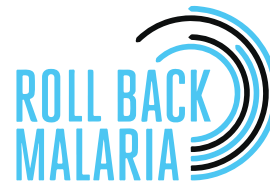


ROLL BACK MALARIA
SOCIAL AND BEHAVIOR CHANGE
COMMUNICATION WORKING GROUP MEETING



SOCIAL AND BEHAVIOR CHANGE
COMMUNICATION
WORKING GROUP

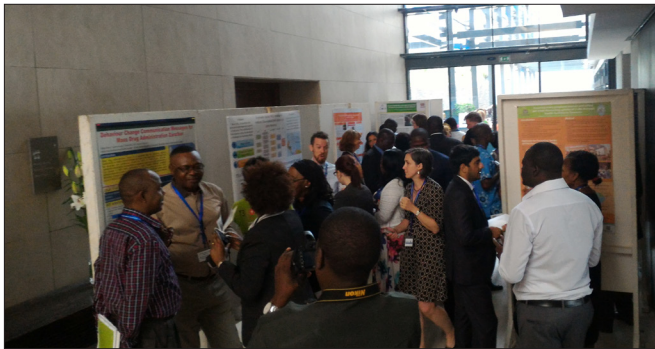
DAKAR, SENEGAL
SEPTEMBER 27-29, 2016



U.S. President's Malaria Initiative

BACKGROUND

On September 27, 2016, the third annual meeting of the Roll Back Malaria (RBM) Social and Behavior Change Communication Working Group (SBCC WG), formerly known as the RBM Communication Community of Practice (CCoP), convened in Dakar, Senegal.



The three-day meeting brought together 95 SBCC professionals from 25 countries and 30 different organizations who work in malaria prevention, control and elimination. Participants included international and Senegalese malaria organizations, implementing partners, private sector organizations and 17 national malaria control program representatives. The meeting was opened by the Senegal National Control Program coordinator, Omar Sarr, after introductions from the United States President's Malaria Initiative (PMI) resident advisor, Pascal Zinzindohoue, and World Health Organization (WHO) Global Malaria Program representative Claude Rwagocondo.

The purpose of RBM SBCC WG meetings, consistent with the group's Terms of Reference, is to grow and strengthen a network of malaria practitioners who work to implement evidence-based SBCC at the country level. This face-to-face forum is a rare opportunity for SBCC professionals to speak about emerging issues, share common challenges and highlight their successes among their peers. In 2016, 375 malaria SBCC practitioners were invited to share experiences in the following categories: implementation, monitoring and evaluation (M&E), operational research, capacity strengthening and

strategy development. Presentations were scored for presence of evidence-based approaches and applicability to the widest possible audience. The top three to four presentations in each category were selected for oral presentation. Remaining abstracts were invited to present in poster format.

The meeting's main objectives were to:

- Increase the RBM SBCC WG's network and expand the role of SBCC in the implementation of malaria prevention, control and elimination activities
- Understand SBCC through the exchange of ideas and best practices, technical presentations and discussions
- Identify and develop activities for the SBCC WG and task forces for 2017
- Advance implementation of the RBM CCoP [Strategic Framework for Malaria Communication at the Country Level](#)
- Discuss and approve revisions to the CCoP Terms of Reference
- Discuss updates to the RBM CCoP [Malaria Behavior Change Communication \(BCC\) Indicator Reference Guide](#) and [Strategic Framework for Malaria Communication at the Country Level](#)

The first day of the meeting featured updates from the SBCC WG Co-Chairs Anna McCartney Melstad and Guda Alemayehu, followed by technical presentations on implementation and capacity strengthening. The second day focused on global SBCC frameworks and guidance, monitoring, evaluation and operational research. The third day consisted of sessions on the [Strategic Framework for Malaria Communication at the Country Level](#), the [Malaria BCC Indicator Reference Guide](#), strategy development and break-out sessions for task forces.

Meeting highlights included:

- Revision of the SBCC WG's Terms of Reference, to align with other RBM Working Groups and the evolving structure of the RBM Secretariat
- A change in name from the RBM CCoP to the RBM SBCC WG, to reflect the group's status as a fully recognized Working Group (previously

MEETING OBJECTIVES AND HIGHLIGHTS



referred to as a Community of Practice due to funding designations that are no longer applicable)

- Presentation, feedback and dialogue on suggested changes to the RBM SBCC WG's two chief tools, the *Strategic Framework for Malaria Communication at the Country Level* and the *Malaria BCC Indicator Reference Guide*
- Development of work plans for the malaria in pregnancy (MiP), case management, vector control and M&E task forces
- Technical presentations on malaria SBCC from sub-Saharan Africa and the Greater Mekong Sub-region
- Poster sessions and dedicated time to discuss the lessons presented

SBCC Technical Outcomes

Technical presentations were provided by implementing partners in the field and on a global level, as well as representatives from government, donors and the private sector. Through these presentations, participants gained an understanding of SBCC:

Implementation

- Community engagement in support of mass drug administration
- Malaria interventions and cross-border collaboration
- Interpersonal communication supporting intermittent preventive treatment of malaria in pregnancy (IPTp) and use of rapid diagnostic tests (RDTs)

Capacity Strengthening

- Building sustainable media partnerships
- National level SBCC capacity building
- Improving malaria medicine quality and availability
- Revisions to SBCC indicators for use at the country level
- New priorities and focus of global malaria strategies and how these will inform changes to the SBCC WG's global blueprint document
- Development of a global decision-making tool to accelerate the results of SBCC interventions

Monitoring

- The use of a rapid assessment tool to inform future efforts to increase insecticide-treated net (ITN) use

MEETING OUTCOMES



Opening Remarks – Omar Sarr, NMCP Senegal

Evaluation and Operational Research

- Application of the Champion Communities approach
- How randomized controlled trials are being conducted to build evidence that mass media can impact morbidity and mortality
- How to use data to inform the roll out of national ITN replacement campaigns

Strategy Development

- Ways to incorporate ITN care into malaria SBCC strategies
- Innovations and pitfalls in malaria SBCC strategy development

Operational Effectiveness Outcomes

A number of sessions focused on clarifying the SBCC WG's past and current role in an evolving RBM Secretariat. Priorities, objectives, and functions of the group were discussed and clarified. Specific outcomes included:

- A mutual understanding of SBCC WG's achievements, products and priorities
- Awareness of the group's situation in the overall Secretariat
- Identification of priorities and planned operationalization of three new (and one existing) task forces
- Sharing of several available platforms used to share resources, disseminate updates and facilitate dialogue

Day 1 – Session 1

Opening Remarks – *Pascal Zinzindohoue (PMI Senegal), Claude Rwagocondo (United Nations International Children's Emergency Fund- UNICEF) and Omar Sarr (NMCP Senegal)*

Claude Rwagocondo, the representative for West and Central Africa RBM sub-regional networks (WARN, CARN), began the meeting with a brief history of the RBM Secretariat, followed by an overview of structural changes occurring within the RBM Secretariat. He explained that, as a result of a 2013 external evaluation, the architecture and governance model will be changing. The United Nations Office for Project Services (UNOPS) is the new RBM Secretariat. The updated governing structure consists of a Chief Executive, under which sits a Management Team, and three Partner Committees, which include Advocacy and Resource Mobilization, Country Support and Strategic Communications.

Mr. Zinzindohoue then took the podium to introduce Senegal's newly appointed National Malaria Control Program (NMCP) Coordinator, Omar Sarr. Mr. Sarr thanked Mr. Zinzindohoue for the introduction, affirmed the Senegal NMCP's support for the gathering and officially opened the meeting.

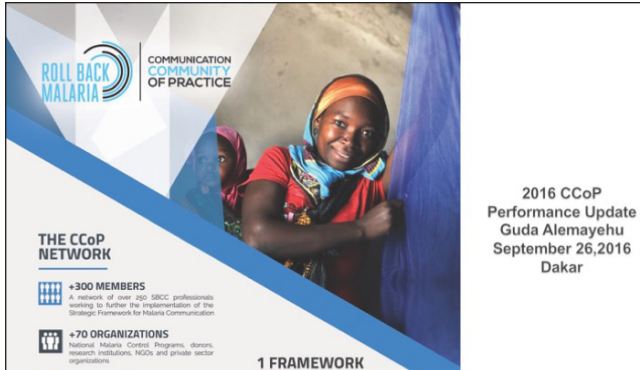
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Day 1 – Session 2

Update on 2016 Activities – *Guda Alemayehu (PMI Ethiopia), Anna McCartney Melstad (HC3 Nigeria), Angela Acosta (VectorWorks), Mike Toso (HC3), Andrew Tompsett (PMI) and Hannah Koenker (VectorWorks). Facilitated by Amina Fakir-Knipiler.*

Guda Alemayehu, Co-Chair of the SBCC WG, provided the group with a brief overview of 2016 activities and achievements. The group's Terms of Reference have been updated to align with emerging global malaria priorities and focus. The *Strategic Framework for Malaria Communication at the Country Level* and the *Malaria BCC Indicator Reference Guide* documents have

PRESENTATIONS



Update on 2016 Activities – Guda Alemayehu, PMI Ethiopia

been revised and will be finalized once disseminated to the SBCC WG for feedback. Mr. Alemayehu listed presentations given during regular calls, and praised the high level of participation on general and task force calls throughout the year.

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Following Mr. Alemayehu's presentation, each of the SBCC WG's task force leads took the floor to briefly describe their 2016 activities. Angela Acosta (M&E) spoke about ongoing work to update the *Malaria BCC Indicator Reference Guide*, as well as work on the [Reporting Guidelines and Checklist Malaria Communication Evaluations](#) and *A Guide to Developing M&E Plans for SBCC Programs*. Mike Toso (Knowledge Management) spoke about malaria research articles gathered to demonstrate that SBCC has a positive, measurable impact. A curated list of resources is complete and ready for inclusion in the Strategic Framework revision. Mr. Toso described how the [SpringBoard for Health Communication](#) platform is used to disseminate SBCC WG meeting minutes, annual reports, presentations and resources. Andrew Tompsett (Communication and Outreach) spoke about efforts to provide technical input on global documents, like the RBM [Action and Investment to Defeat Malaria](#) (AIM 2016–2030), as well as work on reaching out to different organizations to expand SBCC WG membership, support and participation.

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VC WG Update – Hannah Koenker, VectorWorks

Following this presentation, Guda Alemayehu and Andrew Tompsett provided an introduction to the *Strategic Framework for Malaria Communication at the Country Level*, which is a global blueprint for malaria SBCC that aims to “empower communities to remove the threat of malaria from human health” through effective malaria communication. The Strategic Framework contains helpful malaria communication tools and resources and advocates for key malaria goals, objectives and actions. The RBM SBCC WG is currently revising the Strategic Framework, with the support of HC3. Mr. Tompsett led the community through a discussion on the Strategic Framework to identify the ways the Framework has been helpful, and how the goals, objectives and content could be revised to better serve the RBM SBCC WG. The feedback included highlighting lessons learned, the impact of SBCC on communities and recommendations for resource allocation.

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Hannah Koenker took the stage to give an update on the RBM Vector Control Working Group (VC WG). Current VC WG work streams include long-lasting insecticide-treated net (LLIN) durability and continuous distribution, indoor residual spraying (IRS) and insecticide resistance management, new tools and challenges, housing and malaria, integrated vector management and larval source management. Mrs. Koenker next outlined several VC WG activities



Community Engagement Supporting MDA – Chilumba Sikombe, PATH-MACEPA



Cross-Border Collaboration – Sai Ti, ARC International

related to SBCC including LLIN preferences, misuse issues and outdoor behaviors associated with transmission, among several others. She then gave an overview of LLIN use in sub-Saharan Africa and described a recent seasonal analysis conducted to assess LLIN use in dry and rainy seasons. Mrs. Koenker wrapped up her presentation with a brief description of global vector control trends and policy development.

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Session 2 Discussion

Angela Acosta was asked if work on collecting evidence of malaria impact might include evidence from family planning. Ms. Acosta replied that much has been learned from areas such as family planning and HIV. While a similar evidence database has recently been developed for HIV, the evidence database HC3 is currently developing will focus solely on malaria.

Andrew Tompsett took several minutes to describe upcoming sessions. The SBCC WG's Terms for Reference have recently been updated, the *Malaria BCC Indicator Reference Guide* and Strategic Framework documents are currently under revision, and the SBCC WG's new name – formerly the RBM CCoP – will be launched in the coming days. Mr. Tompsett ended by saying the SBCC WG task forces have been re-structured as well, and to look forward to signing up for new groups and developing terms of reference and a work plan for each in 2017.

Day 1 – Session 3

SBCC Technical Presentations: Implementation – Facilitated by Kumba Wani Lahai (NMCP Sierra Leone)

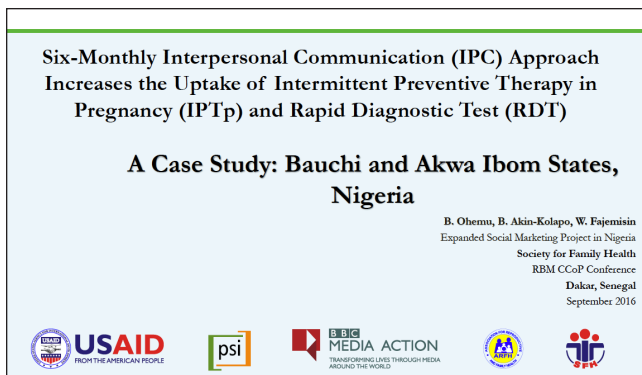
Community Engagement Supporting MDA – Chilumba Sikombe (PATH-MACEPA)

Chilumba Sikombe described issues encountered while supporting a mass drug administration (MDA) in Zambia. Village meetings, videos and brochures printed in local languages were used to address concerns about why it is necessary to take a drug if someone is not sick, questions about the safety of a new drug and inquiries about what is being done with blood taken in rapid diagnostic tests (RDTs). Mr. Sikombe listed other significant challenges, such as the difficulty reaching migrant populations, working across national borders and building community health worker capacity to implement integrated community case management (iCCM). The program was largely successful, with an 87 percent reduction in malaria cases over two years. Mr. Sikombe stressed the importance of working with local leaders to ensure strong participation.

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Malaria Interventions on the Myanmar-Thailand Border: Cross Border Collaboration – Sai Ti (ARC International, Thailand)

ARC International has been working with migrant populations for the past 10 years in camps around Thailand and Myanmar. This work has involved LLIN distributions, awareness raising campaigns in communities and workplaces, and capacity building among migrant health volunteers. Channels of communication include water, motor bicycle and automobile taxi drivers. Mr. Ti described ARC's work as linking migrant communities with health facilities in their host communities. Much of the work involves mobile outreach in hard to reach villages. Cross



IPC Supporting IPTp and RDT Uptake – Bolade Akin-Kolapo, SFH

border SBCC in this region required contextualizing malaria messages in a number of languages. Mr. Ti also described the use of online databases and mobile phones for capturing and tracking data, but also noted difficulties working between two different government systems.

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Interpersonal Communication Supporting Intermittent Preventive Therapy in Pregnancy and RDTs in Nigeria – Bolade Akin-Kolapo (SFH)

Bolade Akin-Kolapo described a six-month interpersonal communication (IPC) approach used to increase uptake of intermittent preventive therapy in pregnancy (IPTp) and RDTs in the Bauchi and Akwa-Ibom states of Nigeria. The integrated program focused on malaria as well as family planning and diarrhea. IPTp messaging was framed in the context of ensuring a pregnant woman’s safety during key stages of her baby’s growth. Channels included use of text messages and specialized group sessions encouraging antenatal care (ANC) attendance and male involvement. Mr. Akin-Kolapo stressed that field supervision of SBCC activities was critical to the program’s success. Health communication coordinators mentored and coached IPC agents and supervisory tools helped measure and track the quality of the agents’ newly acquired skills. Health facility data was used to track IPTp and RDT uptake six months prior and after the intervention took place. The program resulted in increases in IPTp uptake in Bauchi state, and increases in RDT use in Akwa Ibom.

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Testing and Treatment in Sabalibougou, Mali – Mory Camara, NMCP Mali

Testing and Treatment in Sabalibougou, Mali – Mory Camara (NMCP Mali)

Mory Camara described the design and implementation of a testing and treatment activity to commemorate World Malaria Day in 2016. The goal was to test all inhabitants of the Sabalibougou health district who came to the established site. Channels used to create awareness of the activity were television announcements in national languages as well as public criers. In all, 8,000 people were seen, 3,452 of whom had fever. The 1,831 people with positive RDT results were treated. The cost of the intervention was approximately € 6,000. Mr. Camara emphasized the importance of working with community leaders and religious centers to convey messages about testing and treatment.

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Session 3 Discussion

Several issues were raised concerning the implementation and evaluation of SBCC efforts to increase IPTp use in Nigeria. A representative from Madagascar mentioned that, in her country, cultural taboos surrounding disclosure of pregnancy hinder IPTp uptake. Another representative asked whether seasonal variations might affect results of an evaluation assessing IPTp and RDT uptake, to which Mr. Akin-Kolapo responded in the affirmative. The issue of using printed materials in areas of low literacy was also raised.



Building Sustainable Media Partnerships – Usman Usman, HC3 Nigeria



Capacity Strengthening in Mozambique – Felisberto Massingue, HC3 Mozambique

Day 1 – Session 4

SBCC Technical Presentations: Capacity Strengthening — *Facilitated by Nan Lewicky*

“Foster Parenting” Building a Sustainable Media Partnership for Effective Malaria SBCC — *Usman Usman (HC3 Nigeria)*

Usman Usman began by presenting the staggering numbers of malaria cases and deaths reported in Nigeria every year (25 percent of global cases and deaths). He continued by explaining that no one partner can achieve everything in Nigeria. With this in mind, HC3 Nigeria conducted an assessment message standardization, knowledge of malaria and varying levels of collaboration to determine the malaria SBCC capacity of media-houses in several states. Finding a number of gaps, HC3 Nigeria developed a new program called “Foster Parenting.” This approach involves training media house staff in SBCC, after which an existing program is adopted and malaria messages are incorporated. In many instances, media houses donated airtime for this programming. Mr. Usman gave examples of successful Foster programs in Benue and Nasarawa states and discussed how this approach enabled HC3 Nigeria to scale and intensify malaria SBCC coverage in a sustainable manner.

[Download Presentation](#)

Capacity Strengthening in Mozambique – Felisberto Massingue (HC3 Mozambique)

Felisberto Massingue described Mozambique’s NMCP’s organizational structure, and briefly outlined ways HC3 Mozambique is working to build capacity at the national and sub-national levels. National level activities include improved coordination and

support for universal coverage SBCC planning and implementation. Outside of the NMCP, HC3 Mozambique builds national level SBCC capacity by working with a network of journalists against malaria, and a national inter-faith organization. Mr. Massingue noted that NMCP leadership strengthening activities include training of health providers on IPC skills, as well as training of malaria focal point personnel in IPC and community mobilization. He mentioned the importance of working with the national SBCC technical working group, which validates priorities and content design, and coordinates advocacy activities and SBCC campaigns to support LLIN distributions and IRS spraying.

[Download Presentation](#)

Improving Medicine Quality and Availability — *Corinne Fordham (HC3) and Chancy Mauluka (SSDI)*

Corrine Fordham opened by pointing out that the issue of substandard, spurious, falsified, falsely-labelled and counterfeit (SSFFC) drugs is relatively new to SBCC practitioners, and asked the audience to provide feedback on the content of the presentation. Ms. Fordham described the process of conducting a global landscape analysis – convening stakeholders from several countries, and the design and implementation of SBCC activities to address different aspects of this issue in Nigeria and Malawi. She explained that the goal of HC3’s efforts is to build the capacity of national and local stakeholders to address issues of quality medicines with SBCC. Ms. Fordham pointed out that the issue is particularly complex, as it involves working with and coordinating efforts between pharmaceutical regulators, NMCPs, implementing partners and malaria medicine monitoring and surveillance organizations. She

COMING TOGETHER TO IMPROVE MEDICINE QUALITY & AVAILABILITY

CORI FORDHAM, HEALTH COMMUNICATION CAPACITY COLLABORATIVE
CHANCY MAULUKA, CENTER FOR COMMUNICATION PROGRAMS MALAWI

*Promoting Quality Medicines – Corinne Fordham, HC3;
Chancy Mauluka, SSDI*

showed examples of guidance, which is forthcoming in the form of an online Implementation Kit (I-Kit), announcing a webinar on its use in November.

Chancy Malauka then took the podium to describe work to address the diversion of ACTs in Malawi. Mr. Malauka described common scenarios that involve the illegal sale of malaria medicines from public facilities to private vendors. In Malawi, this practice is being addressed with an SBCC campaign raising awareness about the issue and directing target groups to a toll-free number where the behavior can be reported anonymously.

↓ [Download Presentation](#)

Session 4 Discussion

Ms. Fordham was asked what role Ministries of Health have in the fight against SSFFCs. She replied that ministers of health were certainly key stakeholders, and were present at the global stakeholders' event HC3 facilitated in Ghana, but insights also came from supply chain and management regulatory groups. Ms. Fordham was also asked what efforts were being made to avoid undercutting trust in quality ACTs in both Nigeria and Malawi. She replied that the key to raising awareness about these problems while maintaining trust in quality drugs is to communicate exclusively with audiences who can take actionable steps. The tool being developed lists partners to work with as well as target audiences and includes a checklist of where and when to communicate in different scenarios.

MALARIA SBCC INDICATOR REFERENCE GUIDE

Update for CCoP Steering Committee
Dakar, 26Sep2016

*Revision of the Indicator Reference Guide – Angela Acosta,
VectorWorks*

Day 2 – Session 1

**Global SBCC Frameworks and Guidance –
Facilitated by Donald Dickerson (PMI)**

**Revision of the Malaria BCC Indicator Reference
Guide – Angela Acosta (VectorWorks)**

Angela Acosta updated participants on the *Malaria BCC Indicator Reference Guide*, which was originally finalized and disseminated in February 2014, and is currently being revised by the M&E Task Force. The Reference Guide provides support to Ministries of Health, donor agencies and implementing partners involved in malaria control to help them to evaluate the prevalence and influence of country-specific malaria predicting factors and SBCC programs. The M&E Task Force is working with a consultant to update the guide based on feedback provided by malaria professional networks, as well as participants from last year's RBM annual meeting in Kampala. Based on these comments, the guide will be revised to be more streamlined and user-friendly, with a greater emphasis on how to select and prioritize indicators, and include more guidance on data use and interpretation. It will also differentiate behavioral outcomes and consider data sources outside of standard national household surveys. The final version is expected to be ready by December 2016.

↓ [Download Presentation](#)

**The Global Malaria Behavior Framework: A
Discovery and Decision-Making Tool to Accelerate
Results – Brian Pedersen (ACCELERATE)**

Brian Pedersen presented an overview of ACCELERATE, a program that aims to build the capacity of United States Agency for International



A Global Malaria Behavior Framework – Brian Pederson, ACCELERATE

Development (USAID) Missions in 25 priority countries to reduce maternal and child mortality through “behavior change programs.” The project works to inform the design of appropriate, national strategies by identifying and addressing gaps in expected and actual outcomes, and promoting the “accelerator behaviors” needed to fill these gaps. The three accelerator behaviors for malaria are that (1) families sleep under an ITN, (2) pregnant women take IPTp during ANC visits and (3) caregivers seek prompt and appropriate care for malaria symptoms. The team hopes the USAID Mission staff engaging with this program will improve their SBCC strategies, decision-making, program coordination and measurement systems. During his presentation, Mr. Pedersen showed the three global behavior profiles ACCELERATE has developed for each accelerator behavior and requested feedback about any missing components or research that should be incorporated into the profiles.

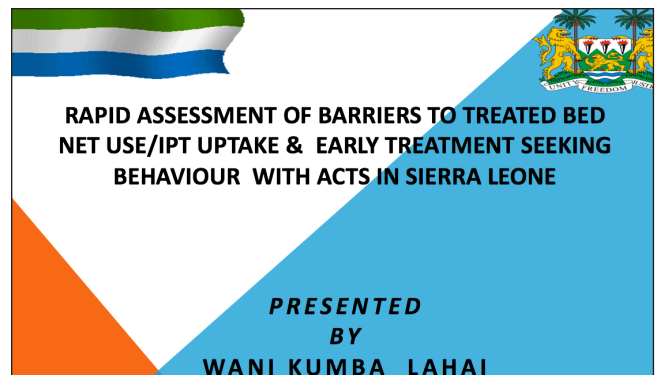
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Day 2 – Session 2

Monitoring – *Facilitated by Hannah Koenker (VectorWorks)*

Monitoring Roundtable Discussion – Monitoring Techniques, Omnibus Surveys, IVR, Geopol, Smartphone-Based Applications, HMIS Data and TRaC Survey Data

Hannah Koenker facilitated a discussion about what tools are being used in the field to track SBCC campaigns and activities. A number of tools, including omnibus surveys, site improvement monitoring and media impact surveys were mentioned. A discussion about the difference



Rapid Assessment of ITN Use, UPTp Uptake and Prompt Treatment Seeking Behavior – Kumba Wani Lahai, NMCP Sierra Leone

between reaching audiences to create awareness and determining what kind of impact SBCC has had followed. One solution offered to the group was to focus more on measuring intermediate determinants of behavior (such as perceived susceptibility and perceived risk) as process indicators commonly tracked are not likely to track behavior. The question about how to determine the impact of an SBCC intervention or campaign in the presence of so many other activities — by partners, overlapping areas of media and intervention coverage — was raised. Mrs. Koenker briefly explained how revisions to the *Malaria BCC Indicator Reference Guide* reflect many frustrations voiced, pointing out that it includes intermediate indicators that are likely to track changes in behavior. She closed the session encouraging participants to continue the discussion going forward.

Rapid Assessment of Barriers to ITN Use and IPTp Uptake and Early Treatment Seeking Behavior in Sierra Leone – Kumba Wani Lahai (NMCP Sierra Leone)

Kumba Wani Lahai shared Sierra Leone’s experiences with conducting a rapid assessment on barriers to malaria prevention and treatment behaviors. The assessment, conducted by Catholic Relief Services, explicitly looked at factors connected to ITN use among pregnant women and children under five years old, treatment seeking within 24 hours of developing a fever among caregivers of children under five and IPTp uptake among pregnant women. Data, collected through 62 focus group discussions, revealed a number of interrelated barriers with programmatic implications. Some of the barriers included a low perceived severity of malaria, transportation/medical costs, distance to health facilities and negative attitudes about sleeping under ITNs. Based on these findings, Ms.



Champion Communities Approach in DRC – Jeanine Musau, MSH

Lahai recommended that SBCC programs engage religious leaders and faith-based/women’s groups. SBCC strategies should also include trainings to improve the community’s knowledge of malaria prevention and treatment, as well as health workers’ interpersonal communication (IPC) skills.

[Download Presentation](#)

Day 2 – Session 3

Evaluation and Operations Research – Facilitated by Angela Acosta (VectorWorks)

Champion Communities Approach Supporting Malaria Control in Democratic Republic of Congo – Jeanine Musau (MSH) and Michel Itabus (NMCP DRC)

Jeanine Musau presented on the findings of the IHPplus and NMCP’s “Champion Community” approach, a study which used Mubumbano as the intervention site and Idjwi as the control site. Both districts are located in South Kivu. The Champion Community approach used a range of channels to influence behavior change, including house-to-house visits, community education and an mHealth platform where people could listen to malaria prevention and treatment information through a voice recording and also receive messages via SMS. The findings showed the program contributed to an increase in the number of malaria positive cases correctly treated with ACTs, as well as the amount of pregnant women who received IPTp. Ms. Musau also highlighted the positive response of community leaders to this program, as well as the benefits of involving community leaders in malaria programming.

[Download Presentation](#)



Results of Radio Campaign RCT – Mathew Lavoie, DMI

Results of a Randomized Controlled Trial of a Radio Campaign in Burkina Faso – Matthew Lavoie (Development Media International)

Matthew Lavoie shared the findings of Development Media International’s (DMI) randomized control trial measuring the impact of mass media SBCC campaign in Burkina Faso. DMI opted to conduct this work in Burkina Faso because of its unique government radio policy that only allows for local radio and makes national radio illegal. Given this environment, Burkina Faso is the only country that could allow for distinct mass media intervention and control samples. The intervention itself was created using formative research and involved radio spots (eight to 12 aired daily), TV spots (three aired daily) and daily longer formats. Messages were broadcast in languages understood well by 75 percent of the target population and were viewed/heard by 75 percent of the target population. After 34 months, an analysis revealed a 35 percent difference in increased consultations between the intervention and control arms in one year, a 22 percent difference in the second and third years and a seven percent reduction in child mortality. Given these positive results, Mr. LaVoie also shared estimates on the cost and potential health benefits of scaling up this intervention in other West African countries. The findings from this research were published in The Lancet in February 2015.

[Download Presentation](#)

U.S. President's Malaria Initiative

Using data to inform SBCC interventions: A case study of LLIN replacement campaign in Benue state, Nigeria

Mathew Okoh
Abolade Oladejo
Itohowo Uko
Jessica Kafuko

Using Data to Inform SBCC for an LLIN Replacement Campaign – Mathew Okoh, HC3 Nigeria

Using Data to Inform SBCC Interventions: A Case Study of an LLIN Replacement Campaign in Benue state, Nigeria – Mathew Okoh (HC3 Nigeria)

Next, Mathew Okoh took the floor to share the findings of an HC3’s LLIN Replacement Campaign evaluation from Benue State, Nigeria. HC3 conducted this multi-stage cluster design study to meet the need for research data that could inform the LLIN Replacement Campaign’s distribution strategy, messages and channels. The analysis showed a number of results with practical SBCC implications. For example, only 36 percent of participants reported sleeping inside an LLIN the night before – primarily because participants didn’t own a net (54 percent) thought sleeping under a net was too hot (22 percent) or believed their net was in poor condition (16 percent). This study also found that communities overwhelmingly preferred nets of “other colors,” over white or no color preference. With this data, HC3 revised its procurement and demand creation plans, as well as its LLIN use messaging to meet the attitudes and needs of its target population.

[Download Presentation](#)

Session 3 Discussion

A question was asked about how the Burkina Faso randomized control trial (RCT) was able to avoid contamination (i.e., overlap in coverage with other malaria media programming). Mr. Lavoie explained that, in Burkina Faso, it is not legal for commercial operators to broadcast on the national network, making local radio station broadcasts convenient, discrete listening units ideal for RCTs. Mr. Okoh was asked about procurement details related to ITNs in Nigeria. HC3 Nigeria’s ability to influence procurement of ITN color or shape was decidedly

THE CCOP NETWORK

+300 MEMBERS
A network of over 300 SBCC professionals working to further the implementation of the Strategic Framework for Malaria Communication

+70 ORGANIZATIONS
National, Malaria Control Programs, donors, research institutions, NGOs and private sector organizations

1 FRAMEWORK

Overview of the Strategic Framework
Guda Alemayehu
September 29, 2016
Dakar

Introduction to the Strategic Framework – Guda Alemayehu, PMI Ethiopia

unique, as most country-level procurement processes do not allow for regional level choice of nets based on preference.

Day 2 – Session 4

Task Force Meetings – Facilitated by Guda Alemayehu (PMI Ethiopia)

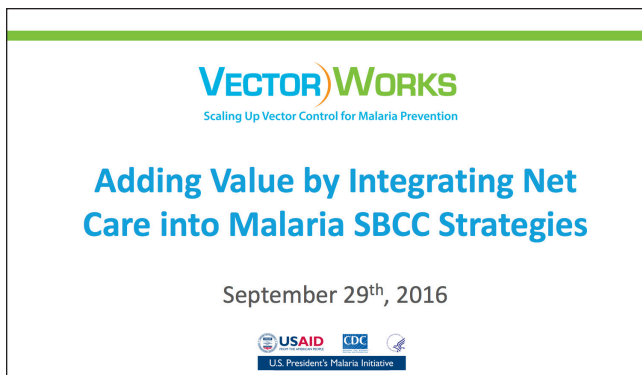
The room was split into four small groups, one for each new task force — case management, MiP, M&E and vector control — to nominate leadership, determine timing and frequency of calls and develop an outline of group priorities for the year. All four groups nominated leaders or co-leaders, and the case management, MiP and M&E groups decided on six fixed dates and times to hold their calls. The vector control group decided on ad-hoc calls. The majority of the time was spent discussing where participant organization deliverables overlapped with group interest to determine how to focus activities for the year. Each group prepared a short summary of their decisions and ideas for priority activities in the coming year.

[Download Presentation](#)

Day 3 – Session 1

Introduction and Overview of the RBM SBCC WG Strategic Framework – Facilitated by Guda Alemayehu (PMI Ethiopia)

Following Mathias Pollack’s overview of the previous day, Guda Alemayehu and Andrew Tompsett provided an introduction to the *Strategic Framework for Malaria Communication at the Country Level*, which is a global blueprint for malaria SBCC that aims to “empower communities to remove the threat of malaria from human health” through effective malaria



Incorporating ITN Care and Maintenance into Communication Strategies – Hannah Koenker, VectorWorks

communication. The Strategic Framework contains helpful malaria communication tools and resources and advocates for key malaria goals, objectives and actions. The RBM SBCC WG is currently revising the Strategic Framework with the support of HC3. Mr. Tompsett lead the community through a discussion on the Strategic Framework to identify the ways the Framework has been helpful, and how the goals, objectives and content could be revised to better serve the RBM SBCC WG. The feedback included highlighting lessons learned, the impact of SBCC on communities and recommendations for resource allocation.

Day 3 – Session 2

Malaria Communication Strategy Development and Revision – Facilitated by Mike Toso (HC3)

Adding Value by Integrating Net Care into Malaria SBCC Strategies – Hannah Koenker (VectorWorks)

Hannah Koenker provided an overview of VectorWorks’ Incorporating Net Care into Malaria SBCC Strategies: A Step-by-step Guide, which is a tool for agencies and organizations engaged in SBCC activities related to ITN distribution and use. Mrs. Koenker explained that research suggests net care messages (action intended to prevent damage to nets) are more important than net repair messages (actions intended to mend or restore a damaged net) in determining the lifespan of an ITN. She then provided an example from Nasarawa State, which strategically developed its SBCC strategy and messages using the P-Process™. A pre/post household survey of this project found that positive net care attitudes correlated with positive net care behaviors and contributed to an increase of nearly 12 months of median net lifespan in comparison to



Innovations and Common Pitfalls in Malaria Communication Strategies – Mike Toso, HC3

households with negative attitudes. Additionally, those who tied up their net during the day had 2.7 percent higher odds of being serviceable after three years.

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SBCC Strategy Development: Innovations and Common Pitfalls – Mike Toso (HC3)

Mike Toso opened his presentation by proposing that SBCC strategies have two purposes: the first is to be used, the second is to describe what he termed the “how,” not only the “what.” Mr. Toso explained that too often malaria SBCC strategy documents provide information already present in national malaria strategic plans (the what), neglecting to provide guidance on approaches, behavioral priorities and formative research that describes what activities, audiences, channels and messages are most likely to have the greatest impact (the how). He provided examples of communication objectives in several recently completed strategies that outline behaviors to change, not how these behaviors will be changed. After clearly defining the difference between communication and behavior objectives, Mr. Toso explained how the former can be used as intermediate indicators, and the latter used as outcome indicators. Finally, Mr. Toso walked the audience through a scenario that illustrated the importance of data-driven decision-making during malaria SBCC strategy development stakeholder workshops. He ended the presentation by highlighting a number of recently completed strategies and asking the NMCP SBCC focal persons responsible for each to provide their perspective. Theresia Shirima (NMCP) and Pamela Kweka (TCCP) spoke for Tanzania, Daniel Somah (NMCP) spoke

for Liberia, Monique Vololona (NMCP) spoke for Madagascar, Mrs. Malambe (NMCP) spoke for Swaziland, Rukia Nakamatte (NMCP) spoke for Uganda and Shadreck Mulenga (NMCP) spoke for Malawi.

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Group Structure and Capacity Strengthening Resources – *Nan Lewicky (HC3) and Amina Fakir-Knipiler (Sanofi)*

At this point in the meeting, Nan Lewicky (HC3) and Amina Fakir-Knipiler (Sanofi) walked community members through the RBM SBCC WG organizational structure and the various ways they can participate in the group throughout the year. These opportunities include bi-monthly general calls and Steering Committee calls, as well as the four task forces (M&E, Vector Management, MiP and Case Management). Finally, Mrs. Lewicky introduced a number of capacity strengthening tools that members can use to both build their team's capacity, as well as add to the growing evidence base for the impact of SBCC on malaria outcomes. These included the social platform [Springboard for Health Communication](#) (a social platform where people can view and comment on posts, discussions and job listings) and the [Health COMpass](#) (a vetted repository for SBCC guidance documents, program examples and resources).

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Closing Remarks

Anna McCartney-Melstad (Co-chair) and Guda Alemayehu (Co-chair) closed this year's meeting by thanking the many members who made this meeting possible and announcing the new name of the RBM CCoP: The RBM Social and Behavior Change Communication Working Group. This rebranding will not only help clarify the purpose of the group to non-members, but it will elevate the community to Working Group status. Finally, Michel Itabus provided inspiring closing remarks as a representative of the participants. Mr. Itabus captured the momentum and potential impact of the group when he said, "In Kampala, we were a small group of people in a large room. This year we have become an army."

PARTICIPANT LIST

PAGE 1

Name	Organization	Country
1. Aissata Fofana	RTI	Guinea
2. Aissetou Lalle	PNLP	Burkina Faso
3. Alexis Merrick	Peace Corps	Senegal
4. Amina Fakir-Knipiler	Sanofi	France
5. Andrew Ryan	HC3	USA
6. Andrew Tompsett	PMI	USA
7. Andrianambinintsoa Randimbiarison	Mikolo	Madagascar
8. Andritiana Tsarafihavy	MSH	Madagascar
9. Angela Acosta	VectorWorks	USA
10. Anna McCartney-Melstad	HC3	Nigeria
11. Basil Tushabe	Communication for Development	Uganda
12. Benson Ohemu	SFH	Nigeria
13. Boladale Akin-Kolapo	SFH	Nigeria
14. Boubacar Bocoum	JKJ	Mali
15. Brian Pedersen	Manoff	USA
16. Calsile Malambe	NMCP	Botswana
17. Chancy Mauluka	SSDI	Malawi
18. Chilumba Sikombe	MACEPA-PATH	Zambia
19. Cicilia Mhiti	Abt. Associates	Zimbabwe
20. Claude Emile Rwagocondo	UNICEF	Senegal
21. Corinne Fordham	HC3 Malaria	USA
22. Danen Gbue	SFH	Nigeria
23. Daniel Somah	NMCP	Liberia
24. Debora Freitas	Chemonics	USA
25. Denise Timbo Mongono	CRS	Guinea
26. Dominique Guinot	CRS	Senegal
27. Donald Dickerson	PMI	USA
28. Edson Dembo	PMI	Malawi
29. Fanja Randrianarivony	PSI	Madagascar
30. Fara Ndiaye	Speak Up Africa	Senegal
31. Fatou Mwaluke	PSI	DRC
32. Felisberto Massingue	HC3 Moz.	Mozambique
33. Fortunate Manjoro	Abt. Associates	Zimbabwe
34. Gael O'Sullivan	Abt Associates	USA
35. George Olanya	FHI360	Uganda
36. Guda Alemayehu	PMI	USA
37. Hannah Koenker	VectorWorks	USA
38. Henri Mbengue	Abt. Associates	Senegal
39. Ibrahima Sanoh	RTI	Guinea
40. Isijola Oluwatola Grace	SFH	Nigeria
41. Itohowo Uko	NMCP	Nigeria
42. Jacqueline Kisia	NMCP	Kenya
43. Jean Baptiste Mputu	Project de Sante Integre Plus	DRC
44. Jeanine Musau	MSH	DRC
45. Jennifer Somtore	USAID	Burkina Faso
46. Jennyfer Tamba	SANRU	DRC
47. Katherine Sturm-Ramirez	PMI	Senegal
48. Khadidiatou Aw	USAID	Senegal
49. Kumba Wani Lahai	NMCP	Sierra Leone
50. Kwame Gakpey	NMCP	Ghana

PARTICIPANT LIST

PAGE 2

Name	Organization	Country
51. Lanto Gino Razafindramanitra	PSI	Madagascar
52. Mabel Naibere	FHI350	Uganda
53. Mamadoube Sanoussi Camara	RTI	Guinea
54. Mame Birame	PMI	Senegal
55. Mariama Mamadou	PNLP	Niger
56. Mariama Gobicko	RTI	Guinea
57. Mathew Okoh	HC3 Nigeria	Nigeria
58. Matthew Lavoie	DMI	United Kingdom
59. Mathias Pollock	PSI	USA
60. Michel Itabus	NMCP	DRC
61. Mike Toso	HC3 Malaria	USA
62. Mireille Lusiense Zena	PSI	DRC
63. Monique Vololoarinsinjatovo	NMCP	Madagascar
64. Mory Camara	NMCP	Mali
65. Mwinyi Khamis	NMCP	Zanzibar
66. Nan Lewicky	HC3 Malaria	USA
67. Nene Diallo	Save the Children	Cote d'Ivoire
68. Nicolas Ouedraogo	Promaco	Burkina Faso
69. Noel Kabore	Jhpiego	Burkina Faso
70. Pamela Kweka	TCCP	Tanzania
71. Pascal Zinzindohoue	PMI	Senegal
72. Pauline Yanogo	NMCP	Burkina Faso
73. Rachel Hampshire	Chemonics	USA
74. Robert Arsenault	Overseas Strategic Consulting, Ltd	USA
75. Roumana Hassanaly	PSI	Madagascar
76. Rukia Nakamatte	NMCP	Uganda
77. Sai Ti	ARC Int	Thailand
78. Sally Pame	Speak Up Africa	Senegal
79. Sergio Tsabete	NMCP	Mozambique
80. Shadreck Mulenga	NMCP	Malawi
81. Shreehari Acharaya	Raks Thai Foundation	Thailand
82. Sonko Faguèye	PATH	Senegal
83. Taronga Mafuleka	NMCP	Malawi
84. Theresia Shirima	NMCP	Tanzania
85. Tiana Ramanatiaray	NMCP	Madagascar
86. Todd Jennings	MACEPA-PATH	Zambia
87. Usman Usman	HC3 Nigeria	Nigeria
88. Valentina Buj	UNICEF	France
89. William Ogwal	AIRS	Uganda
90. Zacharie Fotso Fokam	Save the Children	Ivory Coast

AGENDA

MEETING OBJECTIVES:

1. Increase the RBM CCoP's network and expand the role of SBCC in the implementation of malaria prevention, control and elimination activities
2. Understand SBCC through technical presentations, discussions and exchange of ideas and best practices
3. Identify and develop activities for the CCoP and task forces for 2017
4. Advance implementation of the RBM CCoP *Strategic Framework for Malaria Communication at the Country Level*
5. Discuss and approve revisions to the CCoP Terms of Reference
6. Discuss updates to the RBM CCoP *SBCC Indicator Reference Guide* and RBM CCoP *Strategic Framework for Malaria Communication*

Tuesday, 27 September, 2016 (Day 1) Time Keeper: Andrew Ryan		Facilitators/Presenters
8:00-8:30	Registration / coffee and tea	
8:30-8:45	RBM CCoP Co-Chair Welcome	Co-Chairs: Guda Alemayehu, Anna McCartney Melstad
8:45 – 9:15	RBM CCoP Secretariat Introduction, housekeeping	Facilitator: Nan Lewicky (HC3 - RBM CCoP Secretariat)
9:15-10:00 Session 1	Opening remarks	WARN/CARN: Claude Emile RoRwagocondo (UNICEF) PMI: Pascal Zinzindohoue (PMI Senegal) NMCP: Omar Sarr (NMCP Senegal)
10:00-10:30	Coffee Break	
10:30 – 12:00 Session 2	<ul style="list-style-type: none"> • Update on 2016 CCoP (CCoP Co-Chairs) <ul style="list-style-type: none"> ○ General activities ○ Task Force Updates • Updates WGs (VCWG) • Update on 2017 <ul style="list-style-type: none"> ○ TOR revisions (and CCoP mandate) ○ New task force invites 	Facilitator: Amina Fakir-Knipiler (Sanofi) Presenters: <ul style="list-style-type: none"> • 2016 Updates: (Guda Alemayehu, Anna McCartney Melstad) <ul style="list-style-type: none"> • 30 minute presentation • Task Force Updates: (Angela Acosta, Andrew Tompsett, Mike Toso) • Hannah Koenker <ul style="list-style-type: none"> • 30 minute discussion • 2017 Updates (Guda Alemayehu) <ul style="list-style-type: none"> • 30 minute discussion
12:00 – 1:00	Lunch	
1:00 – 3:00 Session 3	Technical Presentations and Discussion: Implementation	Facilitator: Wani Kumba Lahai (NMCP Sierra Leone) Presenters: <ul style="list-style-type: none"> • Chilumba Sikombe (MACEPA-PATH Zambia): <i>Community Engagement Supporting a Mass Drug Administration in Southern Zambia</i> <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion • Sai Ti (ARC Int. Thailand): <i>Malaria Interventions in Myanmar-Thailand Border: Cross-Border Collaboration</i> <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion • Boladale Nurat Akin-Kolapo, Benson Ohemu (SFH Nigeria): <i>IPC Supporting IPTp and RDTs in Nigeria</i> <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion • Mory Camara (NMCP Mali): <i>Testing and Treatment in the Sabalibougou, Mali</i> <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion
3:00 – 3:15	Coffee Break	

3:15 – 4: 45 Session 4	Technical Presentations and Discussion: Capacity Strengthening	<p>Facilitator: Nan Lewicky (HC3)</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Usman Usman (HC3 Nigeria): “Foster Parenting” – Building a sustainable media partnership for effective malaria SBCC in Nigeria <ul style="list-style-type: none"> ○ 15 minute presentation • Sergio Tsabete (NMCP Mozambique), Felisberto Massingue (HC3 Mozambique): Capacity Strengthening <ul style="list-style-type: none"> ○ 20 minute presentation • Corinne Fordham (HC3), Chancy Mauluka (SSDI, Malawi): Substandard, Spurious, Falsely Labeled, Falsified and Counterfeit (SSFFC) Anti-Malaria Medicines in Nigeria and Malawi <ul style="list-style-type: none"> ○ 20 minute presentation • Q & A: 15 minute discussion
4:45 – 5:00	Looking Ahead to Day 2	Steering Committee Member: Mory Camara (NMCP Mali)
<p>Wednesday, 28 September, 2016 (Day 2) Time Keeper: Andrew Ryan</p>		Presenters
8:00 – 8:15	Arrival of participants / coffee and tea	
8:15 – 8:45	Day 1 Recap Facilitator: Donald Dickerson (PMI)	
8:45-9:45 Session 1	Technical Presentations and Discussion: Global SBCC Frameworks and Guidance	<p>Presenters:</p> <ul style="list-style-type: none"> • Angela Acosta (VectorWorks, M&E Task Force): Revision of Malaria SBCC Indicator Reference Guide <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion • Brian Pedersen (ACCELERATE): The Global Malaria Behavior Framework: a decision and decision-making tool to accelerate results <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion
10:00-10:30	Coffee Break (Poster Session & Market Place)	
10:30 – 11:45 Session 2	Technical Presentation and Discussion: Monitoring	<p>Facilitator: Hannah Koenker (VectorWorks)</p> <ul style="list-style-type: none"> • Participants: Roundtable Discussion: Monitoring techniques- Omnibus Surveys, IVR, Geopoll, Smartphone-Based Applications, HMIS data, TRaC Survey Data <ul style="list-style-type: none"> ○ 45 minute discussion • Kumba Wani Lahai (NMCP Sierra Leone): Rapid Assessment of Barriers to LLIN Use in Sierra Leone <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion
11:45 – 1:15	Lunch (Poster Session & Market Place)	
1:15 – 3:00 Session 3	Technical presentation and Discussion : Evaluation and Operations Research	<p>Facilitator: Angela Acosta (VectorWorks)</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Jeanine Musau (MSH DRC), Michel Itabus (NMCP DRC): Champion Communities Approach Supporting Malaria Control in DRC <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion • Matthew Lavoie (DMI UK): End line Results of a Randomized Controlled Trial of a Radio Campaign in Burkina Faso <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion • Mathew Okoh (HC3 Nigeria): Using data to inform SBCC interventions: A case study of an LLIN replacement campaign in Benue state, Nigeria <ul style="list-style-type: none"> ○ 20 minute presentation, 10 minute discussion
3:00-3:30	Coffee Break (Poster Session & Market Place)	

3:30 – 4:45 Session 4	<p>Task Force Meetings: Discussion about 2017 activities</p> <ul style="list-style-type: none"> • TORs for new FTs based on MiP, CM, VC, M&E activities/priorities (45 mn) <ul style="list-style-type: none"> ○ Role as new task force (coordinating with related WG) ○ What are you activities? ○ Ideas for presentations in the coming year ○ SBCC priorities (for each) ○ Operations research priorities (for each) 	<p>Facilitator: Guda Alemayehu (PMI Ethiopia) Moderators:</p> <ul style="list-style-type: none"> • MiP: Nan Lewicky • CM: Amina Fakir-Knipiler • VC: Andrew Tompsett • M&E: Angela Acosta (on behalf of Jessica Butts)
4:45-5:00	Looking ahead at Day 3	Facilitator: Andrew Tompsett (PMI)

Thursday, 29 September, 2016 (Day 3) Time Keeper: Andrew Ryan		Presenters
8:00 – 8:30	Arrival of participants / coffee and tea	
8:30 – 9:00	Day 2 Recap	Facilitator: Mathias Pollock (PSI)
9:00-10:00 Session 1	Introduction and overview of <i>RBM CCoP Strategic Framework</i>	<p>Presenters: Guda Alemayehu, Anna McCartney Melstad, Mike Toso</p> <ul style="list-style-type: none"> • Introduction and overview of RBM CCoP Strategic Framework for Malaria Communication at the Country Level <ul style="list-style-type: none"> ○ 15 minute presentation • Small group discussion, plenary, presentation of recommendations <ul style="list-style-type: none"> ○ 45 minute discussion
10:00-10:30	Coffee Break (Poster Session & Market Place)	
10:30 – 12:30 Session 2	Workshop: Malaria Communication Strategy Development and Revision	<p>Facilitator: Mike Toso (HC3) Presenters:</p> <ul style="list-style-type: none"> • Hannah Koenker(VectorWorks) <i>Incorporating Net Care & Maintenance into malaria communication strategies</i> <ul style="list-style-type: none"> ○ 20 minute presentation, 15 minute discussion • Mike Toso (HC3) <i>Innovations and common pitfalls in malaria communication strategies</i> <ul style="list-style-type: none"> ○ 20 minute presentation, 15 minute discussion • Daniel Somah (NMCP Liberia), Monique Vololona (NMCP Madagascar), Theresia Shirima (NMCP Tanzania), Pamela Kweka (TCCP Tanzania), Shadreck Mulenga (NMCP Malawi), Malambe Calsile (NMCP Swaziland), Mike Toso (HC3) Panel Discussion: <i>Malaria SBCC strategy development</i> <ul style="list-style-type: none"> ○ 50 minute panel discussion
12:30 – 1:30	Lunch (Poster Session & Market Place)	
1:30 – 1:50 1:50-2:30 Session 3	Capacity Strengthening Resources	<p>Facilitator: Nan Lewicky (HC3)</p> <ul style="list-style-type: none"> ○ 10 minute presentation • Gaps and needs for SBCC capacity at the country level discussion - plenary <ul style="list-style-type: none"> ○ 10 minute presentation
2:30 – 3:30 Session 4	Presentations on 2017 CCoP and Task Force Work plans	Task Force Co-Leads: Corinne Fordham (Case Management), Mike Toso and Boubacar Bocoum (Malaria in Pregnancy), Hannah Koenker (Vector Control), Angela Acosta (Monitoring and Evaluation)
3:30 – 4:00	Closing remarks: SBCC WG Representative, Co-Chairs	SBCC WG Representative: Michel Itabu Co-Chairs: Anna McCartney Melstad, Guda Alemayehu

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