



Partnership
To End Malaria

**Community Health Worker Malaria
Social and Behaviour Change Toolkit**

**Module 4: Malaria Prevention,
Testing, and Treatment Behaviours
to Promote**

Social and Behaviour Change Working Group

Module 4: Malaria Prevention, Testing, and Treatment Behaviours to Promote

Module Objectives



- Learn how to understand key audiences.
- Learn about key behaviours to prevent and treat malaria.
- Understand barriers and facilitators of key malaria prevention and treatment behaviours.
- Learn how to use behavioural determinants to promote healthy behaviours.

Introduction

Community health workers (CHWs) have an important role in social and behaviour change (SBC) for promoting malaria prevention, testing, and treatment behaviours. This module describes key malaria-related behaviours and recommendations for CHWs to promote key messages and behaviours, which must be contextualized using local data to ensure relevance for CHWs' communities.

After a brief introduction on understanding community needs and a reminder of SBC key determinants (i.e., reasons for adopting and resisting behaviour change), this module covers the following behaviour categories:

- [Malaria Prevention Behaviours](#)
- [Malaria in Pregnancy](#)
- [Care Seeking for Malaria](#)
- [Testing for Malaria](#)
- [Malaria Treatment](#)



Ehtisham Husain

Pay special attention to the **SBC Key Behavioural Determinants** tables at the end of each section for detailed examples of how determinants fit into the topic and the programmatic activity recommendations.

Understanding Key Audiences and Needs

CHWs know their communities well, including the unique needs of its many different groups. Thus, before CHWs consider malaria-focused behaviours, they should work with their supervisors to identify key groups, their unique needs, and what might influence their malaria-related behaviours. For example, rural mothers of children under five, pregnant women, and urban youth all have different factors impacting their ability to prevent and seek care for malaria. The [Malaria and SBC Toolkit for Community and Faith Leaders](#) and [Step 2: Understand Your Audience](#)) can help in this task. Table 1 shows an example of a key audience worksheet.

Key Audience Worksheet

| Key audience (Add rows as needed for each key audience) | Member characteristics (Age, gender, marital status, number of children, education level, income, occupation, location, access to health facilities) | Effect of malaria on this group (Low, medium, or high) | Does your organization have a unique ability to reach and influence this audience? (Yes or no) | Can they make decisions about whether to adopt positive malaria behaviours? (Yes or no) |
|--|---|---|---|--|
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Review: Adopting or Resisting Social and Behaviour Change

In Module 1, you learned about reasons (**behavioural determinants**) to adopt or resist SBC, which encompass knowledge, attitudes, social norms, self-efficacy, response efficacy, and perceived risk. These determinants influence whether a new behaviour is adopted and maintained. Review Module 1 for more information about behavioural determinants.



Malaria Prevention Behaviours

Insecticide-Treated Nets

Sleeping under an insecticide-treated net (ITN) is one of the most effective malaria prevention methods. Everyone in a household should sleep under an ITN, especially children under five years old and pregnant women. ITNs work for all indoor and outdoor sleeping spaces, including beds and mats.

Access to an ITN is one of the biggest factors determining its use. According to the [ITN Access and Use Report](#), over 80% of people with access to an ITN in their household reported using one the previous night (learn more at [Compass for SBC](#)). Supervisors should ensure CHWs know about all ITN campaigns in their communities. By encouraging community members to register for mass distribution campaigns, attend antenatal care (ANC) and immunization programs, and purchase ITNs, CHWs can increase their use in the community.

CHWs should consider the following messages and behaviours in their ITN advocacy:

(**Note:** *If community members already regularly sleep under ITNs, focus on other behaviours such as access to enough nets and care of nets.*)



Every household member should sleep under an ITN every night.

Sleeping under an ITN is the easiest way to prevent malaria.

- Everyone in a household should sleep under an ITN every night and during every season.
- When traveling, bring and use an ITN, with extra rope to easily hang it wherever you are.
- Consistent use is key. Not sleeping under an ITN even one night can lead to malaria.



Properly care for and maintain ITNs.

As ITNs age, they become worn and require care.

- Tie up or fold your ITN and protect it from sunlight when not in use.
- When needed, wash your ITN with cold water and soap, rubbing gently. Do not use laundry detergent because it removes the insecticide.
- Always dry ITNs in the shade, not the sun.
- Keep ITNs away from children playing.
- Keep ITNs away from food and crops to protect it from bugs and rodents.



Get an ITN when there are not enough in the household or when a net needs to be replaced.

How can CHWs encourage community members to get ITNs?

- **Attend and participate in regional or country-wide ITN campaigns.**
 - SBC needs and CHW roles change depending on the stage of the campaign. *Before* an ITN distribution campaign, CHWs should mobilize households to register and attend. *During* the campaign, CHWs should use SBC messages to inform households about the distribution dates and sites and raise awareness about ITN use and care by encouraging them to sleep under ITNs every night. *After* the campaign, CHWs should continue to promote good ITN use and practices, including net care.
- **Attend and participate in ANC and vaccination service days to receive ITNs. ITNs are often given to pregnant women and children during ANC or vaccination days at local health centres.**
 - CHWs should encourage community members to attend ANC and vaccination services to receive ITNs. They should emphasize the importance and benefits to the whole family and encourage people to get an ITN for all household members and use it every night.
- **Prepare children to attend and participate in school ITN distributions. School distributions typically happen once a year and target specific years of primary school.**
 - The CHW role includes speaking to community members about the upcoming school ITN distribution. CHWs can describe the upcoming distribution and share with households what age group will be given an ITN. CHWs can work with families to remind school children to keep their ITN safe when taking it home to their parents (e.g., tell them to put it in their school bag, keep it off the ground and out of the sun, and bring it straight home). Encourage community members to properly care for ITNs and to share extra ITNs with family or neighbours in need.

What if the CHW's community does not plan an ITN distribution?

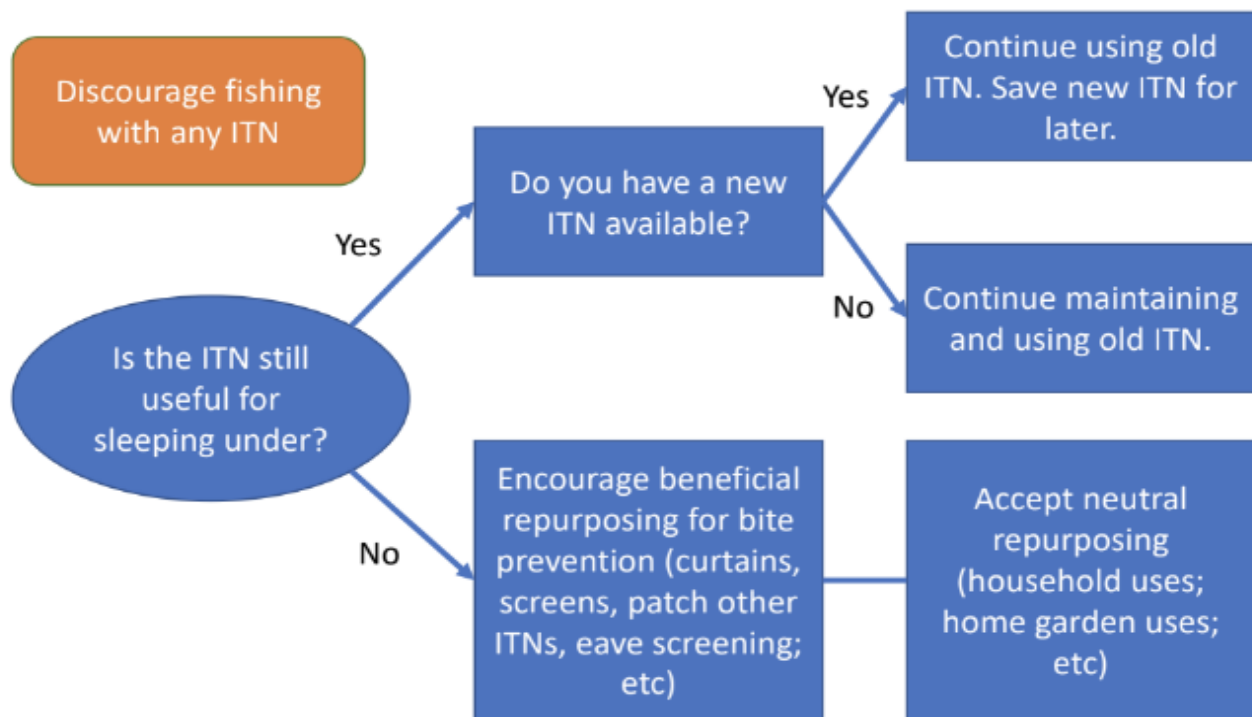
- Encourage households to purchase ITNs when necessary. In some communities, ITNs are available to purchase at a nearby market. CHWs should encourage families to invest in ITNs to protect their families. Purchasing an ITN can be a big decision, so CHWs can speak to community members about their benefits (e.g., ensuring adults don't miss out on income and children don't miss school due to illness, saving money on medical fees). CHWs can help families budget for an ITN, share where ITNs can be purchased, and encourage proper ITN care to extend the life of the ITN.
- Encourage households to share extra nets. Sharing ITNs with neighbours who do not have enough ITNs in their home increases protection for everyone. When more community members are covered by ITNs, mosquitoes cannot contract malaria from sick neighbours and spread it throughout the community. This is especially important for families with vulnerable members, such as pregnant women and children under age five.



Repurpose old ITNs in appropriate and beneficial ways.

It is natural for ITNs to get dirty and torn. Households may consider replacing and repurposing their old ITN. Below is a decision tree to help community members decide when to repurpose their ITNs.


Special Note: When discussing repurposing ITNs with community members, CHWs should promote beneficial ways to reuse nets, discourage harmful ways, and emphasize that new nets should never be repurposed, only old or expired nets. Harmful repurposing (e.g., fishing) can cause the insecticide from the net to wash off into food, ponds, or water sources and make people sick. If community members observe this harmful or inappropriate repurposing of a net, they may think it's okay to do so. Be very clear in your messaging.



[Consensus Statement on Repurposing ITNs: Applications for BCC Messaging and Actions at the Country Level](#)

| Beneficial: <i>Continues to act as a barrier against mosquito bites</i> | Neutral: <i>Does not prevent mosquito bites</i> | Harmful: <i>Hurts the environment or the community</i> |
|---|---|--|
| Make curtains. | Cover latrines. | Fishing nets |
| Construct window or door screening. | Protect seedlings. | |
| Stuff into open eaves or holes that lead to the outdoors. | Use as fencing. | |
| | Use for transporting and storing crops. | |
| | Screen poultry or animal enclosures. | |
| | Tear into strips for tying objects. | |
| | Use in sports activities (e.g., goals, nets). | |

RESOURCE



Consensus Statement on Repurposing ITNs: Applications for BCC Messaging and Actions at the Country Level

The RBM Partnership to End Malaria SBC WG and Vector Control Working Group alongside the Alliance for Malaria Prevention created this consensus statement on repurposing ITNs, including recommendations and SBC messaging.

<https://endmalaria.org/node/991/related-material?title=consensus>

ITN Behaviours Among Key Populations

School-aged children

In many countries, data continue to show that school-aged children have the lowest ITN use rate when households do not have enough ITNs. When children get too big to sleep in the same bed as their caretaker, they often sleep in spaces without an ITN. See the [ITN Access and Use Report](#) to learn more about ITN use by age group.

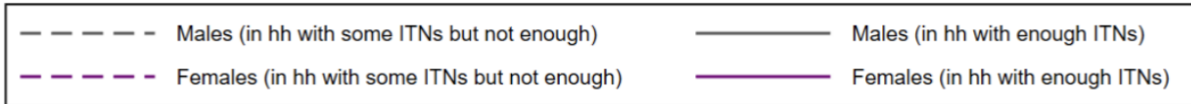
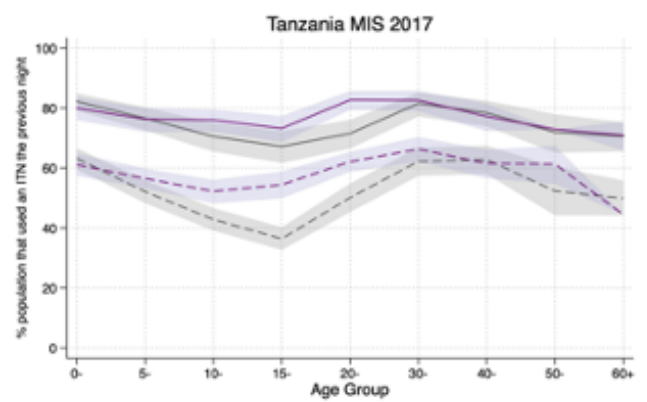
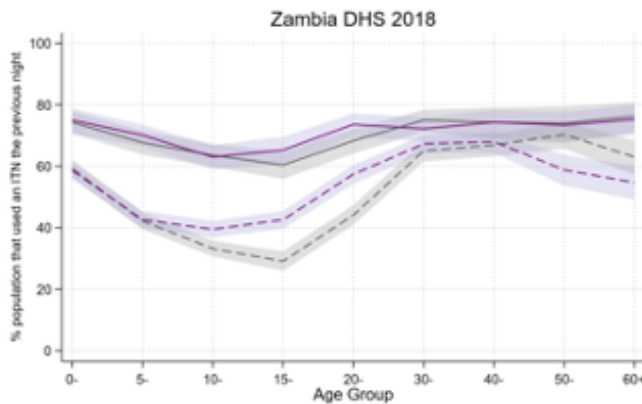
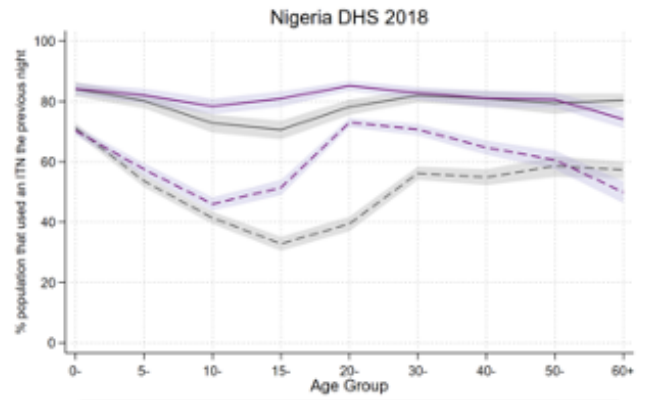
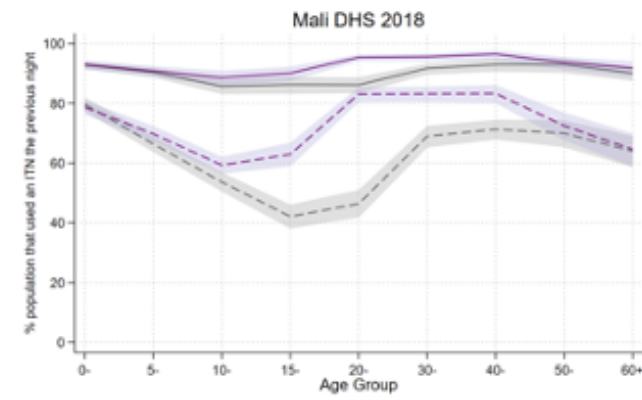
CHWs can pay special attention when visiting homes to ensure all household members, including children, are sleeping under ITNs every night and if not, encourage parents to obtain nets for everyone and offer strategies on how to do so. If children in the home are not sleeping under a net, CHWs should encourage parents to obtain nets for all their children and offer strategies on how to do so. If children are away at boarding schools, remind parents that these schools are sometimes skipped during ITN distributions, so parents should be sure they use a net every night at school.

Gender norms

Malaria campaigns often prioritize pregnant women and children under five sleeping under an ITN when there are not enough nets to cover all household members. When a household has enough ITNs, data show little difference in ITN use by gender; however, when there are not enough ITNs, young boys are often deprioritized. This can be due to factors such as puberty, cultural norms, and bed-sharing. See the [ITN Access and Use Report](#) to learn more.

CHWs can help household members obtain, purchase, or plan to purchase ITNs if they do not have enough. They should remind community members that everyone is at risk for malaria and should sleep under an ITN, including young boys and other groups that might be deprioritized in the community. *Review the graphs below from Mali, Nigeria, Zambia, and Tanzania on ITN use by age and gender.*

ITN Use by Age and Gender



ITN Access and Use Report

RESOURCE



The ITN Access and Use Report is an interactive website featuring data from Demographic Health Surveys, Malaria Indicator Surveys, and Multiple Indicator Cluster Surveys to present determinants of ITN use (gender, age, wealth quintile, and more). The website focuses on the ITN use:access ratio, an estimate of the proportion of the population using nets, among those who have access to one within their household.

<https://itnuse.org/>

SBC Key Behavioural Determinants for ITN Use

Many factors influence whether all household members sleep under an ITN every night, all year round, such as access to ITNs, behavioural determinants, and environmental factors (e.g., presence of mosquitos, feasibility of using a net when sleeping outdoors).

| Key Determinants for ITN Behaviours | Recommendations for CHWs |
|---|---|
|  <p>Knowledge: Understanding that malaria is caused by mosquitoes, where to acquire a net, the importance of nets.</p> | <p><i>Address misconceptions and rumours about ITNs.</i></p> <p><i>Share information about where to find nets.</i></p> <p><i>Encourage community members to obtain nets when available.</i></p> <p><i>Remind community members of the importance of using an ITN all night, every night of the year, even if there are few mosquitoes.</i></p> |
|  <p>Attitudes: Having positive attitudes toward net use and care.</p> | <p><i>Promote the protective value of net use.</i></p> <p><i>Share how nets have changed in the last few years to become more comfortable to sleep under.</i></p> |
|  <p>Social norms: Perceiving net ownership and use as a community norm.</p> | <p><i>Encourage community leaders and other decision makers to share stories about their own net use.</i></p> <p><i>Share stories (with permission) of neighbours' and CHWs' own positive net use behaviours.</i></p> |
|  <p>Self-efficacy: Having confidence to use nets properly and consistently, to obtain enough nets, and to prevent malaria.</p> | <p><i>Provide easy instructions for how to hang ITNs.</i></p> <p><i>Conduct demonstrations as part of community events (e.g., hanging under a tree, using sticks and poles stuck in the ground, hanging from ceiling beams or nails in walls).</i></p> <p><i>Help clients develop a plan for how to acquire nets, such as saving money over time to buy them.</i></p> |
|  <p>Response efficacy: Believing that nets effectively prevent malaria.</p> | <p><i>Share knowledge gathered from CHWs' experiences about how malaria rates in the community have changed as more people sleep under nets.</i></p> <p><i>Use CHWs' own experiences as examples or share testimonials from older members of the community (with permission) who remember when nets were used less frequently and more people became sick or died from malaria.</i></p> |
|  <p>Perceived risk: Perceiving severity of and susceptibility to malaria.</p> | <p><i>Ensure CHWs have access to local health facility data about malaria rates and malaria deaths.</i></p> <p><i>As part of SBC activities, ask clients about their own experiences with malaria and people they know who have lost their lives to malaria.</i></p> |

Barriers and Facilitators for ITN Use

When talking to community members about ITN-related behaviours, CHWs should be aware of the barriers to and facilitators of these behaviours among individuals and families. The table below lists some, but not all, potential barriers and facilitators CHWs may encounter in their work.

| Barriers to ITN Use | CHW Actions |
|--|---|
| Difficulty getting enough ITNs for everyone in the home to sleep under or hanging ITNs in the home, which can make it hard for community members to access or consistently use an ITN. | <i>Assist community members in finding enough ITNs, caring for their ITNs, and hanging ITNs in unique home settings where hanging can be difficult.</i> |
| Misconceptions about ITNs causing skin irritation, bringing bedbugs into the home, or causing illness. | <i>Remind community members that ITNs are safe for everyone, even children. ITNs do not cause bedbugs.</i> |

| Facilitators of ITN Use | CHW Actions |
|--|--|
| Awareness of people who are sick with malaria encourages commitment to preventing cases and saving lives in the community. | <i>Remind community members that malaria is a serious risk, all year, for everyone. Ask individuals or families about a time when they were sick or when they saw a family member or friend ill with malaria. What could that person have accomplished if they had not gotten malaria? Could they have not missed work or going to school? Did they have to spend money traveling to the clinic?</i> |
| Recent ITN distribution or easily available ITNs at community shops, health centres, and other accessible locations. | <i>If ITNs are easily available in the community, CHWs can help community members obtain one and begin sleeping under it immediately.</i> <i>If community members already regularly sleep under ITNs, CHWs can focus on behaviours related to having enough nets and proper care of nets.</i> |

Indoor Residual Spraying

Indoor residual spraying (IRS) is the process of spraying the inside of dwellings with an insecticide that kills adult mosquitoes and stops the spread of malaria. The sprayed insecticide remains active on the surface for at least four months after spraying, killing any mosquito that comes into contact with the residual spray, thereby interrupting the transmission cycle of malaria. IRS is safe, effective, and free. Consider the following behaviour and messages while promoting IRS in your community:



Accept Indoor Residual Spraying

CHWs hold the trust of their community and play a crucial role in ensuring households cooperate with IRS procedures and follow other malaria prevention measures even after the home has been sprayed. Households should follow the guidance of the spray operator, and CHWs should amplify these messages, which may include cleaning floors, windows, and door handles; not washing, painting, or plastering the inside of walls for a certain period; keeping animals, people, and belongings outside the home for two hours after IRS is applied; removing food and utensils from the house; and moving household items to the centre of the room and covering them. CHWs should promote the following IRS steps and behaviours:

- Accept IRS application when offered.
- Follow the instructions of the IRS operator (e.g., remove food and utensils from the house, move household items to the centre of the room and cover).
- Even after IRS, continue to sleep under an ITN.

SBC Key Determinants for IRS Behaviours

| Key Determinants for IRS Behaviours | Recommendations for CHWs |
|---|---|
|  <p>Knowledge: Understanding that malaria is caused by mosquitos and IRS kills mosquitos.</p> | <p><i>Explain to community members that IRS is safe for humans but kills mosquitoes, which are responsible for malaria.</i></p> <p><i>Remind community members that IRS is one of multiple strategies communities and households should use together to prevent malaria. Another one is sleeping under an ITN, even after IRS.</i></p> |
|  <p>Attitudes: Having a positive attitude toward IRS.</p> | <p><i>Promote the protective benefits of IRS. CHWs can share their own experiences with IRS, highlighting its safety, lack of negative health effects, and noticeably fewer mosquitos in their households.</i></p> |
|  <p>Social norms: Perceiving acceptance of IRS as a community norm.</p> | <p><i>Encourage community leaders and other decision makers to advocate for the whole community to accept IRS and reinforce its value to the community.</i></p> <p><i>Ask community leaders and other decision makers to share stories about their positive experiences with IRS and to set an example by allowing their home to be sprayed first.</i></p> <p><i>CHWs can share their own experiences with IRS and share testimonials from other community members (with permission) who have had positive experiences.</i></p> |
|  <p>Self-efficacy: Having confidence to prepare home for IRS and properly care for home after IRS.</p> | <p><i>Discuss with families any concerns regarding IRS. Share information from the Barriers: IRS Misconceptions, Rumours, and Concerns table below to address concerns and help families develop strategies to address them.</i></p> |
|  <p>Response efficacy: Believing that IRS works.</p> | <p><i>Remind community members that communities around the world participate in IRS campaigns because it is proven to work. If possible, share local and national data about how malaria rates have changed after IRS campaigns were introduced.</i></p> <p><i>Explain that IRS works best when the entire community participates by increasing the number of mosquitoes exposed to the insecticide.</i></p> |
|  <p>Perceived risk: Perceiving severity of and susceptibility to malaria.</p> | <p><i>Ensure CHWs have access to local health facility data about malaria rates and malaria deaths. As part of SBC activities, ask clients about their own experiences with malaria and people they have known who have lost their lives to malaria.</i></p> |

Barriers and Facilitators

Barriers to IRS acceptance include common misconceptions about health risks such as impotence, an increase in bugs, and more. CHWs should address these misconceptions by reinforcing messages that IRS is safe for people, including infants, but lethal to the mosquito that spreads malaria.

| Barriers to IRS | CHW Actions |
|--|---|
| False belief that IRS causes health issues such as impotence. | <i>Share that IRS is safe and has no associated health risks. IRS protects the community by killing mosquitoes that spread malaria.</i> |
| False belief that IRS draws bugs into the home. | <i>Share that IRS can irritate larger bugs already in the house, making them more visible. Although it may seem like more bugs are in the home, IRS actually kills mosquitoes and other bugs.</i> |
| Too much effort to remove items from home; embarrassment from showing possessions. | <i>Share that for IRS to be safe and effective, certain items must be removed, and everyone in the community follows the same process.</i> |
| Fear of letting a stranger into the home. | <i>Share that IRS operators are trained by the Ministry of Health to spray correctly without disturbing household items. A household member also can stay outside and monitor the spraying process.</i> <i>Sprayers spray multiple households in the same area at once, so neighbours can wait together during IRS applications. Often, sprayers are from the same area, so local leaders and community members can vouch for their safety and carefulness. In many countries, spray operators carry identification showing their training and role.</i> |

| Facilitators of IRS | CHW Actions |
|---|---|
| A trusted community leader creating a social norm around accepting IRS. | <i>CHWs can talk to their communities before IRS campaigns about the importance of accepting IRS and any concerns the community members may have.</i> |

Malaria in Pregnancy

Malaria in pregnancy is associated with 10,000 maternal deaths and 100,000 newborn deaths annually across the globe. Pregnant people are often unaware they are infected because malaria often does not show symptoms in pregnant people. Even without symptoms, malaria can cause serious health issues. Pregnant people are vulnerable to malaria because pregnancy reduces one's immunity, which can lead to higher rates of maternal anaemia, low birth weight, and increased risk of severe malaria, death, and stillbirth.

Antenatal care (ANC) visits are important to ensure a healthy pregnancy. Pregnant women should begin attending ANC as soon as they learn they are pregnant and regularly attend throughout their pregnancy. Intermittent preventive treatment of malaria in pregnancy (IPTp) during these visits and elsewhere in the community can protect pregnant people and their unborn children from malaria. IPTp can be taken with or without food and is helpful, not harmful, for mothers and their unborn babies. The medication may cause temporary nausea, which passes quickly and is not harmful to the mother or baby.

According to the 2022 World Malaria Report by the World Health Organization, 55% of those who attended ANC received IPTp dose 1, but only 35% received IPTp dose 3. CHWs can promote SBC by encouraging people to start attending ANC as soon as they know they are pregnant, to attend at least eight ANC contacts throughout their pregnancy (typically four ANC contacts at a health center and four contacts at the community level), to take IPTp at least three times, and to sleep under an ITN every night.

Learn more about saving lives of pregnant people and newborns by preventing malaria from the RBM Partnership to End Malaria's Malaria in Pregnancy Working Group, shown in the next two pages.

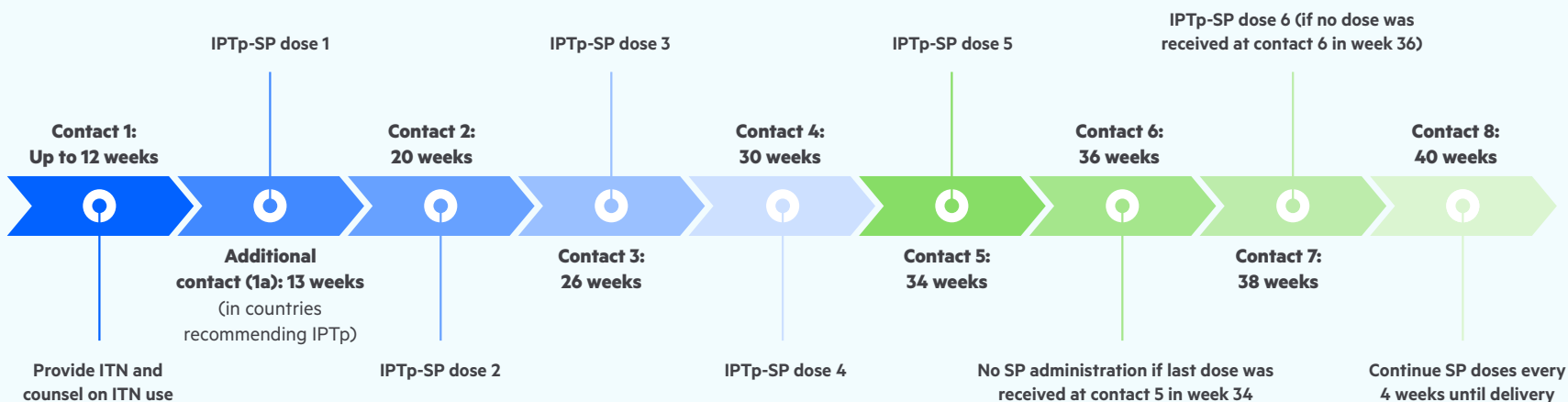


Saving Lives of Pregnant Women and Newborns in the Fight Against Malaria



ANC Contact Schedule and Illustrative Timing of IPTp-SP Administration

(To be adapted to country context, also considering disease burden and health needs, and applied flexibly at 4-week intervals from IPTp1)



To achieve their targets for malaria, country health systems must prioritize malaria in pregnancy, including IPTp programming by:



Prioritizing early and comprehensive ANC



Alleviating malaria supply chain bottlenecks



Strengthening health systems to support quality ANC



Ensuring consistency of MiP policies across malaria and reproductive health programs



Including key MiP indicators in routine information systems

¹World Health Organization. 2019. *World Malaria Report 2019*. WHO Global Malaria Programme. Geneva, Switzerland. WHO Press. <https://www.who.int/publications-detail/world-malaria-report-2019>
²Garner P, Gulmezoglu A. 2006. Drugs for preventing malaria in pregnant women. *Cochrane Database Syst Rev*. CD000169
³Bhutta et al. 2014. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *Lancet* 384(9910):317-370. doi: 10.1016/S0140-6736(14)0792-3
⁴World Health Organization. 2015. *Guidelines for the treatment of malaria*. 3rd ed. Geneva, Switzerland: WHO Press. <https://www.who.int/malaria/publications/atoz/9789241549127/en/>
⁵World Health Organization. 2016. *WHO recommendations on antenatal care for a positive pregnancy experience*. Geneva, Switzerland: WHO Press. https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

⁶See also President's Malaria Initiative, CDC, MCHIP, MCSP 2017, Treatment of uncomplicated malaria among women of reproductive age. <https://www.mcsprogram.org/resource/treatment-uncomplicated-malaria-among-women-reproductive-age-2/>
⁷Guidance for SP is specific to sub-Saharan Africa. See also Maternal and Child Survival Program. 2017. Toolkit to improve early and sustained uptake of intermittent treatment of malaria in pregnancy. <https://www.mcsprogram.org/resource/toolkit-to-improve-early-and-sustained-uptake-of-intermittent-treatment-of-malaria-in-pregnancy/>

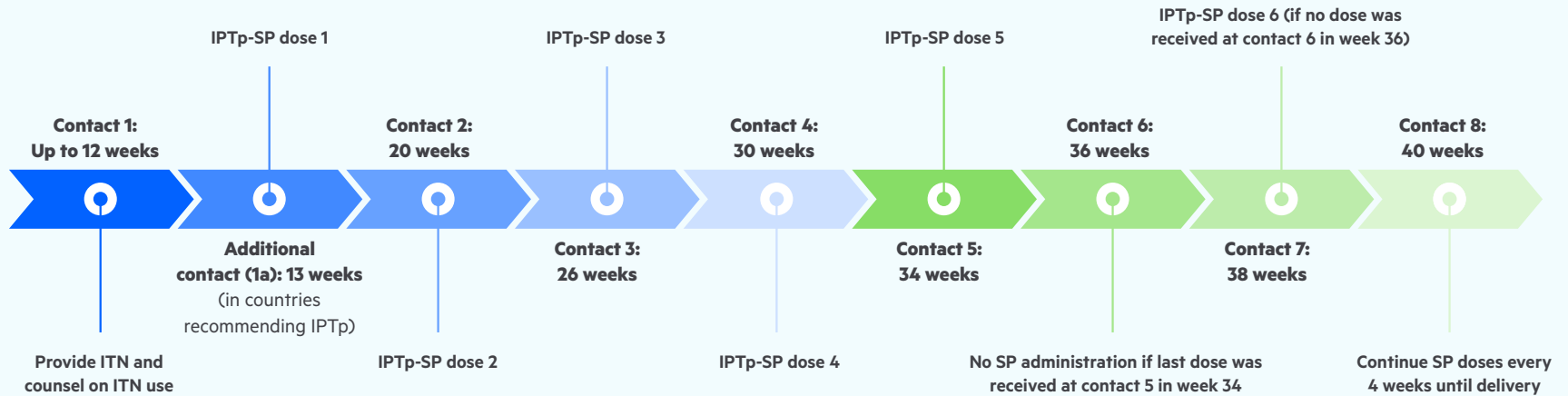


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⁴World Health Organization. 2015. *Guidelines for the treatment of malaria*, 3rd ed. Geneva, Switzerland: WHO Press. <https://www.who.int/malaria/publications/anc/978924154912/en/>
⁵World Health Organization. 2016. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: WHO Press. https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

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Prevention of Malaria in Pregnancy: Behaviours to Promote



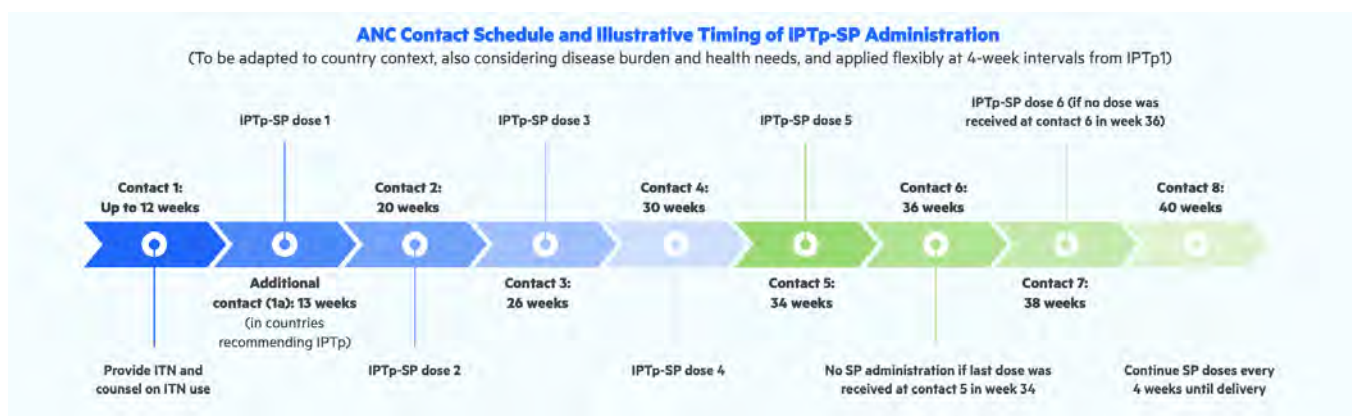
Attend early and regular ANC visits.

Pregnant people should book their first ANC visit within the first three months of pregnancy. The World Health Organization recommends a total of eight ANC visits during pregnancy.



Request and take IPTp at least three times during pregnancy, as indicated by your health care provider.

At least three doses of IPTp should be given throughout pregnancy, beginning as early as possible in the 2nd trimester. IPTp can be given during ANC and sometimes by CHWs. When possible, CHWs should directly observe clients taking IPTp (called direct observation therapy [DOT]) to ensure clients take the full dose. Health care providers and CHWs should help clients follow medication instructions, such as not taking IPTp with certain HIV medications. Antimalarial medication can be taken with or without food and is helpful, not harmful, for mothers and their unborn babies. Review this ANC and IPTp timeline to help clients plan their ANC visits:



Sleep under an ITN every night.

CHWs should remind pregnant women that it is especially important to sleep under an ITN during pregnancy. In many cases, ITNs are provided at the first ANC visit. If not, CHWs can help families find, purchase, or plan to purchase an ITN and remind families that the expense is well worth it to ensure a healthy mother and child.



Seek care immediately if you suspect you have malaria.

CHWs should remind pregnant women that it is important to seek care for malaria as soon as a pregnant woman suspects they have malaria. Malaria infection during pregnancy can lead to maternal anemia, premature delivery, delivery of low birth-weight infants, and other risk factors.

Focus on Key Populations

Gender Norms

Women who understand the importance of attending ANC may face barriers to care, such as lacking control of their own time or resources or being unable to make decisions about their own health without consulting their partners. CHWs can help mitigate these barriers by engaging male partners and other household decision makers, such as mothers-in-law, in discussions about the importance of ANC and IPTp. They can encourage partners of pregnant women to support them by ensuring they have time and transportation to attend ANC, by accompanying partners to ANC, by encouraging them to take IPTp, by ensuring they have food to prevent nausea, and by ensuring they sleep under an ITN every night.

SBC Key Determinants for Malaria in Pregnancy Behaviours

| Key Determinants for Malaria in Pregnancy Behaviours | Recommendations for CHWs |
|--|--|
|  <p>Knowledge: Understanding malaria can go undetected in pregnancy because malaria parasites can live in the placenta without causing symptoms.</p> | <p><i>Remind pregnant clients of the importance of early and regular ANC care to check for illnesses, even if they feel well.</i></p> <p><i>Encourage pregnant clients to seek immediate treatment for fever. Work with them and their partners to develop a plan to seek care for illness (e.g., saving money for transport, arranging care for other children).</i></p> <p><i>Remind pregnant clients to ask for IPTp and ITNs. CHWs can help them practice what to say if they feel nervous asking their health provider.</i></p> |
|  <p>Attitudes: Experiencing positive health care provider encounters and attitudes at ANC, having a positive attitude toward ANC and IPTp.</p> | <p><i>Encourage health care providers to counsel women on the importance of ANC.</i></p> <p><i>Tell engaging stories about how ANC leads to healthy mothers and babies.</i></p> <p><i>Encourage clients to ask questions about IPTp.</i></p> <p><i>Acknowledge client concerns about IPTp, such as harms to the baby or nausea, with empathy and compassion.</i></p> |
|  <p>Social norms: Perceiving pregnant women attending ANC and taking malaria precautions as community norms.</p> | <p><i>Encourage friends and family of pregnant women to discuss the importance of ANC attendance.</i></p> <p><i>Encourage community leaders and other decision makers to share their stories about ANC and healthy birth outcomes.</i></p> <p><i>Engage older women in the community as advocates for ANC, helping pregnant women avoid the risks they themselves may have faced.</i></p> |
|  <p>Self-efficacy: Having confidence to attend eight ANC visits (four at the local health center and four contacts at the community level), procure enough ITNs, and correctly and consistently sleep under an ITN every night.</p> | <p><i>Support pregnant clients, their partners, and other household decision makers to develop a plan to attend eight ANC visits (e.g., saving money for transport, finding help with household responsibilities on ANC visit days).</i></p> <p><i>Provide easy instructions for how to hang and dip nets (e.g., conduct demonstrations at community events).</i></p> <p><i>Help clients develop a plan to acquire ITNs (e.g., saving money to buy one).</i></p> |
|  <p>Response efficacy: Trusting the effectiveness of ANC visits, IPTp, and ITNs to protect against malaria.</p> | <p><i>Share health centre data about how malaria rates have changed as more women attend ANC early and use IPTp.</i></p> <p><i>Seek testimonials from women who have had positive pregnancy outcomes since beginning ANC and using IPTp.</i></p> <p><i>Share knowledge gathered from CHW experience about how malaria rates in the community have changed as more people started sleeping under nets. CHWs can use their own experiences as examples.</i></p> |



Perceived risk: Perceiving the severity of and susceptibility to malaria.

Ensure CHWs have access to local health facility data about malaria rates and malaria deaths.

As part of SBC activities, ask clients about their own experiences with malaria and people they have known who have lost their lives to malaria.

Increase perceptions of the severity of having malaria during pregnancy by featuring testimonials by women who have experienced a preventable malaria crisis during pregnancy. Always ensure to increase self-efficacy to prevent malaria while increasing perceived risk.

Barriers and Facilitators

Consider the following potential barriers to and facilitators of obtaining ANC and IPTp and sleeping under an ITN every night. What other barriers and facilitators exist in the community?

| Barriers to ANC | CHW Actions |
|--|---|
| Living far from a health centre or ANC location. | <i>Help pregnant clients plan their travel to the local health centre for ANC, including assisting in finding transportation and in arranging childcare.</i> |
| Fear of visiting a health centre. | <i>Discuss questions to ask at the health centre, including about IPTp and other needed medications. Share what to expect during an ANC visit.</i> |
| Conflicting demands in the household (chores, work, caring for children) and not having time to visit a health centre. | <i>Help pregnant women plan to attend eight ANC contacts, as recommended by the World Health Organization. Help them understand the importance of attending ANC to check on the pregnancy and receive medication to prevent malaria during pregnancy.</i> |
| Local norms preventing women from receiving ANC as soon as they suspect they are pregnant, such as fear of announcing pregnancy too early. | <i>Remind women about the importance of early ANC to check on the pregnancy and receive medication to prevent malaria to protect themselves and their baby.</i> |

| Facilitators of ANC | CHW Actions |
|---------------------|--|
| Sense of community. | <i>Remind women that by attending ANC, they will be surrounded by other women who are expecting, taking the same medications, and experiencing similar things. This can help build a sense of community.</i> |

Malaria in Pregnancy Technical Brief: Trends from the Malaria Behavior Survey

RESOURCE



“This technical brief summarizes three compelling trends in Malaria Behavior Surveys implemented in Benin, Cameroon, Côte d’Ivoire, the Democratic Republic of the Congo, Malawi, and Sierra Leone, which were fielded between 2018 and 2021. Finally, this technical brief includes evidence-based recommendations for using SBC to increase uptake of IPTp and ANC based on these data trends.”

<https://breakthroughactionandresearch.org/malaria-in-pregnancy-trends-from-the-malaria-behavior-survey/>

Care Seeking for Malaria

Malaria is deadly. Symptoms should be taken seriously. Seeking care immediately when malaria symptoms arise ensures prompt treatment, avoids complications, and prevents deaths from a treatable disease. Malaria can progress very quickly, especially in children under five years old, and it can turn deadly within 24 hours. Many other conditions and diseases cause similar symptoms to malaria, however, so a malaria test is the only way to confirm a malaria diagnosis and get treated correctly.




Both CHWs and community members need to recognize the signs and symptoms of potential malaria infection and the importance of seeking care within 24 hours of the start of fever to prevent severe malaria and death, especially for pregnant people, children under five, and other vulnerable groups.




Malaria Care-Seeking Behaviours

Know the symptoms of malaria and seek care for fever within 24 hours from a qualified provider (including a CHW or health centre staff).

Malaria is a serious illness. Community members need to be able to recognize the symptoms of malaria and seek immediate care so that health centre staff or a CHW can diagnose the illness and provide treatment as quickly as possible. Prompt care is especially important for children under five years old. Within 24 hours of a child's fever, parents should seek a qualified health provider in the community or at a health facility for testing and treatment. Malaria progresses quickly, especially in young children. Prompt care can prevent severe malaria and death. CHWs should tell their community where they can go for malaria testing.

SBC Key Determinants for Malaria Care Seeking

| Key Determinants for Malaria Care Seeking | Recommendations for CHWs |
|---|--|
|  <p>Knowledge: Knowing malaria symptoms, understanding a mosquito bite causes malaria.</p> | <p><i>Remind community members about the symptoms of malaria.</i></p> <p><i>Emphasize importance of seeking care within 24 hours of fever onset.</i></p> <p><i>Emphasize importance of taking treatment only if malaria is confirmed by a positive test.</i></p> |
|  <p>Attitudes: Positive feelings toward health care providers, testing, and medication.</p> | <p><i>Emphasize importance of seeking care from a formal health provider, including CHWs but not traditional healers.</i></p> <p><i>Discuss reasons clients may be uncomfortable with formal providers and help develop strategies to address concerns.</i></p> <p><i>Emphasize availability and simplicity of getting rapid diagnostic testing and artemisinin-based combination treatments from formal health sector sources, including CHWs.</i></p> <p><i>Discourage buying medicines from unlicensed sellers.</i></p> |
|  <p>Social norms: Perceiving care-seeking behaviours, especially for children, as community norms.</p> | <p><i>Encourage community leaders and other decision makers to advocate for early care seeking for malaria symptoms.</i></p> <p><i>Share personal or community stories (with permission) about early care seeking and the resulting positively.</i></p> |

| | |
|--|---|
|  <p>Self-efficacy: Having confidence to recognize malaria symptoms and to prevent and treat malaria.</p> | <p><i>Emphasize the need to take every fever seriously.</i></p> <p><i>Emphasize that fever is not always present for malaria.</i></p> <p><i>Remind caregivers they know their child best. If something seems wrong, seek advice and a rapid diagnostic test to exclude (or treat) malaria</i></p> <p><i>Support families in their plan to seek care within 24 hours of onset of malaria symptoms (e.g., saving money for transport, arranging emergency childcare).</i></p> |
|  <p>Response efficacy: Having confidence in the ability to seek malaria treatment at a health facility.</p> | <p><i>Emphasize malaria is simple to diagnose and treat at a health facility and such care is usually free for children under five.</i></p> |
|  <p>Perceived risk: Perceiving the severity of and susceptibility to malaria.</p> | <p><i>Emphasize how malaria can progress quickly and a person with untreated malaria can get seriously ill and die within days.</i></p> <p><i>Remind clients that affordable, high-quality medicines are available to everyone in the formal health sector.</i></p> |

Barriers and Facilitators

The tables below list potential barriers to and facilitators of immediately seeking care for fever or other malaria symptoms. What other barriers and facilitators exist in the community?

| Barriers to Malaria Care Seeking | CHW Actions |
|---|---|
| <p>Not knowing malaria tests and medication are free (if this is the case in your community) or concerns about affording costs to travel to a health centre or pay for medications.</p> | <p><i>Remind community members that visiting a health centre and receiving a malaria test and treatment is free (if true in your community).</i></p> |
| <p>Negative past experiences with health care seeking.</p> | <p><i>Remind individuals that care seeking is vital to quickly curing malaria.</i></p> <p><i>Share what people can expect when visiting a health centre.</i></p> <p><i>Offer to visit the health centre with the client to mitigate fears of a negative experience.</i></p> |

| Facilitators of Malaria Care Seeking | CHW Actions |
|---|--|
| <p>Availability of CHWs or community-based individuals to test for malaria.</p> | <p><i>Remind community members that seeking care can be as easy as visiting a neighbour (if this structure exists).</i></p> <p><i>Ensure community members know where to go in neighbourhood to seek care. Such places are often nearby.</i></p> |

Testing for Malaria

A malaria test is the only way to know if a person has malaria. Malaria can be diagnosed through rapid diagnostic tests (RDTs) or microscopy. If a malaria test is positive, malaria treatment should begin immediately. If a malaria test is negative and the community member has symptoms, they should be referred to the nearest health facility for additional testing and treatment. Health care facilities use malaria RDTs or microscopes to tell if a person has malaria. In some countries, CHWs can administer RDTs, or they can refer the community member to the nearest clinic for a test. The nearest health centre should guide the referral process, and CHWs and CHW supervisors should reinforce this process.

Malaria tests are important to get proper treatment and recover fully. SBC messages can be used to emphasize the importance of malaria testing as the only way to know if someone has malaria. CHWs should encourage community members to get tested whenever they have malaria-like symptoms and then follow all treatment instructions. Treatment should be given only if the person has a positive malaria test confirmed by a CHW or health worker at a health facility.

Malaria Testing Behaviours









Request a malaria test and respect the test results.

A blood test is the only way to know if someone has malaria, and test results should be trusted. Malaria medication should be taken only if the person has a positive malaria RDT result, and the medication should be procured only from a health centre, hospital, or official drugstore. If a test shows a negative result, the person should be assessed for other illnesses. Do not self-medicate or use alternative medicines to treat malaria.

CHWs play an important role in test result adherence. Research shows that CHWs are more likely to adhere to guidelines when testing and treating community members than providers with more years in service and higher educational training. Often, CHWs believe administering malaria RDTs boosts their legitimacy. CHWs must adhere to local guidelines when providing RDTs. For example, community members with a negative malaria test result should be referred to a health facility for assessment of other causes of fever and further management.

SBC Key Determinants for Malaria Testing

| Key Determinants for Malaria Testing | Recommendations for CHWs |
|---|--|
|  <p>Knowledge: Understanding malaria tests work, are the only way to tell if someone has malaria, and should always be positive before treatment is given.</p> | <p><i>Remind community members to receive a malaria test before treatment is initiated in all cases of fever to ensure the right medicine is administered.</i></p> <p><i>Encourage health care providers to counsel clients on the need to be tested to ensure they receive the right treatment.</i></p> |
|  <p>Attitudes: Trusting in availability and accuracy of tests and the need to get tested before being treated.</p> | <p><i>Make malaria testing a community norm by emphasizing how it ensures good treatment outcomes.</i></p> <p><i>Emphasize how malaria RDTs are available in the community to test all suspected malaria cases before treatment.</i></p> <p><i>Ensure easy access to testing in the community.</i></p> <p><i>With permission, share stories about clients who thought they had malaria but tested negative and were treated with the correct medication.</i></p> |

| | |
|---|---|
|  <p>Social norms: Perceiving community norm is to get a malaria test at first sign of symptoms.</p> | <p><i>During malaria events (e.g., screenings, World Malaria Day), encourage community leaders to lead by example and be publicly tested.</i></p> |
|  <p>Self-efficacy: Having confidence to seek a malaria test.</p> | <p><i>Help clients know where to go for testing.</i></p> <p><i>CHWs who provide test should remind clients they can bring a test to the client's home so they do not need to go to the clinic.</i></p> <p><i>If tests must be done at a facility, discuss barriers to testing (e.g., lack of money for transport, lack of time to go to the clinic) and help develop strategies to address them.</i></p> <p><i>Emphasize the need to take testing seriously and get a test immediately for any fever before starting any treatment.</i></p> |
|  <p>Response efficacy: Believing that malaria tests work.</p> | <p><i>Reassure clients that RDTs are reliable and approved by WHO and Ministry of Health before being distributed to health facilities for use.</i></p> <p><i>Share messages about the accuracy and reliability of malaria RDTs at community events such as sports events, funerals, church functions, and local administration meetings.</i></p> <p><i>Share health facility data on the percentage of positive and negative RDTs and the different treatment plans for each. Personal anecdotes can also be used here.</i></p> |
|  <p>Perceived risk: Perceiving malaria as serious and testing as the only way to know for sure that symptoms are from malaria.</p> | <p><i>Emphasize the seriousness of misdiagnosis of malaria and how the patient may die if treatment is delayed.</i></p> <p><i>Explain if malaria is not confirmed and treated appropriately, it can lead to resistance to commonly available malaria drugs.</i></p> <p><i>Remind community members that many illnesses mimic malaria so testing is the only way to confirm and receive the correct treatment. Treatments for malaria and for illnesses that mimic malaria are different.</i></p> |

Barriers and Facilitators

Consider the following potential barriers and facilitators to malaria testing. What other barriers and facilitators exist in the community?

| Barriers | CHW Actions |
|-------------------------------|--|
| Distrust of health providers. | <i>CHWs can build trust in health providers by offering personal stories or sharing what clients can expect when they visit a health provider.</i> |

| Facilitators | CHW Actions |
|---------------------------------------|--|
| CHWs trained to give malaria testing. | <i>CHWs who provide at-home malaria testing should remind clients they can receive a malaria test at home or at the CHW's home, which eliminates the barrier of clients having to travel to a health centre.</i> |

Malaria Treatment

Prompt, appropriate, and complete treatment of malaria is important to cure the disease and prevent severe illness. To fully recover from malaria, it is important to follow the prescribed treatment from a health provider or CHW. CHWs need to remind patients of the importance of adhering to treatment, of taking the full regimen prescribed, and of procuring medication from official locations only.

Remind community members how it is important to finish the entire course of the prescribed treatment, even if they start to feel better. If the medication causes adverse effects, a health provider may be able to prescribe a different medication or advise on strategies for reducing the adverse effects (e.g., taking the medicine with food). Reassure clients to not be afraid if they vomit but to check if the entire pill came back up, in which case they may need to take another pill and perhaps crush it into food.

Pre-Referral Intervention using Artesunate Rectal Capsules

Artesunate rectal capsules can be administered by a CHW, where available, to children aged six months to six years immediately before referral to a higher level of care. The child must meet the following criteria:

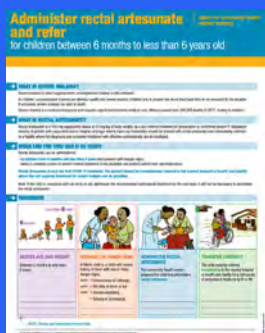
- Has a fever or recent history of a fever.
- Exhibits at least one symptom of severe malaria infection.
- Resides in an area where full treatment is not available.

CHWs providing this intervention must be well-trained to identify danger signs and execute an effective referral. Artesunate rectal capsules increase a child's chances of survival when used as a pre-referral intervention because the artesunate starts to attack the malaria parasites during transfer to a higher level of care. The child must be sent immediately to a health centre because rectal artesunate is only meant to keep the child from getting sicker as they are transported to the clinic.

CHWs play an important role in ensuring families understand the importance of seeking immediate treatment. A child must go to a health facility for continued treatment as soon as possible. CHWs and supervisors should consult the local health facility to understand rectal artesunate procedures and how a CHW can best support this process.

Artesunate Rectal Capsules Toolkit

RESOURCE



“Medicines for Malaria Venture has developed training materials to illustrate step-by-step the correct use of RAS. MMV worked in collaboration with a research agency in public health to interview health workers in Malawi and Senegal to evaluate ease of user understanding of the materials. Revised versions that incorporated lessons learned were tested daily over two weeks, to ensure that the final training materials meet the needs of health personnel who are often the first point of contact in the healthcare system for patients with severe malaria.”

<https://www.mmv.org/access/tool-kits/artesunate-rectal-capsules-tool-kit>

Malaria Treatment Behaviours



Accept malaria treatment after a positive malaria test.

If malaria is diagnosed, the patient should adhere to the prescribed treatment. Malaria can be cured only by taking the prescribed treatment.



Finish the entire malaria treatment prescribed by your health provider or CHW.






Even if symptoms improve, it is important to complete the full regimen of the prescribed treatment. The only way to completely cure malaria is to complete the entire treatment.



Obtain medication from HCWs, pharmacies, licensed drugstores, or health centres.

Malaria medication should be obtained from appropriate sources only. Avoid home remedies, treatments suggested by traditional healers, or loose pills sold by unlicensed sellers.

SBC Key Determinants for Malaria Treatment

| Key Determinants for Malaria Treatment | Recommendations for CHWs |
|---|--|
|  <p>Knowledge: Understanding malaria can be treated with medication from an official provider.</p> | <p><i>Ensure clients know how to seek treatment for febrile illness at a health facility or from a CHW.</i></p> <p><i>Explain risks of seeking treatment from a traditional healer (e.g., expired or inappropriate medication).</i></p> |
|  <p>Attitudes: Believing in health provider's ability to treat malaria in general and compared to that of a traditional healer.</p> | <p><i>Discuss reasons why clients may prefer a traditional healer instead of a formal health provider, such as previous mistreatment from health providers, lack of availability, travel barriers). Acknowledge concerns with empathy and help them to develop a plan to address them.</i></p> <p><i>Encourage clients to ask questions while at the health facility. Remind providers to acknowledge client concerns with empathy and compassion.</i></p> <p><i>Remind community members that health providers are trained in malaria testing and treatment and have high-quality, accurate tests</i></p> |
|  <p>Social norms: Believing prompt treatment and seeking treatment from a health facility, instead of a traditional healer, are community norms.</p> | <p><i>Encourage community leaders to advocate for seeking care for malaria from formal health providers. Be sensitive to traditional providers' roles in the community.</i></p> |
|  <p>Self-efficacy: Having confidence to seek malaria treatment from a formal service provider.</p> | <p><i>Discuss barriers to seeking treatment at a formal health provider (e.g., lack of money, lack of time) and help develop strategies to address them.</i></p> <p><i>Ensure CHWs are trained to identify danger signs and to effectively refer patients to higher care when needed.</i></p> |
|  <p>Response efficacy: Trusting that malaria treatment from formal health providers is effective.</p> | <p><i>Remind community members malaria medicine is safe and effective.</i></p> <p><i>Share health facility data about the number of clients who sought treatment for malaria and recovered.</i></p> |



Perceived risk: Believing malaria needs to be treated with official medication and that serious health problems can happen if malaria goes untreated or if unofficial and alternative medicine is taken.

Remind community members to avoid counterfeit and non-quality assured drugs on the market, particularly from informal providers.

Remind community members how even uncomplicated malaria can become severe and cause permanent health issues or death if untreated or undertreated.

Barriers and Facilitators

Consider the following potential barriers and facilitators to receiving and accepting malaria treatment. What other barriers and facilitators exist in the community?

| Barriers to Malaria Treatment | CHW Actions |
|--------------------------------------|---|
| Preference for traditional remedies. | <i>CHWs can build trust in malaria medication by explaining that only medication from a health worker can cure malaria.</i> |
| Facilitators of Malaria Treatment | CHW Actions |
| Strong care-seeking social norms. | <i>Community members who see neighbours, friends, and family seeking immediate care for malaria symptoms from a health centre or health care provider help establish a community norm. CHWs should remind community members of this social norm and build on it by helping individuals understand what to expect at the local facility and where to get trusted medicine.</i> |

Special Note: Elimination Settings

In areas with low transmission of malaria, malaria SBC must be tailored to the unique challenges and opportunities presented. Use and uptake of malaria interventions and other malaria behaviors may differ in areas with low transmission, which changes the types of interventions needed to sustain low transmission and near malaria elimination. Learn more about malaria SBC considerations for areas transitioning from high to moderate to low, very low, and zero malaria transmission using the resource below.

SBC Considerations for Areas Transitioning from High and Moderate to Low, Very Low and Zero Malaria Transmission

RESOURCE



“This document describes ways in which program planners and implementers might tailor their efforts to specific malaria transmission strata and suggests a number of operational research questions. Three case studies exemplify considerations raised and describe the role of SBC in strengthening the fight against malaria.”

<https://healthcommcapacity.org/hc3resources/social-behavior-change-considerations-areas-transitioning-high-moderate-low-low-zero-malaria-transmission/>

Annex: Additional Behaviours to Promote Where Relevant

Seasonal Malaria Chemoprevention

Seasonal malaria chemoprevention (SMC) is an effective method for preventing malaria in children in certain regions, particularly during periods of peak malaria transmission. Typically, a distributor administers the first dose of SMC or instructs a caregiver or CHW on how to do so. A course of sulfadoxine-pyrimethamine and amodiaquine is given once a month for three days (at the same time of day) over 3–5 months. All eligible children (usually ages 3–59 months) receive treatment during mass campaigns, unless they have a fever, in which case they are referred to a health centre or tested for malaria on the spot and treated with artemisinin-based combination treatment. After they recover, these children then start SMC as appropriate. CHWs can help identify children in their communities who qualify for this treatment. CHWs can answer questions, address concerns, and remind caregivers to carefully follow guidelines shared by the distributor.

SMC Behaviours to Promote



Follow all SMC instructions and continue other malaria prevention measures, like sleeping under an ITN.

CHWs should promote adherence to the full SMC regimen in their communities. They should reinforce SBC messages and encourage community members to continue other malaria control measures during SMC programs by explaining how SMC programs are an additional form of malaria prevention, not a replacement. CHWs also should remind parents to make sure children receive the full and correct dose each month, according to the guidelines from the distributor, for maximum protection. The medicine is typically safe and does not cause any harm. Side effects may include:

- Minor, non-life-threatening symptoms such as nausea, vomiting, abdominal pain, diarrhoea, headache, fever, vertigo, and drowsiness. The caregiver should be advised to seek medical advice if these symptoms are severe or persist beyond a few days, especially diarrhoea.
- Severe, possibly life-threatening side effects such as rash, itching, and burning of the skin, photosensitivity, hair loss, and swelling or inflammation. If these symptoms occur, the caregiver should seek immediate medical attention.

Focus on Key Populations

Children







It might be difficult to encourage children to take SMC consistently. CHWs can talk to caregivers about the importance of giving their children the full regimen and share techniques to ensure the full dosage is taken.

Gender norms

CHWs should consider local gender norms when emphasizing the importance of SMC in their communities. Male and female caregivers play important roles in their household's decision-making, including SMC acceptance. For example, in cases where women are the main caregivers of children (e.g., giving medication) and men are the main decision makers, CHWs can help women understand SMC guidance and ensure their children adhere to the full regimen. They can encourage male partners to support SMC (e.g., ensure partners have access to health cards and other health documents needed to receive medication, support partners in getting children to take their medicine correctly and on time).

In many countries, SMC workers are men, which may make it difficult for female caregivers to interact with them, ask questions, and let them into their homes. CHWs can explain the process to caregivers ahead of time and let them know they do not have to let the worker into their homes. CHWs also can work with SMC workers to ensure they understand local gender norms and approach female caregivers appropriately.

SBC Key Determinant for SMC Behaviours

| Key Determinants of SMC Behaviours | Recommendations for CHWs |
|---|---|
|  <p>Knowledge: Understanding malaria can be prevented through SMC.</p> | <p><i>Provide facts about how and why SMC works using easy-to-understand language.</i></p> <p><i>Emphasize importance of adhering to the full SMC regimen.</i></p> <p><i>Addressing misconceptions and rumours about SMC promptly.</i></p> |
|  <p>Attitudes: Feeling positive about malaria prevention treatment and SMC.</p> | <p><i>Encourage clients to ask questions about SMC and acknowledge their concerns (e.g., worries about making children feel sick) with empathy and compassion.</i></p> |
|  <p>Social norms: Perceiving community members participating in SMC as a community norm.</p> | <p><i>Encourage community leaders and other decision makers to advocate for the whole community to participate in SMC and reinforce its value to the community.</i></p> <p><i>Talk in general terms to clients about how most families in the community accept SMC or get permission to share others' stories. CHWs also can share personal experiences with SMC.</i></p> |
|  <p>Self-efficacy: Having confidence to properly take antimalarial treatment.</p> | <p><i>Discuss with caregivers what barriers exist to giving all doses of SMC (e.g., lack of clean water, forgetting dosages) and help them develop strategies to address them.</i></p> |
|  <p>Response efficacy: Believing SMC is effective to treat and prevent malaria.</p> | <p><i>Share data about how malaria rates in the community have changed since SMC campaigns began.</i></p> <p><i>Ask clients to think about their own childhood experiences with malaria before SMC. CHWs can also use their own experiences as an example.</i></p> |
|  <p>Perceived risk: Perceiving severity of and susceptibility to malaria.</p> | <p><i>Ensure CHWs have access to local health facility data about malaria rates and malaria deaths. As part of SBC activities, ask clients about their own experiences with malaria and people they have known who have lost their lives to malaria.</i></p> |

Mass Drug Administration and Mass Screen and Test for Malaria

Mass drug administration (MDA) and mass screen and test (MSaT) programs for malaria are effective ways to treat and prevent malaria in select regions and countries. MDA campaigns aim to provide malaria medication to every eligible member of a community, and treatment is administered even if symptoms are not present. A malaria test does not need to be given during MDA campaigns because everyone eligible is treated, even if they are not diagnosed with malaria. MSaT interventions consist of testing every member of the community and treating only those who test positive for malaria. Both campaigns aim to cure all symptomatic and asymptomatic cases to prevent the spread of malaria

throughout the community. If MDA or MSaT are offered, CHWs should carefully follow the guidance of the campaign staff.

MDA/MSaT Behaviours

 **Follow all MDA and MSaT program instructions and continue malaria prevention measures, like sleeping under an ITN.**




MDA and MSaT do not replace current malaria control measures, such as case management, vector control, testing and treatment, and sleeping under a net. During MDA and MSaT campaigns, CHWs should reinforce SBC messaging and promote the continuation of all malaria control measures.

Focus on Key Populations

Gender Norms

CHWs are the most familiar with gender norms in their communities and can identify potential barriers to MDA adherence relating to these norms. The following table lists the SBC key determinants:

SBC Key Determinants for Malaria Treatment

| Key Determinants of MDA/MSaT Behaviours | Recommendations for CHWs |
|---|--|
|  <p>Knowledge: Understanding malaria can be treated, routine MDA treatment can protect the entire community, and people without symptoms can have malaria and spread it to others if they are bitten by a malaria-transmitting mosquito.</p> | <p><i>Explain why someone who is not showing symptoms should still participate in MDA programs.</i></p> <p><i>Emphasize importance of continuing all malaria control measures during MDA and MSaT programs.</i></p> |
|  <p>Attitudes: Having positive feelings about malaria treatment and MDA.</p> | <p><i>Encourage clients to ask questions about MDA and acknowledge their concerns (e.g., worries about taking medicine when a person does not feel sick) with empathy and compassion.</i></p> <p><i>Explain how if MDA eliminates malaria parasites from all people in a community, then mosquitos can no longer spread the disease.</i></p> |
|  <p>Social norms: Perceiving people participating in MDA as a community norm.</p> | <p><i>Community leaders and CHWs can demonstrate safety of the medicine by taking their first dose during a community meeting.</i></p> <p><i>Share key messages with community leaders, such as the importance of all eligible community members participating in MDA campaigns. Explain how those who are not treated endanger others by potentially spreading malaria parasites to mosquitos, which then spread the disease to people.</i></p> |
|  <p>Self-efficacy: Having confidence to adhere to proper antimalarial treatment.</p> | <p><i>Discuss with clients and caregivers any barriers to adhering to MDA programs (e.g., lack of clean water, forgetting doses) and help them develop strategies to address them.</i></p> |



Response efficacy: Believing MDA is effective to treat and prevent malaria.

Share data about how malaria rates in the community have changed since MDA programs began. Ask clients to think about their own childhood experiences with malaria before the MDA programs. CHWs also can use their own experiences as an example.

Remind clients MDA medicine is safe and effective, administered by trained health workers, and provides month-long protection against malaria infection.



Perceived risk: Perceiving severity of and susceptibility to malaria.

Ensure CHWs have access to local health facility data about malaria rates and deaths. As part of SBC activities, ask clients about their own experiences with malaria and people they have known who have lost their lives to malaria.