

# Building capacity for creating demand

in support of malaria prevention and control



## Learning paper series

Since starting operations in 2003 (and in 2008 in Nigeria), Malaria Consortium has gained a great deal of experience and knowledge through technical and operational programmes and activities relating to the control of malaria and other infectious childhood and neglected tropical diseases.

Organisationally, we are dedicated to ensuring our work remains grounded in the lessons we learn through implementation. We explore beyond current practice, to try out innovative ways – through research, implementation and policy development – to achieve

effective and sustainable disease management and control. Collaboration and cooperation with others through our work has been paramount and much of what we have learned has been achieved through our partnerships.

This series of learning papers aims to capture and collate some of the knowledge, learning and, where possible, the evidence around the focus and effectiveness of our work. By sharing this learning, we hope to provide new knowledge on public health development that will help influence and advance both policy and practice.

Nurses giving out mosquito nets at a primary healthcare clinic in Tunga, Niger State  
*Photo: Susan Schulman*



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# What is demand creation?

In the context of the Support to National Malaria Control Programme (SuNMaP), demand creation is the strategic combination of advocacy, communication and mobilisation approaches that seek to achieve increased community awareness of, and demand for, effective malaria prevention and treatment services.

SuNMaP's demand creation strategy for prevention currently focuses on promoting the correct use of long lasting insecticidal nets (LLINs) and the use of intermittent preventive therapy (IPT) in pregnant women. In the future, the programme will also be including seasonal malaria chemoprevention within its remit.

For malaria treatment, demand creation focuses on promoting improved testing, prompt and proper use of artemisinin combination therapy (ACT) treatment for individual cases of malaria, and effective home management of fever, together with referrals of severe cases to a higher-level health facility.

Demand creation interventions for malaria control are designed and implemented to fit into strategic areas of communication, namely:

- **Socio-political interventions**, which include public policy advocacy and media advocacy
- **Interventions in service delivery**, which include capacity building on client-centred counselling and provider-promotion risk awareness
- **Interventions at community and individual level**, which include a wide range of activities. They encompass community mobilisation, entertainment-education, TV/radio spots, dramas and music, design of messages and materials, provider promotion risk awareness, personal and community empowerment, public relations, and mass media dissemination

## SuNMaP

Support to the Nigeria Malaria Programme (SuNMaP) is a £89 million UKaid funded project that works with the government and people of Nigeria to strengthen the national effort to control malaria. The programme began in April 2008 and runs to August 2015.

Ibrahim and his staff  
selling malaria drugs in his  
pharmacy in Ogun State  
*Photo: Susan Schulman*







To be effective, each demand creation approach requires good quality design and production, and use of communication support materials in print and electronic formats.

The ‘cross-cutting’ nature of SuNMaP’s work means that more than one of the technical components is likely to be involved in any piece of work. As part of the broad malaria control partnership, demand creation activities are integrated into the government’s Advocacy, Communication and Social Mobilisation (ACSM) Strategic Framework and Implementation Plan, while providing support to other intervention communication strategies such as the LLIN mass net distribution campaigns and capacity building components.

Within SuNMaP, demand creation provides technical support across SuNMaP’s other five core outputs: capacity building; harmonisation; prevention of malaria; treatment of malaria; operations research.

## Malaria in Nigeria

Malaria kills around 300,000 Nigerians a year, 250,000 of them children. Nearly 30 percent of childhood deaths and 10 percent of all maternal deaths are caused by the disease. While children under five and pregnant women are particularly vulnerable, almost the entire population of Nigeria is at risk. According to the Nigerian government, the nation also loses around \$1 billion a year from the cost of treatment and absenteeism.

Source: National Malaria Indicator Survey Report 2010

Each demand creation approach requires good quality design and production, and use of communication support materials in print and electronic formats.

Women waiting their turn at a primary healthcare clinic in Lagos  
Photo: Susan Schulman





FOCUS ANC 4 TIME DURING PREGNANCY

1	1 <sup>st</sup> VISIT	16wks	1 <sup>st</sup> T.T	1 <sup>st</sup> IPT	1 <sup>st</sup> IN
2	2 <sup>nd</sup> VISIT	24wks	2 <sup>nd</sup> T.T	2 <sup>nd</sup> IPT	
3	3 <sup>rd</sup> VISIT	32wks	ANTI WORMS		
4	4 <sup>th</sup> VISIT	36wks	FOR PREPARATION OF LABOUR		



# Planning demand creation

SuNMaP works closely with the government's National Malaria Eradication Programme (NMEP) to ensure that every aspect of programme development ties in with the National Malaria Strategic Plan of the NMEP. The current strategic plan (2014-2020) specifies the key targets, objectives and intervention areas for malaria control, towards the achievement of this vision for a malaria-free country. The strategic plan identifies advocacy and communication as one of the integrated support systems that is 'crucial for success'. It recognises its role in improving knowledge, changing attitudes and norms, and in exposing local cultures to new ideas and new health behaviours.

When SuNMaP's work began, there were low levels of use across Nigeria for products and services for malaria prevention and treatment. The Nigeria Demographic and Health Survey 2008 showed that net use for women aged 15-49 years was 3.9 percent while for pregnant women it was 4.8 percent. As a result, the need to scale up the use of nets rapidly was particularly important.

At this point, a formative research was carried out to assess communities', clients' and service providers' knowledge, attitudes, perceptions and practices around malaria control communications. The findings of this research fed into the demand creation work. In addition, an inventory of communication support material available in the country was conducted. This, too, fed into the design and development of communication media and materials, as integral to implantation of the strategic framework. Partners and stakeholders agreed that the framework should cover all aspects of communication and not just behaviour change communication (BCC).

The National Malaria Strategic Plan recognises its role in improving knowledge, changing attitudes and norms

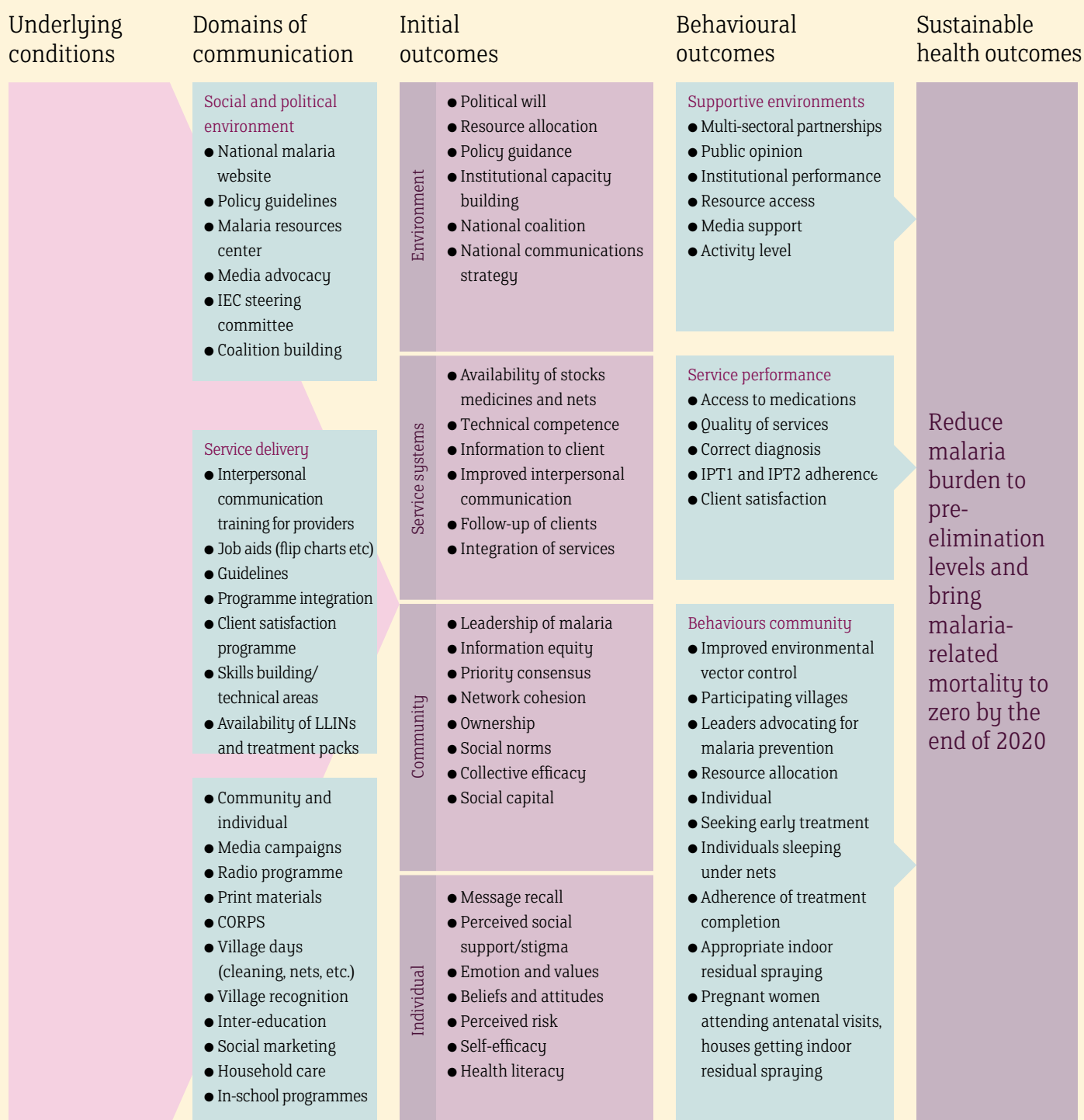
A child is checked for fever at a primary healthcare clinic in Niger State  
Photo: Susan Schulman





## Development of the ACSM Strategic Framework and Implementation Plan

The NMEP's Advocacy, Communication and Social Mobilisation (ACSM) committee, SuNMaP and consultants have developed a framework to underpin this work, called *Pathways for malaria prevention and control in Nigeria*.





The framework guides the development of the implementation plan, selection of audiences, strategies and activities. In implementing this strategy, a range of stakeholders across the Roll Back Malaria (RBM) Partnership are involved. This is to ensure the demand creation support provided is matched with a strengthening of supply activities, so that malaria products such as LLINs, intermittent preventive treatments (IPTs) and ACTs are available to meet the demand being generated.

The NMEP organised an orientation on the ACSM committee strategic framework for health educators drawn from State Ministries of Health across the country. The ACSM Strategic Framework was adopted in many states and was used to guide the development of the national and state communication action plan, which is reviewed every year. The development and review of the plan is conducted under the umbrella of the ACSM section of the National and State Malaria Control Programmes. The communication action plan feeds into the annual operational plans of the NMEP and the state malaria control programmes.

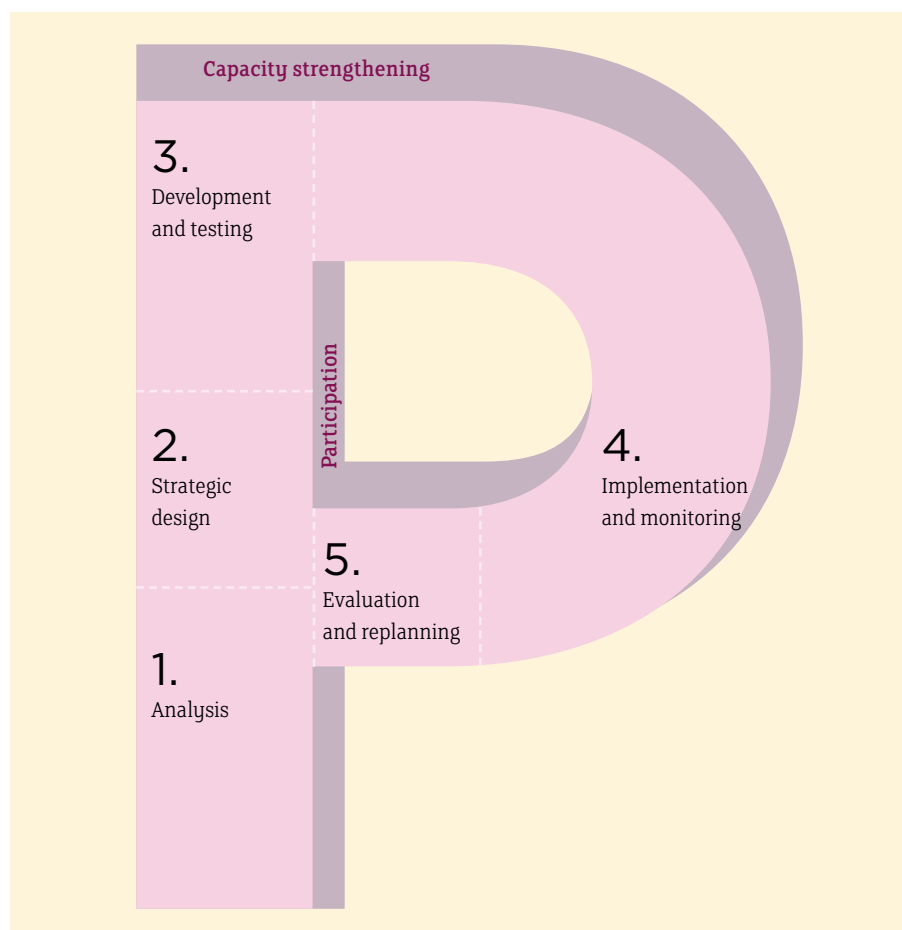
## Implementation

The demand creation output of SuNMaP is guided by a strategic communication planning approach based on the 'P Process'. This is a flexible but comprehensive five-step process to develop communication strategies from concept to completion. The process comprises:

- **Analysis**
- **Strategic design**
- **Development and testing**
- **Implementation and monitoring**
- **Evaluation and replanning**

The participation of stakeholders and beneficiaries is critical to this work, both in its design and in carrying it out. Capacity strengthening is also very important, as it enables stakeholders and partners to deliver the work and make it sustainable.

Lessons from the development and implementation of a communication strategy for a national-wide LLIN campaign were also fed into the ACSM Strategic Framework and Implementation Plan.



## Project implementing partners

In SuNMaP-supported states, much of the demand creation work is carried out in collaboration with State Ministries of Health through project implementing partners. These partners, and their members at local level, are responsible for the direct implementation of demand creation activities according to their area of expertise. The Federation of Muslim Women in Nigeria and Christian Health Association of Nigeria both lead community-level sensitisation and awareness-creation activities for SuNMaP. The Health Reform Foundation of Nigeria leads on advocacy. The project implementing partners, with support of SuNMaP, work with other viable non-government organisations with mandates for malaria control to ensure better coverage of communities with demand creation activities.

The programme also trained the programme staff, the BCC subcommittee and implementing partners on strategic communication to equip them with knowledge while building their skills continuously as programme activities roll out.

Project implementing partners and their members at local level implement demand creation activities according to their area of expertise

Posters with malaria messages are put up in Kano  
Photo: William Daniels





## Case study #1

### A Lagos mother learns about malaria treatment and prevention

"I used to sleep outside before I came here," says 30-year-old Shehu Murijanatu, a mother at the antenatal clinic in the Somolu district of Lagos, where a group discussion about malaria prevention and treatment is taking place. "I got the message that it's not good to sleep outside and now I sleep inside under a net even when it's hot."

Shehu, who is six months pregnant and has four children including three-year-old twins, has been attending the clinic since her pregnancy was confirmed.

Now, the whole family, including her husband, sleeps under a net.

As part of routine antenatal care, the clinic holds regular discussions about malaria prevention and treatment. There is also very specific information about the best ways to prevent and treat malaria. This all forms part of the SuNMaP-supported demand creation activities in Lagos.

"I already knew that mosquitoes caused malaria because I heard about it on the television and radio," she explains. "I found a solution was to buy a mosquito coil, and I was using that. But when I started coming here, I discovered this had health implications. Now we all sleep under a net instead."

Shehu works as a trader and her husband is a commercial motorcyclist. The family has a small business selling cloth. They live in a one-room apartment.

"Sometimes I have to go outside to wash plates at night. But I do that quickly and go back inside. I don't let the plates soak in the water. I also learned to keep the area outside clean."

"Now that I am using a net and keeping the environment clean, the children have not experienced so much malaria," she says.

Shehu has also found out more about malaria treatment, both for herself and for her children when they have experienced malaria.

"Before I came here, I bought paracetamol from the neighbourhood shop when they got malaria. I don't do that now.

But when they have a fever I know I can bring the children to the clinic for treatment," she says. "And the net, it is hanging even now."

Now that I am using a net and keeping the environment clean, the children have not experienced so much malaria.

# Catch-up

The catch-up phase of demand creation refers to a roll out of communication campaign activities aimed at rapidly increasing the levels of information and education around malaria prevention and treatment activities.

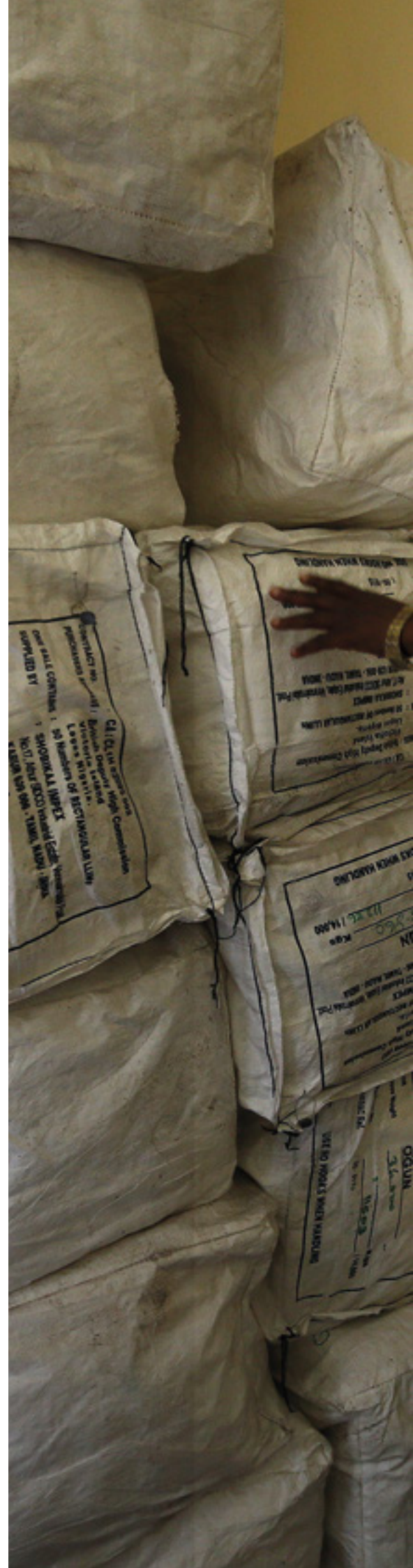
Demand creation has been rolled out in catch-up and keep-up phases.

Both phases broadly follow the stages below, with differences in the details of each phase.

1.  
Preparation, which includes development of capacity for development, implementation and monitoring and evaluation of the plan (for staff, stakeholders, implementing partners, community-based organisations, media and so forth).
2.  
Development of a communication plan, which includes objectives, messages, audience, channels and MOV
3.  
Materials development, which include pre-testing
4.  
Implementation plan development. This includes a media plan, community activation plan, training plan, community dialogue plan, material distribution plan, and so forth
5.  
Monitoring and evaluation
6.  
Replanning, including innovations

Communication campaign activities aimed to rapidly increase levels of information and education around malaria prevention and treatment activities

Nets in storage at a primary healthcare centre in Iberekodo, Ogun State  
Photo: Susan Schulman







## Long lasting insecticidal nets campaign

In 2009, SuNMaP, in collaboration with other RBM partners, decided on the LLIN distribution campaign as the entry point to malaria prevention control. It was designed to demonstrate the significant benefits of LLINs in the achievement of the malaria control targets. The model for the distribution campaign was piloted in two SuNMaP-supported states – Kano and Anambra. The NMEP and SuNMaP, together with partners, sought to scale up rapidly the coverage of nets across the country. The target for the campaign as a whole was to place two LLINs in every household in each state across the country.

The state support team, which was set up at national level to work with the NMEP, was responsible for the design and management of the LLIN distribution campaign and for achieving the campaign's objectives. The state support team work streams, including demand creation, provide technical support under the leadership of an adviser. These adviser positions are funded by SuNMaP.

Demand creation was crucial to the success of the campaign, having a focus on promoting LLIN use and providing information about the places where nets were collected by household members. The methodologies and guidelines for demand creation and the communication support materials were tested as part of the pilot in Anambra and Kano. They were subsequently refined before being rolled out nationwide.

Demand creation was crucial to the success of the campaign, having a focus on promoting LLIN use and providing information about the places where nets were collected



## Case study #2

**Olatunde Adesoro**  
**Technical Malaria Manager**  
**Ogun State**

<i>"Whenever we have a service at a health facility, the providers have to get the beneficiaries to come and get the services,"</i>	Demand creation at SuNMaP works through the framework of the Advocacy, Communication and Social Mobilisation strategy plan, which addresses the kind of activity the programme wants to carry out, and considers who will carry it out, where and when, the resources needed, and how to monitor and assess this work. This strategy is decided at national level.	education about malaria - all women at public health facilities get this information.
<i>says Olatunde Adesoro, Technical Malaria Manager for SuNMaP in Ogun State.</i>		"We have a package for communication involving maternal care. We have carried out training for health workers on how to communicate with patients, the use of medication and intermittent preventive therapy for pregnant mothers.
<i>This is a significant part of demand creation - showing people that services are available and why they should access them.</i>		Using community mobilisers means there is an increased level of knowledge at that level too. Community work includes rallies, community dialogues and drama presentations.
<i>"We work with different shareholders and policy makers, health workers and beneficiaries. Demand creation links policy makers to health workers, and in turn, links health workers to the community."</i>	Advocacy has been particularly successful in Ogun State, Olatunde believes. "We used this to achieve some changes in policy direction. For instance, the use of chloroquine as a first line treatment was stopped through demand creation work."	There was also a substantial media campaign involving radio and television during the LLIN campaign, and the links with the media have been maintained. Radio messages cover the whole population of the state.
<i>Ogun State is in south-west Nigeria, with a population of around 3.75 million. It is an area of mainly peasant farmers in rural communities. Most live below the poverty line.</i>	There is also a 'malaria ambassador' to support this - a popular figure who can talk to people in government about malaria control." The malaria ambassador works alongside the Health Reform Foundation of Nigeria, the project implementing partner that works on advocacy to government agencies, the media and so on.	The past five years of demand creation has changed the way malaria prevention and treatment is seen in the state.
<i>In 2009, there was a mass LLIN campaign in Ogun State and SuNMaP's demand creation work was an integral part of that campaign.</i>		"Demand creation has also led to increased service uptake, in clinic attendance and immunisation," says Olatunde.
<i>"We carried out demand creation in terms of mobilisation for the nets campaign. There was a comprehensive package, with house to house mobilisation, peer education, and registration. We went around to register people and give them cards. There were good opportunities for one to one communication beyond the distribution points where nets were collected."</i>	Demand creation is now a routine part of both antenatal care and immunisation clinics for children. Attendance at antenatal clinics has gone up considerably during SuNMaP's period of work. In 2009, 85,441 women visited a public health facility; in 2012, the figure increased to 175,127.	"There are more beneficiaries. And in terms of increased awareness, people are demanding services from facilities and the government, leading to better control of malaria. In all these areas, demand creation is counted a success."
	An average of 15,000 pregnant women a month now receive health	

The refined methods and guidelines of demand creation support to the LLIN campaign involved the use of relevant communication approaches to engage priority target audiences. The focus was on:

1.  
Where and when to access the nets
2.  
Benefits of LLINs for malaria prevention and control
3.  
Addressing the myths and misconceptions about LLINs that had discouraged their use
4.  
Demonstration on how to hang and sleep under the net.
5.  
Advocacy to policy makers and community leaders to provide needed support and enabling environment for the campaign

Lessons learned by the programme in supporting LLIN campaigns in Kano, Anambra and other SuNMaP focal states – and from LLIN campaigns in other countries – were used to develop a comprehensive strategy on demand creation. This encompassed both accelerated (campaign) and routine services for prevention and treatment of malaria.

By March 2013, the LLIN mass distribution campaign had covered all 36 states, and the federal capital territory, Abuja, at the rate of two nets per household.

Demand creation support to the LLIN campaign involved the use of communication approaches to engage target audiences



## Case study #3

**Kolo Yakubu**  
Senior Technical Malaria Manager  
Niger State

"Demand creation is key to the work I do," says Kolo Yakubu, Senior Technical Malaria for SuNMaP in Niger State. Kolo provides technical support to the State Ministry of Health on malaria control. Niger State was one of the first group of states supported by SuNMaP from 2008.	and can even cause death when used. The demand creation team carried out a community-level assessment to determine barriers to use and factors promoting use. These were crafted into messages for mass media and community-level interventions."	as part of routine services. There are posters in three local languages in the routine facilities with information about malaria services. There are sessions for demand creation on antenatal days by the health providers and women go home with leaflets about services and proper use of commodities. These reach about 10,150 antenatal care attendees a week at 406 health facilities.
Niger State, which lies in Nigeria's middle belt, and shares a border with Benin, has the largest land area of all Nigeria's states. At 71.5 percent, its poverty rate is one of the highest in the country.	During the campaign, the project implementing partners carried out interventions at community level, while the mass media aired jingles and other radio spots. At LLIN collection points, health education units were set up with net hanging demonstrations to create demand for hanging and use. Community drama sessions were held across the state as well.	"We use radio dramas, magazines, jingles, spots, and public announcements. Posters and leaflets are produced and distributed to service delivery points, community centres and places of worship."
"Services and commodities are better accessed when people demand for them and have appropriate health-seeking behaviours. Those are the outcomes of our demand creation activities," he explains. Demand creation involves SuNMaP staff working with a range of different partners. In Niger State, a long-term, state-based Communication Technical Assistant supports three project implementing partners who implement demand creation or advocacy in the community.	This has had a substantial long-term impact. According to the Net Retention Survey, carried out shortly after the state net distribution, 28.5 percent of people who had nets said they slept under it the night preceding the survey. In February 2012, the Nigerbus survey reported that 78 percent slept under a net the night preceding the survey. In 2010, SuNMaP supported the state to develop a multi-year communication action plan for malaria for the state. This feeds into the state's annual operational plan for malaria.	World Malaria Day, which takes place every year, also provides opportunities for local dialogues, sensitisation events and community drama.
Kolo considers that SuNMaP's demand creation work in Niger State has been successful in various ways.	Demand creation in Niger State was instrumental to the adaptation of materials - both electronic and print - that were subsequently used in other SuNMaP states. Demand creation is now embedded	"We have seen better uptake of services over the years and malaria control activities continue to gain visibility in the state," Kolo confirms. "This is largely attributed to the demand creation activities and support we continue to give."

Women receiving their free mosquito net during a LLIN distribution campaign in Kano  
*Photo: William Daniels*





## Case study #4

### Using the nets in Kano

Less than six months ago, twenty-six-year-old Aisha carried her two-year-old daughter to a local clinic where she was admitted for severe malaria.

After a two-week stay, Aisha's daughter was fortunate to return home to her village in Tarauni, an area just outside of Kano, Nigeria. However, Aisha did not know how to protect her family in the future - she did not own a mosquito net at the time and unaware of its benefits.

*"After my daughter fell sick with malaria, I worried that it would happen again to one of my other children," says Aisha.*

*"But then I heard from our town announcer they were going to give out free nets to stop malaria. Now I have covered our bed and there will be no more mosquitoes in here, and no more fever."*

SuNMaP has developed a range of communications under its demand creation strategy. Radio broadcasts promote the benefits of the nets and community leaders educate people about the importance of hanging them up every day.

Town criers, like the one that Aisha heard, announce the delivery of the nets to their village. The messages that they shout have been carefully developed and tested. They focus on the importance of the nets, the link between mosquitoes, malaria and net use, where to get the nets and how to care for them. Importantly, they teach people to "use the net" rather than re-sell it or use it as a fishing net or a sieve for cooking.

The message telling people where and when to collect their nets was so successful in Nigeria's Kano and Anambra states that thousands of people flocked to their local net distribution points.

Zainab Abdu lost one of her two sons to malaria when he was six years old.

But thanks to SuNMaP's messaging campaign, Zainab now knows the importance of her two free mosquito nets.

*"He was not sleeping under a net," she says. "If he was sleeping under a net he would not have got malaria."*

*"After the net is aired, tomorrow I'm going to hang it on the bed and sleep under it with my son. My husband will sleep under the other net."*

# Keep-up

## Demand creation in routine services

The keep-up phase of demand creation involves the routine communication activities aimed at sustaining levels of information, education and communication that lead to a change in, and maintenance of, behaviour.

Demand creation has become an established part of communities, health facilities and the media in the states where SuNMaP is working. At the same time, innovation, and replanning in the light of experience, is essential to the success of this phase.

Malaria prevention, control and treatment services are now being strengthened routinely at health facilities and community settings. These include the distribution and effective use of malaria prevention products and services at antenatal clinics, facilities offering child care, including immunisation sessions, and organised community events.

The demand creation activities in support of routine malaria services include demonstrations on hanging, use and care for LLINs and community discussion groups on malaria awareness. Through service providers and radio formats, information is disseminated on the prevention of malaria in pregnancy, testing before treatment, and treatment of malaria in children under five and in the adult population.

Using mosquito nets at a primary healthcare centre in Iberekodo, Ogun State  
*Photo: Susan Schulman*





## Development of communication materials

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### Radio jingles

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Radio has been identified as a key communication channel to reach audiences targeted for malaria control information.

An initial set of radio jingles was produced to address the myths and misconceptions related to LLINs that were documented during the LLIN distribution campaign. The demand creation message and media mix extended beyond the campaign to cover other areas of malaria control, such as case management and the prevention of malaria in pregnancy. Radio spots were developed as a result. An average of four radio spots in English and local languages addressed the key behavioural problems related to net use, case management and prevention of malaria in pregnancy. The radio spots are being aired on 22 radio stations in nine focal states.

SuNMaP also developed a 26-part radio series, combining entertainment and education to deliver key messages on malaria prevention and control. The messages in this series were designed to motivate the audiences to adopt and maintain desirable individual behaviours and to advocate for social change for malaria prevention and control. The 26 episodes of the radio programme aired in the initial six SuNMaP focal states in year four of the SuNMaP programme. It reached around 10 million listeners, who are mainly care givers of children, heads of households and community leaders.

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### Print materials

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More than 1.5 million copies of a variety of posters, wall charts and motivational leaflets were developed, produced and distributed in the nine SuNMaP-supported states. The materials address key malaria issues or problems regarding net use, case management and prevention of malaria in pregnancy. While the malaria control messages share the same content across the states, their design varies slightly in each state, to take into account language, cultural and geographical differences.

## Creative approaches to delivering malaria messages

### Malaria logo

In 2010, SuNMaP supported the ACSM subcommittee of the malaria technical working group of the NMEP, to develop the malaria logo. The logo was designed as a symbol of quality and authority for malaria control products and services, with the tagline: *For a malaria-free Nigeria, play your part.*

### Messages during football matches.

SuNMaP supported the design, development, and production of a television spot on LLIN. This spot had a message delivered by three national football players and the head coach, and was aired as integral to the United Against Malaria campaign on malaria during the African Cup of Nations 2013.

The main message of the TV spot is to motivate men to buy LLINs and encourage their family to sleep under LLINs every night. The spot was aired by two national and satellite TV stations, which ensured a wide reach to the target audience

### Bus branding

Bus commuters in the metropolitan area of Lagos were considered to be an ideal 'captive audience' for messages on malaria control. The outside panels and the seats of the buses were branded with malaria prevention messages. According to a community assessment report, the messages on the buses were seen by residents and commuters along the bus routes. Respondents listed branded buses as one of their key sources of LLIN messages.

## Hang your Net (LLIN)



Bed



Outside



Mat



Outside



Mattress

**Sleep inside  
the NET every night  
anywhere you sleep**





**For A Malaria Free Kano State, Play Your Part**

A poster on using a malaria net designed for Kano State

# Show your Clients You Care

## Registration at ANC

- Encourage early registration
- Greet clients in a respectful manner
- Introduce yourself and offer a seat
- Be open and give them full attention
- Register client and take history



## LLIN

- Educate clients about use of LLIN
- Including: benefits and how to hang and sleep inside the net during health talk
- Give LLIN to all pregnant women and
- Keep records of distribution of LLIN



## IPT(i)

- Ask question to confirm gestational age
- Ask relevant about sulphamide sensitivity before you administer IPTp-SP
- Tell client about benefits of IPTp-SP
- Tell clients about other services available in ANC for malaria (Testing and treatment)
- Be sure to give client IPTp-SP as recommended  
first dose after 16 weeks  
2nd dose, 4 weeks after first dose
- Repeat information where necessary



## IPT(ii)

- Administer SP as DOT (photo)
- Ensure potable water is available
- Pregnant women should not be discouraged from eating before coming to clinic
- Replenish your stock of Sps and LLIN to prevent stock out
- Ensure proper storage of SPs to maintain potency
- Record SP uptake in ANC card and register





# What worked well

SuNMaP, in collaboration with the national and state governments and other partners, has worked to develop a comprehensive malaria communications plan. This strategic approach used a mix of media, with radio as the lead medium. This has been complemented with interpersonal communication in the form of health talks on malaria prevention, treatment at service delivery points and dialogues at community settings.

The emphasis given to each of the communication channels was based on evidence gathered, such as that from the 2012 Omnibus survey. The channels have been chosen to maximise both the reach (number of people reached) and depth (the impact it has had) of the communication.

## 1.

### Radio jingles:

This has worked particularly well. Over the month prior to February 2012, 47 percent of respondents in the areas surveyed heard messages about nets, 53 percent heard messages about preventing malaria in pregnancy, and 38 percent heard messages about ACTs.

## 2.

### Print materials:

According to the 2012 Community Level Assessment, health workers reported getting malaria information from posters on display at the facilities and leaflets used during counselling sessions. In assessments of specific states, care givers and pregnant women, health workers and community members all observed that print messages are vital and popular sources of information.

## 3.

### Health centres and hospitals:

Discussions on malaria prevention and treatment are part of routine healthcare in antenatal and child health clinics. Of the target population, 80 percent considered that these sources of information were the most important. Appropriate print materials are also available here.

A malaria communications plan used a mixed media approach and has been complemented with interpersonal communication

A mother hanging up her mosquito net  
Photo: William Daniels



**THE NATIONAL POPULATION COMMISSION**  
in preparation for  
**THE 2005 POPULATION AND HOUSING CENSUS**  
continues with  
**ENUMERATION AREA DEMARCATION**

**WHAT IS ENUMERATION AREA DEMARCATION?**  
Enumeration Area Demarcation is the division of the land area of the country into small units that a population enumerator can conveniently cover within the census period.

The EAD phase 2 will take place in 730 local government areas in 36 states and the Federal Capital Territory from January to June 2005.

Enumeration Area Demarcation will facilitate a complete count of people and houses in 2005.

National Population Commission (NPC) workers will visit your community and houses for the exercise.

Please cooperate with them.  
Help NPC workers to identify your area.

**CENSUS 2005: A sure guide to a strong and prosperous Nigeria**



## 4.

**Community mobilisation:**

Trained non-government organisation facilitators conducted community dialogues in phases, with concentration in specific communities, in 31 local government areas where service providers had been trained on malaria control. Community meetings and healthcare settings are the most effective ways of reaching individuals and households on a deeper level.

## 5.

**Development of the malaria brand:**

The logo and tagline are now being used across the country, on governmental and other official documents, and communication messages and materials. The logo and tagline were used as the national slogan to support World Malaria Day in 2011 and 2012. Each state adapted the tagline for their own area. For instance, in Ogun State, it read: *For a malaria-free Ogun state, play your part.*

## 6.

**Leveraging on football matches to deliver malaria messages:**

The television post on LLINs appeared on YouTube and had 446 views, making it one of the most popular United Against Malaria TV Public Services Announcements on YouTube.

The channels have been chosen to maximise both reach and depth of the communication

A nurse checks the blood pressure of a pregnant woman at a primary healthcare centre in Iberekodo, Ogun State.  
Photo: Susan Schulman



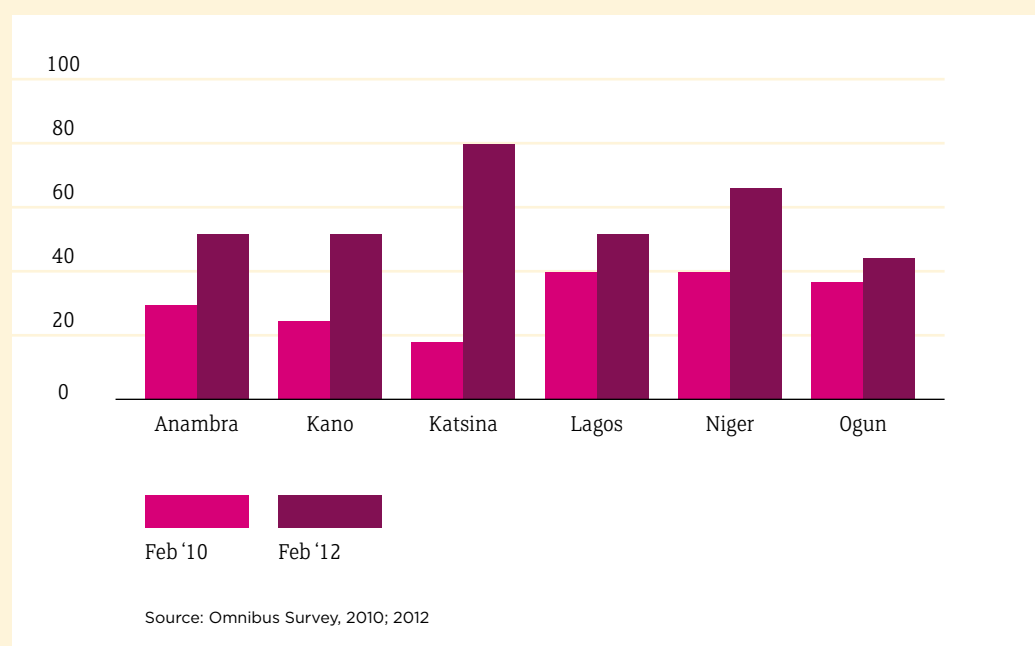




This use of multimedia has led to beneficial effects across SuNMaP-supported states. Surveys and community-level assessments indicate that radio remains the leading source of exposure to malaria messages, and that the radio IPC session and

community dialogues have contributed immensely to the increase in knowledge of the benefits of LLINs and IPTs and effective home management of fever. In SuNMaP focal states, the use of LLIN increased from 35 percent in 2010 to 47 percent in 2012.

### Proportion of women in child bearing age who know the preventive benefits of IPTs



### Trends in use of net in focal states

Indicator	National	SuNMaP		
		All states	Old states	New states
Proportion of households with at least 1 ITN	42.0%	54.9%	50.4%	64.7%
Proportion of under 5 using ITN last night	29.4%	36.2%	30.4%	48.6%
Proportion of pregnant women using ITN last night	33.7%	51.1%	46.9%	63.8%

Source: Nigeria Malaria Indicator Survey 2010: Sub-analysis for SuNMaP

## Case study #5

### Spreading the message about malaria in Kano

Traditional birth attendant Hajia Zuwaira Muhammad is keen to spread the message about malaria prevention and treatment.	SuNMaP supports the training of CCGs, as part of the measure to increase access to malaria prevention and case management at community level. In Kano State, 747 CCGs were trained.
<i>"We are ready to enlighten our people, and help them when they get sick," she says.</i>	The training equipped the CCGs with knowledge about preventing malaria, the symptoms of uncomplicated malaria and the danger signs of severe malaria.
Zuwaira Muhammad has become a community caregiver (CCG), adding knowledge on the prevention of malaria and management of fever in children, to her experience of helping women in pregnancy and childbirth. The CCGs are a cadre of community service providers selected from the community and trained to work as volunteers in malaria prevention and control.	This training has strengthened the CCGs' ability to work as service providers; it has also supported mobilisation efforts towards improvement in the quality of malaria prevention at community level.
Zuwaira Muhammad works in Jigirya, a community of around 21,000 people 8km from Kano city centre, Kano State, in northern Nigeria. In Jigirya, many pregnant women rely on traditional birth attendants for their antenatal care and help when they are giving birth.	Since her training, Zuwaira Muhammad has been active in malaria prevention and control, which she did not have an interest in before. She now mobilises community members to clear their environment to get rid of mosquitoes, and has gained the confidence to run group discussions about malaria.
There, as in many other parts of the country, malaria transmission occurs all year round, yet health facilities are not always available. Many people visit patent medicine vendors (who sell non-prescription drugs in their small shops), or visit neighbouring areas for their healthcare. Lack of health facilities and low literacy levels often mean that minor ailments, including simple cases of malaria, are neglected. As a result, malaria sometimes develops into complicated cases, contributing to high levels of infant and maternal sickness and mortality.	She is now able to recognise high fever, vomiting and shivering in children of neighbours and visiting clients, and refers them to the specialist hospital for urgent attention. She has already made three such referrals since.  Zuwaira Muhammad's enthusiasm after the training means that other members of her community will also gain the information needed for improved malaria control.
	<i>"Now we know the danger signs of severe malaria, and the importance of preventing malaria in pregnant women," she says.</i>

SuNMaP supports the training of CCGs, as part of the measure to increase access to malaria prevention and case management at community level.



A family in Kano using their  
mosquito net  
*Photo: William Daniels*



## Case study #6

**Chibuzo Oguoma**  
**Technical Malaria Manager**  
**Enugu State**

*"Communication is important at all levels," says Chibuzo Oguoma, Technical Malaria Manager in SuNMaP's Enugu Office and who manages all SuNMaP activities across the programme's outputs. "Without this buy-in, there is no hope for success or sustainability post SuNMaP."*

SuNMaP has been operating in some states in Nigeria since 2008. Work began in a further four states in 2012, which includes Enugu State. Demand creation in Enugu State is in early stages of planning and implementation.

*"We started in Enugu in June 2012 (we were in Anambra from August 2008 where we supported the putting in place of a robust demand creation framework and network). We used the media materials produced for Anambra State in Enugu," says Chibuzo.*

Enugu State has a projected population of a little over four million people. There are two major towns - Enugu and Nsukka - but more than 70 percent of the population lives in rural areas, and the poverty rate is estimated to be more than 26 percent. More than 70 percent of the population is literate.

*"Demand creation is especially important for preventive and treatment/case management activities to succeed," he says.*

Before SuNMaP was rolled out in the state, there were demand creation activities around the use of artemisinin combination therapy

carried out by a range of non-government organisations. The state also carried out demand creation activities using different media to support a 2011 LLIN distribution campaign.

But since SuNMaP started work in Enugu, this has developed so that more radio jingles are being used. It has also carried out community level activities: health talks were given to more than 88,400 women in about 442 communities or settlements.

An Advocacy, Communications and Social Mobilisation (ACSM) subcommittee was inaugurated and trained on basic ACSM techniques, even though majority of the members have media background (from radio, television, newspaper outfits and government health education units). They were also given training on basic prevention and treatment of malaria.

SuNMaP in Enugu State has also developed, in conjunction with the ACSM subcommittee and project implementation partners, a microplan for advocacy and social mobilisation activities.

*"With revised and soon to be produced media materials - advocacy kits, flyers, posters, job aids, calendars - we will reach all those targeted soon," Chibuzo says.*

*"Surveys are planned to tell exactly how well demand creation activities have worked in Enugu. But anecdotal evidence is very positive."*

Communication is important at all levels. Without this buy-in, there is no hope for success or sustainability post SuNMaP.

# Challenges

Malaria is increasingly being seen as a serious health and economic problem, not only for vulnerable groups but for entire communities in endemic countries such as Nigeria. With the concerted efforts of RBM partners, the ownership of LLINs is increasing, and the knowledge about the benefits of LLIN and IPT is also increasing, albeit slowly. However, there is still a need to scale up demand creation activities everywhere, and to consolidate the work already done.

## Specific challenges are:

1.  
The need to ensure that demand and supply are synchronised.
2.  
The capacity of NMEP and state malaria control programmes to revise and replan an ACSM strategy. This needs to support both new interventions and evidence that shows how existing malaria control interventions are being used.
3.  
Public and private partnership should be developed to ensure better synergy between BCC and marketing or advertising.
4.  
Malaria communication messages should be integrated into appropriate wider health messages.
5.  
Low levels of government funding for communication and other malaria control activities.
6.  
The need for value for money in communications, which is essential to make best use of available resources. BCC materials need to be produced a long time ahead of any campaign. The core lesson is to move rapidly.

## In general:

1.  
Although the programme training workshop for the project implementing partners and other volunteers is established, there is a persistent challenge regarding the inadequacy and availability of trained demand creation professionals. This has a negative impact on the overall planning and delivery of demand creation activities.
2.  
The nature of demand creation in relation to the nature of the malaria transmission also creates a challenge. Malaria programmes require introduction of prevention and treatment products that are considered by many of the target population as foreign, unpleasant, relatively unaffordable and uncomfortable to use. These barriers create challenges for demand creation in the application of strategies to achieve desired behaviour changes.
3.  
There is a need for the evaluation of demand creation activities, and to regularly assess what has and has not worked. However, the mechanism for assessment, monitoring and evaluation, is already being strengthened with regular conduct of community-level assessment of demand creation interventions, conduct of operation research and to subscribe to the data on the population reached by messages disseminated through mass media channels.

A nurse administering malaria drugs at a primary healthcare centre in Iberekodo, Ogun State  
Photo: Susan Schulman





# Going forward

The remaining period of SuNMaP's demand creation work will focus on the consolidation of its achievements, while working with partners to scale up sustainable interventions that can continue with limited support from SuNMaP. It will continue to support demand creation activities throughout LLIN campaigns and support federal and state communications work.

However, lessons learned from the work so far will be factored into what follows. These lessons include:

1. Start planning demand creation work early
2. Continuously build monitoring into the process
3. Emphasise and ensure the use of monitoring and evaluation information to revise the communications strategy, and develop messages and materials
4. Use evidence to explore new methods of communication

Other work to be carried out is in the areas of:

1. **Interpersonal communication and mobilisation:**  
Schools will be encouraged to engage the interest of pupils in community-level mobilisation activities in support of malaria control. This will be in addition to the ongoing community dialogue and road shows. The school intervention will be piloted and monitored in a few areas in two states, to assess its effectiveness in spreading information among young people and their parents or guardians. In addition, the programme will emphasise interpersonal communication and counselling towards making service delivery more user-friendly.
2. **Message dissemination through radio will continue:**  
Radio will continue to be used and its impact monitored. BCC print materials have been distributed to health facilities and the community since 2011. Their use and impact will continue to be monitored to ensure they remain relevant. Messages and materials will also be developed on net care and repair as part of plans to enhance and support ownership and use of LLIN in the focal states.
3. **Integration of malaria into the broader health system:**  
As malaria control is implemented within the wider health system, it is most important that demand creation is integrated alongside it. The creation of demand for malaria products and service as part of both a focused antenatal package and of child welfare remains relevant.

The use of text messages to communicate with target populations should be considered as part of the creative approach to the delivery of malaria prevention and treatment messages. However, the use of this approach will depend both on the extent to which these populations can be reached through text messaging, and the effectiveness of the messages delivered.



## Case study #7

### Messages that work

Tosin Kareem, 25, is nine months pregnant with her second child and is taking part in a discussion group about malaria at her antenatal clinic in Lagos's Somolu district.	Tosin also listens to the SuNMap-produced radio jingles about malaria and thinks that the combination of information for the general public, and information targeted to pregnant women like her, works well.
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<i>"Before I came here, I didn't take malaria prevention seriously. I had heard the messages, but I ignored them," she says.</i>	<i>"My husband also takes malaria seriously and sleeps under the net. My daughter hasn't been ill since using the net," Tosin says proudly.</i>
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But as part of her antenatal care, Tosin has been given direct and specific malaria prevention advice, designed to minimise the chances of either her, her four-year-old daughter, or the new baby, contracting the disease.	<i>"In fact, she has never had malaria."</i>
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<i>"I first came to this clinic when I was four months' pregnant with this child. Normally, I have regular bouts of malaria sickness. I go to the nearby chemist and get drugs you can buy without a prescription. When I came here, they prescribed drugs to make sure I didn't get malaria while I was pregnant. And they made sure I was using a net properly. Since then, I haven't been sick."</i>
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Tosin lives with her husband in a 'face-to-face' house - a one-room home that directly faces another.
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<i>"Now, any time I sleep I make sure the child and I sleep under the net. Before I came to this clinic, we used the net which we got from the public distribution, but not regularly. I am also more educated as to the importance of keeping the environment clean to prevent mosquitoes breeding. I know more about what malaria is," she says.</i>
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Now, any time I sleep I make sure the child and I sleep under the net... I am also more educated as to the importance of keeping the environment clean to prevent mosquitoes breeding.



# Malaria Consortium

Malaria Consortium is one of the world's leading non-profit organisations specialising in the comprehensive control of malaria and other communicable diseases – particularly those affecting children under five.

Malaria Consortium works in Africa and Asia with communities, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective services.

Areas of expertise include disease prevention, diagnosis and treatment; disease control and elimination; health systems strengthening, research, monitoring and evaluation, behaviour change communication, and national and international advocacy.

An area of particular focus for the organisation is community level healthcare delivery, particularly through integrated case management. This is a community based child survival strategy which aims to deliver life-saving interventions for common childhood diseases where access to health facilities and services are limited or non-existent. It involves building capacity and support for community level health workers to be able to recognise, diagnose, treat and refer children under five suffering from the three most common childhood killers: pneumonia, diarrhoea and malaria. In South Sudan, this also involves programmes to manage malnutrition.

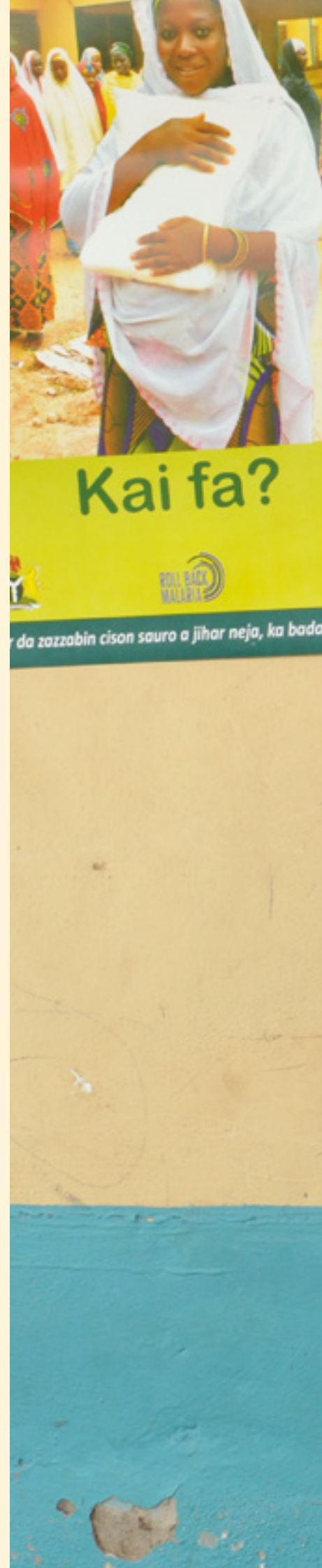
Malaria Consortium also supports efforts to combat neglected tropical diseases and is seeking to integrate NTD management with initiatives for malaria and other infectious diseases.

With 95 percent of Malaria Consortium staff working in malaria endemic areas, the organisation's local insight and practical tools gives it the agility to respond to critical challenges quickly and effectively. Supporters include international donors, national governments and foundations. In terms of its work, Malaria Consortium focuses on areas with a high incidence of malaria and communicable diseases for high impact among those people most vulnerable to these diseases.

[www.malariaconsortium.org](http://www.malariaconsortium.org)



Malaria Consortium is committed to a practical approach that integrates engagement between the community and health services, and national and global policy makers. It is an approach that is underpinned by a strong evidence base and driven by shared learning within and between countries



Mother and child at a primary healthcare clinic in Lagos.  
Photo: Akintunde Akinleye





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