

MALARIA CONSORTIUM FIELD COMMUNICATIONS TOOLKIT



**malaria
consortium**
disease control, better health

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INTRODUCTION



Malaria Consortium's external communications and advocacy activities aim to build on our reputation as one of the world's leading organisations dedicated to the comprehensive control of malaria and other communicable diseases.

The organisation has a key role to play in raising awareness, informing global policies and influencing practice around issues and challenges that are critical to our work across Africa and Southeast Asia. To achieve this aim, it is essential that Malaria Consortium is effectively communicating new learning and evidence arising from its research and on-the-ground practical experience.

Communicating responsibly, creatively and effectively about our work and our achievements is also essential if we are to continue to show impact in the area of disease control.

As project staff, you spend a significant part of your time working in the field and directly with partners, where you can regularly see the impact of Malaria Consortium's work. It is easy to overlook the anecdotes you hear or the small changes in behaviour you see when you are focused on undertaking research or writing formal reports, but these can provide snapshots of positive change that can be inspiring ways of showing the impact of a project.

As well as supporting projects you are working on, information gathered in the field has the potential to be of great value to the organisation as a whole. By documenting your work qualitatively in this way, you can provide stories that will help promote the achievements of Malaria Consortium, highlight our engagement with partners and show impact on the ground, all of which supports our professional reputation and helps attract additional funding.

Capturing this information as you carry out your work can add significant value to reports and provide materials for case studies, news articles, interviews, photo stories and even films. These can then be used online and in print to showcase our work, to advocate for changes in policy and to raise the profile of our organisation.

Perhaps most importantly for you, it will also help illustrate the successful impact of your project with both donors and partners.

For example, the information you collect will add value to the way you communicate with your project donors, partners and other stakeholders. Real life stories and pictures can be used in public information posters and leaflets, provide valuable examples to use in national workshops and support your project's advocacy activities.

This toolkit will provide you with simple, time-saving techniques for capturing information while going about your planned activities. You are already documenting the progress of the work you do. This handbook will provide you with the tools you need to add an extra dimension to that documentation by giving you some simple ideas and techniques for gathering interesting stories, photographs and interviews, which can also be used to help achieve so much more.

Field Communications Toolkit objectives:

- ➔ To support project staff in the gathering of stories and other qualitative material that will add value to their own project communications and that can also be used for wider dissemination
- ➔ To encourage the collection of material that will enable Malaria Consortium to share learning and knowledge with partners, stakeholders, political decision makers and civil society



SECTION ONE: INFORMATION GATHERING



This section provides advice and specific examples to help you spot stories, make the most of your time with communities and partners, develop key communications skills and deal with any difficult situations that may arise.

Build story gathering into planned visits

You are actually already doing most of what is needed to gather good stories, quotes and photographs.

➔ You are working closely with colleagues in the field, with partner organisations and with governments.

➔ You are planning field trips, research programmes and workshops where you are meeting community members, health workers and officials who are benefiting from Malaria Consortium's support.

In the information forms and recommended interview questions in the Field Trip section of this toolkit, you will see that you already have a great deal of the information needed and may already be asking these questions of the people you meet, especially if you are carrying out surveys.

This section is designed to provide you with simple techniques and systems for recording what you already know and see to provide essential context for a story or 'snapshot'.

WHO SHOULD FEATURE IN A 'HUMAN INTEREST' STORY?

Most stories have a subject, an individual who is not only the focus but who illustrates or acts as 'evidence' for the point you are making. It is important to pick someone who is relevant to the story that you are telling.

Things to look out for when identifying the right person for a human interest story are:

- ➔ Someone who represents the work we do – such as an experienced community health worker (CHW)
- ➔ Someone who has an engaging or inspiring story – such as a mother who can talk about her child surviving an illness, or a CHW whose life is completely different now that they are able to help the community they live in
- ➔ An individual who represents the community where you are working - such as a community leader or district health official or worker – who is inspired by the positive changes he or she is witnessing

Recognise a story

Powerful and effective communication materials rely on information, facts, quotes and photographs which collectively can be called a story.

- ➔ A story should always be interesting and informative, and where possible, inspiring to read.
- ➔ Stories are important to the international development sector because they help us explain issues that can be hard to understand, or interventions that are often technical or - theoretical.
- ➔ A story helps people who are not experts to understand our work and see how our interventions fit into the broader context.
- ➔ Stories are often told from the perspective of one or several individuals rather than just being a description of an intervention that has taken place.

Later in this toolkit we have included some template case studies to help you understand how to write and structure your stories.



If we were telling the story from the point of view of Malaria Consortium the organisation, we might wish to include:

- ➔ Health issues faced by the countries we work in
- ➔ Our response to these challenges
- ➔ Change that has happened as a result of our interventions.

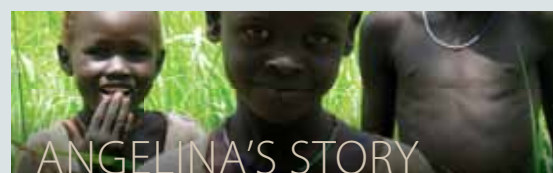
To bring the description further to life we might include:

- ➔ The issues, challenges and the change through the eyes of an individual who has first-hand experience.

These are people who provide what we call 'human interest'.

EXAMPLE

Here is a story from the field, currently included in a country brochure for South Sudan. It identifies a health worker who has been trained by Malaria Consortium and is making a real difference in her community's health. Angelina talks about the impact she has had in the village and explains how she has helped members of the community.



Angelina is a Community Drug Distributor (CDD) who has received training through Malaria Consortium so that she can diagnose and treat malaria, pneumonia and diarrhoea.

Angelina has treated eight children under five in the past 13 days in her village in Aweil West County. "The community is very relieved to have me as a CDD. As soon as a child is sick, including my own, I can treat them. In the

past they had to go to a clinic which is many hours walk away," she says. The previous day, Ahok Lual brought her seven month old daughter Aluat Deng to see Angelina, as she had been sick for a few days. Angelina examined Aluat and diagnosed her with malaria. She gave her the first treatment at her house, and then showed Ahok Lual how to break the tablets in half so that the dosage was correct for the child's age. Ahok said that Aluat quickly improved after taking the medicine.

Angelo Agany is Angelina's supervisor. He has a total of 16 CDDs under his supervision who he visits twice per month. When asked what the biggest challenge in his role is, he says that he is facing problems with the rains, which hamper his ability to continue to supervise the CDDs who live across the river from him. The rains last for six months each year and present the biggest challenge to all Malaria Consortium's operations in Southern Sudan.

Although it is rather short, this story is effective because it draws in the reader and allows them to gain an understanding of her daily work and critically, the gap in child health care services Angelina is able to help fill.

Working with partners and capacity building



It can be challenging to find exciting ways to describe the organisation's role in capacity building, or to be comfortable talking about Malaria Consortium's role in the success of a project when the organisation is one of many partners. However, we still need to be able to feature success and impact stories on these issues - stories that are shared with partners.

A creative approach to storytelling can sometimes make this easier - it can turn a dry subject like capacity building into a personal journey; a multi-partnered project into a focus on grass roots impact.

Conversely, rather than drilling down to the individual impact, a good way to bring capacity building to life is by talking about the big picture and strategic vision rather the finer detail of the support Malaria Consortium is offering.

For example, rather than describing technical processes, consider how Malaria Consortium is supporting the national government to roll out more effective health services to rural communities.

Employ ripple effect reporting, which means explaining how the impact is being felt at its widest point, for example: *'This year improvements in recruitment and training means 55 more community health workers reached an extra 10,000 people.'*

When you are talking about the successes of a national programme or a project with multiple partners, the success and impact may well be as a result of a number of different organisations. In such cases, ensure you make it clear in any case studies or information that Malaria Consortium is part of a bigger partnership, but also that the organisation played a key role and, if relevant, what that role is. It is good to talk about the wider success of the group.

Use your community contacts as researchers

One of the best ways to ensure you are going to meet interesting people during community visits is to do some research beforehand. This may not be easy when you have busy schedules and may be based far away, but consider working with your community contacts to identify good stories.

When you are planning your visit, explain to local project staff, community volunteers or district health officials that you need to take some photographs and interview one or two people who have particularly interesting experiences. Your locally-based contacts may know people much better than you do so ask them to recommend individuals and ask that they check in advance if the people are happy to be involved.



It may help to break down barriers when meeting someone for the first time as they will already be expecting you.

What makes a good interview?

Here are some points to remember when setting up and carrying out an interview

➔ **Try to find a quiet place, away from a busy street or communal area**

Perhaps in an interviewee's home or a quiet corner of the office or health centre.

➔ **People will be interested in what you are doing and will try to gather round to listen**

You may find people even try to answer the questions. It will be better for your interviewee and the quality of their answers if they are able to concentrate in a peaceful environment away from onlookers.

➔ **Do be careful about using quotes or information that could be construed as political comment**

We have to remain neutral with issues pertaining to religion and politics therefore it is wise to be cautious if there is discussion on such matters.

➔ **Remember that you may not even need to organise a separate interview**

You might already be having a conversation with people as part of your research or monitoring and evaluation meetings that will provide the environment for you to get these answers.

Sometimes informal conversations with partners or decision makers provide really helpful background information.

If this happens then do not be afraid to ask interviewee's if you can use the information in an article or case study. If they say yes then ask them to repeat what they said and note it down accurately.



POINTS TO REMEMBER WHEN BUILDING UNDERSTANDING AND GETTING THE BEST OUT OF PEOPLE

Consider the following points when engaging in dialogue with others; they might assist you with gaining the information you are seeking and therefore add depth to your interview.

- ➔ Put people at ease by spending some time chatting about their day to day life, their children, their job etc.
- ➔ Build people's confidence when they are discussing their work by giving them prompts and showing you are listening and interested through your body language.
- ➔ Make sure you are in a relaxed setting that allows for people you are with to feel confident.

Please also be aware that these are guidelines intended to make collecting information easier and to develop your skills. There will be occasions where some of the advice contained here may not be culturally or socially appropriate and in those instances you are encouraged to use your judgement on what is the best approach

Capture quotes accurately

As you will see in the Field Trip section to this toolkit, there are templates to act as prompts for your information gathering and interviewing, including five suggested primary questions for beneficiaries, partners and health workers.

A lot of this information can be recorded in note format, but it is very important that you capture what the interviewee says (quotes) accurately and in full

and ensure you note down their name and, if relevant, job title, checking any difficult spelling with them. If you are translating the interview as you go, please try to remain as accurate as you can be to the original words used. Do not be tempted to just put down the general meaning of what the person said. People often use very colourful expressions to describe their circumstances or feelings and it is great to keep these as close to the original as possible. Do not be afraid to ask an interviewee to speak slowly or repeat what they said.

The best way to capture answers accurately is to audio record them. Most mobile phones have a record function; if you look at your phone's menu function the record function is usually found under 'voice memo'. Or you can use a digital recorder.

DO WRITE

Makosi Kiwanuka said:
"My children used to get sick all the time but since we received our mosquito nets and the health worker gave us a lesson on how to use them, all my children have stayed healthy. They have not missed any school."

DO WRITE

Doctor Sesay said: *"We had been using the same diagnosis testing methods for many years, which worked but were quite slow to complete. Malaria Consortium trained us in the use of RDTs, which now means rather than completing 10 diagnoses a day we do 50."*



DON'T WRITE

Makosi Kiwanuka's said that her children used to get sick but now she has a mosquito net and knows how to use it they are well and do not miss school.

DON'T WRITE

Doctor Sesay said they were using slow testing techniques but since we trained them in RDTs they are conducting five times more.

As seen in the above examples, the information remains the same but the notes do not read as the person actually said them and so they cannot be used as quotes in a story.

Handling difficult situations

There may be times when you have to handle an awkward situation; here are examples of some of the most common:

A woman's husband wanting to monitor an interview

Sometimes a woman's husband will expect to be present when you are speaking to her. This can result in less open or honest answers, as she may be embarrassed or feel unable to speak in front of her husband. However insisting on speaking to her on her own may be problematic, so take advice from people in the community. It may be that a woman will prefer to be interviewed by another woman rather than a man, or her husband may be happy if there is another woman with her - a relative or friend.

People getting upset in interviews

It is possible that people may get upset in an interview, especially if they are talking about a personal or traumatic event. If this happens, show empathy and let them take a few minutes to calm themselves. Don't terminate the interview as this can leave people feeling a bit awkward or as if they have failed. Once they have composed themselves, ask them if they are happy to continue. Even if they say yes, do not push them if you can see they are still not comfortable. You can always suggest you return at a later date.

People asking for money

People may ask you for money in return for taking their photograph or providing an interview. Malaria Consortium does not offer direct payment for any photograph/filming or interviewing. However, it may be appropriate to provide some recompense for taking up time or requiring people to travel to talk to you, or miss a day's work. Different programmes/projects have different policies on how to thank people for their time – such as providing travel costs or a meal/refreshment - although this must still fall within the organisation's overarching policy on bribery. Please discuss this with your managers beforehand.

There is a checklist at the end of this toolkit which should allow you to incorporate all of the story gathering techniques discussed into your daily work routine. Please see page 15

CAPTURE DETAILS THAT WILL BRING YOUR STORY TO LIFE



Details, such as the ages and names of children, how the family earns an income, where they live, are important because they paint a more vivid picture of the people we work with and support. The interview templates have prompts for these questions formation in the forms.

SECTION TWO: PHOTOGRAPHY

You may have captured an excellent quote or story, but if there are no good photographs to accompany your work then it may become hard to use this information effectively. Always aim to take photographs whenever possible.

Tips on taking photographs

Here are some quick tips for taking good pictures:

DO

- ➔ Take close up pictures of people and activities.
- ➔ Take a series of photographs to illustrate the whole story (an individual talking to the health worker, looking at a poster, hanging a mosquito net, talking to the neighbour).
- ➔ Take relevant context shots (the surrounding area, the health centre).
- ➔ Take pictures outside or with lots of natural daylight inside the home or office.
- ➔ Make pictures of workshops and 'capacity building' as interesting as possible by taking close ups of people talking or engaged in activity.

DON'T

- ➔ Take pictures of lots of people sat around at workshops or community events. It is hard to spot the person in the story if they are part of a big crowd.
- ➔ Take pictures in the direct sunlight or with the sun behind them as their face will become invisible. Keep the sun or other main light source behind you.
- ➔ Don't feature any backdrop that may be controversial, for example outdoor advertising featuring a political viewpoint. If this appears in our work it may look like an endorsement even when that has not been the intention.

Here is some more information on the types of photographs that are useful for use in publications and online, plus some examples of good images.



This picture shows our work in action; the community member benefiting from knowledge of a Malaria Consortium trained CHW.



This photo captures the mood of the setting. It feels natural and gives the viewer an understanding of the context.

Portrait shots

A portrait is a close-up photograph of an individual. This is an essential element if you are interviewing someone and they are the main subject of your story. The photograph should ideally only feature this person (unless it includes an additional person who is especially relevant, such as a child) and it should be reasonably close up. It is helpful to have this photograph taken in a relevant environment. For example, a health worker could be at a community centre or sat at a table with medication around them. While it is good to have them engage with the viewer, sometimes this can make the individual too self-conscious. A more natural shot would have the subject looking at something or someone, or with the subject looking slightly to one side of the camera.



A clear, well captured shot of a subject looking directly at the camera.



This is another example of a portrait shot where the subject is looking into the camera, but it has a clear message, demonstrating the RDT.

Activity shots

Activity shots help to illustrate what actually happens during the life of a project. Relevant activity shots might be a health worker giving a talk in a community, a mother hanging a mosquito net, a health worker receiving training, a CHW carrying out an RDT, or queues of people waiting for nets or for treatment.



Showing Malaria Consortium staff at work and the engagement of the community makes this a powerful image, and gives a clear example of what our organisation does.



A similar action shot depicting a health worker testing a child for malaria. Notice how it captures a realistic moment, where neither of the subjects are looking at the camera.

Context shots

Context shots help the viewer to build a picture of the country or environment in which the story or activity happens. Good context shots include pictures of surrounding countryside, streets and day to day life. For example, a place of work such as a health centre or hospital could be the 'backdrop' or context for someone's story.



This shot of a woman washing a net conveys information about her life without being too literal.



Patients waiting to be seen in an emergency triage department at Mbale hospital, shown against the backdrop of a hospital waiting area, including a doctor and other patients.

One golden rule is to take several shots of anything you think is relevant or any individual or activity. This is standard practice among professional photographers as it allows you to find the best out of several options – different angles, different lighting, different positions/locations, and different subject activities. If you are using a digital camera, this practice is strongly encouraged.

Telling stories with photographs

Although we commonly use a photograph to illustrate a written article, it is also possible to use a series of photographs to tell a story.

If you do this you need less background information and fewer quotes as you will only have a small caption under the photographs. However you would need to be sure you have enough photos to tell a story so it is something to try when you are more confident about your photography skills or when there is the opportunity to take a range of images around one issue or community.

A good tip is to imagine you have no words and have to make people understand exactly what is happening only using picture – if you end up with too many pictures you can always take them out of the story.

The link below is an example of a photo story from our work in South Sudan.

www.tinyurl.com/3kuobt8

Examples of bad photos



There is little happening, no action or context, and the position of the photographer is poor, casting all the faces in shadow.



A shot of a staff meeting often does not mean anything to the viewer. Context is needed for these to become more engaging.

COMMON MISTAKES TO LOOK OUT FOR



Crowded pictures

Photographs with lots of people standing in rows, or sitting around at a workshop or community meeting do not make interesting photos because it is hard to pick out the subject in the photograph. Try to take close up photographs of individuals looking at the camera and demonstrating the work in which they are involved, such as talking to a health worker, hanging a bed net, or administering medicine.



Bad lighting

Photographs are ineffective if taken in dimly lit houses or in the glare of the sun as people's features are unclear. Try to take photographs outside in a slightly shaded area – for example under a tree or in front of a building. If you need to take a photograph inside, open the windows and doors to allow lots of natural light in and turn off your camera flash. However, if there is not enough natural light, use the camera flash.



Lack of context /activity

Photographs do not appear to have much meaning or visual impact, when they show images such as people standing aimlessly in groups, shots of audiences or participants at conferences. When taking photos try to think about the story you are telling and how to illustrate this with a photo.

Using wrong camera settings: cameras have different settings and each setting produces a different quality photograph. To be able to use the photographs in printed publications we need them to be taken at the highest setting. Check your camera setting and make sure it is set to 'large' or high resolution.

SECTION THREE: PRODUCING YOUR MATERIAL

As well as generating material for use for your projects, Malaria Consortium's External Communications team in London would like to receive as many stories as possible.

The team is ready to assist you with the collation and production of your material into final copy. If you choose to draft material in-country, however, please can you send us your final draft before publishing it for a final quality control check - something we aim to provide for all external communications outputs.

We also request that you share the with us any finished stories, case studies and raw materials such as interview notes, quotes, photos and consent forms so that we can continue to build our external communications resources across the organisation.

news@malariaconsortium.org

Always check the information you are sending

Although we want to hear about as many success stories as possible, sometimes we are not able to use the information and pictures that are sent to us because they are missing vital details. We can use something as simple as a single quote or photograph but only if we have the **THREE C'S**:

CAPTION

Who has been photographed or interviewed?



CONSENT

Have we been given permission to use their words and photograph?
If not, are there good reasons why we can still use the material?



CONTEXT

Where are they from, what project are they part of,
what role Malaria Consortium has played?

Prior to publishing or sending information please review this checklist:

HAVE I	COMPLETE?
Completed the background information section of the data sheet?	
Captioned all the photographs and attributed all the quotes and interviews to the correct people?	
Included a copy of the consent form or voice recording of permission?	
Included as much information as possible on the story section of the data sheet <i>NB: remember you don't have to fill out every section here – just what you know and is relevant?</i>	
Double-checked the spelling of names (people and places)?	
Double-checked the accuracy of any statistics referenced in interviews with individuals or included in the background information section?	
Double-checked the accuracy of the quote I am providing against my original recordings or notes.	

Writing up

There are some **DOs** and **DON'Ts** to remember when you are writing information up. Please feel free to contact the communications team in the UK for further support - news@malariaconsortium.org

DO

- ➔ Keep your writing clear and to the point by being careful not to include irrelevant information.
- ➔ Use your judgement to focus on the important or interesting parts of the story.
- ➔ Write in short and simple sentences and avoid jargon or technical language.
- ➔ Be descriptive of the community, the surroundings, a home etc. to paint a vivid picture.
- ➔ Double check any facts, figures and statistics that are quoted.

DON'T

- ➔ Try to overdramatise a situation by using sensationalist language – let the story tell itself.
- ➔ Put words in people's mouths – it is important that the real picture of what is happening gets included in your story.
- ➔ Use a story without the individual's permission, no matter how good it is.
- ➔ Use jargon, acronyms, or foreign words without explaining what they mean.
- ➔ Dehumanise story subjects by using technical terms, e.g. "150 of these children were rehabilitated" instead of "150 of these children regained their health and strength".

Templates for packaging stories

There are many ways to present your material, but you need to consider what format suits the information you are sending. Here are some examples of different templates you can use in appropriate circumstances.

SHORT FEATURE

This is the easiest type of case study to write because you write in the third person (meaning you describe what is happening) and use quotes from beneficiaries or partners to illustrate your points. Short features are effective for telling stories and keeping the reader engaged. You would usually focus on one individual in this type of case study and aim for between 500 and 750 words.

STRUCTURE EXAMPLE

Title:

Choose an interesting title that catches people's eyes and encourages them to read the story.

Stand first:

A stand first is a short introductory paragraph of between 50 and 60 words that summarises the story and encourages your reader to find out more.

Beginning:

Set the scene and introduce the person in your story.

You can describe them or even use a direct quote from that person.

Quote one:

The person tells you how the problem was affecting their life.

Middle:

Describe in two or three paragraphs what is happening, how Malaria Consortium is involved and how people are benefitting from the work.

Quote two:

The person describes how their life has changed as a result of this work.

End:

Close by 'scaling up' the story by explaining how this work is happening in xx communities to reach xx people or explain how it is sustainable.



SHORT FEATURE EXAMPLE

Title:

From Fixing Cars to Saving Lives

Stand first:

A year ago 27-year old Miguel was working as a mechanic. Today he has a whole new set of skills and is volunteering as community health worker in a remote rural community in southern Mozambique. He is playing a vital role in keeping children alive and bringing new hope to their parents.

Beginning:

Miguel Tomas opens his mouth to encourage five-year-old Toucha to do likewise so he can examine her throat to check whether she has an infection. His gentle manner with Toucha puts her at ease. Sitting on her mother's lap, Toucha opens her mouth. Miguel finds no sign of an obvious infection and decides to do a malaria test. Toucha allows him to prick her finger and squeeze drops of her blood to test for malaria using the rapid diagnostic test kit.

Quote one:

It is a very different scene to the one Miguel's father, Thomas, remembers from when his children were small: *"Lots of people have died here because they could not get to hospital in time. It took me four hours on foot to get to the hospital and I lost two of my five children to diarrhoea."*

Middle:

The examination is taking place in a small reed and stick shelter in Chifuio, in the southern province of Inhambane, Mozambique. Inside, there is only a table on which are placed plastic medicine bottles, tablets, a register and a back pack, which Miguel uses for his home visits. Miguel, 27, looks professional, as if he has been doing this all his working life. It's hard to believe that just last year he was a mechanic.

The course of his life changed suddenly when his father, who is the community leader, nominated him to become an Agente Polivalente Elementar (APE) or community health worker. Thomas realised that having an APE in their remote area could make a huge difference to the health of the children. After being nominated Miguel had to pass basic literacy and numeracy tests before attending a four-month course implemented by the Ministry of Health, the Malaria Consortium and other partners.

Although it's only mid-morning, Miguel says he has had 15 consultations already. "I started work when the first person arrived at my home at 5am". After 10 am he will carry out home visits to complete disease prevention work and treat anyone who is sick. If he cannot treat them, he will refer them to hospital. When they are too sick to travel to hospital, he borrows a phone and calls for the only ambulance in the district.

Quote two:

Gilda Nassone, Toucha's mother, says she is relieved Miguel is working in her area. *"Before it used to take me two hours by bike to get to the hospital and then I would sometimes wait two hours before being seen."* By contrast, this time it was a 20-minute walk to see Miguel and there were only three other people before her and Toucha.

End:

APes like Miguel bring the management of childhood diseases to the community level in Mozambique. Integrated community case management (ICCM), as it is known, provides community based-care for diarrhoea, pneumonia and malaria through training community based volunteers to diagnose and treat these three killers. Malaria Consortium has trained xx community health workers who are reaching xx communities like Chifuio and children like Toucha.

QUESTION AND ANSWER

Question and Answer style case studies work well if you have a lot of information to convey as the questions enable you to break down the points into bite size pieces of information. These generally work well for partner or project worker interviews, as there can be prior shared knowledge between interviewer and interviewee, leading to chatty and more confident exchanges. It is also a way to break up long answers by editing in additional question afterwards.



QUESTION AND ANSWER EXAMPLE

Title:

Using Nets is an Investment in the Future

Background:

Christopher is a member of a village health team in the Hoima District of Western Uganda. He is known as a VHT and is part of a team of volunteers who visit villages and homes in the district, educating people about the use long-lasting insecticidal nets. Here he tells us about his work and how his family and many more like them are facing a healthier and hopeful future because of these nets.

How have people within the community understood the importance of using the nets?

“Most people have understood the benefits of the net and they are using them. When we are working within the community and checking the nets are there, hanging on the sleeping places. Where we don’t find those nets, we also advise or we ourselves hang the nets; we get some ropes, we hang the nets and we leave the nets functioning.”

How has life changed since you received the long-lasting insecticidal nets?

“Before nets, malaria was always troubling us - I showed you where I buried children. For me as a parent, I feel very happy because there are no money worries over sickness; we can do whatever we want. We can sit and plan and plans can come true because there will be no interruptions to the budget. As a parent, I feel happy because my children are well off, they are playing so I feel very happy.”

What are the financial benefits of using the nets?

“One malaria attack has to cost almost everything. You sell hens, you sell goats, for one just malaria attack. But when you are free from malaria all the money you get has to be paid to the benefit of the family. We don’t have unnecessary expenditures like treatment and the other issues of that nature. As you can see here, we are far from the main hospital. In case of malaria, then you are including transport and in case you are admitted to hospital then the expenditures are very high. But since we are free from malaria, life is okay.”

How are you able to use the money you have saved?

“When we don’t have malaria our income stays constant because the money which we would use to go hospital and for treatment is there to do other things. My two daughters have graduated as primary teachers and my boy is also in the college. If the income was too negative, they could not succeed so this is a very big achievement. Education is an investment. Now we are investing, we are investing and in due course the education of the children will benefit the whole family.”

PHOTO FEATURE

If you have a series of between nine and 15 photographs that tell a story then you could put them together and caption them to tell the story. There is an example of one we have done before on the Malaria Consortium website: www.tinyurl.com/3kuobt8



PHOTO FEATURE EXAMPLE



Finally

When an individual has shared their story and experiences with you and agreed to you taking their photograph, they have invested their trust in you and Malaria Consortium to retell their story honestly and respectfully.

Many people express concerns that they are portrayed in a negative way for the sake of NGO fundraising and publicity or they are upset because they never see the results.

We know that Malaria Consortium enjoys a good reputation at a community level and with national partners and we want to maintain that. As a way of saying thank you to the people who have shared their story with you, you might want to do one of the following two things:

- Make copies of the photographs you take and next time you visit the community give them to the individuals who helped you or ask the community leader to display them in a communal area.
- When a story and photograph is used in Malaria Consortium publications or the media take a copy to show the community.

TELL US WHAT YOU THINK

- Has this guide been useful to you?
- Are the tips and hints genuinely helpful and can you apply them to your work?

It would be great to hear a little anecdote or story from you about how this guide has helped you work differently.

Also, is there anything missing or any questions you still have unanswered? This toolkit will be reviewed and updated so if you have any ideas for what you would like to see in future versions please email the External Communications team on news@malariaconsortium.org

MALARIA CONSORTIUM TOOLKIT TEMPLATES



SECTION FOUR: SECURING CONSENT

Included in this toolkit is a photography permission form. A signed form is proof that we have the permission of individuals to use their image and words in our publicity.

It is designed to protect their rights and fulfil Malaria Consortium's legal obligations. We realise this can be overwhelming to some people because they may not understand what they are being asked to sign.

We recommend using the following points to explain what the form is:

- ➡ Malaria Consortium is a charity that relies on money donated from around the world. We need to tell people that give us money how we use that money and how it is helping to improve lives.
- ➡ We would like to speak to you about how our work in your community/with your organisation is helping to improve the life/health of people in your community/region. We would also like to take your photograph.
- ➡ We will use your words and pictures in magazines and brochures like this (show them example PDF pages from annual review/case studies written up).
- ➡ Your story will help us to educate people around the world about life in other countries. Your story may also be used to help us show other people in your own country how they might be able to improve their lives.
- ➡ By signing/marking this form you are confirming that you spoke to us of your own free will and are happy for us to use your/your dependant's story in the ways we describe.
- ➡ We will never share your contact information outside Malaria Consortium without your permission.

If you plan on taking pictures around a community or at a workshop where a number of people may appear in the image then you should make them aware that photography is taking place, that they may appear in the images and ask them to alert you if they do not wish to appear in the images. If you are at a workshop you could put up a poster or make an announcement at the beginning of the day and if you are in a community setting you could ask the village leader or person of authority to explain what is happening.

VERBAL PERMISSION

If they do not want to sign and you have a recording device (such as a mobile phone) you can use that to record verbal permission.

Record yourself reading out the following statement and ask them to say 'YES, I DO' afterwards:

“Do you confirm that you are happy to speak to Malaria Consortium about the work we have done in your community and agree to have your photograph taken? By agreeing to this you are also agreeing that we can use your photographs and words in publications such as the ones I just showed you. Do you agree?”

You may need to record your own voice spelling out someone's name, their location and the date, as required for the written permission form, or you could fill out a form on their behalf.

Once you are back in the office, you can transcribe the verbal approval and attach it to a copy of the image taken for filing (as for the permission slips) but please also remember to reference where the audio file is saved and label the audio file as you would a photograph.

REMEMBER! It is important that we secure the signature, mark or verbal permission of every person you speak to or photograph. Without this Malaria Consortium cannot use their story.

Malaria Consortium: Photography/Interview Permission Form

As part of its ongoing communications activity, Malaria Consortium occasionally uses photography/film for publicity purposes. We would like your permission to photograph you/your relative and record your/their voice for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of Malaria Consortium and will be used for the designated purpose of widening awareness of and support for Malaria Consortium's work. Images may also be included in the central Malaria Consortium image library for use by other Malaria Consortium partners. You/your relative's contact details will remain strictly confidential.

By signing this release form, I hereby grant to Malaria Consortium the right to reproduce, display and disseminate worldwide and in perpetuity, in any traditional or electronic media format, my likeness as shown in the photographs/films captured at this time, which are owned by Malaria Consortium, for the purposes given above.

Name: _____ | Title: _____

Address/Location: _____

Phone (or that of alternative family member/guardian): _____

Details (why they are being photographed/filmed e.g. pregnant woman with malaria): _____

Description (clothes, hair, etc): _____

Signature/Mark: _____ | Date: _____

IF SUBJECT IS A CHILD UNDER 16 YEARS OF AGE

I confirm that I am the legal guardian of the child named above and therefore may grant permission for this subject release on behalf of the child

Name of Guardian: _____

Relationship to Child: _____

Child Age: _____ | Signature of Guardian: _____

INTERNAL USE

Name of Malaria Consortium staff member: _____

Date: _____ | Location: _____

Subject: _____

Project: _____

SECTION FIVE: FIELD TRIP TOOLKIT

Malaria Consortium: Project and story information form

Take this sheet with you on your visits so you can use it as a prompt to make sure you have captured all the important information. You may know a lot of the basic information from proposals or previous visits. Alternatively you can [click here](#) to download these forms as word documents from our website to fill in.

Name of person completing this form:

Date this form was completed:

PROJECT BACKGROUND INFORMATION (please complete all of these sections)

1) Project name:

2) Project location(s) – include names of communities, districts, regions or countries:

3) Project start and end date:

4) Project beneficiaries (e.g. pregnant women, children in rural communities etc):

5) What problems is the project trying to address (the objectives):

6) How many beneficiaries has this project reached so far and how many does it plan to reach?



7) Local partners and their locations (do not use acronyms):

8) Relevant websites/documents for further information:

9) Donor(s):

STORY INFORMATION (please complete as much of this information as possible/relevant)

1) What is the name of the community where this story was captured?

2) Describe the community (rural/urban, population size, type of housing, industry/agriculture):

3) Is there any notable demographic information that is relevant to this story or Malaria Consortium's work in this community? (e.g. significant youth population, large ethnic minority)

4) Names, ages and description of the person/people involved in this story:

5) What is their situation? Briefly describe their home, how they earn a living, how many people live in the household, number of children etc. (for beneficiaries only)



6) What access to healthcare and education does the community have?

7) Describe their job (for partners, health workers, community volunteers etc):

8) What has Malaria Consortium (and/or the village health workers) been doing in the community?

9) How has Malaria Consortium been working with/supporting the organisation? (partners only)

10) Are there any facts or figures to show what change has occurred in this community?

11) Please add some physical descriptions of where you were – such as the physical terrain, the interviewee’s home, the weather – that will help the reader visualise the situation:

12) Can you describe any emotion you felt as a result of your visit that would be relevant to the story? For example, did you feel inspired by the progress made or upset by the challenges people are facing in the community? (Including this information can help us to prompt the same emotional response in a reader).

Malaria Consortium: Interview form

Hearing from beneficiaries, health workers and partner organisations in their own words gives our stories more impact and credibility. Depending on who you are speaking to, please capture the answers to the following questions as accurately and in as much detail as possible. It may help you to record these answers on your mobile phone/Blackberry.

These questions are a guide and if you follow them you should gather all the information you need to write your case study. While it is important to ask these questions please do not feel that these are the only questions you can ask. You can add in questions that are relevant to your specific project or if during the interview another question occurs to you, do ask it.

BENEFICIARY QUOTES

Name of person interviewed/quoted:

1) How does Malaria Consortium/the health worker help you?

2) What used to happen before they came to your community?

3) How has your life/your children's lives changed now?

4) How does this make you feel?

5) How will you use what you know now to help other people in your community?

HEALTH WORKER QUOTES

Name of person interviewed/quoted:

1) Describe a typical day at work? (you could prompt for best bits, worst bits)

2) How has the Malaria Consortium helped you in your work?

3) What have been the changes or benefits to you personally?

4) What have been the changes or benefits to the communities you support?

5) How will this change been sustained in the future?

NOTES:

PARTNER QUOTES (E.G. OFFICIAL, CSO PARTNER, ETC)

Name of person interviewed/quoted:

1) Describe how Malaria Consortium has worked with or supported your organisation/work.

2) What organisational improvements have happened as a result of this partnership?

3) How do these improvements benefit the communities you work with/support?

4) How have you ensured these improvements are sustainable?

5) Describe any personal benefits to you or your colleagues/staff.

NOTES:

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consortium**

disease control, better health