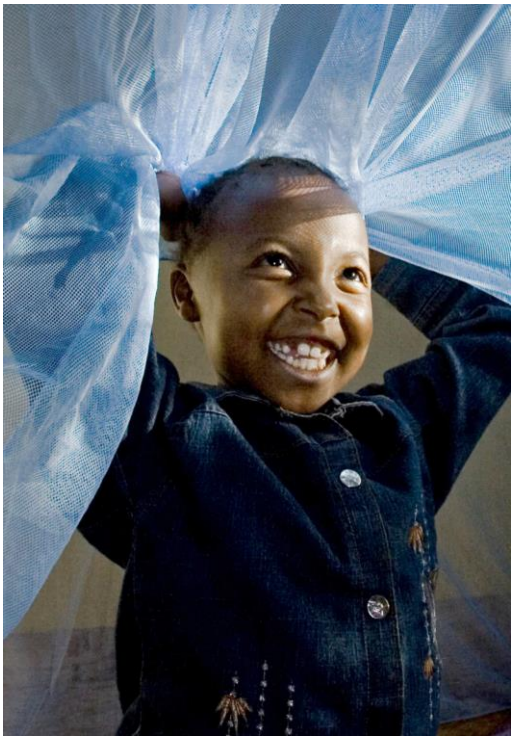
Revolutionary Government of Zanzibar
Ministry of Health
Zanzibar Malaria Elimination Program

ZANZIBAR MALARIA ELIMINATION SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) STRATEGY 2018-2023



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Foreword

The call to eliminate malaria in Zanzibar was deemed possible following a feasibility assessment in 2009. Since that time, much has been achieved, including the formulation and execution of strategic plans and social and behavior change communication (SBCC) strategies for malaria elimination. The implementation of these strategies has led to significant reductions in malaria morbidity and mortality, with monitoring and surveillance data showing that Zanzibar is on the pathway towards malaria elimination.

Yet, more remains to be done, including in the area of SBCC, to realize the goal of malaria elimination. It is for this reason that the Zanzibar Malaria Elimination Program (ZAMEP), in partnership with multi-sectoral stakeholders, developed the Zanzibar Malaria Elimination SBCC Strategy 2018-2023 to serve as a roadmap for SBCC activities for the next five years that will drive and support progress toward malaria elimination. This strategy aims to sustain gains so far attained, and accelerate progress towards malaria elimination in Zanzibar. It is aligned with the goals and objectives of the Zanzibar Malaria Elimination Strategic Plan (ZMESP), the Sustainable Development Goals, the Global Technical Strategy for Malaria, and other national and international guidelines.

Importantly, this strategy provides a useful framework for partners at all levels to inform the design, implementation, monitoring and evaluation of effective and impactful malaria SBCC activities, tailored to the Zanzibar context. Therefore, I call on all partners to make good use of this strategy so as to ensure that all SBCC activities in support of malaria elimination are evidence-based, effective, and harmonized. It is in this way that we will achieve the vision of Zanzibar free of malaria.

Hon. Hamad Rashid Mohammed
Minister for Health Zanzibar

Acknowledgements

The Zanzibar Malaria Elimination SBCC Strategy 2018-2023 provides a roadmap for SBCC activities that will drive and support progress toward malaria elimination throughout Zanzibar. It serves as the primary guide for SBCC activities, messages, materials, and tools at all levels, from districts and Shehias down to the household level.

We are highly appreciative of the contributions of the Ministry of Health (MOH) through ZAMEP, development partners, implementing partners, and a broad cross-section of multi-sectoral stakeholders for their collaborative efforts toward the successful development and completion of this strategy. We greatly appreciate all ministries and organizations that participated in the strategy development workshops for their valuable comments and inputs during this process. We would also like to acknowledge ZAMEP staff and, in particular, members of the BCC Unit, for their technical contributions and tireless work toward this effort.

Special thanks are extended to FHI 360/USAID Tulonge Afya and in particular, Claire Gillum, Senior SBC Technical Officer, for providing valued technical assistance to this effort, and to FHI 360 consultant, Dr. Charles M. Matiko, who worked with ZAMEP to lead the process of developing the strategy through a series of stakeholder consultative workshops. The MOH/ZAMEP also expresses sincere gratitude to the United States Agency for International Development (USAID) through the President's Malaria Initiative (PMI) for their financial support for development of this strategy, and special thanks are extended to Naomi Kaspar and George Greer of USAID/Tanzania, and Andrew Tompsett of USAID/Washington for their contributions throughout.

It is my hope that this strategy will be adopted and implemented by all stakeholders, contributing to our many efforts as we work together to achieve Zanzibar free of malaria.

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Acronyms

ACD	active case detection
ACT	artemisinin-based combination therapy
API	annual parasite incidence
BCC	behavior change communication
CBO	community-based organization
CORPs	Community-owned Resource Persons
DHMT	District Health Management Team
DMSO	District Malaria Surveillance Officer
FBO	faith-based organization
GDP	gross domestic product
HCW	health care worker
HPU	Health Promotion Unit
IEC	information, education, and communication
IRS	indoor residual spraying
KAPB	knowledge, attitudes, practices, and behavior
LLINs	long lasting insecticide-treated nets
MCN	malaria case notification
M&E	monitoring and evaluation
MEEDS	Malaria Early Epidemic Detection System
MOEVT	Ministry of Education and Vocational Training
MOH	Ministry of Health of Zanzibar
mRDT	malaria rapid diagnostic test
NGO	non-governmental organization
PHCC	Primary Health Care Center
PHCU	Primary Health Care Unit
PHU	Port Health Unit
PMI	President's Malaria Initiative
RGoZ	Revolutionary Government of Zanzibar
SBC	social and behavior change
SBCC	social and behavior change communication
SEM	socio-ecological model
SHCC	Shehia Health Custodian Committee
USAID	United States Agency for International Development
ZAMEP	Zanzibar Malaria Elimination Program
ZBC	Zanzibar Broadcasting Corporation
ZMESP	Zanzibar Malaria Elimination Strategic Plan

1. INTRODUCTION

The Zanzibar Malaria Elimination Social and Behavior Change Communication (SBCC) Strategy 2018-2023 was developed by the Zanzibar Malaria Elimination Program (ZAMEP) in collaboration with multi-sectoral stakeholders. The strategy guides SBCC activities that support achievement of the mission, vision, and objectives of the Zanzibar Malaria Elimination Strategic Plan (ZMESP) 2018-2023, as laid out below.

ZMESP 2018-2023 Mission: To provide quality, equitable, affordable, cost effective, and sustainable anti-malarial interventions in collaboration with all stakeholders at all levels of implementation for the benefit of the general population.

ZMESP Vision: Zanzibar free of malaria.

ZMESP Goal: To eliminate malaria in Zanzibar by 2023.

ZMESP Strategic Objectives:
The following strategic objectives support achievement of the above goal:

Major strategies:

1. Ensure quality assured diagnosis and appropriate case management in all health facilities and at community level to 100% by 2023
2. Increase appropriate vector control measures to the population at risk of malaria to 100% by 2023
3. Reinforce malaria surveillance for malaria elimination to actively investigate and classify all confirmed cases from 0% of 2017 to 100% by 2023
4. Initiate entomological surveillance in malaria foci areas from 0% of 2017 to 100% by 2023

Supporting strategies:

5. Conduct targeted SBCC, including behaviour change communication (BCC), advocacy and social mobilization, to increase adoption of malaria elimination priority behaviors
6. Conduct appropriate operational research to evaluate and optimize malaria elimination activities
7. Strengthen coordination structures for malaria elimination at different operational levels

ZAMEP considers SBCC to be an essential strategy for achievement of malaria elimination in Zanzibar given its role in promoting, supporting, and reinforcing essential malaria preventative and treatment-seeking behaviors. As the focal strategy for increasing demand, uptake, and utilization of malaria elimination interventions in Zanzibar, the Zanzibar Malaria Elimination SBCC Strategy 2018-2023 directly supports achievement against ZMESP Objective 5, as well as contributes to behaviour-focused outcomes across all other objectives. All partners should

use this strategy to inform their SBCC activities toward achievement of the below priority behavioral objectives.

- Increased proportion of the population who seek prompt and appropriate care for symptoms of malaria
- Increased proportion of the population who are tested for malaria before taking malaria medication
- Increased proportion of health care providers who test all patients with a fever for malaria, and treat based on the test results
- Increased proportion of individuals with confirmed malaria who take the full required dose of ACT and single dose primaquine as prescribed
- Increased proportion of the population who sleep under an LLIN every night
- Maintained proportion of households in targeted communities who receive indoor residual spraying (IRS)
- Increased proportion of households in targeted communities who comply with larval source management activities in their community
- Increased proportion of households who comply with surveillance activities in their community
- Increased proportion of the population who comply with entomological surveillance activities in the community
- Increased proportion of leaders who participate in malaria elimination activities

2. BACKGROUND

2.1. Country Profile

Zanzibar is a semi-autonomous part of the United Republic of Tanzania, consisting of numerous small islands and two larger islands – Unguja and Pemba – in the Indian Ocean, just off the coast and to the north of the Tanzania mainland. The total land area of the islands is 2,461 square kilometers (950 square miles).

In 2017, Zanzibar had a projected population of just over 1.5 million people. Approximately 69% of the population lives in the Island of Unguja, and the remaining 31% in Pemba Island. In 2016 the crude birth rate was 36.3 births per 1,000, and the total fertility rate was 5.1 children per woman. Life expectancy at birth increased from 53 to 62 years between 2003 and 2016. Administratively, Zanzibar is divided into five regions, 11 districts, and 383 Shehias (the lowest administrative unit). Urban and North Unguja are the most densely populated areas, while Pemba Island is more sparsely populated.

The United Republic of Tanzania's gross domestic product (GDP) grew by 7.0% in 2015. The Zanzibar economy is based primarily on clove production, which is mostly grown in Pemba, and is the principal foreign exchange earner. However, export has suffered with the downturn in the clove market over recent years. Zanzibar also has a substantial tourism industry, which contributes significantly to the local economy and Government revenue.

2.2. Zanzibar Health Service Delivery System

The Ministry of Health (MOH) is mandated to oversee and coordinate health service delivery in Zanzibar, which is organized in a hierarchical structure, with health facilities categorized as public, private, and those managed by military and defence forces. Public health facilities are organized into three tiers: 1) primary level, including Primary Health Care Units (PHCUs) and Primary Health Care Centres (PHCCs), 2) secondary level, including district and regional hospitals, and 3) tertiary level, including Mnazi Mmoja Hospital and other specialised hospitals. This system allows for tiered referrals from basic primary health care facilities to referral hospitals.

At the primary level there are 118 PHCUs, of which 34 are designed as PHCU+ facilities, and which are required to provide additional services such as dental, pharmacy, delivery, and laboratory services. Additionally, four PHCCs provide all the services of the PHCU+ as well as inpatient care and X-ray services. At the secondary level, there are two district hospitals providing second-line referral services, including basic surgical services, and one regional hospital – Abdallah Mzee Hospital – which provides all of the services of a district hospital, as well as specialized services, and operates as a referral center. At the tertiary level, there are three hospitals, all situated in Unguja: Mnazi Mmoja Hospital, Mwembeladu Maternity Hospital, and Kidongo Chekundu Mental Hospital.

Private health facilities can be classified as private for-profit, or private not-for-profit, which include hospitals, clinics, and dispensaries owned by faith-based organizations (FBOs) or non-governmental organizations (NGOs). Currently, there are 60 registered private clinics/ dispensaries, four private hospitals, 38 pharmacies, and 244 over-the-counter drug dispensers in Zanzibar, with distribution unevenly favouring urban areas.

2.3. Organization of Zanzibar Malaria Elimination Program

ZAMEP falls under the Directorate of Preventive Services and Health Education within the MOH. ZAMEP is responsible for the development, implementation, monitoring, and evaluation of malaria elimination interventions, and coordination of malaria stakeholder activities at all levels of the health system. ZAMEP is comprised of five units: Program Management and Finance; Integrated Vector Management; Surveillance Monitoring and Evaluation; Treatment and Diagnosis; and BCC.

ZAMEP provides support to the district-level District Health Management Teams (DHMTs), headed by a District Medical Officer, who is in-charge of all health services in the district, including services and interventions for malaria elimination. DHMTs monitor the malaria situation in their respective district and Shehias on a monthly and quarterly basis through engagement of Shehia Health Custodian Committees (SHCCs). Presently, most Shehias have active SHCCs. The SHCC acts as an advisory board for all health issues in the Shehia, and collaborates with health care workers (HCWs) to plan and implement malaria elimination activities at the community level.

The Government provides support for the implementation of malaria interventions, which includes both direct and indirect contributions. ZAMEP also receives financial and technical support from many national and international partners, with the majority of malaria elimination funds coming from external donors. ZAMEP also works with the private sector on a range of initiatives.

2.4. Zanzibar Malaria Profile

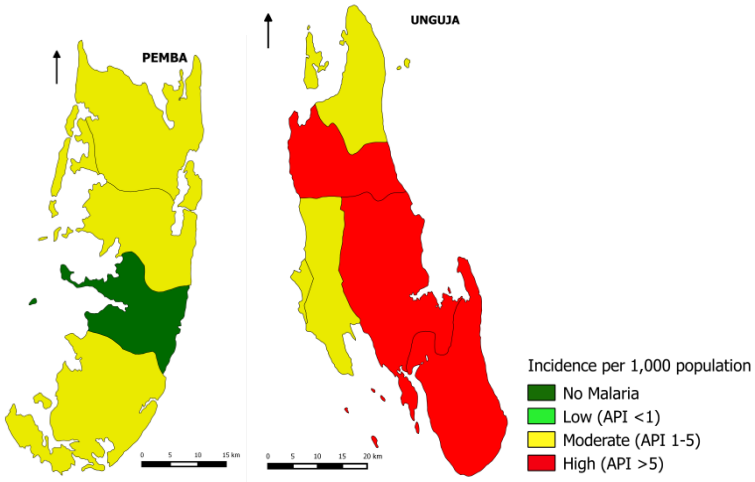
Since 2007, malaria prevalence in Zanzibar has remained below 1% and there have been no malaria epidemics. However, malaria remains endemic in Zanzibar and the entire population is still considered at risk. Data shows that malaria transmission is more prevalent in some geographic areas, and among certain population groups and ages. In 2015/16, children and youth aged 5-24 years contributed the greatest proportion of malaria cases (51.1%) in Zanzibar, while children under 5 years of age contributed an additional one-third of cases (30.7%).

In accordance with the WHO Framework for Malaria Elimination, ZAMEP employs malaria stratification data to guide its elimination efforts, informing prioritization, allocation of resources, and selection and implementation of effective strategies. This stratification is developed using routine data collected from the Malaria Epidemic Early Detection System (MEEDS) and malaria case notification (MCN). Districts and Shehias are divided into four categories according to current malaria incidence: High (API≥5/1000), Moderate (API 1 to <5/1000), Low (API <1/1000),

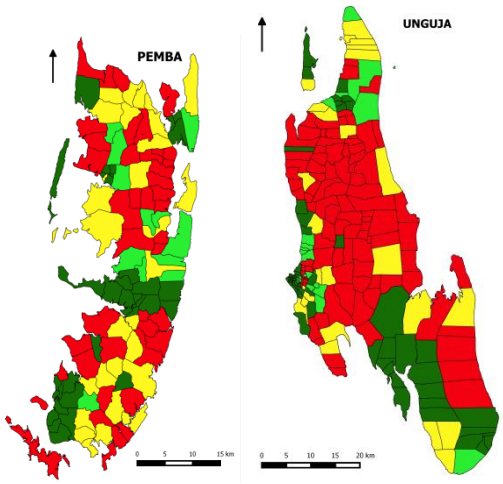
and Free. Using these criteria, four districts (Kati, Kaskazini B, Micheweni and Magharib) are currently regarded as high malaria risk areas, as shown in Figure 1.

Figure 1. Malaria stratification in Zanzibar by (a) districts and (b) Shehias in 2015/16.

(a)



(b)



Additionally, surveillance data indicates that population movement both within and outside Zanzibar plays an important role in sustaining malaria transmission in the Islands, with approximately half of all reported confirmed malaria cases in 2015/2016 having travel history. As such, malaria importation continues to pose a challenge to elimination efforts in Zanzibar.

3. SBCC FOR MALARIA ELIMINATION SITUATION ANALYSIS

3.1. P

3.2. erformance during the Zanzibar Malaria Elimination Communication Strategy and Zanzibar Malaria Elimination Strategic Plan (2013-2018)

The ZMESP 2013-2018 established a goal of zero locally acquired malaria cases by 2018. To achieve this goal, a set of intermediate objectives, aligned with priority malaria elimination strategies and interventions, were established:

- 100% of suspected cases are tested with RDT or microscopy in public and private facilities
- 90% of people sleep under LLINs
- 95% of the structures in targeted areas covered by IRS
- 80% of febrile cases seek treatment at health facilities within 24 hours of onset of fever
- 100% of district health management teams are empowered to conduct active case detection
- 100% of suspected malaria cases receive parasitological test
- Five functional malaria elimination multi-sectorial committees established at national level
- Ten districts with malaria elimination multi-sectorial committees

For each of these objectives, the Zanzibar Malaria Elimination Communication Strategy (ZMECS) 2013-2018 provided guidance for SBCC activities that would promote and support uptake and maintenance of associated behavioral objectives.[1]

Key achievements during the period of the ZMECS 2013-2018 and ZMESP 2013-2018 include:

- **Sustained low level malaria prevalence.** Malaria prevalence consistently remained below 1%.
- **Increased coverage of priority interventions.** Between 2012 and 2016, ownership of LLINs increased from 66% to 71%, and the proportion of the population who slept under an LLIN increased from 37% to 43%. When considering all ITNs, the proportion sleeping under an ITN among those who have access to a net increased from 59% to 62% over the same period. Coverage of IRS increased to 98% in targeted areas in early 2018, exceeding the target of 95% coverage.
- **Comprehensive SBCC activities** were implemented in partnership with the Health Promotion Unit (HPU) and other stakeholders. This included mass media, interpersonal

[1] Behavioral objectives addressed in the ZMECS 2013-2018 included: Patients test as soon as they have fever and, if found positive, complete malaria medication; providers treat based on test results; community members receive a net from continuous distribution and sleep under it every night; sleep under a treated net every night; accept IRS and provide cooperation to sprayers by taking items out of the house; accept to be screened and take medication if your neighbor has tested malaria positive; test for malaria within 24 hours of onset of fever/symptoms; take part in the multi sectorial malaria elimination committee.

communication (IPC), community dialogues, development and distribution of informational materials, SBCC capacity building, and establishment of SHCCs.

- **Consistent availability of commodities**. Zanzibar maintained availability of artemisinin-based combination therapy (ACT) and malaria diagnostic tests at 100% in public health facilities.
- **Improved treatment of confirmed malaria cases** by adding an anti-gametocytocidal drug, with availability increasing from 0% in 2013 to 100% in 2017 in public health facilities.
- **Increased adherence to clinical protocols**. All confirmatory tests for suspected malaria cases were conducted using the recommended parasitological test in 2017.
- **Expanded malaria surveillance** to actively detect cases, and investigate and classify confirmed malaria cases.

3.3. Achievements and Recommendations

There has been little formal evaluation of malaria SBCC activities in Zanzibar, which makes it challenging to quantify the impact of activities, or directly identify particularly effective approaches. Consultations with stakeholders, however, suggest that the following program components have contributed to the positive gains made, and should be considered when designing and implementing SBCC activities:

- ***Using Knowledge, Attitudes, Practices and Behavior (KAPB) survey results and participatory formative research*** to inform strategies and the design of activities, including audience segmentation and identification of the behavioral factors most critical to address through SBCC activities
- ***Using MEEDS and other surveillance data to pinpoint areas in need of targeted SBCC***
- ***Tailoring approaches to audiences and objectives:*** Examples of these include the School Health Program to engage children and youth; use of social media and SMS messages to support large campaigns; mobile cinema vehicles in rural areas; use of famous comedians and other Zanzibari celebrities to engage audiences through TV, radio, and road shows
- ***Linking SBCC activities with supply-side interventions*** to ensure optimal uptake and participation, and guarantee commodity availability in line with demand
- Use of institutions and individuals who are considered ***trustworthy sources of information*** (e.g. health providers[2], teachers) to convey messages
- ***Linking targeted IPC activities with community mobilization and interactive events*** (e.g. community dialogues, dramas, live radio programs) to fully engage community members
- ***Establishment, engagement, and collaboration with community structures***, notably DHMTs, SHCCs, and religious leaders, to mobilize communities and promote awareness of priority interventions

[2] 65% of parents/caregivers believe a health provider is the best source of information when a child has malaria; ZAMEP, 2017

- ***Strong coordination*** between and among ZAMEP and implementing partners to promote ***harmonization and consistency of activities***
- ***Community exchange visits***, whereby members of SHCCs meet and share experiences, knowledge, and lessons learned
- ***Advocacy with stakeholders to maintain and mobilize sufficient resources*** for SBCC activities addressing malaria elimination

3.4. Lessons Learned and Challenges

Challenges remain in achieving malaria elimination in Zanzibar. When designing new activities, partners should consider the following lessons learned and challenges from SBCC activities implemented to date:

- Full community engagement is key to the success of SBCC activities. Communities must be empowered to lead and participate in malaria elimination activities, rather than be passive recipients of programs. Community engagement can also reduce suspicion and mistrust around unfamiliar activities, such as IRS, larval source management (LSM), surveillance, or active case detection (ACD), which has hampered such initiatives in the past.
    - *Call to action: Partners should engage with communities in the design, implementation, and monitoring of activities to build trust, and to ensure that activities address the local and behavioral factors most critical to overcoming barriers to adoption of priority behaviors*
- Behavior change is a slow process and requires sustained and coordinated commitment on the part of leaders, decision-makers, implementers, health workers, and communities to achieve goals.
    - *Call to action: Partners should design activities with local ownership and sustainability in mind, particularly as Zanzibar strives to reach the very last cases of malaria*
- With sustained low malaria prevalence, malaria risk perception has declined in Zanzibar. Activities are needed that consider and respond to the ways in which declining prevalence of malaria will impact malaria elimination behaviors. For example, it has been suggested that it may be more effective in elimination contexts to focus SBCC activities around perceived severity – which will increase as natural immunity decreases – rather than perceived risk – which will decline as communities move closer to elimination.
    - *Call to action: Partners should understand how the declining prevalence of malaria will affect adoption and maintenance of priority malaria behaviors, and tailor their activities to address key barriers*
- Outdoor transmission of malaria is a contributor to the residual transmission in Zanzibar. The principal interventions currently used to reduce malaria transmission, LLINs and IRS, are not effective interventions for outdoor transmission. New interventions to prevent transmission will be needed.
    - *Call to action: Partners should consider how novel SBCC activities might be used to support control strategies targeting outdoor transmission*

- While harmonization of messages across stakeholders is crucial, SBCC activities should not be “one size fits all.”
    - *Call to action: Partners should conduct formative research in order to design SBCC activities which are tailored to localized behavioral factors, target audience, and transmission level*
- Malaria importation through visitors coming to Zanzibar, as well as Zanzibaris returning from areas where malaria is endemic, poses a significant challenge to elimination efforts.
    - *Call to action: Partners should implement SBCC activities targeting visitors and individuals returning to Zanzibar*
    - *Call to action: Partners should consider how their activities might improve cross-border coordination of SBCC for malaria elimination, particularly with Tanzania Mainland*
- Although levels of malaria knowledge in Zanzibar are generally high, some negative myths and misconceptions regarding interventions persist (e.g. the insecticide in IRS is unsafe, or LLINs make sleep uncomfortable), and levels of knowledge remain insufficient, particularly in rural areas, according to 2017 KAPB survey findings.
    - *Call to action: SBCC activities should address persistent negative beliefs and attitudes, and increase and maintain high levels of knowledge and awareness, in addition to addressing other behavioral determinants, as laid out in this strategy*
- Advocacy is needed to prevent malaria elimination activities being positioned as affiliated with any particular political party, which can result in low uptake and suspicion among some communities.
    - *Call to action: Partners should ensure that activities generate support and trust among all members of targeted communities*
- Not all barriers to adoption of desired behaviors can be overcome with SBCC alone. For example, house structure (e.g. living in a home with open eaves) can expose individuals to a greater risk of malaria, and is often related to socioeconomic status.
    - *Call to action: Partners should identify opportunities to collaborate and coordinate with other Government departments, implementing partners, the private sector, and multi-sectoral initiatives to achieve behavioral objectives*
- The large majority of funding for malaria elimination comes from external support, which makes the long-term sustainability of activities vulnerable to changes in funding priorities.
    - *Call to action: SBCC activities should address issues of domestic resource mobilization to support sustainability of malaria elimination efforts.*

3.5. Communication Landscape

Partners should understand the communication landscape in Zanzibar in order to identify the most appropriate channels and activities to use to achieve their behavioral and communication objectives. Media data from the 2017 Zanzibar KAPB survey support the results of the 2015/2016 Demographic and Health Survey, which found that radio remains the mass media channel with the greatest reach in Zanzibar. Slightly over half (52%) of women and the majority of men (80%) listen to the radio at least once a week. This compares to 45% of women and

59% of men who watch TV at least once per week (DHS, 2015/2016). However, this varies significantly by residence, with higher media exposure across all mass media channels (radio, TV, newspaper) in Unguja versus the more rural island of Pemba (DHS, 2015/2016). Partners may also consider use of newer communication channels, such as social media or SMS, as appropriate. The 2017 KAPB survey found that 80% of people in Zanzibar own a mobile phone, which highlights the potential of using mobile phone platforms to convey malaria elimination messages. However, partners should consider the feasibility to reach certain target audiences through digital channels as only 12% of women and 34% of men have used the internet in the past 12 months, with the majority never having used the internet (84% women, 62% men; DHS, 2015/2016).

Further, as Zanzibar moves closer to elimination, increasingly targeted SBCC activities will be required (see ***Text box***). Therefore, partners should consider which community-level structures (such as SHCCs, women's groups, savings groups, faith-based organizations, and School Health Clubs) may be the most effective channels through which to reach households with more tailored and localized SBCC activities, supported by mass media as appropriate.

Experience from polio elimination efforts has shown that community-level SBCC activities are critical to address harmful beliefs, attitudes, and norms, and to build and sustain trust between community members, health providers, and surveillance teams (Lahariya, 2007). Building similar trust between communities and providers will be essential to facilitate identification and management of every malaria case in Zanzibar.

4. MALARIA ELIMINATION SBCC STRATEGY

Renewed emphasis on coordinated, impactful SBCC activities is an essential contribution to the vision of Zanzibar free of malaria. For priority areas identified in the ZMESP, this strategy identifies behavioral objectives, communication objectives and challenges, target audiences, activities/channels, and illustrative key messages.[3] By aligning with this strategy, all partners will be working together towards the same goal and objectives. Each partner will understand how their activities fit within the overall strategy, and how their objectives support achievement of the malaria elimination goal. In this way, this strategy provides a roadmap that will guide the implementation of effective SBCC activities to transform behaviors and norms, sustain positive change, and lead to improved malaria elimination outcomes.

Strategy Goal: To inform the design, implementation, and monitoring and evaluation of effective, targeted SBCC activities, including BCC, advocacy and social mobilization, to increase adoption of malaria elimination priority behaviors in Zanzibar.

Strategy Objectives: Effective implementation of the Zanzibar Malaria Elimination SBCC Strategy 2018-2023 will lead to changes in behavioral factors – including knowledge, attitudes, beliefs, perceived risk and severity, self-efficacy, skills, access, and norms – which will contribute to achievement of the following behavioral objectives:

- Increased proportion of the population who seek prompt and appropriate care for symptoms of malaria
- Increased proportion of the population who are tested for malaria before taking malaria medication
- Increased proportion of health care providers who test all patients with a fever for malaria, and treat based on the test results
- Increased proportion of individuals with confirmed malaria who take the full required dose of ACT and single dose primaquine as prescribed
- Increased proportion of the population who sleep under an LLIN every night
- Maintained proportion of households in targeted communities who receive indoor residual spraying (IRS)
- Increased proportion of households in targeted communities who comply with larval source management activities in their community
- Increased proportion of households who comply with surveillance activities in their community
- Increased proportion of the population who comply with entomological surveillance activities in the community
- Increased proportion of leaders who participate in malaria elimination activities

[3] While priority malaria elimination interventions should be promoted throughout Zanzibar, communities living in hotspots may require more specific, targeted messages than those not living in hotspots. Therefore, where appropriate, illustrative key messages are provided separately for hotspots and non-hotspots.

4.1. Socio-Ecological Framework for Change

To sustain performance of priority behaviors, reinforce positive social norms, and strengthen community capacity necessary to achieve the goal of malaria elimination, strategic and coordinated activities at the individual, interpersonal, community, and environmental level are essential. Therefore, ZAMEP has adopted a socio-ecological framework[4] to guide the design and evaluation of SBCC activities supporting malaria elimination. The SBCC matrices which follow lay out behavioral factors to be addressed through SBCC activities across the SEM framework levels. These behavioral factors were identified based on current evidence; however, partners should apply this framework, and conduct additional formative research as needed, to further pinpoint and prioritize factors to be addressed through SBCC activities.

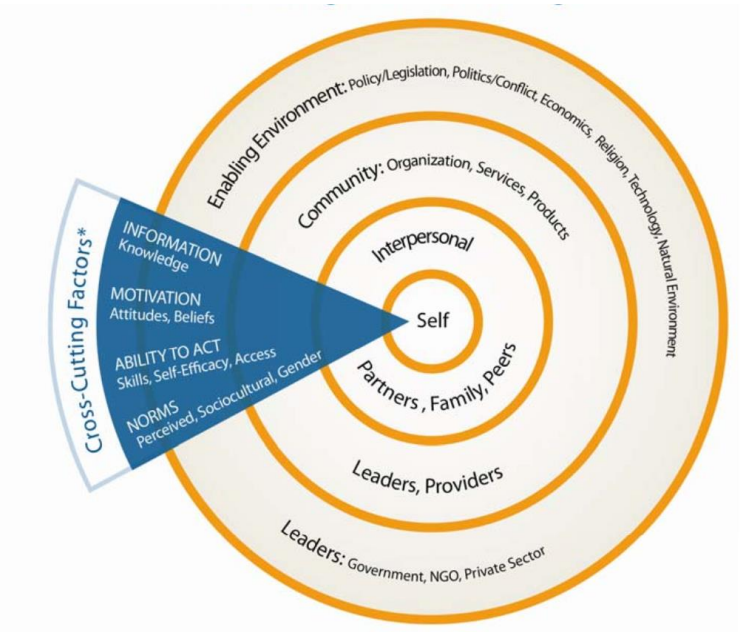


Figure 2. Socio-ecological framework for change

4.2. Guiding Principles

In alignment with ZAMEP values, partners' activities should be guided by the following principles:

- **National ownership and leadership**. All partners agree to follow the direction set out by the RGoZ. The RGoZ seeks and appreciates guidance and advice from cooperating partners.
- **Equity in accessing quality health services.** The basic principle of equity is fairness in provision of health services to all community members.

[4] The socio-ecological model (SEM) is a multi-level theory-based framework for conceptualizing how individual, social, and environmental factors relate and interact in ways that impact behavior. The SEM highlights the interaction between environment and behavior, and that sustainable social and behavior change often requires activities across individual, interpersonal, community, and environmental levels. Using the SEM, programs can identify strategic areas of interaction and critical tipping points that can lead to social and behavior change.

- **Inclusive and coordinated partnership.** ZAMEP will continue to work in collaboration with other stakeholders in a coordinated manner. The concept of public private partnership in malaria elimination movement will be given priority.
- **Message harmonization** across all activities to ensure that all partners are sharing the same voice. Message harmonization will ensure that the intended audiences are not confused by conflicting messages, and will allow for increased message reinforcement to all targeted audiences.
- **Taking the community as a whole.** Malaria affects all of Zanzibar. Therefore, the involvement of communities, service providers, media institutions, policy makers, and political leaders is critical in all stages of design, implementation, and evaluation of SBCC activities.
- **Working towards integration** of malaria SBCC and other malaria interventions into all health initiatives. For example, routine immunization and antenatal care are opportunities for malaria SBCC at health facility level. Similarly, special events and mass campaigns create opportunities for integration of malaria messages with other initiatives.
- **Using data/evidence** for decision-making and program design. There should be a focus on formative research in SBCC strategy and activity design, as well as use of service delivery data to further shape and target SBCC activities. Furthermore, it is important to monitor and evaluate SBCC activities to guide on-going program development.

4.3. Strategic SBCC Matrices for Malaria Elimination in Zanzibar

4.3.1. Malaria Diagnosis and Treatment

ZMESP Objective 1: Ensure quality assured diagnosis and appropriate case management in all health facilities and at community level to 100% by 2023.

Behavioral Objectives:

- Increased proportion of the population who seek prompt and appropriate care for symptoms of malaria
- Increased proportion of the population who are tested for malaria before taking malaria medication
- Increased proportion of health care providers who test all patients with a fever for malaria, and treat based on the test results
- Increased proportion of individuals with confirmed malaria who take the full required dose of ACT and single dose primaquine as prescribed

Achievement of the elimination goal will rely on all individuals continuing to promptly seek appropriate care at the first sign of a fever, even as malaria prevalence remains low and people become less accustomed to cases of malaria occurring in the community. It is also crucial that all suspected cases are tested prior to obtaining treatment to ensure provision of appropriate treatment and rational drug use, and that individuals subsequently complete the full course of appropriate treatment if malaria is confirmed to prevent resurgence and onward transmission. Therefore, SBCC targeting both individuals and health providers is required to reinforce prompt, appropriate care-seeking, as well as adherence to clinical protocols. Malaria among travelers also needs to be addressed strategically. SBCC messages are needed to encourage travelers – both visitors to Zanzibar and Zanzibaris returning from areas where malaria is endemic – to adopt malaria prevention behaviors, including testing for malaria immediately upon return from travel.

Increased proportion of the population who seek prompt and appropriate care for symptoms of malaria

Communication Challenges	• People think malaria is no longer a risk in Zanzibar (57% of respondents strongly agree there isn't much malaria in Zanzibar; ZAMEP, 2017) • Insufficient knowledge of malaria signs and symptoms, particularly in rural areas (only 56% of respondents in rural areas identified fever as a symptom of malaria; ZAMEP, 2017) • Belief that malaria is not serious because it can easily be treated (48% of respondents reported that they were not worried about malaria because it can easily be treated; ZAMEP, 2017)

	• Reduced risk perception among the general population, particularly related to the risk of malaria being fatal for vulnerable groups (children, pregnant women) and that malaria is still possible year-round (27% of respondents strongly believe only weak children die from malaria; 33% of respondents strongly agree that people in their community only get malaria in the rainy season; ZAMEP, 2017) • People fail to seek care immediately upon recognizing signs of malaria (22% of respondents reported waiting a few days before going to a health care worker when their child has a fever; ZAMEP, 2017) • Potential for reduction in malaria knowledge as prevalence declines
Communication Objectives	• To increase the proportion of people who have accurate knowledge of the signs and symptoms of malaria • To increase the proportion of people who believe that they are at risk of malaria year-round • To increase the proportion of people who believe that malaria is a serious illness, which requires prompt treatment from a health care worker
Primary Audiences	• All individuals living in hotspots • Heads of household • Parents/caregivers of children under age 5 • Pregnant women • School Health Clubs
Secondary Audiences	• Health care workers • Community leaders, including religious leaders and SHCCs
Activities/Channels	• IPC and community mobilization: community sensitization meetings, community dialog, community theatre/roadshows, School Health Club events, health care worker talks at facility and community-level • Mass media: radio (regional and community), TV, outdoor messages • SBCC materials
Key Messages	• Malaria can present with many symptoms, the most common of which is a fever • Malaria is still an issue in the community and can occur at any time of year; be alert for signs and symptoms *(Hotspots)* • Malaria still exists in Zanzibar, be alert for signs and symptoms during and after travel to malaria-prone regions *(Non-hotspots)* • Go to a health facility to access care immediately once you recognize fever or other signs and symptoms of possible malaria • Malaria can become serious quickly, especially for young children and pregnant women, it is dangerous to delay seeking care

	• Do not delay, if you have signs and symptoms of possible malaria, go to the health facility to get the correct treatment right away • Do not risk spreading malaria to your loved ones – go to a health facility to get the care you need as soon as you recognize signs and symptoms of possible malaria *(Hotspots)* • There is less malaria these days but it is still important to go to a health facility to access care if you have signs and symptoms of possible malaria; this will prevent bringing malaria back into the community *(Non-hotspots)*
Benefits	• Being knowledgeable about the signs and symptoms of malaria will help you to seek care and get treatment quickly when it is needed • Prompt care-seeking will help you to get the treatment you need to get well quickly • Prompt care-seeking will reduce the chances of complications from untreated malaria, which can be fatal
Desired Action	**People seek prompt and appropriate care for symptoms of malaria**

Increased proportion of the population who are tested for malaria before taking malaria medication, *and*
Increased proportion of health care providers who test all patients with a fever for malaria, and treat based on the test results

Communication Challenges	• People do not believe it is necessary to get tested to determine whether a fever is malaria or not (only 56% of respondents strongly agreed that people should receive testing when they have a fever; 40% of respondents strongly agreed that it is easy to tell whether or not a fever is malaria; ZAMEP, 2017) • Providers fail to treat based on test results (27% of respondents reported that a provider will often give ACT even if the malaria test is negative; ZAMEP, 2017) • People with a fever do not believe a negative malaria test result and seek out treatment regardless (37% of respondents reported that many people will go to a second health provider for ACT if the first provider says that the fever is not malaria; ZAMEP, 2017)
Communication Objectives	• To increase the proportion of patients who believe it is important to test before using a malaria medication • To increase the proportion of travelers who believe it is important to be tested for malaria at the point of entry • To increase the proportion of people who believe that malaria test results are accurate, and that they should receive treatment according to their test result

<table>
<tr><td></td><td colspan="2">To increase the proportion of providers who believe that following guidelines for malaria testing and treatment will help them to serve their clients better</td></tr>
<tr><td>Primary Audiences</td><td colspan="2">All individuals living in hotspots
Heads of household
Parents/caregivers of children under 5
Pregnant women
Travelers
Health providers</td></tr>
<tr><td>Secondary Audiences</td><td colspan="2">Community leaders, including religious leaders and SHCCs</td></tr>
<tr><td>Activities/Channels</td><td colspan="2">IPC and community mobilization: community dialog, community theatre/roadshows, health care worker talks at facility and community-level
Mass media: radio (regional and community), TV, outdoor messages, videos targeting travelers to be shown at ports of entry and on ferries
SBCC materials, including provider job aids and orientations
Advocacy: facility scorecards</td></tr>
<tr><td rowspan="2">Key Messages</td><td>Community members</td><td>Health providers</td></tr>
<tr><td>Not every fever is malaria, make sure you are tested before you take treatment
A malaria test will help you to get the right care for your fever, preventing you from wasting time and money on unnecessary treatments
mRDT and microscopy tests are very accurate; trust your test results
There is less malaria now; do not be surprised if your test result is negative, even if you have a fever
Test for malaria parasites as soon as you arrive in Zanzibar, do not wait for malaria symptoms
People can have the malaria parasite and not show symptoms – testing as soon as you arrive in Zanzibar will help to prevent you transmitting malaria to others</td><td>Not every fever is malaria, follow clinical protocols for confirmatory testing of malaria before treating
There is less malaria now; do not be surprised by negative test results for patients with fever
Give your patients the best, most effective care; only prescribe ACT and primaquine to patients who test positive for malaria
In the case of malaria negative tests, assess the patient for other possible causes of fever
mRDT and microscopy tests are very accurate; treat based on test results</td></tr>
</table>

Benefits	• If you test, you will have peace of mind in knowing what is causing your illness, and assurance that you are getting the right treatment • If you are found to be negative, you will avoid spending money on unnecessary treatments • Following a negative malaria test the HCW should assess for other causes of fever and, if needed, prescribed an appropriate medicine • Testing at the point of entry will prevent the likelihood of you transmitting malaria in the community	• Treating patients based on test results will help you to give them the best, most effective care • Confirmatory testing before giving treatment will prevent you wasting time and resources on the wrong course of treatment
Desired Actions	**Patients demand testing (mRDT or microscopy) before taking malaria medication**	**Providers test all patients with a fever for malaria, and treat based on the test results**

Increased proportion of individuals with confirmed malaria who take the full required dose of ACT and single dose primaquine as prescribed

Communication Challenges	• Low levels of knowledge around the negative impacts of failing to complete full dose of ACT (ZAMEP, *observational)*[5]
Communication Objectives	• To increase the proportion of patients who know that it is important to complete the required doses of ACT and single dose primaquine, even if they feel better
Primary Audiences	• People with confirmed malaria • Parents/caregivers of children with confirmed malaria
Secondary Audiences	• Health care workers
Activities/Channels	• Interpersonal communication, including one-on-one visits with CHWs, health care worker talks at the health facility • SMS reminders • SBCC materials

[5] Challenges marked as observational are those which were identified by stakeholders as factors preventing adoption of the behavioral objective during strategy development workshops. Additional research is required to further validate these challenges, and to support identification of the most influential factors to be prioritized.

Key Messages	• Take the anti-malarial medication as prescribed to you by a health care worker • It is important to take one dose of primaquine along with the first dose of ACT, and to finish the full dose of ACT medication, even if you feel better and all of your symptoms have gone away • Completing the full dose of anti-malaria medication will help you to recover completely and prevent recurrence, which is more difficult and expensive to treat • The anti-malarial medication used in Zanzibar is safe for everyone, including pregnant women and children, and is approved by the MOH and WHO
Benefits	• Completing the full course of anti-malarial medication prescribed to you by a health care worker will help you to recover completely and will prevent recurrence, which could cause even more serious illness
Desired Actions	**Patients with confirmed malaria take the full required dose of ACT and single dose primaquine as prescribed**

4.3.2. Integrated Malaria Vector Control

ZMESP Objective 2: Increase appropriate vector control measures to the population at risk of malaria to 100% by 2023.

Behavioral Objectives:

- Increased proportion of the population who sleep under an LLIN every night
- Maintained proportion of households in targeted communities who receive IRS
- Increased proportion of households in targeted communities who comply with larval source management activities in their community

Under the ZMESP 2018-2023, ZAMEP will implement two core vector control interventions – continuous distribution of LLINs (supplemented with a mass distribution if coverage falls below 50% population access) and targeted IRS – in conjunction with larval source management (LSM) as a complimentary strategy in active malaria foci with positive mosquito vector species breeding sites. Achieving coverage targets for these vector control interventions is an essential strategy toward malaria elimination, and is critically dependent on both supply and demand-side factors. ZAMEP, with the support of partners, intends to procure the necessary commodities, and train and deploy sufficient human resources to achieve the stated targets. Therefore, SBCC activities are required to provide demand-side support for these interventions by increasing: ownership and consistent use of LLINs; acceptance of targeted IRS; and acceptance of LSM, including destroying mosquito breeding sites, and larviciding.

Increased proportion of the population who sleep under an LLIN every night

Communication Challenges	• While net ownership is high, net use remains below target (71% of households own an LLIN; net use given access varies from 96% in Pemba South to 74% in Zanzibar South; Koeneker et al. 2018) • People perceive LLINs to be too hot, and make sleep uncomfortable (41% of respondents reported that it is difficult to sleep under an LLIN when it is warm; only 53% believe that it is easier to get a good night's sleep when you use an LLIN; ZAMEP, 2017) • People perceive that their likelihood of getting malaria is the same whether they use an LLIN or not (41% of respondents strongly agreed that the chances of getting malaria are the same whether or not they sleep under a bed net; ZAMEP, 2017) • Inadequate knowledge on the safety, benefits, and effectiveness of LLINs for malaria prevention (only 61% of respondents strongly agreed that sleeping under an LLIN every night is the best way to prevent malaria; 28% of respondents believe the insecticide in LLINs is dangerous; ZAMEP, 2017)

Communication Objectives	• To increase the proportion of people who believe that LLINs are effective at preventing malaria when used consistently and correctly • To increase the proportion of people who believe that LLINs should be used consistently every night in all seasons • To increase the proportion of people who believe that using LLINs will help them to get a better night's sleep • To increase knowledge amongst travelers that LLINs should be used every night in Zanzibar • To increase knowledge amongst Zanzibaris that they should use LLINs every night when traveling to malaria endemic areas • To increase the proportion of people who know it is important to repair/replace their LLINs when damaged	
Primary Audiences	• All individuals living in hotspots • Heads of household • Pregnant women • Parents/caregivers of children under 5 • School Health Clubs • Travelers	
Secondary Audiences	• Health care workers (especially ANC, EPI) • People who own net distribution points • Community leaders, including religious leaders and SHCCs	
Activities/Channels	• IPC and community mobilization: community dialog, community theatre/roadshows, mobile cinema shows, School Health Club events, health care worker talks at facility and community-level, net hang-up campaigns • Mass media: radio (regional and community), TV, outdoor messages, SMS messages • SBCC materials	
Key Messages	**Hotspots**	**Non-hotspots**
	• Everyone in the community should sleep under an LLIN every night to protect themselves from malaria • Using an LLIN every night is an effective way to prevent malaria, and will help you get a good night's sleep • Mend your net if it is torn so it can continue to protect you from malaria and give you a good night's sleep	• Everyone in the community, especially pregnant women and children under 5 who are most vulnerable to malaria, should sleep under an LLIN every night to protect themselves from malaria • Using an LLIN every night is an effective way to prevent malaria, and will help you get a good night's sleep • All community members, especially pregnant women and children under 5

	• LLINs are safe and do not pose a health risk • Use of LLINs is one of the most important things you can do to protect yourself, your family, and your community from malaria • Protect yourself when you travel, continue sleeping under an LLIN every night when you go to places where there is malaria • Pregnant women, attend the ANC clinic to receive a LLIN • Take your infant for measles vaccinations to receive a LLIN • When your net is too torn or damaged, you are new to the Shehia, or there are too few LLINs in your house to cover all sleeping spaces, you should request a LLIN from the SHCC	who are most vulnerable to malaria, should sleep under an LLIN every night to prevent bringing malaria back into the community • Mend your net if it is torn so it can continue to protect you from malaria and give you a good night's sleep • LLINs are safe and do not pose a health risk • Use of LLINs is one of the most important things you can do to protect yourself, your family, and your community from malaria • Protect yourself when you travel, always sleep under an LLIN when you go to regions where there is malaria • Pregnant women, attend the ANC clinic to receive a LLIN • Take your infant for measles vaccinations to receive a LLIN • When your net is too torn or damaged, you are new to the Shehia, or there are too few LLINs in your house to cover all sleeping spaces, you should request an LLIN from the SHCC
Benefits	• Sleeping under an LLIN every night will protect you from malaria and give you a good night's sleep, which will keep you healthy and productive	
Desired Actions	**All members of the household sleep under an LLIN every night in all seasons**	

Maintained proportion of households in targeted communities who receive IRS

Communication Challenges	• Insufficient knowledge of IRS (only 14% of respondents reported spraying the house with insecticides as a way to prevent malaria; ZAMEP, 2017) • Resistance to IRS operations at the household level (ZAMEP, *observational)*
Communication Objectives	• To increase the proportion of people in targeted communities who have accurate knowledge of IRS as a malaria prevention method, including that the insecticide used in IRS is safe

	• To increase the proportion of people in targeted communities who have supportive attitudes toward IRS
Primary Audiences	• Heads of household in hotspots
Secondary Audiences	• Household members in hotspots • Community leaders, including religious leaders and SHCCs
Activities/Channels	• IPC and community mobilization (in targeted communities): community sensitization meetings, community dialog, community theatre/roadshows, mobile cinema shows, community radio • SBCC materials
Key Messages	• IRS is an effective way to protect yourself and your family from malaria • Together with consistent use of LLINs, IRS significantly reduces your household's risk of malaria • IRS is only conducted in hotspots where there are more cases of malaria • IRS reduces the number of mosquitos and other insects in your home, which will help you get a better night's sleep • The insecticide used in IRS is safe • By complying with spray teams, you are contributing to elimination of malaria in Zanzibar
Benefits	• Spraying your house has benefits for your household (a good night's sleep because of fewer nuisance bugs) and your community (reduced malaria transmission)
Desired Actions	**Households prepare their buildings for IRS, and allow sprayers inside for spraying**

Increased proportion of households in targeted communities who comply with larval source management activities in their community

Communication Challenges	• Low knowledge of LSM as a way to reduce malaria prevalence by killing the mosquito vector in its larval stage (LSM was not reported by respondents as a malaria prevention strategy; ZAMEP, 2017) • Low community participation in larviciding activities (ZMESP, 2018)
Communication Objectives	• To increase the proportion of people who are aware of LSM as a new strategy for malaria prevention • To increase the proportion of people who have accurate knowledge of LSM as a malaria prevention intervention • To increase the proportion of people in targeted communities who feel confident in their ability to implement environmental management practices
Primary Audiences	• Heads of household in hotspots • Community leaders, including religious leaders and SHCCs
Secondary Audiences	• Members of community in hotspots

Activities/Channels	• IPC and community mobilization (in targeted communities): community sensitization meetings, community dialog, community theatre/roadshows, mobile cinema shows, community radio • SBCC materials
Key Messages	• Larviciding is a safe and effective way to reduce the risk of malaria in the community • Larviciding kills mosquito larvae, which reduces the numbers of mosquitos in the community that can transmit malaria • Larviciding is conducted in communities where there is more malaria to help reduce the malaria risk • Together with IRS and consistent use of LLINs, larviciding significantly reduces the risk of malaria in a community • Be a leader for malaria elimination in your community; cooperate with teams administering larvicides • You can protect your household – take steps to identify and eliminate malaria breeding sites near your home
Benefits	• LSM activities will reduce the mosquito density in your community, thereby reducing the risk of malaria
Desired Actions	**Household members comply with LSM activities in their community**

4.3.3. Surveillance, Monitoring and Evaluation

ZMESP Objective 3: Reinforce malaria surveillance for malaria elimination to actively investigate and classify all confirmed cases from 0% of 2017 to 100% by 2023.

Behavioral Objective:

- Increased proportion of households who comply with surveillance activities in their community

A case based surveillance system was piloted in select Shehias in 2017, and this system will be operational in all Shehias from 2018. The case based surveillance system involves following up on all parasitologically confirmed cases within 24 hours and classifying according to the type of case (indigenous or introduced, relapsed, imported, induced) to inform targeted interventions to prevent onward transmission. Screening and active case detection (ACD) within a certain radius of all confirmed malaria cases is a priority strategy to reduce the likelihood of resurgence of malaria in communities where cases have been identified, and requires rapid response on the part of surveillance teams and health care workers, as well as compliance on the part of community members. With the full roll-out of these surveillance activities to all Shehias from 2018, SBCC will be needed to generate awareness, build community trust, and promote acceptance of surveillance at the community level to ensure full and effective participation of community members.

Increased proportion of households who comply with surveillance activities in their community

Communication Challenges	• Low awareness of the purpose and benefits of malaria surveillance (ZAMEP, *observational)* • People fail to provide accurate contact information to health care workers to allow for complete case investigation due to a fear that household visits will include testing for other diseases, such as HIV (ZAMEP, *observational;* Kincaide Godbout, 2016*)* • Community members fail to understand why asymptomatic individuals should be tested and, if positive, receive treatment (ZAMEP, *observational)*
Communication Objectives	• To increase the proportion of people who are aware of malaria surveillance as an important strategy for malaria elimination • To increase the proportion of people who have accurate knowledge of ACD activities • To increase the proportion of people who have positive attitudes toward ACD and surveillance activities • To increase the proportion of health care workers and others involved in surveillance who believe it is important to effectively explain surveillance activities to community members
Primary Audiences	• Heads of household

<table>
<tr><td></td><td colspan="2">• Community leaders, including religious leaders and SHCCs</td></tr>
<tr><td>Secondary Audiences</td><td colspan="2">• Community members
• People involved in malaria surveillance, e.g. DMSOs
• Health care workers</td></tr>
<tr><td>Activities/Channels</td><td colspan="2">• IPC and community mobilization: community sensitization meetings, community dialog, community radio, health care worker talks at the facility and community-level
• SBCC materials, including job aids for providers and surveillance teams</td></tr>
<tr><td rowspan="2">Key Messages</td><td>Community members</td><td>Surveillance teams/HCWs</td></tr>
<tr><td>• If you test positive for malaria, provide your correct address to health care workers to allow for follow-up that will protect your family members and neighbors from malaria
• Blood samples collected as part of ACD are solely for malaria diagnosis and treatment, they will not be used for any other purpose
• Cooperate with ACD agents/HCWs who come to your home conducting surveillance activities; this will benefit your household and protect the whole community against malaria
• You can have the malaria parasite and not show any symptoms; accept a malaria test to prevent transmitting to others</td><td>• Conduct ACD as soon as you receive the report of a malaria case; by responding quickly you can prevent onward transmission
• It is important to explain the benefits of ACD and malaria surveillance to communities clearly and accurately so that they may understand and accept these activities
• Building trust with communities will make surveillance activities more effective</td></tr>
<tr><td>Benefits</td><td colspan="2">• Malaria surveillance will reduce malaria transmission in the community and move us closer to eliminating malaria in Zanzibar</td></tr>
<tr><td>Desired Actions</td><td colspan="2">Household members comply with malaria surveillance activities</td></tr>
</table>

ZMESP Objective 4: Initiate entomological surveillance in malaria foci areas from 0% of 2017 to 100% by 2023.

Behavioral Objective:

- Increased proportion of the population who comply with entomological surveillance activities in the community

Entomological surveillance is an important activity to allow ZAMEP to understand populations at risk, locations of actual or potential breeding sites, likely vectors, and changes to insecticide susceptibility and behavior. For example, current data from routine entomological monitoring has revealed that *Anopheles arabiensis* with outdoor resting habit has become principal malaria vector in Zanzibar, which has important implications for elimination activities. As Zanzibar moves closer to elimination, entomological surveillance data will be critical in informing any necessary updates to vector control strategies to prevent resurgence of malaria. However, entomological surveillance activities are not well-known amongst communities, and may bring strangers into the community, causing suspicion or mistrust. Therefore, SBCC activities are needed to raise awareness and promote community acceptance of entomological surveillance.

Increased proportion of the population who comply with entomological surveillance activities in the community

Communication Challenges	• Low knowledge and awareness of the purpose and benefits of entomological surveillance (ZAMEP, *observational)*	
Communication Objectives	• To increase the proportion of people who are aware of entomological surveillance as an important strategy for malaria elimination • To increase the proportion of people who have positive attitudes toward entomological surveillance activities • To increase the proportion of surveillance team members who believe it is important to effectively explain surveillance activities to community members	
Primary Audiences	• Heads of household • Community leaders, including religious leaders and SHCCs	
Secondary Audiences	• Community members • Surveillance teams	
Activities/Channels	• IPC and community mobilization: community sensitization meetings, community dialog, health care worker talks in the community • SBCC materials, including job aids for providers and surveillance teams	
Key Messages	**Community members**	**Surveillance teams**
	• Entomological surveillance is an activity whereby ZAMEP tracks and collects	• It is important that you explain the benefits of entomological surveillance to communities clearly and accurately so

	information on mosquitos, which carry malaria • Entomological surveillance will help ZAMEP to make the right choice of malaria prevention activities to take place in your community, which will reduce your risk of malaria	that they may understand and accept these activities • Building trust with communities will make surveillance activities more effective
Benefits	• Entomological surveillance will allow ZAMEP to implement the most effective malaria prevention activities in each community, moving us closer to a Zanzibar free of malaria	
Desired Actions	**Community members comply with entomological surveillance activities**	

4.3.4. Program Management and Coordination

ZMESP Objective 7: Strengthen coordination structures for malaria elimination at different operational levels by 2023.

Behavioral Objective:

- Increased proportion of leaders who participate in malaria elimination activities

ZAMEP has identified the need for strong, active coordination structures and increased public-private partnerships to support efforts toward malaria elimination. This enhanced support is necessary to sustain gains made, further reduce malaria prevalence, and mobilize the financial and human resources necessary to achieve the elimination goal. Therefore, SBCC will be used to advocate for leaders at all levels to participate in and mobilize resources to support malaria elimination activities.

Increased proportion of leaders who participate in malaria elimination activities

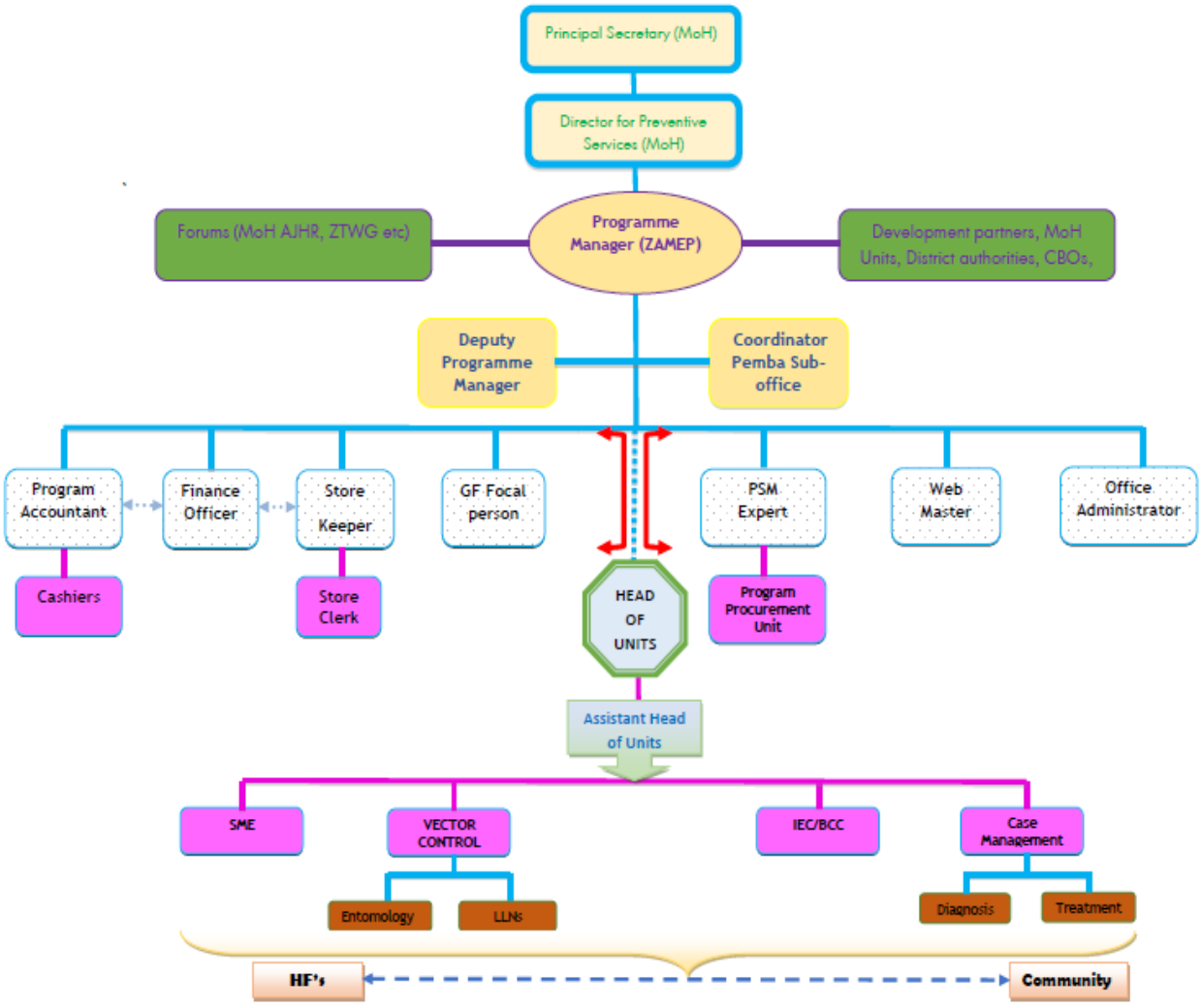
Communication Challenges	• Non-health sectors do not see malaria elimination as their responsibility (ZAMEP, *observational)* • Lack of existing coordination of malaria elimination efforts outside the health sector (ZAMEP, *observational)* • Limited existing private sector engagement in malaria elimination efforts (ZAMEP, *observational)* • Inadequate engagement of community leaders in elimination activities (ZAMEP, *observational)* • Community leadership do not feel a sense of ownership of elimination activities (ZAMEP, *observational)*

	• Communities are accustomed to waiting for direction from the national level authorities rather than taking the lead (ZAMEP, *observational)*
Communication Objectives	• To increase the proportion of leaders in non-health sectors who believe they should participate in malaria elimination activities • To increase the proportion of leaders who believe that malaria elimination is a priority in their community • To promote the proportion of leaders who believe that malaria elimination is everyone's responsibility • To increase awareness of the benefits of forming and participating in public private partnerships for malaria elimination
Primary Audiences	• Ministers, Principal Secretary, Regional Commissioners, District Commissioners • District and local leaders, e.g. DHMT, SHCCs • Leadership of NGOs, CSOs, private sector
Activities/Channels	• Stakeholder advocacy meetings and forums, including national commemorations such as World Malaria Day, and use of well-known respected individuals as Malaria Elimination Champions
Key Messages	• Together we can eliminate malaria • All sectors are impacted by malaria, and all should play a part to eliminate it • Eliminating malaria will make Zanzibaris healthier and more productive, and contribute to the nation's success • Companies and institutions that work together to eliminate malaria will gain a good reputation • Imagine a future for Zanzibar without malaria; mobilize resources to achieve this goal • When you commit resources to eliminate malaria, you are making a better future for Zanzibar
Benefits	• Participation of leaders from many sectors and levels is essential to achieve elimination of malaria in Zanzibar • Elimination efforts will be most successful and resources will be best spent when all communities take ownership • Achievement of malaria elimination will make Zanzibar healthier, more productive, and more successful
Desired Actions	**Leaders participate in malaria elimination activities**

5. SBCC COORDINATION

ZAMEP, under the Directorate of Preventive Services and Health Education within the MOH, leads and coordinates all malaria elimination activities in Zanzibar. ZAMEP is responsible for developing strategies; advocating for and mobilizing resources; providing training and capacity building; overseeing, monitoring, and evaluating activity implementation; and coordinating stakeholders at all levels of the health system. ZAMEP comprises five (5) Units: Program Management and Finance; Integrated Vector Management; Surveillance Monitoring and Evaluation; Treatment and Diagnosis; and BCC (Fig. 3).

Figure 3. ZAMEP Organizational Chart



5.1. Roles and Responsibilities

ZAMEP acknowledges the need for strengthened coordination of SBCC activities involving stakeholders at the national, regional, district, ward and Shehia levels, as well as from the private sector. While ZAMEP, through the BCC Unit, will remain the key focal coordinator for all SBCC activities in support of malaria elimination, during the period of this strategy, ZAMEP will

explore opportunities to strengthen and promote multi-sectoral coordination of SBCC as part of overall efforts to improve malaria elimination coordination (ZMESP Objective 7).

Partners should routinely engage with ZAMEP during the process of SBCC activity design and implementation, as well as being aware of the following structures, their roles and responsibilities, and how these relate to planned activities. Partners should also be sure to engage with local governance structures, such as DHMTs and SHCCs, as appropriate during activity planning and implementation.

5.1.1. National Committees

In the ZMECS 2018-2023, ZAMEP committed to establishing an independent Malaria Elimination Advisory Committee to guide the MOH in all strategic and policy guidance, a Malaria Steering Committee to facilitate progress toward malaria elimination, and a malaria expert group to periodically discuss the malaria situation, challenges, and way forward. As the terms of reference for these structures are developed, the BCC Unit will closely engage in these discussions to ensure SBCC needs and priorities are reflected.

5.1.2. ZAMEP BCC Unit

The BCC Unit reports to the ZAMEP Manager, and works closely with the other ZAMEP Units in addition to other sections within the MOH, notably the Health Education Section. All SBCC activities toward malaria elimination in Zanzibar are coordinated by, and implemented under the leadership of, the BCC Unit. The Unit's primary functions include: development of policies, strategies, and guidelines related to SBCC; planning and budgeting for SBCC activities; coordination with SBCC partners and stakeholders; management of SBCC programs; and SBCC monitoring and evaluation. The ZAMEP BCC Unit also serve as the primary coordinator and liaison for all sub-national stakeholders, including DHMTs and SHCCs, ensuring that coordination between structures is facilitated, and that activities are planned in alignment with national strategic priorities.

5.1.3. SBCC Technical Working Group

The SBCC TWG is a technical group that is intended to provide technical support and guidance to all elimination SBCC activities. The TWG is made up of representatives from ZAMEP, the Health Promotion Unit, NGOs, FBOs, academia, and the media. However, at present, the TWG does not meet according to schedule and is largely inactive. ZAMEP proposes to re-engage the TWG as active participants in coordination of SBCC activities in support of malaria elimination during the period of this strategy, beginning with establishment and adherence to a routine meeting schedule on a quarterly basis, which will be facilitated and promoted by the BCC Unit.

5.1.4. Implementing Partners

Partners should also be aware of their roles and responsibilities with regards to SBCC coordination. The contributions of implementing partners – including local and international NGOs, CBOs, FBOs, and the private sector – are critical for the achievement of malaria elimination. However, a failure to coordinate and harmonize activities across partners leads to duplication of efforts, wasted resources, and a failure to realize objectives. Therefore,

implementing partners working on SBCC activities at all levels within Zanzibar are coordinated by ZAMEP, through the BCC Unit. This strategy should be used as a resource by all implementing partners to ensure that their activities, messages, and tools are consistent, harmonized, and in alignment with ZAMEP's goals and objectives.

6. IMPLEMENTATION PLAN

The following implementation plan reflects ZAMEP's intended timeline for roll-out of SBCC activities during the period of this strategy. Partners should engage with ZAMEP to ensure that any planned activities align with this timeline, as well as all other relevant plans, policies, and strategies.

Activity	2018	2019	2020	2021	2022	Responsible	Partners
MANAGEMENT AND COORDINATION							
Review and update SBCC strategy in line with ZMESP	x					ZAMEP	All partners
Develop annual SBCC for malaria elimination activity plans and budgets	x	x	x	x	x	ZAMEP	All partners
Conduct technical meetings to routinely review and approve SBCC materials and messages	x	x	x	x	x	ZAMEP	All partners
Coordinate quarterly meetings of the SBCC Technical Working Group	x	x	x	x	x	ZAMEP	All partners
Participate in multi-sectoral initiatives for malaria elimination	x	x	x	x	x	ZAMEP	All partners
Conduct quarterly meetings with Shehias and Assistant Shehias from hotspot areas	x	x	x	x	x	ZAMEP	DHMTs, SHCCs
Coordinate commemoration of national events such as World Malaria Day, and Zanzibar Malaria Elimination Week	x	x	x	x	x	ZAMEP	All partners
MONITORING, EVALUATION, AND RESEARCH							
Conduct Zanzibar KAPB survey, and disseminate results	x		x		x	ZAMEP	All partners
Identify SBCC research priorities	x	x	x	x	x	ZAMEP	All partners
Conduct SBCC research, according to identified priorities	x	x	x	x	x	ZAMEP	All partners
Conduct routine monitoring and supervision of SBCC activities	x	x	x	x	x	ZAMEP	All partners
COMMUNITY MOBILIZATION AND IPC							
Conduct community sensitization meetings with existing community groups, e.g. women's groups, VICOBA	x	x	x	x	x	ZAMEP	All partners
Conduct community dialogues to identify and address barriers to adoption and maintenance of priority malaria behaviors	x	x	x	x	x	ZAMEP	All partners

Conduct community mobilization through mid-media events (community theatre, roadshows, mobile cinema shows, sports events)	x	x	x	x	x	ZAMEP	All partners
Conduct community radio programming to generate dialogue around priority malaria behaviors	x	x	x	x	x	ZAMEP	All partners
Conduct School Health Club events to inform and engage school children as advocates for malaria elimination in their households and communities	x	x	x	x	x	ZAMEP, MOEVT	All partners
Conduct IPC activities at the community and facility level	x	x	x	x	x	ZAMEP	All partners
Conduct net hang up campaigns to promote net use, care, and repair	x	x	x	x	x	ZAMEP	All partners
IEC MATERIALS							
Develop and distribute SBCC print materials, including provider tools and job aids	x	x	x	x	x	ZAMEP	All partners
MASS MEDIA							
Develop and air radio and TV spots	x	x	x	x	x	ZAMEP	All partners
Develop and broadcast videos targeting travelers at ports of entry	x	x	x	x	x	ZAMEP	All partners
Use SMS and other digital channels (as appropriate) to disseminate malaria elimination messages	x	x	x	x	x	ZAMEP	All partners
ADVOCACY							
Develop malaria elimination advocacy materials	x	x	x	x	x	ZAMEP	All partners
Conduct advocacy forums for leaders at all levels, including Government and private sector	x	x	x	x	x	ZAMEP	All partners
Identify and utilize Malaria Elimination Champions	x	x	x	x	x	ZAMEP	All partners
CAPACITY STRENGTHENING							
Train health providers (including facility and community-based) on SBCC for malaria elimination	x	x	x	x	x	ZAMEP	All partners
Train community implementers on SBCC for malaria elimination	x	x	x	x	x	ZAMEP	All partners

Capacitate community authorities (e.g. SHCCs, community-owned resource persons) on SBCC for malaria elimination through community health committee exchange visits	x	x	x	x	x	ZAMEP, DHMTs	All partners
Train school teachers and wardens on SBCC for malaria elimination	x	x	x	x	x	ZAMEP, MoEVT	All partners
Orient key influencers on malaria elimination key messages (e.g. political, community, and religious leaders)	x	x	x	x	x	ZAMEP	All partners

ZAMEP acknowledges the following considerations and constraints, which may impact the ability to effectively carry out the activities as laid out in this plan. The support of partners will be sought to address and overcome these gaps:

- Unpredictable and inadequate levels of funding
- Support needed for additional monitoring, evaluation, and research to determine priority behavioral factors in order to most effectively target activities, select channels, and localize messaging
- Limited involvement of other sectors in malaria elimination
- Limited engagement of stakeholders at the sub-national level in coordination of SBCC for malaria elimination
- Need for more active cross-border collaboration on malaria elimination, particularly with Tanzania Mainland

7. MONITORING AND EVALUATION PLAN

Formative research to inform design of SBCC activities, while important, is just one component of a comprehensive M&E plan. During the design stage, partners should also consider how they intend to monitor activities, and how they might evaluate programs to assess impact. To date, many malaria SBCC activities have been implemented in Zanzibar without sufficient planning for, or implementation of, M&E activities; this has made it challenging for ZAMEP to quantify the outputs, outcomes, or impact of SBCC activities. To ensure that activities are delivering on objectives, and are cost-effectively contributing to the elimination goal, more robust M&E is essential. Consistent tracking and reporting of indicators across partners will also improve ZAMEP's ability to assess and quantify activity results, and identify areas for improvement, or for scale-up.

7.1. ZAMEP Routine Monitoring

As addressed in the ZMESP 2018-2023, ZAMEP intends to conduct routine monitoring and supervision to determine the effectiveness of SBCC activities which are implemented within communities. ZAMEP will organize routine supervisory visits to health facilities and beneficiaries to assess the accessibility of malaria elimination messages, availability of SBCC materials, and implementation of community sensitization and mobilization activities. In some cases, this routine monitoring will take place in conjunction with partners, and, in other cases, will be conducted as an independent ZAMEP activity.

7.2. Project Monitoring

When designing an M&E plan, partners are recommended to refer to the indicators in Table 1 (which align with the ZMESP M&E Plan; *note: this is not an exhaustive list and partners should consider monitoring additional indicators as relevant for their activities*) as well as other key resources, such as the Malaria Social and Behavior Change Communication Indicator Reference Guide: Second Edition (2017) developed by the Roll Back Malaria Partnership. Although attributing impact or outcome-level changes to activities may not be possible due to time, budget, or design factors, partners are encouraged to consider innovative or strategic ways to measure program effects. In particular, partners should aim to gather SBCC indicators to measure the effectiveness of activities. This might include indicators which measure the reach of a campaign; recall of campaign-specific messages; indicators related to target audience behavioral determinants, such as knowledge, attitudes, beliefs, self-efficacy, perceived norms, or intention to perform behaviors; as well as performance of desired behaviors. Examples of these, drawn from RBM Partnership's Priority Indicator List, are provided below:

> ***Recall:*** Proportion of people who recall hearing or seeing any malaria messages within the last six months.
> ***Knowledge:*** Proportion of people who know the main symptom of malaria is fever.
> ***Knowledge:*** Proportion of providers who know the only way to accurately diagnose malaria is with a test (rapid diagnostic test [RDT] or microscopy).
> ***Knowledge:*** Proportion of people who know proven preventive measures for malaria.

Beliefs: Proportion of people who perceive they are at risk from malaria (perceived susceptibility).
Beliefs: Proportion of people who feel that consequences of malaria are serious (perceived severity).
Attitudes: Proportion of people with a favorable attitude toward the product, service, or behavior.
Self-efficacy: Proportion of people who are confident in their ability to perform a specific malaria-related behavior.
Norms: Proportion of people who believe the majority of their friends and community members currently practice a specific malaria-related behavior.
Behavior: Proportion of people who practice the recommended behavior.

In all cases, partners' M&E plans should clearly lay out how activity outputs and outcomes will be tracked and assessed, the data sources that will used, who will be responsible for collecting and reporting data, the frequency with which data will be reported, and processes for data quality assurance.

7.3. Evaluation

ZAMEP will use the results of large household surveys to assess the impact and outcomes of SBCC activities; data sources will include the DHS, TMIS, and KAPB surveys. Large surveys or research activities undertaken by partners will also be used to inform knowledge around the effectiveness of SBCC activities. In all cases, ZAMEP should be informed of all planned research activities, and results should be communicated to ZAMEP, as well as disseminated publicly.

Table 1: ZAMEP SBCC M&E indicators

Level	Strategy/Activity	Indicator	Source of Data
Impact	Elimination	Reported malaria confirmed cases	HMIS/MEEDS/MCN
	Elimination	Inpatient malaria deaths per year: rate per 100,000 persons per year	HMIS
	Elimination	Number of active foci of malaria	HMIS/MCN
	Elimination	Annual parasite incidence: Confirmed malaria cases	HMIS/MEEDS
	Elimination	Malaria test positivity rate	HMIS/MEEDS/MCN
Outcome	Case management	Proportion of patients with suspected malaria who received malaria test (microscopy and mRDT)	HMIS & Surveillance system
	Case management	Proportion of patients with confirmed malaria who received first line antimalarial treatment according to the national policy	HMIS & Surveillance system
	Vector control	Proportion of population that slept under an LLIN the previous night (disaggregated by: all population, children under 5, pregnant women)	TDHS
	Vector control	Proportion of the population using an LLIN among those with access to an LLIN	TDHS

Level	Strategy/Activity	Indicator	Source of Data
	Vector control	Proportion of targeted households sprayed by IRS within the last 12 months	IRS report
	Vector control	% of potential larva habitats in active foci in which larva source management conducted	Entomology report
	Surveillance	Proportion of cases investigated and classified	HMIS/MCN
	Surveillance	Proportion of foci investigated and classified	HMIS/MCN
Intermediate Outcome	SBCC	Percentage of target population who demonstrate comprehensive, correct knowledge of malaria	Survey
	SBCC	Percent of target population who have supportive attitudes toward [malaria elimination priority behavior]	Survey
	SBCC	Percent of the target population surveyed who believe that [malaria prevention behavior] will reduce their personal risk of malaria	Survey
	SBCC	Percent of the target population who believe that fever is a condition requiring attention by a health care worker	Survey
	SBCC	Percentage of target population who perceive that they are at risk of malaria	Survey
	SBCC	Percentage of target population who feel that the consequences of malaria are serious	Survey
	SBCC	Percentage of target population who report self-efficacy to adopt [malaria elimination priority behavior]	Survey
	SBCC	Percentage of target population who report that they intend to adopt [malaria elimination priority behavior]	Survey
	SBCC	Percentage of target population who report discussing [malaria elimination priority behavior]	Survey
	SBCC	Percentage of target population who report that the majority of their friends/peers/ community members currently practice [malaria elimination priority behavior]	Survey
	SBCC	Number of people who report exposure to malaria elimination messages within the last six months	Survey
	SBCC	Number of people who recall hearing or seeing malaria elimination messages within the last six months	Survey
Output	SBCC: Community mobilization	Number of people reached through community mobilization activities	Activity report
	SBCC: IPC	Number of people reached through IPC sessions	Activity report
	SBCC: Mass media	Number of people reached by mass media activities	Activity report
	SBCC: Advocacy	Number of people reached through advocacy meetings for malaria elimination	Activity report
	SBCC: Capacity strengthening	Number of people trained in SBCC for malaria elimination	Activity report

Level	Strategy/Activity	Indicator	Source of Data
Process	Advocacy	Number of advocacy meetings conducted at National, District and Community level	Activity report
	Mass media	Number of radio programs aired	Activity report
	Mass media	Number of television programs aired	Activity report
	Mass media	Number of outdoor messages displayed	Activity report
	Mass media	Number of animation messages portrayed	Activity report
	Mass media	Number of SMS messages sent	Activity report
	Community mobilization	Number of meetings with community groups conducted	Activity report
	Community mobilization	Number of mobile cinema shows conducted	Activity report
	Community mobilization	Number of community dialogues conducted	Activity report
	Community mobilization	Number of roadshows/mid-media events conducted	Activity report
	IPC	Number of IPC sessions conducted	Activity report
	IEC	Number of IEC materials distributed, disaggregated by topic and target audience	Activity report
	IEC	Number of provider job aids/tools produced	Activity report
	IEC	Number of training manuals produced	Activity report
	Management	Number of supportive supervision visits conducted	Activity report
	Capacity strengthening	Number of trainings conducted	Activity report

8. CONCLUSION

Informed by current data, including results of the 2017 KAPB survey, and knowledge contributed by stakeholders, this strategy outlines key approaches and considerations for effective SBCC to drive and support malaria elimination. All partners should use this strategy to inform the design, implementation, and monitoring and evaluation of their malaria SBCC activities. Together, ZAMEP and malaria elimination stakeholders will move toward a shared goal: Zanzibar free of malaria.

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