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COMMUNICATIONS SUPPORT FOR HEALTH PROGRAM (CSH)

STOP MALARIA MONITORING AND EVALUATION PLAN

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

I. Introduction

The monitoring and evaluation (M&E) plan for the STOP Malaria campaign is based upon the M&E framework for the campaign, which includes the overall goal of the campaign and the intermediate and long-term objectives of each of the health sub-topics of the campaign, the outputs and inputs. The M&E framework (Annex 1) serves as the foundation for the M&E plan, outlining specifically how the strategies of the campaign will lead to changes in behavior that will contribute to the reduction of malaria incidence and ultimately, the reduction of malaria-specific and all-cause deaths among children under five.

The objectives of the M&E plan are threefold: 1) to provide relevant and timely information to determine if the campaign products and activities are being implemented according to plan and reaching the targeted audience; 2) to provide information to make adjustments to the campaign strategies and activities to improve the campaign's overall effectiveness; and 3) to evaluate whether the campaign has met its stated objectives and intended impact. The M&E plan includes a set of indicators that will be used for tracking progress and impact of the campaign, the data sources, the data collection plan, plans for data reporting, disseminating and use, and lastly the plan for the evaluation of the campaign.

Background on STOP Malaria Campaign

The STOP Malaria Campaign is a national integrated malaria, MNCH and nutrition behavior change communication campaign. The campaign was launched in November 2011 and is expected to run for approximately two years until December 2013, with the possibility of extension beyond that date. The campaign strategy was developed by the USAID Communications Support for Health (CSH) project, in collaboration with the Ministry of Health of the Government of the Republic of Zambia (GRZ), the National Malaria Control Centre (Zambia), UNICEF, NFNC, the malaria IEC technical working group and other partner organizations including the Zambia Integrated Systems Strengthening Project (ZISSP). A number of the campaign's activities will be implemented in collaboration with ZISSP.

Formative research was carried out by CSH in three districts in the Luapula, Northern and Central provinces of Zambia in order to inform the design and messages of the campaign¹. Focus group discussions and in-depth interviews were the main methodologies used, in addition to a desk review of existing data on the malaria situation in Zambia. Additionally, ZISSP conducted a separate formative research study in the area of intermittent preventive treatment for pregnant women (IPTp) which will be also be incorporated into the design of campaign messages and materials.

¹ For more information regarding the formative research study that was conducted, please refer to the report *Formative Research Study on Integrated Malaria, Maternal, Newborn, and Child Health, and Nutrition* (2011) written and produced by USAID/Zambia Communications Support for Health Project.

The messages for the campaign will be tailored for the specific primary and secondary audiences and will focus on behaviors specifically related to ITN use, IPTp, malaria testing and treatment and nutrition for children with malaria.

There are three main components of the campaign: mass media programs, a STOP Malaria road show, and a champion communities' activity. The mass media component includes radio skits and advertisements and a malaria TV documentary. The radio skits and advertisements will be aired in both English and local languages, while the TV documentary will be aired only in English.

The road show will be a 7 day event that makes two stops (in two districts) within each of the three focus provinces (Luapula, Northern, and Western). Each stop will include a "leadership day" that focuses on ensuring participation of key provincial and other leadership in promoting community ownership of the issues, a "youth day" where youth and schools are directly engaged in the effort, and a "community day" where a general exhibition/event is held to reach out to individuals. Additionally, malaria testing and treatment services, nutrition counseling and growth monitoring, and bednet distribution will be available and education and games will be conducted. Drama and dancing/music will also be incorporated into the event, as well as distribution of other campaign materials.

For the champion communities' activity, leaders will be engaged and trained to work in their community to help the community develop and achieve a malaria prevention or treatment related goal. The leader will work with community health workers and a community-based organization to help implement the activity.

Additionally, the campaign will produce and distribute (or mount) a number of different materials, including malaria Q&A booklets for health workers, 'Ask me about Malaria,' aprons, flyers, brochures, stickers, primary school quiz games, theater scripts, interactive/reminder wall calendars, malaria quiz games, community malaria champions score sheets, wall paintings, curriculum for leaders on champion communities and community flip charts.

II. M&E Framework for STOP Malaria Campaign

The overall goal of the campaign is to contribute to the reduction of malaria incidence by 75% of the 2010 baseline, the reduction of malaria-specific deaths to near zero and reduce all-cause child mortality by 20% by 2015. The objectives of the STOP Malaria campaign are divided into two different levels. The first level focuses on the intermediate outcomes (also referred to as behavioral determinants) that we expect to see the campaign to contribute towards achieving. These include for example, changes in knowledge, attitudes, self-efficacy and intentions. The second level focuses on the long-term outcomes that the campaign will contribute towards achieving. These include changes in individual's behavior, which ultimately contribute to affecting the desired health impact and ultimately reduced malaria incidence and malaria-related mortality. The campaign will focus on influencing both intermediate and long-term outcomes, as the intermediate outcomes are likely to be affected prior to leading to a change in individual behavior. The framework also includes the inputs, processes and outputs that will lead towards achievement of the intermediate and long-term objectives. The framework (or logic model) can be referred to in Annex A.

The intermediate and long-term objectives for each of the major components (ITN use, IPTp, malaria testing and treatment, and nutrition) are outlined below.

ITN Use

The primary audience for the ITN component of the campaign is pregnant women and mothers of children under five years aged 15-49 in rural and urban areas. The secondary target audience includes: male partners aged 15-59 years in rural and urban areas; parents and guardians of pregnant girls and young mothers; health workers at health facilities; and community health workers/volunteers. The objectives for the intermediate outcomes for the ITN use are:

1. To increase knowledge on the importance of consistent use of ITNs among pregnant women and mothers with children under five aged 15-49.
2. To increase awareness of the benefits of ITN use among pregnant women and mothers with children under five aged 15-49.
3. To increase knowledge on the safety of ITN use among adults aged 15-49.
4. To increase the proportion of adults (15 – 59) who feel confident that they are able to hang and use an ITN correctly.

The objectives for the long-term behavioral outcomes for ITN use are:

1. To increase the proportion of mothers of children aged 0- 59 months who reported that they slept under a bednet all of the time (every night) during their last pregnancy.
2. To increase the proportion of children under five who slept under an ITN the previous night.

IPTp

The primary audience for IPTp component of the campaign is women of reproductive age and pregnant women aged 15-49 years in rural and urban areas. The secondary audiences for the component included: male partners aged 15-49; parents and guardians of pregnant girls and young mothers; health workers at health facilities; community health workers/volunteers; and opinion leaders (e.g. religious, civic and traditional leaders). The objectives for the intermediate outcomes for the IPTp component are:

1. To increase awareness of the benefits of IPTp among pregnant women, women of reproductive age and their male partners.
2. To increase knowledge on the safety of taking IPTp during pregnancy among pregnant women and women of reproductive aged 15-49.
3. To increase the number of pregnant women and women of reproductive age who intend to go for at least one ANC visit before the first 5 months of pregnancy.

The objective for the long-term behavioral outcome for IPTp is:

1. To increase the proportion of women who received full course (2 doses) intermittent preventive treatment for malaria during their last pregnancy.

Malaria Testing & Treatment

The primary audience for the malaria testing and treatment component of the campaign is pregnant women and mothers of children under five years, aged 15-49 in rural and urban areas. The secondary audiences include: male partners of pregnant women; fathers of children under five years of age, health workers at the health facility; community health workers/volunteers; and opinion leaders (e.g. religious, civic and traditional leaders). The objectives for the intermediate outcomes for the malaria testing and treatment component are:

1. To increase knowledge of the signs and symptoms of malaria among pregnant women and care takers of children under five.
2. To increase knowledge of the importance seeking testing and treatment for malaria within the first 24 hours after the onset of fever among pregnant women and care takers of children under five.
3. To increase knowledge of the dangers of self-treatment for malaria among pregnant women and care takers of children under five.

The objective for the long-term behavioral outcome for malaria testing and treatment is:

1. To increase the proportion of children under five years old with fever for whom advice or treatment was sought from an appropriate provider within 24 hours of onset of fever.

Nutrition for Children with Malaria

The primary audience for the nutrition for children with malaria component of the campaign is pregnant women and mothers of children under five years, aged 15-49 in rural and urban areas. The secondary audiences include: male partners of pregnant women; fathers of children under five years of age, health workers at the health facility; community health workers/volunteers; and opinion leaders (e.g. religious, civic and traditional leaders). The objective for the intermediate outcomes for the nutrition for children with malaria component is:

1. To increase knowledge of the importance of continuing to feed children with malaria among care takers of children under five years old.
2. To increase the number of caretakers of children under five years old who intend to provide frequent, small meals to their children when they have a fever.

The objective for the long-term behavioral outcome for nutrition for children with malaria is:

1. To increase the number of caretakers of children under five who have fed children who are sick with small, frequent meals.

III. Monitoring Plan

M&E Performance Indicators

The M&E system for the STOP Malaria Campaign consists of indicators for tracking inputs, campaign processes and outputs, and intermediate and long-term outcomes. The set of indicators will be used to track the progress of the implementation of the campaign, to make any necessary improvements to the campaign and to evaluate whether the campaign achieved its objectives and had the intended impact on both the expected intermediate and long-term outcomes.

Input indicators will measure the amount of resources that are put into implementing and carrying out the campaign interventions, including the human, financial and material resources.

Process indicators will measure the basic processes (e.g. campaign was developed based on formative research) used for implementing the campaign. Process indicators will be collected in the campaign tracking database and will be standard across all campaigns. The process indicators that will be collected:

- Number of districts reached with campaign
- Number of communication channels used
- Campaign developed based on existing evidence and/or formative research
- Campaign developed according to minimum GRZ standards/guidelines
- Campaign reviewed by the IEC/BCC Technical Working Group
- Campaign received private sector support

Key characteristics of the campaign, including the health topics and sub-topics covered, the target audiences, and the length of the campaign will also be recorded in the campaign tracking database.

Output indicators will be used to measure whether campaign activities are implemented as planned and whether the campaign is reaching the target audience.

Outcome indicators will measure changes in knowledge, attitudes, self-efficacy, intentions and lastly, behavior. Table 1 provides the comprehensive list of indicators that will be used to monitor and evaluate the campaign.

Data Collection and Dissemination Plan

Data will be collected using a number of data collection tools developed by CSH, which include both paper based and electronic forms. All data will be entered into Excel Spreadsheets for data aggregation, analysis and reporting. All aggregated data will be transferred and entered into CSH's performance-based management system (PBMS) and the campaign tracking database for storage.

Data will be collected according to the frequency outlined in Table 1. Data will be reviewed and analyzed by the CSH M&E team on a quarterly basis and shared with the CSH technical team during quarterly technical meetings to review progress.

Data will be reported on a semi-annual and annual basis, according to reporting requirements. Semi-annual and annual results will be shared with GRZ (NAC, MOH and NMCC), CSH management, and USAID to track progress and make any necessary programmatic changes to improve the implementation of the campaign.

Data Collection Tools

The following data collection forms/tools will be used to collect data for monitoring and evaluating the STOP Malaria campaign:

1. Materials distribution form for STOP Malaria Products: This form will be used to track the production and distribution of the various materials/products produced for the STOP Malaria.
2. Monitoring forms for STOP Malaria Road show events: Excel and paper based form will be used to track the number of health services provided during the different road show events.
3. Training form: Excel and paper based form that will be used to track the number of people trained by CSO hired under CSH.
4. Output tracking form: Excel based form that will be used to internally track all output level indicators for the campaign.
5. Champion communities monitoring form: A paper based form to monitor champion communities progress towards achieving their action plans and goal(s).
6. Rapid Survey: This survey questionnaire will be used to monitor the percent of the population exposed to the STOP Malaria campaign. It will be administered approximately every 6 months.

IV. Evaluation Plan

An endline impact evaluation survey will be conducted for the STOP Malaria campaign. The objectives of the evaluation will be to assess the levels of knowledge, self-efficacy, attitudes, intentions and behaviors specifically related to ITN use, IPTp, malaria testing and treatment, and nutrition for children with malaria. Additionally, the evaluation will assess the population's level of exposure to the campaign. Dose effect analysis will be used to test the hypothesis that the higher the level of exposure to the campaign, the greater the likelihood of the desired outcome (both for intermediate and long-term objectives) of the campaign.

The endline survey is expected to be conducted during March - May 2014.

The proposed endline survey will be complemented with a qualitative evaluation component, which will assess: 1) perceptions and attitudes towards the various elements of the campaign, including the main messages and activities around ITN use, IPTp, malaria testing and treatment, and nutrition for children with malaria; and 2) perceptions of how the campaign did/ did not influence or change behavior. In-depth interviews will be the main methods used for the qualitative element of the evaluation.

Table 1. Monitoring and Evaluation Indicators for STOP Malaria Campaign

Indicator	Definition	Data Source	Frequency of Collection	Target
Campaign Inputs				
Annual financial resources spent on mass media activities (Radio, SMS)	Disaggregated by: <ul style="list-style-type: none"> • Channel: Radio/SMS 	CSH financial reports	Annual	N/A
Amount financial resources spent on materials production	Disaggregated by: <ul style="list-style-type: none"> • Type of material 	CSH financial reports	Annual	N/A
Amount of financial resources spent on IPC activities (individual, small-group, family and community-based activities)	N/A	CSH financial reports	Annual	N/A
Campaign Processes				
Number of districts reached by campaign	N/A	Campaign activity reports	Annual	
Number of communication channels used by campaign [CSH PMEP Indicator 1.3.1]	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Type of communication channel 	Campaign activity reports, monitoring calendar reports	Annual	
Formative research conducted for campaign [CSH PMEP Indicator 2.2.2]	N/A	Formative research report(s)	Annual	
Campaign developed based on existing evidence and/or formative research [CSH PMEP Indicator 1.3.2]	<i>Evidence-based:</i> health communication campaigns and activities that have messages and materials designed using research findings.	STOP Malaria Campaign strategy and implementation plan	Annual	

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Indicator	Definition	Data Source	Frequency of Collection	Target
	<i>Formative research:</i> the initial research that is conducted in a particular technical area to inform the development of a campaign			
Campaign developed according to GRZ minimum standards/guidelines [CSH Indicator 0.2]	<i>GRZ minimum standards/guidelines:</i> Minimum GRZ standards refers to national guidelines on development and pretesting of messages and materials	Campaign strategy document, campaign implementation plan	Annual	
Campaign reviewed by the IEC/BCC Technical Working Group (TWG) [CSH PMEP Indicator 3.1.1]	<i>Reviewed by IEC/BCC TWG:</i> Campaign is reviewed by the IEC/BCC TWG using established standard guidelines <i>IEC/BCC Technical Working Group:</i> Technical working group that meets to coordinate and review health communication interventions in Zambia.	IEC/BCC TWG report and/or meeting minutes	Annual	
Campaign received private sector support [CSH PMEP Indicator 3.2.1]	<i>Disaggregated by:</i> • Type of support	Campaign reports	Annual	
Monitoring Implementation (Campaign Outputs)				

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Indicator	Definition	Data Source	Frequency of Collection	Target
Number of radio advertisements/spots aired per week	Disaggregated by: <ul style="list-style-type: none"> • Radio channel • Version of radio advert/sport • Language of advert/spot 	Media plans and activity completion reports	Monthly	
Number of times TV documentary is aired per month	Disaggregated by: <ul style="list-style-type: none"> • TV channel 	Media plans and activity completion reports	Monthly	
Number of materials distributed and/or placed	Disaggregated by: <ul style="list-style-type: none"> • Sub-topic • Type of material/product (e.g. booklets, aprons, flyers, brochures, stickers, quiz games, theater scripts, wall calendar, champion score sheets, wall paintings, champion communities curriculum, flip charts) 	CSH and CSO materials distribution form	Monthly	
Number of people trained in leadership training	Disaggregated by: <ul style="list-style-type: none"> • District • Sex of trainee 	CSO training reports	Monthly	
Number of communities with champion communities activity	Disaggregated by: <ul style="list-style-type: none"> • District 	CSH activity completion reports	Monthly	
Number of communities that achieve their goal(s) as part of champion communities activity	Disaggregated by: <ul style="list-style-type: none"> • District 	CSH activity completion reports	Monthly	

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Indicator	Definition	Data Source	Frequency of Collection	Target
Number of schools engaged in STOP malaria campaign	Disaggregated by: <ul style="list-style-type: none"> • District 	CSO activity completion reports	Monthly	
Monitoring Reach of Campaign (Campaign Outputs)				
Percent of audience who recall (spontaneously and aided/prompted) hearing about the STOP Malaria campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Spontaneously vs. aided/prompted 	Rapid survey report	Every 6 months	
Percent of audience who recall (spontaneously and aided/prompted) a message from the STOP Malaria campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Spontaneously vs. aided/prompted 	Rapid survey report	Every 6 months	
Percent of audience who recall a specific component/characteristic (spontaneously and aided/prompted) of the STOP Malaria campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Spontaneously vs. aided/prompted • 	Rapid survey report	Every 6 months	
Number of people reached with a health service during the STOP malaria road shows	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Type of service (malaria testing, malaria treatment, nutrition counseling/growth monitoring) • District 	CSH activity report	Monthly	
Outcomes (Knowledge, Attitudes, Self-efficacy, and Behavioral)				
<i>ITN Use</i>				
Proportion of women aged	<i>Disaggregated by:</i>	Household survey report	Endline	

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Indicator	Definition	Data Source	Frequency of Collection	Target
15-49 who know that to protect against malaria ITNs should be used consistently	<ul style="list-style-type: none"> • Urban/rural • District 			
Proportion of women aged 15-49 who are aware that ITN's protect against malaria	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • District 	Household survey report	Endline	
Proportion of adults aged 15-59 who feel confident that they are able to use an ITN correctly	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Sex • Urban/rural • District 	Household survey report	Endline	
Proportion of mothers of children aged 0-59 months who reported that they slept under a bednet every night during their last pregnancy	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • District 	Household survey report	Endline	
Proportion of children under five who slept under an ITN the previous night	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Sex • Urban/rural • District 	Household survey report	Endline	
<i>IPTp</i>				
Proportion of adults aged 15-49 who know the benefits of IPTp	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Sex • Urban/rural • District 	Household survey report	Endline	
Proportion of women of reproductive age who think that taking IPTp during	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Region 	Household survey report	Endline	

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Indicator	Definition	Data Source	Frequency of Collection	Target
pregnancy is safe				
Proportion of women of reproductive age who intend to go for at least one ANC visit before the first 5 months of pregnancy	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • District 	Household survey report	Endline	
Proportion of mothers of children aged 0-59 months who received 2 doses of intermittent preventive treatment (IPT) for malaria during the pregnancy with the youngest child	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • District 	Household survey report	Endline	
<i>Malaria Testing and Treatment</i>				
Proportion of women of reproductive age who correctly identify fever as a sign and/or symptom of malaria	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • District 	Household survey report	Endline	
Proportion of women of reproductive age who know to seek testing and treatment for malaria within the first 24 hours of onset of symptoms (fever)	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • District 	Household survey report	Endline	
Proportion of women of reproductive age who know to seek treatment for malaria from an appropriate health care provider	<i>Appropriate health care provider:</i> Community health worker or facility-based health worker <i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural 	Household survey report	Endline	

Table 1. Monitoring and Evaluation Indicators for STOP Malaria Campaign

Indicator	Definition	Data Source	Frequency of Collection	Target
	<ul style="list-style-type: none"> District 			
Proportion of children under five years old which fever for whom advice or treatment was sought from an appropriate provider within 24 hours of onset of fever	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Urban/rural District 	Household survey report	Endline	
<i>Nutrition for Children with Malaria</i>				
Proportion of caretakers of children aged 0-59 months who know to continue to feed a child that has a fever after the onset of the fever	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Urban/rural District 	Household survey report	Endline	
Proportion of children aged 0-59 months with a febrile episode during the last two weeks who were fed regularly by their care-taker during their illness	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Urban/rural District 	Household survey report	Endline	