# RBM Partnership
## To End Malaria

# Community Health Worker Malaria Social and Behaviour Change Toolkit

## Module 2: Social and Behaviour Change Approaches for Community Health Workers

### Social and Behaviour Change Working Group

# Module 2: Social and Behaviour Change Approaches for Community Health Workers

## Module Objectives

- **Understand social and behaviour change (SBC) approaches for community health workers (CHWs).**
- **Identify strengths and assets CHWs can use for SBC.**

# Social and Behaviour Change Approaches for Community Health Workers

CHWs can and should use SBC approaches to improve malaria outcome behaviours in their communities. This module covers key SBC approaches and the specific roles CHWs can play in implementing each. Each approach in this module helps CHWs to influence the behavioural determinants introduced in Module 1.

## Defining SBC: A Review

**SBC is an interactive process enabling individuals, families, and communities to adopt and sustain healthy behaviours, such as seeking care for fever or sleeping under a mosquito net.** SBC aims to positively change behaviours by shifting knowledge, perceptions, attitudes, beliefs, and social norms in communities. SBC enables individuals, families, groups, communities, and countries to increase control of their health to lead healthier lives.



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## Important Note on Health Literacy

**Health literacy** is defined as *"the degree to which individuals can obtain, process, and understand the basic information and services they need to make appropriate health decisions."*[1]

CHWs must deliver services, programs, and information in a way that anyone can access and understand, regardless of their health literacy. CHWs must use easily accessible language when communicating about health behaviours and the barriers and facilitators associated with each. Instead of focusing on technical terms when encouraging positive malaria health behaviours, CHWs should use plain, easy-to-understand language and use many examples, stories, and visual materials to make their points. CHWs also should encourage community members to ask questions and respond to questions plainly and without judgement.

[1] *Ratzan S. C., & Parker R. M. (2000). Introduction. In C. R. Selden, M. Zorn, S. C., Ratzan, & R. M. Parker (Eds.), National Library of Medicine Current Bibliographies in Medicine: Health Literacy (p. vi). National Institutes of Health, U.S. Department of Health and Human Services.*

# Tailoring Existing Messages

Members of the communities where CHWs live and work hear many messages every day (such as sleep under a mosquito net every night; get tested for malaria if you have a fever). CHWs can use an SBC approach to improve messages from trusted sources, such as the local health centre and CHW trainings, and make them more effective.

Key messages from CHWs should follow the Seven Cs of Effective Communication. The Seven Cs help CHWs and trainers develop materials that will resonate with community members and lead to positive and sustained behaviour change.

## Seven Cs of Effective Communication

(Adapted from the Malaria SBC Toolkit for Community and Faith Leaders)

| Seven Cs | Description | Message Check for CHWs |
|---|---|---|
| **1) Command Attention** | Attract and hold the audience's attention. Make it memorable. | Does the message stand out? |
| **2) Clarify the Message** | Ensure the message is clear and easily understood. Less is more! | Is the message simple and direct? |
| **3) Communicate a Benefit** | Stress the advantages of adopting the new behaviour being promoted. | Is the benefit of adopting the behaviour expressed clearly? |
| **4) Consistency Counts** | Repeat the same message consistently to avoid confusion and enhance the impact of the message. | Is the message similar to other messages being shared by other organisations? |
| **5) Create Trust** | The trustworthiness of the message is important. Without trust, the message will be ignored. | Is the message trustworthy? What source will make the message most believable? |
| **6) Cater to the Heart and Head** | Use both facts and emotions to maximise persuasiveness of the message. | Does the message use emotion, as well as logic and facts? |
| **7) Call to Action** | Include a clear call to action. Tell the audience precisely what they should do. | Does the message clearly communicate what the audience should do? |

# Communication Approaches for CHWs

CHWs can use many approaches to promote positive behaviour change and create pleasant and community-friendly environments. Popular approaches are outlined in this module, starting with communication approaches. The way CHWs implement SBC will depend on the specific behaviours and behavioural factors of the intended audience. Module 4 covers specific behaviours to focus on while using the approaches outlined below. The following approaches are the most common for CHWs.

## Service Communication

**Service communication** is the use of SBC processes and techniques, especially interpersonal communication between a health service provider and a client, to motivate health service-related behaviours among intended audiences across all levels of care: before, during, and after services. Service communication improves behaviours by motivating individuals to seek care, by helping them understand what to expect during an appointment (including ensuring a malaria test is received and adhered to), and by encouraging them to follow treatment plans. Service communication also can increase demand for and use of insecticide-treated nets (ITNs) and improve attitudes toward care and repair of nets.

Effective service communication can help build community trust for CHWs and the services they provide. For example, the following service communication message describes a clear benefit and call to action: "Seeking care within 24 hours of the onset of a fever will prevent severe illness with malaria and may help caregivers be seen as loving, responsible, model community members. If you or your child has a fever, seek care immediately."

*Review the Circle of Care Model below, which outlines how strong service communication can improve health outcomes before, during, and after services.*

## Circle of Care Model
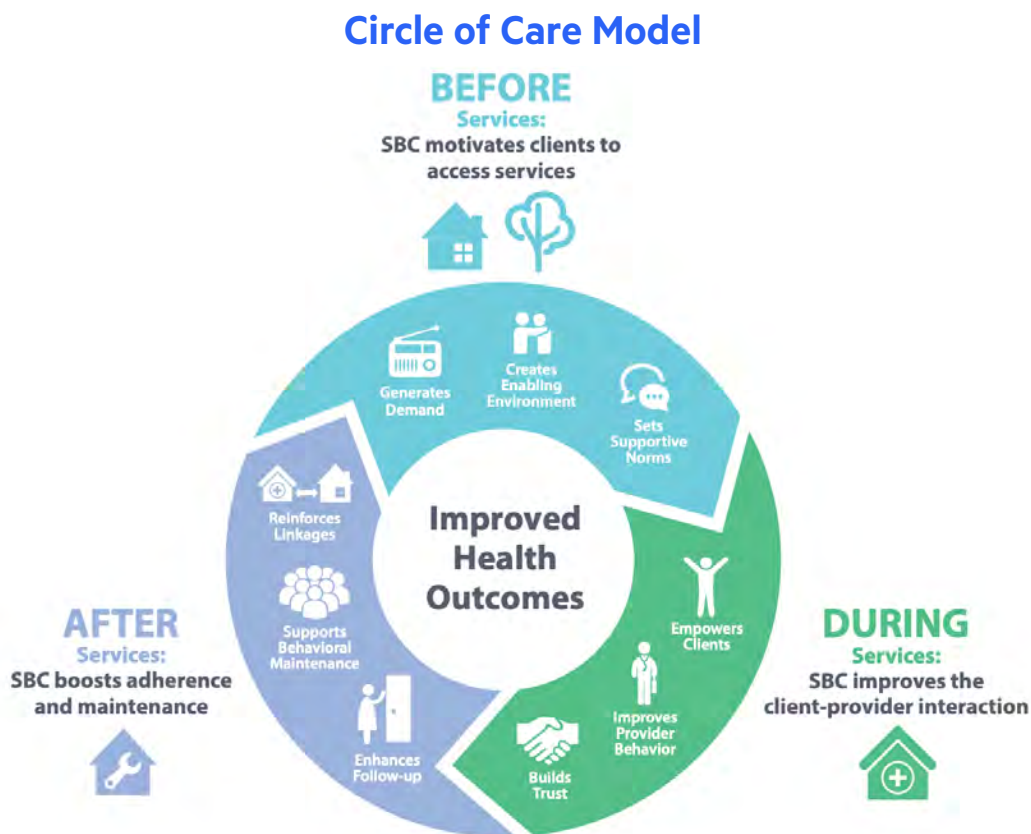


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| Circle of Care<br>CHW Roles Before, During, and After Client Care | |
|---|---|
| **Before:**<br>CHWs can use SBC to motivate clients to access health care services. | **Generate demand.**<br>• Increase demand for ITNs, malaria testing, and appropriate treatment after a positive malaria test:<br>   - Encourage clients to receive ITNs through appropriate distribution channels (e.g., mass campaign, routine distribution).<br>   - Inform clients of distribution points and how to use ITNs once acquired.<br>   - Promote the benefits of prompt care seeking for fever to reduce severe disease.<br>   - Inform community members of the services CHWs provide and the availability of appropriate commodities. This can be an opportunity to emphasise the benefits of adhering to medications.<br>**Create an enabling environment.**<br>• Support dialogue between community members and facility-based health care providers.<br>• Increase client's confidence and self-efficacy to access services.<br>• Build knowledge of CHW and referral services.<br>**Set supportive norms.**<br>• Motivate community members to seek care.<br>• Mobilise communities to discuss health issues.<br>• Support couples and households to make positive health decisions together. |
| **During:**<br>CHWs can use SBC to improve interactions with clients and between clients and other providers (if client is referred). | **Empower clients.**<br>• Encourage community members to express their needs and concerns. If applicable, coach community members on how to express additional needs or concerns to providers at health facilities.<br>• Increase health literacy, confidence, self-efficacy, and knowledge about malaria health issues and services.<br>**Build trust.**<br>• Build trust between providers and community members by displaying empathy; encouraging the expression of needs and concerns; and establishing collaborative, respectful, and individualised relationships with clients.<br>• Build trust in malaria prevention and treatment by describing the benefits of prompt care seeking and adherence to medication and malaria prevention interventions. |
| **After:**<br>CHWs can use SBC to boost adherence to medication and maintenance of healthy behaviours. | **Enhance follow-up.**<br>• Encourage clients to stay engaged with their health, CHWs, and local health systems after their care-seeking experience.<br>• Encourage clients to ask questions and express needs.<br>**Support maintenance of behaviours.**<br>• Remind clients of the importance of sleeping under ITNs, seeking prompt care for fever, and finishing the full course of medication.<br>• Work with clients to develop care plans for ensuring adherence to medications.<br>**Reinforce linkages.**<br>• Refer clients to local health care facilities and providers |

# Interpersonal Communication

**Interpersonal communication** for CHWs involves face-to-face interactions during which the CHW can tailor information to the specific client's needs. A CHW can use interpersonal communication with a client in a health facility, at home, with a family, one-on-one, in small groups, and more.

CHWs can use interpersonal communication in their daily work through counselling, which is comprehensive guidance tat is understandable, memorable, and adapted to the unique needs and values of individuals, families, and communities. By providing counselling, CHWs support community members in making positive changes in their behaviours.


Samy Rakotoniaina, USAID MSH

Interpersonal communication also can be effective during home visits, which many CHWs already do. Home visits offer opportunities to talk with household members about key malaria behaviours and to support community members in the fight against malaria. Home visits are a great time to provide one-on-one support.

**CHW Role:**
- CHWs know the community members best and thus can tailor personalised messages specifically to the needs of the individual.
- CHWs should consider the following behavioural determinants from Module 1 to tailor interpersonal communication to meet the unique needs of the client:
    - **Knowledge:** Does the client have the necessary information and skills to conduct a malaria-related behaviour?
    - **Attitudes:** What is the attitude of the client about the behaviour?
    - **Social norms:** What are the social norms in the community? How do these norms impact the individual's likelihood to practise the behaviour?
    - **Perceived self-efficacy:** How confident is the client in their ability to complete and sustain the behaviour?
    - **Response efficacy:** Is the client confident that the behaviour (or program or intervention) will be effective?
    - **Risk perception:** Does the client see malaria as a real threat to themselves and their family?
- CHWs should consider the unique barriers clients face in practising the behaviour. Good interpersonal communication will help CHWs identify these **barriers** so that they can help clients overcome them through small, doable actions.
- CHWs should identify the **facilitators** (emotional societal, structural, education, or familial) supporting the client in adopting a new behaviour.
- **Confidentiality** is important, and client **privacy** must be kept. CHWs should ensure their clients trust in the confidentiality of counselling and feel comfortable talking freely.

**CHW ROLE**

# Community Dialogues

The **community dialogue** approach involves community members coming together for group conversations to discuss social norms, concerns, and experiences, as well as to develop strategies and action plans. Community dialogues provide members with opportunities for relevant discussion and decision making to improve the community's well-being. CHWs can engage in community dialogues to increase awareness about how to reduce malaria, to encourage community members to practise healthy behaviours and support others in doing so, and to refer participants to local health centres or CHWs to get personalised support.

**CHW Role:** CHWs can facilitate community dialogues in their community via village health teams, families, parent groups, and other local community groups. Use the Malaria Consortium's A Guide to Implementing the Community Dialogue Approach to learn more.

**CHW ROLE**



**RESOURCE**

**A Guide to Implementing the Community Dialogues Approach**

*"This guide is intended for health programme implementers who want to help communities make healthy choices. The guide introduces the community dialogue approach: an innovative and participatory approach used to achieve and sustain social action towards improving the health of communities."*

https://www.malariaconsortium.org/resources/publications/1185/a-guide-to-implementing-the-community-dialogue-approach

# Health Talk

Many CHWs give health talks to share information with their communities during health fairs, village events, antenatal clinics, vaccination clinics, and more. Like community dialogues, health talks allow CHWs to spread information on healthy behaviours throughout their communities. Health talks focus on disseminating information and raising awareness, rather than promoting a participatory process, like community dialogues. When preparing for health talks, CHWs should identify the audience and their unique needs, then set a clear objective for the health talk. They also should use the Seven Cs to ensure the information shared in the health talk is compelling and memorable.



USAID StopPalu Project

**CHW Role:** CHWs can use SBC techniques to customise health talks and encourage positive behaviour change, such as showcasing positive social norms like sleeping under an ITN or encouraging response-efficacy and trust in a malaria intervention. CHWs should consider each behavioural determinant, barrier, and facilitator (see Module 1) when planning a health talk.

**CHW ROLE**

**Don't Forget:** CHWs must consider the context of their audiences, such as what they already know and their health literacy level. Additionally, CHWs should consider the behavioural determinants, barriers, and facilitators to SBC, as outlined in Module 1.

# Additional Approaches for CHWs

In addition to the communication approaches described above, malaria-focused organisations around the globe use many other SBC approaches, some of which are outlined below.

## Digital Health

**Digital health** involves the use of mobile phones, computers, tablets, and other technology to share information and promote healthy behaviours. Digital communication (e.g., text messages, apps, videos) can reach people quickly and regularly in more cost-effective ways than newspapers or person-to-person communication.

**CHW Role:** In some communities, CHWs use digital health tools to support their work. In areas of low health literacy, digital tools can be a helpful interactive format to share photos, such as a digital flip book. CHWs also may use text messages to remind community members about malaria interventions, such as sleeping under ITNs.

## Community Engagement

**Community engagement** is collective or group participation reflecting on and addressing behaviours and other influences on the community. The Compass for SBC (a curated collection of the latest social and behaviour change (SBC) resources for creating impactful projects and campaigns) notes that this approach allows the community to:

- Develop an ongoing dialogue with health programs.
- Empower themselves to address their own health needs.
- Recognize diversity and equity.
- Work in partnership with program to create locally appropriate responses.
- Be linked to external resources.

**CHW Role:** CHWs are well-positioned to unite communities, organisations, and local leaders to positively impact local health. For example, a CHW could mobilise community members and organisational and other local leaders to engage in a dialogue with the local health centre to create a plan to ensure indoor residual spraying teams reach all structures in a community.

**RESOURCE**

### Compass for SBC Trending Topic: Community Engagement

*"Under the right circumstances… community engagement has been proven to be a powerful tool for unleashing the potential of individuals and communities around the world. In this Trending Topic we provide tools and program examples for community engagement, as well as some for community mobilization."*

**https://thecompassforsbc.org/trending-topics/community-engagement**

# Using Existing Strengths and Assets in Communities

CHWs can apply the SBC approaches in this module to the communities where they work. CHWs can build on their many strengths and assets to improve malaria outcomes in their communities. *Some examples of platforms for CHWs' malaria SBC work are described below.*

## Churches, Mosques, and Other Religious and Community Centres

Community and faith-based organisations have important ties to the communities they serve and are critical in addressing health issues worldwide, including HIV/AIDS, polio, malaria, and other health issues affecting their beneficiaries. For people to change their behaviours to prevent and treat malaria, they must receive support from trusted sources who understand their needs and values. Members of community- and faith-based organisations can serve as these sources and provide key connections within communities.

**CHW Role:** CHWs can work with community and faith leaders to help families better understand malaria and positively influence their attitudes, perceptions, and social norms. CHWs can give health talks at religious or community events and ceremonies. They also can work with leaders to integrate health messaging into their normal communications with community groups. These efforts can lead to sustainable, long-lasting change.

**CHW ROLE**

## RESOURCE



### Malaria SBC Toolkit for Community and Faith Leaders

*"This toolkit will guide faith and community organizations to use their own strengths, community connections, and resources to educate on how to prevent malaria and support proper treatment in local communities. Using the processes of SBC, the toolkit will help leaders influence communities' knowledge, attitudes, beliefs, and social norms to help people adopt key behaviours to prevent and treat malaria."*

**https://communityleadermalariatoolkit.org/**

## School Settings

Schools are excellent places for CHWs to conduct SBC activities. Malaria is a significant burden among school children in many settings, so CHWs might already work in schools or have connections to teachers and educators. Schoolchildren are a key group for reducing the transmission of malaria. Children also can share knowledge and encourage important malaria prevention and treatment behaviours within their families.

Tailoring SBC approaches towards children teaches them how to protect themselves from malaria, which can help them avoid missing school. SBC also teaches children how to effectively communicate with their families about malaria, empowering them to be agents of change at home.



Riccardo Gangale/VectorWorks

**CHW Role:** CHWs can share malaria prevention and care-seeking strategies with students. For example, during a school-based ITN distribution, CHWs can teach students about the importance of everyone sleeping under an ITN and how to properly use and care for it. CHWs also can encourage school-aged children to advocate for visiting a health centre when anyone in their household has a fever.

**CHW ROLE**

# Community Groups

Many communities hold regular meetings hosted by local leaders or for groups such as the Safe Motherhood Action Group, livelihood and savings groups, youth groups, and so on. These community meetings can provide a platform for CHWs to share malaria SBC messages with new audiences. Examples of other groups CHWs may consider working with include:

- Women's groups
- Microcredit and savings groups
- Bible study groups
- Teen clubs
- Unions
- Madrasas
- Creches
- Village health committees



Ehtisham Husain

**CHW Role:** CHWs can work closely with faith, community, and school groups in their malaria SBC work. CHWs can engage with faith, community, and school leaders to build social norms, trust in the health system, and confidence in malaria interventions.

**CHW ROLE**

# ACTIVITY

## What religious settings, schools, and other community groups exist in your setting?

In a large group or in small groups during a CHW training, ask CHWs to list existing groups in their communities and brainstorm how they could engage with each to prevent and treat malaria using SBC.

# ACTIVITY

## Using the Seven Cs of Effective Communication

In a large group or in small groups during a CHW training,
ask CHWs to think about a message they usually share in their communities.
Discuss the Seven Cs (listed below) and how they can be used to make the message
even more effective.

## The Seven Cs of Effective Communication

### (Adapted from the Malaria SBC Toolkit for Community and Faith Leaders)

| Seven Cs | Description | Message Check for CHWs | How Can You Improve the Message? |
|---|---|---|---|
| 1) Command Attention | Attract and hold the audience's attention. Make it memorable. | Does the message stand out? | |
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| 5) Create Trust | The trustworthiness of the message is important. Without trust, the message will be ignored. | Is the message trustworthy? What source will make the message most believable? | |
| 6) Cater to the Heart and Head | Use both facts and emotions to maximise persuasiveness of the message. | Does the message use emotion, as well as logic and facts? | |
| 7) Call to Action | Include a clear call to action. Tell the audience precisely what they should do. | Does the message clearly communicate what the audience should do? | |

**Notes:**

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