THE ROLE OF COMMUNICATION AND ADVOCACY IN THE FIGHT AGAINST MALARIA IN UGANDA

CASE STUDY:

THE MALARIA CONSORTIUM AFRICA,UGANDA

BY

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A Research Dissertation submitted to the Faculty of Social Sciences, in partial fulfillment of the requirements for the award of a Bachelors of Arts Degree in Mass Communication of Kampala International University

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DECLARATION

I, Hamisi Bihaji Iddi, declare that this Dissertation which I have researched on is from my own findings and has never been produced and presented for examination by anybody in any University or any other Institution of higher learning for any academic award. I therefore acknowledge all information from other sources and those which I worked with.

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APPROVAL

I certify that the work submitted by this candidate was under my supervision. His work is original and worth for the award of Bachelors of Arts Degree in Mass Communication of Kampala International University.

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DEDICATION

I would like to dedicate this book to the following people who are close to me. To my Parents for raising me to be the woman I am today, To my brother and sister whose presence makes me strive to be better, To my roommate and friend Vivian Kamau who has always been there for me through thick and thin, To all my lecturers and classmates who made my stay in K.I.U worthwhile. May the Lord reward them abundantly.

Definition of terms

Communication: The giving of information by talking and writing

Advocacy: Refers to speaking in favor of something or public recommendation or support of something

Consortium: Is an association or a group that is formed to finance a project too large to be handled individually

Incidence: Is an event that helps or adds to something else

Disseminate: Is to scatter widely or spread abroad information

Authenticity: Refers to reliability or genuineness

Policy: Refers to selected and planned line of conduct in the light of which individual decisions are made and coordination achieved

Paroxyms: Refers to a sudden and violent muscular contraction and relaxation

Channels: Is a course of action

Stratergy: Is a plan or a framework of how a certain objective can be accomplished

Misconceptions: Is misunderstandings

Stigma: Is taken to be a mark of disgrace of infamy

Venture: Refers to an understanding of a risk

Interpersonal: Is communication between persons

Intergroup: Is communication between groups

Practitioner: Is a person who practices a profession

Mortality: Is the state of being dead or mortal

Morbidity: Is the stare or quality of not being natural or healthy

I.P.T: Refers to Intermitted Preventative Therapy

I.T.Ns: Refers to Insecticide Treated Nets

A.C.T: Refers to Artemin based Combination Therapy

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CHAPTER ONE

1.0 INTRODUCTION TO THE STUDY

1.1 BACKGROUND OF THE STUDY.

Malaria is one of the most serious public health problems in the developing countries. It has affected 102 countries, Uganda inclusive. It is the overall leading cause of death for the country responsible for 17.9 %(state of the environment report 2003) of 2-4 years old age group in health units. Up to 30% (state of the environment report 2003) of pregnant mothers die of malaria every month. Malaria tends to be misdiagnosed. Any fever is usually treated as malaria and self medication is common.

Malaria remains the leading cause of mortality and morbidity in Uganda, accounting for 25%-40 %(Implementation Guide for Advocacy and Social Mobilisation2006) of out patient visits, 20% of admissions and 9.14% of inpatients deaths. Malaria and malaria related illnesses contribute 20%-23% of the infant and childhood mortality rates (Implementation for Advocacy and Mobilization on Malaria: 2006). Some of the reasons for this poor state include adequate or inadequate malaria treatment and inadequate information about malaria.

Ministry of Health introduced new policy for treatment of uncomplicated malaria in order to strengthen treatment of uncomplicated malaria. The system change is so important if the new medicines are to be effective. The change therefore has to be communicated to all leaders and influential people at all level. It is vital to educate the general public,

nation wide about the new treatment policy in order to ensure that the public can access effective treatment for malaria. (Implementation Guide for Advocacy on the new malaria treatment Policy. September 2006)

Therefore, communication and advocacy organize awareness campaigns distribute materials on insecticides, insecticides treated mosquito nets and intermitted preventative Therapy(IPT) for pregnant mothers, prepare press release for the campaigns against malaria, organize panel discussions on TVs, Radios, community leaders discussions etc. Advocacy and social mobilization play an important role in communication for malaria programmers. Careful planning is required in developing campaigns for malaria for the community at district, national, regional, and global level. Campaign planning requires human material and financial resources for meaningful behavioral change impact

1.2 STATEMENT OF THE PROBLEM

Malaria continues to be number one killer disease in Uganda and Africa at large (State of the Environment Report: 2003), affecting pregnant mothers and children. Though HIV/AIDS has claimed thousands of people, Malaria continues to pause the biggest challenge to the health of the people in Africa and Uganda at large
(Uganda Health Bulletin 2007).

Many communication and advocacy channels such as mass media, print media, songs etc have given a lot of information about Malaria and how it should be prevented; still thousands of pregnant mothers and young children are dying. This has greatly been attributed to the fact that a majority of the affected population are located at the rural areas whereby due to poverty, many cant afford radios or TVs in order to receive the iformation.There's also the fact that most of these people are illiterate and don't

effectively comprehend the messages. In addition this implies that possibly the role of communication and advocacy in the fight against malaria has not been fully explored, hence the need for the study.

1.3 OBJECTIVES OF THE STUDY

i. To assess the impact of communication channels used by Malaria Consortium Africa

ii To establish challenges faced by communication and advocacy interventions in the fight against malaria

iii To make recommendations on how best to utilize communication and advocacy in the fight against malaria.

1.4 SIGNIFICANCE OF THE STUDY

The study was helpful in establishing the best communication and advocacy strategies tailored to fight prevalence of malaria in Uganda. It was helpful to the policy makers in the assessment of the effectiveness of the available policies on malaria control and also in providing resource materials for formulation of new policies.

It acted as an impact assessment for Malaria Consortium Africa because it measured the success they had achieved so far in the fight against malaria using communication and advocacy.

1.5 RESEARCH QUESTIONS

1 What role has communication played in reducing the spread of malaria?

In Uganda?

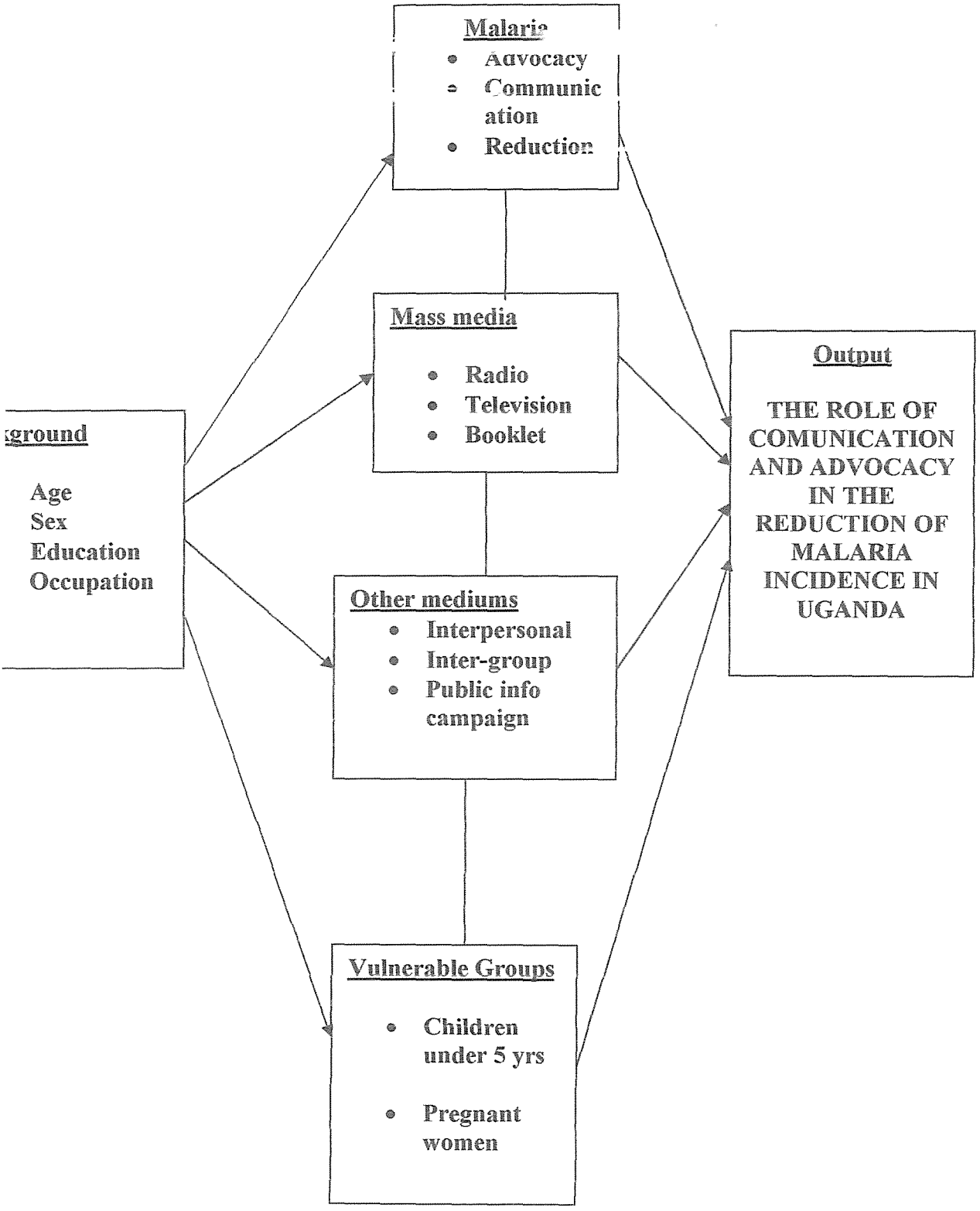
2 What are the challenges faced by practioners in the fight against Malaria in Uganda

3 What are the problems faced in disseminating information about the fight against Malaria in Uganda?

1.6 SCOPE OF THE STUDY

The study was conducted at Malaria Consortium Africa located in Kololo plot 2 Sturrock Road; the study took a period of three months. It's an international organization that provides implementation support, policy, and technical advice and consultancy services on communicable disease control. The malaria consortium works together with local, regional and global partners towards achieving better health. Malaria Consortium Africa has worked hand in hand with Mulago Hospital in order to combat the prevalence of malaria in Uganda.

1.7 CONCEPTUAL FRAMEWORK



CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter looks at the existing literature on the fight against malaria using communication and advocacy and what areas of significance that might have not been considered and skipped the researchers in the available literature

2.2 Malaria

It is an infective disease caused by protozoa parasites that are transmitted through the bite of an infected anopheles mosquito marked by paroxysms of chills and fever. (worldnet.princeton.edu)

An infected anopheles mosquito bites a person and infects the blood of the victim with the malaria parasites. Malaria parasites then travel through the blood stream to the liver and eventually infect the red blood cells destroying them and releasing more parasites to attack further red blood cells. Malaria causes 500 million cases of acute illness and is one of the leading causes of school and work absences, undermining education and economic development. The disease has hindered economic growth in Africa by as much as 1.3% of the Gross Domestic Product G.D.P each year. This means that the G.D.P of African countries is currently 32% lower than it might have been had Malaria been controlled two decades ago.

2.3 Prevalence of malaria in Uganda

The malaria situation is serious and getting worse each year since between 200-500

million people in the world fall ill with malaria, and 1.5 -2.7 million people die from this disease (Communication Guideline for Malaria Control, 2006).

Over 80% of these cases and deaths occur in Africa, south of the Sahara, where malaria accounts about 105 of hospital admissions and 305 of outpatient consultations.

In Uganda: it is estimated that Malaria accounts for 7-8 million clinical cases and 1million deaths annually in children less than 3 years. (Communication Guide line for Malaria Control, 2oo6.24).

Malaria has led to the death of children under 5 years of age. The records indicate that 37/1000 children die in places of high malaria and 18/1000 children in low areas of Uganda. (Uganda Health Bulletin: 2006:72)Lack of education and knowledge about the disease and limited access to effective prevention and treatments leads to recurrent disease and prematuredeaths mainly in children and often taking place at home, untreated and often unrecorded.

Pregnant women are also at risk of malaria and its complications particularly during the first pregnancy, malaria being an important cause of low birth weight also causes anemia in children and pregnant women and increases their vulnerability to other diseases. (Communication Guidelines for Malaria Control 2006:26).

2.4 PEOPLE MOST VULNERABLE TO MALARIA

Malaria is a contributing factor to low birth weight, chronic anemia and weakened immunity leading to two million premature deaths among the most vulnerable

2.4.1 Children under 5years of Age

Malaria kills one child every 30 seconds. This preventable disease has reached epidemics proportions in many regions of the world, Uganda inclusive. And continues to spread unchecked (WHO fact sheets: No 94.2).

In absolute numbers, malaria kills 3000 children per day under 5 years of age (WHO fact sheet: No 94) It is a death poll that far exceeds the mortality rate from AIDS. Ugandan children under 3 years of age are chronic victims of malaria suffering an average of six bouts a year. Fatally -affiliated children often die in less than 72 hours after developing symptoms. In those children who survive, malaria also drains vital nutrients from children impairing their physical and intellectual development.

2.4:2 Pregnant Women

Pregnant women are also at risk of malaria and its complications particularly during the first pregnancy, malaria being a major cause of low birth weight and high neo natal mortality. It also causes anemia in pregnant women and increases their vulnerability to other diseases. Malaria inappropriately affects those in the living in conditions of poverty and is a serious problem in the frontier area of economic development and in countries affected by social disruption. (Jackson et al, 2002.24)

2.5 Communication and Advocacy.

"No single prescription can be made for the control of malaria in all countries. On the contrary, each country's circumstances will influence the organization of communication and advocacy programs to identify local problems and priorities and to design and implement appropriate interventions." (Communication guidelines for malaria control 2006.26).

Communication and Advocacy is really a behavioral change strategy aiming at reducing malaria in Uganda among policy makers and policy implementers. As such, it turns the tables on traditional behavioral change communication approaches that targets the community and consumers through advocacy and try to educate policy makers. These days most countries have received guidelines from WHO and other partners in developing national malaria treatment and prevention guidelines and policies, for example these policies spell out the national support for use of Artemin based combination Therapy (ACT) for first line case management. This is therefore at the second or third levels budgetory support and implementation where much of advocacy and implementation are needed. (www.malaria <http://www.malaria> free.org)

2.5.1 Mass media

Broadcast and print based media cover a large audience reminding the world that malaria a preventable disease with a relatively low "media profile" still kills millions from around the world. There has never been extensive media interest in the disease before (Africa on Rollback Malaria: 2000:26-27). Excellent media advocacy materials are designed, produced, and distributed and key messages are agreed and shared between partner agencies. Mass media include TVs, Radios, Newspapers, and videos etc. these are used for advertisements, interviews, dramas and information programmes all aiming at fighting the spread pf malaria in Uganda. Ministry of Health and other organizations all aiming at fighting malaria use such methods to cater for the targeted groups that is the pregnant women, young children or the vulnerable to receive simultaneous visual and audio messages that can be understood (Uganda Health Bulletin: 2006:54).TVs and

Radios are mostly used because they cover a very large and diverse audience.

This is because they provide information through sound and at times messages are repeated, usually at low price. Slides and videos are also used for training sessions, presentations and recording group discussions. They allow people especially those infected by malaria to participate, give facts or ideas on the disease and come up with solutions.(Communication Guidelines for Malaria Control: 2007).

Many Newspapers published daily provide a lot of information in a variety of ways such as news reports, features, letters etc all aiming at creating awareness about the dangers of malaria. Focusing on the weekly observer published in May 17-23, 2007, a new drug is to be developed by Medicines for Malaria Venture. It is planned in a way that the drug will not terminate pregnancies, so that expectant mothers carry pregnancies even when they have malaria.

However mass media has not proved to be a success to many because they favor only those in urban centres who have access to electricity, and it's also expensive for people in the villages to buy batteries for their radios. And the Newspapers are limited in rural areas and only favor the rich, elite and literate.

2.5.2 Interpersonal communication and Inter-group discussions

Malaria consortium Africa has made great use of interpersonal and inter-group discussions, that is to say through person to person, small group exchange, community outreach and training sessions. Here the targeted audience share information about malaria and other related issues and clarify misconceptions. Interpersonal communication is powerful in counteracting rumour, negative beliefs or ideas about malaria in supporting

positive action. Here people are convinced that though malaria is a killer disease but it can be prevented by sleeping under insecticide treated nets and seeking early treatment. However, this can be time consuming at times, malaria consortium finds it difficult to look for people by moving from one place to another. On the intergroup discussions the effectiveness of communication and advocacy will depend on the facilitator or group leader to persuade the targeted audience on how effectively malaria should be treated. (Georgeship Project: 2007:153)

2.5.3 Booklets

Booklets are used for presenting facts and giving instructions to the infected people i.e. pregnant mothers and young children. They guide them on how to use drugs such as IPT in pregnant mothers, medication to young children and other people infected with malaria.

Booklets have been successful in delivering information since they provide sources for further information and stimulate discussions among the targeted audience.

However, this has not been very successful since the organization is required to budget funds for reprinting and updating if necessary.

2.5.4 Public Information Campaigns

Mass treatment of nets in areas of good existing untreated net distribution is particularly effective. The malaria consortium developed a model for a national treatment campaigns in Uganda. The first campaign achieved impressive coverage treating 80%

(Malaria Consortium Manual Review: 2006-2007) of the estimated numbers of nets in household use. Planning for the other round is now progressing and other funders are providing support.

2.5.5 Training and Implementation

Malaria Consortium is supporting the Ministry of Health to implement the national change to act including assistance in finalizing the policy writing case management guidelines, workshops and training health workers. It has trained teams of doctors in 15 districts on cases of malaria; they have provided training materials to support the training of 1000 doctors and 1500 medical assistants in some areas. (Malaria Consortium Manual Review: 2006-2007)

Despite the employment of the various methods to fight malaria, the disease still remains the biggest threat to the health of thousands of people in and beyond Africa (Malaria Control Training Manual Report: 2006).

This therefore calls systematic analysis and evaluation of the effectiveness of these different methods so as to establish the role of communication and advocacy in reducing the spread of malaria.

(WHO Report: 1992) stresses the importance of collaboration between health sector and relevant development communication and advocacy programs in non health communities. This study will therefore help in assessing to what extent the above recommendations have been met.

2.6 CHALLENGES OF DISSEMINATING INFORMATION ON MALARIA

2.6.1 Stigma

Women believe it is bad lack to go for antenatal care before the fifth to sixth month of pregnancy because the baby might be cursed. That is to say if the mother boasts about her pregnancy before it's visible. They also have busy schedules hence little time to wait for antenatal care and also hate being scolded and treated by nurses and midwives when they come for antenatal care. (Communication Guidelines for Malaria Control, 2006.78)

This hinders the passing on of messages about malaria prevention to mothers which in turn leads to failure of the advocacy channels that are in place.

2.6.2 Constraints on demand

Lack of information on the parts of consumers severely limits the demand for preventive services. For instance, while in many places there is not yet demand for insecticide (re)treatment because of lack of knowledge and its effectiveness. This information problem is more pronounced for insecticide than for nets, as it is not immediately obvious to consumers how the insecticide re-treatment improves the effectiveness of the nets (Jackson et al 2002:36). Consumers are also often unaware that pregnant women and young children are particularly vulnerable to malaria and will also therefore benefit most from the use of ITNs. This lack of information, combined with intra-household allocation of power and authority, means that the household members most in need are sometimes least protected because some communication and advocacy channels do not reach the areas.

2.6.3 Limited access to preventive measures

Limited physical access to preventive measures also restrict their demand because households may have to travel long distances to get health facilities where anti malarial care is available. This therefore implies that some channels are not successful in some parts because people do not get adequate information from the sources due to inability to access them. The distance to places where mosquito nets are sold may also be considerable. Low retreatment rates of nets may also be due to inaccessibility of retreatment points and the inconvience associated with communal treatment.

2.6.4 Low treatment of nets

This may also be due to the inaccessibility of retreatment points and the inconvenience associated with communal retreatment, this at times could favor specialists to pass on the information to the people but some villagers feel uncomfortable about bringing their dirty nets to a public place (Jackson et al 2002:37-39). The other reason is ignorance of the mosquito net users; many users especially those in rural areas are not aware of the fact that nets are meant to be treated. Once these people buy nets, they use them until they get worn out without having them treated.

2.6.5 Constraints on supply

Severely constrained public sector health budgets in most malaria countries, mean that, it is difficult for governments to implement preventive interventions which are clearly public goods. Preventive interventions are particularly expensive because the whole

population at risk must be protected, while treatment interventions are needed only for those who fall sick (Communication Guidelines for Malaria Control: 2006). The cost of achieving high coverage with a preventive intervention such as residual house spraying or ITNs ill consume a substantial part of a poor country's total health allocation.

In addition to the problems of financial feasibility, the implementation of interventions presents many operational and logistical challenges. For example, the strong management capacity required to run an effective and well timed spraying programme or to supervise and support a village health worker net work to deliver prophylaxis is often lacking.

The other obstacle is public sector inefficiency which constraints the delivery of effective treatment hence leading to high cost in providing high coverage of effective prevention.

Malaria is big public Health challenge that calls for joint effort from every able person. There are technologies that need to be used immediately but are not accessed to the in biggest need. Ministry of Heath is committed to turning the current picture through resource mobilization, enhanced communication and advocacy, training of health personal improvement of health infrastructure and strengthening the health information systems.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

In this chapter, the focus was on the elaboration and justification for the use of various methodologies in the study.

The chapter encompassed the research design, study area, study population, sampling strategies, and tools for data collection like interviews, questionnaires and data analysis.

3.1 RESEARCH DESIGN

The study process was interactive in nature. The study adopted an explorative approach and some informative sources based on malaria reduction.

The quantitative and qualitative research methods were used to determine people's perceptions about communication and advocacy in helping to reduce malaria and other preventive information was gathered. This helped the researcher to organize findings from the sample population.

3.2 STUDY AREA

The study was conducted at Malaria Consortium Africa located in Kololo plot 2 Sturrock Road. It's an international organization that provides implementation support on malaria and other communicable diseases. The Malaria Consortium works with the local, regional and global partners towards achieving better health.

3.3 STUDY POPULATION

The research was carried out using the population of Malaria Consortium. It coverered men, women and children that one way could have been infected with malaria. This

particular population was chosen because it has the largest number of registered clients and therefore easily accessible. This was done by going in the field where Malaria Consortium Africa operates.

3.4 STUDY SAMPLE

The sampling strategy was selective and purposive in nature whereby the researcher selects places or areas from which she / he will carry out the interview. The study comprised of 50 people selected by the researcher.

3.5 RESEARCH INSTRUMENTS

3.5.1 Quantitative techniques

This involved the use of interviews, questionnaires and focus group discussion. Interviews were the most appropriate because they provided an opportunity to widely interact with those involved in the implementation of communication and advocacy channels as well as involving the beneficiaries.

The study gathered data through use of questionnaires that were designed to get information on specific issues relating to communication as a strategy to fight malaria.

Further data was collected through focus group discussions with pregnant mothers.

3.5.2 Focus group discussions

Here the researcher formed groups and asked questions to be discussed and came up with possible solutions or new ideas.

3.5.3 Questionnaires

The questionnaires were designed in such a way that the respondents who wished to remain anonymous were catered for. I indicated that the information they would reveal, would be used for academic purposes only.

3.5.4 Qualitative techniques

The researcher used in depth interviews that cut across a section of key informers such as the medical practitioners. This reinforced the ideas raised in the questionnaires. More data was collected through review of publications and reports on performance of the strategies already in use.

3.6 Data analysis.

Analysis of quantitative data was done through use of tables and graphic representations. Statistics was derived to show figures, degrees and percentages relating to the achievements and setbacks of communication and advocacy as a strategy to fight malaria.

Qualitative data was analyzed though categorizing the issues on a thematic basis. Themes were developed to achieve coherence and consistence in data analysis. Analyzing information according to theme helped to keep track of all the issues and avoided loss of any detail. Data from the questionnaire was coded to ease the process of analysis.

3.7 Limitations of the Study.

- The study might not benefit from a wider assessment of opinion beyond the few interviews planned for Malaria Consortium. For that matter, the area of study was possibly too small to give a good picture of the issues. This was however be controlled by using reports (secondary data) which gave a wider analysis.
- Power surges and blackouts proved to be a menace and therefore this hindered quick and effective working schedules
- The study was also conducted in so short a period due limited resources.

Despite all these challenges, the authenticity of the study findings were not adversely affected because the available resources could optimally help the researcher collect the information needed.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

4.0 Introduction

The findings of this chapter are based on the research carried out at Malaria Consortium Africa; An International Non Governmental Organization that provides implementation support, policy, and technical advice and consultancy services on communicable disease control.

This chapter shows the impact of communication and advocacy in the fight against malaria, understanding the messages of malaria prevention, information dissemination to persons suffering from malaria, the nature of communication and advocacy channels used by Malaria Consortium Africa, reasons for selection of different channels of advocacy and communication, challenges faced in dissemination of information using communication and advocacy, budget allocation and its effects.

4.1 Impact of Communication and Advocacy channels used

Malaria Consortium Africa uses a number of advocacy channels to disseminate information. The success of each according to the study indicates that people receive messages about malaria because it was proved through their responses towards preventative measures like seeking early treatment and sleeping under treated mosquito nets.

The channels used were radios since they covered a wider coverage, directs visits where

people were reached at their own homes, music and drama and use of community posters were also convenient in the sense that they did not require direct supervisions.

Fig 1: Table below shows the frequency of the responses to messages about malaria

Responses	**Frequency**	**percentage**
Sleep under mosquito nets	20	50%
Seek early treatment	15	37.5%
Those who ever responded	5	12.5%
Total	40	100%

This shows that the messages sent are received by the audience.

Though there is a slight difference of 12.5% of the respondents saying no to the question, the majority (87.5%) agreed to having heard the messages. This showed that the messages had reached the intended recipients.

4.1:1 Understanding of the messages of malaria prevention

In order to assess the impact of the channels used, the respondents were asked to mention ways in which they responded to the messages they had heard about malaria.

The study established that the response towards the messages was positive such as sleeping under treated mosquito nets, seeking early treatment and taking anti malarial tablets. The other answers given such as turning up for seminars and workshops also showed that the messages had been understood

Fig 3.

Response	Frequency	Perc
Come for meetings, workshops On malaria, seek early treatment	3	7.5 %
Negatively, especially to the indoor Residual spraying, the use of Mosquito nets is not satisfactory.	2	5%
Seeking early treatment	12	30 %
Sleep under mosquito nets	12	30 %
Taking treatment as the policy demands	4	10 %
Some take anti malarial drugs, Sleep under mosquito nets	4	10 %
Turn up for seminars and workshops	3	7.5 %
Total	40	100 %

4.2 Information Dissemination to persons suffering from Malaria

Using the fact that all communicated messages have information about malaria treatment and prevention for example seeking early treatment from a qualified medical doctor, clearing bushes and stagnant water ,and sleeping under treated mosquito nets as a baseline, the respondents were asked to give the advice they would pass on to a person who was suffering from malaria.

The assumption was that if they are to give advice, it required them to understand the messages.

The most common advice that the respondents said they would give was seeking treatment from a medical professional and sleeping under a mosquito net this kind of information shared by the respondents amongst themselves shows that they had an understanding of some of the methods used to reduce malaria

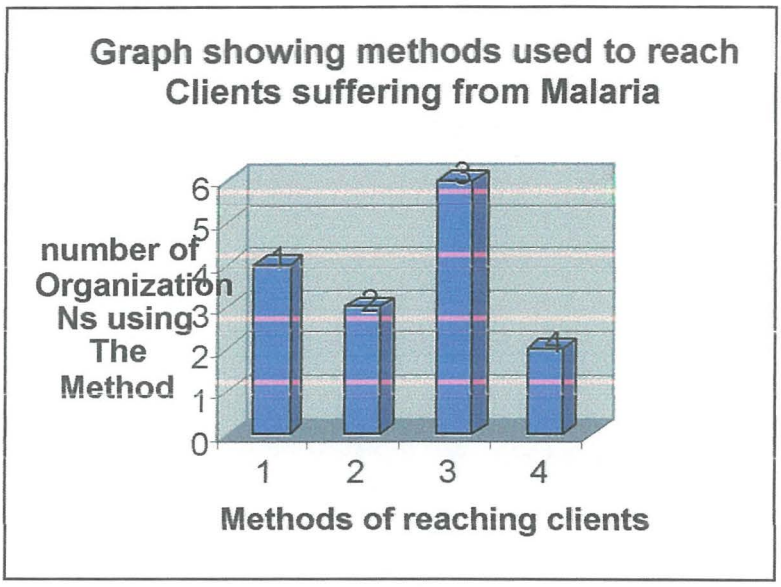
Fig 4: Table showing Frequency of Advice given to People suffering from Malaria

Advise to a person suffering from malaria	Frequency	Percent
always contact health professionals for treatment	20	50%
Clear bushes around the home, take drugs prescribed by the doctor, eat and drink plenty of fluids because one becomes weak, sleep under mosquito net	6	15%
Listen to radio programs that sensitize about malaria, early treatment	2	5%
Prevention is better than cure	2	5%
Sleep under treated mosquito nets, get proper treatment of malaria	10	25%
Total	**40**	**100.00%**

4.3 Nature of Communication and Advocacy Channels being used by Malaria Consortium Africa.

The graph below shows the distribution of the methods among the different methods of reaching clients used by Malaria Consortium Africa in fighting malaria incidence. It shows that the media was the most used method in dissemination of communication and advocacy massages aimed at reducing malaria prevalence

Fig 5



Key

1= Clinics

2= Visitation

3= Media

4=Other

It revealed that the most widely used method of information dissemination was the media especially Broadcast Radio. The most used Radio stations were Radio West, and Capital Radio since they covered a wide range of audience in areas where Malaria Consortium Africa operates. The other methods of message dissemination were visitations and clinics. The table below shows the frequencies from the above question;

Fig 6: Table showing most frequently used method of Information Dissemination on Malaria

Name of method/channel	Frequency	Percentage
Direct visits	5	12.5%
Music, drama	5	12.5%
Newspapers	5	12.5%
Others	5	12.5%
Radios	20	50%
Total	**40**	**100%**

4.3:1 Reasons for selection of different channels of Advocacy and Communication.

Malaria Consortium Africa was required to give reasons why they thought the methods they suggested were the best for information dissemination. A variety of reasons were given which include targeting a vast majority of both educated and non educated and using local languages which are easily understood by the masses. The most common reason for use of Radio was that most people own radios and hence can easily access the information being disseminated. See the table below,

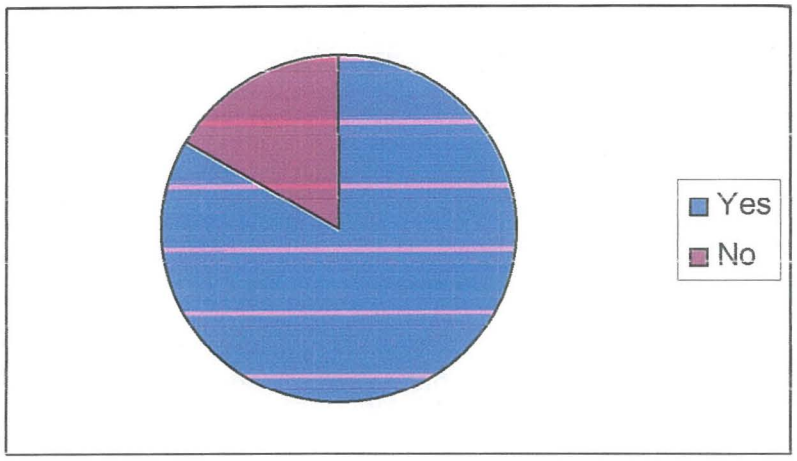
Fig 7: Table showing Frequency of Reasons for Choosing Channels for Dissemination

Reason	Frequency	Percent
Leaders move from one household to another telling people about malaria	4	10%
Most people have radios, programs are aired in different languages	20	50%
Other methods don't reach a very wide population and the most vulnerable people do not have access to TVs, radios and newspapers	5	12.5%
people turn up for shows	5	12.5%
printed in languages understood by many people	3	7.5%
target a vast majority both educated and uneducated	2	5%
universally provide information to listeners of different calibers	1	2.5%
Total	**40**	**100.00%**

4.3:2 Receptions of messages on Malaria prevention and Treatment

The purpose of this question was to find out whether the messages sent reach the people targeted. It was established by the study that 87.5% of the respondents receive the information on prevention of malaria. The 12.5% of the respondents said they had not received the messages. These shows the messages reach the targeted audience. This is illustrated in the Pie Chart below

Fig 8: A Pie Chart showing response to whether the information reached the desired recipients



Further investigation was done to find out why some respondents thought the information was not reaching the recipients it was intended for; the main reason that surfaced was that the channels used were not reaching the targeted audience. This shows the nature of channels used has a direct effect on the level of reception of messages being relayed. Therefore, it should be noted that the best channels for dissemination were those that cut across a wide audience. The findings are shown in the table below

Fig 9: Table showing Reasons for messages not reaching the respondent

Reason	Frequency	Percent
probably wrong channels used	20	50.00%
some channels do not reach the targeted audience	20	50.00%
Total	**40**	**100.00%**

This shows the channels used to disseminate had a strong impact on the reception of messages received. It also revealed that the channels being used by Malaria Consortium Africa reach the target audience because only 12.5% of the respondents had not got the messages.

However, strong consideration should be given to the coverage of channels because the table above shows that half of those who did not receive the messages owed it to use of wrong channels because many people were still ignorant about the most recent drug policies and treatment need for malaria.

4.4 Alternative Methods of disseminating of messages about Malaria Prevention and Treatment

The respondents were asked if they thought of any other methods of information dissemination that could be used. Twenty four out of forty (60%) believed there were no other methods of dissemination that could be used; only 40% had alternative channels for dissemination. This shows that the methods being used for information dissemination

were satisfactory to the majority and these included community posters. Broadcast Radio and Clinical Visitations. See table below

Fig 10:Table showing Frequency of Availability of others methods of dissemination

Others	Frequency	Percent
Those who heard messages on malaria	24	40.00%
Those who did not hear or who ignored messages	16	60.00%
Total	**40**	**100.00%**

The 40% who had ideas about other methods of dissemination were further asked to name the other dissemination channels that they thought would be used in enhancing communication and advocacy as a method of reducing malaria incidence, the respondents suggested use of community posters, direct visits to homes,workshops,use of IEC materials, music and drama. The biggest suggestion was use of posters. This according to them was convenient in the sense that it did not require direct supervision unlike workshops.

Since 40% is a considerable number, the channels suggested should be included in the methods of dissemination as alternative channels. This would increase on reception of messages hence reduce on the non coverage.

The results for this question are listed in the table below;

Fig 11:Table showing other Methods suggested for Information Dissemination		
Method Suggested	**Frequency**	**Percent**
community posters	20	50%
direct visits, trainings, workshops at the grass roots	8	20%
IEC materials	2	5%
music ,drama	6	15%
direct visits	4	10%
Total	**40**	**100.00%**

4.4:1 Challenges faced in dissemination of Information using Communication and advocacy

The study aimed at finding out what the challenges faced in using communication and advocacy in prevention of malaria. To achieve this, the study investigated challenges faced in the process of information dissemination. The most recurring problem established by the study was lack of funds to carry out the exercise well.

There were other challenges faced in the process which included attitude and resistance from people due to ignorance. May people are still ignorant abut the reset drug policies and treatment need for malaria as a result they resist the treatment and drugs, language barrier since some programs were being aired in English and the majority of people living in rural areas could not understand the language. Use of wrong channels was a challenge

since channels did not reach a wider coverage.

It was noted that there was a link to funding of the process of using Communication and Advocacy to reduce malaria prevalence, and the common answer that was given was lack of funds to carry out the exercise well. There were other challenges faced in the process but it was noted that funding was the most vital one

Attitude and resistance of people towards change in treatment and drug policies was negative. This was because many people were still ignorant about the most recent drug policies and treatment need for malaria. As a result they resisted the drugs and treatment.

The funds available are not enough to cover up all activities given the fact that Malaria Consortium Africa just like any other NGO depends on financial support from other international organizations and lacks any individual initiative project to raise its own funds. The consortium allocates 28% of its annual budget towards malaria prevention via communication and advocacy programs.

Inadequate information was as a result of poor administration and incompetent leaders. This was because they could not deliver information to the public on how to prevent malaria. And since many people were still illiterate and lacked information ad literature o malaria. Most of these leaders were incapable ad corrupt as a result information intended for the people hardly reach them.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the research findings draws conclusions arising from the research findings and shows the recommendations that have been suggested as a way of improving the role of Communication and Advocacy in the reduction of malaria incidence.

5.1 Summary

In summary the population targeted heard the information under the communication and advocacy strategy. This is because they had mastered some slogans by heart, and they had the basic information needed by any one suffering from malaria. The most understood catch word was seeking medical attention in case of malaria.

The most common channel that was used in dissemination of messages about malaria under Communication and Advocacy as a strategy was the media

Radio was ranked as the most successful means of message dissemination reporting a frequency of twenty out of the forty respondents of this question. The other methods included the newspapers and direct visits.

The success of using radio as a means of message dissemination was attributed to the fact that most people own radios and this is coupled with the advantage of dissemination information in the local languages because they usually target a particular audience. Other methods also contributed towards message dissemination though not significant.

The respondents also had some other methods of message dissemination which they thought could be understood by a vast majority of the target population of these messages. Some of their suggestions were; community posters, drama shows and IEC materials translated into the local languages. Of all these suggestions, the majority of the respondents believed that community posters would have the biggest impact

The process of dissemination of messages on malaria using Communication and Advocacy faces number of challenges. Among these were limited funds, use of wrong channels for message dissemination, negative attitude towards some of the methods suggested, and language barrier because of illiteracy. The most common problem faced was that of limited funds. The more the funds allocated to the communication and advocacy program, the more the chances that it will achieve it's target goals and the lower the funds the more the chances that the target goal will not be achieved

5.2 Conclusion

In conclusion the messages that were being sent to the communities about malaria were discovered to reach the people in the communities agreed to hearing messages about malaria prevention with a positive attitude.

The media was discovered to be the most channel of disseminating malaria information to this end. Specifically the radio was found to have a wide coverage, and used a variety of languages depending on the areas it was operating which was advantageous to the

process of passing on information about malaria.

Apart from using the radio, there were still other methods that could be used for information dissemination. These methods were suggested by the local population which also happens to be the target population of the messages on reduction of malaria incidence.

Another setback for the process of using Communication and Advocacy as a means of reducing malaria incidence was limited funds. It was further discovered that funding had a strong influence on using Communication and Advocacy as it would either lead to a success or failure depending on the amount allocated to the process.

Overall, the study established that Communication and Advocacy played a significant role in the reduction of malaria incidence in Uganda.

5.3 Recommendations

Following the analysis of the above findings, the study reached the recommendations below;

The funding towards the Communication and Advocacy strategies should be increased to reach at least 40% of all allocations to malaria prevention because it plays a big role in reducing the malaria incidence.

Behavioral change information should be emphasized more in Communication and Advocacy because the information was found to be reaching the audience and they showed a positive understanding of the messages sent about malaria prevention.

Apart from Radio, the communication methods suggested by the local population should

be strongly considered for use in disseminating information about malaria because it gives the target population a sense of ownership in the program hence leading to a positive influence in their reaction towards the messages being sent to them.

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APPENDICES

1. TIME FRAME

ACTIVITY	PERIOD	OUTPUT
Proposal writing	April 2007	Proposal submission for approval
Field customization	May 2007	initial information collection
Developing instruments	May 2007	Developing of instruments
Data collection	JUNE 2007	Coding and entering of data
Data analysis	JUNE 2007	Analyzing and interpretation of data
Preparation of report	JUNE 2007	Submission of dissertation

SOURCE: RESEARCHER

2. QUESTIONNAIRE

I am a student of Kampala International University (KIU) carrying out a research on the role of communication and advocacy in the fight against Malaria in Uganda. I declare and assure you all the information given will be used for academic purposes only.

1. Name .....
2. Sex.....
3. Age.....
4. Ever suffered from Malaria?.....
5. a). Which method do you think would be very effective in spreading information about malaria to the masses

   I. Posters ( )

   II. Radio ( )

   III. Direct visitations ( )

   IV. Mention any other methods.....

   b) What was the effect of the information acquired?

   I. Seek early treatment ( )

   II. Sleep under mosquito net ( )

   III. Clear bushes around the home ( )

   IV. Any other effects.....

a). Do you think the government is playing a key role in the fight against Malaria in the country? Yes ( ) No ( )

b). Give reasons for your answer.....