

Malaria Social and Behavior Change Evidence Discussion Series:

Assessing the impact of combining community mobilization with supportive supervision to improve malaria case management behaviors

Wednesday, March 6, 9–10 a.m. EST

Moderator: Shelby Cash, Public Health Analyst, Malaria Branch of the Centers for Disease Control and Prevention, U.S. President's Malaria Initiative

Presenter: Ashis Das, Public Health Specialist, World Bank



U.S. President's Malaria Initiative



Discussion tips and reminders

- This discussion will be recorded.
- We will share audio and presentation slides after the discussion.
- Everyone is on mute during the introduction and presentation.
- During the presentations, submit questions by typing in the chat box in the lower right corner of your screen.
- During the discussion near the end, click the raised hand icon to speak.



Discussion overview

- Study overview
- Methods
- Results
- Programmatic implications
- Discussion



Malaria Social and Behavior Change Communication (SBCC) Evidence Database

HCC will also release a report on the literature reviewed for this project.

Country :	Malaria Area :	Communication Intervention :	Study Design :	Audience Segmentation :
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Case management	<input type="checkbox"/> Interpersonal communication	<input type="checkbox"/> Cluster randomized control trial	<input type="checkbox"/> Caregivers of children under 5
<input type="checkbox"/> Belize	<input type="checkbox"/> Malaria in pregnancy	<input type="checkbox"/> Community engagement	<input type="checkbox"/> Post-assessment only	<input type="checkbox"/> Children
<input type="checkbox"/> Benin	<input type="checkbox"/> LLIN/ITN	<input type="checkbox"/> Provider training	<input type="checkbox"/> Post-assessment only with control group	<input type="checkbox"/> Community mobilizers
<input type="checkbox"/> Burkina Faso	<input checked="" type="checkbox"/> IRS	<input type="checkbox"/> Caregiver training	<input type="checkbox"/> Pre- and post-assessment	<input type="checkbox"/> General public
<input type="checkbox"/> Cambodia		<input type="checkbox"/> Mass media	<input type="checkbox"/> Pre- and post-assessment with control group	<input type="checkbox"/> Households
<input type="checkbox"/> China		<input type="checkbox"/> Social marketing	<input type="checkbox"/> Randomized control trial	<input type="checkbox"/> Malaria Tested/Treated/Patients
<input type="checkbox"/> Colombia		<input type="checkbox"/> mHealth	<input type="checkbox"/> Mixed methods	<input type="checkbox"/> Men
<input type="checkbox"/> Ecuador		<input type="checkbox"/> Print media		<input type="checkbox"/> Providers/Prescribers
<input type="checkbox"/> Ethiopia				<input type="checkbox"/> Pregnant women
<input type="checkbox"/> Ghana				<input type="checkbox"/> Other
<input type="checkbox"/> India				
<input type="checkbox"/> Kenya				
<input type="checkbox"/> Liberia				
<input type="checkbox"/> Madagascar				
<input type="checkbox"/> Malawi				
<input type="checkbox"/> Mali				
<input type="checkbox"/> Mozambique				
<input type="checkbox"/> Myanmar				
<input type="checkbox"/> Nicaragua				
<input type="checkbox"/> Niger				
<input type="checkbox"/> Nigeria				
<input type="checkbox"/> Rwanda				

Socio-ecological model lens



Presenter



Study overview

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Discussion Questions

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1. **Formative data:** What evidence did authors collect and use to come to the conclusion that these approaches might be effective? What factors did authors of this study suggest might improve malaria case management?
2. **Behavioral objectives:** Which behaviors did the study interventions set out to influence?
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4. **Measuring impact:** Which behavioral or health outcomes were measured and how were they measured?
5. **Study design:** What kind of study design was used (cross-sectional, longitudinal, pre-post, etc.) What steps were taken to avoid study bias? How representative was the study sample of the population who received the intervention(s)?
6. **Study analysis:** Which intervention appears to have been more successful? How confident can we be that behaviors being practiced are a result of the interventions, and not as a result of confounding factors?
7. **Generalizability:** Were the groups surveyed in this study representative of Odisha state as a whole? Can lessons learned in this study be applied beyond the populations studied?

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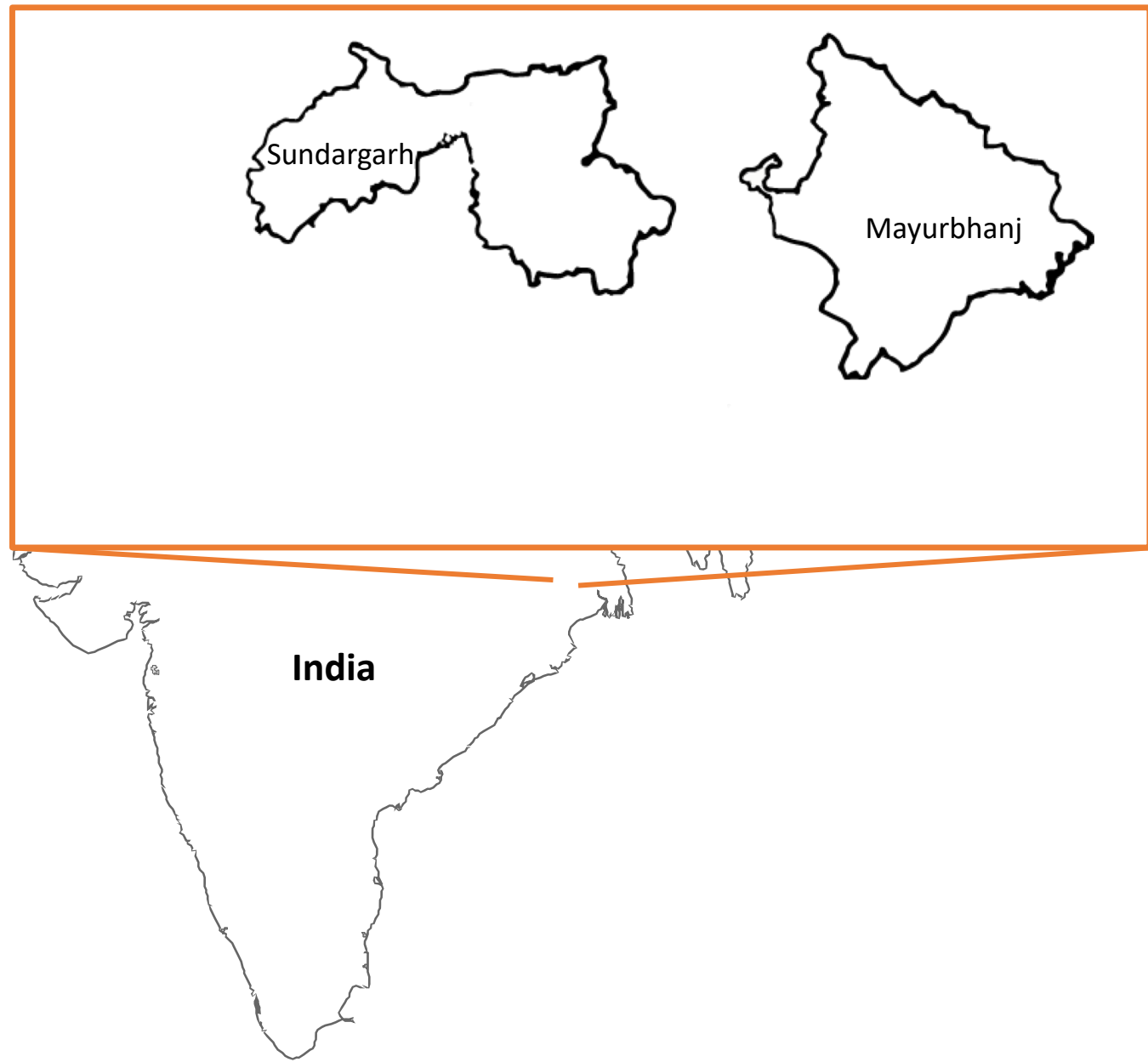
Objectives

Our goal was to test the effect of two complementary community-based interventions:

1. Community mobilization promoting long-lasting insecticidal net (LLIN) use and prompt care seeking for fever from a community health worker
2. Supportive supervision of community health workers on effective malaria case management

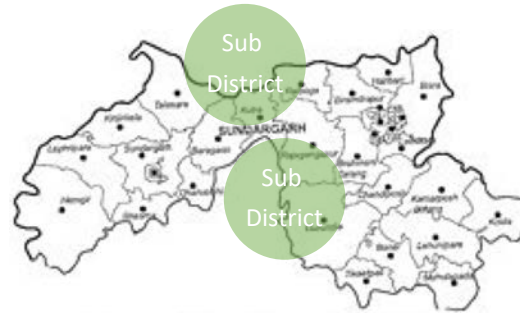
Comparison

- The study was carried out in the Mayurbhanj and Sundargarh districts of Odisha state.



Sampling

1. Make a list of all sub-districts in both endemic districts
2. Pick two sub-districts in each—at random

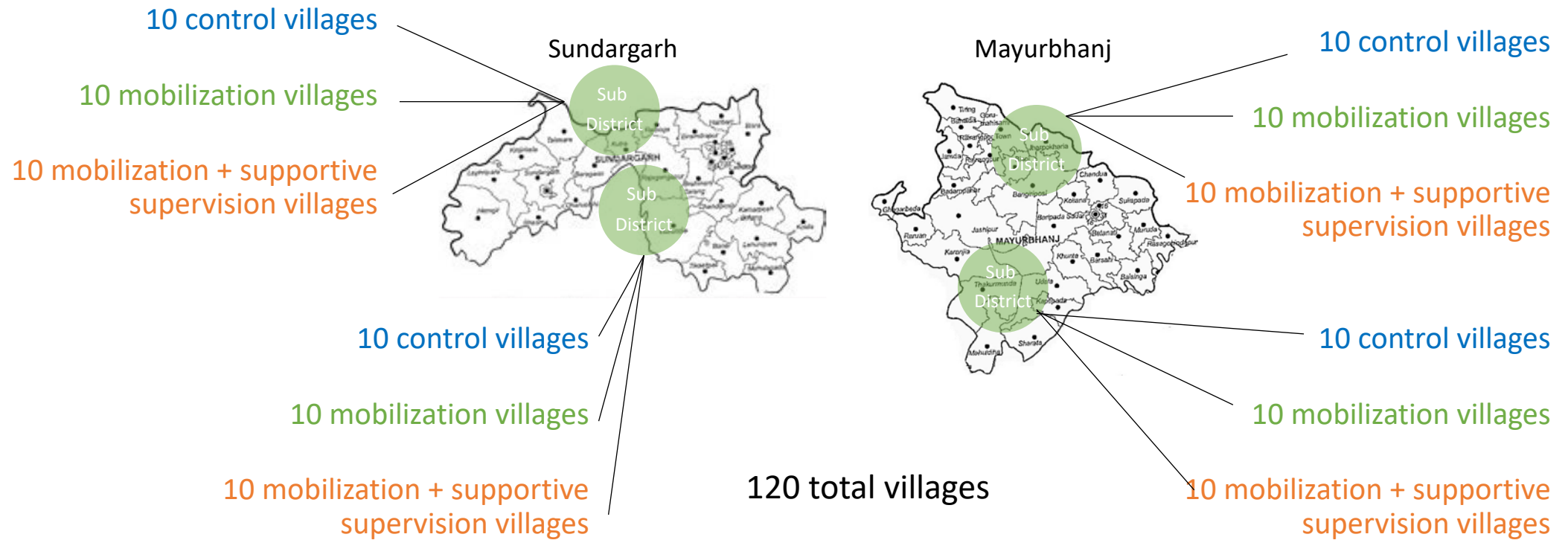


Banei	Lahunipara
Baragaon	Lathikata
Bhasma	Lephripara
Biramitrapur	Mahulapada
Bisra	Raghunathapali
Bondamunda	Raiboga
Brahmani Tarang	Rajagangapur
Chandiposh	Raurkela (ITS)
Dharuadihi	Raurkela (M)
Gurundia	Sundargarh
Hatibari	Sundargarh Town
Hemgir	Talasara
Kamarposh Balang	Tangrapali
Kinjirkela	Tikaetpali
Kolda	
Kutra	



Badampahar	Karanjia
Bahalda	Khunta
Baisinga	Koliana
Bangiriposi	Mahuldiha
Baripada (M)	Muruda
Baripada Sadar	Rairangpur
Baripada Town	Rairangpur Town
Barsahi	Raruan
Betanati	Rasagobindapur
Bisoi	Sharata
Chandua	Suliapada
Ghagarbeda	Thakurmunda
Gorumahisani	Tiring
Jamda	Udala
Jashipur	
Jharpokharia	
Kaptipada	

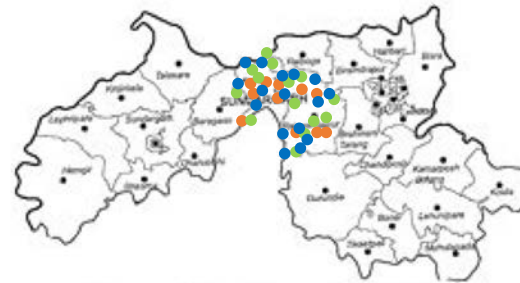
Sampling



Study overview

Three approaches compared:

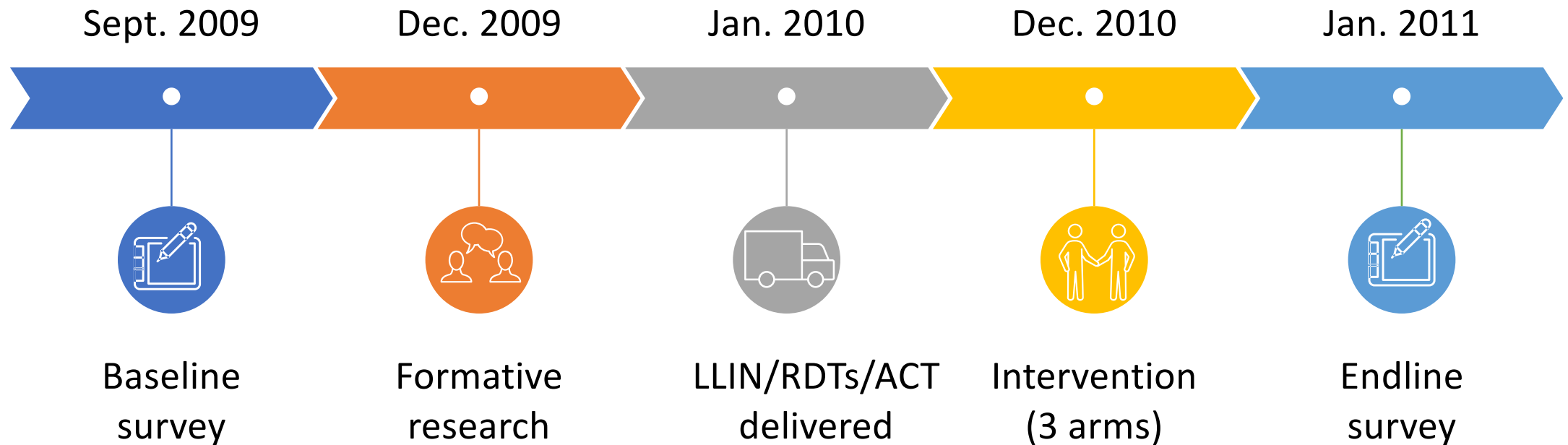
- Supportive supervision with community mobilization
- Community mobilization
- Routine government activities (control)



40 villages
40 villages
40 villages

120 total

Study overview



Methods

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Study design, intervention, data collection, analysis

Type questions in the chat box

Methods

- Cross-sectional household survey (pre and post)
 - Household and individual-level questionnaires collecting socio-demographic and health data
 - Full household questionnaire collected data on all fever cases in the past two weeks. Ten (10) cases were randomly selected from each village and interviewed for individual-level information
 - Individual fever questionnaire collected information on treatment-seeking from fever in the last two weeks
 - Sample size determined by proportion of fever cases tested for *falciparum* malaria within 24 hours and proportion of households correctly utilizing at least one LLIN
- Three intervention arms, two arms intervention, one control

Methods

- Data analyzed as an intention-to-treat analysis with treatment at the cluster (village level)
- Differences in outcomes between intervention and control clustered examined with logistic regression
 - Helpful when controlling for confounding variables and useful with large datasets and studies designed to establish risk factors
- As socio-economic status was not different between the three arms, results presented are unadjusted

Results

Changes in short- and long-term outcomes

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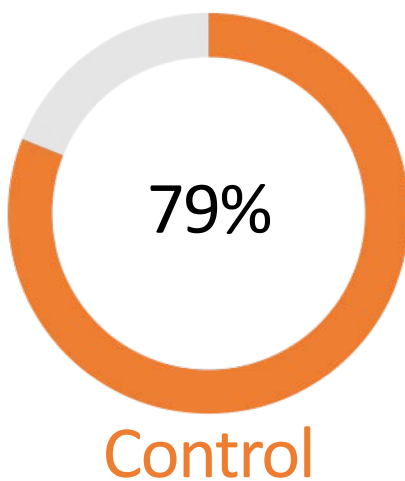
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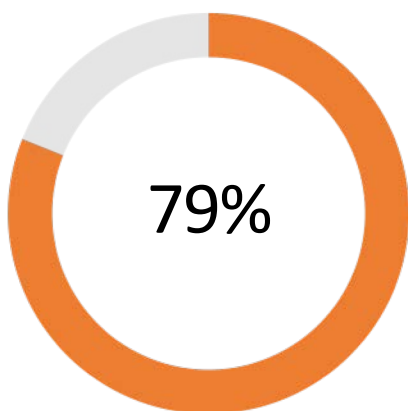
Key results: LLIN use (total population)

	Supportive supervision + community mobilization	Community mobilization	Control	Supportive supervision + community mobilization versus control		Community mobilization versus control	
	n/N (%)	n/N (%)	n/N (%)	Odds ratio (95% CI)	p value	Odds ratio (95% CI)	p value
Bed net ownership							
Households with at least one bed net	760/768 (99.15)	774/781 (99.1)	750/755 (99.34)	0.633 [0.206, 1.945]	0.425	0.737 [0.233, 2.33]	0.604
Slept last night under a bed net							
Total population	3,571/4,224 (84.54)	3,589/4,354 (82.43)	3,219/4,093 (78.65)	1.485 [1.328, 1.661]	0.000	1.274 [1.143, 1.419]	0.000
Children under 5 years	451/466 (96.78)	488/508 (94.29)	461/500 (90.68)	2.544 [1.383, 4.688]	0.003	2.064 [1.186, 3.592]	0.010
Women of Childbearing Age (15–49 years)	998/1,031 (96.79)	990/1,035 (95.65)	934/991 (94.09)	1.846 [1.191, 2.859]	0.006	1.343 [0.899, 2.005]	0.149

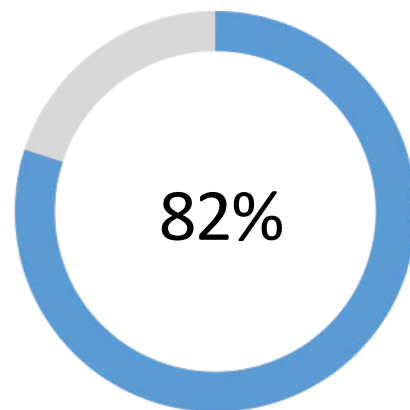


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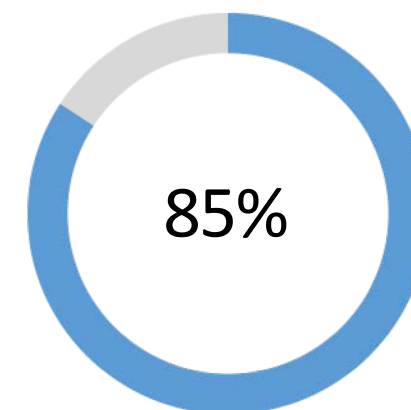
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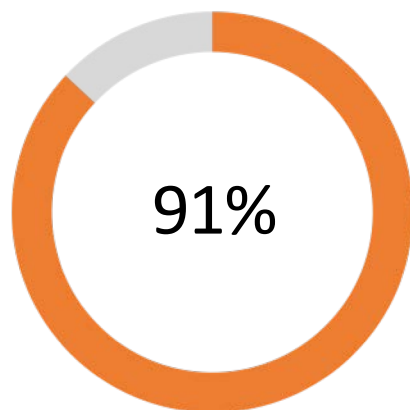
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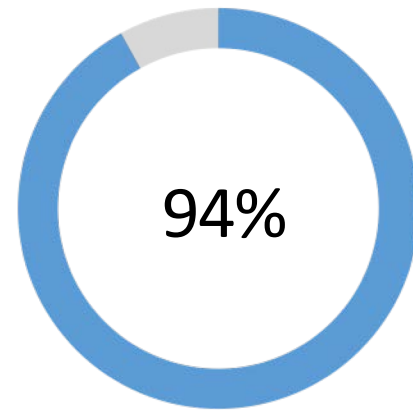
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Key results: LLIN use (children under 5)

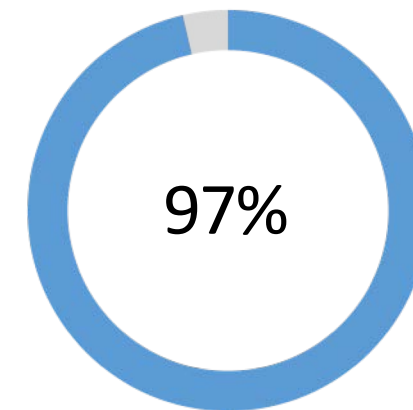
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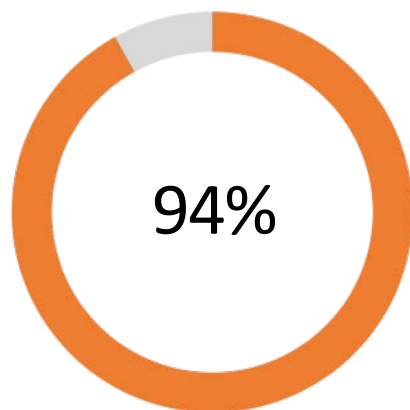
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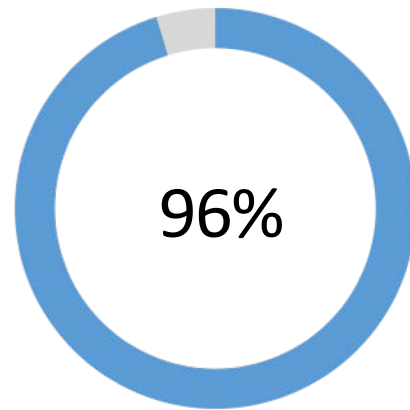
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Key results: LLIN use (women 15–49)

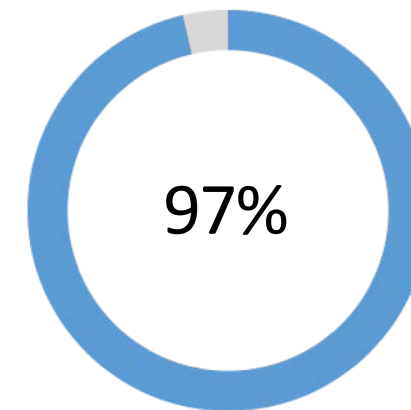
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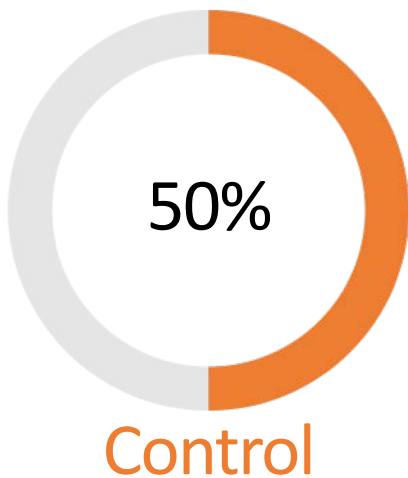
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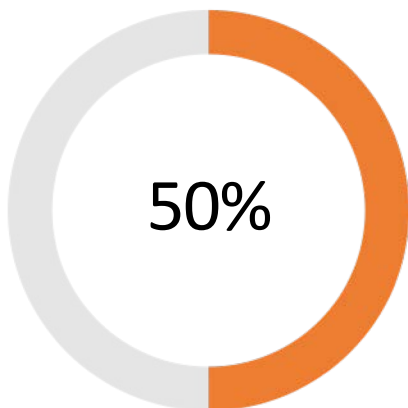
Key results: Diagnosis from a trained provider (total population)

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Children under 5 years	43/68 (63.24)	47/74 (63.51)	32/68 (47.06)	1.935 [0.975, 3.840]	0.059	1.958 [1.001, 3.832]	0.049
Women	61/99 (61.61)	81/126 (64.29)	49/106 (47.22)	1.867 [1.070, 3.258]	0.028	2.094 [1.235, 3.549]	0.006

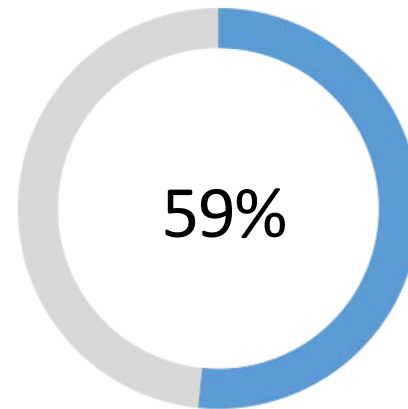


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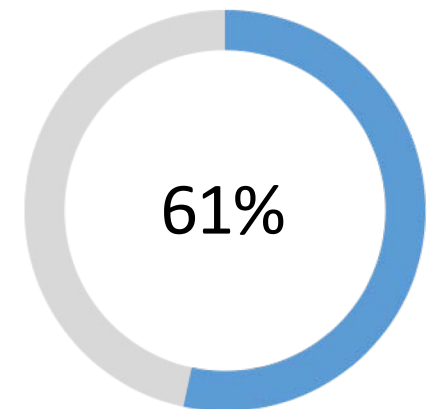
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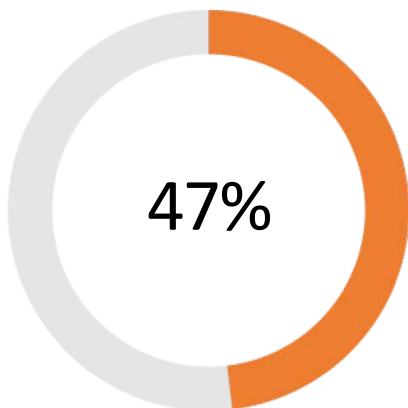
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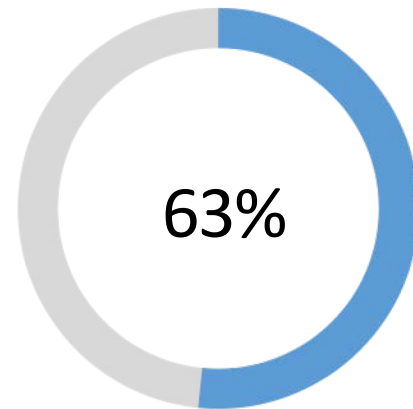
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Key results: Diagnosis from a trained provider (children under 5)

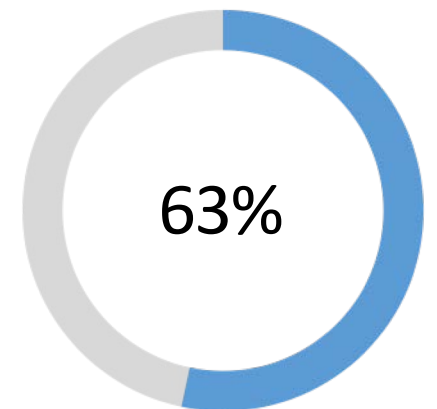
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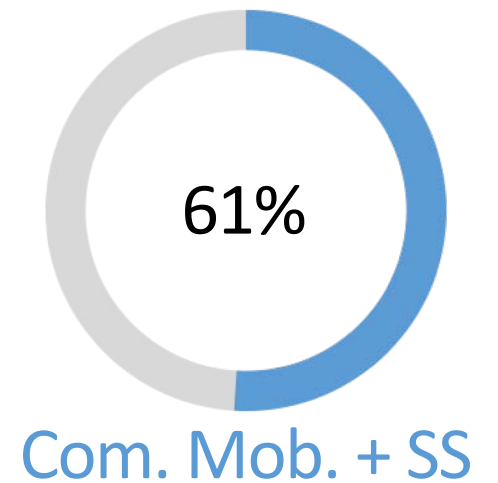
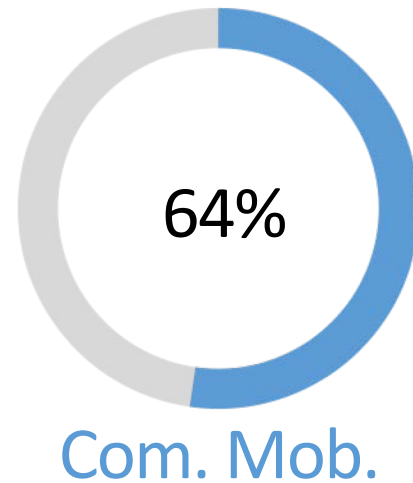
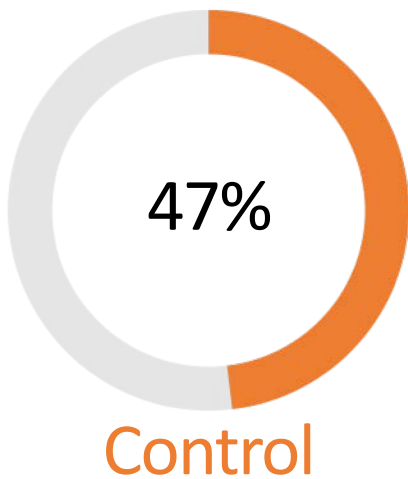
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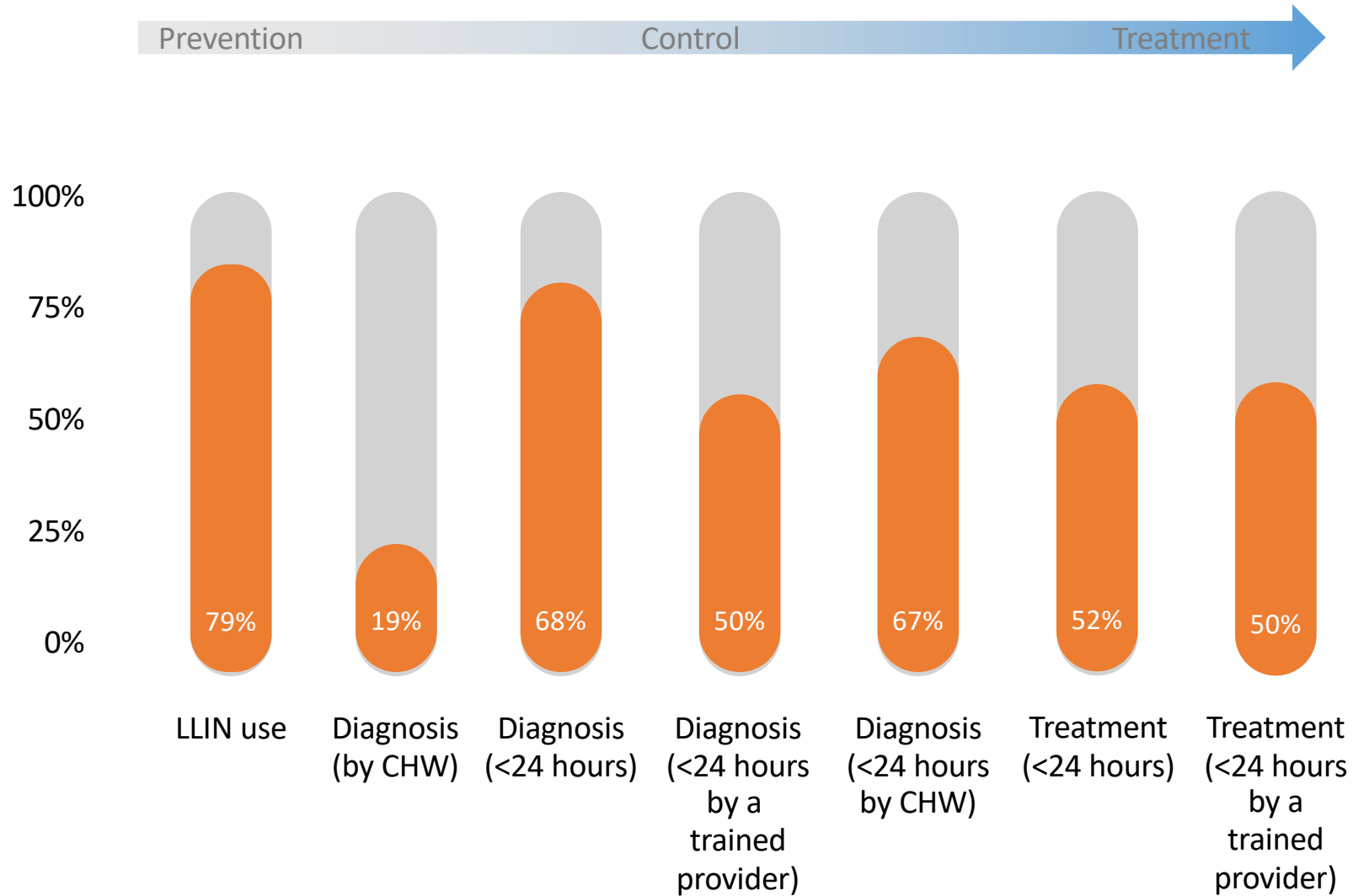
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Key results: Diagnosis from a trained provider (women 15-49)

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Children under 5 years	43/68 (63.24)	47/74 (63.51)	32/68 (47.06)	1.935 [0.975, 3.840]	0.059	1.958 [1.001, 3.832]	0.049
Women	61/99 (61.61)	81/126 (64.29)	49/106 (47.22)	1.867 [1.070, 3.258]	0.028	2.094 [1.235, 3.549]	0.006

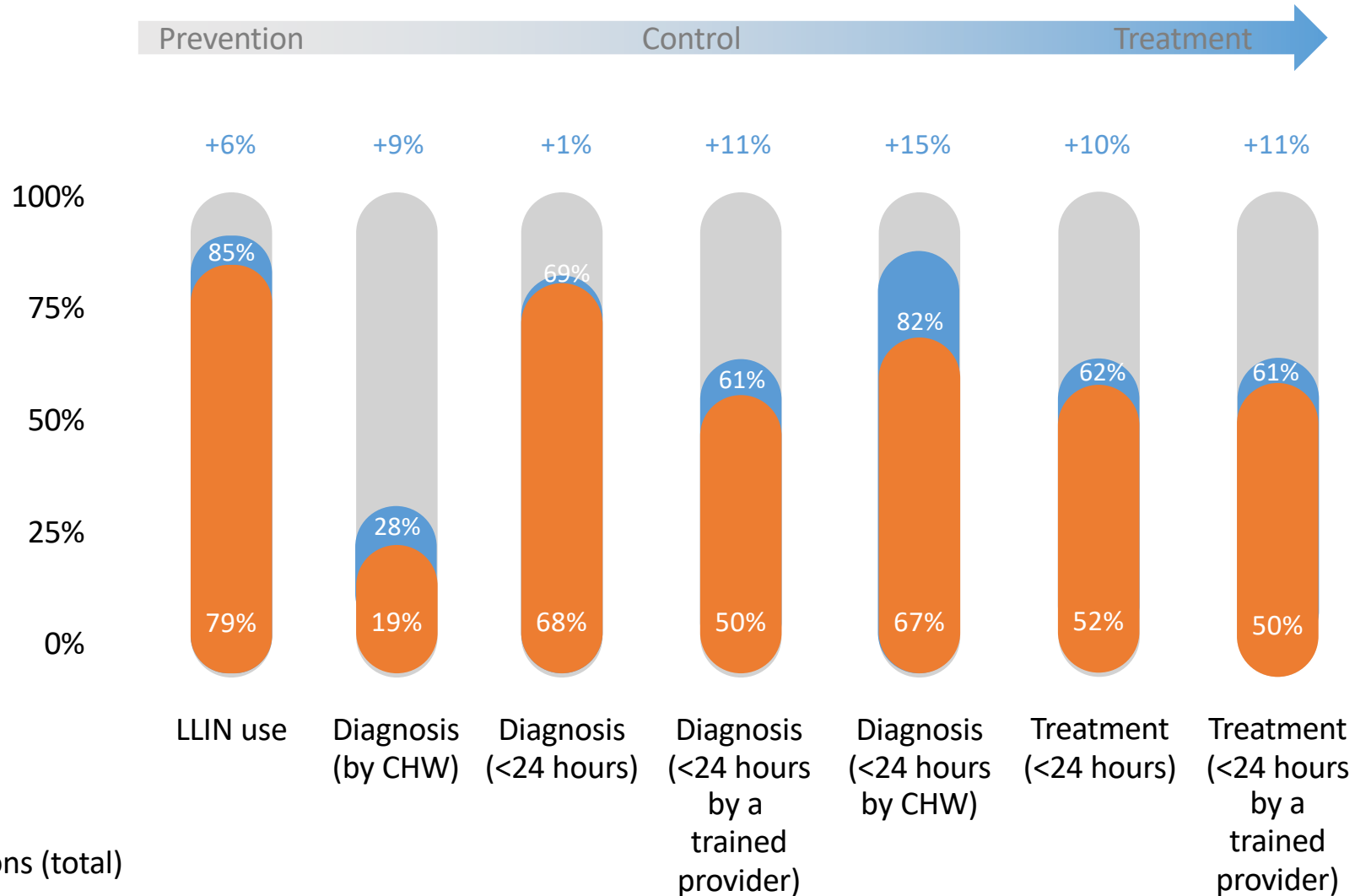


Key results: Control vs. combined interventions

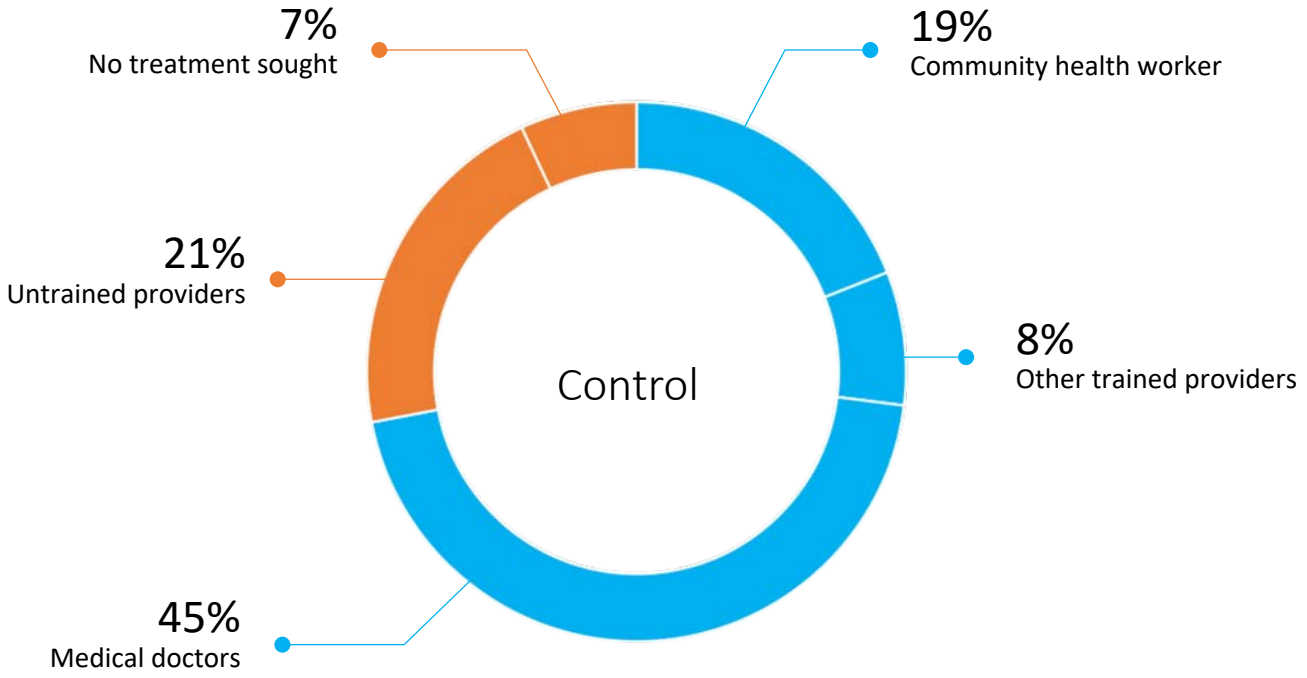


 Control (total)

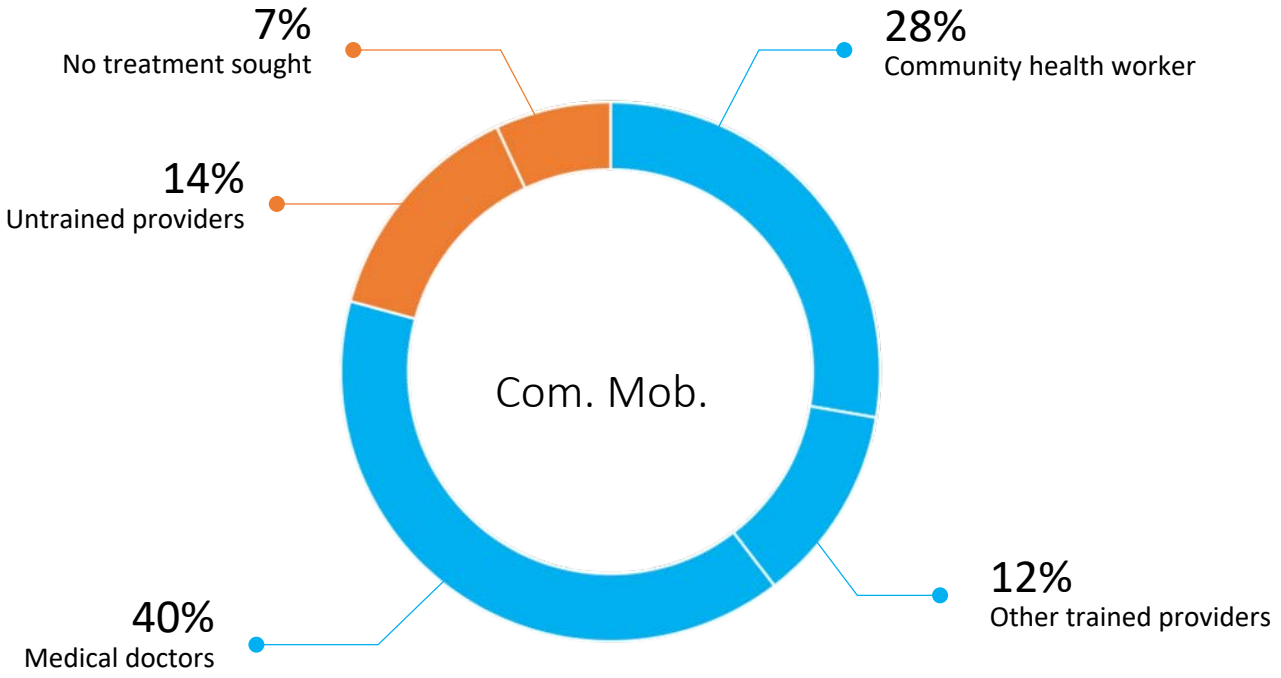
Key results: Control vs. combined interventions



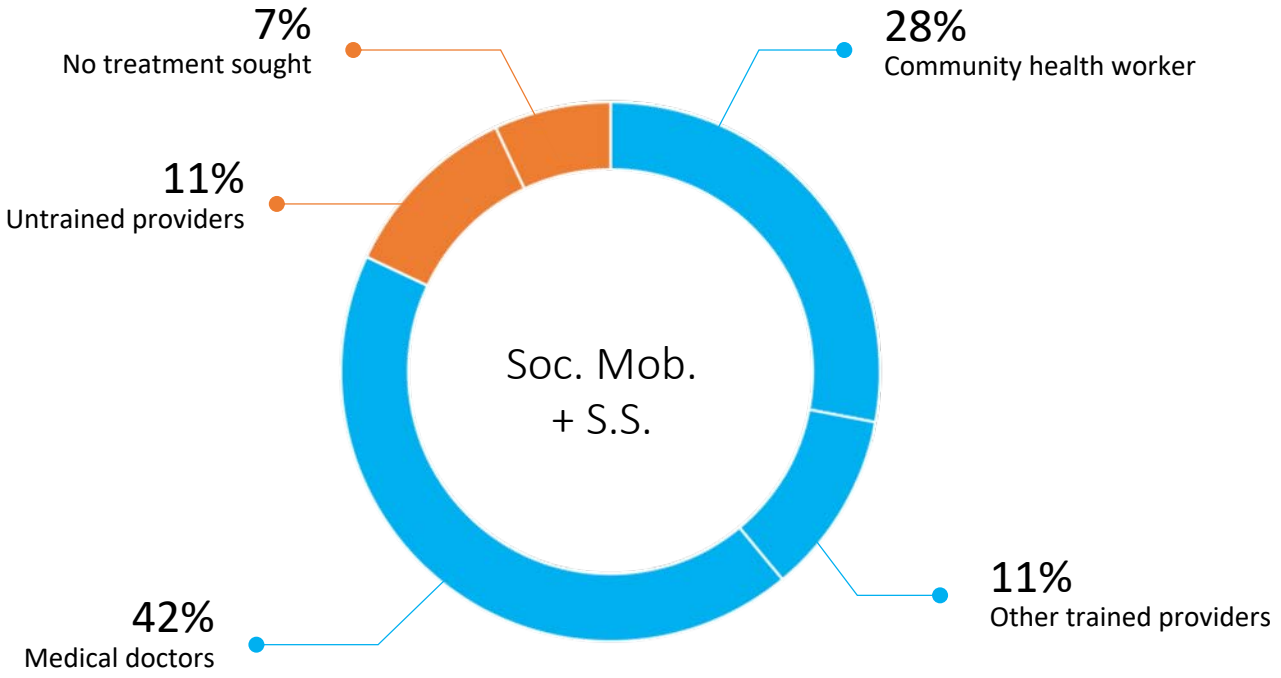
Results: Fever treatment by provider



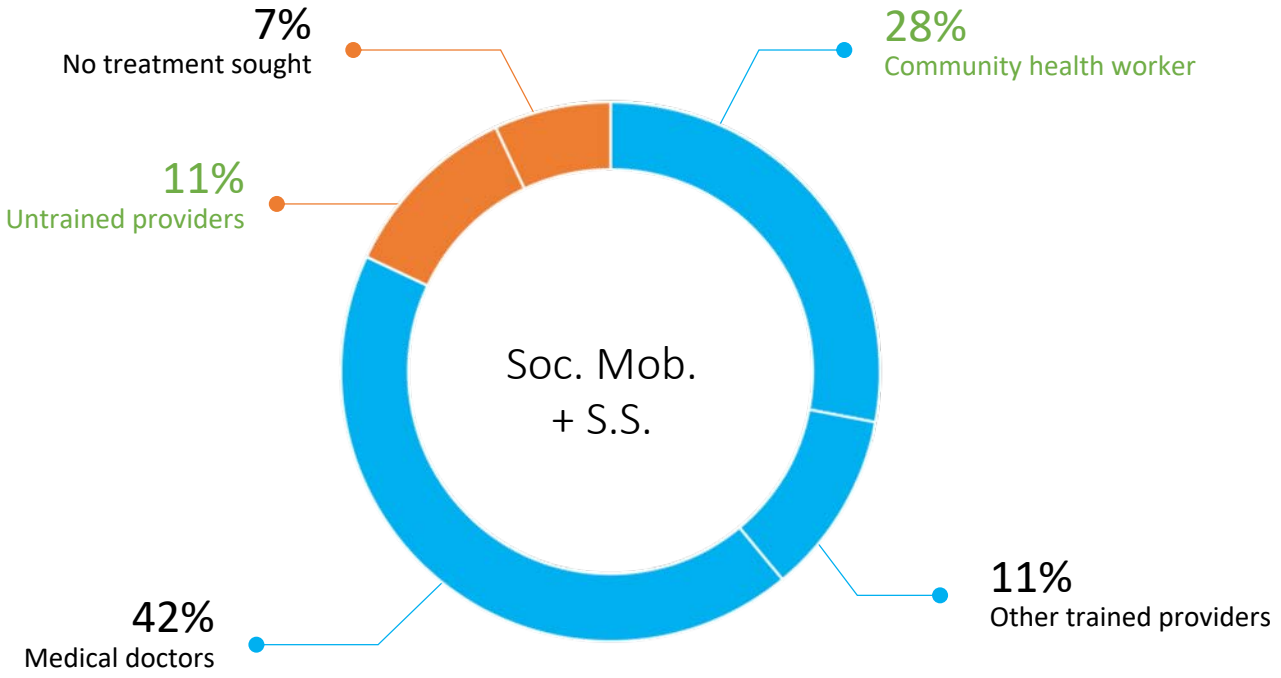
Results: Fever treatment by provider



Results: Fever treatment by provider



Results: Fever treatment by provider



Programmatic implications

Strengths, weakness, validity, methodological challenges

Type questions in the chat box

Malaria Social and Behavior Change Evidence Discussion Series

Discussion Questions

March 6, 2019

Welcome to the second Breakthrough ACTION malaria social and behavior change evidence discussion series. We will discuss the article [Strengthening malaria service delivery through supportive supervision and community mobilization in an endemic Indian setting: an evaluation of nested delivery models](#). Please use the following questions to guide your reading of the article ahead of the discussion.

Background: This [study](#) is set in an area of Odisha, India with low net use and care-seeking from traditional healers and unqualified providers was prevalent. Respondents of a preceding [qualitative study](#) expressed a lack of trust in community health workers due to frequent drug stock-outs. While global evidence provides guidance about how to work with communities and health workers to improve malaria prevention behaviors, no such evidence existed in India. Study authors set out to determine if specific guidance would, indeed, improve malaria case management in Odisha, India.

1. **Formative data:** What evidence did authors collect and use to come to the conclusion that these approaches might be effective? What factors did authors of this study suggest might improve malaria case management?
2. **Behavioral objectives:** Which behaviors did the study interventions set out to influence?
3. **Communication objectives:** What knowledge, attitudes, social norms, or environmental factors did study interventions set out to influence, and how were they influenced?
4. **Measuring impact:** Which behavioral or health outcomes were measured and how were they measured?
5. **Study design:** What kind of study design was used (cross-sectional, longitudinal, pre-post, etc.) What steps were taken to avoid study bias? How representative was the study sample of the population who received the intervention(s)?
6. **Study analysis:** Which intervention appears to have been more successful? How confident can we be that behaviors being practiced are a result of the interventions, and not as a result of confounding factors?
7. **Generalizability:** Were the groups surveyed in this study representative of Odisha state as a whole? Can lessons learned in this study be applied beyond the populations studied?

For more articles showing the impact social and behavior change communication has had on malaria outcomes, as well as [infographics](#) and [factsheets](#), visit the [malaria social and behavior change communication evidence database](#).

Programmatic implications

- Pairing community-level SBC with trained and routinely supported health personnel generates demand where quality services are available: this saves money and improves outcomes
- This supportive intervention on malaria case management by CHWs can shift care-seeking behavior and bed net use in desirable ways

Strengths

- Pre- and post-intervention cross-sectional surveys
 - Describes change between two points in time
- Control and intervention group comparison
 - Provides a counterfactual (what happens with no intervention): stronger evidence that change occurred as a result of an intervention
- Cluster randomization
 - Limits bias: stronger evidence that change is not due to confounding factors
- Similar socio-demographic characteristics
 - Differences between control and intervention are not related to wealth, sex, education, etc.
- Similar access to LLINs and CHWs
 - Differences between control and intervention are not due to higher or lower access to nets or community health workers

Lessons learned

- Formative research helped in the design of key messages and a delivery strategy adapted to local social and cultural norms
- Globally proven methods (RDT, ACT, and LLIN) introduced with locally-adapted delivery strategies to achieve public health goals
- CHWs were empowered with supervision and communication skills to build trust with the communities
- Shifting uncomplicated fever patients away from facilities to communities with competent CHWs can increase efficiency of the health system and reduce costs for patients

Discussion

Q&A with participants

Please type your questions in the chat box or raise your hand

Malaria SBCC Evidence Database: Infographics

Social and Behavior Change Communication Makes an Impact on Insecticide-Treated Net Behaviors

Mass media and interpersonal communication can lead to measurable improvements in insecticide-treated net (ITN) use.

In Malawi, people who were given a leaflet and shown a live demonstration of buzzing mosquitoes caught inside the house were **13 x more likely to use an ITN**, compared to those only given a leaflet.¹

Exposure to an SBCC intervention in Nigeria that used advocacy, radio spots, counseling and print materials was associated with improved ITN care and repair attitudes. The improved attitudes were linked with improved net care behaviors, especially tying up nets during the day. **Nets remained in useable condition 1 year longer in households with positive attitudes about care and repair.**

+1 year increased net useability

An evaluation of a mass media campaign in Nigeria found that pregnant women who had heard of the sponsored ITN radio broadcast were **1.56 times as likely to use a net**, compared to those who had not.²

1.56x more likely to use a net

In Zambia, **88% of women in households with at least one ITN who were exposed to SBCC messages slept under an ITN** whereas only 50% of matched unexposed households did the same.³

88% slept under ITN

Exposure to a national SBCC campaign in Cameroon using SMS reminders, billboards, handout materials, TV and radio PSAs, and an anthem and music videos led to a **7-percentage-point increase in net use**, and a **12-percentage point increase in net use among children under five.**⁴

7% increase in net use

12% increase in net use among children under five

References:

1. Bradley, M., Lynch, M., & Isenhardt, H. (2016). Comparing two approaches for estimating the causal effect of behaviour-change communication messages promoting insecticide-treated bednets: an analysis of the 2010 Zambia malaria indicator survey. *Malaria Journal*, 15(1), 342.
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3. Hathi, T., Banda, P. M., Ponda, D. F., Sanabwa, T., & Mwakwasa, N. (2015). Beyond teaching:蚊帐使用行为改变干预措施对蚊帐使用的影响——基于家庭户主调查的随机对照试验。 *Emerging Infectious Diseases*, 21(5), 857.
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USAID, CDC, ICF, AND COMMUNICATIONS PROGRAM

Social and Behavior Change Communication Makes an Impact on Service Provider Behaviors

Incorporating social and behavior change communication into provider training and support programs positively improves malaria testing and treatment practices.

Providing patent proprietary medicine vendors with trainings and job aids led to **improved counseling and vending practices**. The program increased the proportion of vendors who asked the correct history questions, referred to dose guidelines and gave the correct treatment – from about 40% at baseline to 90% at end-line for all behaviors.⁵

98% CORRECT PRESCRIPTION

Group training sessions and motivational SMS messages resulted in **improvement in Tanzanian health worker adherence to RDT results and reduced antimalarial over prescription**. Incorrect prescription was reduced to 2%.⁶

A program in Cambodia that trained village malaria workers to adhere to national guidelines and to refer severe cases to hospitals was associated with **improved service quality**. At the end of the program, 100% of workers reported always treating positive RDT cases with artesunate and mefloquine.⁷

95% correct use

A program in Uganda that trained drug distributors to educate mothers about malaria care and treatment and provide free chloroquine plus SP tablets helped improve appropriate dosage by 12% and drug choice by 25.8%. This work was ultimately associated with a **14% improvement in the proportion of febrile children completing all treatment steps.**⁸

14% improvement in completing all treatment steps

An intervention in Zambia that gave community health workers job aids and training resulted in **95% correct RDT use and 93% correct interpretation**, compared to the 57% and 54% respectively seen among the control group that was just given the instructions on the package.⁹

95% correct use

References:

5. Goodall, M., Harvey, S. A., Schneider Christophers, M., Mwanuzi, B., Banda, B., Malambo, T., & Bell, D. (2012). *GHSC use malaria rapid diagnostic tests (RDTs) safely and accurately: results of a longitudinal study in Zambia*. *The American journal of tropical medicine and hygiene*, 87(1), 57-63.
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Social and Behavior Change Communication Makes an Impact on Malaria Case Management

Exposure to social and behavior change communication leads to improved malaria case management behaviors

In Ethiopia, education about signs and symptoms of malaria, coupled with appropriate guidance and drugs for home medication, resulted in a **40% reduction in malaria-related mortality among children under five** in intervention localities.¹⁰

40% reduction in malaria-related mortality among children under five

In Tanzania, women exposed to multiple messages (from billboard, radio or TV) were **23% more likely to receive two or more doses of SP**, when controlling for all other variables.¹¹

23% more likely

In Mozambique, care groups hosted by trained volunteers were associated with **improving the proportion of children <2 years-old who were treated for fever within 24 hours by a trained provider from 28% to 90%.**¹²

28% to 90% improvement in fever treatment

A program in Uganda that trained community members to distribute first-line antimalarial drugs and provide referrals led to **febrile children being 3x more likely to receive appropriate treatment for their fever.**¹³

3x more likely to receive treatment

A program in Burkina Faso that supplemented service provider training with community sensitization for female leaders led to **72% of pregnant women completing more than two doses of SP**, compared to the 49% of unexposed pregnant women who completed more than two doses.¹⁴


72% of pregnant women completing more than two doses of SP

References:

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11. Papadakis, K., Kelly, M., Beth Ann Pownan, Robert Atkinson, Geoffrey Goodall, Peter Long, Frederick Kato, and Stephen Whang. 2004. Home Based Management of Fever Strategy in Uganda: A Report of the 2003 Survey. Arlington, Virginia, USA: MHO, WHO and BARC/3 K Papadakis, B. M., Pownan, S. A., Atkinson, R., Goodall, G., & Long, P. (2004). Home based management of fever strategy in Uganda: survey report.
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Malaria SBCC Evidence Database: Fact sheets




Impact of Social and Behavior Change Communication on Insecticide-Treated Net Behaviors

	Mix of Mass Media and Interpersonal Communication	Article Strength	Strategic SBCC
Cameroon	A post-assessment study was used to assess the influence of Cameroon's national 90 Day Nightwatch campaign (SMS reminders, billboards, TV and radio PSAs, music videos, print materials) on net use of adults and children under five. Those who owned at least one net at home and were exposed to the campaign were 7 percentage points more likely to have slept under a bed net compared to those unexposed (56% exposed vs. 59% unexposed), and 12 percentage points more likely to have their children sleep under a net (80% exposed vs. 68% unexposed). It is estimated that over 500,000 individuals that used a mosquito net to protect themselves from malaria as a result of the campaign. ¹	High	High
Nigeria	A pre-post assessment used repeated cross-sectional household surveys to assess the impact of a multi-channel SBCC campaign in Nasarawa State, Nigeria. Baseline, midline and endline surveys carried out at one-year intervals measured the proportion of nets with observed repairs, and the proportion of nets in serviceable condition. Exposure to the campaign was strongly correlated with increased positive attitudes toward net care and repair, which were also positively correlated with net repairs and the proportion of nets in serviceable condition at endline, and positive attitudes towards nets were associated with an increase in net lifespan by one full year, when compared to those with negative attitudes. ¹	High	High
Zambia	A study used two approaches, PSM and treatment effect modelling, to assess the relationship between exposure to SBCC messages and the use of ITNs the previous night. Findings revealed that, when matched on similar prosperity scores, a statistically significant 10 percentage point difference in ITN use was observed between exposed and unexposed respondents. Fifty-nine per cent of unexposed respondents reported sleeping under an ITN the previous night, compared to 88% of the exposed respondents. When using treatment effect modelling, there was a smaller but still significant difference of 13 percentage points between exposed and unexposed groups. ¹	High	Medium
Tanzania	A household survey used stratified random sampling to assess whether various levels of exposure to the COMMIT project's multi-channel SBCC campaign influenced attitudes and ownership of ITNs in Tanzania. Mediation analysis found change agents, mass media and community messaging were significantly associated with increased attitudes about nets, and positive attitudes about nets significantly increased the odds of universal coverage. ¹	High	Medium
Nigeria	A post-campaign survey was conducted in 10 states in Nigeria to assess the influence of SBCC messages on net hanging and use. The study found a dose-response relationship between the number of SBCC messages recalled and the number of nets received. All BCC outcomes showed a significant increase in net use. The number of messages recalled was the strongest predictor of knowledge. Attitude towards net use was positively linked to the number of messages recalled. ¹	High	Medium

Strength of Article/Strategic SBCC Score







Impact of Social and Behavior Change Communication on Case Management

	Mix of Mass Media and Interpersonal Communication	Article Strength	Strategic SBCC
Tanzania	A post-assessment study ¹ of the malaria-related components of the "Wazazi Nigendemi" (Love Me, Parents) safe motherhood campaign in Tanzania, which used mass media, interpersonal communication and community engagement, found women exposed to more campaign messages had about a 23% greater chance of having received two or more doses of SP after controlling for all other demographic variables.	Medium	Medium
Burkina Faso	In a cluster-RCT that assessed a community-based campaign to improve the uptake of IPTp in Burkina Faso ¹ , 64% of those exposed completed three or more antenatal visits, compared to 45% of those unexposed. Uptake of IPTp-SP (more than two doses) was also significantly higher among those exposed (72%), compared to those unexposed (49%).	High	Medium
Belize	A post-test evaluation of the Belize Vector Control Program ¹ , which used volunteer collaborators/personnel and education materials (pamphlet, poster and signpost) to improve treatment-seeking practices, showed a positive impact on fever and malaria beliefs, attitudes and behaviors. Of the mothers who reported a case of fever, 75% of mothers from the intervention villages met the criteria for positive treatment-seeking behavior, compared to 23% from control villages. Additionally, 84% of mothers who reported a malaria case met the criteria for performing positive treatment-seeking behaviors for malaria, as opposed to 37% in control villages. There was a statistically significant difference between positive treatment-seeking behaviors for fever and exposure to a signpost and poster.	High	Medium
Zambia	A post-test ¹ assessing job-aids and a half-day training for CHWs on RDT interpretation and use in Southern Province, Zambia, found that critical steps were followed 88% of the time at three months and 100% at six and 12 months. Findings demonstrated that appropriately trained and supervised CHWs used RDTs safely and accurately in community practice at least 12 months post-training.	High	Medium
Nigeria	The results of a pre-post assessment study ¹ looking at the impact of health education on malaria knowledge among caregivers of children under five in North Central Nigeria found that the intervention was associated with improvements in perception, knowledge, prevention practice, first-line treatment option and the type of treatment given to children with fever. Health education positively impacted caregivers' knowledge of malaria, as well as their willingness to access antimalarial treatment when their children had fever.	High	Low
Nigeria	A Nigeria program developed treatment guidelines and IEC materials, and trained "mother trainers" on how to use the guidelines in their communities. In a pre-post assessment study ¹ of this program, the majority (70%) of the respondents stated that they used the guidelines each time a child was treated for malaria. Findings showed a significant increase in the correct use of chloroquine among those who treated children at home, from 3% at baseline to 52% after the intervention, compared with 4% to 12% in the control arm. Mother trainers were also considered to be effective in influencing adherence to treatment guidelines.	High	Low

Strength of Article/Strategic SBCC Score

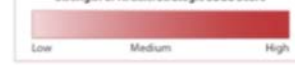




Impact of Social and Behavior Change Communication on Service Provider Behavior

	Mix of mHealth, Interpersonal Communication and Trainings	Article Strength	Strategic SBCC
Tanzania	A three-arm stratified cluster RCT was used to assess a program in Tanzania that trained health workers in RDT use and interpretation by providing RDT trainings to control arms, and facilitating small interactive peer-group training sessions and sending feedback and motivational SMS messages to additional arms. The evaluation found that the SBCC activities in the intervention arms were associated with significant improvements in the prescription of recommended antimalarials. Improper prescribing dropped significantly to 8% among those in the standard training arm to 2% in the intervention arms. There was also significant improvement in the prescribing practices for RDT-negative cases. ¹	High	High
Kenya	Six cross-sectional health facility surveys were used to assess a series of activities used to roll out Kenya's "test and treat" policy, including the development and distribution of case management guidelines and job aids, three rounds of in-service trainings and supportive supervision. The assessment found that SBCC activities contributed to significant increases in the administration of the first AL dose at the facility between baseline and endline (32% versus 52% respectively) and provision of advice that all doses should be completed (80% versus 90%). ¹	High	Medium
Zambia	A post-assessment study was conducted to assess the effectiveness of three intervention packages to improve RDT use and interpretation among CHWs in Zambia. The intervention included RDT package instructions, job aids and job aids paired with a training. Findings revealed that the more comprehensive SBCC package resulted in higher rates of correct RDT use (92%, compared to 57% for group 1 and 80% for group 2) and RDT interpretation (93%, compared to 54% for group 1 and 80% for group 2). ¹	High	Medium
Multi-Country	A two-stage, randomized cluster study of health education programs in Ecuador, Colombia and Nicaragua trained local community health volunteers to deliver malaria prevention community workshops. These interventions led to significant increases in knowledge of the recommended doses of chloroquine (34% in Ecuador, 93% in Colombia) and proper use of chloroquine (26% in Ecuador, 85% in Colombia). ¹	High	Low
Uganda	A two-stage, randomized control trial study of an SBCC program in Uganda that trained drug distributors to educate mothers about malaria care-seeking and treatment, as well as provide free chloroquine and SP tablets, noted improvements in appropriate dosage (12%) and drug choice (26%). This program was associated with a 14% improvement in the proportion of febrile children completing all treatment steps. ¹	High	Medium
Cambodia	A 20-week village malaria worker program used pre-post educational surveys conducted in intervention and comparison villages to assess its influence on prevention and control behaviors. Findings revealed that the village malaria workers' service quality and actions for malaria prevention and vector control significantly improved during the scale-up of the VMW project. The program noted several improvements in interventions villages but not comparison villages, including bednet use and eliminating breeding sites. ¹	High	Medium

Strength of Article/Strategic SBCC Score



Thank you!

- Questions, comments, follow-up:
 - Ashis Das: adas8@worldbank.org
 - Mike Toso: miketoso@jhu.edu
- Please answer a few poll questions on the final screen
- We will send an email with today's slides and the discussion recording shortly



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