



**The Strategic Framework for Malaria  
Social and Behaviour Change  
Communication 2018-2030**



# Table of Contents

Acknowledgements.....	..II
List of Acronyms.....	..III
Preface.....	..IV
Introduction.....	..V
Advocacy.....	..1
Champion the Critical Role of Malaria SBCC.....	..1
Share the Malaria SBCC Evidence Base.....	..1
Ensure Political Commitment for SBCC.....	..1
Improve Capacity and Coordination.....	..1
Provide Support at Global and Regional Levels.....	..5
Grow the RBM SBCC Working Group.....	..5
Adapt to New SBCC Challenges.....	..5
Technical Guidance.....	..6
Characteristics of Effective SBCC Planning.....	..6
Overview of Process.....	..6
Elements of a Malaria SBCC Strategy.....	..7
Global Changes.....	..9
Monitoring and Evaluation Framework.....	..11
Annex: Communication Toolkits and Resources.....	..12

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# Acronyms

<b>ACADA</b>	Assessment, Communication, Analysis, Design, Action
<b>ACT</b>	Artemisinin-based Combination Therapy
<b>AMP</b>	Alliance for Malaria Prevention
<b>ANC</b>	Antenatal Care
<b>C4D</b>	Communication for Development
<b>CAT</b>	Capacity Assessment Tool
<b>CCP</b>	Johns Hopkins Center for Communication Programs
<b>CDC</b>	U.S. Centers for Disease Control and Prevention
<b>GHeL</b>	Global Health eLearning
<b>GTS</b>	Global Technical Strategy for Malaria
<b>HC3</b>	Health Communication Capacity Collaborative
<b>ICT</b>	Information Communication Technology
<b>IEC</b>	Information, Education, and Communication
<b>IMCI</b>	Integrated Management of Childhood Illness
<b>IPC</b>	Interpersonal Communication
<b>IPTp</b>	Intermittent Preventive Treatment in Pregnancy
<b>IRS</b>	Indoor Residual Spraying
<b>ITN</b>	Insecticide-treated Bed Net
<b>LLIN</b>	Long-lasting Insecticide-Treated Bed Nets
<b>MOH</b>	Ministry of Health
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NGO</b>	Non-governmental Organization
<b>NMCP</b>	National Malaria Control Programme
<b>PHE</b>	Population, Health and Environment
<b>PMI</b>	U.S. President's Malaria Initiative
<b>RBM Partnership</b>	RBM Partnership to End Malaria
<b>RDT</b>	Rapid Diagnostic Test
<b>SBCC</b>	Social and Behaviour Change Communication
<b>SMS</b>	Short Message Service
<b>SSFFC</b>	Substandard, Spurious, Falsely-Labeled, Falsified and Counterfeit
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

## Preface

Strategic communication to facilitate and sustain changes in social norms and behaviours is integral to malaria control programs. Credit is due to the Roll Back Malaria Partnership; The Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria; the Bill and Melinda Gates Foundation; the U.S. President's Malaria Initiative; and other donors for recognizing that greater urgency is needed for developing and carrying out effective communication plans to improve the impact of prevention and treatment efforts. We are honoured to present to all of the partners The *Strategic Framework for Malaria Social and Behaviour Change Communication*, which outlines clear priorities for strengthening country capacity, honing program strategies, and sharing best practices of evidence-based SBCC as part of our work to control, eliminate and, ultimately, eradicate malaria.

At this point in the fight against malaria, we need to focus on ensuring that evidence-based SBCC is positioned as a core component of global and national malaria control policy and is allocated the resources necessary for it to contribute to reducing the impact of malaria on global health.

The Strategic Framework offers guidance for member states and partners to ensure that SBCC is prioritized in the agendas of malaria policy makers and national malaria control strategies, in line with the Global Technical Strategy for Malaria 2016–2030. The framework also provides for significant steps forward in both ambition and innovation in tackling malaria.

We would like to personally thank all of the partners and national malaria control programmes for contributing their time, energy and wisdom. This framework is a testament to their hard work, careful thought, debate and consensus, and serves as a much-needed road map for positioning SBCC as essential to our fight against this deadly disease.



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# Introduction

Although malaria is preventable and treatable, it continues to be a major cause of death and morbidity in endemic countries, with over three billion people at risk. World Health Organization (WHO) member countries have put forth a bold vision of a malaria-free world, aiming to reduce the global malaria burden by 90 percent, by 2030. A concerted worldwide effort has resulted in a more than 60% percent drop in malaria mortality globally since 2000<sup>1</sup>. Progress has depended on the introduction of effective technologies, new drugs, and large-scale efforts to make commodities accessible to those who are vulnerable. Progress has also depended on the creation of demand for products and services, appropriate use, and changes in underlying social norms related to malaria prevention and treatment. Malaria interventions depend on human behaviour in order to be successful. The integration of high quality social and behaviour change communication (SBCC) into malaria strategic plans is essential in order to reach targets to prevent, treat, control, and eventually eliminate the disease. In 2012, the *Strategic Framework for Malaria SBCC: 2012-2017* set forth an agenda to advocate for and strengthen technical capacity for SBCC; a number of developments have occurred since its publication to warrant an update and extension of the original framework.

Many people in malaria-prone areas now have access to insecticide-treated nets (ITNs) and to effective antimalarial drug treatment. Although the number of countries with areas of low transmission has grown, the number of new pharmacological, epidemiological and vector challenges has also increased. Recent global strategy documents, such as the RBM Partnership's *Action and Investment to Defeat Malaria* and WHO's *Global Technical Strategy for Malaria*, call for new approaches and interventions as countries scale up and the dynamics of malaria transmission change.

The intended audiences for the Strategic Framework are:

- Technical staff at the global, national, and local levels who are responsible for designing, implementing, monitoring, evaluating, and coordinating malaria control and elimination policies, strategies, and interventions
- RBM SBCC-oriented partners who are engaged in developing, implementing, and evaluating SBCC programmes/projects and who contribute to the global discourse on effective approaches to SBCC

The document is divided into three major parts that address specific themes:

## Advocacy

- Champion the critical role of malaria SBCC
- Share the malaria SBCC evidence base
- Ensure political commitment for SBCC
- Improve capacity and coordination
- Provide support at global and regional levels
- Grow the RBM SBCC Working Group
- Adapt to new SBCC challenges

## Technical Guidance

- Characteristics of effective SBCC planning
- Overview of process
- Elements of a malaria SBCC strategy
- Global changes

## Toolkits and Resources

- Malaria SBCC resources

<sup>1</sup> World Malaria Report. World Health Organization. 2015.

# Advocacy

Advocacy for malaria SBCC funding is a common National Malaria Control Programme (NMCP) priority. This section does address advocacy for necessary resources, but it is intended to be a more comprehensive list of actions every NMCP should prioritize.

## Champion the critical role of malaria social and behaviour change communication

Evidence-based and theory-informed SBCC can contribute to achieving malaria control and elimination outcomes. SBCC activities will vary depending on the nature of the behavioural and normative challenges associated with interventions tailored to areas of varying malaria transmission, and for specific populations and specific contexts. The first step to designing evidence-based and theory-informed SBCC activities is to analyze and prioritize normative and behavioural challenges. As these challenges are constantly evolving and programmes advance to keep pace, individual and societal challenges will continue to shift.

As highlighted on pages 2 and 3 (Figure 1, Figure 2), there are a number of ways SBCC can contribute to malaria control and elimination programmes at different times and to varying degrees. These contributions can be seen as underlying changes in critical groups that are planned to ultimately improve specific prevention and treatment behaviours. These outcomes in turn have an impact on malaria morbidity and mortality. Behaviour maintenance, rather than one-time trial or intermittent practice, by all priority groups, is the overarching goal, so that perceptions of “what others are doing” and “what is the right thing to do” eventually become powerful motivators in themselves. Effective SBCC strategies contribute to these shifts in social norms.

## Share the malaria social and behaviour change communication evidence base

There is a significant and growing body of evidence showing the impact of SBCC programmes on malaria prevention and treatment behaviours, including behaviours related to malaria case management, malaria in pregnancy, ITN use, service provider adherence to guidelines and malaria elimination. Recently the CCP Health Communication Capacity Collaborative (HC3) project conducted a literature review to assess the impact of SBCC on malaria outcomes and synthesized the findings of manuscripts and programme reports into an online searchable database, downloadable fact sheets and infographics. This body of evidence demonstrates the impact of SBCC programmes on all areas of malaria prevention. The review describes programmes with mass media, community engagement, community health workers and

service providers, mhealth and multi-media campaigns.



**Resource: Malaria SBCC Evidence Database**

## Ensure political commitment for social and behaviour change communication

Strong advocacy is needed at the country level to ensure malaria control programmes implement SBCC systematically. Ownership and sustainability are critical. SBCC programmes should be country-led and ensure harmonization of strategies and messages across donor and partner efforts.

The RBM Partnership encourages donors and organizations working with country programmes to provide funding, capacity building, training and/or technical assistance for SBCC programmes. The RBM Partnership also encourages malaria-endemic countries to increase attention to and resources for malaria SBCC.

Political commitment to ensure SBCC is well funded is necessary, assuming that adequate service delivery, policy, management, logistics and supplies exist. The success of malaria SBCC depends on the political will to ensure:

- National protocols and service delivery guidelines that are adequately disseminated and understood
- The right commodities are consistently available
- Service providers receive adequate training, oversight and supportive supervision.



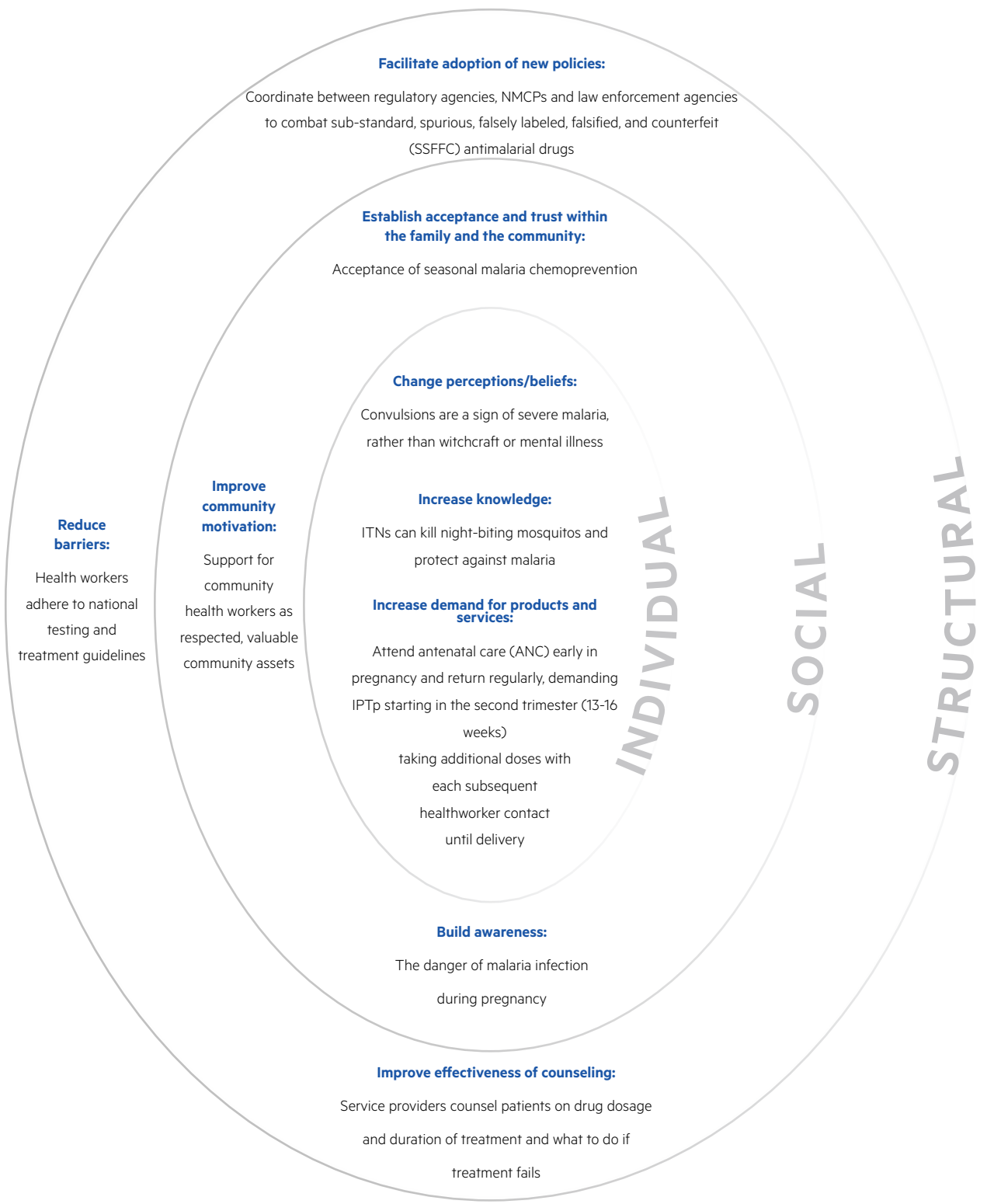
**Resource: RBM Partnership Advocacy and Resource Mobilization (ARM) guide**

## Improve capacity and coordination

Most high-burden countries now have well-established plans for malaria control or are working to improve their plans. Many countries have also established SBCC working groups to coordinate strategy development. These countries often have a high demand for technical assistance to carry out planning processes, write proposals for SBCC research, conduct trainings, develop appropriate materials and design monitoring and evaluation (M&E) systems. However, SBCC activities in support of malaria prevention and treatment generally fall to MOH communication or health promotion units that are understaffed and overburdened with responsibilities for a wide range of public health priorities.

Resources are needed to recruit more dedicated and appropriately trained personnel to support NMCPs and allied programmes. Staff must be qualified to plan, lead, implement,

**Figure 1:** Illustrative Ways Social and Behaviour Change Communication Contributes to Program Effectiveness





## Figure 2: Key Malaria Outputs

### National Level SBCC Advocacy

#### Facilitate adoption of new policies:

- Coordinate between regulatory agencies, the NMCPs and law enforcement agencies to combat sub-standard, spurious, falsely labeled, falsified, and counterfeit (SSFFC) antimalarial drugs
- Introduce more effective drugs (where relevant) for malaria case management
- Improve access to effective drugs through community-based providers
- Ensure environmentally sound approaches to malaria prevention and related products

### Sub-National Level SBCC Activities

#### Build awareness:

- Malaria as a dangerous disease
- The danger of infection during pregnancy
- Available prevention and treatment products/services and service providers

#### Change perceptions/beliefs:

- Malaria is preventable and treatable
- Convulsions are a sign of severe malaria rather than witchcraft or mental illness

#### Increase knowledge:

- Malaria is caused by a night-biting mosquito
- ITNs can kill mosquitoes
- Households must register to receive ITNs during mass campaigns and to have households sprayed with IRS
- Patients with fever must be tested and treated, if positive, within 24 hours
- The full regimen of ACT should be taken in order to be effective
- Three or more doses of intermittent preventive treatment in pregnancy (IPTp) protects both baby and mother

#### Increase demand for products and services:

- Purchase ITN or exchange voucher, according to local delivery channels
- Attend antenatal care (ANC) early in pregnancy and return for additional contacts
- Demand IPTp starting in the second trimester (13-16 weeks) taking additional doses with each subsequent health worker contact until delivery
- Seek care for malaria symptoms from appropriate providers

#### Improve acceptance and trust within the family and the community:

- Acceptance of indoor residual spray (IRS) spray operators into the home
- Acceptance of community-based providers
- Acceptance of seasonal malaria prevention and adherence to doses taken at home

#### Improve prescription practices and effectiveness of counseling:

- Adhere to national testing and treatment and malaria in pregnancy guidelines by health providers, private drug sellers, and community-based providers
- Counsel on drug dosage and duration of treatment and what to do if treatment fails
- Use correct referral practices

#### Improve motivation of families, communities, and providers:

- Providers and clients/caregivers are mutually respectful
- Reporting of suspected SSFFCs by clients, vendors, and providers, to surveillance authorities
- Support for community health workers as respected, valuable community assets

#### Reduce barriers:

- Family decision makers support early treatment of childhood fever and pregnant women in going to ANC
- Community members provide transport for dangerously ill children
- Dispel rumors about products

#### Increase appropriate utilization of products and services:

- Caregivers seek treatment for child's fever within 24 hours
- Caregivers accept RDT use and adhere to correct treatment instructions for ACTs
- Service providers adhere to national case management guidelines
- All household members, especially pregnant women and children under five, sleep under an ITN each night
- Pregnant women obtain three or more doses of IPTp (the first dose right after quickening)
- Families accept IRS spray operators into the home and do not wash, paint or replaster walls after spraying

and evaluate complex large-scale SBCC interventions that are effectively integrated within the overall health system.

Recommendations for improving management of malaria SBCC activities include:

- All high- and medium-burden countries should appoint a national malaria SBCC coordinator who possess:
  - A strong understanding of behavioural theory and practice
  - Solid management skills relevant to scaling up SBCC interventions
  - The capability to engage and train subordinate staff and to contribute to the design and implementation of SBCC interventions
  - The skills necessary to organize and lead an SBCC working group of diverse partners for the purpose of coordinating action and leveraging resources
- All endemic countries should establish a standing national SBCC working group to coordinate action and leverage resources
- All countries should carry out an SBCC needs assessment as the basis for developing a national five-year SBCC strategy in partnership with other stakeholders
- All countries should produce annual SBCC work plans supported by appropriate and adequately protected budget allocations.
- All countries should monitor and document results of SBCC programmes

SBCC capacity building is not a one-time event or a short-term process. The lack of capacity and funding for malaria SBCC is often the function of relatively lower prioritization of SBCC within most MOHs—which reduces impact across a range of interventions. Well-funded donor programmes are often guilty of creating vertical SBCC programmes that cannot be sustained over time, fail to improve basic health system structures, and undermine, rather than promote, the development of more integrated SBCC efforts and capacities.

Strategies to improve malaria SBCC should focus on country ownership and sustainability, and use the current high profile of malaria to raise attention to the need for appropriate competencies, positions and procedures within the MOH at the national, regional and district levels. This process is best understood as one of institutionalizing SBCC within the systems and structures of the MOH.

Experience suggests that capacity-building efforts are more likely to be effective when one or more of the following elements are included as part of a long-term technical assistance package:

- Mentoring: one-on-one relationships between SBCC specialists and in-country malaria staff
- Learning by doing: group work during technical working group materials and review sessions and strategy development
- Training: well-organized opportunities for participants to acquire the necessary understanding and skills on a regular basis
- Networking: connecting in-country malaria staff to professional networks and working groups at global levels
- Consulting and support: provision of technical assistance from a distance, including transfer of knowledge, provision of feedback and advice, and assistance in accessing information that might otherwise be difficult to obtain

Distance-learning and self-paced web-based SBCC programmes are also useful. Those already available include USAID's Global Health eLearning Center (GHeL)'s short courses.



**Resource: Global Health eLearning Center**

Some countries have approached the longer-term goal of building national capacity by establishing country- or regional-level centres specializing in SBCC outside of the MOH. Other strategies have focused on creating distributed capacity by strengthening networks of local organizations and improving the capacity of MOH staff to manage contracts and coordinate the contributions of experienced non-governmental organizations (NGOs) and private



The African Leaders Malaria Alliance (ALMA) sign an agreement to work with a program funded by the Bill and Melinda Gates Foundation to reduce taxes and tariffs on anti-malarial commodities. (L to R): George Ingram- President and CEO of Academy for Educational Development, acquired by FHI 360; Ambassador Ombeni Sefue- Tanzania's representative to the UN; Raymond Chambers- UN Special Envoy for Malaria; Joy Phumaphi- ALMA's Executive Secretary.

sector firms. The annex includes a number of helpful capacity building references.

### Provide support at global and regional levels

Increased coordination at the global and regional levels is essential for raising the overall status of SBCC within malaria control programming at the country level and supporting high-quality plans and activities. SBCC expertise should be included in RBM Partnership technical working groups, country monitoring missions and other technical forums where professionals can contribute to the strengthening of technical capacity.

### Grow the RBM Social and Behaviour Change Communication Working Group

A critical strategy for strengthening national and subnational SBCC capacity is the documentation and discussion of both formative and summative research results. Large international technical organizations generally have processes for capturing and disseminating such information. However, the wealth of knowledge generated within affected countries is not always captured in full. In order to build a strong evidence base, documenting and publishing best practices—approaches that have resulted in significant measurable changes in targeted behaviours within specific contexts must be a high priority. At the same time, discussion of what has been tried under less than controlled conditions—or even what has been tried, measured, and has failed—can also be extremely valuable to practitioners.

The RBM SBCC Working Group is mandated with convening those with a common interest in the voluntary and open sharing of knowledge. To that end, the SBCC Working Group encourages active participation by endemic country practitioners.



Members of the RBM SBCC WG's 4th Annual Meeting in Dar es Salaam, Tanzania, in 2017.



**Resource: RBM SBCC Working Group website**

### Adapt to new social and behaviour change communication challenges

Malaria interventions have evolved substantially over the last decade:

- Bed nets requiring periodic retreatment with insecticides have been replaced by ITNs, and several types of distribution and subsidy mechanisms are now in place in many countries.
- Research has shown that, in most countries, ITN use among those with access is high. Further research is being done to determine whether ITN use is seasonal in different areas, and what can be done to maintain consistent use throughout the year.
- Emerging insecticide resistance is now challenging the efficacy of ITNs.
- Drug resistance has led to changes in policies, products and treatment regimens across the globe.
- The focus on different providers of malaria services is shifting along with efforts to deliver first-line treatments and rapid diagnostic tests.
- Many countries are increasingly relying on community health workers to increase access to services, leading to questions about appropriate work loads and compensation or motivation.
- Countries are recognizing that the private sector must be actively involved in malaria control.
- Where both access and use of malaria products and services have significantly increased, new challenges arise as transmission decreases and the new goal of malaria elimination becomes a possibility. In such settings, it may be difficult to maintain ITN use, demand for diagnostic testing, and prompt treatment seeking if perceived risk declines.
- Malaria control and elimination programmes will need to work with and include mobile and smaller, more homogeneous groups in efforts to reduce and eliminate transmission.

These rapid changes have made communication with different groups both urgent and increasingly complicated. Few public health priorities have, and will continue to, require such rapid evolution of critical information and messages for so many different audiences.

# Technical Guidance

## Characteristics of effective social and behaviour change communication planning

Effective SBCC programmes are characterized by a number of best practices. Four are outlined below.

### Effective SBCC is an evidence-based process

Effective SBCC programmes are described as evidence-based because they build on research with the target audience. Data is collected at various points to ensure approaches are unfolding as planned and objectives are met.<sup>2</sup>

Research about target audiences is conducted:

- To understand the target audience's beliefs, preferences, constraints, motivations and current behaviours;
- To pretest concepts and materials;
- To monitor processes after programme launch and throughout the programme; and
- To evaluate impact and analyse the reasons strategies have succeeded or failed using qualitative and quantitative methods—such as focus group discussions and knowledge, attitude and practice surveys, respectively.

The programme process is described as “iterative” because adjustments are made throughout the stages of the programme. A “summative evaluation” measures behavioural outcomes against baseline indicators (when possible) and also serves as the basis for revising strategies and launching a subsequent programme stage (Figure 3).

### Effective SBCC is theory-based

Effective SBCC programmes are based on explicit theories of how change will occur. In other words, they propose some logical process of cause and effect. This process does not have to be complicated, however, it is critical. Many communication activities amount to pure advertising or promotion without any examination of why an audience is not yet performing certain “ideal behaviours” and what might influence them to change. Use of theory ensures what is known about how to influence human behaviour can be applied to change specific attitudes, beliefs, and practices.

There are many common theories of social and behaviour change, all of which use research to look at the determinants of behaviour-

factors that either constrain or facilitate change. Some of these factors may be internal, such as beliefs, attitudes, skills, or a sense that one is able to change (i.e., “self efficacy”), while others may be external to the individual, such as distance to services, need for approval by a mother-in-law or husband, quality of care, trust in providers or relevant policies.

Analysing these determinants helps planners focus on a few key factors that decide are central to people's willingness or ability to change.<sup>3</sup>

### Effective SBCC is systems-based

Effective SBCC programmes are based on analysis of the context in which change takes place. For example, a family's decisions about prevention and treatment are potentially affected by actions of community health volunteers, public and private providers, aspects of the health system structure itself and national and local health policies. Accordingly, SBCC efforts should usually be targeted at several levels in order to achieve change.

Effective programmes also look at the need for improving relationships across different levels of the system. Typical barriers to effective diagnosis and treatment include lack of trust in health providers, a breakdown in referral systems, a disconnect between the public health system and untrained traditional healers or unlicensed drug dealers who are valued by communities.

Change may also require looking at economic and social systems, such as resource and time constraints, family decision making, gender norms and religious beliefs; legislative issues, such as taxes and tariffs on malaria commodities; and influences across non-health sectors, such as education and agriculture.

Effective SBCC programmes look at whole systems because causes are interrelated and must be viewed in a holistic manner for change to be sustained over time.

## Overview of process

The planning process illustrated below (Figure 3) is a model to guide the design, development, implementation, assessment, and adaptation of SBCC campaigns, programmes and activities.

<sup>2</sup> SBCC practitioners use the term “evidence-based” to indicate strategies are based on quantitative and qualitative research at designated points in a programme. However, “evidence-based” is also used in this document in the more familiar (or clinical) way to mean a specific intervention has proven to be effective under specific conditions.

<sup>3</sup> Middlestadt, S.E., R. Pareja, O. Hernández, S. Maguire, A. Jimerson, and J. Randell. 2003. The Catalyst Behaviour Change Diagnostic Framework. Washington, DC: Academy for Educational Development/Catalyst Project for the United States Agency for International Development.

## Elements of a malaria social and behaviour change communication strategy

A national SBCC strategy document provides a broad framework for activities. It serves as a reference to ensure activities are objective-driven, messages are consistent and harmonized across partners and approaches target priority audiences and aim to influence the key factors (or determinants) identified by research. Elements of malaria SBCC plans include:

- Situation analysis
- Audience analysis
- Behaviour-specific communication plans
- Strategic communication approaches
- Implementation plan
- M&E plan

Many countries also develop national branding guidelines and include instructions on use in their national SBCC strategies. Considerations for special populations and areas of varying transmission are also often included as well.

**Situation analysis:** Determinants of behaviour vary between

regions and across countries. Behavioural trends identified in quantitative surveys like the Demographic Health Survey, Malaria Indicator Survey, and Multiple Indicator Cluster Survey should be followed with qualitative research to determine the reasons for problematic practices. NMCPs should use these forms of inquiry to better understand why specific groups practice or refuse to practice healthy behaviours. While determinants of many behaviours may be identified, an important step in each situation analysis is careful prioritization of those behaviours likely to have the greatest impact. Strategic planning to effectively address behaviours with the greatest contribution to morbidity and mortality ensures precious resources are well used.



**Resource: How to Conduct a Situation Analysis**

**Audience analysis:** Malaria control programmes focus on populations most at risk, including those in specific regional, socioeconomic and biological groups, such as pregnant women. Accordingly, socio-demographic and psychographic characteristics of target audiences and those who influence them should inform

**Figure 3:** Systematic and Iterative SBCC Planning Process



NOTE: This figure is an adaptation of several commonly-used planning graphics representing similar iterative approaches created by the NIH and CDC (communication planning model), the FHI 360/USAID C-Change project (C-Planning), CCP (P Process), UNICEF (ACADA model), and others. Also see resources in the Annex of this document.

malaria SBCC strategy guidance. Likewise, audience segmentation goes hand-in-hand with the setting of programme objectives. The SBCC strategy identifies the primary target audiences, those who will perform the key health practices, and secondary audiences, those who influence the primary audiences. Secondary audiences may be a central focus of communication because they are often decision makers. Tertiary audiences—community groups, local leaders, those in other sectors—are also addressed if their support is critical to efforts.



#### Resource: How to Do Audience Analysis

**Behaviour-specific communication plans:** Most communication strategies describe how specific behaviours will be influenced by grouping behaviours by intervention (vector control, case management, etc.) and including a table for each behaviour that includes:

- Behavioural objective(s)
- Communication objective(s)
- Primary, secondary, and tertiary audiences
- Communication channels
- Key promises
- Key messages
- Supporting points

For example, if the behaviour objective is to encourage sleeping under ITNs, one or more communication objectives will be developed to influence specific audiences to do this. Logic, emotions, social norms, and appeals to positive individual, social, or religious identity might also be the focus of communication objectives developed to influence behaviour. Each behavioural objective will be supported with one or more communication objectives, audience segmentation, multiple communication channels, key promises and supporting points (see Figure 4, Zimbabwe example).

**Strategic communication approaches:** Different internal and external factors influence behaviour. Using multiple reinforcing communication approaches ensures individual, social, structural, and environmental factors are addressed. Malaria SBCC strategies describe factors that influence behaviour and pair them with appropriate approaches.

**Social and behaviour change communication** activities are aimed at bringing about changes in knowledge, attitudes, and practices among specific audiences as well as changes in social norms. Goals may include changes in prescription practices of private providers, compliance with treatment regimens by caregivers of children with fever, or husbands' support for women to get three or more doses of IPTp. Approaches may involve multiple communication channels and tools, including interpersonal communication (IPC), mass media, and information and communications technology (ICT), such as short message service (SMS)-based communication. SBCC encompasses advocacy, community engagement and social mobilization activities.

**Advocacy** activities make the case for specific causes. Causes may include changes in malaria-related policies, requiring actions by high-level officials or groups; improvements in funding; or increased priority and political will to launch new programmes or support them within given communities. Audiences may range from national officials to professional societies, religious organizations and local leaders. Common tactics include engaging the media, working directly through organizational hierarchies to create champions, and conducting strategic one-on-one discussions with policy makers.

**Community engagement and social mobilization** activities engage networks of people and aim to raise awareness of a problem and the need for local solutions. They can also raise awareness of a programme, product, or service; create wider discussion and participation in an action plan or programme; and promote collective action. Mobilization strategies, such as community dialogues (high visibility activities and celebrations) can engage members to participate in specific activities such as ITN distribution campaigns or household IRS visits and also generate more lasting support for programmes. Community mobilization approaches gain power through “horizontal” communication among those who share connections and can also increase a sense of community confidence.

**Social marketing** is often associated with the promotion and sale of a subsidized and branded health product, such as an ITN that may be acquired at an antenatal clinic. However, social marketing also provides a useful framework for looking at the concept of exchange from a consumer's perspective. The “marketing mix” is often referred to as the “four P's” of product, price, place and promotion. All of these factors must be acceptable to a consumer before she/he will “purchase” a product or adopt a new health practice. Social marketing also emphasizes the importance of positioning a product or service in line with consumers' own values so they will choose it over other competing products or behaviours.

**Implementation plan:** A timeline for roll out of SBCC activities and campaigns should be developed in cooperation with appropriate MOH units and partnering organizations. Describing which units or partners are responsible for specific roles and responsibilities ensures activity coordination and reduces duplication of services. It is important to involve reproductive, maternal, newborn and child health units to ensure provision of IPTp during ANC.

**Monitoring and evaluation plan:** The SBCC strategy should describe the broad plan for M&E programme processes inputs, outputs and outcomes (Figure 5). Since many activities are likely to be carried out by partners, the monitoring plan will have to be designed in a coordinated fashion, led by the NMCP's M&E unit. The purpose of monitoring is to make sure programme processes are on track and provide opportunities to make midcourse corrections. Communication staff and the M&E unit should work together to enhance regular reporting systems, if necessary, with pertinent data—which may be quantitative or qualitative in nature.

A summative evaluation should be planned to compare progress in targeted knowledge, attitudes and practices, as well as other objectives, such as policy changes, to baseline measures.

Once data have been collected and analysed, reports and survey findings should be shared with key stakeholders along with recommendations on how to improve their current programme activities.

specific foci. Where transmission rates remain high, Pillar 1 will be the focus, and emphasis will be placed on achieving universal coverage with the core interventions: vector control via ITNs, and in some cases IRS; correct diagnosis and treatment; and seasonal chemoprevention and IPTp (where appropriate). Pillar 2 adds intensive effort to reduce infections in settings where transmission is low, and requires active case detection as part of malaria surveillance. Pillar 3 focuses on surveillance and case detection to be alert to outbreaks or re-emergence of infection.

## Global changes

Since 2000, global strategies and efforts have placed considerable focus on increasing access to the core malaria interventions, resulting in some countries significantly reducing or even eliminating malaria transmission. By developing a malaria strategic plan, countries will better understand where their particular country or subnational area is along the pathway to malaria elimination. Malaria SBCC strategies that support malaria strategic plans should be developed with the WHO's three pillars in mind. This may mean developing new SBCC approaches, objectives, or activities for varying levels of transmission.

The *Global Technical Strategy for Malaria 2016–2030* describes three major stages or “pillars”:

- Pillar 1: Ensure universal access to malaria prevention, diagnosis and treatment
- Pillar 2: Accelerate efforts towards elimination and attainment of malaria-free status
- Pillar 3: Transform malaria surveillance into a core intervention

Each pillar uses a different set of interventions to address



**Resource: WHO: Global Technical Strategy for Malaria 2016-2030**

## Preparing for elimination

As countries approach malaria elimination, SBCC approaches and data collection approaches must adapt. Collecting data from smaller more homogenous, and often mobile, pockets of people who are at risk will require a shift from national-level household surveys to more targeted population surveys and sampling methods. Facility-level service provider counselling may replace mass-media campaigns. This may mean focusing on service providers as a target audience. Social mobilization will play a critical role in ensuring community ownership and participation in malaria prevention efforts, particularly as budgets shrink and programmes are mandated to achieve more with fewer resources. Emphasis on previously higher-risk groups, like pregnant women and children under five, will shift to adolescents and adults. Malaria SBCC strategies that include transmission-specific SBCC guidance will more effectively reach these new at-risk groups. As malaria case burdens decrease, efforts to maintain perceived severity among people with decreasing naturally acquired immunity will help

**Figure 4: Zimbabwe Communication Strategy**

In 2016 stakeholders in Zimbabwe gathered to update their national malaria communication strategy (MCS). New developments such as wider-scale introduction of long-lasting insecticide-treated nets (LLINs) in target districts and changing needs of areas nearing elimination necessitated the re-evaluation of priority behaviours, development of pre-elimination specific communication approaches, and careful description of implementation considerations for SBCC activities based on transmission zones. The following table is an example drawn from one of Zimbabwe's prioritized vector control behaviours.

<b>MCS Behaviour Objective:</b> Increase the proportion of individuals who use LLINs correctly and consistently throughout the year to 85% by 2020.	<b>Priority Audience:</b> All LLIN targeted household members
	<b>Secondary Audience:</b> Heads of households, village heads, chiefs, health workers, school health master, religious leaders, community malaria committees and landlords
	<b>Communication Objective:</b> Ensure that at least 85% of the targeted population feel at risk of malaria throughout the year by 2020.
	<b>Key Benefit:</b> If all LLIN target household members perceive themselves to be at risk of contracting malaria, then they may be more likely to consistently use LLINs and avoid malaria infection.
	<b>Supporting Point:</b> Healthy household members are better able to engage in socioeconomic activities (not missing work or school), have decreased medical costs and greater peace of mind.
<b>Channels/Activities:</b> School health dramas and clubs, radio, TV, health alerts through mobile phones, community sensitisation meetings, net hang up campaigns, commemorations, wall and commuter omnibus branding, road shows and community dialogue meetings	
<b>Low-transmission Areas</b>	<b>Communication Objective:</b> Maintain the proportion of pregnant women in target districts who understand that using LLINs throughout the year protects them against malaria transmission by 85% by 2020.

maintain fragile gains.

The WHO *A Framework for Malaria Elimination* provides guidance to inform the choice and use of SBCC strategies for specific malaria transmission zones: high, moderate, low, very low, zero and maintaining zero:

- High – Annual incidence rate of 450 or more cases per 1,000 population and *P. falciparum* prevalence rate of  $\geq 35\%$
- Moderate – Annual incidence rate of 250–450 or more cases per 1,000 population and *P. falciparum* prevalence rate of 10–35%
- Low – Annual parasite incidence of 100–250 cases per 1,000 population and *P. falciparum*/*P. vivax* of 1–10%
- Very Low – Annual parasite incidence of less than 100 cases per 1,000 population and *P. falciparum*/*P. vivax* malaria more than 0 but less than 1%

“On the basis of the results of accurate stratification of transmission intensity and understanding of the epidemiological, ecological and social features of each area, national malaria programmes can determine the appropriate package of interventions to be used in each area. The choices should be reassessed regularly.”



**Resource: WHO: A Framework for Malaria Elimination**

### Changes in communication technology

SBCC approaches will need to evolve as countries move from high to zero transmission. Attitudes about the threat of malaria and the urgency of appropriate actions have already changed and will continue to change. Complacency can undermine maintenance of important practices within the health system and the home as well as commitments at the policy level. Lessons from diarrheal disease control have taught us that important coverage gains can disappear even after new treatment strategies are initially accepted by a large percentage of the population.

Increasing availability, even among some of the poorest communities, of ICTs, such as mobile phones with voice, SMS texting, and even video capability, together with social media have revolutionized the speed, cost, and especially the control of communication. Even remote groups can be reached virtually, instantly, and in any language. Most importantly, communication takes place increasingly through horizontal, rather than vertical channels. Consumers and clients can now be the creators of messages as well as the receivers. Information and misinformation can go “viral” in a flash. Understanding access to these new tools in countries with rapidly changing ICT environments, and harnessing their power effectively in collaboration with a multitude of potential new partners, many in the private sector, is a challenge shared by all communication programmes.

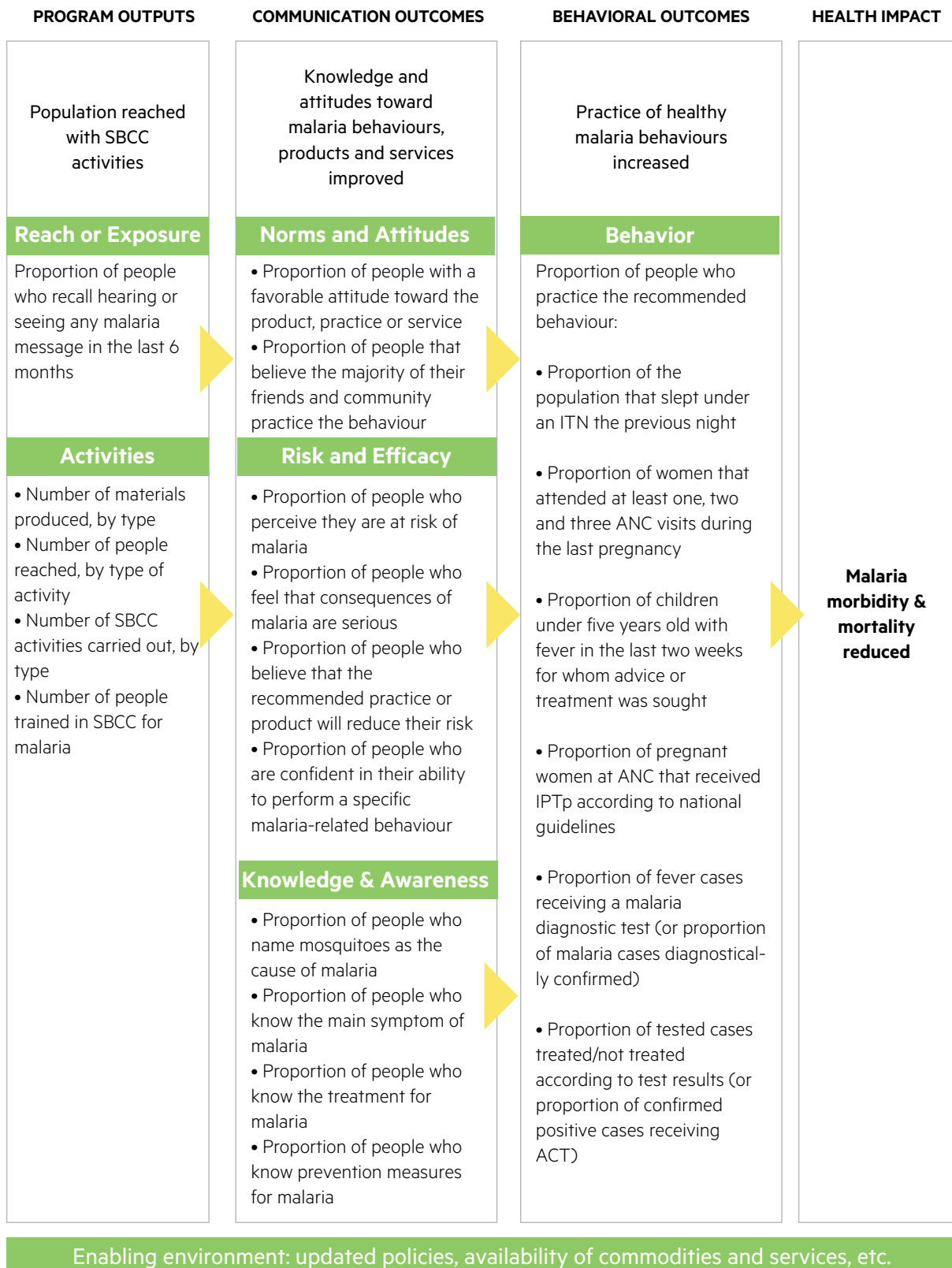
### Emerging interventions

New interventions like active and reactive case detection, mass drug administration, seasonal malaria chemoprevention, and vaccine trials will pose novel challenges in years to come, as

will new challenges and opportunities like SSFFC malaria drugs, resistance to artemisinin and resistance to insecticides. Innovative new vector control tools being developed will require SBCC as well. While new interventions, tools and challenges demand change, the approaches and processes outlined in this framework will guide practitioners through the process of adapting programmes to meet their unique set of needs.



**Figure 5: RBM Malaria Indicator Reference Guide: M&E Framework**



# Annex

## Toolkits and resources

This annex is a list of resources that may be helpful to SBCC planners and NMCP programme managers. Many have been designed explicitly for malaria SBCC, but all are potentially relevant for developing, implementing, and evaluating SBCC interventions for malaria control. The materials listed here are designed to provide an overview of the wealth of resources that are available.

### Diagnostic and planning tools

**SBCC Implementation Kits** contain guidance on SBCC for malaria in pregnancy, malaria case management, promoting quality malaria medicines, provider behaviour change, resource mobilization and designing a social and behaviour change communication strategy.

**The Health COMPass** is a database of how-to resources, programme examples and tools related to SBCC. The collection is curated, presenting resources that have been designed using a strategic process and have demonstrated success.

**The RBM Advocacy for Resource Mobilization (ARM) for Malaria Guide** is designed to help in efforts to advocate for political and financial resources.

**The RBM Malaria in Pregnancy Advocacy Guide for National Stakeholders** is a guide with tools to advocate for scaling up malaria in pregnancy interventions.

**SBCC Check-In: Quality Standards for SBCC** contains a performance improvement tool and tracker designed specifically for the strategic design process. It provides performance standards that quality improvement teams and committees can use for routine quality assurance and SBCC improvement action planning.

**A Field Guide to Designing a Health Communication Strategy**, developed by CCP, provides practical guidance to those who are in a position to design, implement, or support a strategic health communication effort with an emphasis on developing a comprehensive, long-term approach to health communication that responds appropriately to audience needs.

**The U.S. Centers for Disease Control and Prevention (CDC) CDCynergy** is a resource for planning, managing, and evaluating public health communication programmes. It does not regard communication alone as the panacea to public health, but places it in the larger context of issues, suggests strategic options to choose from and a comprehensive plan to implement an identified strategy. It was developed by the U.S. Centers for Disease Control.

**C-Modules: A Learning Package for Social and Behaviour Change Communication** is a six-module package developed by FHI360 for facilitated, face-to-face workshops on SBCC. It is designed for staff of development programmes in small- and medium-sized organizations with varying degrees of experience in planning or implementing SBCC programmes. C-Modules was developed in 2012 and includes a practitioner's handbook, a facilitator's guide, and additional resources. C-Modules contains five parts: understanding the situation; focusing and designing; creating; implementing and monitoring; and evaluating and replanning.

**In the UNICEF Communication for Development (C4D)** is defined as a systematic, planned and evidence-based process to promote individual behaviour and social change that is an integral part of development programmes, policy advocacy, and humanitarian work. C4D uses dialogue and consultation with and participation of children, their families, and communities.

**The P Process**, developed by CCP, guides public health practitioners in designing successful communication strategies for a range of public health issues, such as HIV prevention, child survival, and maternal mortality. First introduced in 1982, and then updated in 2003 and again in 2013, the P Process involves five main steps: analysis, strategic design, development and testing, implementation and monitoring, and evaluation and replanning. The P Process encourages participation of stakeholders at all levels of society and capacity strengthening at the institutional and community levels.

**The C-Change SBCC Capacity Assessment Tool (SBCC-CAT)** is the first of a group of Capacity Strengthening Measurement Tools that assist organizations in measuring their efforts to strengthen capacity in SBCC. SBCC-CAT has three versions - one for organizations to measure their technical capacity and needs in SBCC, a second for donors and networks to assess their own capacity and that of the partners they support and manage, and a third to measure changes in individual SBCC capacity.

**Theory Picker** is a website designed for the CDC to help plan a health communication intervention that is based on an appropriate theory. A set of questions is provided and a theory suggested, based on user responses.

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## Additional planning resources

Developed by CCP, **How to Mobilize Communities for Health and Social Change** was designed for use by health programme directors and managers of community-based programmes who are considering using communication mobilization at the individual, family, and community levels.

UNICEF's **Communication Strategy for Development Programmes**, developed by the UNICEF Bangladesh Programme Communication Coordination Team, guides the actual writing of a communication strategy for programmes to achieve their development goals, especially their social and behavioural objectives. The tool explains the Assessment, Communication Analysis, Design, Action (ACADA) model, also developed by UNICEF, to link the use of systematically-gathered data to design a communication strategy for a development problem. The tool encourages participatory programming with partners. It is divided into two main parts: doing the analysis and developing the strategy, and addressing the actual development of the strategy.

**Designing for Behaviour Change Guide**, developed by the Academy for Educational Development (now FHI360) and the CORE Group, was designed as a six-day training to build the capacity of NGO staff to plan, implement, monitor, and evaluate effective behaviour change strategies. This guide was developed by the Academy for Educational Development (now FHI360) and the CORE Group.

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## Monitoring and evaluation

**The RBM Malaria Social and Behaviour Change Communication Indicator Reference Guide** was developed for measuring and evaluating determinants of behaviours related to malaria control and prevention. The guide includes sample question construction and guidance on analysis.

The CCP **Monitoring and Evaluation for Social and Behaviour Change Communication: Guidance Tailored to Malaria Case Management Interventions** was developed to support professionals from National Malaria Control Programmes (NMCPs), health promotion units, technical working groups, and implementing partners to monitor and evaluate malaria interventions. The guide includes six steps for developing and executing an M&E plan and three examples based on actual SBCC programmes.

The CCP **Evidence-based Malaria SBCC: From Theory to Program Evaluation** is a six-part lecture series offers fundamental and advanced concepts in evidence-based communication programmes for malaria using evidence and data to create strong SBCC programmes for malaria.

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## Other online resources

The CCP **Malaria Evidence Database** is an online, searchable collection of peer-reviewed articles and grey literature that demonstrate the positive impact of malaria SBCC. The website contains fact sheets and infographics that summarize the contents of the database.

**Springboard for Health Communication Professionals** is an online platform for sharing SBCC knowledge, experiences and resources. Members can share and tap into existing expertise and resources.

**Communication Initiative Network: Malaria Network Africa** is a knowledge sharing system focused on SBCC for malaria prevention, control, and treatment in Africa, supported by the President's Malaria Initiative and its partners. The site features examples of quality, effective SBCC information, including research findings, strategies, implementation reports, tools, materials, and multimedia products, and training opportunities.

**The Alliance for Malaria Prevention (AMP) Toolkit** provides well-documented guidance, resources, and tools focusing both on campaigns and continuous ITN distribution systems. It describes overall campaign planning and implementation, including the importance of establishing coordination structures, procurement, logistics, communication, M&E and reporting.

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