RBM Partnership To End Malaria | Social and Behavior Change Communication Working Group

Updates from the RBM SBCC WG

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WG co-chairs: Anna McCartney-Melstad & Guda Alemayehu

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SBCC WG at a Glance

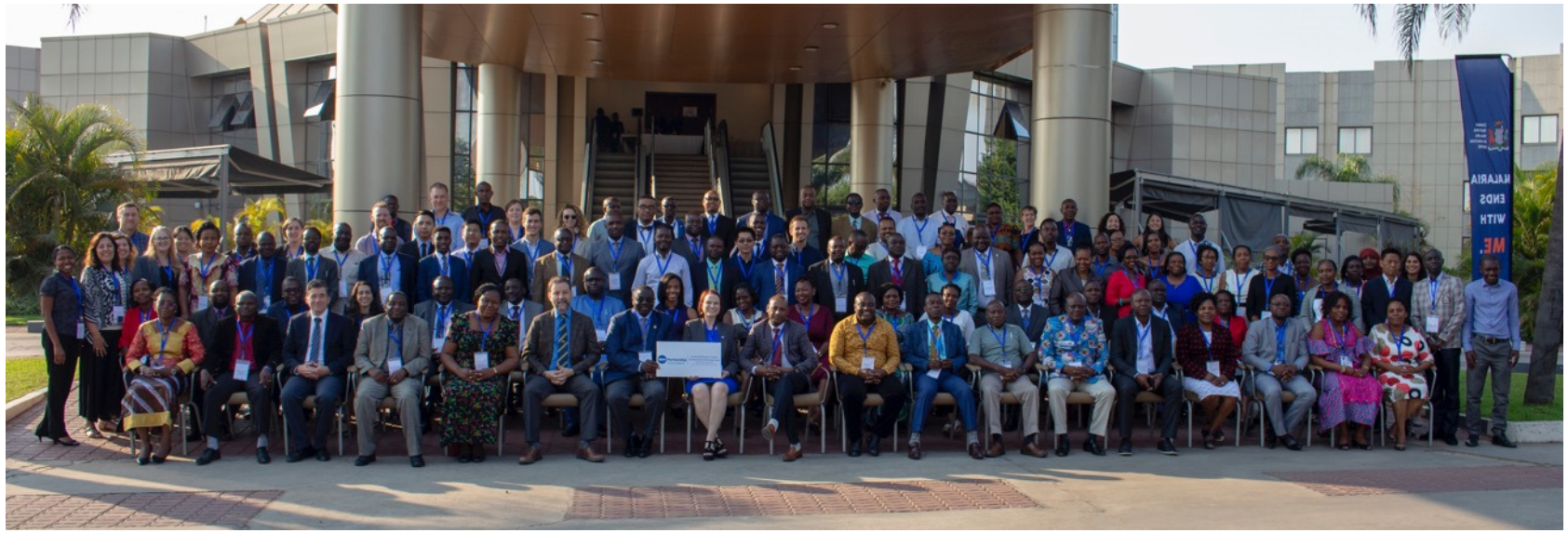
- **Technical working group**
- **Social and behavior change - science and art**
- **Cross-cutting**
- **Core functions**
  1. Coordination: Forum for exchange of malaria SBCC best practices and experiences
  2. Technical assistance: Promote theory-informed, evidence based SBCC programming at the country level
  3. Making the case for SBCC: Mobilize political, social, and financial resources to position SBCC as a core component of malaria control
- **Active and diverse membership**

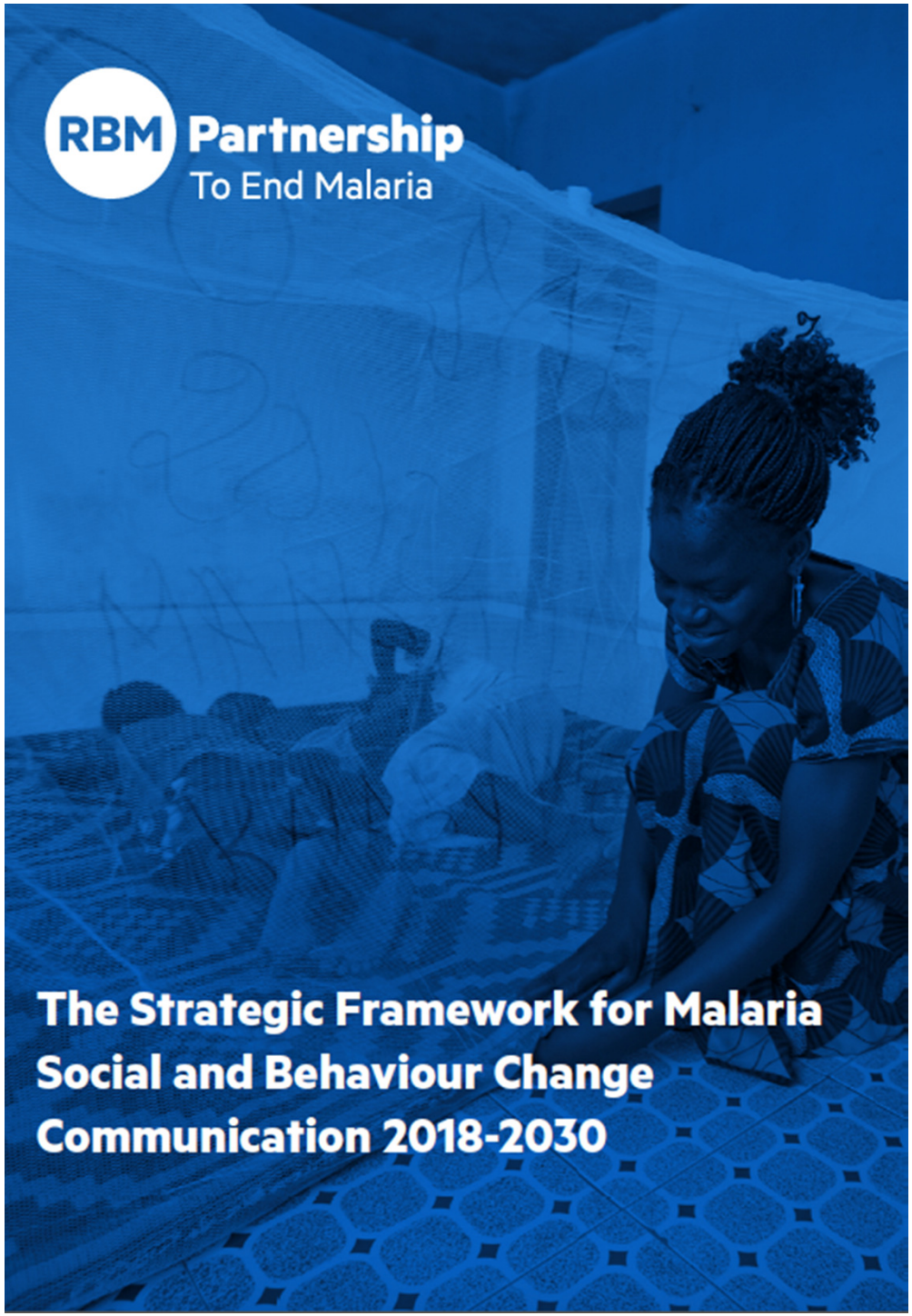
Annual Meeting: Sept 2018, Lusaka

Approximately 125 participants, 22 countries

- 49% NMCP/MOH
- 41% International partners
- 10% USAID/PMI

Join us in 2019!
Location to be announced



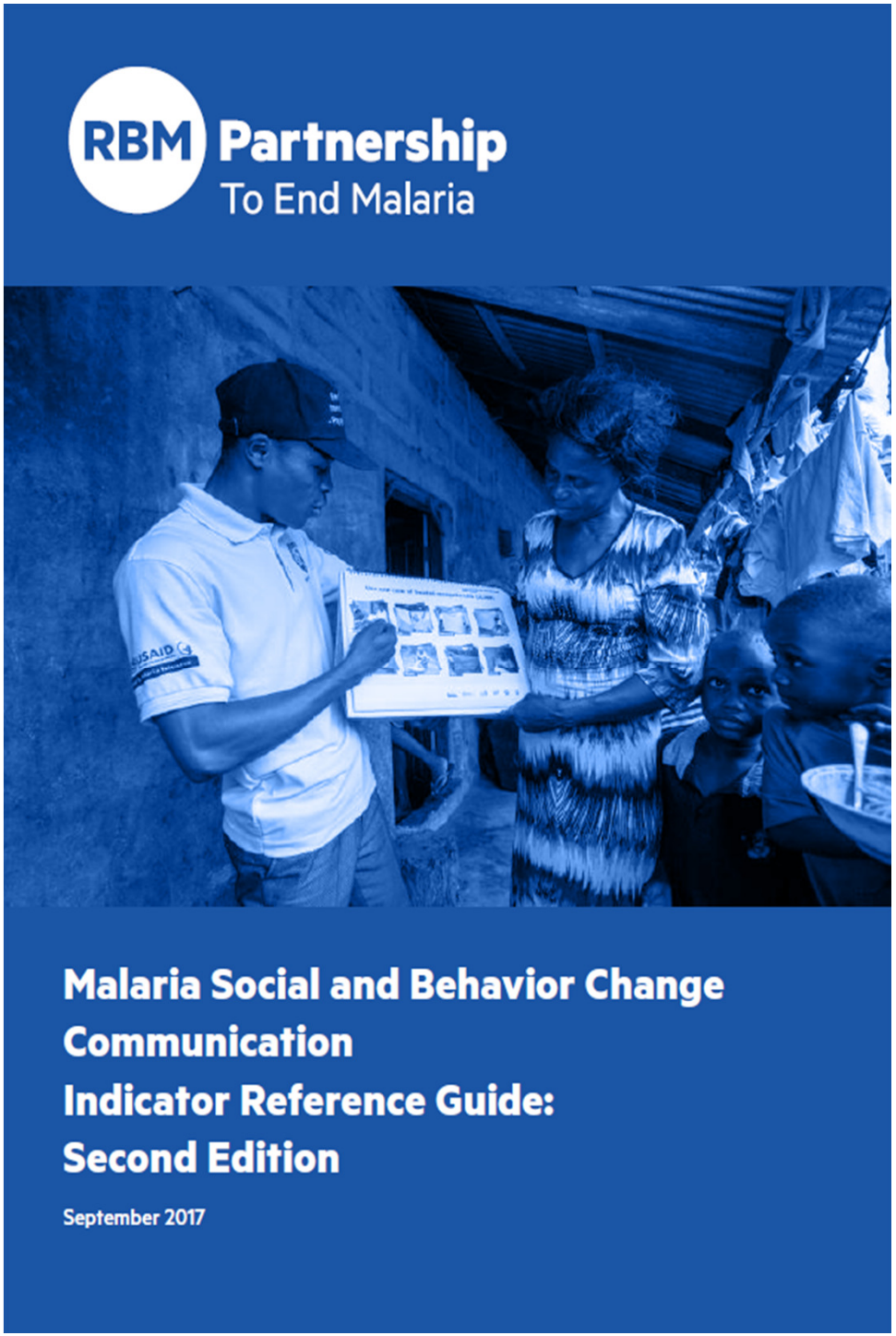


Strategic Framework for Malaria SBCC 2018-2030

- Making the case for SBCC as a critical component of malaria programs, with evidence and how it contributes to program effectiveness
- Standardized and strategic process for SBCC program planning and implementation
- Standard elements for malaria communication strategies that align with global technical guidance

Malaria SBCC Indicator Reference Guide, Second Edition

- Updated list of standard malaria SBCC indicators
- How to select indicators depending on data source or stage of the M&E cycle
- How to adapt the indicators to different interventions, audiences, contexts
- Adaptable survey questions for monitoring and evaluation of malaria SBCC



SBCC for Malaria Case Management

SBCC is critical for ensuring:

- Universal access to effective case management
- Prompt treatment seeking and compliance with interventions provided
- Acceptance and adherence to malaria chemoprevention interventions
- Successful conduct of parasite control/elimination using MDA

SBCC for Malaria Case Management

- Boosting care-seeking - strengthen trust in the public health system, by promoting the availability of quality case management services and Improve the quality of counseling to enhance patient compliance with RDT results, completing referral, completing treatment, etc.
- Provide frameworks for exploring and understanding provider attitudes and biases affecting adherence to guidelines
- Widespread acceptance of guidelines and social norms/expectations among providers and communities to comply

Potential areas for alignment

- Strengthen standardized supportive supervision checklists in the areas of:
  - assessing provider competencies in interpersonal communication
  - provider attitudes toward various aspects of guidelines
  - patient satisfaction

  (Same for health facility assessments)
- Conducting formative research
- Developing behavior change strategies that target communities and providers

Future Activities

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1. Develop a standardized SBCC survey module
   - Request of DHS program: Optional module for countries to include on MIS
   - Standard survey questions related to malaria behaviors (factors that influence ITN use, care-seeking…)
   - Include a tabulation plan and guidance on data use
2. Community Health Worker toolkit for SBCC interventions to support case management, vector control, and malaria in pregnancy
3. Help facilitate SBCC TA upon request through CRSPC, SRN meetings
4. Collaboration with other working groups

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