



Partnership To End Malaria

Social and Behaviour Change Working Group



**Co-Chairs:
Mariam Nabukenya Wamala
& Gabrielle Hunter**

Updates from the RBM SBC WG

RBM SBC WG Core Objectives



Technical Guidance

Promote theory-informed, evidence-based programming focused on behavior change at the country level



Coordination and Networking

Forum for exchange of malaria SBC best practices and experiences among NMCPs and other SBC professionals



Making the Case

Be a voice to call for political, social, and financial resources to SBC as a core component of malaria control that cuts across all technical areas

Engagement in English, French, and Portuguese

60+ countries joining calls over the last 2 years

SBC WG Steering Group



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World malaria report 2022

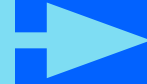


“Although clear social and behaviour change communication (SBCC) strategies exist, these critical interventions remain under-resourced and greater investment is required.”

- World Malaria Report 2022



47% of the population used their net*



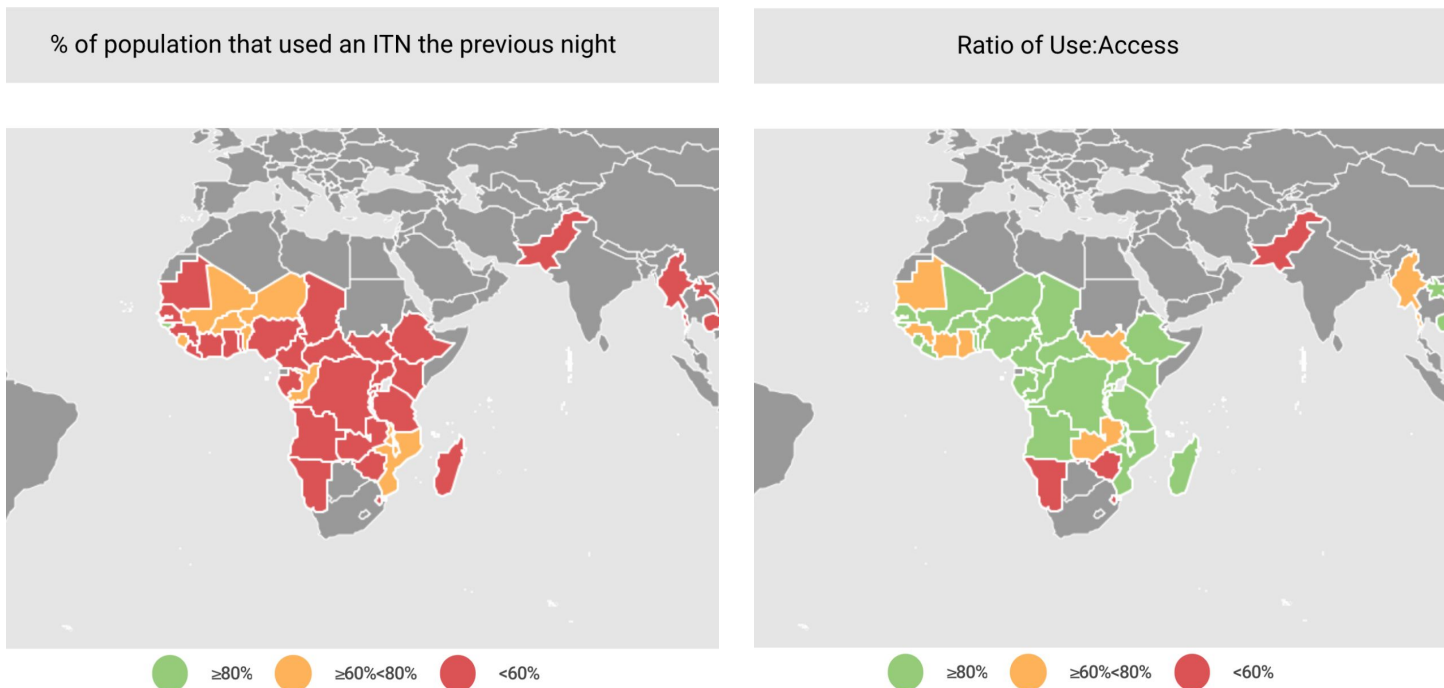
Use SBC to improve the use of nets

Authors of a meta-analysis of 11 health education interventions to improve ITN usage found that respondents in the intervention groups were **5.3 times more likely to use ITNs when the health education program used behavioural theory** compared to only 1.86 times when a theory was not used.

[Effectiveness of health education interventions to improve malaria knowledge and insecticide-treated nets usage among populations of sub-Saharan Africa: systematic review and meta-analysis](#)

***does not account for access to a net**

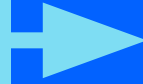
With Access to Enough Nets, Net Use is >80%



Global Map Of Net Access and Use Indicators from MIS, DHS, MICS: www.itnuse.org



**ITN median
lifespan varies
(1.9 year median)**



**Use SBC to
increase the
lifespan of ITNs**

In Nigeria, exposure to multiple channels of an SBC intervention was associated with a better attitude toward caring for and repairing ITNs. In households with a positive attitude compared to a negative attitude toward ITN care and repair, the estimated **median lifespan of ITNs was approximately one full year longer.**

[Impact of a behaviour change intervention on long-lasting insecticidal net care and repair behaviour and net condition in Nasarawa State, Nigeria](#)



55% of women who attended ANC received IPTp 1, only 35% received IPTp 3

Use SBC to increase IPTp uptake

In Burkina Faso, **uptake of more than two doses of IPTp-SP was 22% higher for those exposed to the community-based campaign** (nearly 72% for those exposed to the community-based campaign compared to only approximately 50% who were unexposed).

[Community-based promotional campaign to improve uptake of intermittent preventive antimalarial treatment in pregnancy in Burkina Faso](#)



**72% of women
attended ANC at
least once**



**Use SBC to
increase ANC
attendance**

In Burkina Faso, a community-based campaign to improve the uptake of **IPTp found 65% of women exposed completed three or more ANC visits** compared to nearly **45%** who were unexposed.

[Community-based promotional campaign to improve uptake of intermittent preventive antimalarial treatment in pregnancy in Burkina Faso](#)



**Treatment seeking
remains stagnant
since 2005
(65% vs 67%)***



**Use SBC to
improve
care-seeking**

In Ghana, caregivers of children under five years of age with a fever exposed to a communication intervention were **four times more likely to use CHW services** than unexposed caregivers.

[Treating fever in children under five years of age: caregiver perceptions of community health worker services in Dangme West district, Ghana](#)

Recent SBC WG Activities

Current:

- CHW Toolkit
- Updating M&E Resources


**Join our
Breakout
Session on Day
4 to learn more!**

Completed in Last 3 Years:

- Malaria Vaccine SBC Guidance (next slide)
- Making a Case for Malaria SBC
- COVID-19 Guidance
- COVID-19 Case Studies
- SBC Guidance for Zero Malaria Starts with Me
- SBCC Module for MIS/DHS
 - Questionnaire, tables templates, interviewer training, guidance for interpretation of results
- Low transmission considerations added to SBC Strategy Template


Malaria Vaccine Demand & SBC Guidance

- **Status:** New guidance for malaria vaccine SBC has been **jointly developed by immunization and malaria partners** under the Malaria Vaccine Uptake Task Team (led by WHO and PATH)
 - The package of practical tools is available on TechNet-21
 - **RBM SBC Working Group** contributed to it's content and several members provided feedback



The VACCINE IS PART OF THE OVERALL MALARIA PROTECTION PACKAGE

The malaria vaccine reduces the number of times a child gets malaria, including severe malaria, and it reduces child deaths. A child who receives the vaccine may still get malaria. It is, therefore, important to CONTINUE WITH OTHER PREVENTION MEASURES.



Take along your maternal and child health record book any time you visit the health facility. Ask your health worker when to come for your next visit.

Job aid for health workers

MALARIA VACCINE: Who Gets the Vaccine and When

Dose	When to give
Dose 1	Give from X months of age. Dose 1 can be given through X months of age if the child is late.
Dose 2	Give a minimum of 4 weeks after dose 1.
Dose 3	Give a minimum of 4 weeks after dose 2.
Dose 4	Give at XX months. Dose 4 can be given up to XX of age if the child is late.

- Take time after vaccination to remind caregivers about the next scheduled visit.
- Tell caregivers that the child will need 4 doses of the malaria vaccine and remind them to continue using other malaria prevention measures.
- Like other vaccines, children who come late for doses can still receive the dose and other child health interventions that are due, including growth monitoring, vitamin A and deworming.
- Record the dose and the date given in the tally sheet, maternal and child health record book and child health register.

Staying in Touch with the SBC WG



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www.bit.ly/RBMSBCWG

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