

Ministry of Health, Malawi

The Joint Programme of Work (POW) 2004 –2010

COMMUNICATION STRATEGY for HEALTH SECTOR REFORM

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Executive Summary

Purpose of the Communication Strategy

This Communication Strategy is designed as a planning and implementation tool to guide the Ministry of Health, Malawi, (MoH) and its partners to communicate, disseminate and engage key stakeholders, including those who provide and deliver health services, and those who can influence health services to support and deliver health sector reform.

The strategy:

1. Provides the background, rationale and context for its development
2. Outlines the communication priorities for MoH at all levels
3. Provides an analysis of how communication works at all levels of the health sector
4. Details the roles and responsibilities of all those who may use this strategy
5. Links communications to the vision, mission and priorities for health in Malawi
6. Lists key audiences, key messages and a model for influencing change
7. Describes the key components of the Strategy, their objectives and how to implement them
8. Suggests how information can be effectively distributed, disseminated and received
9. Outlines the support and resources required to deliver the Strategy
10. Provides an action plan and work plan for the set up phase of the Strategy and its ongoing implementation

Key reforms that influence the Communication Strategy

The Strategy is based on the health sector reform programme (2004 – 2010). It is based on the overall process for planning and resourcing health sector reform called the Sector Wide Approach (SWAp); the Joint Programme of Work - the national programme of interventions to bring about health sector reform (POW); and the package of services and resources that will deliver reform at hospital, district and local level – the Essential Health Package (EHP).

Outcomes of the Communication Strategy

Against this background the Communication Strategy seeks to achieve the following objectives:

1. To create the mechanisms and structures at headquarters level to deliver effective communication to the MoH at all levels; national, district and local partners that provide health services; national, district and local organisations that plan health services; organisations that fund the health sector; organisations and individuals that influence the health sector
2. To build awareness, involvement and ownership of health sector reform across all stakeholders

Communication priorities for the Ministry of Health

Following research and analysis the Communication Strategy has identified the following priorities for communication carried out by the Ministry of Health and its partners.

The Communication Strategy should seek to:

1. Create the skills and capacity to communicate effectively
2. Deliver planned and proactive communication
3. Build ownership and involvement in the processes and actions of health sector reform
4. Advocate for the health sector as a whole

Delivering the Communication Strategy

This Communication Strategy goes further than many strategies because it outlines the actions required to make communication workable and sustainable over time.

The key steps to ensure this Communication Strategy is delivered are:

1. Circulate and agree the Strategy with all partners who will be involved in supporting and delivering health sector reform

2. Create the forums and capacity necessary for all partners to play their part in communicating health sector reform
3. Agree and secure funding to implement this Communication Strategy
4. Develop a dynamic process whereby communication can be monitored, evaluated and planned
5. Update this Communication Strategy on an annual basis as health sector reform develops

SECTION I BACKGROUND AND RATIONALE

1. Introduction

Health sector reform is necessarily a process that involves many stakeholders both within the health sector and those working outside it.

The Sector Wide Approach (SWAp) provides a framework within which the resourcing and planning of interventions can be made within a common programme, agreed and shared by stakeholders. Nationally, it facilitates the Joint Programme of Work (POW) as the planning tool to deliver effective interventions across Malawi. At District and sub district level, the Essential Health Package (EHP) is the mechanism for the delivery of a package of necessary services direct to patients.

Implicit within these reform processes and packages is the need for quality communications. Without adequate and appropriate information, stakeholders at any level of the health sector cannot be expected to play their part. Without engagement, consultation and building ownership amongst those who provide and influence health services, health sector reform will surely fail.

Within any communication strategy there has to be analysis of the needs of stakeholders. Expectations, requirements and the systems for dissemination and feed back must be carefully thought through. This will ensure that the right information, presented appropriately and delivered effectively can build consensus and ownership of processes and actions.

Communication happens all the time. Through meetings, reports, publications and the media, and in dialogue, communication is ever present. However,

for communication to be successful it must be planned and coordinated. Effective planning of communication is the foundation upon which a communication strategy rests. Coordinated and planned communications will ensure that stakeholders are aware, that interest is generated, that there is a desire to become involved, and that ultimately action happens as a result.

Essentially, the planning and delivery of communications must be dynamic and iterative. That is, through monitoring and evaluation good practice is shared and lessons are learnt so that communication can adapt to changing circumstances and it can improve.

This communication strategy is the result of discussion and analysis: of stakeholders at national, district and sub district levels; of the capacity that exists and that can be created to deliver a planned programme of communication; of the systems and networks through which communication can be delivered and shared; and of the actions that can be taken to ensure all stakeholders are informed and involved.

The result is a detailed, planned and costed approach setting out the context, messages, and interventions that will work to ensure that health sector reform is meaningful and involving at all levels of the health sector, and with those who work with it.

This strategy does not seek to analyse the complex technical aspects of the SWAp, POW and EHP. It does, however, show how those processes and programmes can be communicated in ways accessible to different audiences and sets out a programme for achieving this.

A final thought for this introduction is on the subject of implementation. For this communication strategy to work it requires the determination and leadership of all those in a position of influence, whatever their role, to implement the actions detailed here. If this communication strategy remains as a document, not brought to life through implementation, then the bold reforms required to improve the health of the people of Malawi will come to nothing.

The authors of this communication strategy urge the Ministry of Health to make the necessary commitment and forge the partnerships, both inside and

outside of the Ministry, to ensure that communication both supports and drives health sector reform.

2. Context

2.1 The Government of Malawi (GoM) is currently implementing its Poverty Reduction Strategy Paper (PRSP) working through the Medium Term Expenditure Framework (MTEF). The PRS delivers focused actions to reduce poverty in Malawi. Sector Wide Approaches (SWAp) are regarded as essential to the successful implementation of PRS, as they have the potential to achieve outcomes efficiently and effectively.

2.2 In the health sector, the Ministry of Health (MoH) and its partners have moved beyond “good intentions” to a series of concrete steps, including:

- Adoption of the SWAp at the May 2000 Consultative Group Meeting
- Adoption of the Fourth National Health Plan and long term vision
- Joint Implementation Plans (JIP) formulated in key strategic areas by the MoH and donor partners, overseen by JIP committees, including a JIP SWAp/Essential Health Package (EHP)
- Contracting an international consultancy to help design a SWAp in May 2002
- Agreement to adopt the subsequent SWAp design in December 2002
- Establishment of a Ministry-wide Budget and Review Committee (BRC) to coordinate, in a SWAp way of working, the deployment of DFID capital aid to the Sexual and Reproductive Health Programme (SRHP)
- Development of a Joint Programme of Work for the 2004 – 2010 Plan Period, focusing on the delivery of the Essential Health Package (EHP) and non-EHP services in the context of a SWAp.

There is still significant work to be done to:

- Support the linking of the sectoral plan with the financial envelope and MTEF targets and priorities
- Agree on a Memorandum of Understanding with partners to agree the ground rules (now in draft form)
- Discuss the sequencing of action plans to ensure that ownership is retained

2.3 The work of developing and costing a POW, based on a SWAp to health service delivery and including the delivery of EHP and non-EHP services, is thus nearing completion. Whilst there has been consultation with the wider MoH constituency, donor partners and other stakeholders at various stages of the process, in general the main driving force in producing the POW has been at the central MoH level where the main work has been done and where there is an understanding of the key processes, why they are being introduced, what they seek to change and how. However, even at the central level not all staff will be fully aware of these issues. And certainly, in the districts and outside the MoH awareness will be much less.

2.4 The MoH, through the Planning Department, therefore seeks to formulate a communication strategy to both raise awareness of the POW and gain commitment and support for it, amongst its stakeholders. This strategy should take into account all available methods and channels for communication, including events; media; publications; and workshops; all professionally produced and targeted at different audiences according to their need. The strategy should set out a planned, timetabled and costed approach to this task.

3. Current communications

3.1 Situation analysis

This assessment and analysis of the current situation of communications within and by the Ministry of Health is based on interviews and discussions with a range of stakeholders that work within the health sector and work with the health sector as partners or donors. The analysis forms the basis for recommendations and the action plan contained within the communication strategy.

3.1.1 Ministry central level

- There is a commitment within the Ministry of Health to ensuring communication supports the reform of health services through the SWAP/POW and EHP processes.

- At Ministry level, Directorates often operate in isolation from each other. This leads to a lack of shared information or communications planning across the Ministry.
- The Ministry's mission and objectives are enshrined in key planning documents. However, there is no general awareness among staff, especially non senior staff, of this mission and objectives, nor of the strategy that the Ministry is pursuing.
- A key information sharing and priority setting tool for Directors and senior managers is a management meeting, usually held every Monday with an agenda circulated the previous Friday. However, this group has not met since December 2003.
- Many relatively simple opportunities for communication are not exploited sufficiently. Notice boards and communal areas are not used to reinforce key messages nor provide practical and useful information on health priorities and Ministry policies.
- The Ministry has no widely accessible information on its role, priorities and reform of the health sector. At present, there are no general publications and no web site. A Ministry Bulletin used to be produced, but has not been published for some time and is seen to be irregular.
- There is insufficient awareness and information about the SWAP/POW/EHP, particularly in respect of how they relate to each other and what the rationale is for their introduction.
- The benefits and purpose of effective communications are not shared across the Ministry. There is no communications group for the Ministry that plans communications activities, shares best practice, nor looks at key messages.
- To date, the development of the POW has largely been a top down process. The Ministry recognises that there is a need to go out and sell the benefits and the package to the health sector, partners and those within headquarters.

- There is little generally accessible information available on the principles that guide interventions by the Ministry of Health. Whilst the goal of poverty reduction is clear, the tenets of access, equity, empowerment and ownership, harmonisation, decentralisation and targeting resources are not widely shared.
- The role of other actors in the health sector and other arms of government could be clarified and developed. The involvement of donors, NGOs, the churches, other health sector providers and other government departments is crucial to the success of health sector reform.
- There is no dedicated Ministry spokesperson, with key links to the Principal Secretary and other senior management, identified to brief the media on forthcoming events and initiatives, to explain the background to decision making and provide up to date health information.
- Recent communication work on HIV/AIDS, including the Behaviour Change Interventions strategy, shows that coordination and forward thinking can create the conditions for improved communication.
- Partnerships with the media are not fully developed. Effective partnerships at this level could help to ensure that practical health advice to citizens, and Ministry priorities would reach a wider audience.
- There is no overall media strategy for the Ministry of Health and health sector in general.
- Parts of the Ministry often suffer from a lack of up to date information and statistics on the current state of health in Malawi.
- Whilst the Health Education Unit does much work on preventive health information and advice, there is a lack of strategy, forward planning and links to the Ministry's policy making and strategic objectives. For example, under various programmes, there are separate activities rather than comprehensive 'communication packages'.

- The Health Education Unit finds itself in a largely reactive role. This means that its agenda is set by the requirements of funding streams rather than the strategic requirements of the Ministry as a whole.
- The Health Education Unit has seen its staffing and resources dwindle over recent years. There are currently five staff attached to the Unit. If a case is to be made to increase the staffing levels and resources of the Unit, it will need to set out its role and remit and demonstrate how it can support the communications needs of the Ministry as a whole.
- The Health Education Unit has proposed that there is an Information Education and Communication (IEC) Committee on health. This would involve other ministries and key bodies with a role in the health sector.
- There is a perceived lack of capacity at IEC Officer level. Building the skills and awareness of IEC Officers would enhance their role as key agents of communication on health issues at District level.

3.1.2 Central Hospital level

- MoH headquarters communicates in a variety of ways including circulars, direct verbal contact, e-mails and meetings.
- Communication with MoH headquarters is seen as poor because it can be unstructured and uncoordinated.
- MoH headquarters should define its role as it is not clear. Its role should be setting policies, standards, indicators, and monitoring and regulating the rest of the MoH, rather than being involved in the operation of hospitals and facilities.
- Information is often not received in time. There is a perception that the central hospital is forgotten when it comes to communication.

- A single point of contact within MoH headquarters is seen as vital. There is no one who takes overall responsibility for hospitals.
- Decentralisation is seen as a good thing. But it must be supported by capacity building, otherwise the whole system may fall down.
- Confusing information has come from headquarters regarding self referrals. There needs to be better and more consistent information to the public about how to use health services.
- There is a serious human resources crisis at the central hospital. Many staff are leaving for the private sector – so health sector reform won't work without motivated staff.
- The central hospital is not regarded (particularly by donors) as being pro poor. The word 'tertiary' may mean something negative to some people.
- The approach to SWAp has been too 'top down'. It has failed to involve the deliverers of health services.
- A programme of seminars on SWAp and reform processes would be very useful. It would give central hospital managers the information to inform their staff.
- There is more that the central hospital could do itself. This includes using its notice boards better and informing staff of developments and policies.
- There is a cost associated with poor communication. The system cannot function properly if people do not know about their roles and new policies

3.1.3 District Hospital level

- Whilst communication with the Ministry is frequent, it is largely ad hoc and unstructured. Often, different parts of the Ministry communicate mixed or confusing messages about priorities within the context of their own plans and strategies.
- The EHP has been discussed to some extent at District level. However, the case for the new arrangements has not been sufficiently put and there is a lack of awareness about how Districts should go about implementation.
- There is a sense that Ministry information disseminated on paper is not adequate. Documentation and publications need to be supported by face to face briefing sessions from representatives from across Ministry headquarters.
- Those who will implement EHPs feel that they need to be involved in formulation and development of these interventions.
- It is felt that the distribution of important information can be achieved by fax, e-mail and the postal service.
- Health staff at District level feel that their work is undervalued and that they do not receive encouragement for the work that they do.
- The Health Education Unit is not in direct contact with District Hospitals. This contact is made via health programmes.
- There is a strong desire for capacity building in communications within the Districts and for greater decentralisation of the responsibility to communicate.
- Information and materials from headquarters are not always seen as relevant to the needs of Districts.
- The roles, responsibilities and priorities of sections of the central level Ministry are not always clear and defined. Practical information in this area would be seen as useful.

- It is thought that planning and strategies are undertaken everywhere, not just by the Planning Department. This leads to some confusion over what priority individual plans have.
- Health information for the country as a whole is rarely provided to Districts. Districts provide regular reports to the Ministry. Much information either does not arrive from the Ministry, is not used or is not shared.
- The Districts would like to see a communications centre set up at central level. This centre would take responsibility for materials, information, capacity building, priorities and messages, and best practice.
- Districts feel that far better links need to be formed between the Ministry at central level and themselves.

3.1.3 Sub district (Health Centre) level

- Health centres often receive written communication from the DHO on new developments and requirements.
- Health centres have received little practical information on the EHP other than verbally. Health centre staff say that they would value proper materials on implementation.
- Health centres have no knowledge of the context within which the EHP is operating. They have not heard of the SWAp nor the POW.
- Health centres have monthly meetings with the Village Health Committee (VHC) and the Health Centre Committee (HCC). It would be useful if they had instructions and materials to better inform these committees of any new arrangements.
- Health centres report a lack of contact with their DHO. In one case there had not been a meeting for two years. There was no supervision provided by the DHO on nursing. Health centres say they feel very unsupported by the District structure.

- Health centres receive communication by delivery, by telephone and by radio message if the telephones are not working.
- The IEC Officer sends posters and printed information irregularly to Health Centres. This material does not always address the priority issues of the Health Centre. It is felt that an ordering system for materials and criteria for their distribution would be useful.
- Health Centres report that they do not have the opportunity to meet the IEC Officer. Other than sending materials to them, there is no direct communication.
- Staff in Health Centres offer basic training to the Village Health Committee on how to analyse a health problem, how to report it and where to send the information.
- None of the Health Centre's proposals for funding have been successful. They have been told there are no funds to train VHCs, including community leaders and local leaders.
- Health Centres report inefficiency in their operation due to a lack of drugs and a shortage of staff. When they refer patients to the Central/District Hospital they report no clinicians on duty at the weekends and no prioritisation of emergency cases.

3.1.3 Non state health care providers (CHAM)

- One of CHAM's key objectives is to improve communication and cooperation between themselves, the MoH, donors and other health care providers.
- Whilst communication with MoH has improved a great deal recently, it is unstructured and usually one to one.
- Often there is no notice given for meetings, or details of the meeting change at the last minute. This is very frustrating.

- CHAM are not on general mailing lists for information, which means information is received second hand or not at all.
- CHAM see the DHO as in charge of their district facilities, but the DHO does not always have a good dialogue with CHAM at district level.
- CHAM would welcome the opportunity to support MoH to plan and communicate new developments. They can use their networks to distribute information.
- CHAM reports statistics to HMIS, but gets no feed back and does not know whether the information is useful.
- CHAM would like to see a single individual or office to coordinate partner relations within MoH headquarters. This would provide a single point of contact and help improve coordination.
- CHAM is committed to delivering the EHP in its facilities in areas where there is no MoH facility. There are already draft service agreements in some areas.

3.1.4 Donors and national stakeholders

- Donors and national stakeholders are committed to communicating health sector reform and say they are prepared to help fund a planned and coordinated communications programme.
- Donors and national partners that deliver programmes report a lack of awareness and information about the SWAP/POW and EHP at district and local levels.
- Some of this group say that horizontal communications at district level with NGOs, District Assemblies and other partners needs coordination, information and structure.

- Donors say that not all of them are 'signed up' to the SWAp process. They say that work still needs to be done on building consensus and that the approach needs to be sold across the donor community.
- The EHP training programme must be delivered within a communications context, donors say. The delivery of training can be supported by awareness raising and publications to ensure it is a part of an integrated strategy.
- Donors would appreciate structured discussion on communication. In addition to existing meetings cycles for planning communication, there is potential to use e-mail to communicate quickly and regularly.
- Donors say that they and others would value a web site for the Ministry of Health that communicated policy and programmes and was up dated to include new developments and initiatives.

4. Priorities for Ministry of Health Communication

The situation analysis identifies the key deficiencies and blockages preventing communications with internal and external stakeholders from being effective. It also highlights areas where improvements can be made.

If the Ministry of Health is to commit to improving communications using a communications strategy it should focus on a number of overarching priorities that will guide its actions over the POW period 2004 – 2010.

4.1 Building communication capacity

Currently the MoH has a very limited capacity to deliver communications. There is no dedicated communications function to support the Ministry as a whole and this means that significant opportunities to communicate policy and initiatives are lost, and there is no facility to challenge inaccuracies in the media. The Ministry does not have a communications group, including members from across directorates and involving stakeholders. There is no communications training facilitated by the Ministry for those at central or district levels.

Creating the capacity to deliver communications, both through dedicated posts and through the creation of groups and training programmes should be a key objective in the process of change and reform.

4.2 Seeing communications as central to health sector reform

The MoH has undervalued the important role that communication can play in engaging stakeholders in health sector reform. If health sector reform (SWAP/POW/EHP) is to be owned and implemented by the MoH, health workers, NGOs, donors, and partners, it should be seen as a key activity and linked to key decision making and decision makers within the MoH. This requires the leadership within the Ministry to commit to provide the support and resources to deliver a range of appropriate communications and to ensure those involved in communicating have access to decision makers and decision making bodies.

4.3 Delivering planned and proactive communication

The only effective communications are those that are well planned and managed, that look ahead and pre-empt and prepare for situations. The MoH should aim to deliver communication that is driven by its structures, objectives and interventions. It should ensure that appropriate individuals and groups closely review communication to ensure it is supporting change. It should build a communication element into all of its forward plans.

4.4 Creating ownership and involvement

The MoH must strive to create ownership and involvement of health sector reform with all stakeholders, moving beyond dissemination of information, by using meetings, workshops, one to one contact and feed back mechanisms to create the conditions for meaningful dialogue and decision making. It must, where possible, devolve the responsibility for communication to districts and stakeholders' constituent groups and individuals.

4.5 Advocating for health

The MoH must use to communication to advocate for the health sector as a whole. It should create and maintain methods for building new audiences and supporters of health sector reform, especially in wider government circles, donors and international bodies, district and sub district representatives and other forums. It should widen distribution mechanisms and shape messages to accord with the interests of these audiences through a planned programme of activity. Engaging wider government and other stakeholders is essential to achieving this aim.

5. Communication roles and responsibilities of key stakeholders

5.1 Ministry central level

The role of the Ministry of Health headquarters is:

- To manage the national communication strategy
- To facilitate improved communications at district and sub district level
- To maintain good communications at levels of the health sector
- To proactively engage with all stakeholders, including donors, NGOs, political representatives, other government departments, faith based organisations and private sector health care providers at national levels
- To provide information and materials for use at all levels of the health sector
- To capacity build, including providing training and support, to improve the communication skills within the health sector

5.2 Central hospital level

The communication role of Central Hospitals is:

- To manage effective communications within their sphere of influence
- To distribute and/or copy materials to staff and partners
- To ensure all staff at the central hospital have regular and up to date information on health sector reform

- To build consensus and partnerships with other health care providers, including faith based organisations and the private sector
- To arrange, as a part of the planning process, a programme of information sharing and feed back meetings with all district stakeholders
- To engage Hospital Advisory Committees (HACs), and other forums, with key information and ideas relating to health sector reform
- To use the media, such as community radio, when appropriate to inform the wider community of activities and developments in the reform process
- To provide information, where appropriate, to the public on services and care that are available through EHP and other processes
- To report, at least on a quarterly basis, the outcome of communication activities to the Communication Adviser

5.3 District level

The role of the DHOs (district hospitals) is:

- To manage effective communications within their district
- To distribute and/or copy materials to district staff and health centres
- To ensure all staff at district level and all health centres have regular and up to date information on health sector reform
- To build consensus and partnerships with other health care providers, including faith based organisations and the private sector
- To arrange, as a part of District Implementation Plans, a programme of information sharing and feed back meetings with all district stakeholders
- To engage District Assemblies, and other forums, with key information and ideas relating to health sector reform
- To use district media, such as community radio, when appropriate to inform the wider community of activities and developments in the reform process
- To provide information, where appropriate, to the public on services and care that are available through EHP and other processes
- To report, at least on a quarterly basis, the outcome of communication activities to the Communication Adviser

5.3 Ministry at local level (Health Centres)

The role of Health Centres is to:

- Distribute and/or display information and materials to all staff in Health Centres
- To build ownership and consensus on health sector reform with local and community forums such as the Health Centre Committee, Village Health Committees and local representatives
- To provide, where appropriate, information to the public on services and care that are available through EHP and other processes
- To provide regular, at least quarterly, reports to their district on the outcome of communication activities and gaps in the provision of information

5.4 Non state health care providers (Faith based, NGO, private)

The role of non state health care providers is to:

- To work with the Ministry at different levels to plan and deliver effective communications
- To distribute, via their own networks, appropriate information for their members, facilities and partner organisations
- To feed back to the Ministry, at the appropriate level, the outcome of their communication activity

5.5 Donors, other national and international bodies

The role of donors and other bodies is to:

- To work with the Ministry to plan and deliver effective communications
- To distribute, via their own networks, appropriate information for their members and partner organisations
- To feed back to the Ministry, via meetings and designated officers, the outcomes of their communication activity

SECTION II

COMMUNICATIONS PLAN

6. Communicating the SWAP/POW/EHP

Communication must support the overall objectives of the MoH. It must be linked to MoH's decision making structures and adhere to its strategic objectives for it to accurately support the MoH. Specifically, this Communication Strategy must reflect the aims, objectives and mission of the SWAp, POW and EHP if it is to succeed.

Vision of the MoH

"To improve the health status of all Malawians through the provision of effective, efficient and safe health care" (Vision 2020, 1999)

Mission of the MoH

"To stabilise and improve the health status of Malawians by improving access, quantity, cost-effectiveness and quality of the EHP and related services so as to alleviate the suffering caused by illness, and promoting good health, thereby contributing to poverty reduction."

Objectives and priorities for health sector reform

1. To reduce the disease burden due to communicable and non-communicable diseases through improving access to a quality Essential Health Package (EHP, essential non-EHP services and Emergency and Trauma services mainly targeted at the poor.
2. To strengthen the MoH central institutions to support human resources management and development, the procurement of essential drugs and medical supplies, financial management and support and supervision through the Sector Wide Approach (SWAp)
3. To increase the overall availability of resources in the health sector, allocate them equitably and utilise them efficiently.
4. To increase the capacity of the health sector to train, recruit and retain the necessary quantity and quality of health human resources.
5. To strengthen the capacity of the decentralised District Health System to plan, budget and deliver quality health services.
6. To enhance the capacity of the MoH for policy development, analysis and enforcement, the capacity to regulate the sector as well as to monitor and evaluate its activities through development of efficient and regular supervision and survey systems.
7. To strengthen the role of communities in decision making on health issues.

6.1 OVERARCHING COMMUNICATIONS OBJECTIVE:

To proactively inform and engage those working in the health sector, providers of health services and those that can influence the health sector, using appropriate and effective communications to build understanding, ownership and effective implementation of health sector reform.

6.2 Creating the case for change

An important aspect of this communication plan concerns creating and building the case for change.

Whilst it has been acknowledged that the SWAp processes and its components has to date been a largely top-down process, it is important that new arrangements are justified to the sector and its partners in terms of their benefits. For all partners and audiences to participate fully in reform, they have to be convinced that change is in the interests of their organisation and those with whom they work.

It is necessary, therefore, for all those involved in communicating, beginning with the Ministry of Health, to be clear and focused about articulating the reasons for reform. When outlining how the health sector and its partners can participate, communication must at the same time build a case for reform.

6.3 Key messages

Amongst the key messages that can build the case for health sector reform are:

- We are determined to improve the quality of health services
- Only by working together, with a shared approach, can we improve health care in Malawi
- Increasing access to health services is a key goal of reform to address disparities in provision across the country

- Health sector reform prioritises improvements to facilities so they can deliver better services to the public
- Whilst resources are limited, we aim to target them on the health problems that matter most (through the Essential Health Package) to use our funds to have the most benefits
- Health services can only improve if we provide effective leadership through management and systems that support those who deliver health care
- Giving districts the power to plan and resource the services they provide will create a health sector that is closer to patients
- Health sector staff are its greatest asset. Over time we will develop our staff through better recruitment, training, and support so they can be more effective as deliverers of health services
- Information is the key to a well run health sector. Ensuring health information is accurate and reported allows us to plan better to respond to need

In appropriate circumstances, these overall messages should be supported by the examples, details and actions that show how they will be achieved.

For example: Health sector reform will help those who work in health target resources on the health problems that matter most. We are doing this by giving facilities the power and resources to implement the Essential Health Package.

6.4 Audiences

6.4.1 National

MoH management
 MoH headquarters staff
 Government departments
 Elected officials
 National forums and groups
 National faith-based organisations

National private sector
 National NGOs
 International donors and agencies
 National media

6.4.2 Hospitals/District

Central hospital management and staff
 District hospital management and staff
 District government management
 Elected officials
 District representative forums and groups
 District non state health care providers
 District donor and agency structures
 District media

6.4.3 Local and community

Health Centre management and staff
 Local and community elected officials and bodies
 Community Based Organisations
 Traditional leaders
 Local non state health care providers
 Local and community media (radio)

6.5 Influencing model

Seen as a process, creating the case for change should involve communicating three essential steps: setting out the problem and the need for change; demonstrating the vision for health service delivery; and show what steps are being taken to achieve the outcome. This is called an influencing model. If one of the key elements towards reform of the health sector is to build ownership, empowerment and involvement then communication should ideally facilitate the case to be presented clearly and logically for stakeholder.

If this model is used consistently in communication then the result will be that the essential steps carry more weight than the cost of doing nothing, or the cost of change. The cost of change can be seen in terms of the effort of

reorganisation, the willingness to participate, or the desire to do things differently.

An example of the model is detailed below:

NEED FOR CHANGE	+ VISION	+ NEXT STEPS
Poor health of population	Improving health	SWAP/POW/EHP
Regional disparities in service	Standardisation	National standards
Inadequate resources	Targeting resources	Planned resources
Over centralisation	Devolving decision-making	Decentralisation
Lack of access to care	Equity of access	Packages of care/EHP
Inadequate information	Ownership/empowerment	Improving systems

> (greater than) THE COST OF CHANGE

7. Components of the Communication Strategy

Each of the components of the Communication Strategy, added together, can be seen as the machinery of the strategy. In other words they are the elements of the strategy that make it work. These components include materials, mechanisms and approaches that, if delivered as a whole, will achieve the overarching objective of the Communication Strategy.

Each component has an objective in its own right and is described and followed by the next steps that will help to ensure that those carrying out this strategy can put it into practice. These next steps form the First Phase (set up) Action Plan as an appendix to the strategy itself.

7.1 A central communications function

Objective:

To create and seek resources for a dedicated post of Communication Adviser that can carry out the responsibility of planning and

implementing a range of communications tasks, including those contained within this strategy, to support health sector reform and MoH corporate communications.

Reporting to the Principal Secretary, the Communication Adviser will be the staff member that delivers communications to support the SWAP/POW/EHP and related tasks. The Communication Adviser will have access to Ministry decision makers and decision making bodies in order that they can readily and effectively interpret and deliver key activities and developments to stakeholders at all levels and from all groups.

The Communication Adviser's core functions will be to:

- Proactively plan and manage MoH corporate communications, focusing on the SWAp and related issues
- Review and maintain distribution and information networks
- Mobilise others to communicate with the MoH
- Prepare policy and other documentation for consumption by key stakeholders
- Manage and deliver a publications programme
- Liaise with and respond to the media on corporate matters
- Build new audiences and supporters for health sector reform
- Manage and deliver an events programme to support health sector reform
- Oversee training and capacity building in communications
- Monitor and evaluate communication activity

7.2 Publications and printed materials programme

Objective:

To produce and distribute one off and regular publications and printed materials within a planned programme that inform, build consensus and reinforce awareness of the reasons and benefits of health sector reform using approaches appropriate to different levels of stakeholders; and give practical guidance on implementation at District and sub district levels.

Publications and printed materials play an important role in the Communication Strategy. They must set out the context and reasons for health sector reform; they must provide practical information on implementing reform; and they should be used to regularly update stakeholders on decisions and developments. They should also appeal to audiences that range from policy makers; health practitioners; national, district and community representatives; to the wider community.

Where possible MoH headquarters should distribute publications and printed materials to a 'core list' of stakeholders. It should then be made clear that these materials should be distributed on by hand delivery, fax or e-mail (depending on the format of the publication) by the recipient.

Provision must be made, in appropriate circumstances, to translate publications and printed materials into Chichewa for use at district, local and community levels.

The Communication Strategy outlines a 'family' of publications to achieve those objectives

7.2.1 Short version of SWAP/POW/EHP – Raising the standard of health

The Short Version is an attractive and accessible booklet putting health sector reform in context; setting out a vision for health in Malawi; making the case for reform; explaining what it is and how different elements relate to each other; and detailing the key elements and steps in the process.

It is targeted at all key stakeholders, the wider health sector and those who may have an interest in it. It should be seen as a stand alone publication for those who want to understand SWAP/POW/EHP and who do not have access to or the desire to read lengthy documents and strategy papers.

The Short Version is a 'popularised' summary of the issues. It should be the first key publication produced within the first phase of the Communication Strategy. It is estimated that a minimum of 5,000 copies should be printed in the first instance.

The Short Version will be a professionally written, designed and printed publication and as such its production costs will be relatively high. However, as the central stand alone publication on health sector reform, and with a potential shelf life of 6 years, these costs can be justified. A print specification and costs have already been specified (see appendix).

Sufficient copies of the Short Version should be sent by MoH headquarters directly to Central Hospitals, District Hospitals, national officers of non state health care providers, donors and international agencies, other government departments. They should also be distributed within MoH headquarters itself.

The production and dissemination of publications and printed materials will be the responsibility of the Communication Adviser in conjunction with the Planning Department and SWAp Secretariat.

It should be made clear to recipients that it is their responsibility to distribute copies of the Short Version to their members, facilities and officers.

A draft structure of the Short Version is:

Raising the standard of health

1. Foreword by the President of the Republic of Malawi
2. Introduction by the Minister of Health
3. The challenge for health services
4. A vision for health services
5. Meeting the needs of today and future generations
6. The role of the Ministry of Health
7. Our partners in health
8. Priorities for the health sector
9. Plans to raise the standard of health
10. Health sector reform – a shared future

7.2.2 Guide and handbooks

Many managers and practitioners in health care will require practical information in order to be able to implement the objectives of reform such as District Implementation Plans and the Essential Health Package.

The purpose of the Guide and Handbooks is to provide the detailed support and guidance in a clear, logical format so that hospitals, facilities and others have a working reference tool for implementation.

Whilst they should reiterate the case and context for reform, they will describe how processes work at central, district and sub district levels. They will also set out how to involve other stakeholders in the development of planning and implementation, and where to go for further advice and support.

The specific content of the Guide and handbooks is likely to be determined by the SWAp Secretariat, though they should be professionally written, designed and produced. The production costs will be medium to high as it is less important for these publications to be attractive to wider audiences.

They should be planned for production during the First Phase of the Communication Strategy and should be timed to be distributed as many managers are engaging fully with health sector reform processes.

7.2.3 Ministry SWAp Bulletin

The Ministry SWAp Bulletin is intended to keep all stakeholders up dated with recent developments, initiatives and decisions. It will be the main regular source of information on health sector reform processes.

As a regular publication, the Bulletin will be produced on a monthly basis, though it is expected that this may more frequent (bi monthly) in early phases.

The Ministry SWAp Bulletin will be inexpensively produced using a template created for Word for Windows. It will then be distributed via a central database of e-mail addresses (see 7.7 Health Information Network). Recipients will be encouraged to print copies from their computer for distribution to staff and other stakeholders.

The Ministry SWAp Bulletin will be managed and produced by the Communication Adviser in conjunction with the Planning Department and the SWAp Secretariat.

7.2.4 Health Sector magazine

The Health Sector magazine is intended to advocate for the health sector as a whole to all stakeholders, including those not directly involved in the health sector. This may include senior managers of international agencies, politicians and representative bodies, the media, and other government departments. It will also be distributed to the MoH 'core list' of health sector contacts.

In essence, the Health Sector magazine will aim to build confidence and consensus in all health matters. It will provide general information on the state of health in Malawi, focus on good practice across the country both in state and non state health care, articulate the vision and mission for health services in the country, and demonstrate the national, districts and local partnerships being formed to improve health services. It is likely to build on and extend the previously established format of MOYO magazine which went out of print in May 2003.

It is likely that the content and production of the Health Sector magazine will require the involvement of a range of organisations in the sector. This may begin with the Donor Sub Group on Health and may also be developed into an editorial group comprising the National Aids Commission, the Health Education Unit and other relevant bodies. However, it will be the responsibility of the Communication Adviser to oversee the production and distribution of the magazine.

The Health Sector magazine is likely to require a guaranteed funding stream, including new resources from donors and elsewhere. The Communication Strategy envisages the production of a detailed document describing purpose, content and production schedules with costs attached. It is hoped this will lead to financial commitments from relevant stakeholders.

7.2.5 Leaflets and briefing handouts

Leaflets and handouts are intended to provide health sector partners and practitioners with background and advice on interventions and decisions as they are required throughout the SWAp process.

There may be issues that cannot be covered in enough detail in the Ministry SWAp Bulletin. There may also be a need for working documents to support the Guide and Handbooks as policy is amended or new requirements of the sector are needed.

The content of leaflets and briefings is likely to be decided by the SWAp Secretariat and Planning Department, though the responsibility for their production will rest with the Communication Adviser.

They will be inexpensively produced and, as with the Ministry SWAp Bulletin will be distributed by e-mail for onward copying and distribution by recipients.

7.3 Media

Objective:

To proactively inform and engage the media, correcting inaccurate information, with the rationale and key aspects and initiatives involved in health sector reform in a manner easily understood by journalists and media consumers through planned and evaluated direct contact, news releases, developing regular features, programmes, columns, media initiatives and events.

The media has a vital role to play in communicating both to the health sector and the wider public at national, district and local levels.

Engaging with the media should be seen as an opportunity that is approached in an open and proactive manner. If the media are informed accurately in advance of developments they are likely to cover issues in greater depth and with less chance of misinterpretation. Where possible the media should be seen as potential partners. If planned and delivered effectively, engaging the media can save a great deal of time and money by ensuring information is imparted at little or no cost to the widest possible group of people.

Importantly, the media help to set the debate. News and information in the media influences policy makers, donors and representatives at all levels. MoH's approach to the media should be to grasp the potential it represents and ensure information is presented in a clear, professional manner for the wider public.

In the context of SWAp, the media should be used to outline the vision for the health sector, promote good practice and provide useful information to the public on appropriate use of health services and facilities.

7.3.1 Setting up a media function

The first phase of dealing effectively with the media is to set up a media function. Once the media function is in place it provides the basis for a media strategy.

This entails:

- Identifying a dedicated spokesperson to deal with the media on corporate and health sector reform issues (Communication Adviser)
- Ensuring the spokesperson has direct access to decision makers and senior managers (Principal Secretary, SWAp Secretariat, senior management team)
- Preparing a comprehensive database of contact names, telephone numbers and e-mail addresses of the media
- Preparing and maintaining a diary of events and initiatives that are likely to be of interest to the media

- Making contact with this group and providing the spokesperson's contact details
- Maintaining regular contact with the media with advance notice of forthcoming events and initiatives

7.3.2 Developing a media strategy

The media strategy should be a development of the above. However, the media strategy needs to take into account that it is unlikely to involve communicating SWAp in isolation of other issues. It must recognise that part of the reform process is advocating for the MoH as a whole, whether this involves reform or not. It is likely therefore, that any media function will involve wider 'corporate' communications on behalf the MoH.

Working with key decision makers, the media strategy will identify issues that require immediate communication to the media and those that are known well in advance. These may include milestones in the SWAp process, key ministerial speeches, services available to patients, awards and commendations to MoH and its programmes and facilities. The media strategy should also seek to identify new and creative initiatives such as exploring feature articles on what is happening in different areas of the country, inviting feed back from readers and listeners on issues raised, using and developing existing 'slots' such as letters pages, and sending publications and magazines to the media for information and background.

Other key ideas that MoH should explore include:

- National awards – supported by MoH – for the best reporting on health issues during the year
- A public health column in national newspapers where the appropriate use of services and key developments are explained

Above all, the media strategy will be a planned programme of activity that supports events and initiatives through regular contact with all national media organisations.

7.3.3 Media monitoring

Monitoring the media is a necessary part of effective media relations. Media monitoring allows for inaccuracies to be challenged and for news and themes to be followed over a period of time. It also ensures a record is kept of relevant articles and those initiated by MoH.

As a minimum, the MoH Communication Adviser should subscribe to all main publications, especially national newspapers. These publications should be read, cutting those articles relevant to MoH. The articles should be copied and circulated on a regular basis to senior managers of MoH headquarters. They should then be archived in MoH headquarters.

7.3.4 Pullout feature section

To coincide with the launch of the health sector reform programme, the Communication Adviser should explore a pullout feature section in a main national newspaper such as The Nation or The Daily Times.

The pullout feature section is commonly an four or eight page special section that covers issues on a certain topic or sector. They are encouraged by newspapers as the cost of production comes through selling advertising space. In the case of MoH it would be possible for health care providers, donors, international agencies and those providing the sector with pharmaceuticals and services to buy space that promoted their organisation and commitment to health sector reform. The pullout feature section would feature articles for public consumption on the main elements of reform, the vision for health services and challenges for health services.

This pullout feature section could be repeated at a later stage where there are major new developments, key dates and changes in the health sector.

7.3.5 District and community media (radio)

The Communication Strategy should, where possible, encourage, the MoH at central hospital and district levels to engage the media to inform the public of service provision and its appropriate use. Using the Communication Adviser as an initial central point of contact, the MoH at these levels should proactively inform community radio of its activities and decisions.

It is most likely that activity in this area will require support and capacity building. This should be included in communication training and capacity building programmes that form the communication element of DIPs.

7.4 Ministry web site

Objective:

To create and maintain a web site promoting the Ministry of Health, its aims, policies and activities ensuring it is accurate, informative and engaging to stakeholders and wider audiences with web access.

For MoH to ensure the widest access to its information, mission, and key policies, it must prepare and produce a web site.

A web site would give central and district hospitals, and many other stakeholders direct access to MoH information, including SWAp.

A web site requires two main resources: investment in planning content and site design; and investment in maintenance, including updating information.

As well as general information on the MoH, its purpose and functions, the contents of many publications can be put on line, as can press releases, key diary dates, and up to date health statistics.

The MoH should designate a group or lead officer who, in conjunction with the Communication Adviser, will prepare an approach document and costs for consideration by senior managers.

7.5 Events and initiatives

Objective:

To plan and deliver a programme of events and initiatives that promote and explain SWAp to key stakeholders and wider audiences, including launch events and meetings and seminars across the Malawi.

7.5.1 Launch events

The Communication Strategy recommends that launch events are held to promote and explain the SWAp and reform processes to key stakeholders from central and district hospitals, other providers of health services including faith-based organisations, NGOs and the private sector, donors and international agencies and, where appropriate, the media.

These events will provide an opportunity to understand the issues and key interventions and importantly, will provide opportunities for key stakeholders to become more involved, come together and share ideas. There will be presentations and printed materials (Short Version) available.

The launch events should be held when the Communication Adviser is in post, when the SWAp Secretariat is fully established and when there are key activities taking place. This is likely to be late in 2004.

The national launch will be supported by a newspaper pullout feature section (described under 7.3.4)

There will be main three launch events:

National launch

Lilongwe

Addressed by the President, Minister of Health

Attended by MoH, central and district hospital directors from the centre of the country

Including national partners central district partners, international agencies and the national media

North and South launches

Mzuzu and Blantyre

Following shortly after the national launch

Addressed by the Minister of Health

Attended by MoH central and district hospital directors from the North and South of the country respectively

Including district partners, NGOs, agencies

7.5.2 Meetings, workshops and outreach programme

In addition to publications, media and launches, MoH headquarters must plan structured meetings and workshops within an outreach programme designed to inform and engage central and district hospital managers across Malawi.

These meetings/workshops will give managers direct support to deliver the DIPs and EHPs. They provide an opportunity for feed back and to maintain the process of empowering the MoH at all levels to take forward health sector reform. They will also provide the skills and advice for similar such meetings to be held by DHOs with Health Centres and partner organisations.

As a communication tool, the outreach programme should cover:

- Building alliances with partners
- Using, distributing and displaying information
- Criteria and protocols for meetings and visits
- Criteria and protocols for Health Centre meetings
- Reporting and feed back to headquarters

7.6 Notice boards and public displays

Objective:

Staff notice boards in all MoH buildings should be used effectively to inform employees of key decisions, information and developments on the SWAp process.

Most hospitals and many Health Centres have notice boards that are intended for use by staff. It is a simple method of presenting information to all staff in a facility.

The Communication Strategy should seek at all times and at levels of the MoH to reinforce the importance of using notice boards effectively.

Appropriate information cascaded down to Central Hospital Directors, DHOs and Health Centre managers should be clearly marked that it is for display on the staff notice board.

MoH headquarters itself, through the SWAp Secretariat, should designate a staff member the responsibility of ensuring notice boards are used effectively and updated regularly. In most cases, this will involve ensuring circulars and Ministry SWAp Bulletins are displayed and up dated.

MoH visits to health facilities should also seek to review notice boards and ensure their effective use.

7.7 Health Information Network

Objective:

To create, maintain and extend a network using e-mail of stakeholders across the health sector for information and news on developments in the SWAp process.

The Health Information Network is an information sharing system using e-mail to inform and engage the MoH and its partners in regular and dynamic dialogue on health sector reform.

It requires setting up an initial database of e-mail address that builds as more individuals become involved. Managed by the Communication Adviser,

through the SWAp Secretariat, the Health Information exists at its minimum to distribute Ministry SWAp Bulletins and other relevant information by e-mail.

It can develop in a number of ways:

- Organisations that are involved (such as CHAM) can forward communications onto their own e-mail networks
- Specific communications or issues can invite feed back to the host address
- It can become a network for sharing good practice across the sector
- It can provide up to date statistics from HMIS and others
- It can provide a regular diary and schedule of meetings and events
- It can remind MoH facilities when reports and other items are due
- It can drive participants to organisations' (including MoH's) websites
- It can report the outcome of meetings
- Over time it can develop into an interactive function of the MoH web site

The Health Information Network is an extremely effective, low cost method of keeping individuals and organisations informed and 'in the loop'.

The main initial input is to set up addresses and prepare templates.

However, to be used effectively it has to become the principal e-mail communication when all stakeholders are to be reached at one time. If it does not occupy a key position within e-mail communications it will cease to be used and will become less effective.

7.8 SWAp Diary and Meetings calendar

Objective:

To create and maintain a regular calendar of meetings and events that is updated at least monthly and looks ahead on a six monthly basis.

There are a great many MoH and partner meetings relating to the health sector where SWAp, the POW and EHP are discussed. Many of these meetings are pre scheduled (e.g. Donor Sub Group on Health – first Wednesday of every month). However, there is no central diary kept of these meetings.

A centrally managed diary of events and meeting would improve coordination and management within the MoH and between its partners.

Each calendar, up dated monthly, would look ahead at least six months. The meetings calendar will be scheduled for circulation at the same time each month. Contributions to the diary will therefore be required a given time in advance of circulation. It will be the responsibility of those organising the meeting to inform the diary holder of changes in time or location and give notice of new meetings.

The meetings calendar will be distributed via the Health Information Network. The responsibility for maintaining the meetings calendar can be given to an officer in an administrative role and will be overseen by the Communication Adviser, SWAp Secretariat or other designated officer.

7.9 Communication Group

Objective:

To create and service a Communication Group, comprising MoH headquarters and partner organisations, to discuss, recommend and deliver elements of the Communication Strategy and related communication activities.

A Communication Group is a simple and effective method for widening the ownership of communications, ensuring better planning and coordination, and creating new ideas to inform and engage stakeholders.

The Communication Group may be a task group of the SWAp Secretariat charged with ensuring effective communication of SWAp, the POW and EHP and related work.

Its overarching terms of reference will be:

- To discuss and deliver effective communication to support the SWAP process
- To agree shared messages and approaches to communication

- To widen involvement in communication, thus building greater ownership of SWAp
- To review and recommend improvements to distribution and dissemination of information
- To input to the planning and content of publications and events
- To input into communication training and capacity building programmes

The Communication Group will be serviced and supported by the Communication Adviser. The regularity of its meetings will be determined by the SWAp Secretariat and its members but is not likely to be less than quarterly. Its meetings will be minuted and reported back to the SWAp Secretariat which will determine overall tasks for the group.

7.10 Communication training and capacity building

Objective:

To plan and manage a programme of communication training and capacity building to equip staff at all levels of the MoH to engage others, communicate effectively and disseminate important information

Communication training is essential at MoH headquarters, central hospital and district level for MoH stakeholders to be able to build ownership and involvement in the SWAp process.

The DIPs already contain certain objectives relating to engaging and building partnerships with stakeholders. At district level, the Communication Strategy recommends that within the DIPs and the EHP Training Package there should be a component that focuses on building communication skills.

Ideally, this component should comprise the following training outcomes:

- Knowing the principles of effective communication
- Leading successful meetings and forums
- Analysing and reporting feed back from staff and partners
- Effective distribution and dissemination of materials and information

The communication training can be put into a manual (see 7.2.2) that gives basic information and guidance whilst reinforcing protocols and requirements of DIPs. The communication training can also be included in the programme of outreach visits (see 7.5.2). It should also be included as a part of the EHP Training Package currently being developed.

The main initial input required will be professional support to develop the training package for the manual and for outreach visits.

8 Distribution and dissemination

Objective:

To establish effective, appropriate methods of distributing and receiving information to all levels of stakeholders including the use of systems and information sharing networks such as e-mail, fax, and delivery ensuring no stakeholders are excluded from health sector reform processes.

Communication has no value if it does not use effective, appropriate and timely mechanisms for reaching the right audiences. Whilst distribution and dissemination of information and materials has been referred to throughout this Communication Strategy, it should be seen as a core component of all communication activity.

8.1 Distribution database

MoH headquarters must ensure that all stakeholders are reached through communication activity in appropriate ways.

Initial activity should focus on preparing and maintaining a database of all key stakeholders, both within the Ministry and those outside.

The central database should segment all stakeholders by their relevant group:

MoH Headquarters

Government departments

Central Hospitals

District Hospitals

Health Centres

Donors and international agencies

Non state health sector (faith-based, NGO, private sector)

Media

The database should contain the name, organisation, telephone number, fax number, address, and e-mail address.

As a database or spreadsheet it can be used to target all or segments of stakeholders when preparing information for distribution.

This database will build over time as, through advocacy and other activities, more individuals and organisations become involved in health sector reform.

MoH headquarters should encourage central hospitals and DHOs to prepare and maintain databases of their own relevant contacts so that information can be forwarded and distributed to Community Based Organisations, traditional leaders, faith-based and private sector health care providers and others in their district or community. MoH headquarters should also encourage, where appropriate, partner organisations to forward information to their own databases of contacts.

The Communication Adviser and other senior staff at headquarters should determine who each item of information should be disseminated to and by which mechanism (fax, e-mail etc).

This is principally an administrative task and should be overseen and reviewed by the SWAp Secretariat or designated officers.

8.2.1 Two-way cascade system

Over time, MoH should encourage a two-way process of distributing and receiving information.

MoH facilities should be encouraged, through existing reporting mechanisms, to report key communication conducted in their district or with their own stakeholder groups.

This two-way system will support the monitoring and evaluation of communication activity at sub headquarters levels. The information requested by MoH headquarters should include:

- Information distributed to staff and stakeholders
- Meetings held with staff and stakeholders, their purpose and key issues raised
- Quantities of materials distributed and whether more are required

Sub headquarters levels should in turn encourage their own facilities (Health Centres) to report their communication activities (as above).

This regular reporting should become an element of DIPs. It will allow a national picture to be built up of district and local activity, and will facilitate better communications at all levels of MoH.

9. Communications policy and planning

As a basis for developing and delivering the Communication Strategy, MoH requires a communication policy.

This policy sets out the guiding principles, protocols, reporting mechanisms and review procedures for communication activity conducted at all levels of the MoH.

Amongst the key issues that the communication policy must address are:

- The decision making body that determines and approves communication activity
- The groups and committees that have an input into developing the Communication Strategy
- The central hospital, district, and Health Centre decision making body that approves sub headquarters communication activity
- The frequency and content of meetings to plan and review communication activity
- The responsibility and timescale for an annual review of the Communication Strategy

Once this Communication Strategy has been circulated, the formulation of the communication policy should be a key subject of a meeting with key stakeholders at national level to approve and agree the implementation of the Strategy.

This Communication Strategy recommends that the subject of communication should be included as a standing item on all SWAp Secretariat meetings. It should also be a regular item on the Donor Sub Group on Health Meetings. Communications will then become an integral part of the planning cycle.

The Communication Group, as a task group of the SWAp Secretariat, should circulate the minutes and recommendations of its meetings to the SWAp Secretariat. The Communication Adviser, as the coordinator of the Communication Group, should report on a regular basis to both the SWAp Secretariat and the Donor Sub Group of Health.

It is likely that the Principal Secretary, in whose department the Communication Adviser is to be based, and Department Directors will have overall responsibility for the Communication Strategy.

10. Monitoring and evaluation

The monitoring and evaluation of communication activity ensures that the Communication Strategy is a dynamic, 'living' document that adapts to changing circumstances and learns from best practice.

As described elsewhere in this document, the monitoring of communication activity at sub headquarters levels should be a component of DIPs.

At national level, communication activity can be monitored in relatively simple ways. These include:

- Publications issued and target groups that received them
- Press releases issued
- Press coverage generated
- Meetings held, their purpose and attendance
- Quantity and level of communication reporting from sub headquarters level

- Training and capacity building conducted

The monitoring of communication activity should be included in a report produced not less than quarterly, to coincide with quarterly review meetings. It should be presented to the SWAp Secretariat (and other decision making bodies identified in the communication policy) and is likely to form an element of the overall monitoring of SWAp, POW and EHP activity.

The monitoring information should then be evaluated, with recommendations made for further action, by the Communication Group, SWAp Secretariat and other headquarters committees identified in the communication policy.

SECTION III SUPPORT AND RESOURCES

11. Resources, staffing and budgets

The resources needed to deliver the Communication Strategy are the systems, funds and human resources that enable activities to be delivered effectively, on time and to agreed budgets.

Providing the necessary resources to support communication is essential if the Communication Strategy is to be implemented.

11.1 Information technology

A major barrier to communication with central and district hospitals, partners and within MoH headquarters itself is the lack of access to e-mail and the world-wide web.

Access to e-mail will greatly enhance MoH headquarters' ability to disseminate information to the majority of key stakeholders. It will also enable key stakeholders to communicate with MoH headquarters, and will build information groups with audiences and stakeholders not directly involved in the health sector, such as government departments, political representatives and international agencies. The case for connecting MoH headquarters is clear and there are key elements of the Communication Strategy that depend upon this (see 7.7 Health Information Network).

As a matter of urgency, MoH headquarters should embark on a project to review and plan a programme to ensure all senior staff, Department Directors and key officers have connection to the internet via their MoH offices. This is a project that should be carried out in the First Phase Action Plan of the Communication Strategy (see appendix).

11.2 Health Education Unit

In addition to the creation of a new post of Communication Adviser for corporate communication, the MoH already has a Health Education Unit staffed by communication professionals.

The Health Education has focused on preventive health information aimed at the public in general. Within the SWAp, POW and especially the EHP, there is a potentially important role that the HEU can play to support the Communication Strategy.

The EHP essentially involves packages of essential services being developed and made available in health facilities across Malawi. If the HEU were to refocus its role, it could support public education where the EHP is delivered by:

- Reinforcing the appropriate use of health services
- Educating the public on using the referral system
- Delivering basic information on what services are available
- Using its networks to support capacity building at sub headquarters level
- Using the IEC Officers across Malawi to reinforce messages
- Supporting the publication of the Health Sector magazine
- Offering communication expertise to MoH

The Communication Adviser and the HEU should form a professional link so that each can support the other, they can share best practice, and so that the differing communications functions of the MoH do not operate in isolation from each other.

The HEU plans to develop its own strategy and action plan for the future. This Communication Strategy recommends that, in the first instance, its own strategy and work plan is developed to take into account the public communication requirements of the EHP.

A second stage approach is for the HEU to undergo a functional review to ensure that it can play the fullest role in supporting the communication requirements of the MoH.

11.3 Health Management Information System

Health Management Information Service has an important role to play in SWAp. The information and statistics derived from district and central hospital reporting and the national picture of the state of health in Malawi are key factors in benchmarking the success of the interventions taken within the SWAp process.

This information is currently presented in a tabular and report format. However, if aspects of this information are interpreted and presented in a more accessible format, it can play a part in building the case for health sector reform.

The Communication Adviser should form a strong link with HMIS and, using professional communication skills, should present information and statistics through the range of publications and printed materials, media strategy, and other communication outlets to a wider range of stakeholders.

11.4 Stakeholder support and resources

Key stakeholders, including donors, international agencies, faith-based health care providers, and the private sector have useful resources and support that can be harnessed to communicate health sector reform.

It is essential that these stakeholders are involved in the development and implementation of the Communication Strategy. Through their involvement they will help build the case within their own organisations and with those with whom they work to broaden the reach of SWAp, the POW and EHP to areas that the MoH may not be able to access on their own.

These key stakeholders will determine specifically how they can support this Communication Strategy. However, amongst the resources and support they can provide are:

- Advocacy for health sector reform at different levels
- Access to communities where they work
- Access to their own information networks
- Using their own publications to communicate the SWAp, POW and EHP
- Financial resources to support the budget of this Communication Strategy

11.5 Communication Strategy budget

Each of the components of this Communication Strategy has been carefully costed. These costings form the Communication Strategy budget which is included as an appendix to the strategy.

MoH headquarters has already developed a budget line for communication within the SWAp budgeting process. Certain specific items, such as advocacy and engagement at district level, have already been budget and funds allocated to their provision.

The Communication Strategy budget provides clear and specific detail on how much its implementation will cost. This budget should be reviewed as a part of the communication planning and review activities on an annual basis.

Once this Communication Strategy has been circulated and approved, MoH and its partners must the allocation of funds for communication activity. This will ensure that the Communication Strategy moves from theory into practical activity to support the communication of health sector reform.

12. Recommendations

For ease of use, all of the key recommendations in this Communication Strategy are included together as a list.

The Communications Strategy recommends that:

- Communication is linked to the key decision making functions of MoH
- MoH and stakeholders agree a common set of key messages to communicate health sector reform
- Roles, responsibilities and protocols for communication at all levels are agreed
- MoH headquarters creates a central, corporate communication function by appointing a Communication Adviser
- MoH commits to a publications programme of stand alone and regular publications and materials to explain health sector reform, provide practical guidance, maintain awareness, and advocate for health to all stakeholders
- MoH creates a media function to manage corporate media relations and monitor media coverage
- The media is used proactively, through a media strategy, to inform stakeholders (including at community level) and the wider public of MoH vision, policies and activity
- MoH creates a web site to ensure its vision, policies and activities are accessible to the widest possible audience
- Events to launch the SWAp, nationally, regionally and at district level are held to build awareness and ownership
- MoH plans and delivers outreach meetings with central hospitals and districts to communicate directly the SWAp, POW, EHP process and activities
- MoH at all levels reinforces the need to use notice boards, including those for health staff, effectively
- MoH and its partners develop a Health Information Network to communicate and share information via e-mail
- MoH prepares, maintains and circulates a central diary and meetings calendar to all key stakeholders
- MoH creates and facilitates a Communication Group to enable it to plan and deliver communication activity with partners
- MoH commits to communication training and capacity building at all levels to develop communication skills and build ownership of health sector reform
- MoH prepares, maintains and develops a central database of all MoH and stakeholder contacts to ensure effective distribution of information
- MoH, as a priority, puts in place a plan for early connection to the internet so that headquarters has access to e-mail and the world-wide web
- A functional review is conducted of the HEU and its activities are linked to the corporate objectives and decision making of the MoH
- Links are formed between the corporate communication function and HMIS to communicate important statistics more widely

- MoH develops effective reporting of communication activity, through two-way communication, at all levels to support the SWAp process
- MoH monitors and evaluates its own communication activity to support improvements in communication
- Key stakeholders agree how they can support the Communication Strategy to ensure its success
- A budget for communication activity is agreed, set aside and reviewed on an annual basis

SECTION IV

APPENDICES

Appendix 1. First Phase (set up) Action Plan

2004/5	Action	Comments
April	<p>Circulate Communication Strategy for comment</p> <p>Agree Communication Strategy</p> <p>Agree and allocate communication budget</p> <p>Develop and agree TOR for Communication Adviser</p> <p>Produce draft text for Short Version of SWAP/POW/EHP</p> <p>Produce TOR for project to deliver internet connection to MoH headquarters</p> <p>Develop and circulate MoH communication policy</p>	<p>Planning lead.</p> <p>Schedule meeting/s in which strategy is discussed.</p> <p>Planning/donors</p> <p>Planning/external TA support.</p> <p>Planning/external TA support.</p> <p>External TA</p> <p>Planning/external TA</p>
May	<p>Finalise text for Short Version of SWAP/POW/EHP and send to designers</p> <p>Advertise for Communication Adviser</p> <p>Circulate proof of Short Version of SWAP/POW/EHP for sign off</p>	<p>Circulate to PS/Directors</p> <p>Identify candidates/planning and others</p> <p>Planning to lead/circulate to PS/Directors</p>
June	<p>Interview and appoint Communication Adviser</p> <p>Send Short Version of SWAP/POW/EHP to print</p> <p>Prepare/purchase office equipment, work space and support for Communication Adviser</p>	<p>Planning/external TA</p> <p>Pre work required on design and development</p> <p>Planning/human resources</p>
July	<p>Communication Adviser begins in post</p> <p>Induction period for Communication</p>	<p>Planning/external TA</p>

	<p>Adviser</p> <p>Prepare segmented distribution database for Short Version and general use</p> <p>Make links with HEU/HMIS and other communication support functions</p> <p>Create template for Ministry/SWAp Bulletin</p> <p>Plan and write content for Ministry/SWAp Bulletin</p> <p>Set up Health Information Network</p> <p>Formulate membership of Health Sector Communication Group</p> <p>Prepare and create Ministry/SWAp meetings and events diary</p>	<p>Administrative task</p> <p>Communication Adviser</p> <p>Communication Adviser</p> <p>Communication Adviser</p> <p>Communication Adviser with admin support</p> <p>Communication Adviser/SWAp Secretariat</p> <p>Communication Adviser with admin support</p>
Aug	<p>Communicate EHP Training Package beginning in Sept</p> <p>Prepare for implementation of annual publications programme</p> <p>Develop media strategy and action plan</p> <p>Develop ideas and content for guides and handbook</p> <p>Prepare for national and regional launches of SWAP/POW/EHP</p>	<p>Planning/Communication Adviser</p> <p>Communication Adviser</p> <p>Communication Adviser</p> <p>Communication Adviser</p> <p>Communication Adviser with PS/Planning</p>
Sept	<p>EHP Training Package begins roll-out</p> <p>Distribute Short Version of SWAP/POW/EHP</p> <p>Hold National launch of SWAP/POW/EHP</p> <p>Regional launches of SWAP/POW/EHP take place</p> <p>Prepare for district (x 27) workshops</p> <p>Develop communication training programme</p>	<p>Planning</p> <p>Advice needed to central hospitals/districts</p> <p>Engage Minister/Directors</p> <p>Engage Minister/DHOs</p> <p>Communication Adviser/Planning SWAp</p> <p>Secretariat/Communication Adviser</p>

Appendix 2. Annual Communication Work Plan 2004 - 2005

Action	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Communication Adviser in post				X								
Short version of SWAp distributed						X						
National launch of SWAp/POW/EHP						X						
Regional launches of SWAp/POW/EHP						X						
District launches/workshops of SWAp/POW/EHP							X	X	X	X	X	X
Ministry SWAp Bulletin produced/circulated				X	X	X	X	X	X	X	X	X
Communication Group meetings				X		X		X		X		X
EHP Guide and handbooks for health providers distributed							X	X	X	X	X	X
Distribution database ready						X						
Health Information Network in operation					X	X	X	X	X	X	X	X
Communication training delivered								X	X	X	X	X
Media strategy in place					X							
Ministry web site up										X		
Ministry connected to e-mail							X					
Health Sector magazine in production/circulated								X			X	
SWAp diary and meetings calendar circulated			X	X	X	X	X	X	X	X	X	X
Communication (quarterly) reports to SWAp Secretariat						X			X			
Communication Strategy updated												X

Appendix 3. Methodology for the design of the Communication Strategy

Actions	March	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	April 5 onwards
Interviews																			
Determine communication objectives of SWAP/POW/EHP																			
Audit existing methods of communication																			
Define target audiences																			
Define what needs to be communicated and to whom																			
Assess best methods of reaching audiences																			
Decide resources and capacity needed/existing																			
Produce action plan and work programme																			
Produce summary of recommendations																			
Produce concept, costs and outline for short version of POW																			
Deliver short interim reports																			
Finalise strategy design																			
Submit strategy for circulation/comment																			
Strategy ready for implementation																			

Appendix 4. Draft specification for the production of Short Version of the SWAp, POW, and EHP

Health Sector Reform booklet

Specifications:

Title:	Raising the standard of health
Sub titles:	Reforming health services in Malawi A guide to health sector reform
Additional information for the front page:	Ministry of Health, Republic of Malawi 2004 - 2010
Purpose:	A booklet for health professionals, organisations providing health services, donors, government departments and other stakeholders to explain new approaches to providing health services in Malawi.
General description:	A high quality publication using photographs and images. The publication should be printed so that it can be kept and used for more than one year. It should therefore have a light card cover, strong (minimum 90gsm) pages and be stitched or stapled.
Print specifications:	5,000 copies. A5 (landscape), minimum of 20 pages, printed in 4 colours (cover pages) and 4 colours (inside pages). To include up to 20 photographs (supplied by Ministry of Health), a map of Malawi, and the crest of the Ministry of Health/Government of Malawi. The publication should be designed with the Malawi (flag) national colours as themes throughout the pages. All text to be supplied by the Ministry of Health.
Contact:	Daniel Harris (LATH), Ministry of Health 09957 286 Justin Nyondo (Management International), Ministry of Health 08833 415
Response:	Please supply a full price quotation to include design, typesetting, scanning (including photographs), editing and liaison with MOH, print and delivery (to MOH). Please also supply a colour proof of up to three pages (including front page) indicating how you will approach the project (text supplied).

Date: Please supply the above on or before 5pm Friday 26th March.

Appendix 5. Communications Strategy Budget

CONSOLIDATED BUDGET

CAPITAL BUDGET

<u>ITEM</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>TOTAL COST (MK)</u>	<u>TOTAL COST (US\$)</u>
Toyota Hilux	1	4,200,000.00	4,200,000.00	38,532.11
Compaq computer	1	185,300.00	185,300.00	1,700.00
Laserjet printer	1	75,000.00	75,000.00	688.07
Cellphone	1	25,000.00	25,000.00	229.36
			4,485,300.00	41,149.54

ADMINISTRATION BUDGET

Fuel 200litres per month	2400	93.40	224,160.00	2,056.51
Cellphone units 300units per month	3600	110.00	396,000.00	3,633.03
Subsistence allowance - 31 days	31	3,500.00	108,500.00	995.41
Hotel Accommodation- out of duty office - 31nights	31	12,000.00	372,000.00	3,412.84
Ministry of Health Website	1	225,000.00	225,000.00	2,064.22
SWAP/POW/EHP Leaflets	5000	65.00	325,000.00	2,981.65
Moyo Sector Magazine	5000	175.00	875,000.00	8,027.52
Short version of the SWAP/POW/EHP	1000	300.00	300,000.00	2,752.29
EHP Handbook - up to 16 pages A4	5000	250.00	1,250,000.00	11,467.89
Ministry (SWAP secretariat) policy document	5000	250.00	1,250,000.00	37,391.38
Health Education Unit Functional Review			25,000.00	229.36
SWAP/POW/EHP Launches/District briefing			8,444,288.86	77,470.54
Training in communication skills South, Centre& North			26,107,840.23	239,521.47
Insurance cover	1	588,000.00	588,000.00	5,394.50
Stationery		150,000.00	150,000.00	1,376.15
Communication Officer - salary (2 year contract)	24	218,000.00	5,232,000.00	48,000.00
			45,872,789.09	446,774.76
Grand Total			50,358,089.09	487,924.30

Appendix 6: List of persons met

Dr Richard B. Pendame	Principal Secretary, MoH
Nelson Kalanje	Director of Health Planning, MoH
Dr Paul Sikosana	Health Planning Adviser, MoH
Dr Rex Mpanzanje	Director of Clinical Services, MoH
Dr H. Sumanje	Director of Preventive Health, MoH
Dr Michael O'Carroll	Senior Technical Adviser, MoH
Dr W.O.O. Sangala	Senior Technical Adviser, MoH
Trish Araru	Development Officer, SWAp, MoH
Jonathan N'khoma	Head of Health Education Unit, MoH
Hector Kamkwamba	IEC Officer, Health Education Unit, MoH
Beth Deutsch	Sexual and Reproductive Health Technical Officer, MoH
Michael Taranda	First Secretary (Health & HIV/AIDS), MFA, Norway
Juan Ortiz	Head of Health Programmes, UNICEF
Dr Jane Muita	HIV/AIDS Project Officer, UNICEF
Mrs Jean Nyondo	Assistant Project Officer, UNICEF
Susan Mchana	Health Adviser, DFID
Dr Bomba	Health Information Adviser, WHO
Dr Kathyola	Hospital Director, Central Hospital, Lilongwe
Mrs Kachale	Chief Nursing Officer, Central Hospital, Lilongwe
Mr H Nkunika	Chief Hospital Administrator, Central Hospital, Lilongwe
Mr Mfungula	Accountant, Central Hospital Lilongwe
Mr Mamba	Hospital Administrator, Central Hospital Lilongwe
Mr Mitochi	DEHO, Salima District Hospital
Mrs C Kasawala	District Nursing Officer, Salima District Hospital
Mary Gondwe	Accountant, Salima District Hospital
Michael J. Bendezera	Director, Lumbadzi Health Centre
Francis Gondwe	Deputy Executive Director, CHAM
Crispin Kamanga	Administration Officer, CHAM

Appendix 7. Glossary

BRC	Budget and Review Committee
DFID	Department for International Development
DHO	District Health Officer
DIP	District Implementation Plan
EHP	Essential Health Package
GoM	Government of Malawi
HAC	Hospital Advisory Committee
HCC	Health Centre Committee
HEU	Health Education Unit
IEC	Information Education and Communication
JIP	Joint Implementation Plan
MoH	Ministry of Health, Malawi
MTEF	Medium Term Expenditure Framework
POW	Joint Programme of Work
PRSP	Poverty Strategy Reduction Paper
SRHP	Sexual and Reproductive Health Programme
SWAp	Sector Wide Approach
VHC	Village Health Committee