RBM Partnership
To End Malaria

Community Health Worker Malaria Social and Behaviour Change Toolkit

Module 3: Community Mobilisation Strategies

Social and Behaviour Change Working Group

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Module Objectives

- **Describe the importance of community mobilisation strategies.**
- **Define commonly used community mobilisation strategies and community health worker (CHW) roles in those strategies.**
- **Recognize the importance of coordinating malaria social and behaviour change (SBC) messaging.**

Defining Community Mobilisation Strategies

What is Community Mobilisation?

Community mobilisation is the process through which a community's individuals, groups, or organisations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own or stimulated by others. Community mobilisation uses engagement approaches to facilitate positive and sustainable changes in social norms and attitudes at the individual, household, and community levels.

Principles of Community Mobilisation

- Behaviour change is more likely to be sustainable when affected individuals and communities **own the behaviour change process** and the content of implementation approaches (including localised approaches).
- SBC should be an **empowering**, horizontal (versus top-down) approach.
- Community mobilisation should **give voice** to members of the community who may have previously been unheard or unreached (e.g., youth, young mothers) and be centred on local contexts.
- **Parents, families, teachers, religious leaders,** and other influential members in the communities, such as **CHWs,** should be agents of change.
- Activities should focus on **dialogue, debate, and negotiation** on relevant and important behavioural issues in the community.
- Outcomes of focus should **emphasise social norms, culture, and the supporting environment.**

Why is Community Mobilisation Important?

Community mobilisation increases the capacity of a community to identify and address its own needs while generating local solutions to problems. Because of its participatory approach, community mobilisation ultimately strengthens and enhances the ability of a community to work together towards a common goal. By prompting reflection and dialogue about current behavioural barriers and facilitators and by promoting actions individuals and communities can take to achieve their goals for improved health and wellness, community mobilisation also contributes to the sustainability of any initiatives.

Understanding how communities perceive and comprehend a problem is necessary to design adequate interventions. Engaging with community members is crucial to build trust and credibility so that messages are accepted and healthy behaviours are more likely to be practised.

Approaches for Community Mobilisation

Community mobilisation is a participatory and sustained process engaging individuals, groups, and organisations in planning, implementing, and evaluating activities to increase the community's ability to identify and solve problems. Social mobilisation brings communities, organisations, and policymakers together to raise awareness about and enable positive SBC. CHWs may lead or participate in these community mobilisation activities. The following approaches are commonly used in malaria SBC and involve CHWs.

Community Action Cycle for Malaria SBC

The community action cycle is a process of collective dialogue and action based on planning by community members who define their current issues, the changes they seek, and strategies for making those changes happen through action. The cycle does not prescribe activities or outcomes. Rather, it outlines a participatory process through which community members and leaders collectively identify, prioritise, and act upon problems.

The community action cycle comprises **seven phases.**

1 Prepare to Mobilize

In phase 1, implementers of the cycle prepare to enter the community by first orienting government officials at different levels. The goal is to facilitate high-level buy-in and establish community mobilisation teams (which may consist of CHWs) to work with communities and leaders.

2 Organize Community for Action

During phase 2, the community mobilisation teams established under phase 1 approach community members to get their support. Activities in this phase may include community orientation meetings, meetings with school clubs, and orientations with leaders to inform them of the process and activities.

3 Explore Norms - Set Priorities

In phase 3, community mobilisation team members work with community members and leaders to explore issues related to malaria. Mobilisation teams may share data with community members and leaders to provide context for malaria outcomes and work with them to identify reasons why community members are not engaging in behaviours such as sleeping under an insecticide-treated net every night or not taking their child to a CHW or health facility as soon as a fever is identified.

4/5 Plan/Act Together

During phases 4 and 5, communities work together to create an action plan outlining specific activities aimed at improving malaria outcomes, including addressing any identified barriers, and then carry out those activities. During these phases, community mobilisation teams support community members and leaders by strengthening their capacity to carry out the action plan.

6 Evaluate Together

Phase 6, the final phase, is when community members, leaders, and community mobilisation teams evaluate whether implementation of the community action plan is proceeding as expected and producing the expected results. Evaluation teams are formed, and members hold meetings to select indicators, design evaluation tools, evaluate the indicators, analyse the results, provide feedback to the community, and make any necessary adjustments.

7 Scale Up (Optional)

In phase 7, the community prepares for scaling up the collective dialogue and action. This optional phase involves repeating phases 1–6 to as a scaled-up version.

Implementation Approaches Used in the Community Action Cycle

Individuals' level of engagement may vary depending on their interests and capabilities. Engagement can mean listening to messages on the radio, participating in meetings and events, or proactively designing, organising, and implementing activities. The following activities, many of which are reviewed in detail in Module 2, can be used in the community action cycle. CHWs can use an example from this list, or they can think of other ways to mobilise community members.

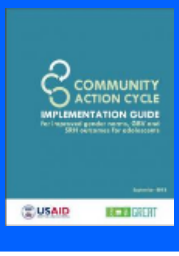
- **Community meetings.** Discuss an issue with traditional, religious, local political, and other leaders in the community.
- **Public forums.** Community members ask leaders about a specific, predetermined topic. These forums can be recorded on the radio and then broadcast.
- **Puppet shows and participatory theatre.** CHWs create puppet shows or create participatory theatre performances about malaria-related subjects, and audiences are encouraged to participate by suggesting alternative scenarios that would lead to better outcomes.
- **Village fairs.** Information about a predetermined topic is shared at a fair hosted by the local health centre, community group, or CHWs.
- **Dances and concerts.** Key messages conveyed at these events can be recorded and screened through local theatres or on social media. CHWs can host events or can work with event organisers to add malaria-focused key messages to existing events.
- **Mobile cinema units.** Short films addressing a specific topic are screened and followed by discussion and question/answer sessions.
- **Sporting events and competitions.** Messages are conveyed before and after games and at halftime.
- **Listening groups.** Groups gather to listen to and discuss a particular radio or video program.
- **Quiz competitions.** Teams challenge each other on knowledge of a specific topic.
- **Print media.** Informative leaflets and cartoon strips are distributed in the community.
- **Community coalitions.** People who practise desired behaviours or who have survived an outbreak can form a group and act as positive role models to decrease stigma or provide education.
- **Door-to-door sessions.** Mobilizers visit households offering individual and private consultation related to malaria.
- **Storytelling.** A narrator recounts a pertinent story, either real or fictional, to highlight key messages and the importance of protective behaviours.

Key Strength of Community Action Cycles: The community action cycle builds capacity of the participating community to identify specific reasons why people do not engage in preventive behaviours for malaria. This approach also addresses social and community norms and practices. The community action cycle requires intensive capacity building and support.

CHW Role: CHWs are community leaders and trusted sources for information. They play a critical role in setting and maintaining behavioural norms in communities and households. Within the community action cycle framework, CHWs may be identified by implementing partners or district health staff community mobilisation team members to help orient stakeholders and work with community members throughout the planning and acting phases.

CHW ROLE

RESOURCE



Community Action Cycle Implementation Guide

"Community Action Cycle Implementation Guide was developed to engage community leaders and mobilizers by facilitating a process that focuses on the relationship between gender inequality, gender-based violence, and sexual and reproductive health outcomes."

https://thecompassforsbc.org/project-examples/great-community-action-cycle-implementation-guide

Community Scorecard

The community scorecard is a participatory social accountability tool for planning, monitoring, and evaluating health services in a community. This tool aims to empower communities and hold people accountable in the delivery and use of health services by improving service delivery and access to quality services. For malaria, community scorecards often include malaria indicators tracked over time, such as the proportions of fever cases, of suspected malaria cases receiving a confirmatory rapid diagnostic test, of confirmed malaria cases, of children under five referred to health facilities, and of pregnant women referred to health facilities for antenatal care and intermittent preventive treatment of malaria in pregnancy. Community members should regularly review the tool and use it to promote prompt and continued use of malaria services at the community and facility levels.

Key Strength of Community Scorecards: The community scorecard tool improves service delivery and accountability of service providers such as CHWs and health facility staff. The tool should be paired with additional SBC implementation approaches to facilitate behaviour change.

CHW Role: Using the community scorecard, CHWs can inform community members of malaria outcomes, promote opportunities to work with the community, and encourage use of health services at the community and facility levels. CHWs also can use the scorecard in service communication by encouraging a safe space for dialogue to address patient concerns and promote malaria prevention and treatment behaviours.

Care Group Model

The care group model is an SBC approach in which community-based volunteer peer educators (usually 10–15 within a community) conduct regular home visits to promote behaviour change. Each volunteer is responsible for regularly visiting their neighbours' households and sharing health information they learned from CHWs, health facility staff, implementing partners, and others. Care groups create a multiplying effect to equally reach beneficiary household members with behaviour change activities and messaging. These households then disseminate knowledge to more relatives and peers, thus creating a multiplying effect and reaching wide audiences with behaviour change activities and messaging.

Care group volunteers also provide great peer support, develop strong commitments to health activities, and help find creative solutions to challenges by working as a group. They also provide structure for a community health information system reporting on new pregnancies, births, and suspected malaria cases during home visits.

Key Strength of Care Group Models: The care group model reaches many people at the individual and household levels to promote behaviour change and refer household members to community and facility-based health services.

CHW Role: CHWs can provide care group members with information about malaria behaviours to be shared during home visits. CHWs may accompany care group members during home visits to answer questions about the health of household members and reinforce malaria behaviours. CHWs can integrate malaria SBC into the care group model to:

- Increase knowledge about malaria, insecticide-treated nets, malaria symptoms and testing, and treatment, including intermittent preventive treatment of malaria in pregnancy.
- Provide a referral to health facilities, as needed.
- Work with care group volunteers to change perceptions and beliefs and address rumours about malaria.
- Increase demand for malaria testing and treatment.
- Promote nightly use of insecticide-treated nets and proper behaviours for net care.

Coordination of Malaria SBC Activities

Why is Coordination Important?

Coordination between service delivery and SBC partners helps programs achieve desired behavioural and health outcomes by ensuring smooth operations and balancing supply and demand for services. This coordination prevents clients from showing up at a facility where services are not available, as well as under-use of services because clients do not understand their value or where to access them. By minimising confusion in activities and messages, clients better understand where to find support or are more likely to adopt and sustain the new behaviour.

Why Should Malaria SBC Activities be Harmonised?

Community members are more likely to change their behaviour when they hear a message multiple times, especially when the message comes from different sources. **SBC messaging and activities thus should be consistent and communicated in the same way from all sources.** Conflicting messages from different projects or individuals can confuse audiences, making it less likely they will change their behaviours.

Regardless of the SBC approach used, CHWs, health facility staff, national malaria control programs, implementing partners, and care groups should harmonise their SBC malaria messages to ensure they:

- Recommend the **same action** (e.g., sleep under an insecticide-treated net all night and every night).
- Participate in a peer group or community **support system** to sustain desired behaviours.
- Always provide **consistent information** - do not provide conflicting technical information.
- Use **similar terms and language.**

Often, service delivery and SBC implementing partners develop messages for CHWs to share. In these instances, partners can create an audience-specific inventory of key messages and recommended actions. Technical experts can review the messages for accuracy and get input from CHWs to ensure messages are understood at the community level. Once the inventory is complete, partners should meet to discuss inconsistent, conflicting, or inaccurate messages and agree on what needs to be changed, using the CHW input to make any necessary revisions.

A Note on Community-Led Monitoring

Where **community-led monitoring** is implemented, CHW trainers and supervisors should use the data as a resource for CHWs in their work. For example: The African Leaders Malaria Alliance (ALMA) community quality of care scorecards provide insight into the quality of CHW-supported health services provided to community members. Scorecard data are used by community members, government officials, and partners to create action plans addressing the issues identified, and community members monitor progress toward these actions. CHWs can use ALMA community scorecard data, action plans, and indicators of health services quality to tailor their work to address specific barriers to care and to improve relationships between health facilities and communities.

ACTIVITY

Aligning Malaria Messaging with Behavioural Determinants

In large or small groups during a CHW training, ask CHWs to create a list of the current malaria SBC messages being used in their communities. Match the messages to the behavioural determinants (i.e., reasons for adopting or resisting SBC) introduced in Module 1: Principles of Social and Behaviour Change.

Next, ask CHWs to consider how well the messages align with the reasons people adopt or resist healthy malaria-related behaviours. How can CHWs update messages or activities?