



**Partnership**

To End Malaria

# Community Health Worker Malaria Social and Behaviour Change Toolkit

## Module 5: Monitoring and Assessing Behaviours in the Community

Social and Behaviour Change Working Group

# Module 5: Monitoring and Assessing Behaviours in the Community

## Module Objectives



- Explain why it is important for CHWs to monitor and assess behaviours in community-level SBC programs.
- Define and describe priority malaria SBC indicators.
- Identify data sources for SBC indicators at the community level.
- Understand how to use monitoring data to inform how CHWs promote malaria prevention and control behaviours and to improve service communication.

## Why is it Important to Monitor and Assess Behaviours?

**User Note:** This module is primarily for supervisors of CHWs and managers of CHW programs to inform how they can contribute to monitoring SBC indicators, especially in terms of changing behaviours at the community level.

Uptake of malaria prevention and control behaviours (e.g., consistent mosquito net use, prompt care-seeking, compliance with referrals, and adherence to treatment) at the community level is key to reducing malaria cases. CHWs play critical roles in promoting these behaviours in their communities. Monitoring and assessing the practice of these behaviours among community members can help CHWs and national malaria programs systematically track and measure SBC activities over time and understand the impact of the activities and ways to improve them.

Many countries collect malaria data, but the routine tracking of SBC indicators is often not prioritised. SBC should be given equal weight as an intervention, and it should be included alongside the regular reporting of malaria cases and commodities. It is critical to understand the barriers and opportunities around health-seeking behaviours, the resonance of malaria messaging, and the quality of CHW service delivery.

Through continuous monitoring and assessment, CHWs and their supervisors and managers can measure how well their malaria SBC activities and community-based case management provision meet expected objectives. This information then can be used to identify challenges and make informed decisions on any programmatic adjustments. It also can guide supervisors in coaching and mentoring the CHWs on their team.



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**CHW Role:** CHWs play a critical role in malaria prevention and treatment in their communities. Behavioural indicators capture the long-term impact of their work so that national malaria programs can adapt their malaria strategies to ensure continued progress toward malaria elimination. As such, it is important for CHWs to carefully track their work and follow guidance from their managers and supervisors. The role of CHWs in monitoring behaviour change may include various types of data collection. Other cadres, such as program managers, implementing partners, and national malaria programs, then synthesise and analyse that data.



**Health Facility Referrals Example:** By reviewing monitoring data, CHWs, their supervisors, and the national malaria program may determine that CHWs are not making community-based referrals to health facilities or that community members are not following them. In such cases, CHWs, supervisors, and the national malaria program may need to consider the quality and effectiveness of CHWs' service provision and SBC activities and make changes to reduce gaps in referrals or in referral completion. For example, supervisors may need to adjust their CHW visits and mentoring plans to help enhance messaging and issuing of referrals.

The supervisors and national malaria program also can review data from other communities with demonstrated success in referrals and then implement these best practices in their own communities. Similarly, they can guide modifications to counselling communication strategies to better address potential barriers to uptake of malaria prevention and control behaviours. These modifications may include changing the community channel selection or the intensity or frequency of service communication.

## What are SBC Program Indicators?

SBC program indicators are used to measure the progress of SBC programs over time and between groups. Monitoring these indicators helps ensure SBC programs and activities are tailored to the communities they seek to serve. These indicators also help measure program effectiveness, such as whether changes have occurred in the intended direction. To measure program progress at the community level, SBC indicators can be divided into four outcome categories:



- **Program Outputs:** These indicators reflect the number of SBC activities completed and whether results are sufficient to reach and resonate with the intended population.
- **Reach or Coverage:** These are the percentage and number, respectively, of the intended population that received, participated in, benefited from, or was exposed to program activities.
- **Intermediate Outcomes:** The indicators at this level assess the direct effect of SBC activities on audiences. SBC activities cannot immediately and directly change behaviour; rather, they change people's perceptions and ways of thinking, and in turn, their decisions around malaria-related behaviours. Decades of research has shown that knowledge is not the only facilitator of behaviour change. Perceptions of risk, confidence in one's ability to perform recommended behaviours, trust in the recommended health behaviours, social norms, attitudes, and other similar intermediate factors also are associated with an increased likelihood of behaviour change.
- **Behavioural Outcomes:** Over time, increased exposure to SBC activities and changes in the intermediate outcomes may lead to a greater proportion of the population practising the desired malaria-related behaviours.

## Program Outputs

## Reach or Coverage

## Intermediate Outcomes

## Behavioural Outcomes

Number of materials produced, by type (source: activity reports, delivery notes)

Number of SBC activities carried out, by type (source: activity reports, broadcast logs)

Number of people trained in SBC for malaria (source: training reports)

Number of referrals made, by type of service (source: referral forms)

Number of people/facilities/community groups participating in or reached by SBC activities, by type (source: activity reports)

Percentage of people who recall hearing or seeing any malaria message in the last 6 months (source: surveys, community monitoring, outcome mapping)

Percentage of referrals completed, by type of service (source: referral forms)

**KNOWLEDGE**

- Knowledge related to prevention: Percentage of people who name mosquitoes as the cause of malaria
- Percentage of people who know proven prevention measures for malaria
- Knowledge related to case management: Percentage of people who know the main symptom of malaria is fever
- Percentage of people who know the correct way to diagnose malaria is with a test
- Proportion of people who know the treatment for malaria

**RISK AND EFFICACY**

- Perceived susceptibility: Percentage of people who perceive they are at risk for malaria
- Perceived severity: Percentage of people who feel that the consequences of malaria are serious
- Perceived response efficacy: Percentage of people who believe that the recommended practice or product will reduce their risk
- Perceived self-efficacy: Percentage of people who are confident in their ability to perform a specific malaria-related behaviour

**SOCIAL NORMS**

- Descriptive norms: Percentage of people who believe the majority of their friends and community currently practice the behaviour
- Injunctive norms: Percentage of people who believe the majority of their friends and community would approve of the behaviour

**ATTITUDES**

- Attitudes: Percentage of people with a favourable attitude toward the product, practice, or service
- Data sources: surveys, community monitoring, outcome mapping

Percentage of people who practice the recommended malaria behaviour

Household/client behaviours:

- Percentage of the population who slept under an ITN the previous night
- Percentage of women who attended at least 1, 2-3, and 4+ ANC visits during the last pregnancy
- Percentage of children under five years old with fever in the last two weeks for whom advice or treatment was sought the same or next following the onset of fever
- Percentage of targeted children who received SMC, by cycle
- Percentage of eligible children who received the malaria vaccine, by dose.

Data sources: household surveys, community-led monitoring, outcome mapping, service statistics

Health provider behaviours

- Percentage of pregnant women at ANC who received IPTp according to national guidelines
- Percentage of fever cases receiving a malaria diagnostic test
- Percentage of tested cases treated/not treated according to test results

Data sources: facility surveys, service statistics


### ENABLING ENVIRONMENT

Quality of service delivery: equity; geographic access; affordability and availability of services; commodities, and supplies; health and social policies; organizational culture, processes, and financial resources  
 Social determinants of health: income, education, inclusivity, food security, housing, and peace/conflict

# Priority Indicators for Malaria SBC

The framework below provides examples of the most commonly prioritised indicators within the four outcome categories described above. The priority indicators are outlined below and can be reviewed in more detail in [RBM's Malaria Social and Behaviour Change Communication Indicator Reference Guide](#). At the country level, national malaria programs, CHW programs, and SBC programs must work together to select and define the priority malaria indicators to measure at the community level.

RESOURCE



Malaria Social and Behaviour Change Indicator Reference Guide

“This guide provides program staff, government personnel and donors with a set of priority indicators for tracking the results of malaria SBCC programs.”

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

## Data Sources for SBC Indicators at the Community Level

Supervisors and managers of CHW programs can employ a few different options to collect data on malaria-related behaviours and their influencing factors in the communities where CHWs operate. These data collection options can be incorporated into any existing or planned monitoring activities. Existing monitoring activities offer excellent opportunities to integrate any of the priority malaria SBC indicators listed above. The table below summarises some ways data collection activities can be used in CHW programs to monitor SBC indicators.

Data Source	Description	Capturing SBC Program Indicators
<b>CHW Registers</b>	CHWs typically complete monthly reporting forms and registers recording the activities and services they provided to the community (e.g., number of home visits conducted, number of community members who sought their advice for fever, number of malaria rapid diagnostic tests performed).	<p>CHW registers also can measure:</p> <ul style="list-style-type: none"> <li>SBC program outputs (e.g., number of household visits conducted by CHWs).</li> <li>Reach and coverage (e.g., number of participants in a CHW health talk).</li> <li>Care-seeking behaviour outcomes (e.g., number of community members who sought care for fever with CHWs).</li> <li>Insecticide-treated net (ITN) behaviour outcomes (e.g., number of community members who reported using an ITN to a CHW during a home visit).</li> </ul> <p>Spaces to capture these data points can be added to CHW activity forms and registers.</p>
<b>Referral Cards Issued by CHWs</b>	Many CHWs provide referral cards to clients to encourage and facilitate care seeking at a health facility. Monitoring the redemption of these referral cards at health facilities provides valuable information about the number and types of services being referred.	<p>Referral card redemption data also can measure:</p> <ul style="list-style-type: none"> <li>Reach/coverage (e.g., number of referrals issued by CHWs by type of service).</li> <li>Care-seeking behaviour outcomes (e.g., number of pregnant women attending monthly antenatal care visits in CHW's community).</li> </ul>

<p><b>Rapid Community Assessments</b></p>	<p>CHW program managers may ask CHWs to conduct rapid assessments, which are low-intensity and quick ways to learn about the community, such as the main health complaints or number of pregnant women and children under five. Quantitative and qualitative methods can be employed to collect these data.</p>	<p>Rapid community assessments also can measure:</p> <ul style="list-style-type: none"> <li>• Reach/coverage (e.g., number of people who recall hearing malaria information from the CHW).</li> <li>• Intermediate outcomes (e.g., number of community members with favourable attitudes towards getting a malaria test within the first day of a fever, number of community members who believe it is a community norm to attend at least four antenatal care visits during pregnancy).</li> <li>• Care-seeking behaviour outcomes (e.g., number of community members who slept under an ITN the prior night).</li> </ul>
<p><b>African Malaria Leaders Alliance (ALMA) Community Quality of Care Scorecards</b></p>	<p>ALMA community quality of care scorecards provide insight into the CHW-supported health services provided to community members. Community members, government officials, and partners then use the scorecard data to create action plans. Progress on these actions is monitored by community members. CHWs with access to ALMA community scorecard data and action plans can use the health services quality indicators to tailor their work, such as addressing specific barriers to care and improving relationships between health facilities and communities.</p>	<p>Each community scorecard tool has several indicators assessing the quality of services offered at the local health facility or catchment area and the experiences of community members in accessing care. Example indicators include:</p> <ul style="list-style-type: none"> <li>• Availability of medicines and supplies.</li> <li>• Caring, respectful, and compassionate healthcare.</li> <li>• Cleanliness of the facility.</li> <li>• Wait times for a patient to receive care.</li> </ul>

## Why use these data sources?

Together, these **data sources help answer important questions about the quality of services provided or changes in intermediate and behavioural outcomes in the community** (e.g., whether community members changed their perceptions or behaviours based on information they discussed with CHWs). Also, collecting SBC-related data from sources available to CHWs can be a good way for CHWs to assess the progress of their work, including gradual changes or shifts in their own outputs and among the community they serve.

## Using Data to Inform CHW Activities in Malaria SBC and Service Communication

Malaria data from the community level can assist **CHW program managers and supervisors, as well as facility, district, and central-level decision-makers in tailoring resources and interventions based on an area's malaria burden and specific community feedback**. To **understand whether correct information reaches the intended audience and results in adoption of healthy malaria-related behaviours**, it is important to measure CHW outputs and the previously described intermediate and behavioural SBC outcomes. Regular tracking of SBC indicators can monitor malaria knowledge and attitudes, message penetration and comprehension, and the performance of CHWs trained to provide malaria SBC in their community. Module 6 covers the assessment of CHW performance in delivering quality interpersonal communication.

Supervisors and program managers can share this information with CHWs and their supervisors to demonstrate how their work compares with peers and neighbouring health facilities, which they can use to improve their performance. The data should be presented in a visually appealing way that is easily understood and interpreted, such as using data dashboards with colour-coded maps and charts to illustrate a range of data points. Sharing information in this way creates a feedback loop so that CHWs who submit information can see and appreciate their contributions.

**CHWs and their supervisors** can use SBC indicators in the routine collection of malaria data to discuss the methods and reasons for communicating about malaria. Indicator data also reinforce the importance of SBC, which involves both practical approaches (e.g., materials accompanying a bed net campaign) and systemic change (e.g., the daily priorities of the national malaria program). Such materials are important, but SBC also emphasises the daily priorities of the national malaria program. The inclusion of SBC indicators during data audits can facilitate regular interaction with comprehensive malaria information among CHWs while benefiting service delivery in other health areas.

Routine monitoring of behaviours can help identify suboptimal access to malaria services. For example, if the data show a health facility catchment area has lower rates of intermittent preventive treatment of malaria in pregnancy, in comparison to adjacent areas, the national malaria program can identify reasons for the lower rates, such as antenatal care barriers, messages not being delivered, low-quality messaging, and so on. Conversely, if a location is doing well relative to other areas, the successful approaches can be adopted elsewhere to promote healthy behaviours.

**RESOURCE**



### **Malaria SBC Toolkit for Community and Faith Leaders: Track Your Progress Worksheet**

This worksheet guides users through listing each of your malaria activities, thinking about how often each of these activities will be taking place, writing goals for each of these activities, and determining indicators.

<https://communityleadermalaria toolkit.org/sections/step-7-track-your-progress/>

# ACTIVITY

## How can you use the Malaria SBC Toolkit for Community and Faith Leaders' Activities, Goals, and Indicators Worksheet?



Using the [Activities, Goals, and Indicators Worksheet Example in the Malaria SBC Toolkit for Community and Faith Leaders](#), start by listing each malaria activity. Then, think about how often each activity occurs. Write the goals for each activity, considering short- and long-term goals. Finally, list some indicators for each goal to track accomplishments. Refer to the indicator framework above for ideas.

Here is the worksheet with one example activity filled in:

Malaria Activity	Activity Frequency	Goal(s)	Indicators(s) of Accomplishments
<p>Example:</p> <p>Home visits within the community</p>	<p>Example:</p> <p>Visit each household once a month</p>	<p>Example:</p> <p>Short-term goals:</p> <p>Carry out 10 home visits per week.</p> <p>Develop home visit materials.</p> <p>Share home visit materials with CHWs.</p> <p>Long-term goals:</p> <p>90% of households report every member who slept under an ITN the previous night.</p>	<p>Example:</p> <p>Number of home visits conducted per month.</p> <p>Number of malaria home visit materials developed.</p> <p>Number of malaria materials shared with CHWs.</p> <p>Proportion of households visited reporting every household member slept under an ITN the previous night.</p>