.</p>



	<p>Key Messages:</p> <ul style="list-style-type: none"> • Pregnant women are more at risk of malaria during pregnancy. • Malaria during pregnancy can have serious, life-threatening impacts for pregnant women and their babies. <p>Communication Objective 2: To increase the proportion of pregnant women who feel confident in their ability to prevent malaria in pregnancy, including taking SP at ANC visits.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • SP is a safe medication for women to take during pregnancy to protect against malaria complications. • When you attend ANC, your health care provider will offer you SP, starting in your second trimester. • Making sure you receive at least 3 doses of SP during your pregnancy is a brilliant way of showing love and care to your unborn baby. • SP is safe to take during pregnancy to prevent malaria.
<p>Key Benefit</p>	<p>If I take 3 or more doses of SP during pregnancy, I will have peace of mind knowing I am protecting myself and my baby from the serious effects of malaria.</p>
<p>Desired Action</p>	<p>Pregnant women take at least 3 doses of SP at ANC visits during pregnancy.</p>

MIP Behavior Objective 3:

To increase the proportion of pregnant women who sleep under an LLIN

<p>Target Audience</p>	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Pregnant women and their partners <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health care workers • CHWs • Influential family members • Community leaders
<p>Communication Objectives & Key Messages</p>	<p>Communication Objective 1: To increase the proportion of pregnant women and their partners who believe there is a heightened risk of malaria during pregnancy.</p>



Communication Objective 1: To increase the proportion of pregnant women and their partners who believe there is a heightened risk of malaria during pregnancy. Key Messages: <ul style="list-style-type: none">• Pregnant women are more at risk of malaria during pregnancy.• Malaria during pregnancy can have serious, life-threatening impacts for pregnant women and their babies. Communication Objective 2: To increase the proportion of pregnant women who know they are eligible for a free LLIN at their first ANC visit. Key Message: <ul style="list-style-type: none">• Every pregnant woman is eligible for a free LLIN at her first ANC visit; make sure your health care provider gives you your net. Communication Objective 3: To increase the proportion of pregnant women and their partners who believe an LLIN is safe and effective to use. Key Messages: <ul style="list-style-type: none">• Sleeping under an LLIN will protect you and your unborn baby.• LLINs are safe and effective, including for pregnant women and young children.• Those who sleep under an LLIN live healthy, are protected from malaria, and enjoy an undisturbed sleep.• Sleeping under an LLIN can assure you a good night’s sleep.	
Key Benefit	If I sleep under an LLIN every night, I will sleep soundly knowing that my baby and I are protected from malaria.
Desired Action	Pregnant women always sleep under an LLIN.

MIP Behavior Objective 4:

To increase the proportion of health care providers who provide all pregnant women with a LLIN

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Health care workers <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health Management Team• Medical officer in charge• LGAs
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	<ul style="list-style-type: none"> • Policy makers • Pregnant women and their partners
	<p>Communication Objective 1: To increase the proportion of health care providers who believe it is important to provide all pregnant women with an LLIN, whenever they attend their first ANC visit and whether or not they attend with a partner.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Pregnant women are more at risk of malaria during pregnancy. You can easily protect them by giving them LLIN when they attend their first ANC visit. • All pregnant women should receive a free LLIN at their first ANC visit, whether or not they attend with a partner and whenever during pregnancy they first attend ANC. • Malaria during pregnancy can have serious, life-threatening impacts for pregnant women and their babies. By giving them LLIN during their first ANC visit, you are protecting them and keeping their unborn baby healthy. • When you provide all pregnant women with an LLIN whenever they attend their first ANC visit, you will know that you are giving your clients high-quality care. Clients will appreciate you for the good care you provide to them and their unborn baby.
Key Benefit	If I provide all pregnant women with an LLIN, whenever they attend their first ANC visit, I will be recognized by my clients and my peers as a smart health care provider who can be relied on to provide quality care.
Desired Action	Health care providers provide all pregnant women with an LLIN, whenever they attend their first ANC visit and whether or not they attend with their partner.

MIP Behavior Objective 5:

To increase the proportion of health care providers who test all pregnant women for malaria during pregnancy according to national treatment guidelines

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none"> • Health care providers <p>Secondary Audience:</p> <ul style="list-style-type: none"> • Health Management Team • Medical officer in charge • LGAs • Policy makers • Pregnant women and their partners
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	<p>Communication Objective 1: To increase the proportion of health care providers who believe that following guidelines for malaria testing and treatment will help them to serve their clients better.</p> <p>Communication Objective 2: To increase the proportion of health care providers who are confident in their ability to follow national treatment guidelines for malaria in pregnancy.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• When you follow national treatment guidelines, you will know that you are giving your clients high-quality care.• Clients will appreciate you for the good care you provide to them and their unborn baby.• Protecting women from malaria complications in pregnancy is an important duty; you are protecting them and keeping their unborn baby healthy.• Following treatment guidelines will ensure that you are using resources appropriately and using your time effectively.
Key Benefit	If I follow national diagnosis and treatment guidelines for malaria in pregnancy, I will be recognized by my clients and my peers as a smart health care provider who can be relied on to provide quality care.
Desired Action	Health care providers follow national diagnosis and treatment guidelines for malaria in pregnancy, including testing all pregnant women for malaria at their first ANC visit.

MIP Behavior Objective 6:

To increase the proportion of pregnant women who seek prompt care at a healthcare facility for symptoms of malaria

Target Audience	<p>Priority Audience:</p> <ul style="list-style-type: none">• Pregnant women and their partners <p>Secondary Audience:</p> <ul style="list-style-type: none">• Health care providers• CHWs• Influential family members• Health management team
Communication Objectives & Key Messages	<p>Communication Objective 1: To increase the proportion of pregnant women and their partners who believe there is a heightened risk of malaria during pregnancy.</p>



	<p>Key Messages:</p> <ul style="list-style-type: none">• Pregnant women are more at risk of malaria during pregnancy.• Malaria during pregnancy can have serious, life-threatening impacts for pregnant women and their babies.• Malaria can become serious quickly, especially for pregnant women; it is dangerous to delay seeking care. <p>Communication Objectives 2:</p> <p>To increase the proportion of pregnant women and their partners who believe that the healthcare facility is the best place to seek advice or treatment for symptoms of malaria.</p> <p>Key Messages:</p> <ul style="list-style-type: none">• If you feel malaria symptoms, go to a health care facility immediately, do not wait for your ANC appointment.• Health care providers will be able to treat your symptoms so that you get well, and your baby stays healthy.• Accurate malaria testing is available for free at the healthcare facility.• If the malaria test is negative, the health care provider will provide further care to identify and treat the true cause of your fever.
Key Benefit	If I promptly seek care at a healthcare facility for symptoms of malaria, I will get the treatment I need quickly, reducing chances of complications from untreated malaria, which can be fatal to me and my unborn baby.
Desired Action	Pregnant women go quickly to the healthcare facility for care at first symptoms of malaria.



3.1. COORDINATION

Coordination is the key to ensuring desired behavioral outcomes – increased demand, improved uptake, and consistent long-term maintenance. Coordinating SBC activities often involves partners (including service delivery partners) with different timelines, objectives and ways of working. It also requires investment in planning, regular check-ins during implementation, revision of approaches and messages, and joint monitoring and evaluation (M&E) of activities. This all requires time and communication at a project management and implementation level. National Malaria Control Program Works with different partners at all levels as elaborated below.

Coordination between NMCP and HPS

At the national level, the Health Promotion Section (HPS) coordinates development of all SBC materials. For malaria SBC, HPS works in close collaboration with the National Malaria Control Program (NMCP), which provides technical insight and guidance during the process of material development. To ensure proper coordination between the two units, NMCP provides technical clearance of all malaria SBC materials prior to its submission to HPS management for approval. NMCP is also responsible for providing coordination of malaria activities to national level stakeholders to avoid duplication of work and make best use of resources.

3.1.1. Technical Working Groups and SBC Taskforce

According to the National Malaria Strategic Plan (NMSP) 2021-2025, all technical implementation/programmatic SBC issues will be discussed at respective technical working groups: Malaria Vector Control, Malaria Case Management and Monitoring, Surveillance and Evaluation (SME) TWGs. The working groups will meet monthly. The head of the respective NMCP Units will be the secretariat of the technical working groups, and will be responsible for ensuring SBC discussion topics are added to each agenda, as agreed by SBC partners. Thematic programmatic areas that require competent and dedicated technical contributions such as planning and harmonization of SBC activities, sharing new innovation and lessons learned should be addressed by SBC task forces. The head of NMCP SBC unit will provide the overall leadership of the SBC taskforce. The taskforce will be comprised of NMCP staffs from SBC units, malaria vector control, malaria case management and SME. It will also include malaria SBC implementing partners, health promotion section and PO-RALG.

The taskforce will be meeting on quarterly basis, and the meeting will be funded by PMI or the Global Fund. The following are the core functions of the SBC taskforce:

- a. To provide a forum for sharing of technical information on SBC to support implementation of malaria vector control, malaria case management and SME.
- b. To identify best practices in malaria control and prevention and provide technical advice on updating and dissemination of appropriate messages and best practices.
- c. Provide tools to support the design, implementation, monitoring, and evaluation of theory-informed, evidence-based SBC.
- d. Increase individual, organization and system capacity to design, implement, monitor, and evaluate theory-informed, evidence-based malaria SBC.



- e. Advocate for the development and implementation of theory-informed, evidence-based country-level malaria SBC strategies.
- f. Establish and maintain collaborative, mutually beneficial relationships with one another.

3.1.2. Coordination between NMCP and PO-RALG

The President's Office, Regional Administration and Local Government (PO-RALG) is responsible for overseeing regional development, management and administration by coordinating rural and urban development management policy and strategies as well as the activity of Regional Secretariats. All malaria SBC activities to be implemented at community level need PO-RALG approval, management, and supervision. PO-RALG work in close collaboration with malaria implementing partners in their areas through regular meetings on a quarterly basis, by identifying the scope of all malaria activities will be implemented, to be included in their workplan for effective planning and management. At national level, there is a malaria focal person in PO-RALG whose function is to help to builds the administrative capacity of regional and council malaria focal personnel, and to strengthen channels of communication between national and sub-national bodies to further devolve power to the local level. This is done in different ways including meetings and supportive supervision based on need.

- i) At regional and council level, there are malaria focal personnel to provide guidance and management on implementation of SBC activities. In Tanzania, approximately every region and council has malaria focal personnel. Coordination Between NMCP and Other Unit

a. Reproductive and Child Health Section (RCHS)

NMCP works in close collaboration with RCHS through regular updates and meetings based on needs. It is the understanding of both NMCP and RCHS that NMCP provides technical guidelines for control and prevention of MIP, while RCHS oversees implementation of MIP interventions including delivery of counselling sessions with pregnant women and their partners. However, in practice, both sections oversee some interventions. NMCP monitors case management interventions, including SP availability, ITN distribution to ANC clients and demand creation to promote early ANC visits and completion of 8 ANC visits, for pregnant women to benefit from malaria services available at ANC. RCHS monitors IPTp, ITN distribution through the ANC report, and plays an essential role in provision of malaria prevention education at facility level.

b. Immunization and Vaccine Development (IVD) Program

NMCP is working in close collaboration with the Immunization and Vaccine Development (IVD) Program through regular updates and meetings based on needs, in ensuring LLIN are accessible to parents and caretakers during measles rubella vaccine. NMCP is responsible to ensure availability of LLIN which are delivered via EPI, while the IVD Program focuses on strengthening the delivery of routine immunization services.



c. Ministry of Education

NMCP works in close collaboration with the Ministry of Education through regular updates and meetings based on needs, to increase LLIN access by successfully issued nets to eligible students. The SNP task force, chaired by NMCP, was created to oversee the implementation of SNP. Members of the SNP task force included representatives from: National Malaria Control Programme, Ministry of Health, Ministry of Education and Vocational Training, Prime Minister's Office Regional Authority and Local Government, implementing partners including SBC. The task force plays a key role in the planning, coordination, and implementation of SNP. It ensured that LLIN distribution and demand creation activities aligned with the NMCP's LLIN strategy and that partners were involved in key implementation decisions. It also took into account the recommendations, experiences, and lessons learned from previous SNP. Advocacy meetings with MOHCDGEC, Ministry of Education and PORALG will be held before LLIN distribution at national, regional, and district levels. Subcommittees were formed to plan specific activities, including LLIN quantification and logistics, training, social mobilization, and monitoring and evaluation (M&E).

3.2. ADVOCACY

There have been significant changes in the landscape for funding and implementing global health programmes: fundraising and resource mobilization for malaria programming no longer occur in isolation from global health and development financing. "Competing" with other health programmes for funding creates inefficiencies of resources and expertise. In the current resource-constrained environment, this means that advocates for malaria control and elimination need to work within a developmental framework, positioning malaria control and elimination as a key driver promoting the achievement of other health components, such as those relating to maternal and child health. In the longer term, malaria control and elimination advocacy also need to be positioned with greater emphasis on economic return on investment.

The following are the advocacy activities that have been conducted in Tanzania and are still going on in the country:

Advocacy at High Level- Malaria Score Card

NMCP in collaboration with SBC and advocacy partners have implemented advocacy activities targeting high level leaders including Members of Parliament to orient them on malaria interventions and malaria scorecard for accountability and action. Malaria score card is the management tool for accountability and action, which was launched in 2019 with support from ALMA and partners. The scorecard tool is used to increase awareness about the malaria situation, support the identification of bottlenecks and drive action. Since the launch, ALMA has supported the MOHCDGEC in the decentralization of the scorecard management tool to 5 regions of Tanzania with highest malaria burden: Mtwara, Lindi, Geita, Kagera, and Kigoma. In each region, workshops were organized with regional and district level health management teams, high-level decision-makers, as well as local partners, on how to access the scorecard and analyze the data with the goal of catalyzing action.



The scorecard is produced every quarter using DHIS2 data which includes health facility level data, allowing for more targeted bottleneck analysis and action. It is broadly disseminated to stakeholders including partners, who have been trained on the tool and regularly access the data. To minimize obstacles in scorecard interpretation, the scorecard and all training materials and indicator guides have been translated into Swahili.

Sixty members of parliament were trained on the use of the mobile app, and the parliament IT department was also trained on the use of the app to enhance data-driven advocacy. After the training, it was noted that several members of parliament made references to the need to sustain malaria efforts in speeches in parliament.

Apart from malaria score card, the NMCP conducted advocacy activities at different levels as indicated below.

1. Political leaders – especially members of parliament – to increase political, leadership, and resource support for malaria control commodities and services. Via presentation, NMCP aimed at increasing awareness and knowledge of the malaria problem, and the benefits of its prevention and treatment. The presentation also touched on the effect of malaria in the economy of the country in terms of reduced productivity and increased expenditure in malaria treatment.
2. Advocacy during implementation of malaria activities such as Mass Replacement Campaign (MRC). In year 2020/21, advocacy was done in 50 councils of 10 regions. The aim of advocacy activity was to increase buy-in and support of local Government during implementation of the MRC Campaign.
3. NMCP also advocated with PO-LARG to allocate funding for bio-larviciding activity in all councils.
4. Advocacy to ensure all councils via health facilities allocate funding to support procurement of SP drugs.

Advocacy Focus in 2021-2025

Implementation of the NMSP 2021-2025 has been estimated to cost \$778,658,430, requiring an average annual budget of \$ 55,731,686. Two-thirds of the cost (66%) for the period 2021-2023 is anticipated to be funded, primarily through the Global Fund (GF) and the U.S. President's Malaria Initiative (PMI). In the initial three years of the strategy, these donors are expected to provide approximately \$145 million and \$120 million, respectively. This leaves a substantial gap in funding, to be filled through domestic resource mobilization. The main challenge in the fight against malaria in Mainland Tanzania has been on the part of local investments allocated to these efforts. To date, financing for interventions to eliminate malaria in the country has mainly been dependent on development partners who contribute almost the entirety of the budget.



Advocacy Strategies

Audience	Approach	Key Focus	Potential messages
<p>1. Decision-makers/ politicians - President/Prime Minister, Minister – MOHCDGEC, Members of Parliament</p>	<ul style="list-style-type: none"> • Advocacy Meeting 	<ul style="list-style-type: none"> • Effect of malaria on country's economy 	<ul style="list-style-type: none"> • Malaria can slow countries' economic development by 30 percent per annum <p>Malaria stunts development of human potential</p>
<p>2. Journalists - Health reporters, financial reporters, Editors, Columnists</p>	<ul style="list-style-type: none"> • Orientation meeting 	<ul style="list-style-type: none"> • Links between malaria and poverty at country and individual level 	<ul style="list-style-type: none"> • Malaria contributes to the gap between rich and poor countries • Malaria is bad for business - it kills productive members of society
<p>3. Corporations and Industry - Multi-nationals; local businesses, Labor organisations</p>	<ul style="list-style-type: none"> • Mass Media • Campaign to mobilize resources 	<ul style="list-style-type: none"> • Impact of malaria on workforce. • Role of companies and the private sector in malaria control and elimination 	<ul style="list-style-type: none"> • Malaria is bad for business. It reduces productivity. • Companies can play a positive role in reducing malaria among workers
<p>4. General Public - Issues popular with the public find their way onto the political agenda; and groundswells of public opinion can have a strong influence on governments</p>	<ul style="list-style-type: none"> • Mass Media • Community Mobilization 	<ul style="list-style-type: none"> • Personal level of risk • Response of government/ health authorities to protect the public • Malaria and its effect on the economy – at individual and country level 	<ul style="list-style-type: none"> • Malaria is preventable, treatable, and curable • A malaria-free country is possible

CHAPTER 4:

MONITORING, EVALUATION & RESEARCH PLAN

This Guide adopts the monitoring and evaluation and research framework present in the NMSP 2021-2025. The same indicators will be tracked to measure implementation of this Guide.

The monitoring and evaluation plan supports the implementation of SBC and advocacy activities. The plan will help in making any mid-course corrections and will measure the impact of SBC interventions. Monitoring will ensure that all process indicators that operationalize this guide are tracked periodically to establish and measure whether activities occurred within the planned frequency, with the planned intensity, with the appropriate timing, and as directed to reach the intended audience. Implementing partners will provide reports on a quarterly basis via e-mails and updates during SBC taskforce meetings.

Evaluation of communication objectives will be conducted to determine the level of its achievements. For the sake of this Guide, evaluation will assess primary behaviour change outcomes and impact outcomes. Impact outcomes will be obtained from large surveys such as MIS, DHS, and Malaria Behavioral Survey (MBS) among others. Periodic surveys conducted by implementing partners (with national representative sample) will be used to update the project monitoring and evaluation matrix once such studies have been documented and shared/disseminated publicly.

Verification activities including supportive supervision and media monitoring will track processes and outputs to ensure that SBC and advocacy activities are being implemented as intended. The process should be ongoing and, in some circumstances, can be a joint exercise (involving NMCP and implementing partners), but occasionally, NMCP will have to conduct verification of SBC and advocacy activities independently across the national, regional, district and community levels. NMCP has SME unit which is the key organ in monitoring and evaluation of all NMCP interventions.

Since the SBC partners play a big role in the implementation of activities, NMCP shall conduct periodic verification exercises to determine if activities are implemented in the required quality and intensity, especially for community level activities. SBC and the advocacy M&E indicators matrix are included in the annexes (see annex 1).



4.1. SBC monitoring and evaluation matrix

Table 1: SBC monitoring and evaluation matrix

LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
Increase the proportion of people who access LLINs when needed through appropriate channels	<p>Indicator: Proportion of people that could sleep under an ITN if each ITN in the household were used by 2 people.</p> <p>Numerator: Number of people who could sleep under LLINs if every LLIN in a household were used by 2 people.</p> <p>Denominator: Number of respondents surveyed</p>	Behavior indicator	Net access is an important determinant to ensure net use	MIS, DHS, Omnibus and Sentinel Survey, MBS	Net Access 63% (MIS, 2017)	95% (NMSP, 2021-2025)	2025
Increase proportion of population who sleep under LLIN every night	<p>Indicator: Proportion of people who slept under ITN the night before survey.</p> <p>Numerator: Number of the respondents who slept under LLIN the previous night</p> <p>Denominator: Number of respondents with access to a net</p>	Behavior indicator	The program seeks to increase use of LLIN among people who have access to one	MIS, DHS, Omnibus and Sentinel Survey, MBS	52% (MIS, 2017)	85%	2025
To increase the proportion of people who believe sleeping under LLIN every night is a safe and effective way to protect them from malaria	<p>Indicator: Proportion of people who believe sleeping under LLIN every night is safe and effective for malaria prevention</p> <p>Numerator: Number of respondents who believe sleeping under LLIN every night is safe and effective for malaria prevention</p> <p>Denominator: Number of respondents surveyed</p>	Communication Indicator	Belief that LLIN is safe and effective can increase the LLIN use behavior	Omnibus and Sentinel Survey, MBS	64% (Sentinel Survey 2020)	76%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
	<p>Indicator: Proportion of respondents who are confident in their ability to sleep under nets every night (perceived self-efficacy)</p> <p>Numerator: Number of respondents who are confident in their ability to sleep under nets every night</p> <p>Denominator: Number of respondents surveyed</p>	Communication Indicator	Increased self-efficacy towards LLIN increases chances of LLIN use	MBS	Nil	80%	2025
Increase the proportion of people who take proper care of their LLINs	<p>Indicator: Proportion of respondents who tie their net up every morning</p> <p>Numerator: Number of respondents who tie their net up every morning</p> <p>Denominator: Number of respondents surveyed</p>	Behavioral indicator	Net caring will make the net last longer, hence ensure access and use	MBS	NIL	75%	2025
Increase proportion of people who are aware that LLINs can be purchased from the private sector	<p>Indicator: Proportion of people who are aware that LLINs can be purchased from private sector</p> <p>Numerator: Number of respondents who know they can purchase LLINs from private sector</p> <p>Denominator: Number of respondents surveyed</p>	Communication indicator	Awareness is the first step towards acting	MBS, MIS, DHS	NIL	85%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
Increase proportion of people who properly repurpose torn LLINs	<p>Indicator: Proportion of people who properly repurpose torn LLINs</p> <p>Numerator: Number of respondents who reported using a torn LLIN for an acceptable secondary purpose (curtains, screens for windows/doors/eaves/ceiling, patch for other nets)in the past 6 months</p> <p>Denominator: Number of respondents with torn LLIN in the past 6 months</p>	Behavior indicator	Torn LLIN can have another beneficial use such patching newer nets or as screening for windows and doors	MBS	NIL	40%	2025
To increase the proportion of households targeted for IRS that accept spray teams into their homes to conduct IRS	<p>Indicator: Proportion of households targeted for IRS who accept spray teams into their homes to conduct IRS</p> <p>Numerator: Number of households targeted for IRS who accept spray teams in their homes to conduct IRS</p> <p>Denominator: Households targeted for IRS</p>	Behavior indicator	Acceptance of IRS will lead to increase in number of structures sprayed, which is important in malaria prevention	NMCP/ Project report, MBS	98%	98%	2025
Increase proportion of people in targeted areas for IRS with positive attitudes towards IRS	<p>Indicator: Proportion of people in targeted areas for IRS with positive attitudes towards IRS</p> <p>Numerator: Number of respondents in targeted areas for IRS with positive attitudes towards IRS</p> <p>Denominator: Number of respondents in targeted areas for IRS surveyed</p>	Communication Indicator	If people believe IRS is safe and effective in malaria prevention, the likelihood of accepting IRS increases	MBS	NIL	85%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
Increase the proportion of people who feel confident in their ability to allow their house to be sprayed	Indicator: Proportion of people who feel confident in their ability to allow their house to be sprayed Numerator: Number of respondents who feel confident in their ability to allow their house to be sprayed Denominator: Number of respondents in targeted areas for IRS surveyed	Communication Indicator	Compliance with IRS instructions will ensure quick, safe, and effective spraying	MBS	NIL	85%	2025
Increase proportion of people with positive attitudes towards bio-larviciding activities	Indicator: Proportion of people with positive attitudes towards bio-larvicide activities Numerator: Number of respondents with positive attitudes towards bio-larvicide activities Denominator: Number of respondents in targeted areas for bio-larvicide surveyed	Behavioral Indicator	Positive attitudes towards bio-larviciding will increase likelihood of participating in bio-larviciding activities	NMCP reports	NIL	85%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
To increase the proportion of children under five years old with fever in the last two weeks for whom advice or treatment was sought the same or next day following the onset of fever	<p>Indicator: Proportion of children under five years old with fever in the last two weeks for whom advice or treatment was sought the same or next day following the onset of fever</p> <p>Numerator: Number of children under five years old with fever in the last two weeks for whom advice or treatment was sought the same or next following the onset of fever</p> <p>Denominator: Number of children under five years old with fever in the last two weeks surveyed</p>	Behavioral Indicator	Early care seeking will ensure that a child gets appropriate treatment	MIS, MBS, Sentinel Survey	75%	85%	2025
To increase the proportion of people with the knowledge that ACT is effective treatment of malaria	<p>Indicator: Proportion of people who mention ACT as effective treatment of malaria</p> <p>Numerator: Number of respondents who mention ACT as effective treatment of malaria</p> <p>Denominator: Number respondents surveyed</p>	Communication Indicator	Increase in knowledge on ACT effectiveness will increase likelihood of completing a full course of ACT	MBS	NIL	85%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
To increase the proportion of people who believe that they should only receive malaria treatment if their malaria test results are positive	<p>Indicator: Proportion of people who believe that they should only receive malaria treatment if their malaria test results are positive</p> <p>Numerator: Number of respondents who believe that they should only receive malaria treatment if their malaria test results are positive</p> <p>Denominator: Number of respondents surveyed</p>	Communication Indicators	Belief that malaria treatment should only be used after positive malaria test results might increase care-seeking, as well as promote the habit of trusting the malaria test results	MBS, MIS	NIL	70%	2025
To increase the proportion of people with knowledge of availability of ACTs' subsidized price in private sector	<p>Indicator: Proportion of people with knowledge of availability of ACTs' subsidized price in private sector</p> <p>Numerator: Number of respondents who know that ACTs are available at a subsidized price through the private sector</p> <p>Denominator: Number of respondents surveyed</p>	Communication Indicator	Knowledge will ensure people demand ACTs at subsidized price	NMCP Reports	NIL	75%	2025
To increase proportion of people with favorable attitudes towards SMC	<p>Indicator: Proportion of respondents with favorable attitudes towards SMC</p> <p>Numerator: Number of respondents with favorable attitudes towards SMC</p> <p>Denominator: Number of respondents surveyed in areas where SMC is implemented</p>	Communication Indicator	Positive attitudes towards SMC will increase its acceptability	MBS	NIL	85%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
To increase proportion of people who believe that mCBS and ACD benefit themselves, their families, and their community	<p>Indicator: Proportion of people who believe that mCBS and ACD benefit themselves, their families, and their community</p> <p>Numerator: Number of respondents in the targeted communities who believe that mCBS and ACD benefit themselves, their families, and their community</p> <p>Denominator: Number of respondents surveyed in the targeted communities</p>	Communication Indicators	Belief in the importance of mCBS and ACD activity will increase chances of compliance	MBS	NIL	85%	2025
To increase proportion of people in areas with limited access to health care facilities with the intention of using mCCM	<p>Indicator: Proportion of people in areas where mCCM is available who intend to use mCCM</p> <p>Numerator: Number of respondents in areas where mCCM is available who intend to use mCCM</p> <p>Denominator: Number of respondents surveyed in areas where mCCM is available</p>	Communication Indicator	Intention to act is an important determinant of behavior practice	NMCP Report	NIL	86%	2025
To increase the proportion of pregnant women and their partners who believe there is heightened risk of malaria during pregnancy	<p>Indicator: Proportion of pregnant women and their partners who believe there is heightened risk of malaria during pregnancy</p> <p>Numerator: Number of pregnant women and their partners who believe there is heightened risk of malaria during pregnancy</p> <p>Denominator: Number of pregnant women and their partners surveyed</p>	Communication Indicator	Risk perception will increase chances of practicing malaria prevention behaviors	Omnibus and Sentinel Survey	54%	75%	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
To increase the proportion of pregnant women who feel confident in their ability to prevent malaria in pregnancy, including taking SP at ANC visit	<p>Indicator: Proportion of pregnant women who feel confident in their ability to prevent malaria in pregnancy, including taking SP at ANC visit</p> <p>Numerator: Number of pregnant women who feel confident in their ability to prevent malaria in pregnancy, including taking SP at ANC visit</p> <p>Denominator: Number of pregnant women surveyed</p>	Communication Indicator	Feeling confident in ability to prevent malaria will increase chances of practicing a malaria prevention behavior	Omnibus and Sentinel Survey	73.8%	80%	2025
To increase number of malaria SBC materials produced	<p>Indicator: Number of malaria SBC materials produced</p> <p>Numerator: Number of malaria SBC materials produced, or messages created</p> <p>Denominator: None</p>	Process Indicator	Malaria programs create messages and produce materials to promote social and behavioral change. This process indicator is meant to capture the creation of those messages and/or materials.	Project Reports	NIL	NIL	2025
To increase the number of people reached with malaria messages	<p>Indicator: Number of people reached with malaria messages</p> <p>Numerator: Number of people served or exposed to the malaria messages</p> <p>Denominator: None</p>	Output Indicator	Measures the number of people who have received program services, have participated in community mobilization activities, or who have been exposed to program mass media messages	Project Reports	NIL	NIL	2025



LLIN/ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
To increase the number of malaria SBC activities carried out	Indicator: Number of malaria SBC activities carried out Numerator: Number of malaria SBC activities carried out Denominator: None	Process Indicator	Measures the number of SBC activities carried out. It provides information on whether activities are being carried out in accordance with work plans. It also provides information on the frequency of the main types of SBCC activities.	Project Reports	NIL	NIL	2025
To increase the number of people trained in SBC for malaria	Indicator: Number of people trained in SBC for malaria Numerator: Number of people who have completed a training course in malaria SBC Denominator: None		Measure of SBC training programs. Managers can use it to determine whether a program is meeting its training targets.				

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President's Malaria Initiative



**NATIONAL MALARIA
CONTROL PROGRAMME**

