



National Communication Strategy for Malaria Control in Uganda

Ministry of Health

December 2015

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List of Acronyms

AMD	Africa Malaria Day
ACT	Artemisinin-based Combination Therapy
ANC	Antenatal Care
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CQ	Chloroquine
FBO	Faith Based Organisation
ICCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPTp	Intermittent Preventative Treatment of Malaria in Pregnancy
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Mosquito Nets
KAP	Knowledge Attitude and Practice
LLINs	Long Lasting Insecticidal Nets
M&E	Monitoring and Evaluation
MIP	Malaria in Pregnancy
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NMCP	National Malaria Control Program
PACE	Programme for Accessible Communication and Education
PMI	Presidential Malaria Initiative
RDC	Resident District Commissioner
RDT	Rapid Diagnostic Test
UBOS	Uganda Bureau of Standards
UMIS	Uganda Malaria Indicator Survey
SP	Sulphadoxine/Pyrimethamine
TWG	Technical Working Group
VHT	Village Health Team
WHA	World Health Assembly
WHO	World Health Organisation
USA	United States of America

Foreword

Malaria remains the number one killer disease especially of children in Uganda. Fortunately, specific ways have been proven to reduce these deaths. These include consistent use of long lasting insecticide treated nets, spraying of houses and prompt treatment of fever whenever it occurs.

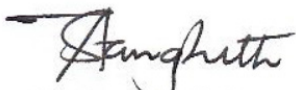
Malaria prevention hinges on individual, family and community actions, adaptation of prevention, control and treatment options provided by the Ministry of Health. Communities need to be provided with correct and consistent information on the disease in order for them to take up these options. Communication is therefore essential for positive outcomes of all options offered in malaria prevention and control. This communication strategy has been developed to guide all actors in the prevention, control, and treatment of malaria.

In the past, Uganda lacked a harmonized communication framework of addressing the malaria problem. Communication was characterized by piece-meal strategies focused on specific areas of malaria control such as malaria in pregnancy. There was no common framework to guide the different stakeholders. Thus, partners developed their own messages and materials to suit their requirements.

This strategy is therefore, designed to harmonize communication activities of all stakeholders involved in the fight against malaria. The communication strategy offers a platform to be used by all stakeholders to avoid the diverse and occasionally confusing messages coming from the different actors. The strategy is aligned to support the new Malaria Reduction Strategy 2014-2020 and consolidate the gains recorded in the Malaria Indicator Survey 2014.

It is our hope that all actors who use this strategy will find it useful in their interventions and most importantly in promotion of interventions that are meant to eliminate malaria in this country.

This being a dynamic document, I urge all users to provide feedback on the content and the activities spelt out therein for any adjustments that may be required.



Dr. Jane Ruth Aceng
DIRECTOR GENERAL HEALTH SERVICES

Acknowledgements

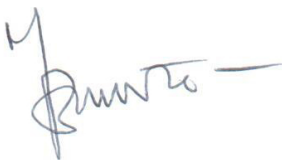
This Uganda national communication strategy for malaria prevention and control has been developed to facilitate the implementation of the Uganda Malaria Reduction Strategy (UMRS) 2014-2020. The strategy will offer a framework where every stakeholder shall take recommended actions to fund, prevent, diagnose, treat, control, and eventually eliminate malaria.

The Ministry of Health wishes to appreciate all stakeholders who have contributed towards the development and finalization of the communication strategy, which had stagnated since 2008. We are grateful that the strategy has come at a time when the programme has launched a new malaria reduction strategy. The National Malaria Control Programme (NMCP) would in particular like to thank USAID/PMI through their FHI360's Communication for Healthy Communities (CHC) and STOP Malaria Project for the funding that enabled the revival and completion of this process.

The Programme also graciously extends thanks to some of the stakeholders who were engaged in this process especially: Church of Uganda, Malaria Consortium, and Programme for Accessible Communication and Education (PACE). The contribution of the Uganda Indoor Residual Spraying Project, Clinton Health Access Initiative (CHAI), Uganda Health Marketing Group (UHMG), district officials, health workers, and members of the village health teams from Masindi, Mukono, and Hoima towards the reshaping of this document was very helpful.

Our gratitude also goes to the officials from the National Malaria Control Programme and Health Promotion and Education Division of the Ministry of Health for reviewing and updating the content of this document.

I would like to express special thanks to Edith Nantongo, Venansio Ahabwe from CHC, Pearl Kobusingye from the STOP Malaria Project and Richard Okwii from the Ministry of Health's Health Promotion and Education Division for coordinating the activities that have enabled the completion of this document. I hope all the stakeholders will find this document useful in guiding the implementation of their activities that will lead towards elimination of malaria in this country.



Dr. Jimmy Opigo
PROGRAMME MANAGER
NATIONAL MALARIA CONTROL PROGRAMME

SECTION ONE:

INTRODUCTION

1.1. Background

Uganda ranks sixth among African countries with high malaria-related mortality rates, and has one of the highest reported malaria transmission rates in the world. The World Health Organisation (WHO) reports that globally malaria is a major cause of ill health and deaths, with approximately 16 million cases and over 10,500 deaths reported in 2013. According to the Uganda Demographic Health Survey (UDHS) 2011, malaria accounts for 30%-50% of outpatient visits and 15%-20% of hospital admissions. Everyone in Uganda is at risk of malaria, although pregnant women and children under five years are mostly affected.

Malaria has a major social-economic impact on individuals, families, and communities regarding out-of-pocket expenditures for consultation fees, drugs, transport, and subsistence at a distant health facility. It has a significant negative impact on Uganda's economy due to loss of workdays resulting from sickness, decreased productivity, and high school absenteeism. A single episode of malaria costs a family on average 9 US dollars, or 3 per cent of annual income. In addition, severe malaria impairs children's learning and cognitive ability by as much as 60%, consequently affecting the performance of the educational system (UMRS 2014).

The Uganda Health Sector Strategic and Investment Plan (HSSIP) stipulates that malaria remains one of the most important diseases in terms of morbidity, mortality and socio-economic losses.

Following a mid-term review of the 2010-2015 malaria control strategic plan, it was observed that while some indicators showed progress, others either slowed or showed no progress at all. The above issues required re-strategizing, re-targeting, and a more accelerated approach to control malaria in Uganda.

1.2. International Malaria Policy Framework

The United Nations Millennium Development Goal (MDG) 6 seeks to combat HIV/AIDS, malaria, and other diseases. Although significant strides have been made to reverse the incidence of malaria, the 2015 targets have not been met.

In 2005, the World Health Assembly (WHA) interventions targeting malaria endemic nations advanced the Roll Back Malaria targets at 80% or more for four key interventions:

1. Long-lasting insecticide treated nets (LLINs) for people at risk
2. Appropriate anti-malaria drugs for people with probable or confirmed malaria

3. Indoor residual spraying (IRS) for households at risk
4. Intermittent preventive treatment in pregnancy (IPTp) in high transmission areas

1.3. Uganda's Malaria Policy Framework

Uganda operates within the framework of the international agenda against malaria. The Ministry of Health, through the National Malaria Control Program continues to work with partners to prevent effectively, control and treat malaria guided by the Uganda National Health policy (2011-2020), Health Sector Strategic and investment Plan (2010-2015), and the Uganda Malaria Reduction Strategic Plan (2014-2020). The above documents, detail Uganda's malaria prevention, control, and treatment strategies that include:

1. Integrated Vector Management

- Use of long lasting insecticidal nets (LLINs)
- Indoor residual spraying (IRS)
- Larval management (where feasible and effective)

2. Integrated Case Management

- Malaria parasitological diagnosis using Rapid Diagnostic Tests (RDTs) and microscopy
- Uncomplicated malaria case management with artemisinin-based combination therapy (ACT)
- Integrated Community Case Management (ICCM) of malaria at the community level
- Management of severe malaria

3. Malaria in Pregnancy

- Treatment and prevention of malaria during pregnancy, including intermittent preventive treatment (IPTp)

1.4. Communication in the Context of the Malaria Reduction Strategic Plan 2014-2020

The 2014-2020 Uganda Malaria Reduction Strategic Plan (MRSP) was developed based on the recommendations of the malaria program review (2011) and the mid-term review (2014) of the strategic plan of 2011-2015.

The strategy aims to contribute towards enhanced indicators on child and maternal mortality and morbidity, and ultimately to bring about 'a malaria-free Uganda'.

One of the core objectives of the MRSP is, by 2020, at least 85% of the population practices correct malaria prevention and management measures.

This will be achieved through implementing the following strategies.

Strategy 1: Review the Malaria Communication Strategy to address and track the redemption of policy and resource commitments. The review aims also to build on current high levels of knowledge about malaria prevention to create awareness about appropriate case management, health care seeking behavior, and address barriers to change in attitudes and practices

Strategy 2: Increase awareness, knowledge and to stimulate demand for malaria prevention and treatment through behaviour change communication (BCC).

Strategy 3: Strengthen community behavioural change activities for malaria engaging community institutions, cultural groupings, religious institutions, and VHTs. Some of the activities included are, community dialogues, drama, films, and sports events.

Strategy 4: Strengthen social mobilization to increase awareness, and demand for malaria prevention and treatment at national and sub national level.

Strategy 5: Strengthen monitoring and evaluation of behaviour change communication (BCC) interventions through knowledge, attitudes and practices (KAP), and post surveys on health seeking behaviour, to identify levels and determinants of the use of malaria preventive measures.

SECTION TWO:

NATIONAL COMMUNICATION STRATEGY FOR MALARIA PREVENTION AND CONTROL

2.1 Background to Communication Strategy

Many health communication initiatives for malaria control have occurred in Uganda for several years. The challenge is that the initiatives are often rather fragmented, addressing communication needs of the various malaria control strategies including malaria in pregnancy, case management, and integrated vector management. The following strategies in place are good examples of the current fragmentation:

- The MoH Communication Strategy for Home-Based Management of Fever/ Malaria in Children and Control of Malaria in Pregnancy in Uganda 2001-2005
- MoH Communication Strategy for the Treatment of Uncomplicated Malaria Using Artemether/ Lumefantrine (AL) 2004
- Indoor Residual Spraying (IRS) Communication Strategy
- Malaria in Pregnancy (MIP) Communication Strategy

2.2 Revision of the National Malaria Communication strategy

This strategy is a revision of the *Malaria Communication Strategy for Malaria Prevention and Control in Uganda 2005-2010*. The rationale for the revision is to update the strategy and to align it with the current Uganda Malaria Reduction Strategic Plan (2014-2020).

2.3 Purpose of the Strategy

The purpose of this Communication Strategy is to guide the development, implementation, monitoring and evaluation of quality and audience-appropriate malaria communication by all stakeholders so as to cause behaviour change for malaria prevention and control. The required behaviour change pertains to:

1. Improving response to malaria signs and symptoms, adherence to treatment regimens, and IPTp during pregnancy
2. Preventing malaria through consistent use of LLINs especially for pregnant women and children under five years
3. Acceptance of indoor residual spraying
4. Supporting environmental management of malaria interventions

2.4 Intended users of this Communication Strategy

- Stakeholders involved in malaria communication at national and local levels e.g. development partners, NGOs and CBOs

- The Ministry of Health i.e. Malaria Control Program, Health Promotion and Education division, Reproductive Health Division, Child Health Division, District Health Teams, and health facility staff.

2.5 Principles

Implementation of this communication strategy will be based on the following principles:

- **Result-oriented:** Effective communication will entail correctly answering the question: ‘what do we want to achieve with a given communication activity/intervention?’
- **Evidence-based:** All communication will take into consideration existing research in answering the ‘what’, ‘why’, ‘where’, ‘when’ and ‘how’ questions. Furthermore, messages will be pre-tested and post-tested.
- **Audience-centred:** All communicators are expected to prioritise the needs and views of the audience.
- **Participatory:** This implies participatory decision-making and involvement of various stakeholders and beneficiaries in all stages of communication planning, implementation, monitoring and evaluation.

2.6 Communication Objectives, Strategies and Interventions

Strategic Objectives

The communication objectives in the strategy are derived from the broad strategies highlighted in the Uganda Malaria Reduction strategy (UMRS) including;

1. ***By 2020, achieve and sustain protection of at least 85% of the population at risk through recommended malaria prevention measures.***
2. ***By 2020, at least 85% of target populations are knowledgeable about current malaria treatment approaches and the importance of seeking treatment within 24 hours of onset of signs and symptoms and adherence treatment.***
3. ***By 2020, at least 85% the proportion of target populations that is knowledgeable about and utilise MIP services.***

Strategies and Interventions

1. ***By 2020, achieve and sustain protection of at least 85% of the population at risk through recommended malaria prevention measures.***

Strategic Interventions

1. Long Lasting Insecticide Treated Nets(LLIN use)
2. Indoor Residual Spraying(IRS)
3. Larviciding

Strategic intervention 1: Malaria prevention through LLIN Use

Long lasting Insecticide nets is a key intervention towards preventing mosquitoes that cause malaria. Uganda has embraced the use of LLINs to prevent malaria and has plans for all households in the country to have at least two LLINs by 2015. ²

Communication Objectives:

1. Increase from 75% to 85% the proportion of pregnant women, women, and caretakers of children, young adults, and men who know that LLINs offer the best protection against malaria for all family members and know how to use LLINs by 2020
2. To increase from 75% to 85% the proportion of policy makers and leaders that advocate for and mobilise their communities for LLIN use by 2020
3. Increase from 75% to 85% the proportion of health workers who tell their clients about the importance of sleeping under an LLIN every night as the best way to prevent malaria

Strategic intervention 2: Malaria prevention through Indoor Residual Spraying (IRS)

Indoor residual spraying (IRS) is one of the main malaria control strategies in Uganda. IRS is the process of spraying the inside walls and ceilings of houses and buildings with insecticides.

In Uganda, IRS is used to control malaria in selected areas and situations including:

- Congested areas
- Institutions (e.g. boarding schools, barracks, prisons, agricultural and industrial estates)
- Emergency situations (e.g. internally displaced person (IDP) camps)
- Malaria epidemic prone areas

Communication Objectives:

1. Increase from 75% to 85% the proportion of women and men who are knowledgeable about IRS and support its implementation by 2020 in intervention areas
2. To increase from 75% to 85% the proportion of policy makers, civic leaders that advocate for and mobilise their communities for IRS by 2020 in intervention areas

Strategic intervention 3: Malaria prevention through Larval management

Larval management is the application of chemicals on stagnant water to kill mosquito development stages. It is implemented following WHO and MoH guidelines.

Communication Objectives:

1. Increase from 75% to 85% the proportion of households knowledgeable about larval management and support its implementation by 2020
2. To increase from 75% to 85% the proportion of policy makers, civic leaders that advocate for and mobilise their communities for larval management by 2020

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Long lasting Insecticide treated nets (LLINs)</p>	<p>Primary audience</p> <ul style="list-style-type: none"> Households: particularly fathers, mothers Care takers particularly of children under 5 years Pregnant women School children Teachers particularly those of boarding schools. <p>Secondary audience</p> <ul style="list-style-type: none"> Health workers at centres and community level (VHTs) Leaders at national, regional, district, sub county and village. 	<ul style="list-style-type: none"> Awareness of the benefits of LLIN use particularly among pregnant women and children under 5 years. Safety of LLINs <ul style="list-style-type: none"> Information that nets treated with insecticide are not harmful to humans but repel mosquitoes. Information on how to care for and the LLIN Skills on how to hang the LLINs in the sleeping area 	<ul style="list-style-type: none"> Limited knowledge on net use: Many people do not know how to apply the LLINs onto the beds and how to care and repair them. Myths about side effects of the insecticide: Many people claim the chemicals used to treat the nets smell bad and can cause breathing difficulties. There is also a misconception that LLINs can make men impotent. Misuse of LLINs: Some people 	<p>Women of child bearing age, care takers of children under 5 years</p> <ul style="list-style-type: none"> LLINs act as a barrier between mosquitoes and the person under the net, stopping mosquitoes from biting them. Mosquito nets are treated specially with insecticides that are not harmful to humans but repel mosquitoes. In order to stop malaria, sleep under a treated mosquito net every night. Sleeping under a mosquito net every night protects you, your unborn baby and your child less than 5 years from the deadly malaria disease. Mosquito nets should be used throughout 	<p>If you sleep under a LLIN you will have a good nights' sleep, good health, save money, have no malaria illness and be productive to improve your socio – economic status.</p>



Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
			<p>use the nets for other purposes e.g wedding dresses, covering seedlings, tethering animals, fishing, bathing sponges.</p> <ul style="list-style-type: none"> • Inconvenience : Some people perceive LLINs as obstacles to free movement within their beds, in addition to causing sweating. 	<p>the year, even when there are fewer mosquitoes, eg. during the dry season.</p> <ul style="list-style-type: none"> • Using a mosquito net helps to save money that would be spent on treating malaria. • Hang the net to cover your whole sleeping place and tuck it in properly before you sleep. • After waking up in the morning, tie up the net above your sleeping place to avoid damage. • Remember to take good care of your mosquito net by keeping it clean and sewing any holes. • To clean your net, wash with ordinary soap and water. Do not use other detergents as they may destroy the insecticide. • Hang it in a shade to 	

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
				<p>dry, away from direct sunlight. Sunlight can negatively affect the insecticide.</p> <ul style="list-style-type: none"> The insecticide may have minor side effects on some people e.g. itching, sneezing but these are short lived. <p>Leaders, politicians</p> <ul style="list-style-type: none"> LLINs help to have a healthy and productive population. LLINs helps you to save resources for development purposes Everybody should sleep under a mosquito net but priority should be given to pregnant women and children under 5 years because of their vulnerability <p>Households and communities</p> <ul style="list-style-type: none"> IRS is the application 	

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Indoor Residual Spraying (IRS)</p>	<p>Primary audience</p> <ul style="list-style-type: none"> Household particularly fathers, mothers, caretakers, school children and community members. <p>Secondary audience</p> <ul style="list-style-type: none"> Leaders - religious, cultural, opinion, school teachers and politicians at <i>national, regional, district, sub county and village level.</i> 	<ul style="list-style-type: none"> Limited knowledge that malaria can be prevented by using insecticide sprayed inside the houses to kill the mosquitoes that carry malaria. Perception that IRS is not safe i.e. Chemicals can cause impotence, miscarriages, and death of infants. It's also feared to affect the farming which in turn affects their income. Inconvenience involved in removing household items ahead of the spray exercise and availing 	<ul style="list-style-type: none"> Misconceptions about IRS: Some pregnant women fear that it might interfere with their pregnancy. Some community members believe that the chemicals used in IRS can cause impotence and are harmful to young infants and children Limited use of the intervention due to the high costs associated with it. 	<p>of insecticide on the inside walls of the houses to repel and kill mosquitoes that spread Malaria.</p> <ul style="list-style-type: none"> The dosage of insecticide used in IRS does not pose any harm to human beings. IRS kills mosquitoes that spread malaria therefore reducing the cases of malaria in the community. Support IRS by allowing spray operators into your house, removing household items, providing water, sweeping all dead insects and burying them. Immediately after spraying the house, mosquitoes don't rest on the wall but fly around causing irritation and noise. 	<p><i>IRS is a safe and effective way to prevent and control Malaria. It also assures you comfortable sleep by killing mosquitoes that cause malaria.</i></p>

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
		<p>water for the spray exercise.</p> <ul style="list-style-type: none"> Inconvenience of the increased volume of Mosquitoes immediately after spraying. 		<p>This however is short-lived as these eventually die.</p> <ul style="list-style-type: none"> IRS benefits outweigh the work involved in preparation for the spraying. <p>Leaders and politicians at national, regional, district, sub county and village level</p> <ul style="list-style-type: none"> IRS helps reduce mosquito population and hence malaria transmission in your community. IRS reduces expenditure on malaria treatment. IRS allows for saving and hence expenditure on other investments 	

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Larval management</p>	<p>Primary Audience Household heads, cattle keepers, heads of institutions such as schools and hospitals.</p> <p>Secondary audience</p> <ul style="list-style-type: none"> • Authorities of urban and peri urban centres, RDCs, town clerks, mayors. • Leaders in cattle corridor zones 	<ul style="list-style-type: none"> • Inadequate knowledge on breeding sites, mosquito breeding cycles and human activities that precipitate mosquito breeding. • Low knowledge on Larval management as an intervention to control the mosquito population 	<ul style="list-style-type: none"> • Inadequate knowledge among the population: There is low knowledge on breeding sites, mosquito breeding cycles and types of mosquitoes that cause malaria. • Low support for larval 	<p>Household and community members</p> <ul style="list-style-type: none"> • Larval management is the application of substances which are organic or inorganic on stagnant water to kill mosquitoes in development stages. • To eliminate mosquito breeding areas remove stagnant water, identify and fill up the breeding sites. • Embrace Larval management to kill mosquitoes that spread Malaria. <p>Leaders and politicians at national, regional, district, sub county and village level</p> <ul style="list-style-type: none"> • Mobilise your community to clear Mosquitoes breeding sites. • When you clear the breeding sites the community is healthy and more productive. 	<p><i>Larval management will reduce mosquito breeding in your community and hence reduce malaria</i></p>

Strategic Objective: By 2020, at least 85% of target populations are knowledgeable about current malaria treatment approaches and the importance of seeking treatment within 24 hours of onset of signs and symptoms and adherence treatment.

Strategic Interventions

1. Malaria diagnosis
2. Malaria treatment

Strategic Intervention 1: Malaria Diagnosis

Malaria diagnosis is the use of malaria rapid diagnostic tests (RDTs), and microscopy to test for malaria parasites. It is recommended that once a person manifests with one or more symptoms of malaria, they should be tested before treatment is administered.

Communication Objectives:

1. To increase from 75% to 85% people who get tested for malaria before treatment and act in accordance with laboratory test results
2. To increase from 75% to 85% health workers who test for malaria before treatment and act in accordance to laboratory test results

Strategic Intervention 2: Malaria Treatment

Early and prompt treatment (within 24 hours) for all suspected cases of malaria saves lives particularly among pregnant women and children under 5 years. Adherence to treatment is instrumental in addressing the malaria problem. Failure to adhere to treatment results into drug resistance and severe malaria, which may cause death.

Communication Objectives:

1. To increase from 75% to 85% people who seek prompt treatment at the onset of malaria symptoms within 24 hours
2. To increase from 75% to 85% patients who adhere to malaria treatment regimen as advised by health workers
3. To increase from 75% to 85% health workers who communicate with their clients on the importance of adherence to treatment.

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Malaria diagnosis</p>	<p>Primary audience</p> <p>Households particularly fathers, mothers, caretakers particularly for children under 5 years and pregnant women</p> <p>Secondary audience</p> <ul style="list-style-type: none"> • Health workers at facility and community level (VHTs) • private sector eg drug shop sellers • leaders at national, regional, district, sub county and village 	<ul style="list-style-type: none"> • Importance of testing for Malaria before treatment • Awareness of signs and symptoms of Malaria • Correct diagnosis of Malaria at health facilities • Importance of improving interpersonal communication between providers and clients • Acceptance of Malaria test results 	<ul style="list-style-type: none"> • Knowledge gap: many people don't have sufficient information on the common symptoms of malaria, hence limited response to testing and treatment. • Some people don't attach any benefit to diagnosis for Malaria. This limits uptake of malaria testing services • Poor attitude towards a negative RDT result: many people are not willing to accept a negative malaria test result. Some still go ahead and practice self-medication. 	<p>Clients</p> <ul style="list-style-type: none"> • Testing for malaria involves establishing if one's blood contains parasites that cause malaria. It is done through malaria rapid diagnostic tests(RDTs) or microscopy. • Malaria RDTs are safe, easy, fast and give correct results • Malaria test results are accurate and should be followed • Not all fevers are malaria, always test before treatment • Malaria can present several symptoms such as fever, headache, vomiting and diarrhoea. In case of one or more of the above, test for Malaria immediately 	<p><i>If you respond early when you see signs of malaria, you will save your life and that of your loved one.</i></p> <p><i>There are trained health care workers near you that can test and confirm that you have malaria and therefore administer the correct treatment.</i></p> <p><i>Following the results of the laboratory test will decrease the overall cost of treatment.</i></p>

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
				<ul style="list-style-type: none"> • If your malaria test is negative, and you still feel unwell, discuss it with the health worker for further help. • Always seek medical care from a trained health worker <p>Health workers</p> <ul style="list-style-type: none"> • Counsel your clients adequately about the importance of testing for malaria before treatment • Always follow clinical guidelines for effective malaria diagnosis <p>Private sector (Same as health workers)</p> <p>VHTs, CBOs and Leaders</p> <ul style="list-style-type: none"> • Communicate the benefits of testing for Malaria before treatment. 	

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Malaria treatment</p>	<p>Primary audience Households particularly fathers, mothers, caregivers of children under 5 years and pregnant women</p> <p>Secondary audience Health workers at facility and community level (VHTs), drug shop sellers</p> <ul style="list-style-type: none"> • private sector • Leaders at national, regional, district, sub county and village level 	<ul style="list-style-type: none"> • Late response/ delay in seeking treatment for Malaria • Knowledge gap on the benefits of completion of malaria medication • Left over drug storage for future use • Importance of consulting clinical guidelines in management of Malaria among providers • Importance of adherence to test results • Importance of 	<ul style="list-style-type: none"> • Belief in alternative remedies for Malaria such as herbs. • Some religious sects discourage people from seeking care and resort to prayers for healing. • Knowledge gap on completion for Malaria treatment; dangers of incomplete dosage, sharing medication, storing drug balances • Limited IPC skills among health workers: Many providers are lacking in the 	<p>Households particularly fathers, mothers, caregivers of children under 5 years and pregnant women.</p> <ul style="list-style-type: none"> • Always seek treatment for Malaria from a trained health worker near you within 24 hours. • Avoid self medication; which involves buying and taking medicine without the advice of the health worker. • Always complete the dosage as prescribed by health worker. Don't stop because you are feeling better • Don't share medication among children • Do not use remaining drugs especially syrups for next episodes of illness • Follow recommendation 	<ul style="list-style-type: none"> • If you complete malaria treatment as prescribed and advised by the health worker, you will recover quickly and will have less chances of developing severe malaria and recurrence.

Strategic interventions	Audiences	Communication issues	Barriers	Key Messages	Key Promise
		<p>completing treatment</p> <ul style="list-style-type: none"> • Correct treatment for Malaria • Awareness on dangers of self medication, sharing drugs and using left over drugs for next episode. 	<p>techniques of communicating effectively with their clients.</p> <ul style="list-style-type: none"> • Leaders don't consider Malaria to be a serious disease; This limits their advocacy for Malaria prevention and control 	<p>from health workers when advised to go for further management.</p> <p>Health workers, drug shop sellers and private sector</p> <ul style="list-style-type: none"> • Counsel your clients adequately about the importance Malaria treatment and adherence. • Always follow clinical guidelines for effective malaria treatment. <p>Leaders at national, regional, district, sub county and village.</p> <ul style="list-style-type: none"> • Communicate the benefits of Malaria treatment 	

Strategic Objective: By 2020, at least 85% the proportion of target populations is knowledgeable about and utilise Malaria in pregnancy services.

Strategic Interventions

1. Intermittent Preventative Treatment(IPTp)
2. Malaria Treatment in Pregnancy

Strategic Intervention 1: Intermittent Preventative Treatment (IPTp)

Malaria in pregnancy poses substantial risk to mother, fetus, and newborn child. Intermittent preventative treatment (IPTp) in pregnancy with fansidar is one of the strategies for the prevention and control of malaria in pregnancy.

Strategic Intervention 2: Malaria Treatment in Pregnancy

Timely treatment for malaria (within 24 hours) protects the life of both mother and unborn baby. Adherence to treatment as advised by a health worker safeguards the pregnant mother from developing resistant and severe malaria that can lead to death.

Communication objectives:

1. To increase from 75% to 85% the women who receive at least three recommended doses of fansidar to prevent malaria in pregnancy
2. To increase from 75% to 85% the pregnant women who seek prompt treatment at the onset of malaria illness within 24 hours
3. To increase from 75% to 85% the health workers who comply with malaria in pregnancy guidelines

Strategic interventions areas	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Intermittent Preventative treatment for Malaria (IPTp)</p>	<p>Primary audience</p> <ul style="list-style-type: none"> pregnant women and their partners <p>Secondary audience</p> <ul style="list-style-type: none"> Health workers at facility and community level (VHTs) Private sector Leaders at national, regional, district, sub county and village level. 	<ul style="list-style-type: none"> Early ANC attendance and completion of the 4 ANC visits in order to ensure completion of the 3 IPTp doses. Safety of fansidar; can't harm the pregnant woman and un born baby. 	<ul style="list-style-type: none"> Fear of disclosing pregnancy state early hence late ANC attendance resulting into low IPTp uptake. Belief in herbal medication: Herbs are believed to be better remedies than modern medications particularly during pregnancy. Fear of side effects of medication: harm to unborn babies, allergic to fansidar. Bad smell: perceived bad smell which discourages them from taking the medication. Stigma of pregnancy in adolescent girls; Late ANC and hence IPTp 	<p>Pregnant women</p> <ul style="list-style-type: none"> Malaria is a serious disease during pregnancy causing maternal anemia, abortion, still births, low birth weight babies and death. Pregnant women should receive Malaria preventative treatment (Fansidar) more than 3 times during pregnancy to protect the unborn baby. IPTp (fansidar) is effective and safe for both pregnant woman and unborn baby. Starting antenatal care early and completing the 4 recommended visits will enable you to receive the 3 doses of fansidar to prevent 	<p>Attending the 4 ANC visits during pregnancy and taking IPTp protects the pregnant woman and un born baby from Malaria.</p>



Strategic interventions areas	Audiences	Communication issues	Barriers	Key Messages	Key Promise
				<p>Malaria and save the life of your unborn baby.</p> <ul style="list-style-type: none"> • Sleeping under a mosquito net every night protects you, your unborn baby from the deadly malaria disease <p>Partner to pregnant woman</p> <ul style="list-style-type: none"> • Save and plan for each pregnancy; it's your responsibility to support your partner to deliver a healthy baby. <p>Health workers</p> <ul style="list-style-type: none"> • Counsel your clients adequately about the importance IPTp in preventing Malaria in pregnancy 	

Strategic interventions areas	Audiences	Communication issues	Barriers	Key Messages	Key Promise
				<ul style="list-style-type: none"> • Give IPTp as directly observed therapy starting from 13 weeks of gestation; mothers should receive at least 3 doses of fansidar until delivery. • Always follow clinical guidelines for effective malaria prevention and treatment. <p>Private sector (<i>Same as health workers</i>)</p> <ul style="list-style-type: none"> • Leaders at national, regional, district, sub county and village level. • Malaria during pregnancy is number cause of death among pregnant women. Mobilise pregnant women to go to the health centre and receive IPTp.(Fansidar) 	



Strategic interventions areas	Audiences	Communication issues	Barriers	Key Messages	Key Promise
<p>Malaria treatment in pregnancy</p>	<p>Primary audience</p> <ul style="list-style-type: none"> pregnant women and their partners <p>Secondary audience</p> <ul style="list-style-type: none"> Health workers at facility and community level (VHTs) Leaders at national, regional, district, sub county and village level. 	<ul style="list-style-type: none"> Importance of using modern malaria medication e.g fansidar and ACTs, the dangers of using herbal medication, particularly during pregnancy Dangers of herbal medication particularly during pregnancy Importance of seeking help from a qualified health personnel Information on medication use in pregnancy; dangers of self medication 	<ul style="list-style-type: none"> Self medication during pregnancy: knowledge of risks of self medication to both mothers and baby is limited. Belief the drug will affect the fetus/ unborn child Fear that drug will cause abortions Lack of adequate knowledge on medication use in pregnancy. 	<p>Pregnant women</p> <ul style="list-style-type: none"> Fever, headache, joint pains, vomiting, diarrhea, convulsions are all signs of malaria. Seek immediate health care (within 24 hrs) to protect you and your unborn baby. Taking your malaria treatment and completing the dose as advised by the health worker will reduce the risk of developing resistant and severe malaria which can lead to death. <p>Health workers</p> <ul style="list-style-type: none"> Don't take Malaria medicine without the advice of a qualified health worker because it could put your life and that of your unborn baby in danger. Always follow clinical guidelines for effective treatment of Malaria in pregnancy. 	<p>Going to the health centre immediately after recognising any symptoms of malaria can save the life of the pregnant woman and her unborn baby.</p>

Responding to Emergencies

During malaria emergencies, there will be an increase in the intensity of malaria prevention and control communication interventions to promote LLIN use, early diagnosis and treatment, addressing malaria in pregnancy and Indoor Residual Spraying (IRS).

There will be an expansion of communication channels and scale up community-based interventions to equip individuals and households with information and skills to manage malaria.

1.7 Communication approaches

1. Interpersonal Communication: Interpersonal communication (IPC) will be used to engage conversations to influence knowledge, attitudes, and practices of specific audiences at the individual and household levels, with health service providers. The objective of IPC will be to increase demand for malaria services and correcting misconceptions.

- **Community Mobilisation:** At the community level, local leaders and citizens, CBOs, FBOs, will be mobilised to increase awareness and to correct misconceptions about malaria.

2. Mass Media: Media will be used to reach masses with messages on malaria targeting specific audiences

- Electronic media – TV, radio, videos and outdoor media – bill-boards will enable communication to various target audiences.
- Print media: Brochures, posters, leaflets will be used to relay malaria messages to the audience.
- Social media: social media platforms will be used to re-enforce other channels by using; Face book, Twitter, WhatsApp.

3. Advocacy: will be deployed to involve policy makers and leaders at the national and district levels to support, organise, and take action pertaining to malaria prevention, control, and treatment activities.

4. Social Marketing: will be used to apply commercial marketing methods to stimulate behaviour change and to increase access to malaria products and services e.g. LLINs.

SECTION THREE:

STRATEGY IMPLEMENTATION

3.0 Background

This section describes how the National Communication Strategy for Malaria Control will be implemented. It also spells out the specific activities and strategies to be used in implementing the strategy. The implementation of this strategy will be a joint effort by stakeholders at all levels. While each partner may have his or her area of focus as regards implementation, there is need for a unified communication strategic plan under which all stake holders work.

3.1 Key stakeholders and their roles

The stakeholders to implement this strategy include government ministries, agencies, local government departments, non-government organisations, and community structures. The major stakeholders however include, National Malaria Control Programme (NMCP), Malaria Technical Working Group (TWG) on Advocacy and IEC/BCC and Health Promotion and Education Division.

3.1.1 National Malaria control programme (NMCP)

The Ministry of Health through the National Malaria Control Programme will take overall leadership of all malaria prevention and treatment, communication, monitoring and evaluation and capacity building for all malaria activities in the country.

3.1.2 The Malaria Technical Working Group on Advocacy and BCC

The TWG on Advocacy & IEC/BCC is one of the four technical working groups under the National Roll Back Malaria Partnership and it is responsible for communication. Composed of all stakeholders' engaged in malaria communication and chaired by NMCP, the TWG on Advocacy & IEC/BCC will support coordination of malaria communication through quarterly meetings. During these meetings, partners will give update of their organisation's malaria communication interventions, challenges and share best practices. The TWG on Advocacy & IEC/BCC will review messages communication approaches and forward them to the Health Promotion and Education Division for clearance.

3.1.3 Health promotion and Education division

The Health Promotion and Education Division will provide technical assistance to the NMCP to ensure harmony and smooth implementation of malaria communication interventions. The senior communication officer who is resident in the NMCP will supervise the support.

The Behaviour change communication (BCC) working group will also work to review, vet, and approve all malaria communication activities and messages in the country. The working group will review the strategy periodically to address emerging issues and align it to the new direction of the NMCP. The forum will also be a platform through which communication capacity is built among malaria partners.

3.2 Roles of other Stakeholders

A number of other stakeholders both government and private sector will play an important role in the coordination and implementation of malaria communication activities.

The table below indicates the roles of various stakeholders.

Entity	Roles
Government Ministries	
Office of the President, Office of the Prime Minister, Minister of Health	<ul style="list-style-type: none"> • This will ensure top-level advocacy for prioritizing malaria prevention, and control.
Parliament	<ul style="list-style-type: none"> • Parliament will serve to undertake top-level advocacy for prioritizing malaria prevention, treatment, and control. • Ensure budget allocations are done to support implementation of malaria strategies, including the communication strategy
MOH (Reproductive Health Division)	<ul style="list-style-type: none"> • Render technical input in developing and updating MIP messages and guidelines • Support MIP health service providers training • Support messages and materials dissemination and distribution
MoH (Child Health Division)	<ul style="list-style-type: none"> • Render technical input in messages development and update • Support messages and materials dissemination and distribution • Support health service providers training
Ministry of Finance (MoFPED)	<ul style="list-style-type: none"> • Allocate resources for malaria prevention and treatment including malaria communication efforts
Ministry of Education	<ul style="list-style-type: none"> • Support message and materials dissemination and distribution in schools
Ministry of Gender (MoGLSD)	<ul style="list-style-type: none"> • Introduce malaria messages and activities into community development programmes

Political and administrative leaders at district level and all levels	<ul style="list-style-type: none"> • Advocate for malaria prevention, control and treatment and support BCC and community mobilization efforts in their communities
Government Agencies	
National Drug Authority	<ul style="list-style-type: none"> • Ensure only quality malaria drugs are brought into Uganda • Support dissemination of malaria drugs policy
National Environment Management Authority	<ul style="list-style-type: none"> • Ensure only approved chemicals are brought into the country and used for IRS • Ensure sprayers follow the right protocols • Support dissemination of IRS policy and guidelines
Uganda National Bureau of Standards	<ul style="list-style-type: none"> • Ensure on approved LLINs are imported and marketed in the country • Support dissemination of LLINs policy
Non Governmental organisations	
Development partners	<ul style="list-style-type: none"> • Provide technical and financial support for malaria prevention and treatment
NGOs	<ul style="list-style-type: none"> • Coordinate their organisations' communication effort through active participation in the Malaria Technical Working Group and the BCC subcommittee as well as the BCC Working group • Implement communication and community mobilisation activities on Malaria in the community • Support monitoring and evaluation of malaria communication interventions
Religious leaders & Faith Based Organizations	<ul style="list-style-type: none"> • Mobilise religious leaders and communities to support malaria programmes and to prevent and treat malaria • Support Malaria communication materials dissemination and distribution

Local leaders	<ul style="list-style-type: none"> • Mobilise communities to correctly prevent and treat malaria • Support Malaria communication materials dissemination and distribution
Village Health teams	<ul style="list-style-type: none"> • Mobilise communities to adopt correct malaria prevention and treatment strategies • Support Malaria communication materials distribution/ dissemination
Private sector	<ul style="list-style-type: none"> • Ensure increased availability of quality malaria related services and products such as LLINs • Participate in /support community mobilisation efforts • Support malaria communication materials distribution
Mass Media	<ul style="list-style-type: none"> • Work with relevant offices to deliver correct malaria messages

3.3 Activity implementation

3.3.1 Strengthen communication capacity of NMCP

Strengthen the capacity of NMCP to coordinate effectively and to implement advocacy, BCC, and social mobilisation effort by increasing the communications budget and hiring one BCC professional. Furthermore, NMCP could make use of intern students from universities around Kampala who can help fill the manpower vacuum at a modest cost. The extra manpower can, for instance support communication activities ties such as:

- Producing the malaria newsletter
- Regularly updating the NMCP website
- Archiving BCC materials from partners (soft and hard copies) for future use
- Providing secretarial support to the Malaria Advocacy and BCC Technical Working Group
- Supporting routine NMCP advocacy and BCC interventions

3.3.2 Create a list serve of the members of the Malaria TWG on Advocacy and BCC

The list serve will be a tool for communicating between the working group members and for sharing information and updates as regards issues and BCC and advocacy activities in malaria.

3.3.3 Observe a National Malaria Week and Commemorate the World Malaria Day

As part of commemorating the annual Africa Malaria Day (AMD), a National Malaria Week will be celebrated yearly during the month of April. It will culminate in the Africa Malaria Day on the 25th of April of each year. These events will be the occasion to increase awareness on malaria, to advocate for political commitment and financial support and to launch new initiatives for malaria affected populations. Districts with especially high malaria incidences will hold activities during these days. During the week, there will be opportunities for creative performances – drama, poems, and songs with messages on malaria to be presented. Keynote speeches by community social and political leaders will also be delivered.

3.3.4 Coordination with Reproductive Health, HIV/AIDS, Child health and other relevant sections

Stakeholders engaged in malaria BCC and advocacy will coordinate with reproductive health, HIV/AIDS, child health, among others, under the leadership of NMCP on communication campaigns and in messages development and dissemination for greater impact. For example, mothers coming for immunisation days for their children can also be given information on LLINs and IPTp, or malaria treatment.

3.3.5 Training of health workers in communication skills

To enable health workers to deliver key messages on malaria, their capacity in communication skills and understanding current issues in malaria will be developed through training workshops. The training will make them conversant with current approaches in case management, IPTp, ITNs, and epidemic preparedness.

3.3.6 Training of Community volunteers –e.g. VHTs

VHTs and other volunteers act as a bridge between service provider and the community. They will be incorporated in the community mobilisation and participate in malaria control activities such as drug distribution at local levels. To enable them function and deliver correct messages and to execute effectively their work, they need to be given the necessary knowledge and skills.

3.3.7 Behaviour Change Communication (BCC)

As part of the malaria communication activities, BCC tools will be utilised for advocacy and behaviour change communication for malaria. They will include:

- Fact sheets
- Questions and Answers (Q&As)
- Public service announcements
- Internet – special web page on malaria epidemics and new developments

that is updated routinely

- Posters
- Leaflets
- Radio programs and spots etc.

The following criteria will be used in producing communication materials.

1. Materials and message required will be determined by the activity to be supported as outlined in each strategic approach in this strategy.
2. The key messages to be communicated will be developed primarily with the audiences, then subjected to technical review by the TWG on Advocacy & IEC/BCC Committee comprising of MoH and partners.
3. After review by the committee, material(s)/ key messages will be pre-tested - All materials once technically approved by MoH will be disseminated or be first translated into local languages as needed and disseminated
4. Distribution plan – Once developed, the materials will be distributed through distribution plans to avoid waste.
5. Dissemination and feedback – In order to improve future materials and messages, locations that received the materials will hold dissemination sessions as distribution continues and inform the national level on feedback and any need for changes
6. Soft copies and hard copies of each of the approved material will be stored at the NMCP clearing house for future use.

3.3.8 National Malaria Communication Resource Centre

A resource centre to maintain an inventory (hard and soft copies) of all malaria IEC/BCC materials and messages will be set up at NMCP/ MoH. The materials/ messages will be used in developing new messages / materials, documentation of the best practices and case studies on communication.

3.3.9 Regularly update NMCP website on Malaria in Uganda:

Update the NMCP website and upload all relevant malaria policies and guidelines so that stakeholders, including health workers can download them, especially as internet services have become more available in Uganda. Furthermore, soft copies of all IEC materials produced with the approval of the Malaria BCC TWG should be uploaded on the website, including audio and video clips of programs and spots for access by partners and stakeholders.

3.3.10 Bring celebrities, noted personalities, and leaders on board

Plans should be in place to bring celebrities and other public figures on board, including identifying and orienting them as part of malaria communication. They could be involved:

- In developing messages
- Endorsing messages

- In efforts to mobilize the public to adopt positive behaviours
- Serve as malaria ambassadors to specific audiences e.g. pregnant women, children etc.

Public figures include popular music artists, actors, sports persons, and prominent politicians at national and local levels.

3.3.11 Build the media's capacity and proactively engage both private and public media across the country

Although Uganda has a vibrant media, its capacity as regards health/science reporting needs strengthening.

NMCP/MoH and other partners should actively engage the media, including supporting its professional development and health reporting as well as covering malaria issues.

Thus, media training to bolster both knowledge and professional skills of reporters and news editors from all media houses – TV, radio, and newspapers is one of the proposed activities. Media owners should also be brought on board to win their support.

Regularly bring the media on board through sharing information with them. This will entail regular interviews, press conferences, features, news stories, opinion pieces, and letters to the editor, among others.

SECTION FOUR:

MONITORING AND EVALUATION PLAN

Communication Objectives	Process Indicator	Outcome Indicator
<p>Malaria Prevention Long Lasting Insecticide Treated Nets(LLIN use)</p> <p>1 Increase to from 75% to 85% pregnant women, women, and caretakers of children, young adults, and men who know that LLINs offer the best protection against malaria for all family members and know how to use LLINs by 2020.</p> <p>2. Increase from 75% to 85% health workers who tell their clients about the importance of sleeping under an LLIN every night as the best way to prevent Malaria by 2020</p> <p>3. To increase from 75% to 85% policy makers and leaders that advocates for and mobilise their communities for LLIN use by 2020.</p>	<ul style="list-style-type: none"> • Proportion of pregnant women, men and caretakers of children under 5 who recall messages on LLIN use • Proportion of health workers who discuss LLIN use for malaria prevention particularly for children under 5 years and pregnant women • Proportion of policy makers and leaders who participate in advocacy activities. 	<ul style="list-style-type: none"> • Proportion of pregnant women, men and caretakers of children under 5 who have slept under LLINs. • Proportion of policy makers and leaders who participated in advocacy activities and mobilized activities for LLIN use.
<p>Indoor Residual Spraying(IRS)</p> <p>1 Increase from 75% to 85% the proportion of women and men that are knowledgeable about IRS and support its implementation in intervention areas by 2020.</p> <p>2. To increase from 75% to 85% the proportion of policy makers, civic leaders that advocate for and mobilise their communities for IRS in intervention areas by 2020.</p>	<ul style="list-style-type: none"> • Proportion of women and men who recall messages on about IRS in intervention areas. • Proportion of policy makers and civic leaders who participate in advocacy activities on IRS in intervention areas 	<ul style="list-style-type: none"> • Proportion of household heads who report that their households were sprayed with IRS in intervention areas • Proportion of policy makers who advocated and mobilized communities for IRS in intervention areas.

<p>Larval management</p> <ol style="list-style-type: none"> 1. Increase from 75% to 85% the proportion of households knowledgeable about larval management and support its implementation in intervention areas by 2020. 2. To increase from 75% to 85% the proportion of policy makers, civic leaders that advocate for and mobilise their communities for larval management by 2020 	<ul style="list-style-type: none"> • Proportion of households in intervention areas who recall messages on larval management. • Proportion of policy makers, civic leaders that participate in malaria advocacy activities on larval management. 	<ul style="list-style-type: none"> • Proportion of households in intervention areas who participate in environmental management of malaria including larval management • Proportion of policy makers and civic leaders who mobilize their communities for larval management.
<p>Malaria Treatment</p>		
<p>Malaria diagnosis</p> <ol style="list-style-type: none"> 1. To increase from 75% to 85% people who test for Malaria before treatment and act in accordance to laboratory test results. 2. Increase from 75% to 85% of health professionals who test clients before treatment act in accordance with laboratory test results 	<ul style="list-style-type: none"> • Proportion of people who recall messages on testing for Malaria before treatment • Proportion of clients and health workers who agree with laboratory test results 	<ul style="list-style-type: none"> • Proportion of people who tested for malaria before treatment and acted in accordance to laboratory test results • Proportion of treatment dispensed according to malaria test results



<p>Malaria Treatment</p> <ol style="list-style-type: none"> To increase from 75% to 85% men and women who seek prompt advice or treatment at the onset of malaria symptoms within 24hours. To increase from 75% to 85% patients who adhere to malaria treatment regimen To increase from 75% to 85% health workers who communicate with their clients on the importance of adherence to treatment. 	<ul style="list-style-type: none"> Proportion of men and women who can recall messages of seeking treatment for Malaria at onset of Malaria symptoms within 24 hours. Proportion of people can recall messages on adherence to Malaria treatment regimen Proportion of health workers who communicate the importance of adherence to treatment 	<ul style="list-style-type: none"> Proportion of people particularly pregnant women and caretakers of children under 5 who seek prompt advice or treatment within 24 hours of onset of Malaria symptoms Proportion of people who adhere to Malaria treatment regimen
<p>Malaria in pregnancy</p>		
<p>Malaria Prevention and treatment in pregnancy</p> <ol style="list-style-type: none"> To increase from 75% to 85% women who receive at least 3 doses of fansidar to prevent malaria in pregnancy To increase from 75% to 85% pregnant women who seek prompt diagnostic testing and treatment at the onset of malaria illness within 24hours. 	<ul style="list-style-type: none"> Proportion of women and men who recall messages on IPTp in pregnancy Proportion of pregnant women and men who recall messages on prompt treatment at the onset of malaria Proportion of health workers who communicate the importance of adherence to treatment 	<ul style="list-style-type: none"> Proportion of pregnant women who attended ANC and receive at least 3 doses of IPTp Proportion of pregnant women who seek diagnostic testing and treatment within 24 hours of onset of Malaria symptoms

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