# TABLE OF CONTENTS

# FOREWORD

The Government of Liberia through the Ministry of Health (MOH) is committed to improving the health condition of the people of Liberia and has demonstrated concrete efforts in this direction. The MOH developed various plans, policies, and strategies to set a clear direction for the provision of quality and affordable health services. In 2011, a 10-year National Health and Social Welfare Policy and Plan, and the Essential Package of Health and Social Welfare Services were developed to guide the road leading to improved health in the country.

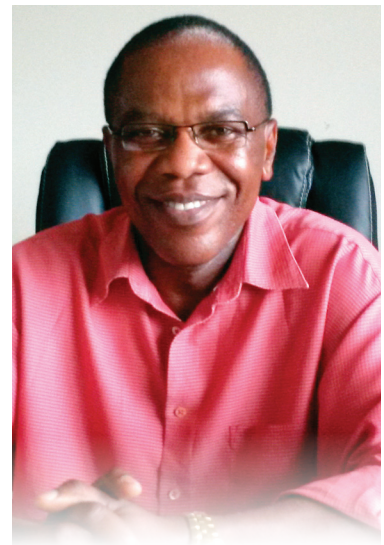
Following the devastating outbreak of Ebola in Liberia and other countries in West Africa, the Government of Liberia focused on health systems strengthening, surveillance, and preparedness for future emergencies. In 2016, a series of key strategic documents were developed and validated, including the "National Implementation of IDSR, Five Year Strategic Plan," "Risk Communication for Liberia, Five Year Strategic Plan", "National Policy and Strategic Plan on Health Promotion" (NPSPHP) and "Community Health Services Policy" (CHSP). These documents are the foundation of this National Health Communication Strategy and guide its direction and objectives.

Evidence has shown that the physical environment, education, socio-cultural, and economic factors as well as behavioral risk factors such as unhealthy diets, smoking, alcohol and drug abuse and sedentary living constitute the broad determinants of health which underlie many of Liberia's health problems. It has been proven (WHO, 1986) that health promotion and preventive initiatives tend to greatly minimize, and in some cases, reverse the effects of these determinants.

As effective communication of health messages is essential in any health promotion plan, the need for a robust and cohesive health promotion communication strategy in Liberia cannot be over-emphasized. Indeed, while many factors played a role in Liberia taking control of the Ebola outbreak, communication and community engagement contributed substantially to the response to Ebola.

Hence, the National Health Communication Strategy is in fulfillment of the mandate of the MOH to set standards for health promotion interventions, and draws from the lessons of its response to Ebola. Programs and partners, stakeholders and communities' adherence to the strategy is an important and necessary step in ensuring the standardization of health messages across the health spectrum with the ultimate aim of improving health.

Dr. Bernice T. Dahn, MD, MPH
**Minister of Health, Republic of Liberia**



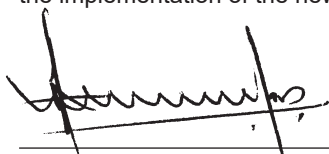
# ACKNOWLEDGEMENTS

The finalization of this National Health Communication Strategy would not have been possible without the collective involvement and support of our many contributors and partners. The National Health Promotion Division of the Ministry of Health (MOH) wishes to thank all organizations and individuals who participated in the review and development of the new communication strategy that is impact-oriented.

Special recognition goes to the United States Agency for International Development (USAID) through the Rebuilding Basic Health Services (RBHS) project that provided a consultant and other technical and financial support for the early development of this document. This work was interrupted by the Ebola outbreak in 2014 and 2015. Later, the Partnership for Advancing Community-based Services (PACS), through support from USAID, continued technical assistance to the MOH to finalize this document in the post-Ebola context.

The National Health Promotion Division is also grateful to UNICEF, WHO, Africare, Dr. Samson Arzoaquoi, Assistant Minister for Preventive Services and Deputy Chief Medical Officer, Rev. John B. Sumo, Director, National Health Promotion, and the entire staff of the National Health Promotion Division (NHPD), for their participation in the development of the documents. Our gratitude also goes to Mr S. Tornorlah Varpillah, Former Deputy Minister for Planning and Research, for his insightful comments and encouragement.

We look forward to the full cooperation and continued support of all County Health Teams (CHTs), our partners, health workers, programs, and other stakeholders in the implementation of the new Communication Strategy.



Dr. Francis Kateh, MD, MHA, MPS/HSL, FLCP
**Deputy Minister for Health Services & Chief Medical Officer, R.L.**

# LIST OF ABBREVIATIONS

| | |
|---|---|
| **ACT** | Artemisinin-based combination therapy |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ARSH** | Adolescent reproductive and sexual health |
| **ART** | Antiretroviral therapy |
| **BCC** | Behavior change communication |
| **CCWG** | County Communication Working Group |
| **CEO** | County Education Officer |
| **CH** | Community Health |
| **CHAs** | Community Health Assistants |
| **CHC** | Community Health Committee |
| **CHSD** | Community Health Services Division |
| **CHDC** | Community Health Development Committee |
| **CHDD** | Community Health Department Director |
| **CHEST Kit** | Community Health Education Skills Toolkit |
| **CHSS** | Community Health Services Supervisor |
| **CHO** | County Health Officer |
| **CHPFP** | County Health Promotion Focal Person |
| **CHSS** | Community Health Services Supervisor |
| **CHB** | Community Health Board |
| **CHT** | County Health and Team |
| **CHT** | Certified Health Trainer |
| **CHV** | Community Health Volunteer |
| **CM** | Certified Midwives |
| **DHO** | District Health Officer |
| **DHPFP** | District Health Promotion Focal Person |
| **EHA** | Essential Health Action |
| **EPHS** | Essential Package of Health Services |
| **FANC** | Focused Antenatal Care |
| **FP** | Family Planning |
| **gCHV** | general Community Health Volunteer |
| **GOL** | Government of Liberia |
| **HIV** | Human Immunodeficiency Virus |
| **HP** | Health Promotion |
| **HPO** | Health Promotion Office |
| **IEC** | Information, Education and Communication |

| | |
|---|---|
| **IRC** | International Rescue Committee |
| **ITN** | Insecticide treated net |
| **IPTp** | Intermittent Preventive Treatment for malaria in pregnancy |
| **IRS** | Indoor Residual Spraying |
| **LDHS** | Liberia Demographic and Health Survey |
| **LLIN** | Long Lasting Insecticide Treated Mosquito Net |
| **LMIS** | Liberia Malaria Indicator Survey |
| **M&E** | Monitoring and Evaluation |
| **MOH** | Ministry of Health |
| **MTI** | Medical Teams International |
| **NCDs** | Non-Communicable Diseases |
| **NGO** | Non-Governmental Organization |
| **NHCS** | National Health Communication Strategy |
| **NHPD** | National Health Promotion Division |
| **NHPWG** | National Health Promotion Working Group |
| **NID** | National Immunization Day |
| **NTDs** | Non-Tropical Diseases |
| **OIC** | Officer in Charge |
| **PACS** | Partnership for Advancing Community-based Services |
| **PMTCT** | Prevention of mother-to-child transmission of HIV |
| **PMT** | Program Management Team |
| **PMU** | Pentecostal Mission Unlimited |
| **RBHS** | Rebuilding Basic Health Services |
| **SBCC** | Social Behavior Change Communication |
| **TB** | Tuberculosis |
| **TBA** | Trained Birth Attendant |
| **TT** | Tetanus Toxoid |
| **TTM** | Trained Traditional Midwife |
| **HPTWG** | Health Promotion Technical Working Group |
| **USAID** | United States Agency for International Development |
| **WHO** | World Health Organization |

# EXECUTIVE SUMMARY

The National Health Communication Strategy (NHCS) aims to adopt evidenced based, gender sensitive, approaches and well-coordinated collaboration to change public perception and behavior to create demand for use of health care services. It strives to contribute towards the achievement of the national health sector goal to improve the health of the population of Liberia on an equitable basis. The NHCS outlines priority audiences, key health actions, and communication objectives to achieve social and behavior change leading to positive health outcomes in maternal and newborn health, child health, adolescent sexual reproductive health, HIV/TB, Malaria, Ebola and the restoration of health services.

While implementation of the NHCS will be decentralized with planning taking place at the county, district and community levels, the National Health Promotion Division (NHPD) will lead the process for implementation at the Central Level with support from the technical programs. Rollout and implementation of the NHCS at the county, district and community levels will be supported by the NHPD and led by the County Health Promotion Focal Persons (CHPFP) and the District Health Promotion Focal Persons (DHFP), in collaboration with the Community Health Department, Community Health Focal Persons (CHFP), and community structures such as the Community Health Development Committees (CHDC) and Community Health Committees (CHCs).

The NHPD and members of the National Health Promotion Technical Working Group (NHPTWG) shall determine which activities to implement and which materials to produce and develop as part of the NHCS implementation plan. The MOH, the NHPTWG, and partners will work with media houses to develop and produce national level social and behavior change communication (SBCC) materials to support the NHCS. The production of these materials will however be informed by empirical evidences from field studies. With the intended audience members of facility catchment communities, the role of Community Health Department will include monitoring the functioning of community structures and in doing so, support the Health Promotion activities at the community level.

Implementation of the NHCS is essential to achievement of health outcomes as outlined by the Essential Package of Health Services. Lack of a health promotion budget, insufficient trained health promotion staff, weaknesses in the implementation of the community health structures, and the required close collaboration between the NHPD and the Community Health Department pose the greatest challenges to successful implementation of the strategy. These obstacles by all means can best be overcome by enlisting the support of key decision makers at the MOH and strengthening the relationships within the Ministry and at all levels of implementation.

The NHCS activities will be monitored at the central, county and district levels through a review of financial allocations, tracking the number of activities that have taken place, and resources committed, among other methods. Evaluation of NHCS activities will involve a comprehensive approach including quantitative and qualitative research. In addition, process indicators to monitor the activities of the NHCS will be important to keep track of progress.

# 1. INTRODUCTION

## 1.1 Context

The 2016-2021 National Health Communication Strategy (NHCS) is designed to guide and unify health promotion efforts in Liberia under consistent health messaging across activities. This strategy is founded upon several policy and strategic planning documents and lessons learned, especially from the Ebola outbreak in West Africa in 2014 and 2015.

The "Investment Plan for Building a Resilient Health System in Liberia" lays out the Government of Liberia's strategy for rebuilding the country's health system and describes the government's priorities in improving delivery of essential health services, while identifying and responding to future health threats. This strategy focuses on the role that health promotion plays towards achieving these priorities.

This strategy also builds on the 2016-2021 National Policy and Strategic Plan on Health Promotion (NPSPHP) and the 2016-2021 Community Health Services Policy, which describes the goals and objectives for health promotion at the national level, and how they are implemented at the county, district and community levels through careful coordination between NHPD, CHSD and the Division of Environmental Health (DEOH) in alignment with the strategic plans of many programs and units under the Ministry of Health, as well as other Ministries, such as the Ministry of Gender, Children and Social Protection, Ministry of Education, Ministry of Internal Affairs, Ministry of Information, Ministry of Youth and Sports and the Ministry of Public Works.

Work on the current National Health Communication Strategy began in 2012 with support from Rebuilding Health Services (RBHS), but was interrupted by the Ebola outbreak. Liberia's response in the aftermath of Ebola, from its plan to restore health services, to the emergence of the community health workers, has greatly shaped the final version of this strategy.

## 1.2 Rationale for Revising the National Health Communication Strategy

There are several reasons that necessitated the revision and updating of the National Health Communication Strategy. First, the previous strategy was overly focused on programmatic areas, and did not focus on the roles of different domains on behavior change, such as the Individual, the Community, Service delivery and Socio-Political actors. This new strategy focuses on these domains and will be more relevant and practical to realities

in the communities.

Secondly, the context in which community health services are provided in Liberia has changed dramatically even in just the past two years. The Ebola outbreak resulted in the dissolution of the general community health workers with the emergence of the incentivized community health assistance, which is recognized as one of the leading factors for turning around the epidemic in Liberia. These new cadres of community health workers, previously called general Community Health Volunteers, and now formalized as Community Health Assistants (CHAs) and Community Health Volunteers (CHVs) are a critical part of how community health services, including health promotion, are provided in the communities in Liberia. The role of these new cadres of community health workers are described in the National Policy and Strategic Plan for Health Promotion and the Community Health Services Policy. This strategy further builds on their role for promoting healthy behaviors.

## 1.3 The Development Process and Linkages with Existing Policies and Strategies

This document has gone through two rounds of development, with the first round being interrupted by the outbreak of Ebola. Both rounds of development benefited from multi-stakeholder consultative approaches, including participation from various MOH divisions and programs, such as NHPD, CHSD, NAC, NACP, NMCP, FH, EPI, the Health Promotion Focal Person from the Margibi County Health Team, and international partners UNICEF, UNFPA, WHO, HC3, PACS, (and the erstwhile RBHS). This multi-stakeholder approach ensures the strategy is aligned with the strategies of other MOH Units, and will be used by all partners in their programming.

The National Health Communication Strategy responds to the objectives and priorities laid out in the Investment Plan for Building a Resilient Health System in Liberia, and the Essential Package of Health Services (EPHS), builds on the National Policy and Strategic Plan on Health Promotion (NPSPHP), and is aligned with the Community Health Services Policy (CHSP).

This document also reflects lessons learned from past implementation of other health promotion strategies, including the Ebola outbreak, to ensure that the communication strategy will leverage the important work of the health sector to improve the health of all Liberians. The strategy employs a coordinated and systematic approach to health communication linked to the delivery of key health services in line with the burden of disease in Liberia and national health priorities. It is a strategy that can be augmented as necessary.

# 2. SITUATION ANALYSIS

## 2.1 Health in Liberia

Liberia, with a population of 4.4 million (World Bank 2014), has continued its recovery after 14 years of civil conflict which left communities destroyed and the country's infrastructure, including the health sector, devastated. While the country continues to face severe health challenges and a weakened health system, results from the 2013 Liberia Demographic and Health Survey (LDHS) show improvements in a number of indicators as compared to those in 2007, described in the analysis below.

Many of Liberia's health issues are related to maternal, newborn, and child health (MNCH). During the time period 2008-2013, the infant mortality rate was 54 deaths per 1,000 live births and overall under-5 mortality rate was 94 deaths per 1,000 live births. Fifty-seven percent of all deaths to children under five take place before a child's first birthday, with 28% of deaths occurring in the first month of life (LDHS 2013). According to the 2013 LDHS report, under-five mortality is decreasing from rates during the fifteen years prior to the survey, dropping from 219 during 1992-1996, to 110 during 2002-2006, and then at 94 in 2013.

The maternal mortality ratio continues to be one of the highest in the world, with 1,072 deaths per 100,000 live births (LDHS 2013). Lifetime risk of maternal death is 1 in 24 (State of the World's Mothers Report 2014). Rates of delivery with a skilled provider, however, have improved since the 2007 LDHS, with 61% of women reporting that their last live birth in the five years preceding the survey was delivered by a skilled provider, and 56% of births were delivered at a health facility, compared to 37% facility births in 2007.

The overall total fertility rate in in 2007 was 5.2, and decreased to 4.7 in 2013, with 6.1 in rural areas and 3.8 in urban areas. Contraceptive prevalence rates have increased from 13% from 2007 to 20% in 2013 (LDHS 2013). Rates of modern family planning use vary by area; however, with 20% of currently married women using modern FP methods in Gbarpolu, Maryland, Montserrado, River Cess, River Gee and Sinoe and under 10% in Grand Bassa, Lofa, and Nimba.

The majority of women are receiving antenatal care (ANC) from a skilled birth attendant, with little difference for rural and urban areas: 98% of urban women and 93% of rural women received ANC at least once during their pregnancies. According to the LDHS 2013, these rates have increased from 79% in 2007. Protection against neonatal tetanus has also increased

in the years since the last LDHS, from 78% in 2007 to 88% percent in 2013, with regional variations from 94% in Montserrado to 59% in Grand Kru (LDHS 2013).

Vaccination rates have increased by 21%, with 55% of children ages 12-23 months having received all basic vaccinations in 2013 as compared to 34% in 2007. Improvements have been made in rates of children never vaccinated as well, with 2% of children having not received any vaccinations in 2013, compared to 13% in 2007 (LDHS 2013).

Over half (55%) of children under six months are exclusively breastfed (LDHS 2013), which is a sizeable increase from 29% in 2007. Under-five mortality was 110 deaths per 1,000 live births in 2007 and 114 in 2014; it is currently reduced to 94 per 1,000 live births (LDHS 2013). Treatment from a health facility or provider is sought for 51% of children with ARI symptoms, 58% of children with fever, and 47% of children with diarrhea (LDHS 2013). According to the most recent Health Facility Survey, malaria accounted for over 42% of outpatient and 39% of inpatient deaths. Diarrheal diseases in Liberia are the second leading cause of morbidity and mortality.

Regarding malaria prevention, in the 2013 Liberia DHS, 58% of households reported owning some type of mosquito net, and 55% reported having at least one insecticide treated net (ITN), representing only a small increase from 51% net ownership and 50% ITN ownership reported in the 2011 Liberian Malaria Indicator Survey. In terms of use, among households owning at least one ITN, 63% of children under five and 63% of pregnant women slept under an ITN the night before the survey. Malaria in pregnancy (MIP) contributes to various health issues, including low birth weight, infant mortality, maternal anemia, miscarriage, and stillbirth. Treatment recommendations have recently changed with the current recommendation for all pregnant women to take Sulfadoxine+Pyrimethamine (SP) at the start of the fourth month of pregnancy and every four weeks until delivery. The LDHS 2013 found that 65% of women with a live birth in the two years preceding the survey reported taking at least one dose during their pregnancies and 48% reported talking two or more doses.

The current treatment recommendation for children with malaria is artemisinin-based combination therapy (ACT). Among children with fever, approximately 24% were given ACT and 17% received ACT within 24 hours of fever. The rate may be lower due to reporting combination therapy when single drug was actually used.

Acquired Immune Deficiency Syndrome (AIDS) is a public health threat in Liberia with HIV prevalence in at 1.9% in the general population (ages 15-49 years), up from 1.5% in 2007 (LDHS 2013), although the difference

between the two surveys is not statistically significant. Furthermore, an antenatal sentinel surveillance survey conducted in 2014 showed an HIV prevalence of 2.5% among pregnant women attending FANC in Liberia, down from 4.0% in 2008. Awareness of HIV and AIDS is nearly universal, with 97% of women and 96% of men having heard of AIDS (LDHS 2013). Regarding prevention, 75% of men and women know about the consistent use of condoms to prevent HIV, and 79% of women and 78% of men know that staying with one sexual uninfected, faithful partner can reduce the risk of contracting HIV (LDHS 2013).

The incidence of teenage pregnancy in the country is a major cause of concern with just 26% of all girls aged 15 – 19 having already given birth (LDHS 2013). Many of the teenage mothers are between the ages of 12 and 14 and are at even greater risk for complications (Road Map to Reduce Maternal and Neonatal Mortality in Liberia, 2007).

The educational system also continues to rebuild after the conflict, with 33% of women and 13% of men never having attended school (LDHS 2013). According to the LDHS 2013, "the education of household members is among the most important characteristics of the household because it is associated with many factors that have a significant impact on health seeking behavior, reproductive behavior, use of contraception, and the health of children."

## 2.2 Health and Social Mobilization in the Post-Ebola Context

As a result of the EVD outbreak in 2014 and 2015, many of these gains in the years since the civil strife were reversed. According to the Investment Plan, the EVD outbreak led to significant declines in utilization of health services from August to December 2014 compared to the same period in 2012 and 2013. These declines were partly due to temporary closures of health facilities, and partly because of lower attendance due to the community's mistrust of the health system. Those who made it to health facilities they were often shunned and were not be attended, even women in labour, because of the fear of Ebola; some even died as a result. With limited access to public sector health facilities where services were normally provided free, out-of-pocket spending increased due to use of alternative services, further limiting access to services. The resultant increased morbidity and mortality reversed the gains that had been earlier made.

Outpatient visits reduced by 61% for Liberia. Similar reductions were observed in maternal care and immunization attendance. The declines in the first antenatal care visit, institutional deliveries, measles and DTP3 vaccinations, were slightly smaller than for OPD visits: 43%, 38%, 45% and

53% respectively. The largest reduction was observed in August. However, measles vaccinations increased considerably in December, as a result of an accelerated campaign. (Investment Plan 2015-2021).

Therefore, the government is focusing on building a more resilient health system that is able to respond effectively to future threats and to provide quality routine health services for all (Investment Plan 2015-2021). Currently, special attention is to strengthen health promotion and surveillance of the priority diseases and other public health events to reduce morbidity, disability and mortality.

A key priority in the Investment Plan's Strategic Agenda for strengthening the health system is addressing community demand for essential package of health services through better health seeking behaviors. The importance of health promotion was demonstrated through the Ebola response in Liberia, from strengthening community engagement and advocacy for policy formulation to developing and disseminating appropriate and relevant messaging that promote positive behavior change (Oxfam, 2015). Health Promotion, as outlined in this Policy, is poised to continue a crucial role in supporting the country's efforts to restore health services and strengthen health systems including emergency readiness and response.

One of the key lessons learned during the Ebola outbreak was that behavior and prevention must be considered alongside biomedical approaches, and messaging must consider the context and impact of messaging on populations. Community engagement contributed to the subsiding of the outbreak. By including traditional, religious, and community leaders, Ebola awareness and prevention messages and activities reached their intended audiences. Social mobilization was a critical component of the response. The MOH led a comprehensive social mobilization effort to educate the public on the signs and symptoms of Ebola and provide essential health protection information[1].

A Risk Communication Operational plan has been developed in an effort to support Emergency Preparedness and Response. Risk communication, a core element in Emergency response has been identified by the International Health Regulation (IHR 2005) as one of the element that all countries need to put in place to sustain, detect, report and respond to any public health emergency.

[1] Social Mobilization Lessons Learned: The Ebola Response in Liberia (2016). Working paper. Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

Consistent with the National Health Plan, the EPHS has considerable focus on communication for demand generation and improvement in the provision of high-quality services to hard-to-reach communities. The emphasis is on community engagement practices that are evidence-based, client-centered, professionally developed, multi-channel, service-linked, and efficiently monitored.

The relationship between community health cadres and the community is critical. Accordingly, a key selection criterion for these cadres is that individuals must come from and reside in the communities where they serve. Therefore, community engagement is a necessary first step for the recruitment and deployment of the community health workforce and is vital to ensuring that community health achievements are sustainable. Communities shall be engaged, mobilized, and educated during the planning and implementation of the community health programs.

Community Health Assistants (CHAs) shall be community-based links to the health system—providing services in the community, assisting individuals and groups to access health services, and educating community members on health issues. Therefore, CHAs will form part of the group active community engagement services at all levels.

## 2.3 Problem Statement

A myriad of health problems exists in Liberia that need to be addressed, as listed below. To leverage the efforts of the MOH and ensure that the GOL meets its goals as described in the Investment Plan for Building a Resilient Health System in Liberia 2015 to 2021 and the EPHS, the NHCS provides a systematic and coordinated approach to improve the priority health areas including: 1) Maternal and Newborn Health, 2) Child Health, 3) Adolescent Sexual Reproductive Health, 4) HIV, 5) Malaria and 6) Hemorrhagic fevers (Ebola, Lassa Fever). While the Essential Package of Health Services does contain other health areas, the NHCS focuses on areas for which current services are the most robust to meet increased demand.

## 2.4 Current Status of Health Promotion in Liberia

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non-communicable disease and other threats to health.

The NHPD and the Community Health Services Division (CHSD) both play a facilitative role within the MOH in the dissemination of important evidence-based health information, with the NHPD focusing on broad

strategy development, messages and materials development, and the implementation and coordination of BCC activities in the country while the CHSD focuses on the community structures in place to operationalize health promotion efforts at the community level.

### 2.4.1 Health Promotion Functions and Structures

Central Level. The National Health Promotion Division (NHPD) in Liberia is situated within the Central Ministry of Health and works to create demand for health services. The division is headed by a Director and supported by an Assistant Director with other support staff responsible to carry out the day-to-day functions of the Division in collaboration with different health programs, line ministries and autonomous agencies. The National Health Promotion Technical Working Group (NHPTWG) provides multi-sectoral support to the development and implementation of health promotion interventions.

County and District Levels. Each county has one Health Promotion Focal Person (HPFP) responsible to coordinate health promotion activities within the county and supervises the district health promotion focal persons who are equally responsible to district level health promotion activities in all communities within the district. Although training for focal persons in health promotion is continuously being done to understand their roles, responsibilities, and increase skills and knowledge, there is still need for further capacity building. While most county-level staff have been trained in health promotion, less than half of District Health Promotion Focal Persons have received health promotion training. To fill in this deficit, the strategy moving forward is to devote efforts to train and coordinate the activities of the County Health Promotion Focal Persons and the Community Health Services Supervisor at the County level to implement health promotion programs. This will include many of the staff designated by the CHT to serve as HPFP who were county Social Welfare staff, and trained District Health Promotion Focal Persons who also serve mainly as the District Environmental Health Technicians. In districts without formal training opportunities for health promotion, efforts will be exerted to identify and train other health workers with existing responsibilities or community volunteers who have assumed the role of providing health promotion information and services.

Facility Level. Under the supervision of the CHDD, the District Health Officer (DHO) shall ensure coordination and supervision of all community health activities. The DHO shall be directly responsible for the supervision of each Officer in Charge (OIC) of the health facilities within the district of his/her assignment.

Under the supervision of each OIC, the Community Health Services Supervisor (CHSS) shall provide supportive supervision to the CHAs and other community health cadres within the health facility catchment areas as described in his/her Terms of Reference.

Community Levels. At community level, existing service providers that support health promotion and community health activities include Trained Traditional Midwives (TTMs), Community Health Volunteers (CHVs), general Community Health Volunteers (gCHVs), and, soon, Community Health Assistants (CHA). There are no facility Health Promotion Focal Persons in the fifteen counties. CHVs and gCHVs are attached to health facilities through the CHSS to implement health care services within five kilometers at the community level. CHSS are directly assigned at the health facility and supervised the CHVs and CHAs. The Community Health Committees is active in health promotion and the mobilization of chiefs, elders and community members for their participation as needed.

The lack of budgetary support from the National Government for health promotion program development and implementation at the national, county, district or community levels is the major challenge that threatens sustainability and survival of NHPD. The NHPD gets funding for strategic communication efforts through technical programs within the MOH who have received specific and targeted funding. The NHPD assists technical programs within the Ministry of Health with their health communication efforts. The current approach of funding targeted technical areas has led to an approach that is fragmented and reliant on donor funding rather than a coordinated Government of Liberia led approach to health communication programming.

### 2.4.2 Community Health Functions and Structures

In 2010, the Ministry of Health (MOH) restructured the Community Health Services Division, developing a new community health services policy and strategy and providing support for scaling up training for community health volunteers and establishing Community Health Committees (CHCs) and Community Health Development Committees (CHDCs). In 2015, the CHSD Policy and strategy was reviewed, revised and launched by the President of Liberia, Madam Ellen Johnson Sirleaf. The new policy included additional roles for CHSS and CHVs. It also introduces the Community Health Assistants (CHAs) 'who will function beyond five kilometers of communities in implementing health care delivery services with additional responsibility of treating under-fives, while CHVs will continue to work in communities less than 5 kilometers and will focus on health promotion and referrals for services to the local health facility. In line with the National Health Policy and the Essential Package for Health Services (EPHS), the

Community Health Services Policy considers these community structures as an important component of the health care delivery system and identifies specific activities that should be implemented at the community level, including health promotion.

## 2.5 Stakeholder Analysis

A number of stakeholders are actively implementing health promotion interventions in Liberia. These stakeholders include WHO, UNICEF, UNFPA, HC3, PACS, Africare, Medical Teams International (MTI), International Rescue Committee (IRC), Merci, Equip, Samaritan Purse, and Pentecostal Mission Unlimited (PMU), Population Services International (PSI). A core group from various divisions and programs of MOH had the capacity to implement health promotion activities, but currently some members of the core group had left. There is a need to reinforce the role and responsibility of the Messages and Materials Development (MMD) Group under the HPTWG to ensure all partners engaged in SBCC are aligned and support the strategies and objectives under the NHPD.

In addition to international and domestic NGOs, other important stakeholders include the Traditional Council of Liberia, and civil society organizations and religious groupings and citizen action groups.

# 3. NATIONAL HEALTH COMMUNICATION STRATEGY DESIGN

The National Health Communication Strategy focuses on promoting the health sector's priority essential health actions (EHAs). It also outlines the vision and goal in addition to priority audiences, the actual behaviors of these audiences, key barriers affecting their adoption of EHAs, communication objectives, and potential communication channels and approaches.

## 3.1 Overarching Mission, Vision, Goal and Principles of the Communication Strategy

**Mission:** To create an enabling environment to foster adoption and maintenance of healthy behaviors/ practices among individuals, families and communities through information, education, advocacy, mobilization and empowerment

**Vision:** Individuals, families and communities are empowered to make informed decisions and choices to improve their health and well-being.

**Goal:** To create a sustainable framework that will guide all stakeholders in the provision of accurate, relevant and appropriate health information that will help individuals, families and communities make informed decisions to improve their health and wellbeing.

**Objectives:**

- Design and implement effective behavior change communication strategies, including risk communication, and activities to enhance and sustain appropriate health practices and health seeking behavior for the general population.
- Strengthen multi-sectorial approach in designing and implementing advocacy and social behavior change interventions through the empowerment of individuals, households and communities.
- Provide guidance for health communication capacity strengthening at all levels

**Guiding Principles:**

- All aspects of the strategy development and implementation will be **evidence based, gender sensitive, equity-focused** and **coordinated** with the Ministry of Health and partners.
- Each phase of the communication strategy design, development, implementation, and monitoring and evaluation will be **participatory** to ensure **ownership** and **trust**, using an approach that is **audience**

**driven** and **audience focused** to create **positive health impacts.**

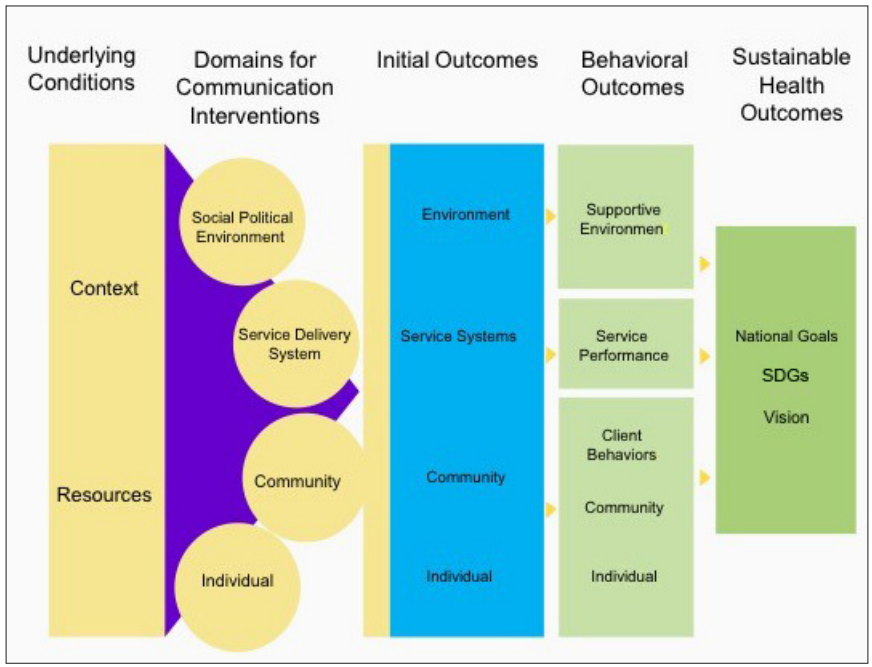
- Communication interventions and messages will be **coordinated** and **harmonized** so all partners **speak with one voice.**
- Implementation of the strategy will be **phased** according to Ministry priorities and reach the audience where they are in the behavior change process with **simple, clear messages** that are **targeted** to specific audiences.
- The Liberian National Health Communication Strategy will be **realistic**, with **clear objectives** and be **fully implemented** and **utilized** with **robust monitoring and evaluation mechanisms in place.**
- Designers of this communication strategy will **coordinate** to develop a **MOH advocacy plan** designed to reach out to decision makers, funders, policy makers and program implementers to complement the strategy.

## 3.2 Strategic Framework

The National Health Communication Strategy utilizes the Pathways Model™ as a strategic framework, providing a visual representation of how program activities are expected to achieve the NHCS objectives and guiding the development of the program interventions. Pathways™ is based on the social ecological model[2] of behavioral adoption and maintenance which recognizes the interconnected influences of family, peers, community, and society on behavior and outlines four domains of influence: socio-political, service delivery, community, and individual. This perspective focuses on the various influences within these domains that can either hinder or help in changing behaviors and/or social norms.

The Pathways Model™ depicts the interconnected relationship between the four domains: individuals' decisions to adopt new behaviors are influenced not only by their own knowledge, attitudes, beliefs and intentions, but also by the social networks or community they belong to, the accessibility and quality of social services available to them, and the policies, laws, and media environment surrounding them.

[2] Kincaid, D. L., Figueroa, M. E., Storey, D.; Underwood, C. (2007). A social ecology model of communication, behavior change, and behavior maintenance. Working paper. Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.




## THE PATHWAYS MODEL

## 3.3 Priority Audiences by Domain

Each domain of the Pathways Model™ identifies priority audiences, and the NHCS will address all levels of care from the health facility to the community to the most fundamental unit in the health system: the family and individuals within a family. Priority audiences also include those within the socio-political environment, from local leaders such as town and clan chiefs to those serving as representatives at the national level.

The key audiences for each domain are groups who, with changed behaviors and social norms, can most influence health outcomes in the identified technical areas of reproductive health, maternal and newborn health, child health, adolescent health, mental health, priority diseases, and non-communicable diseases. The priority audiences for each domain are outlined in Table 1 below.

**Table 1:** Priority Audiences for each domain

| Individual | Community | Service Delivery | Socio-Political |
|---|---|---|---|
| Women of childbearing age (includes pregnant women, mothers of newborns, mothers of children under 5 years old)<br>Men (includes spouses/partners of pregnant women, fathers of newborns, and fathers of children under 5)<br>Children 5-14 years old<br>Adolescents (15-24 years old) | Community Health Assistants (CHAs)<br>Community Health Volunteers (CHVs)<br>Trained Traditional Midwives (TTMs)<br>Religious Leaders<br>Community Health Committees (CHCs)<br>Community Health Development Committees (CHDCs) (also included under Service Delivery with OIC serving as Secretariat)<br>Community groups (Community Based Organizations CBOs | Health Facility Staff<br>Community Health Services Supervisors (CHSS)<br>Vaccinators<br>Certified midwives (CMS)<br>Screeners<br>County Health Teams (CHT)<br>District Health Teams (DHT)<br>Surveillance Officers | Traditional Leaders – Paramount Chiefs, Clan Chiefs, Town Chiefs<br>Commissioners<br>County Superintendent<br>County Health Boards (CHB)<br>County Health Teams (CHT)<br>County Development Committee (CDC)<br>National Legislators |

## 3.4 Essential Health Actions for the Four Domains

The NHCS highlights Essential Health Actions (EHAs) for each of the four domains. Often EHAs are promoted to different audiences in order to achieve successful health outcomes, and many EHAs are interdependent. For example, key actions for audiences within the individual and community domains are often dependent on key actions in the service delivery and the socio-political domains.

To realize positive health outcomes, the NHCS will focus on the promotion of specific EHAs as listed for each audience group, with BCC interventions designed to motivate priority audiences to adopt and maintain these healthy behaviors. Table 2 below shows priority audiences for each domain and corresponding EHAs.

| PRIORITY AUDIENCE | INDIVIDUAL |
|---|---|
| **INDIVIDUAL** | |
| Pregnant women and their spouses/partners | • Begin FANC before 16 weeks of gestation<br>• Attend FANC at least 4 times during each pregnancy<br>• Receive 2 doses of the TT vaccine prior to delivery<br>• Receive IPTp at the start of the fourth month of pregnancy and every 4 weeks until delivery<br>• Test for HIV together with spouse/partner and follow PMTCT guidelines if HIV positive<br>• Seek immediate care for any danger signs during pregnancy and labor<br>• Have a birth plan in place<br>• Eat a variety of good foods (balanced diet) >3 x per day<br>• Obtain misoprostol to have available in case of home birth and use if needed<br>• Use LLIN correctly and consistently every night<br>• Deliver baby at the health facility |
| Mothers and fathers of newborns | • Apply chlorhexidine digluconate daily to the umbilical cord for the first week of baby's life<br>• Take the child to Health Facility for first dose of vaccination<br>• Immediately after birth and exclusively breastfeed up to 6 months<br>• Practice kangaroo mother care by placing newborn between breasts and draping a blanket over baby<br>• Start FP method soon after delivery<br>• Attend post-natal care 2 days after delivery and 2 weeks after delivery<br>• Seek immediate medical assistance for danger signs for the post-partum mother and new-born |
| Parents of children under | • Breastfeed exclusively for the first 6 months |

| | |
|---|---|
| 5 years old<br><br>*With malaria<br>*With TB | • Introduce soft foods in addition to breast milk when a baby is 6 months old<br>• Give child soft foods in addition to breast milk at least 3 times each day<br>• Breastfeed the child until he/she is 2 years old<br>• Give children a variety of good foods > 3 x day<br>• Continue to feed the child when he/she is sick<br>• Ensure child sleeps under a LLIN correctly and consistently every night<br>• If the child has fever, take the child to a health facility for test within 24 hours<br>• Ensure child is fully immunized before age of 1<br>• Ensure child receives Vitamin A and deworming tablets 2 times each year<br>• Use FP method to space pregnancies at least 2 years apart<br>• Discuss sex, STIs, HIV, TB and GBV openly in family<br>• Avoid HIV by remaining faithful to partner, using condoms and testing for HIV together<br>• Have home sprayed to kill mosquitoes and to prevent malaria as recommended (IRS)<br>• Wash hands with soap and water after using the toilet, before preparing food, before eating, and after cleaning a child who has toileted<br><br>• Complete full course of ACT<br><br>• Complete full course of TB treatment |
| Children, 5 to 14 years old | • Eat 3 meals each day that include a variety of good foods<br>• Sleep under LLINs correctly each night<br>• Wash hands with soap and water after using toilet and before eating<br>• Abstain from sex until at least 18 years old<br>• Discuss sex, STIs, HIV, TB and GBV openly in family<br>• Provide age appropriate information about sex, pregnancy, condoms, and STI prevention |

| PRIORITY AUDIENCE | INDIVIDUAL |
|---|---|
| **INDIVIDUAL** | |
| Adolescents, 15 – 24 years old | • Eat a variety of good foods > 3 x day<br>• Sleep under LLINS correctly each night<br>• Wash hands with soap and water after using toilet, before preparing food, before eating, and after helping a child with toileting<br>• Abstain from sex before marriage or stick to one faithful partner<br>• If sexually active, stick to one sexual partner who does not have other sexual partners<br>• If sexually active, use condoms consistently and correctly to prevent unintended pregnancies and STIs, including HIV and AIDS<br>• Get tested for HIV and other STIs together with partner and agree on risk reduction plan<br>• If sexually active, use FP method to delay having a first child until the age of 18 and to space pregnancies at least 2 years apart<br>• Provide age appropriate information about sex, pregnancy, condoms, and STI prevention |

| PRIORITY AUDIENCE | ESSENTIAL HEALTH ACTIONS |
|---|---|
| **COMMUNITY** | |
| Religious Leaders Community Groups | • Understand the danger signs of pregnancy and post-natal danger signs and mobilize resources for prompt referral<br>• Model good health behaviors and encourage mothers and fathers of child bearing age to seek facility-based care services<br>• Talk to parents about the importance of completing vaccination schedule<br>• Model and encourage community members to sleep under LLINs every night<br>• Model and encourage community members to eat balanced diet including vegetables, carbohydrates, protein and fat >3 x per day<br>• Encourage community members to practice healthy eating behavior (including tending kitchen gardens)<br>• Share information about modes of transmission and prevention of HIV and TB<br>• Be a model and encourage support and care for PLHA in community<br>• Encourage health facility (Institutional) delivery<br>• Be a model and encourage community members to wash hands with soap and water after the toilet, before preparing food, before eating, and after helping a child toilet |

| | |
|---|---|
| CHVs, TTMs, TBAs, CHAs | • Encourage pregnant women to begin FANC before 16 weeks gestation<br>• Encourage pregnant women to attend FANC at least 4 times during pregnancy<br>• Encourage pregnant women to attend FANC at least four times during their pregnancies<br>• Explain benefits of IPTp to pregnant women and their spouses<br>• Explain benefits of the TT vaccine<br>• Encourage couples to get HIV test together and follow PMTCT guidelines if HIV positive<br>• Encourage health facility (Institutional)delivery and accompany woman to health facility if needed<br>• Assist the pregnant woman and her family in developing a birth plan<br>• Refer woman to the health facility if she has any danger signs during pregnancy and/or labor<br>• Encourage the purchase of misoprostol in the eighth month of pregnancy in case the woman is unable to have a facility delivery<br>• Encourage the daily application of chlorhexidine digluconate to the umbilical cord for the first week<br>• Educate community members on the importance of immunization and completion of the immunization schedule<br>• Encourage immediate and exclusive breastfeeding for six months and provide counseling for new mothers on correct breastfeeding positions<br>• Encourage new mothers to practice kangaroo mother care by placing newborn between breasts and draping a blanket over baby<br>• Encourage couples to start FP method soon after delivery<br>• Encourage new mother to attend post-natal care within 24 hours after delivery, one week after delivery and six weeks after delivery.<br>• Look for danger signs in both the newborn and the new mother and immediately refer to the health facility in danger signs are present<br>• Be a model of good health behaviors and encourage mothers and fathers of child bearing age to seek facility-based care services<br>• Report community alert triggers to Health facility or health authority<br>• Model and encourage community members to sleep under LLINs every night<br>• Be a model and encourage community members to eat a variety of balanced diet >3 x per day<br>• Model and encourage community members to wash hands with soap and water after using the toilet, before preparing food, before eating, and after helping a child toilet<br>• Educate community members on the danger signs of malaria and the importance of completing ACT and seeking health care within 24 hours of fever |

| PRIORITY AUDIENCE | ESSENTIAL HEALTH ACTIONS |
|---|---|
| **COMMUNITY** | |
| CHCs,<br>CHDCs,<br>CHSS | • Provide guidance and supervision to CHVs<br>• Work with community to determine motivations for CHVs<br>• Establish and reinforce referral system to the health facility<br>• Model and encourage EHAs as listed above |

| PRIORITY AUDIENCE | ESSENTIAL HEALTH ACTIONS |
|---|---|
| **SERVICE DELIVERY** | |
| Health Facility Staff<br>Vaccinators<br>CMs<br>Screeners | • Provide quality services for all EHAs related to the health facility<br>• Keep client information confidential<br>• Use proper documenting and reporting techniques<br>• Practice good interpersonal counseling and communication (IPC/C) skills<br>• Counsel on the EHAs as listed above<br>• Model and encourage community members to adopt EHAs as listed above<br>• OIC serves as Secretariat for the CHDC<br>• Model and encourage the EHAs as listed above<br>• Verify alert triggers reported from community |

| PRIORITY AUDIENCE | ESSENTIAL HEALTH ACTIONS |
|---|---|
| **SOCIO-POLITICAL ENVIRONMENT** | |
| Traditional Leaders | • Work with community to determine motivations for CHVs and CHAs<br>• Advocate for the priority health issues as listed in the EHAs above<br>• Establish monitoring mechanisms for Health Facility, CHCs, and CHDCs<br>• Be a model and encourage the EHAs as listed above |
| County Superintendent, District Commissioners, Central Health Boards, DHO | • Increase annual budget for health<br>• Advocate for the priority health issues as listed in the EHAs above<br>• Advocate for health support for priority health issues<br>• Ensure proper monitoring systems<br>• Ensure transparency in allocated resources<br>• Keep informed on GOL health priorities |
| Legislature | • Advocate for appropriate budgetary allocations<br>• Promulgate favorable health legislation<br>• Enhance health policies<br>• Improve governance for health<br>• Strengthen intersectoral action in pursuit of health |

## 3.5 Barriers to Adoption and Maintenance of Essential Health Actions

Barriers to adoption and maintenance of essential health actions may be environmental, attitudinal, cultural, or cognitive. Awareness of desired health practices does not ensure that people will embrace them. Therefore, the NHPD with support from stakeholders routinely conducts formative research to identify key drivers or barriers to adoption of essential health actions to guide its health promotion strategies.

The NHCS therefore addresses key barriers to adoption of the EHAs, rather than focusing on the desired health practices alone. For example, many men and women in Liberia know that the MOH recommends women to deliver their babies at a health facility by a skilled health attendant. Yet many continue to deliver at home with the assistance of a traditional birth attendant (TBA) or TTM. This highlights how knowledge alone does not change behavior. In order to change behavior, SBCC efforts must address the reasons why women continue delivering at home and work to remove perceived barriers to delivering at a health facility. Along with barriers, it is useful to identify the influencers for change and the benefits to change, which can be used to address barriers and promote the behavior.

Barriers to change exist at multiple levels, not just at the individual level. The NHCS thus addresses the barriers to structural, normative, social and behavior change at all levels outlined by the Pathways Model™.

- Barriers to changes in behavior in individuals and community members include limited knowledge and misconceptions related to health. Women have limited knowledge on the importance and benefits of breastfeeding and supplementary feeding as well as the importance of routine immunization for babies under one and children under five. They are often not aware of the danger signs of pregnancy or post-partum care and the importance of seeking immediate care; barriers which result in underutilization of services for essential care such as emergency obstetric care and result in morbidity or, in extreme cases, mortality. In many cases they don't go to health facilities because of access (distance, money) or the unfriendly attitude of health care workers.
- Barriers to health seeking services include service providers who have weak interpersonal communication and counseling (IPC/C) skills and are not adequately trained to provide counseling to clients in a friendly manner. Service providers themselves face barriers to care including frequent turnover of staff, unequal distribution of staff,

a heavy workload and limited staff incentives. Linkages between health facility staff and community structures are weak, leading to a lack of trust and unwillingness on the part of trained workers to share information.

- At the social political level key stakeholders such as County Health Board members, legislators, donors and partners often have a limited understanding of the underlying issues and barriers to key health behaviors and, as a result, do not fully support the health agenda.

**Common barriers to the adoption of EHAs include:**

1. Women and men lack trust in the efficacy of desired health practices. They often do not believe that the EHAs promoted are effective.
2. Women and men believe that they are not vulnerable to health risks. They believe negative health outcomes will not happen to them.
3. Women and men believe that there is little they can do to influence their health or the health of their children. Many believe they cannot change the course of events and sickness and health are determined by God or fate, not themselves.
4. Poor communication between couples, between client and service provider, and between parent and child serve as barriers to discussing issues openly and sharing information and experiences.
5. Gender norms dictate how men and women should behave and can undermine adoption of EHAs.
6. Cultural and social norms can also undermine the adoption of EHAs.
7. Lack of access to correct health information serves as a barrier throughout the levels, from individuals not understanding the need to receive certain health services to the politicians who do not prioritize or understand the need to fund such services.
8. Long distances to health facilities prevent potential clients from receiving health services.
9. Poor performing health systems can be a major barrier to health care.
10. Stronger governance for health and intersectoral action for health are needed in the pursuit of health for all Liberians.

The communication objectives and desired behaviors in the NHCS focus on addressing barriers as those listed above by building self-efficacy, increasing

trust in the health system, challenging social and gender norms, decreasing feelings of invulnerability, and enhancing health policies and strengthening governance for health. Details of the barriers to EHAs in Liberia are listed in Appendix 1.

## 3.6 Desired Behaviors and Communication Objectives

A list of the communication objectives to lead to the desired behaviors with illustrative channels and approaches is also included in Appendix 1. Inclusion in the Appendix in no way diminishes the importance of these communication objectives, rather the section is too extensive to include in the body of this strategy. Interventions in the socio-political domain would be greatly strengthened by an in-depth advocacy analysis of the intended audiences including County Health Boards, Superintendents, Commissioners, District Health Officers and County Education Officers to bolster the efforts of the NHCS. In-depth one-on-one and focus group discussions and community engagement could serve to provide a richer understanding to the barriers so these key gatekeepers can enable behaviors that need to occur at the individual and community levels to improve the lives of all Liberians.

## 3.7 BCC Approaches and Channels by Audience Domains

Below are possible BCC approaches and channels by audience domains. These approaches and channels respond to the needs of the various audiences and can be used to achieve the communication objectives. As a national strategy, the NHCS addresses multiple audiences across the social ecological levels which includes multiple vehicles, uses various tools, and relies on a mix of approaches which will drive SBCC programming and help ensure consistency and coordination among MOH divisions and partners and synergy across program interventions. A combination of multiple approaches helps increase reach and increase repetition of the messages, which in turn increases exposure and further reinforces the messages being delivered.

The strategic approaches and channels can be incorporated into goal-oriented campaigns. Campaigns include a combination of approaches (usually including mass media in addition to community-based approaches) and provide multiple opportunities for exposure through a consistent theme that links program activities together.

The NHPD and the HPTWG should inventory and assess existing materials, channels and approaches as well as previous campaigns to best determine what has worked well over the years and what needs to be revised or redesigned for greater impact.

### 3.7.1 Possible Strategic Approaches and BCC Channels

Below are descriptions of strategic approaches and BCC channels that could be implemented to support the NHCS[3]. The approach will depend on the results of formative research to decide which channels are the most appropriate given the target audience and context. The approaches described below may be considered as a variety of tools that may be selected accordingly and adapted to the situation.

**Advocacy:** Advocacy operates at the political, social, and individual levels and works to mobilize resources and political and social commitment for social change and/or policy change. Resources can include political will and leadership as well as money to fund the implementation of policies or programs. Advocacy aims to create an enabling environment at any level, including the community level (i.e. traditional government or local religious endorsement), to ask for greater resources, encourage allocating resources equitably, and remove barriers to policy implementation.

**Community Mobilization:** Community mobilization is a capacity-building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their lives, either on their own initiative or stimulated by others. A successful community mobilization effort not only works to solve problems at the community- level but also aims to increase the capacity of a community to successfully identify and address its own needs.[4]

**Counseling:** Counseling is based on one-to-one communication and is often done with a trusted and influential communicator such as a counselor, teacher, or health provider. Counseling tools or job aids are usually also produced to help clients and counselors improve their interactions, with service providers trained to use the tools and aids.

**Distance Learning:** Distance learning provides a learning platform that does not require attendance at a specific location. Rather, the students access the course content either through a radio or via the internet and interact with their teacher and fellow classmates through letters, telephone calls, SMS texts, chat rooms or internet sites. Distance learning courses can focus on

[3] A Guide to Designing a Communication Strategy (draft), Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, 2014

[4] Howard-Grabman, L. & Snetro, G. (2003). How to Mobilize Communities for Health and Social Change. Baltimore: Health Communication Partnership based at the Johns Hopkins Bloomberg School of Public Health Center for Communication **Programs.**

training communication specialists, community mobilizers, health educators, and service providers. (See Information and Communication Technology for examples on eLearning.)

**Information and Communication Technology (ICT):** ICT is the fastest growing and evolving approach, with an increasing reach throughout the world. This approach includes digital media such as web sites, e-mails, listservs, internet news feeds, chat rooms, virtual learning and eLearning, eToolkits, and message boards. Digital media is unique in being able to disseminate highly tailored messages to the intended audience while also receiving feedback from them and encouraging real-time conversations, combining mass communication and interpersonal interaction.[5] Interactive digital media providing such tailored health information can be effective in helping people manage diseases, access health services, and obtain social support or provide assistance in changing behaviors[6]. Through such media, the audience can generate and share information and ideas. Social Media is a sub-set of digital media, and examples include Facebook, Twitter, Linked In, blogs, eForums, and chat rooms.

**Interpersonal Communication (IPC)/Peer Education:** Interpersonal and peer communication are based on one-to-one communication. This could be parent-child communication, peer-to-peer communication or communication with a community leader or religious leader. This includes approaches such as Education Through Listening (ETL) and the use of Dialog Frameworks to guide discussions.

**Mass Media:** Mass media can reach large audiences cost-effectively through the formats of radio, television, and newspapers.[7] According to a review of mass media campaigns, mass media campaigns that follow the

[5] National Cancer Institute, Pink Book – Making Health Communication Programs Work. Retrieved from http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/page1 (2008); and Edelman, D. & Salsberg, B. Beyond paid media: Marketing's new vocabulary. McKinsey Quarterly. Retrieved from https://www.mckinseyquarterly.com/Marketing/Digital_Marketing/Beyond_paid_media_Marketings_new_vocabulary_2697#

[6] Maxfield, A. (June 2004). Information and communication technologies for the developing world. Health Communication Insights. Baltimore: Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health / Center for Communication Programs.

[7] Kincaid, D.L., and Do, M.P. (2006). "Multivariate Causal Attribution and Cost-Effectiveness of a National Mass Media Campaign in the Philippines". Journal of Health Communication, 11(Supp. 2): 69-90; and Kincaid, D. L., and Do, M.P. (2003). "Causal Attribution and Cost-Effectiveness of a National Communication Campaign: Family Planning Promotion in the Philippines". Working paper of the Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

principles of effective campaign design and are well-executed can have small to moderate effect size not only on health knowledge, beliefs, and attitudes, but on behaviors as well. Given the wide reach of mass media and the potential to reach thousands of people, a small to moderate effect size will have a greater impact on public health than would an approach that has a large effect size but only reaches a small number of people. Thus mass media can have a major public health impact given its wide reach.[8]

**Social Mobilization:** Social Mobilization brings relevant sectors such as organizations, policy makers, networks, and communities together to raise awareness, empower individuals and groups for action, and work towards creating an enabling environment and effecting positive behavior and/or social change.

**Support Media/Mid-Media:** Mid-media's reach is less than that of mass media and includes posters, brochures, and billboards.

[8] Noar, S. (2006). A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here? Journal of Health Communication, 11: 21-42.

# 4 PLANNING & COORDINATION OF NATIONAL COMMUNICATION STRATEGY ACTIVITIES

This section describes the means for coordinating, planning, implementing, monitoring and evaluating SBCC interventions at national, county, district, health facility, and community levels.

## 4.1 National Coordination and Planning

The National Health Promotion Division will lead the process of implementation of the NHCS at the central level with support from the technical programs. In particular, the NHPD will conduct a meeting with all MOH program teams to develop a central work plan to include campaigns, advocacy, social mobilization, and research and monitoring and evaluation plans including participatory monitoring activities. To improve coordination, the NHPD will develop strategies, activities and budgets and present these together with evidence based reports to gatekeepers to ensure these activities are prioritized. To bolster the communication plan, the NHPD and MOH program teams will design an advocacy plan to garner support from CH Boards, Supt, Commissioners, DHOs, CEOs, Legislative Boards, Donors and Partners.

The MOH needs to establish and implement standardized guidelines and SOPs with standardized participatory monitoring systems and supervisory checklists as part of the NHCS implementation plan. A unique channel for information sharing among implementing partners including the MOH, CHT, partners, district and community staff) needs to be set up. Whenever possible, activities will be integrated among partners and focus on key audiences to promote specific key health actions. The inclusion of the HPTWG is critical at the National level for better coordination and collaboration.

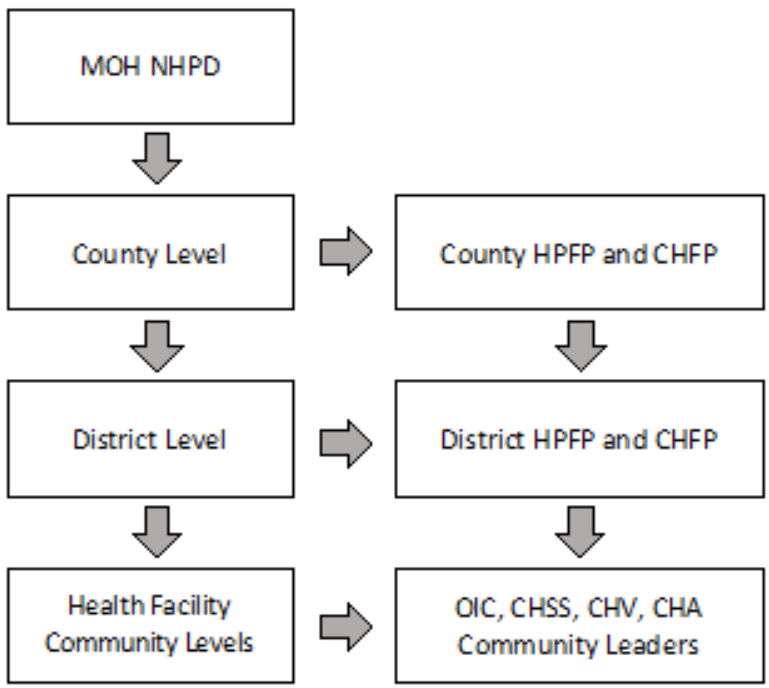
## 4.2 County Coordination and Planning

Rollout and implementation of the National Health Communication Strategy at the county, district and community levels will be supported by the NHPD and led by the Health Promotion Focal Person with the MOH technical lead in each county. In each county, a County Health Communication Working Group will be established with clear membership and terms of reference

including training of staff (primarily CHT) in health promotion. Health promotion staff at the national level will be involved in training county personnel to ensure that national health priorities are being addressed appropriately. The county CHT will be responsible for leading the CCWG in developing county specific communication plans and work with them on implementing, monitoring and evaluating activities. An implementation plan for the NHCS will be developed in each county and coordinated with county and district level work plans.

The County Health Team with the support of the CHO, CHDD, CHPFP and partners will be responsible for the implementation of the strategy at the county level. The planning process will occur as part of the NHPD county orientation plan to the NHCS. Priority issues for advocacy and SBCC will be provided using reports from health facilities, community assessments,

### NHCS Rollout and Implementation Flow Chart



and focus group discussions. Funds for implementation of the NHCS will be drawn from budgets from the National MOH, CHTs, and partners.

## 4.3 District Coordination and Planning

District level coordination for the strategy needs to be closely aligned with county planning. The District Health Officer together with the DHPFP and the CHPFP will be responsible for implementation of the NHCS at the District level, which will address priority advocacy and SBCC issues brought out using focus group discussions at the district and community levels. Funds for implementation will be requested from County and partner budgets. The planning process will take place together with the health promotion orientation planned for the CHT.

## 4.4 Community Coordination and Planning

The CHPFPs, DHPFPs, CHDCs, CHCs, and CHVs are responsible for implementing the NHCS at the community level. Planning will happen in conjunction with the DHT health promotion orientation to introduce the NHCS.

## 4.5 IEC/BCC Materials Production and Distribution

At the national level, the Message and Material Development (MMD) subcommittee provides technical support to messages and materials development as well as serve as a clearing house for all health and health related messages and materials. The National Health Promotion Division and partners will work with media houses to develop and produce all BCC materials to support the NHCS. CHCs and CHVs/CHAs will implement BCC activities in communities in collaboration with the DHPFP, with monitoring from the CHT.

The Message and Material Development (MMD) subcommittee will develop an IEC materials and message dissemination plan and checklist. The CHPFP, in collaboration with the CHT, will monitor materials and ensure supply at the county level. The DHOs and the DHP focal persons will disseminate BCC materials with the Community Health Service monitoring the distribution and availability of supplies. At the community level, the CHVs/CHAs will distribute IEC materials and be monitored by the CHCs, CHT, and DHPs where appropriate to ensure an adequate supply of IEC materials.

# 5 RISK COMMUNICATION

Emergency risk communication is a global, regional and national health priority that encourages people, organizations and governments to share life-saving information and knowledge in order to take preventive and protective actions to protect against disease threats. This is accomplished through the effective use of health communication and education, community engagement and social mobilization, mass and social media and policy and research.

Risk communication is a process that defines how communities are engaged before, during and after a health emergency. The National Health Communication Strategy defines the specific messages that are delivered at the different times. Liberia's National Risk Communication Strategy was validated in 2016 and describes the role of the NHPD in making adequate preparations before an emergency occurs, its role in disseminating information during and after an emergency.

Part of Liberia's success in overcoming the Ebola outbreak is credited with its effective use of social mobilization and community engagement. During emergencies, the public expects more information from the government and demand for information increases, yet coordination and collaboration among agencies and partners involved in emergency response may be weak. The public may lack trust and have the perception that sensitive and confidential information are handled inappropriately.

Crisis and emergencies resulting in disruption of social and economic situations often grab attention of government and the public. In the early hours of such emergencies, the management and coordination of how information is shared with the public is critical. In an infectious disease outbreak for instance, control measures can be impeded if political authorities decide to withhold information about an outbreak and downplay it. Adversely, media reports can also fuel anxiety far out of significant proportion. Fortunately, methods exist for government officials to respond differently in sharing information throughout the event.

The National Health Promotion Division remains the focal point for the planning and implementation of risk communication in the overall response. The social mob response committee which is part of the overall response during emergency is chaired by Ministry of Health at the National level. At the County level, the Health promotion focal person chairs the social mobilization response during emergency along with stakeholders and partners.

# 6 CAPACITY STRENGTHENING

Implementation of the communication strategy is essential to achievement of health outcomes as outlined by the Essential Package of Health Services. Lack of a health promotion budget and trained health promotion staff pose the greatest challenges to successful implementation of a strategy; an obstacle that can best be overcome using advocacy to enlist the support of key decision makers. This section outlines gaps in staffing and capacity of existing staff along with potential solutions and training or resources required.

| | GAPS | Potential Solution | Training / Resources Required |
|---|---|---|---|
| National | MOH HP Staff lack training in SBCC/ Risk Communication | Provide NHPD staff in requisite skills including message development, community mobilization, advocacy, research and training in Health Promotion including planning and implementing Risk Communication | Training for staff involved in HP including advocacy, research, M&E, Proposal Writing, HP/BCC Training and Training of Trainers |
| | Lack information on the importance of health promotion to health outcomes BY Senior Managers within the MOH | Conduct program management training including training in Monitoring & supervision, computer skills for NHPD Central staff | Program management training, Monitoring & supervision, computer Software operation training |
| | Lack of standard operation procedures for non-emergencies, guidelines and quality monitoring tool | Orientation for senior managers on health promotion and importance of the role of senior management in health promotion with policy documents, work plan and budget<br><br>Advocate for assistance to develop essential documents (Guidelines, SOPs for Non emergencies, Monitoring & supervisory checklist, National Health Communication strategy, training monitoring plan & reporting format). | Orientation Meeting to present the importance of Health Promotion.<br><br>Advocacy meetings with partners and concerned institutions |
| | Lack of tools to measure BCC impact | Develop indicators tools to measure BCC impact | Health Promotion (SBCC) impact indicator tools meeting/Workshop |
| County | CHT lacks knowledge on the roles and responsibilities of HP focal person | Orientation on health promotion for CHTs explaining functions of focal HP staff and status of HP activities<br>Provide health promotion training for CHTs | HP/BCC/Social Mobilization training for CHTs |

| | GAPS | Potential Solution | Training / Resources Required |
|---|---|---|---|
| District | Lack of HP Focal Persons | Recruit and train HP focal person | Resources for hiring and training personnel<br>HP/Social Mobilization Training (Approach and implementation) for DHOs, DIC, DHP |
| Service Providers | Service Providers Lack Training in IPC/C skills | Provide pre-service, in-service and on-the-job training in IPC/C | IPC/C for service providers |
| Community | Community leaders and community members don't have knowledge and are not involved in health promotion | Educate and involve community leaders (community, religious, traditional) in health promotion efforts | Training and support to community leaders<br>Training for community structures (leaders, CHHC) on health talks and how to provide relevant health information<br><br>Training with gCHVs, community leaders to ensure IEC materials are used appropriately |

# 7 COORDINATION, SUPERVISION, MONITORING & EVALUATION

Supervisory activities to monitor NHCS activities include (but are not limited to) the following:

- At the National level, the NHPD will review the number of Public Health laws enacted, and the number of advocacy meetings to determine success of the strategy. The NHPD will also document best practices and success stories to enable program to learn from the successes and review and update plans and interventions as needed.
- Implementation of the M & E plan will be coordinated by MOH through the NHPD in collaboration with the M & E and Research Units; County Health Teams and stakeholders under the Health Promotion Technical Working Group (HPTWG) and the advisory committee. The joint monitoring team will ensure development of standardized data collection tools to deliver a cost-effective, multidimensional monitoring and evaluation system that supports continuous improvement of health promotion in Liberia. Additionally, information technology and software such as magpi, eDEWS will be harnessed to improve efficiency of M&E and promote triangulation of data from different sources/systems to enable a comprehensive evidence-based approach to M&E. Health Promotion indicators will be collected through the HMIS to monitor progress against targets. Building capacity for M & E will be a prerequisite for better data management and use to improve health promotion implementation in Liberia
- At the County Level, HPFP and CHFP, with support from partners, will keep track of the number of meetings and resources committed from meeting minutes on a quarterly basis to determine advocacy and BCC success. The county level will track the day-to-day delivery of services as a result of the demand generated by the NHCS and document the impact BCC efforts have on the intended audiences. Feedback from the county level will link back to the national level to support the adjustment of plans and interventions as needed.
- At the district level, DHPFPs will monitor the number of advocacy meetings held, minutes/reports of BCC/Advocacy meetings and BCC trainings to measure activities on a monthly level. The district level will be involved with the tracking of the indicators based on implementation, working with partners and other stakeholders to ensure that messages are harmonized.
- At the facility level, the OIC monitors and supervise health talks and IEC materials distribution.
- At the community level, CHSS and DHPFP will supervise the work of the CHVs/CHAs and feed information on activities and meetings held to

the CHDCs at each facility. CHSS and DHPFP will also track advocacy meetings and SBCC activities using meeting minutes on a monthly basis. Reports will be submitted to the health facility, then to the district health team (DHT), county Health team for onward submission to central MOH.

To evaluate the NHCS, a comprehensive approach including quantitative and qualitative research will be utilized. Quantitative research will consist of a baseline survey to measure health seeking attitudes and behaviors of individuals and community members with an end line survey to follow at the end of the five-year period. This research will be bolstered by qualitative research including in-depth interviews and focus group discussions. In addition, process indicators to monitor the activities of the National Health Communication Strategy will be important to keep track of progress. While formative research activities have been conducted in some areas, additional formative research needs to be conducted to ensure that communication interventions are robust and based on evidence.

Illustrative indicators to measure success include (but are not limited to) the following:

- % of women who know the importance of immediate and exclusive breastfeeding up to 6 months
- % of women who breastfeed up to 6 months
- % of women who know about the importance of introduction of supplementary foods after 6 months up to the age of 2 years.
- % of people who understand the importance of correct and consistent use of LLINs
- % of people who use LLINs correctly every night
- % of caregivers who understand the importance of immunizing their children
- Proportion of priority audiences who have been reached through SBCC efforts promoting the EHAs
- Proportion of priority audiences who are practicing at least 50% of the EHAs
- % of individuals who know the importance of handwashing
- % of people who practice handwashing

# 8 NEXT STEPS FOR DISSEMINATION AND IMPLEMENTATION

Before the strategy can be implemented, it must first be vetted by stakeholders and then accessed by all those involved in implementation. As such, here are some possible recommended next steps:

- The HPD will present the NHCS to the HP Technical Working Group for onward submission to Assistant Minister for Preventive Services.
- The Assistant Minister for Preventive Services will present the document to the Health Service meeting PCT for revision, approval and endorsement.
- At a National Dissemination Meeting the HPD will work with partners to develop a roll out plan for regions and counties.
- County level dissemination and operationalization.

# APPENDIX 1: LIST OF ESSENTIAL HEALTH ACTIONS AND COMMUNICATION OBJECTIVES BY PRIORITY HEALTH AREA

## 1. Maternal and Newborn Health

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of pregnant women starting focused antenatal care (FANC) before 16 weeks of pregnancy | **Audience:** pregnant women<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of pregnant women who know the benefits of starting FANC before 16 weeks of pregnancy.<br>• Increase the proportion of pregnant women who express self-efficacy to attend FANC services before 16 weeks of pregnancy.<br>**Key promise:** If a woman begins FANC before 16 weeks, she will be protected from malaria, tetanus and anemia, and her baby's brain will grow well with the folate. Counseling and advice on nutrition and a routine examination will also help keep her and her baby healthy.<br>S**upporting points:** Women who begin FANC before 16 weeks will receive the first IPTp, first tetanus and iron and folate tablets, as well as a LLIN and counseling on nutrition. Women should receive 2 doses of TT during a pregnancy. With five doses of TT, women are protected for life. They will receive a routine exam to identify any possible issues. |
| Increase the proportion of pregnant women completing at least 4 FANC visits during each pregnancy | **Audience:** pregnant women<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of pregnant women who know the benefits of completing at least 4 FANC visits during each pregnancy.<br>• Increase the proportion of pregnant women who express self-efficacy to attend FANC ser vices before 16 weeks of pregnancy.<br>**Key promise:** If a woman completes 4 FANC visits during each pregnancy, she will be protected from malaria and anemia, the unborn baby will be protected from tetanus and malaria, and any issues with the mother and the baby will be identified and addressed.<br>**Supporting points:** Women who attend 4 FANC visits receive counseling on birth preparedness and four plus doses of IPTp to protect against malaria, at least two TT to protect against tetanus, and iron and folate tablets. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of pregnant women who eat a variety of good foods (balance diet) for meals three times a day and one extra bowl | **Audience:** pregnant women<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of pregnant women who know the benefits of good nutrition.<br>• Increase the proportion of pregnant women who express self-efficacy to follow nutritional advice.<br>• Increase the proportion of household heads who express good nutrition for the pregnant woman as a household priority.<br>**Key promise:** Following good nutritional advice and eating a balanced diet of three meals and one extra bowl each day will help a pregnant woman to keep her strength and her baby to grow well.<br>**Supporting points:** All foods are good to eat during pregnancy, including snails and eggs. Pregnant women should be given enough of good food. |
| Increase the proportion of pregnant women who have a birth plan in place | **Audience:** pregnant women, family members<br>**Influencing/secondary audiences:** service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objective:**<br>• Increase the proportion of pregnant woman who believe a birth plan will help them be prepared for delivery.<br>• Increase the proportion of families who express having a birth plan as a household priority.<br>• Increase the proportion of partners and family members who contribute to the birth plan.<br>**Key promise:** A birth plan will help you to make all important decisions, such as where you will deliver and how you will reach there, who will look after your family when you deliver, and let you know what you need to be prepared, such as cash for institutional delivery and a packed travel bag.<br>**Supporting points:** When a woman gets in labor, she will not have time to make these important decisions, and it is too late to start collecting cash or packing a bag. Having a birth plan will make sure the woman is ready before labor. |

| | |
|---|---|
| Increase the proportion of pregnant women who seek immediate care for any danger signs during pregnancy and labor | **Audience:** pregnant women, family members<br>**Influencing/secondary audiences:** service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of pregnant women and family members who understand the danger signs and take prompt action.<br>• Increase the proportion of pregnant women and family members who believe they should seek care quick quick from a health facility if they experience danger signs.<br>• Increase the proportion of pregnant women and family members who express self-efficacy in seeking care for danger signs quick quick.<br>**Key promise:** early care for danger signs will help manage any complications for the woman or child.<br>**Supporting points:** The earlier a pregnant woman visits a health facility when she is experiencing danger signs, the better they can be managed, and the better the chances for a safe and healthy delivery. |
| In case of delivery outside of a health facility, increase the proportion of women who take misoprostol immediately after delivery | **Audience:** pregnant women, family members<br>**Influencing/secondary audiences:** service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of pregnant woman who understand that misoprostol stops a woman from bleeding after delivery.<br>• Increase the proportion of pregnant women who express self-efficacy in taking misoprostol if not delivering at the health facility.<br>**Key promise:** Misoprostol helps the woman's body to expel after birth and reduce the chance of the womb bleeding after delivery.<br>**Supporting points:** Bleeding after pregnancy is the most common cause of death related to child birth. Misoprostol is a simple and effective drug which can prevent bleeding for woman who deliver outside the health facility. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of pregnant women who deliver in facility | **Audience:** pregnant women, family members<br>**Influencing/secondary audiences:** service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of pregnant women who believe that a health facility is the safest place for her to deliver her baby.<br>• Increase the proportion of pregnant women and their families who express self-efficacy in getting to a health facility for delivery.<br>**Key promise:** The health facility has trained staff and emergency equipment in case anything goes wrong so it can be managed immediately.<br>**Supporting points:** Every pregnancy is at risk of some problem. The health facility is the only place that has what a pregnant woman may need during delivery. The health facility is there to help pregnant women. |
| Increase the proportion of new mothers who receive Vitamin A after delivery | **Audience:** service providers and mothers<br>**Influencing/secondary audiences:** Partners, family members, community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of women who know the benefits of Vitamin A.<br>• Increase the proportion of women who request Vitamin A after delivery.<br>• Increase the proportion of service providers who provide Vitamin A after delivery.<br>**Key promise:** A new mother who takes Vitamin A after delivery, prevents her child from night blindness and improves the child's immune system.<br>**Supporting points:** Vitamin A also prevents night blindness and improves the immune system. |

| | |
|---|---|
| Increase the proportion of new mothers who apply chlorhexidine digluconate to the umbilical cord daily for one week to prevent umbilical cord infection | **Audience:** new mothers, family members<br>**Influencing/secondary audiences:** service providers, partners and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of women who know that chlorhexidine digluconate is given to all woman who have delivered a baby.<br>• Increase the proportion of women who believe that chlorhexidine digluconate should be applied to the baby's umbilical cord every day for a week after birth.<br>• Increase the proportion of women who express self-efficacy in applying chlorhexidine gluconate to the baby's umbilical cord every day for a week after birth.<br>**Key promise:** chlorhexidine digluconate is an antibiotic that protects the baby's umbilical cord from getting infection.<br>**Supporting points:** Umbilical cord infection is very common and serious among new born babies, which can even lead to death. |
| Increase the proportion of post-partum women starting a family planning method immediately after delivery | **Audience:** new mothers, partners<br>**Influencing/secondary audiences:** service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of post-partum women who understand the benefits of starting a family planning method immediately after delivery.<br>• Increase the proportion of post-partum women who express self-efficacy to start a family planning method immediately after delivery.<br>**Key promise:** Use of a post-partum family planning method provides the woman time to rest between pregnancies. If children are spaced at least two years apart, the mother has the time to care for the baby and the child will have better attention.<br>**Supporting points:** Family planning is safe, free and effective. LAM can be a post-partum family planning method if all criteria are met. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of new mothers who breastfeed immediately after birth | **Audience:** new mothers, Partners<br>**Influencing/secondary audiences:** family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of new mothers who know the benefits of the yellow breast milk immediately after delivery<br>• Increase the proportion of new mothers who know the benefits of breastfeeding immediately after birth.<br>• Increase the proportion of service providers who express self-efficacy to support a new mother to breastfeed immediately after birth.<br>**Key promise:** Breastfeeding immediately after birth gives the food and medicine from the yellow milk the baby needs, helps the mother make more breast milk, and also helps prevent bleeding in the mother.<br>**Supporting points:** The yellow milk has medicine from the mother and the right nutrition for the baby. The baby's suckling helps the mother's womb go hard to stop bleeding. |
| Increase the proportion of mothers who breastfeed on demand for the first 6 months | **Audience:** new mothers, family members<br>**Influencing/secondary audiences:** service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of new mothers who know the benefits of breastfeeding their babies at least ten times a day.<br>• Increase the proportion of new mothers who express self-efficacy to seek care if having breastfeeding issues.<br>• Increase the proportion of new mothers who feel confident in their ability to breastfeed their babies.<br>**Key promise:** Breastfeeding at least ten times a day or more will help the mother produce enough breast milk.<br>**Supporting points:** The more the baby sucks, the more milk will be made. |

| | |
|---|---|
| Increase the proportion of new mothers who give only breast milk for the first 6 months. | **Audience:** new mothers, partners<br>**Influencing/secondary audiences:** family members<br>service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of new mothers who understand the benefits of giving only breast milk for the first six months.<br>• Increase the proportion of new mothers who express self-efficacy to exclusively breastfeed for the first six months.<br>**Key promise:** Giving only breast milk for the first six months gives all the food and water the baby needs, can protect the baby from getting sick, and stops the mother from getting pregnant again too soon.<br>**Supporting points:** Breastmilk only is the best food for the baby until 6 months old. Breastfeeding helps build the bond between the mother and baby. Exclusively breastfeeding can be used as a family planning method if only breastmilk is given whenever the baby wants it for six months (LAM). |
| Increase the proportion of new mothers who eat a variety of good foods (balance diet) for meals three times a day and two extra bowls | **Audience:** new mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of new mothers and family members who understand the benefits of good nutrition when breastfeeding.<br>• Increase the proportion of family members who express confidence in providing good nutrition to breastfeeding mothers.<br>**Key promise:** Eating a balanced diet for three meals and two extra bowls each day will help a woman make good breastmilk for her baby to grow well.<br>**Supporting points:** All foods are good to eat during pregnancy, including snails and eggs. Pregnant women should be given enough of good food. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of new mothers who practice kangaroo mother care by placing newborn between breasts and draping a blanket over baby | **Audience:** new mothers<br>**Influencing/secondary audiences:** partners, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of new mothers who understand the benefits of kangaroo mother care.<br>• Increase the proportion of new mothers who express self-efficacy in practicing kangaroo mother care.<br>**Key promise:** Practicing kangaroo mother care keeps the baby warm.<br>**Supporting points:** Newborn babies do not have enough fat to keep themselves warm and need their mother's body heat to keep them warm. |
| To increase the proportion of referral for new mothers and their babies who receive postnatal or postpartum care within 24 hours after delivery, if delivery outside of the health facility | **Audience:** new mothers and partners<br>**Influencing/secondary audiences:** other family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• To increase the proportion of referral for new mothers and family members who understand the benefits of postnatal or postpartum care within 24 hours after delivery, if delivered outside of the health facility.<br>• To increase the proportion of new mothers and family members who express self-efficacy to visit the health facility within 24 hours after delivery, if delivered outside of the health facility.<br>**Key promise:** The first postnatal or postpartum care visit ensures that both the mother and the baby are checked, healthy, and the baby is given the first vaccine.<br>**Supporting points:** The baby and mother will be checked for any complications. Vaccines for polio and BCG will be given. |

| | |
|---|---|
| To increase the proportion of new mothers and babies who return to the health facility after one week for postnatal and postpartum care | **Audience:** new mothers and partners<br>**Influencing/secondary audiences:** other family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• To increase the proportion of new mothers and family members who understand the benefits of postnatal and postpartum care after one week after delivery.<br>• To increase the proportion of new mothers and family members who express confidence to attend postnatal and postpartum services one week after delivery.<br>**Key promise:** The service provider will check the health of the mother and baby and help counsel the mother on breastfeeding.<br>**Supporting points:** Services provided include checking blood pressure, checking breasts for any problems, counseling on breastfeeding, and checking baby's umbilical cord. |
| To increase the proportion of new mothers who seek immediate medical assistance for danger signs post-partum, for either the new mother or her newborn | **Audience:** new mothers and partners<br>**Influencing/secondary audiences:** other family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• To increase the proportion of new mothers and family members who know the danger signs and taking prompt actions.<br>• To increase the proportion of new mothers and family members who are confident in their ability to identify danger signs and report promptly to CHV, CHA or health facility.<br>• To increase the proportion of new mothers and family members who express self-efficacy to immediately go to the health facility if there are danger signs.<br>**Key promise:** Addressing danger signs early at the health facility can help save the lives of the mother and the baby.<br>S**upporting points:** Only the service providers at the health facility can help a mother or baby with danger signs. Going to the health facility can save lives. |
| Space children at least 2 years apart | See Adolescent Sexual and Reproductive Health |

| Behavioral Objectives: Pregnant Women | |
|---|---|
| **Behavior** | **Communication** |
| Increase HCT among pregnant women | **Communication Objective:**<br>• Increased the proportion of pregnant women who believe that early and regular ANC visits ensure they receive appropriate services to protect their health and that of their children<br>• Increase the proportion of pregnant women who know they should prompt their health care worker during ANC visits for an HIV test.<br>**Key Promise:** Knowing your HIV status during pregnancy can ensure your baby is born HIV negative.<br>**Supporting Points:** One of the ways that HIV can be transmitted is from the mother during pregnancy and delivery. There are drugs available which will reduce the chances that a baby gets an HIV infection. The HIV test is part of the routine ANC checkups, but the pregnant women should make sure the doctor remembers. |
| Increased proportion of males supporting their pregnant partners who are diagnosed HIV positive | **Communication Objective:**<br>• Increase proportion of men who believe if their pregnant partner has HIV then they may have caused the infection. (They should accept and support her during pregnancy and after)<br>• Increased belief that support services are available to manage HIV infection for families, as well as reduce the chances that the child will be born with HIV.<br>**Key Promise:** Families can live together with HIV.<br>**Supporting Points:** Anyone who tests positive for HIV will be referred to care and support services, including ART medicines to combat the HIV infection, and extra services that people living with HIV need. There are also drugs available which will reduce the chances that a baby gets an HIV infection. |

| | |
|---|---|
| Proportion of HIV+ mothers who bring their babies back to health facilities to continue treatment | **Communication Objective:**<br>• Increase the awareness that babies born to HIV positive mothers need to take special medicine for 6 weeks after birth to prevent HIV infection.<br>• Increase awareness that a baby's HIV status is confirmed after 18 months of age.<br>• Increase awareness that services are available to babies that have HIV.<br>**Key Promise:** Babies born to HIV positive mothers require special care and medicine to prevent HIV.<br>**Supporting Points:** For 6 weeks after birth, babies born to women with HIV receive an HIV medicine which protects them from infection with any HIV that passed from mother to child during childbirth. HIV testing for babies is recommended at birth, after 6 weeks, and again after 12 weeks. The final test should be conducted between 18 and 24 months to confirm the child's HIV status. |
| **Audience Segmentation**<br>Primary Audience: Pregnant women, their families<br>Secondary Audience: health care workers, community health workers (CHA, CHV, TTMs) | |

## 2. Child Health

| Behavioral Objectives: Pregnant Women | |
|---|---|
| **Behavior** | **Communication Objective** |
| Increase the proportion of mothers who introduce supplementary feeding (soft foods) when baby is 6 months old | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of introducing supplementary feeding when baby is 6 months.<br>• Increase the proportion of mothers who express self-efficacy to introduce soft foods when baby is 6 months old.<br>**Key promise:** After 6 months, a baby needs additional foods along with breastmilk.<br>**Supporting points:** Breastmilk is not enough to provide all that the baby needs after 6 months. It is important to continue breastfeeding while introducing soft foods. Supplementary food and breastmilk help the baby grow and develop properly. |
| Increase the proportion of mothers who actively feed their babies with soft foods starting at six months | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of feeding their babies with soft foods starting at 6 months.<br>• Increase the proportion of mothers who express self-efficacy to feed their babies with soft foods.<br>**Key promise:** Babies learn best from their mothers how to eat soft foods.<br>**Supporting points:** By feeding their babies, mothers will know how much food their babies are eating. |

| | |
|---|---|
| Increase the proportion of mothers who breastfeed their children for at least 2 years | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of breastfeeding for 2 years.<br>• Increase the proportion of mothers who express self-efficacy to breastfeed their babies for 2 years.<br>• Increase the proportion of partners who support their women to breastfeed for 2 years.<br>**Key promise:** Breast milk helps the baby grow and develop properly.<br>**Supporting points:** Breastmilk provides good nutrition and helps the baby's body and brain to grow. Breastfeeding gives mother and baby a chance to continue to bond. Breastfeeding builds up the child's immune system so the child's body is able to prevent, fight, and recover fast from illnesses. |
| Increase the proportion of mothers who give their children a variety of good foods (balanced diet) at least 3 times a day | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of balanced diet.<br>• Increase the proportion of mothers who express self-efficacy to provide a variety of food as balanced diet at least 3 times a day.<br>• Increase the proportion of partners who support their women to provide a variety of food as balanced diet.<br>**Key promise:** With a variety of food as balanced diet, children will grow strong and be better able to fight illnesses.<br>**Supporting points:** A variety of food as balanced diet helps children's brain and body grow and develop and build their immune system. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of mothers who continue to feed their children when sick | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of feeding sick children.<br>• Increase the proportion of mothers who express self-efficacy to feed their sick children.<br>• Increase the proportion of partners who support their women to feed their sick children.<br>**Key promise:** Continuing to feed children who are sick will help them recover faster.<br>**Supporting points:** Without food, children do not have the energy for speedy recovery. |
| Increase the proportion of mothers who have their children fully immunized before age of 1 | **Audience: mothers**<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of routine immunizations.<br>• Increase the proportion of mothers who express self-efficacy to take their children for routine immunizations.<br>• Increase the proportion of partners who support their women to take their children for routine immunizations.<br>**Key promise:** Having all immunizations, children are less likely to get sick from childhood diseases and die.<br>**Supporting points:** Immunizations help children's bodies to learn to fight diseases such as poliomyelitis, tetanus, measles, influenza, whooping cough, rota-virus, pneumonia, diphtheria, yellow fever, hepatitis B and TB. Children should receive immunizations five times during the first year - at birth, six weeks, ten weeks, fourteen weeks and nine months. |

| | |
|---|---|
| Increase the proportion of mothers who take their children to the health facility for Vitamin A every six months until the child is 5 years old | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of Vitamin A.<br>• Increase the proportion of mothers who express self-efficacy to take their children to the health facility for Vitamin A.<br>• Increase the proportion of partners who support their women to take their children for Vitamin A.<br>**Key promise:** Vitamin A helps children see at night and fight infection.<br>**Supporting points:** Vitamin A prevents night blindness and builds up the immune system. |
| Increase the proportion of mothers who take their children to the health facility for deworming tablets every 6 months until the child is 5 years old | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the benefits of deworming tablets.<br>• Increase the proportion of mothers who express self-efficacy to take their children to the health facility for deworming tablets.<br>• Increase the proportion of partners who support their women to take their children to the health facility for deworming tablets.<br>**Key promise:** With deworming tablets, a child is healthier.<br>**Supporting points:** Worms can lead to anemia and malnutrition. Deworming tablets get rid of the worms. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of mothers who seek treatment on time for their sick children, whether at the community or the health facility | **Audience:** mothers<br>**Influencing/secondary audiences:** Partners, family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of mothers who know the signs of childhood illnesses.<br>• Increase the proportion of mothers who know where to take their children for treatment at the community or at the health facility.<br>• Increase the proportion of mothers who express confidence in going for treatment for their sick children.<br>**Key promise:** Seeking treatment early for childhood diseases prevents worsening sickness and death.<br>**Supporting points:** Early treatment for sick children helps them recover faster. Childhood illnesses and danger signs that need treatment include running stomach, cough and cold, pneumonia, fever, paleness and weakness, sleeping plenty, skin rash, convulsions, small and wasted body, baby dry, and vomiting. |

| Water and Sanitation | |
|---|---|
| **Behavior** | **Communication** |
| Increase the proportion of caregivers who wash their hands with soap at the critical times. | **Audience:** caregivers and parents<br>**Influencing/secondary audiences:** family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the belief that because our hands look clean does not make them free of germs.<br>• Increase the belief that germs from our hands can contaminate water and food and cause diarrhea.<br>• Increase the belief that washing hands with soap and water is an effective way to removes germs from our hands.<br>**Key promise:** Washing hands before touching food and after touching feces will reduce the risk that your child gets serious diarrhea.<br>**Supporting points:** One of the most common ways children get diarrhea is through the fecal-oral route. By making sure we wash our hands at the right times, we reduce this transmission. Diarrhea is much more serious for children under 5 years because their immune system is not yet very strong. Therefore, we should be very careful to prevent them from getting diarrhea in the first place. |
| Increase the proportion of caregivers who disinfect their household drinking water. | **Audience:** caregivers and parents<br>**Influencing/secondary audiences:** family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the belief that even if water looks clear, it may not be safe to drink.<br>• Increase the belief that untreated water may contain germs that cause diarrhoea and other diseases.<br>• Increase the belief that water is safe to drink when it is both clear and disinfected.<br>**Key promise:** Consistently disinfecting your family's drinking water will reduce the risk that your child may get serious diarrhea.<br>**Supporting points:** One of the most common ways that children get diarrhea is by drinking unsafe water. By properly disinfecting and storing your drinking water, we reduce this transmission. Diarrhea is much more serious for children under 5 years because their immune system is not yet very strong. Therefore, we should always make sure to drink only disinfected drinking water. |

| Behavior | Communication |
|---|---|
| Increase the proportion of people who use a latrine for defecation and urination | **Audience:** general population<br>**Influencing/secondary audiences:** community leaders, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the belief that exposure to feces and urine causes serious illnesses, including diarrhoea.<br>• Increase the belief that if feces and urine is left outside, people, including children, may come in contact with it and get sick<br>• Increase the belief that using a latrine prevents people from getting exposed to feces and urine.<br>• Increase the belief that animals should also be kept in a pen to prevent their feces and urine from spreading around the community.<br>**Key promise:** Consistently using a latrine to defecate and urinate will reduce the risk that your child gets serious diarrhea.<br>**Supporting points:** A common way that children get serious diarrhea is by being exposed to unsanitary environments, such as those where people and animals defecate and urinate in public. By always using a latrine, feces and urine are properly disposed and kept safely away from children. |
| Increase the proportion of caregivers who provide breastmilk or ORS and zinc as the first line of treatment for diarrhea | **Audience:** caregivers and parents<br>Influencing/secondary audiences: family members, service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the belief that when your child has diarrhea they lose fluids due to increased and frequent stooling.<br>• Increase the belief that if fluids are not replaced, the child is at risk of dying.<br>• Increase the belief that giving ORS or breast milk will revitalize them and replace lost fluids.<br>**Key promise**: ORS and zinc is the most effective and complete treatment for diarrhea. For children under 6 months, increased breastfeeding is the best.<br>**Supporting points:** ORS is the best way to replace fluids lost to diarrhea, and zinc helps increase the body's absorption of the fluids while boosting the body's immunity. If a child is under 6 months, breastmilk is still the only thing the child needs to consume, but the amount of breastmilk should be increased to replace the lost fluids. |

| | |
|---|---|
| | increased to replace the lost fluids. |

## 3. Adolescent Sexual Reproductive Health

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of adolescents who delay having a first child until the age of 18 through abstaining from sex or using a family planning method | **Audience:** adolescent males and females<br>**Influencing/secondary audiences:** Parents, health service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of adolescents who perceive themselves as able to abstain from sex until the age of 18.<br>• Increase the proportion of adolescents who are confident in their ability to seek family planning services.<br>• Increase the proportion of adolescents who express self-efficacy to use a family planning method consistently and correctly.<br>**Key promise:** If adolescents wait until age 18 for first birth, the woman's body will be matured to withstand child birth.<br>**Supporting points:** At age 18 and above, labor and delivery complications including fistula may be avoided. |
| Increase the proportion of men and women of reproductive age who space their children at least 2 years apart | **Audience:** men and women of reproductive age (married, unmarried)<br>**Influencing/secondary audiences:** Partners, health service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of men and women of reproductive age who know the benefits of child spacing.<br>• Increase the proportion of men and women of reproductive age who discuss family planning and child spacing with their partner.<br>• Increase the proportion of men and women of reproductive age who are confident in their ability to use a family planning method consistently and correctly to space their children at least 2 years apart.<br>**Key promise:** If children are spaced at least two years apart, the mother has the time to recover from delivery and care for the baby; and the child will have better attention.<br>**Supporting points:** Family planning is safe, free and effective. |

| Behavior | Communication Objective |
|---|---|
| Increase the proportion of service providers who provide adolescent friendly services | **Audience:** service providers<br>**Influencing/secondary audiences:** Parents, adolescents<br>**Communication objectives:**<br>• Increase the proportion of service providers who express self-efficacy to provide adolescent friendly services.<br>• Reduce the proportion of service providers who bring their own biases to adolescent reproductive health counseling sessions.<br>**Key promise:** If service providers provide adolescent-friendly services, adolescents will feel more comfortable seeking services.<br>**Supporting points:** Adolescent-friendly services will allow adolescents to share their experiences, seek care, stay healthy, and serve as role models for other adolescents. |
| Increase the proportion of women who deliver at the facility to prevent fistula | **Audience:** women of reproductive age<br>**Influencing/secondary audiences:** Partners, parents, mothers-in-law, health service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of women who are aware of the benefits of delivery at the health facility, including to prevent fistula.<br>• Increase the proportion of couples who express confidence in being able to deliver at the facility.<br>• Increase the proportion of couples who believe the facility for delivery is the best place for mother and baby.<br>**Key promise:** If a pregnant woman delivers at the health facility, she will have access to care needed if complications arise.<br>**Supporting points:** At the health facility, the trained service provider will be equipped to provide services and/or referrals for complications, resulting in better birth outcomes. Delivery at government facilities are free. |

| | |
|---|---|
| Increase the proportion of women with fistula reporting to the clinic for referral and seeking care at the hospital. | **Audience:** post-partum women and women who are suffering from fistula, partners<br>**Influencing/secondary audiences:** Parents, mothers-in-law of women with fistula, health service providers and community health volunteers (CHAs, CHVs, TTMs)<br>**Communication objectives:**<br>• Increase the proportion of women and household heads who are aware of the availability of fistula care and treatment.<br>• Increase the proportion of women and household heads who know the benefits of fistula care and treatment.<br>• Increase the proportion of women and household heads who know where to go for fistula care and treatment.<br>**Key promise:** If a woman with fistula seeks care from a hospital, she can fully recover.<br>**Supporting points:** Women who receive fistula care will also have an opportunity for psycho-social care and vocational skills training. They will also be able to bear children in the future. They will be provided the tools to re-integrate into their families and communities. |

## 4. HIV/TB

| Men and Woman of Reproductive Age | |
|---|---|
| **Behavior** | **Communication** |
| Abstinence and delayed sexual debut among males aged 18 and below | **Communication Objective:**<br>Increase the belief that abstaining from sex will protect them from HIV.<br>**Key Promise:** If you abstain from sex, you will not get HIV and sexually transmitted Infections (STIs)<br>**Supporting Point:** One of the most common ways HIV and STIs are transmitted is through unprotected sexual intercourse. Abstaining from sex is the one guaranteed way to avoid sexual transmission of HIV/STIs. |

| Behavior | Communication |
|---|---|
| Fidelity among men in regular relationships | **Communication Objective**<br>Increase the belief that having one sexual partner whose HIV status is known to be negative will protect against transmission of HIV/STIs<br>**Key Promise:** Having a faithful HIV negative partner protects both against HIV/STI infection.<br>**Supporting Point:** One of the most common ways HIV and STIs are transmitted is through sexual intercourse. If you and your partner confirm your status through an HIV test, and remain faithful, then you will be protected from HIV. |
| Consistent condom use with non-spousal sex partners | **Communication Objective:**<br>• Increase the belief that not using condoms correctly and consistently during every sex act increases the risk for HIV infection.<br>• Increase the self-efficacy to use condoms correctly and consistently with every sex act.<br>• Increase awareness of where to access affordable and quality condoms.<br>• Increase the belief that the only way to know your partner's HIV status is through an HIV test (you cannot tell by looking).<br>**Key Promise:** Correct and consistent condom use is the most effective way to prevent sexual transmission of HIV/STI.<br>**Supporting Point:** Quality and affordable Condoms are easily available, either at a drop in center or from your local retailer. Someone who has been infected with HIV may not show symptoms for a long time, even though you can still get HIV if you have unprotected sex with them. If you do not know your sexual partners HIV status, the only way you can ensure you do not get infected is by using a condom every time you have sex. |
| Consistent condom use with commercial sex workers | **Communication Objective:**<br>• Increase the belief that not using condoms correctly and consistently during every sex act with a sex worker increases the risk for HIV infection.<br>• Increase the self-efficacy to use condoms correctly and consistently with every sex act.<br>• Increase awareness of where to access affordable and quality condoms.<br>**Key Promise:** Correct and consistent condom use with sex workers is the most effective way to prevent sexual transmission of HIV/STI.<br>**Supporting Point:** Sex workers have a greater number of sex partners because of their work. Therefore, they are at a higher risk of HIV than people who do not perform sex work. Not using a condom with a sex worker significantly increases your risk of getting HIV. |

| | |
|---|---|
| HIV Counselling and testing | **Communication Objective:**<br>• Increase the awareness of the 4 modes of HIV transmission.<br>• Increase the belief that anyone who has been exposed to one of the modes of transmission is at risk for HIV.<br>• Increase the belief that early detection of HIV infection increases the ability to receive health care services to manage the infection.<br>**Key Promise:** Early detection of HIV results in earlier and more effective treatment.<br>**Supporting Point:** Anyone who tests positive for HIV will be referred to care and support services, including ART medicines to combat the HIV infection, and extra services that people living with HIV need. |
| STI diagnosis and treatment | **Communication Objective:**<br>• Increase the understanding that STIs increase the risk of HIV infection.<br>• Increase the belief that STIs should get prompt diagnosis<br>**Key Promise:** STI treatment reduces chances that you will get HIV in the future.<br>**Supporting Point:** STIs usually present as open sores in the genital area, which makes HIV transmission much easier because the bodily fluids can come into contact with these sores. Also, someone with an STI is likely to be having sex without a condom, which further increases the chances of exposure to HIV infection. |
| Reduce stigma and discrimination towards PLHIV | **Communication Objective:**<br>• Reduce the belief that people living with HIV should be kept separate to protect society from HIV infection.<br>• Reduce the belief that people living with HIV have engaged in immoral behavior.<br>**Key Promise:** People living with HIV are not contagious through normal contact.<br>**Supporting Point:** HIV can only be transmitted through sexual contact, exposure to blood infected with HIV (through transfusion or infected needle and syringe, or from a mother during pregnancy or delivery). Therefore, a person with HIV does not pose any threat to society. |
| **Audience Segmentation**<br>Primary Audience: men and woman of reproductive age (15-45) | |

| Men Who Have Sex with Men | |
|---|---|
| **Behavior** | **Communication** |
| Consistent condom use with male sex partners | **Communication Objective:**<br>• Increase the belief that not using condoms correct and consistently during every anal sex act increases the risk for HIV infection.<br>• Increase the perception that using lube can increase comfort and pleasure of using condoms during anal sex.<br>• Increase awareness of where to access affordable and quality condoms and lube.<br>• Increase the belief the only way to know your partner's HIV status is through an HIV test (you cannot tell by looking).<br>**Key Promise:** Correct and consistent use of condoms and lube is the most effective way to prevent transmission of HIV during anal sex.<br>**Supporting Point:** Having anal sex without a condom can expose you to HIV infection. Lube can make using condoms during anal sex more pleasurable. Quality and affordable condoms are easily available, either at a drop in center or from your local retailer. Someone who has been infected with HIV may not show symptoms for a long time, even though you can still get HIV if you have unprotected sex with them. If you do not know your sexual partner's HIV status, the only way you can ensure you do not get infected is by using a condom every time you have anal sex. |
| Consistent condom use during commercial sex with male partner | **Communication Objective:**<br>• Increase the belief that not using condoms correctly and consistently during every sex act with a sex worker increases the risk for HIV infection.<br>• Increase the self-efficacy to use condoms correct and consistently with every sex act.<br>• Increase awareness of where to access affordable and quality condoms.<br>**Key Promise:** Correct and consistent condom use with sex workers is the most effective way to prevent sexual transmission of HIV.<br>**Supporting Point:** Sex workers have a greater number of sex partners because of their work. Therefore, they are at a higher risk of HIV than people who do not perform sex work. Not using a condom with a sex worker significantly increases your risk of getting HIV. |

| | |
|---|---|
| Consistent condom use with female partners | **Communication Objective:**<br>• Increase the awareness that not using a condom during anal sex increases a person's risk for HIV.<br>• Increase the belief that a person at risk for HIV should use condoms with all sexual partners to protect them being exposed to HIV.<br>**Key Promise:** If you have been at risk for HIV, then all your sexual partners are at risk too.<br>**Supporting Points:** Some MSM have female sexual partners, including wives. Anyone who has been exposed to HIV through unprotected anal or vaginal sex, then they would be putting any other sexual partner at risk of getting HIV from them. This includes other male sex partners, and their female sex partners. |
| HIV Counselling and testing for MSM | **Communication Objective:**<br>• Increase the perception that HCT services at the HCT centers are high quality (by being friendly, confidential, accurate and free of charge)<br>• Increase the perception that counselling at HCT centers offers a benefit to the person getting tested (highlight the importance of counselling).<br>• Increase awareness of a HCT centers location.<br>• Increase the perception they would be at risk for HIV if they engaged in anal sex.<br>**Key Promise:** HIV counselling and testing gives you peace of mind about your HIV status.<br>**Supporting Points:** If you have ever had sex (anal or vaginal) without using a condom, then you may have been exposed to HIV. They only way to know your status is through an HIV test. Anyone who tests positive for HIV will be referred to care and support services, including ART medicines to combat the HIV infection, and extra services that people living with HIV need. Special HCT centers that cater to MSM are available where you can receive friendly services free of judgment. |

| Behavior | Communication |
|---|---|
| STI diagnosis and treatment for MSM | **Communication Objective:**<br>Increase the understanding that STIs increase the risk of HIV infection.<br>**Key Promise:** STI treatment reduces chances that you will get HIV in the future.<br>**Supporting Point:** STIs usually present as open sores in the areas around the genitals and anus, which makes HIV transmission much easier because infected bodily fluids can come into contact with these sores. Also, someone with an STI is likely to be having sex without a condom, which further increases the chances of exposure to HIV infection. |
| **Audience Segmentation**<br>Primary Audience: Men who have Sex with Men (MSM) | |

| **Behavioral Objectives: Female Sex Workers** | |
|---|---|
| **Behavior** | **Communication** |
| Consistent condom use with commercial sex partners | **Communication Objective:**<br>• Increase the belief that not using condoms correctly and consistently during every sex act with sex client increases the risk for HIV infection.<br>• Increase the self-efficacy to use condoms correct and consistently with every sex act.<br>• Reduce the belief that a sex client has the right to decide whether to use a condom because they are paying money.<br>• Increase awareness of where to access affordable and quality condoms.<br>**Key Promise:** Correct and consistent condom use with sex clients is the most effective way to prevent sexual transmission of HIV.<br>**Supporting Point:** Sex workers have a greater number of sex partners because of their work. Therefore, they have a higher chance of having sex with someone who has HIV, especially clients who do not want to use condoms, because they are more likely t have had unsafe sex. Not using a condom with a sex worker significantly increases your risk of getting HIV. |

| | |
|---|---|
| Consistent condom use with regular partners | **Communication Objective:**<br>• Increase the belief that not using condoms correctly and consistently during every sex act increases the risk for HIV infection.<br>• Increase the self-efficacy to use condoms correctly and consistently with every sex act.<br>• Increase awareness of where to access affordable and quality condoms.<br>• Increase the belief the only way to know your partner's HIV status is through an HIV test (you cannot tell by looking).<br>**Key Promise:** Correct and consistent condom use is the most effective way to prevent sexual transmission of HIV.<br>**Supporting Point:** Quality and affordable condoms are easily available, either at a drop in center or from your local retailer. Someone who has been infected with HIV may not show symptoms for a long time, even though you can still get HIV if you have unprotected sex with them. If you do not know your sexual partner's HIV status, the only way you can ensure you do not get infected is by using a condom every time you have sex. |
| HIV Counselling and testing for FSW | **Communication Objective:**<br>• Increase the belief that female sex workers are at an increased risk for HIV infection.<br>• Increase the belief that early detection of HIV infection increases the ability to receive health care services to manage the infection.<br>• Increase the belief that HCT services that are friendly towards FSWs are available.<br>**Key Promise:** Early detection of HIV results in earlier and more effective treatment.<br>**Supporting Point:** Anyone who tests positive for HIV will be referred to care and support services, including ART medicines to combat the HIV infection, and extra services that people living with HIV need. Special HCT centers that cater to FSWs are available where you can receive friendly services free of judgment. |

| Behavior | Communication |
|---|---|
| STI diagnosis and treatment for FSW | **Communication Objective:**<br>• Increase the understanding that STIs increase the risk of HIV infection.<br>• Increase the belief that STIs should get prompt diagnosis.<br>**Key Promise:** STI treatment reduces chances that you will get HIV in the future.<br>**Supporting Point:** STIs usually present as open sores in the genital area, which makes HIV transmission much easier because the bodily fluids can come into contact with these sores. Also, someone with an STI is likely to be having sex without a condom, which further increases the chances of exposure to HIV infection. |
| **Audience Segmentation**<br>Primary Audience: Female Sex Workers (FWS) | |

| **Behavioral Objectives: People Who Inject Drugs** | |
|---|---|
| **Behavior** | **Communication** |
| Consistent condom use with sex partners | **Communication Objective:**<br>• Increase the awareness that sharing a needle and syringe to inject drugs increases risk for HIV infection.<br>• Increase the belief that a person at risk for HIV should use condoms with all sexual partners to protect them being exposed to HIV.<br>**Key Promise:** If you have been at risk for HIV, then all your sexual partners are at risk too.<br>**Supporting Points:** It is common for PWID to share a needle and syringe with another PWID while they are injecting drugs. If one of the PWID has HIV, then the chances that the other PWID will also get it are very high. If the PWID later has unprotected anal or vaginal sex, then they would be putting their sexual partner at risk of getting HIV from them. This includes other male sex partners, and their female sex partners. |

| | |
|---|---|
| Consistent condom use with commercial sex partner | **Communication Objective:**<br>• Increase the belief that not using condoms correctly and consistently during every sex act with a sex worker increases the risk for HIV infection.<br>• Increase the self-efficacy to use condoms correct and consistently with every sex act.<br>• Increase awareness of where to access affordable and quality condoms.<br>**Key Promise:** Correct and consistent condom use with sex workers is the most effective way to prevent sexual transmission of HIV.<br>**Supporting Point:** Sex workers have a greater number of sex partners because of their work. Therefore, they are at a higher risk of HIV than people who do not perform sex work. Not using a condom with a sex worker significantly increases your risk of getting HIV. |
| HIV Counselling and testing for PWID | **Communication Objective:**<br>• Increase the belief that PWID are at an increased risk for HIV infection.<br>• Increase the belief that early detection of HIV infection increases the ability to receive health care services to manage the infection.<br>• Increase the belief that HCT services that are friendly towards PWID are available.<br>**Key Promise:** Early detection of HIV results in earlier and more effective treatment.<br>**Supporting Point:** Anyone who tests positive for HIV will be referred to care and support services, including ART medicines to combat the HIV infection, and extra services that people living with HIV need. Special HCT centers that cater to PWID are available where you can receive friendly services free of judgment. |
| STI Diagnosis and treatment for PWID | **Communication Objective:**<br>Increase the understanding that STIs increase the risk of HIV infection.<br>**Key Promise:** STI treatment reduces chances that you will get HIV in the future.<br>**Supporting Point:** STIs usually present as open sores in the genital area, which makes HIV transmission much easier because the bodily fluids can come into contact with these sores. Also, someone with an STI is likely to be having sex without a condom, which further increases the chances of exposure to HIV infection. |

| Behavior | Communication |
|---|---|
| Stop sharing of needle and syringe when injecting drugs | **Communication Objective:**<br>• Increase the belief that sharing a needle and syringe with another PWID puts one at great risk for HIV infection.<br>• Increase the belief the only way to know someone else's HIV status is through an HIV test (you cannot tell by looking).<br>**Key Promise:** Using a clean needle and syringe every time you inject drugs will reduce your chances of getting HIV.<br>**Supporting Points:** Sharing: If two PWID share a needle and syringe, and one of the PWID has HIV, then the chances that the other PWID will also get it are very high. Someone who has been infected with HIV may not show symptoms for a long time, even though you can still get HIV if you share a needle and syringe with them. |
| Increase use of single use needle and syringes | **Communication Objective:**<br>• Increase the belief that single use needle and syringes help prevent the spread of HIV among PWID.<br>**Key Promise:** Single use needle and syringes can only be used one time, which prevents sharing between PWID.<br>Supporting Points: |
| Using low dead space (LDS) syringes | **Communication Objective:**<br>• Increase the belief that Low Dead Space (LDS) syringes reduce the risk of HIVC transmission if shared with another PWID (does this promote disinhibition?)<br>• Increase the belief that LDS syringes ensure less of the drug is left behind in the needle.<br>**Key Promise:** LDS syringes are safer and waste less of the drug.<br>**Supporting Points:** LDS syringes have less space between the syringe hub and needle, meaning less fluid will remain in the plunger after complete depression. This reduces the amount of potentially HIV infected blood that might be left over from another PWID, while aloso reducing the amount of drug that is left behind after injection. |

| | |
|---|---|
| Increase usage of substitution therapy | **Communication Objective:**<br>• Increase the desire to use rehabilitation services.<br>• Increase the self-efficacy for rehabilitation.<br>• Increase awareness of where to access rehabilitation services.<br>**Key Promise:** Rehabilitation brings the chance for a new life free from drug hunger.<br>**Supporting Points:** There are drugs available that will help an PWID to stop taking injecting drugs. These drugs will reduce the drug hunger and withdrawal pains normally experiences when an PWID stop taking heroin. |
| **Audience Segmentation**<br>Primary Audience: Injecting Drug Users (PWID) | |

**Behavioral Objectives: Pregnant Women**

| Behavior | Communication |
|---|---|
| Increase HCT among pregnant women | See Maternal and Newborn Health |
| Increased proportion of males supporting their pregnant partners who are diagnosed HIV positive | See Maternal and Newborn Health |
| Proportion of HIV+ mothers who bring their babies back to health facilities to continue treatment | See Maternal and Newborn Health |

| Behavioral Objectives: Health Care Service Providers | |
|---|---|
| **Behavior** | **Communication** |
| Increased proportion of service providers who are supportive of HIV positive pregnant women | **Communication Objective:**<br>• Increase the belief that pregnant women who test positive for HIV require additional compassion and services to ensure they have a safe delivery.<br>• Increase the belief that normal precautions can be used to protect health care workers from HIV infection.<br>• Increase the belief that people living with HIV deserve health care services free from judgment.<br>**Key Promise:** You can help a woman with HIV deliver a baby that is HIV negative.<br>**Supporting Points:** Delivering a child is one of the most important days in a person's life. Health care workers can ensure this day is a happy one for women with HIV by ensuring the child is born HIV negative. While a pregnant woman with HIV requests additional precautions, health care providers can ensure they are protected from HIV infection. |
| Reduce proportion of service providers who discriminate against PLHIV | **Communication Objective:**<br>• Increase the belief that normal precautions can be used to protect health care workers from HIV infection.<br>• Reduce the belief that people living with HIV have engaged in immoral behavior.<br>• Increase the belief that people living with HIV deserve health care services free from judgment.<br>**Key Promise:** You can help PLHIV have fulfilling lives by doing your best to improve and maintain their quality of health.<br>**Supporting Points:** PLHIV require additional health care to ensure they remain healthy, and will get sick more often than other patients. A doctor has the responsibility to ensure their needs are met to the best of their means and ability. |

| | |
|---|---|
| Reduce proportion of service providers who discriminate against key populations | **Communication Objective:**<br>• Increase the belief that normal precautions can be used to protect health care workers from HIV infection.<br>• Increase the belief that key populations deserve health care services free from judgment.<br>**Key Promise:** All human beings deserve good health, and the role of a health care provider is help their patients lead the healthy lives they want.<br>**Supporting Points:** A health care provider's role is not to cast judgment on decisions that lead to sickness, but to restore their patients to good health and guide them to make decisions that will prevent sickness again in the future. The health care provider cannot make the decision for the patient, but can provide information about the options available to the person based on their preferences. For example, this may mean information about abstinence, fidelity or condom use, and supporting the patient's right to choose the option most suitable for them. |
| Increase the proportion of health care providers who check PWID, MSM, and FSWs for anal and oral STIs. | **Communication Objective:**<br>• Increase the belief that key populations deserve health care services free from judgment.<br>• Increase the awareness that key populations require additional screening to identify anal and oral STIs. |
| **Audience Segmentation**<br>Primary Audience: Health care workers<br>Secondary Audience: Community Leaders, General pop | |

| Behavioral Objectives: People Living with HIV | |
|---|---|
| **Behavior** | **Communication** |
| Adherence to ART | **Communication Objective:**<br>• Increase the belief that consistent dose timings (taking your medication every day and on time) will protect the health of PLHIV.<br>• Increase the belief that not taking all ART medicines consistently can lead to treatment failure and to the emergence of drug-resistant strains of HIV.<br>**Key Promise:** Adherence to ART ensures the medicines are effective for longer life<br>**Supporting Points:** ART medicines work best when they are taken the same time every day. This ensures that the medicine stays at the right level in the body at all times. If the ART is not taken correctly, then the HIV infection can become resistant to the drugs, and they may no longer work. |
| Routine health checkups for PLHIV | **Communication Objective:**<br>Increase the belief that PLHIV need to take extra care to avoid getting sick, and to catch and start treatment for illnesses early to avoid serious complications.<br>**Key Promise:** For PLHIV, early detection of opportunistic infections will prolong a healthy life.<br>**Supporting Points:** PLHIV are prone to serious illness than other people because their immune system is impaired. Therefore, PLHIV need to take extra precautions to catch and treat illnesses early compared to other people. Because PLHIV are particularly venerable to TB, they should get screened on a routine basis. |
| Increase use of TB preventive medicine, Isoniazid. | **Communication Objective:**<br>Increased belief among PLHIV that Isoniazid should be taken to prevent TB.<br>**Key Promise:** TB is a common and serious illness among PLIHV, and Isoniazid is effective way to prevent it.<br>**Supporting Points:** Isoniazid is an antibiotic used as a first-line agent for the prevention and treatment of both latent and active tuberculosis. Because PLHIV are prone to TB, and because TB can be deadly for PLHIV, Isoniazid is recommended to prolong healthy life. |

**Audience Segmentation**
Primary Audience: PLHIV, family
Secondary Audience: health care workers, community health workers (CHA, CHV, TTMs)

**Behavioral Objectives: Prison Health**

| Behavior | Communication |
|---|---|
| HIV Counselling and testing for Prisoners | **Communication Objective:**<br>• Increase the awareness that HCT services are available at the prison.<br>• Increase the perception they would be at risk for HIV if they engaged in vaginal or anal sex without a condom.<br>• Increase the belief the only way to know your partner's HIV status is through an HIV test (you cannot tell by looking).<br>**Key Promise:** HIV counselling and testing gives you peace of mind about your HIV status.<br>**Supporting Points:** If you have ever had sex (anal or vaginal) without using a condom, then you may have been exposed to HIV. They only way to know your status is through an HIV test. Anyone who tests positive for HIV will be referred to care and support services, including ART medicines to combat the HIV infection, and extra services that people living with HIV need. |

**Audience Segmentation**
Primary Audience: prisoners
Secondary Audience: prison health care workers

## Tuberculosis

| Behavior | Communication |
|---|---|
| Increase proper diagnosis of TB | **Communication Objective:**<br>• Increase understanding that any cough that lasts 2 or more weeks may be TB.<br>• Anyone who suspects they have TB should get a test at their local health facility.<br>• If TB is confirmed, free medication is available at the health facility.<br>**Key Promise:** TB can be cured and services are free.<br>**Supporting Point:** TB is a common disease, but it is one of the leading causes of death in Liberia. If you or someone you know suspects they have TB, they should get tested immediately. Free medicine is available at the health facility to everyone who needs it. |
| Increase adherence to treatment for TB | **Communication Objective:**<br>• Increase the awareness that the complete course of TB treatment is 6 months long.<br>• Increase the belief discontinuing TB treatment may lead to multi-drug resistant TB, which means the existing TB medicines will no longer be effective, and the case will become more severe.<br>• Increase the understanding that not completing the full course of TB treatment may cause family members to become infected.<br>**Key Promise:** Completing the full course of TB medicine will prevent serious complications or drug resistance in the future.<br>**Supporting Point:** TB can only be cured if the full course of treatment is completed.<br>If the course is not completed, then the TB bacteria may mutate and no longer be treatable with available medicines.<br>If this happens, the infection may become worse, they can infect family members, and the person may die. |

| | |
|---|---|
| Reduce stigma and discrimination against people who have TB | **Communication Objective:**<br>Reduce the belief that people who have been diagnosed with TB are contagious and should be kept separate.<br>**Key Promise:** People who are taking TB medication are no longer contagious<br>**Supporting Point:** Once someone has been diagnosed with TB, they will begin TB treatment immediately. Once they have been taking medicine for 2 weeks consistently, then they are no longer contagious. However, if you have been taking care of someone that gets diagnosed, you should also get screened for TB. |
| **Audience Segmentation**<br>Primary Audiences: general population<br>Secondary Audiences: health care workers, community health care workers (CHA, CHV, TTMs) | |

## Malaria

| Behavioral Objectives: Vector Control | |
|---|---|
| **Behavior** | **Communication** |
| Increase the proportion of pregnant women and children under five who obtain LLINs and use them everywhere, every night. | **Communication Objectives:**<br>• Increase the proportion of pregnant women who are aware they are entitled to one free LLIN at their first ANC visit, and one free LLIN at institutional delivery.<br>• Increase the proportion of pregnant women who demand an LLIN during their first ANC visit and at institutional delivery. Increase the proportion of pregnant women and caregivers of children under five who perceive themselves and their children to be in danger if they do not sleep under an LLIN year-round.<br>• Increase the proportion of pregnant women and caregivers of children under five who initiate discussion within their household about the importance of LLIN use and who express it is a household priority.<br>**Key Promise:** When you and your children sleep under an LLIN malaria will be reduced, and your health and wellness will be preserved.<br>**Supporting Point:** LLINs for you and your child are provided free of charge. |
| Increase the proportion of individuals who obtain and use LLINs properly everywhere, every night. | **Communication Objectives:**<br>• Increase the proportion of individuals who perceive themselves to be in danger if they do not sleep under an LLIN year-round.<br>• Increase the proportion of individuals who express confidence in an LLIN's effectiveness in preventing malaria.<br>• Increase the proportion of individuals who encourage discussion about LLIN use and express it is a high priority.<br>**Key Promise:** Obtaining and using LLINs year-round saves money otherwise spent on trips to health facilities and on malaria medicine.<br>**Supporting Point:** LLINs are available for free during mass distributions, during routine distribution channels (such as ANC and institutional delivery). |

| | |
|---|---|
| Increase the proportion of CHVs who demonstrate the ability to educate target audiences through interpersonal communication and counseling skills, and training and provision of support materials. | **Communication objective:**<br>Increase the proportion of CHVs who express the self-efficacy to educate target audiences using interpersonal communication skills, counseling skills, and use of supporting materials.<br>**Key Promise:** Taking part in trainings to enhance skills will ensure increased ability to carry out duties with confidence.<br>**Support Point:** Enhancing interpersonal communication and counseling skills will enable CHVs to better change the beliefs and attitudes of those they communicate with. |
| Increase the proportion of LLIN owners who properly care for their net and repair as necessary. | **Communication objective:**<br>Increase the proportion of LLIN owners who are con dent in their ability to hang their net up during the day, tuck it in at night, wash with only mild soap (never with bleach), dry in the shade, and repair holes and tears regularly.<br>**Key Promise:** Properly maintained LLINs are more effective at preventing malaria than those with tears and holes.<br>**Support Point:** Proper care and repair of LLINs extends the amount of time they will serve to protect against malaria, and reduces the cost of purchasing new nets. |
| Increase the proportion of households that cooperate with spray operators and follow pre- and post- spray guidelines given by spray personnel. | **Communication objective:**<br>• Increase the proportion of household heads who express confidence in IRS efficacy.<br>• Reduce the proportion of household heads who express fear or misconceptions about chemicals used in IRS.<br>**Key Promise:** Complying with IRS sprayers reduces chances of getting malaria, and kills mosquitoes that transmit it.<br>**Support Point:** IRS spraying takes only a day, and lasts for much longer. |

**Audience Segmentation**
**Primary Audience:** Household heads and caregivers responsible for inter- household allocation of LLINs and decision making regarding permission of entry for IRS sprayers, pregnant women, caregivers of children
**Secondary Audiences:** Grandparents or in-laws who may allocate inter- household allocation of nets and/or permission to spray IRS in absence of primary caretakers

**Behavioral Objectives: Malaria in Pregnancy**

| Behavior | Communication |
|---|---|
| Increase the proportion of pregnant women who attend ANC early and once a month thereafter. | **Communication Objective:** Increase the proportion of pregnant women who believe that early and regular ANC visits ensure they receive appropriate services to protect the health of their children. **Key Promise:** Attending ANC early and regularly ensures a full check-up and receipt of medicine to prevent malaria during pregnancy. **Supporting Point:** ANC check-ups and medicine to prevent malaria during pregnancy are free. |
| Increase the proportion of pregnant women who demand IPTp every month beginning in their second trimester, up through institutional delivery. | **Communication Objective:** Increase the proportion of pregnant women who express confidence in their ability to ask for SP during ANC. **Key Promise:** IPTp is safe, and according to national guidelines service providers are required to provide it after quickening. **Supporting Point:** IPTp is safe, free, and effective. |

| | |
|---|---|
| Increase the proportion of pregnant women who demand an LLIN at their first ANC visit, and at institutional delivery. | **Communication Objective:**<br>Increase the proportion of pregnant women who are aware they are entitled to receive an LLIN at their first ANC visit, and at institutional delivery.<br>**Key Promise:** Sleeping under an LLIN will help prevent malaria during and after pregnancy.<br>**Supporting Point:** LLINs are free, and provided before and after delivery. |
| Increase the proportion of pregnant women who sleep under an LLIN. | **Communication Objective:**<br>Increase the proportion of pregnant women who are encouraged by their family and friends to sleep under a net during their pregnancy.<br>**Key Promise:** Discussing malaria in pregnancy with family and friends will encourage them to sleep under an LLIN.<br>**Supporting Point:** LLINs are free, safe, and effective at preventing malaria. |
| Increase the proportion of pregnant women who seek prompt care for fever. | **Communication Objective:**<br>Increase the proportion of pregnant women who express prompt care seeking for fever during pregnancy is normal in their community.<br>**Key Promise:** Seeking care for fever, especially during pregnancy, shows a woman and her family care about carrying a child to term without complications.<br>**Supporting Point:** Promptly seeking confirmation that fever is not malaria will ensure a pregnant woman and her child do not suffer the harmful effects of malaria during pregnancy. |
| Increase the proportion of service providers who encourage early and regular ANC attendance. | **Communication Objective:**<br>Increase the proportion of service providers who express confidence in their ability to take the time to encourage early and regular ANC attendance.<br>**Key Promise:** Taking the time to encourage early and regular ANC attendance ensures fewer pregnant women suffer from malaria in pregnancy.<br>**Supporting Point:** Early and regular ANC attendance among patients will increase the number of doses of SP they can receive, decreasing their chances of malaria in pregnancy. |

| Behavior | Communication |
|---|---|
| Encourage the proportion of service providers who provide adequate counseling to pregnant women during ANC (on the important of prompt care seeking for fever, and on the importance, safety, and efficacy of IPTp). | **Communication Objectives:**<br>Increase the proportion of service providers who express that patient counseling is an essential responsibility.<br>**Key Promise:** Providing counseling helps pregnant women understand why they should follow provider instructions.<br>**Supporting Point:** Good counseling ensures better testing and treatment compliance among patients. |
| **Audience Segmentation**<br>**Primary Audiences:** Pregnant women, husbands, mothers in-law<br>**Secondary Audiences**: Service providers, CHVs, grandmothers, friends | |

| Behavioral Objectives: Malaria Case Management | |
|---|---|
| **Behavior** | **Communication** |
| Increase the proportion of caretakers of children under five who seek a blood test for malaria within 24 hours of their children's onset of symptoms. | **Communication Objective:**<br>Increase the proportion of caretakers of children under five who perceive their children to be in danger if they do not seek a test within 24 hours of the onset of fever.<br>K**ey Promise:** Children under five are at a great risk of getting malaria, but there are many other harmful illnesses that cause fever. Seeking a test within 24 hours of fever is a way of showing love and protecting children.<br>**Supporting Point:** Typhoid and cholera are both common diseases that may be confused with malaria. Malaria medicine is not effective against treating any other disease, so if the child does not have malaria they may get sicker without proper diagnosis and treatment. |
| Increase the proportion of individuals who seek a blood test when they suspect they have malaria. | **Communication Objective:**<br>Increase the proportion of individuals who perceive themselves to be in danger if treated without a blood test to confirm presence or absence of malaria.<br>**Key Promise:** Not every fever is malaria. The medicine to treat malaria is not effective against any other diseases, so the person may continue to get ill if not properly diagnosed. Save time and money by getting tested before seeking treatment.<br>**Supporting Point:** Malaria tests are available at hospitals and clinics throughout Liberia, and by community health assistants in hard-to-reach communities. Rapid diagnostic tests can be done at private medicine stores. |
| Increase the proportion of those who have been prescribed ACT and complete full dosage. | **Communication Objectives:**<br>Increase the proportion of individuals and caretakers of children under five who perceive themselves to be in danger if treated without a blood test to confirm presence or absence of malaria.<br>**Key Promise:** Taking the full course of ACT when prescribed ensures that malaria does not come back, and does not progress to severe malaria.<br>**Supporting Point:** Consider the time and money saved by curing malaria completely the first time, rather than only partially and then having to seek testing and treatment again. |

| Behavior | Communication |
|---|---|
| Increase the proportion of facility-level service providers, CHVs, and private sector vendors who do a blood test before prescribing malaria treatment. | **Communication Objectives:**<br>Increase the proportion of service providers who express confidence in the accuracy of rapid diagnostic tests and microscopy.<br>**Key Promise:** Testing patients exclusively with microscopy or rapid diagnostic test ensures they do not suffer from another fever-related illness.<br>**Supporting Point:** Adherence to national guidelines for diagnosis demonstrates compassion for clients and builds trust between provider and patient. |
| Increase the proportion of facility level service providers, CHVs, and private sector vendors who adhere to national guidelines regarding prescription procedures for positive and negative malaria blood tests. | **Communication Objective:**<br>Increase the proportion of service providers who express confidence in their ability to test and treat according to guidelines in every instance.<br>**Key Promise:** Following national guidance on correct treatment procedures for positive and negative malaria test results will ensure patients receive treatment for their disease.<br>**Supporting Point:** Correct prescription practices limit overuse of antibiotics and wastage of ACTs. |

| | |
|---|---|
| Increase the proportion of individuals and caretakers of children under 5 who seek and obtain ACT within 24 hours of their children's onset of symptoms. | **Communication Objective:**<br>Increase the proportion of caregivers of children under five who are aware that ACT is the correct treatment for simple malaria.<br>**Key Promise:** ACT is an effective treatment for simple malaria.<br>**Supporting Point:** ACT is free at public health facilities throughout Liberia. |
| **Audience Segmentation:**<br>**Primary Audiences**<br>Mothers, grandmothers, and other caregivers of children under five years in rural and peri-urban areas<br>**Secondary Audiences**<br>Husbands, in-laws, service providers at the facility and community level of all cadres, pharmacists and private medicine store owners | |

## 6. Hemorrhagic fevers (Ebola, Lassa Fever)

| Ebola Prevention and Control | |
|---|---|
| **Behavior** | **Communication** |
| Keep sick people separate and call 4455 for support. | **Communication Objective:**<br>• Increase awareness that if someone is seriously sick with Ebola-like symptoms, the sick person should not be touched and should be kept in their own area.<br>• Increase the belief that early treatment of Ebola will increase the chance of survival.<br>**Key Promise:** Liberia has lots of experience treating Ebola, so if someone is suspected of having Ebola then calling 4455 makes sure they get the health care they need.<br>**Supporting Point:** You are at risk of Ebola infection if you touch anyone with Ebola-like symptoms or their bodily fluids. Early treatment of Ebola will increase the chance of survival. Help is available from your community leader and 4455. |
| If someone dies, call 4455 or inform the community leader so the body can be tested for Ebola. | **Communication Objective:**<br>• Increase understanding that MOH policy for dead body swabbing applies to all.<br>• Increase understanding that dead body swabbing is quick and does not interfere with traditional burial practices.<br>**Key Promise:** If all dead bodies are swabbed for Ebola, we can make sure any new cases are discovered before a new outbreak gets out of control.<br>**Supporting Points:** MOH says all dead bodies must be swabbed to test for Ebola. Dead body testing is taking spit from the mouth of the dead body with cotton ball to check for Ebola. After the dead body testing and if the person was not sick with Ebola signs and symptoms, the family can bury their loved one how they normally do. If the person who died had Ebola-like symptoms, the hospital people will bury the body. |

| | |
|---|---|
| Hand washing to prevent Ebola | **Communication Objective:**<br>• Increase the understanding that protective precautions are still required to avoid the spread of Ebola.<br>• Increase the belief that touching is one of the most common ways to get Ebola.<br>• Increase the belief that routine hand washing is the best way to protect oneself from Ebola infection.<br>**Key Promise:** Hand washing is still one of the best ways to protect oneself from Ebola infection.<br>**Supporting Point:** One of the easiest ways Ebola is transmitted between people is through touching – whether touching between people, or touching something someone else has touched. Hand washing reduces the chances that Ebola can be passed though touching. Ebola is still in the region and we need to continue to take protective precautions. |
| Reduce stigma and discrimination against Ebola survivors | **Communication Objective:**<br>• Increase awareness that Ebola survivors are not contagious.<br>• Increase belief that survivors should receive the same community services as everyone else: health care, community gathering.<br>• Survivors are champions and can help with future outbreak.<br>**Key Promise:** Ebola survivors are not contagious through normal contact, and need support from the community after having overcome such a big challenge.<br>**Supporting Point:** The Ebola crisis has instilled fear in the Liberian society. People are still letting the fear of Ebola influence their interactions with Ebola survivors. This causes the population to stigmatize survivors. The population should welcome survivors back into their families and community. |
| Safer sex and condom use with Ebola survivors | **Communication Objective:**<br>• Increase knowledge that it is still possible to catch Ebola from survivors through sexual contact.<br>• Increase belief that condoms provide protection from Ebola infection when having sex with Ebola survivors.<br>**Key Promise:** Condoms will provide protection from Ebola infection when having sex with an Ebola survivor<br>**Supporting Point:** Although Ebola survivors are not contagious through normal contact, the virus is known to exist in sexual fluid for an unknown period of time. Therefore, condoms are the most effective way to protect against Ebola infection when having sex with an Ebola survivor. |

| | |
|---|---|
| Increase prompt acceptance of Ebola vaccine among people at risk of infection. | **Communication Objective:**<br>• Increase awareness that the Ebola prevention vaccine is being offered as part of a voluntary study limited to HCWs and contacts.<br>• Increase belief that the vaccine is safe and effective<br>**Key Promise:** Getting the Ebola prevention vaccine reduces your risk of catching Ebola, even if you have already been exposed.<br>**Supporting Point:** Ebola is still around Liberia. Vaccines help your body to prevent or fight an infection. Those who have taken the vaccine haven't gotten Ebola from the vaccine. |
| **Audience Segmentation**<br>**Primary Audiences:** general population, community leaders<br>**Secondary Audiences:** health facility workers, community health workers (CHA, CHV, TTMs) | |

| **Lassa Fever** | |
|---|---|
| **Behavior** | **Communication** |
| Keep your house and community clean to prevent Lassa fever. | **Communication Objective:**<br>Increase the belief that a clean home and environment will reduce the presence of rats, which carry Lassa fever.<br>**Key Promise:** A clean home and community will reduce diseases caused by rats<br>**Supporting Point:** Rats thrive in environments where food and garbage is easily accessible. Rats carry many diseases, such as Lassa fever, which is spread through their blood, feces or urine.<br>A person can get Lassa fever if they eat a rat, or if it comes in contact with food. By keeping our home and environment clean and tidy, rats will go somewhere else to look for food. |

| | |
|---|---|
| Proper disposal of dead rats to prevent Lassa fever | **Communication Objective:**<br>Increase the belief that dead rats are dangerous because they may carry Lassa fever<br>**Key Promise:** Careful and proper disposal of dead rats can prevent spread of Lassa fever<br>**Supporting Point:** Rats are a common carrier for Lassa fever, which can be spread through contact with their blood, feces or urine. If you find a rat in your home, you should kill it, but take precautions not to contact any bodily fluids by wearing gloves and using bleach to clean up, and burying the dead rat deep in the ground to prevent others from contacting it. |
| Proper diagnosis and treatment for Lassa fever | **Communication Objective:**<br>• Increase awareness that if someone is seriously sick with fever, the sick person should not be touched and should be kept in their own area.<br>• Increase the belief that early treatment of fever will increase the chance of survival.<br>**Key Promise:** If someone is sick with serious fever, then calling 4455 makes sure they get the health care they need.<br>**Supporting Point:** Early treatment of hemorrhagic fevers like Lassa fever or Ebola will increase the chance of survival. Help is available from your community leader and 4455. |
| **Audience Segmentation**<br>**Primary Audiences:** general population, community leaders<br>**Secondary Audiences:** health facility staff, community health workers (CHA, CHV, TTM) | |

## 7. Rabies (Human Exposure to Animal Bites)

| Behavior | Communication |
|---|---|
| Stay away from stray animals in the community | **Communication Objective:**<br>Increase the belief that any animal that has not been vaccinated against rabies is at risk of getting rabies.<br>**Key Promise:** We can prevent rabies by keeping away from unknown animals<br>**Supporting Point:** The most well-known signs of rabies are foaming mouth and aggressive behavior, which indicate advance stage of rabies. Dogs, cats, bats, and monkeys can get rabies. However, in the early stages of rabies, an animal may act shy or submissive. We should also avoid eating the brain of these animals. |
| Early treatment for an animal scratch or bite to prevent rabies | **Communication Objective:**<br>Increase the belief that a scratch or bite from an animal can cause rabies and requires immediate health care.<br>Increase the understanding that there is no effective treatment for rabies once the symptoms appear.<br>**Key Promise:** Early treatment after an animal scratch or bite ensures recovery.<br>**Supporting Point:** If a person is bitten by an animal, they should visit their clinic immediately for a rabies vaccination. Once symptoms appear, the person rarely survives. |
| **Audience Segmentation**<br>**Primary Audiences:** General population, community leaders<br>**Secondary Audiences:** health facility workers, community health workers (CHA, CHV, TTM) | |

## 8. Restoration of Services

| Behavior | Communication |
|---|---|
| Use of health facilities when sick and for routine health care | **Communication Objective:**<br>Increase awareness that health facilities are open and functioning<br>Increase awareness that health staff still wears PPE for everyone's safety<br>**Key Promise:**<br>Our local health facility has reopened and ready to serve you when you get sick or need routine health care.<br>**Supporting Point:** The MOH is making sure all health centers, clinics, and hospitals can give safe services. During the time of Ebola some health facilities needed to close, but now most of these health clinics and hospitals are open again. Everybody that enters the health center, clinic, or hospital must wash hands and do their temperature first. The health care workers will wear things to protect you and them. The things you may see the health workers wear are gloves, gown and a cover over the face. These things are there to protect you and the health worker from different, different sicknesses. If you see a health care worker wearing these things, it does not mean anybody has Ebola. It means the health care workers are protecting everybody in the community from different, different sicknesses that can be passed from person to person. |
| Support the staff at the health facility to ensure quality services (Compassion) | **Communication Objective:**<br>Increase the proportion of people who believe quality health services is partly their responsibility.<br>**Key Promise:** If you follow the instructions (bring card, come on time, ensure you understand) then you can have a better experience at the health facility, and a better relationship with the health care worker.<br>**Supporting Point:** Health Care Workers (HCWs) are often overloaded and in a challenging environment- stock outs, many clients, no electricity, no water. Health Care Workers are human beings, sometimes with tensions, stress from Ebola, or having a bad day. That the HCW is doing his/her best with what s/he has. That the HCW cares about you and is there to serve you |

| | |
|---|---|
| Increase the proportion of mothers who advocate to improve health services. (Community Engagement) | **Communication Objective:**<br>Increase the proportion of mothers who believe that the community working in partnership with service providers can make the health facility work better and can help improve the delivery of quality services<br>**Key Promise:** When Communities and Health Facility staff work in partnership, there will be Smoother operations, increased cohesiveness, reduced burden on the health care worker, and better quality of services<br>**Supporting Points:** Community is where there is cooperation between facility and members have better services. For example, in one community, a maternal care center was built by its TTMs with support from community members. However, in another community, a clinic is completely broken down with no HCW after the community refused to take ownership or show interest. |
| **Audience Segmentation**<br>**Primary Audiences:** general population, community leaders<br>**Secondary Audiences:** health facility workers, community health workers (CHA, CHV, TTM) | |