RBM Partnership
To End Malaria

Community Health Worker Malaria Social and Behaviour Change Toolkit

Social and Behaviour Change Working Group

Table of Contents

Toolkit Modules

Module 1: Principles of Social and Behaviour Change

Module 2: Social and Behaviour Change Approaches for Community Health Workers

Module 3: Community Mobilisation Strategies

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

Module 5: Monitoring and Assessing Behaviours in the Community

Module 6: Supportive Supervision of Community Health Workers' Social and Behaviour Change Activities

Acronyms and Key Terms

CCP	Johns Hopkins Center for Communication Programs
CDC	U.S. Centers for Disease Control
CHW	Community health worker
SBC	Social and behaviour change
SBCC	Social and behaviour change communication
HMIS	Health Management Information System
ANC	Antenatal clinic
ITN	Insecticide-treated net
IRS	Indoor residual spray
IPTp	Intermittent preventive treatment in pregnancy
DHS	Demographic and Health Survey
MIS	Malaria Indicator Survey
IEC	Information, education, and communication
BCC	Behaviour change communication
IPC	Interpersonal communication
Mass media	Radio, television, broadcast that reaches large audiences
Mid media	Radio, television or anything broadcast that reaches small audiences (district radio stations)
PMI	U.S. President's Malaria Initiative
RBM SBC WG	RBM Partnership to End Malaria Social and Behaviour Change Working Group
SBC	Social and behaviour change
SMC	Seasonal malaria chemoprevention
WG	Working Group

Acknowledgements

This guide aims to provide **high-level guidance in developing curricula and in training community health workers (CHWs) on social and behaviour change (SBC)** activities. It is designed to be **adapted by national malaria programs, implementing partners, and other stakeholders**, and it is a product of a priority identified during the September 2018 Annual Meeting of the RBM Partnership to End Malaria SBC Working Group (RBM SBC WG).

Overall coordination and production of the document was led by the following RBM SBC WG leadership members from the U.S. Centers for Disease Control (CDC)-U.S. President's Malaria Initiative (PMI) and Johns Hopkins Center for Communication Programs (CCP): Shelby Cash (CDC-PMI), Debora Freitas-Lopez (CCP), Gabrielle Hunter (CCP), Ashley Riley (CCP), and Tyler Johnson (CDC-PMI). Additional contributions to development of this first edition were supported by Kristin Vibbert (Jhpiego), Angela Acosta (CCP), Todd Jennings (PATH), Mary Warsh (PSI), and Keith Esch (PSI). We would additionally like to acknowledge and appreciate support from those who reviewed module content, including Andrew Tompsett (USAID-PMI), Bridget Higginbotham (USAID-PMI), Avery Avrakotos (USAID-PMI), Jessica Butts (CDC-PMI), Rose Zulliger (USAID-PMI), Anne Linn (USAID-PMI), Ashley Malpass (USAID-PMI), Amina Knipiler (H4Africa), and several members of the RBM SBC WG.

Finally, many staff from national malaria programs and ministries of health in malaria-endemic countries contributed by sharing materials used by CHW programs in their countries, which provided a foundation on which to develop this toolkit.

Introduction

CHWs and community health volunteers can be an effective extension of the health system because they facilitate care among communities that may lack access to a health facility and because CHWs are trusted community members who can provide services and prevention messages. This trust is built on relationships with other community networks, such as traditional healers, friends, families, suppliers of resources (e.g., farmers), and other "hidden" stakeholders.

PMI Impact Malaria

CHWs perform a variety of health system functions across six general categories:

- Delivering diagnostic, treatment, and other clinical services.
- Assisting with appropriate utilisation of health services, including referrals.
- Providing health education and behaviour change motivation to community members.
- Collecting and recording data.
- Improving relationships between health services and communities.
- Providing psychosocial support.

Given their important role in promoting the uptake and maintenance of malaria prevention, testing, and treatment behaviours, it is imperative CHWs receive adequate training to effectively implement SBC activities and the tools and resources to implement approaches tailored to the needs of the communities they serve.

Background

The process to develop this guidance included landscape analyses of countries' existing CHW training modules to identify the quality of those materials and the extent to which they included training elements describing SBC, provided tools and resources for conducting effective service communication and community-level implementation, and guidance for determining influences on community behaviour. Resources provided by RBM SBC WG members came from the following countries:

Cameroon	Côte d'Ivoire	Democratic Republic of the Congo
Ethiopia	Kenya	Malawi
Senegal	Tanzania	Uganda
Zambia	Zanzibar	Zimbabwe

Additionally, a literature review of 75 peer-reviewed articles and 51 CHW policy documents to identify the extent to which CHWs were incorporated formally within the health system and to further identify key areas of SBC support in which CHWs can implement activities to facilitate uptake and maintenance of interventions (across multiple health areas).

These initial activities informed the development of the toolkit outline, which was then vetted by RBM SBC WG members. Once the outline was finalised, module content and activities were developed.

Future Iteration

The systems in which CHWs operate will continue to evolve as more countries engage CHWs in the formal health system, as CHW trainings intensify, as new interventions like the malaria vaccine become available, and as communities face issues like COVID-19, emerging biological threats, conflict, and climate change. Although this guidance may not fully capture all nuances, it aims to provide a solid foundation on which to adapt SBC principles to various circumstances. This toolset may be updated as needed to incorporate lessons learned from those who use the module content and to leverage and optimise the critical role of CHWs.

Purpose of This Toolkit

This toolkit was developed to provide high-level, standard guidance for SBC content in CHW training and field materials. It is not a training guide or a training manual for CHWs; rather, the content of this toolkit can be added to CHW training to cover essential aspects of SBC for malaria and enhance the work of CHWs. The individual modules in this toolkit can be used selectively to best fit a specific circumstance and can be adapted for country or regional situations.

The modules cover the following topics:
1. Principles of SBC
2. SBC Approaches for CHWs
3. Community Mobilisation Strategies.
4. Malaria Prevention, Testing, and Treatment Behaviours to Promote
5. Monitoring and Assessing Behaviours in the Community
6. Supportive Supervision of Community Health Care Workers' Social and Behaviour Change Activities

Objectives

This toolkit was formulated to provide those who train CHWs with resources aimed to help ensure CHWs can:

- Distinguish between SBC and social and behaviour change communication (SBCC), behavioural factors, and their roles in influencing malaria behaviours among community members.

- Identify and integrate SBC approaches into regular community activities to strengthen community uptake and maintenance of malaria prevention and treatment behaviours.

- Understand how to use monitoring and supportive supervision data to improve quality of care.

Why Malaria?

The world has made tremendous progress in the fight against malaria, but the battle is far from over. According to the World Health Organization, rates of malaria-related infections and deaths have stalled worldwide since 2015. Yet, in 2021, 247 million cases of malaria were reported worldwide, which was 2 million more than in 2020 (World Malaria Report, 2022). Pregnant women and children under five years old are especially vulnerable, but malaria can be devastating to anyone who gets it. Malaria also affects communities' social and economic well-being and development. Evidence has linked high malaria rates with poverty, poor educational outcomes, and missed work and wages.

Riccardo Gangale/VectorWorks

Although efforts to achieve ambitious global goals have fallen short, CHW-led and community-centred SBC can help influence and foster enabling environments to practise better health behaviours, particularly among the most underserved populations.

Who Should Use This Toolkit?

This toolkit was created to be used primarily by those who conduct CHW training in moderate to high malaria transmission settings to supplement SBC content and help CHWs successfully implement SBC activities. This audience includes CHW supervisors, key staff within the health system, national malaria programs, and implementing partners. All entities providing support to CHWs are encouraged to use this resource as well.

How to Use This Toolkit

Each module in this toolkit can be used together in a complete package or as standalone modules to supplement existing SBC content in CHW training curricula. The toolkit can be adapted to reflect local scopes of CHW practice, terminology, and other country-specific contexts. Users are encouraged to align it with the specific context in which CHWs work. Content also can be shared with local leaders and teams to conduct coordinated SBC activities with CHWs.

To effectively incorporate the content of this toolkit into a training curriculum, users can select the modules to include in the training and then break up the content into subsections and deliver it during trainings using didactic and engaging methods to facilitate adult learning. The toolkit does not provide step-by-step guidance on how to facilitate a training on each topic. However, each module contains an example activity to help reinforce learning in CHW trainings.

Modules 1–4 are intended to be used by CHW trainers when working with CHWs who conduct regular service delivery and health promotion activities. These modules outline the CHW role in malaria SBC before, during, and after care delivery and the various community-level approaches CHWs may use to facilitate SBC activities.

Modules 5 and 6 are geared towards CHW supervisors, mentors, and implementing partners. They are intended to outline the types and sources of behaviour-related data collected by CHWs and monitored by programs. They also outline opportunities for incorporating SBC content into CHW supportive supervision and mentorship activities.

The toolkit also includes the following:

- Acronyms and Key Terms: Defines key terms and concepts.
- FAQs About Malaria: Shared from the Malaria SBC Toolkit for Community and Faith Leaders.
- A collection of resources referenced throughout the toolkit, as well as additional tools and links.

Questions and Suggestions

If you have questions or suggestions as you use or adapt this toolkit, kindly contact Ashley Riley, RBM SBC WG Coordinator, at ashley.riley@jhu.edu.

Frequently Asked Questions About Malaria

Adapted from the Malaria SBC Toolkit for Community and Faith Leaders.

Does eating specific foods cause malaria?
Malaria is carried by mosquitoes. The only way you can get malaria is through the bite of a mosquito infected with malaria. Malaria is not caused by eating any specific food.

Does witchcraft cause malaria?
Malaria is carried by mosquitoes. The only way you can get malaria is through the bite of a mosquito infected with malaria. That being said, malaria can cause complications that may be misinterpreted as witchcraft. For example, malaria, if untreated, can become severe and cause convulsions. You might view this as a sign of "being possessed" or witchcraft. However, this is a known symptom of severe malaria.

Why should I use an insecticide-treated net?
Sleeping under an insecticide-treated net each and every night is one of the most important actions you can take to prevent malaria. The type of mosquitoes that carry malaria almost always bite between sunset and sunrise. Insecticide-treated nets provide a physical barrier to ensure mosquitoes cannot bite you when you are sleeping, and bed nets treated with insecticides provide even greater protection by killing or repelling mosquitoes.

How do I use a bed net?
Whether you sleep inside or outside, you should always use an insecticide-treated bed net. If you are sleeping indoors, hang the net from the walls or roof to ensure that your bed or sleeping mat is covered completely. The net should be hung so that it can be tucked tightly under your bed or sleeping mat. If you are having trouble hanging your bed net, you can seek assistance from a community health worker.

Are insecticide-treated nets uncomfortable to sleep in?
Some find it hot to sleep under an insecticide-treated net. However, sleeping under a net each and every night is one of the most effective actions you can take to protect yourself and your family from malaria. One added benefit of insecticide-treated nets is that they may help you sleep by preventing mosquitoes and other insects from flying around and making noise.

I have heard that bed nets cause itching and irritation. Is that true?
Some people find that their insecticide-treated nets cause itching and irritation. This is typically because the net was not aired out when it was first received. To avoid irritation and itching, spread your new net out in the shade for at least 24 hours before using it for the first time.

Does using a bed net cause infertility?
The insecticides used to treat nets are not harmful to people and do not cause infertility. The World Health Organization conducts rigorous safety assessments and inspections of products before they are approved for use. Insecticide-treated nets have been proven safe for use by adults, children, and babies.

Can my child get sick from playing or chewing on a bed net?
The insecticides used to treat net are not harmful to people and your child cannot get sick from playing, sucking, or chewing on your net. The World Health Organization conducts rigorous safety assessments and inspections of products before they are approved for use, and insecticide-treated nets have been proven safe for use by adults, children, and babies.

How should I care for my insecticide-treated net?
When not in use, it is recommended that you tie up or fold your insecticide-treated net and protect it from sunlight. These actions will help ensure that your bed net protects you for a long time. If you find that you need to wash your bed net, it is recommended that you wash it very gently in a basin with cold water and ordinary soap. Do not wash your insecticide-treated net more than is needed, as the insecticide used to repel mosquitoes becomes less effective with repeated washing. You should also be sure to dry the mosquito net in the shade, never in the sun, as sunlight will harm the insecticide.

After I receive a new net, what can I use my old bed net for?
Unless, you have received a new net, maintain and use your net for as long as possible to protect against malaria. Once you receive a new net, you can use your old net as curtains, window or door screens, or stuffing in eaves. You should not burn your old bed net or dispose of it in water.

Can I use my bed net for fishing?
The main purpose of an insecticide-treated net is to prevent mosquito bites. Some insecticide-treated nets are treated with insecticides that are not harmful to people but that can be very harmful to small fish and can hurt the fish population.

Can spraying the walls (indoor residual spraying) of the inside of my home cause infertility?
The insecticides used for indoor residual spraying are not harmful to people and do not cause infertility when used properly. The World Health Organization conducts rigorous safety assessments and inspection of products before they are approved to use, and individuals spraying are trained in proper application of insecticides.

Are larviciding and/or other environmental management techniques recommended for malaria prevention?
Larviciding is an intervention that targets the immature stages of mosquitoes in their habitat. It is difficult to predict when and where mosquito breeding sites will form. This makes it challenging to find and treat breeding sites before adult mosquitoes emerge. Given these challenges, larviciding is not used on a large-scale to prevent malaria in Africa. The best thing you can do to prevent malaria is to ensure everyone in your household sleeps under an insecticide-treated net each and every net. Pregnant women should also seek antenatal care as soon as they discover they are pregnant and take the preventive medicine given by their health care provider.

I am pregnant. Where should I seek care to prevent malaria? Should I take medication to prevent malaria while I am pregnant?
As soon as you realize you are pregnant, you should seek antenatal care at a health facility. If appropriate, your provider will give you medication to prevent malaria. This medication is free and will not harm your baby. Still, it will help prevent malaria, which is important because when you are pregnant, you have less immunity (natural protection) to malaria. During your initial visit to the health facility, you will also likely be provided with an insecticide-treated bed net. You must sleep under the bed net each and every night. This will also help ensure you avoid getting sick. It is also important that you continue to visit the health facility throughout your pregnancy duration regularly. This will ensure that you continue receiving antenatal care and additional doses of the medication to prevent malaria.

When should I seek treatment for a fever?
As soon as you or your child develops a fever, ideally within 24 hours, you should visit the nearest health facility or community health worker to be tested for malaria using a rapid diagnostic test or microscope. It is critical to seek treatment early to prevent the onset of severe illness.

I think I might have malaria. Should I go to my traditional healer for treatment?
Fever can be caused by many illnesses. In order to get the correct treatment, you will want to know for sure that you have malaria. The only way to confirm whether you have malaria is to be tested using a rapid diagnostic test or microscope by a trained health care provider.

How accurate are malaria tests? Can a malaria test be wrong?
Malaria tests are very accurate, and their results are reliable and trustworthy. There is a very small chance that a malaria test might be interpreted incorrectly. However, the key is to follow your health care provider's instructions. If your test is positive and your provider recommends taking a medication, you should do so. If your test is negative and your provider indicates no need to take medication, you should follow their instructions.

What medications should someone who is sick with malaria take?
Several different medications treat malaria. You should follow a trained health care provider or community health worker's instructions as to what medication you should take. Once a medication has been prescribed, do not share the medicine with anyone, and be sure to take the full course of treatment, even if you start feeling better.

When should I take medication for malaria?
Only take malaria medication when you test positive for malaria and a trained health care provider gives it to you. The medicine for treating simple malaria is free in health care facilities, and you should take the entire course as directed. You should not save medication for a future illness because your illness might come back if you don't take the full course. You may also be told to take medication for malaria if you are pregnant.

Are there any foods that cure malaria?
Malaria is treated with medication. There are no specific foods that cure malaria. However, a person with malaria may have anemia, in which case meat, beans, and high-iron foods, like leafy greens, may be encouraged. It's important to follow the advice of your health care provider.

Recommended Resources

*Share malaria SBC tools and resources to be included in future iterations by emailing **Ashley.Riley@jhu.edu.***

Facilitator's Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention

"The guide provides step-by-step instructions on how to implement the training to their field teams. Each session includes the learning objectives, methodology, and activities, along with educational materials, practical exercises, and readings for the participants."

https://thecompassforsbc.org/project-examples/
facilitators-guide-training-interpersonal-communication-skills

A Guide to Implementing the Community Dialogues Approach

"This guide is intended for health programme implementers who want to help communities make healthy choices. The guide introduces the community dialogue approach: an innovative and participatory approach used to achieve and sustain social action towards improving the health of communities."

https://www.malariaconsortium.org/resources/publications/1185/a-guide-to-implementing-the-community-dialogue-approach

Compass for SBC Trending Topic: Community Engagement

"Under the right circumstances... community engagement has been proven to be a powerful tool for unleashing the potential of individuals and communities around the world. In this Trending Topic we provide tools and program examples for community engagement, as well as some for community mobilization."

https://thecompassforsbc.org/trending-topics/community-engagement

Malaria SBC Toolkit for Community and Faith Leaders

"This toolkit will guide faith and community organizations to use their own strengths, community connections, and resources to educate on how to prevent malaria and support proper treatment in local communities. Using the processes of SBC, the toolkit will help leaders influence communities' knowledge, attitudes, beliefs, and social norms to help people adopt key behaviours to prevent and treat malaria."

https://communityleadermalariatoolkit.org/

Community Action Cycle Implementation Guide

"Community Action Cycle Implementation Guide was developed to engage community leaders and mobilizers by facilitating a process that focuses on the relationship between gender inequality, gender-based violence, and sexual and reproductive health outcomes."

https://thecompassforsbc.org/project-examples/great-community-action-cycle-implementation-guide

Artesunate Rectal Capsules Toolkit

This toolkit includes materials to illustrate step-by-step the correct use of Rectal Artesunate for community health workers.

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

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

"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/

Malaria in Pregnancy Technical Brief: Trends from the Malaria Behavior Survey
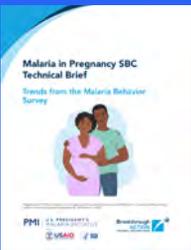
"This technical brief summarizes three compelling trends in Malaria Behavior Surveys implemented in Benin, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Sierra Leone, which were fielded between 2018 and 2021. Finally, this technical brief includes evidence-based recommendations for using SBC to increase uptake of IPTp and ANC based on these data trends."
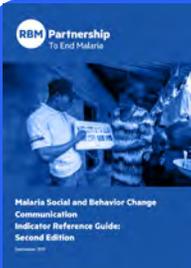
https://breakthroughactionandresearch.org/malaria-in-pregnancy-trends-from-the-malaria-behavior-survey/

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

GATHER Guide to Counseling

"All 6 GATHER elements are explained briefly on pages 16 and 17. Also, each GATHER element has its own set of pages. These pages can be pulled out and used separately."

https://fpoptions.org/wp-content/uploads/GATHER-guide-counseling-JHUCCP-1998.pdf

SBC Learning Central

SBC Learning Central offers self-paced online courses and toolkits to: Provide useful, timely, and convenient opportunities for SBC continuing education; Serve as a practical resource for increasing SBC knowledge in novice learners and seasoned professionals alike; Present new content on how to apply SBC to key public health topics, including sexual and reproductive health, malaria, nutrition, and emergency outbreaks, such as COVID-19.

https://learning.breakthroughactionandresearch.org/

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 Access and Use Report

The ITN Access and Use Report is an interactive website featuring data from Demographic Health Sureys, Malaria Indicator Surveys, and Multiple Indicator Cluster Surveys to present determinants of ITN use (gender, age, wealth quintle, 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/

Module 1: Principles of Social and Behaviour Change

Module 1 Objectives

- **Define social and behaviour change and service communication.**
- **Understand principles of social and behaviour change.**
- **Recognize reasons for adopting or resisting behaviours.**

Defining Social and Behaviour Change

How can a community health worker (CHW) support their community in malaria prevention, control, and treatment?
A CHW can tell community members that sleeping under an insecticide-treated net (ITN) will prevent malaria and is important because malaria is deadly. However, just telling them may not be enough to ensure they will consistently and correctly sleep under a net every night. Perhaps they think malaria is not common or severe enough to worry about. Maybe they do not have enough nets in their household and are prioritising others to sleep under the available nets. Perhaps they do not tie up their nets during the day, so the net is damaged and has holes.

PMI Impact Malaria

Many factors influence whether a person uses an ITN every night to protect themselves from malaria, seeks care quickly for fever, or consumes all medicine prescribed to treat malaria. To end malaria, CHWs need to help their communities find the tools, knowledge, and systems to fight malaria.

Social and behaviour change (SBC) is an interactive process that enables individuals, families, and communities to adopt and sustain healthy behaviour, such as seeking care for fever, sleeping under or caring for a mosquito net, or finishing their malaria medication. SBC interventions aim to influence key behaviours, social norms, and barriers that influence them by addressing individual, social, or structural determinants (factors) of desired changes.

CHWs can use SBC approaches to help families and communities better understand malaria (what they know), improve attitudes toward malaria behaviours (how they feel), shift perceptions about malaria (how they understand or interpret something), and shift social norms (what they believe is acceptable). This process leads to sustainable, long-lasting change to meet the goal of ending malaria.

SBC uses tools and approaches to understand the individual, social, and structural factors influencing the adoption and practice of malaria-related behaviours and to develop interventions to address those factors. SBC interventions ensure people find and use malaria-fighting tools correctly and consistently.

SBC is based on research, models, and scientific theories to help people understand individual and community behaviour. SBC evolved from processes such as behaviour change communication and social and behaviour change communication, as well as from information, education, and communication. Today's SBC goes beyond communication methods and individual behaviour to focus on the whole picture.

SBC focuses on the whole picture. The socio-ecological model describes individual behaviour by showing how the individual fits into the larger community context in terms of influences from family and peers (e.g., social norms and social support), the community (e.g., relationships between community organisations, access to information), and social and structural constructs (e.g., local and national laws, cultural or religious values, gender norms).

Socio-Ecological Model

Social and Structural
Local and national laws and policies, cultural and religious values, gender norms, income equality

Community
Leadership, access to information, relationships between community organizations

Family and Peers
Family influence, social norms, social support

Individual
Knowledge, attitudes, perceived self-efficacy, risk perception, response efficacy
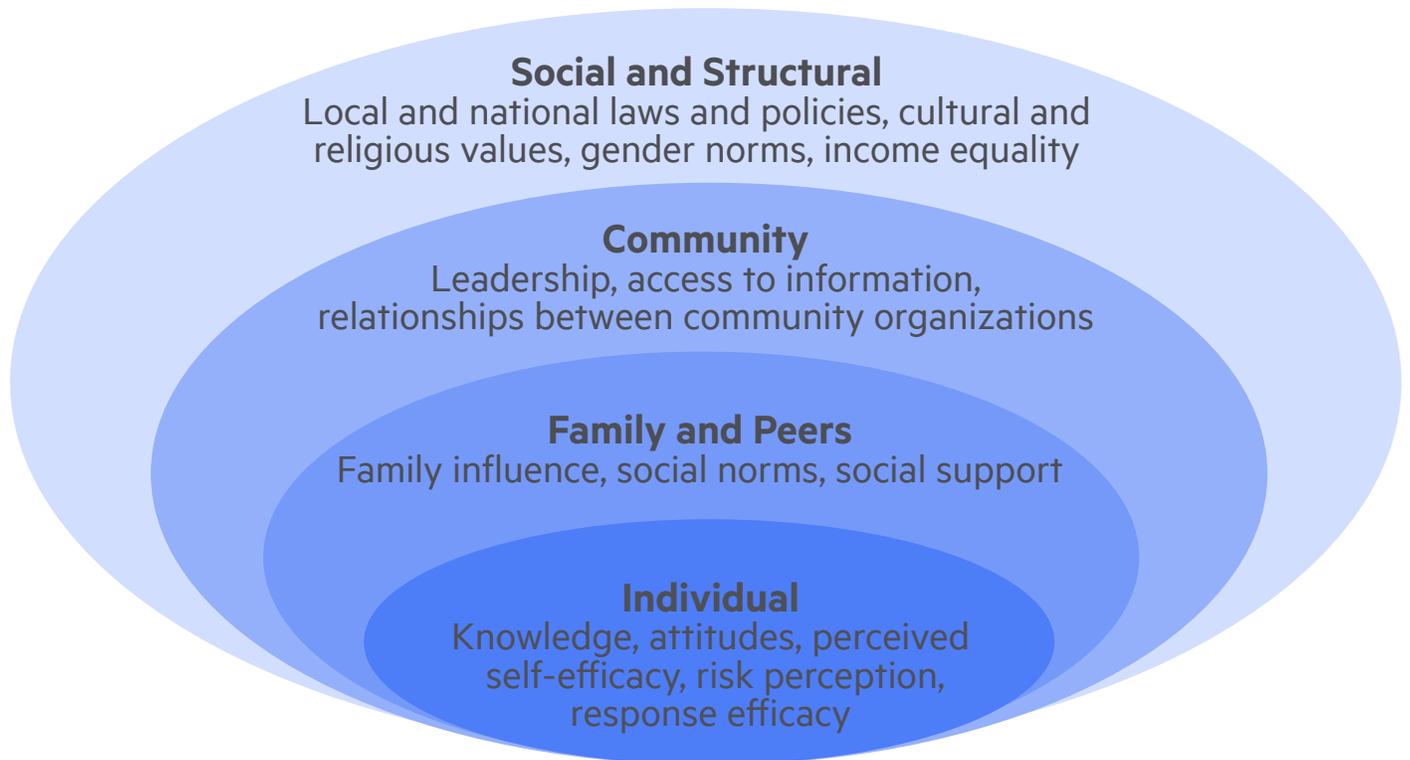
Principles of Social and Behaviour Change

SBC is grounded in seven essential principles and considerations to ensure success:

SBC Principles at a Glance

1. Based on evidence
2. Driven by the community and human-centred
3. Created from theory-informed models
4. Encourages small, doable actions
5. Creates an impact
6. Targeted and adapted for specific audiences
7. Amplifies coordination and partnerships

1 - Based on Evidence

SBC is based on high-quality research and regularly collected and monitored data. Popular data sources include the Malaria Behavior Survey, Malaria Indicator Survey, Health Management Information System, and Demographic and Health Surveys. Learn more about monitoring and assessing behaviours in Module 5.

2 - Driven by the Community and Human-Centred

SBC uses different ways to encourage healthy habits. To do this well, SBC is driven by the community's actual needs and wants, and the community takes an active role. Sometimes, this means identifying health issues, priorities, and implementing interventions, and sometimes this means understanding local resources, knowledge, attitudes, and more to ensure a tailored SBC approach that best supports the community.

3 - Created from Theory-Informed Models

SBC is built on evidence (principle 1) from data collected and created from behavioural theories and models. There are no "correct" models. Models are like maps—they help us understand the surroundings and influences in a person's or community's everyday life. For example, the socio-ecological model mentioned above was designed using research and data to help understand various local environmental and societal factors impacting everyday life.

To learn more about the theories of social and behaviour change, visit the online course: "Evidence-based Malaria SBCC 1: Telling Stories About Behavior: Theory As Narrative."

4 - Encourages Small, Doable Actions

Healthy behaviours are more likely to be practised consistently and correctly when they are easy to do. Small, doable actions are easily accomplished anywhere, anytime. SBC uses small, doable actions by breaking down larger actions into smaller ones. For example, instead of telling someone they must prevent getting malaria, CHWs can share easy prevention steps, including sleeping under an ITN all night and every night, seeking care immediately for fever, and accepting indoor residual spraying.

Randy Arra, GHSC-PSM

5 - Creates an Impact

The goal of SBC is to affect change by creating a positive impact. SBC can increase demand for health care services and commodities, positively shift attitudes, reduce barriers to practising healthy behaviours, address bias, and more. SBC isn't just about finding problems; it's about fixing them and making a healthy life possible. SBC programs also focus on the maintenance of behaviours to ensure people continue to practise healthy habits, such as sleeping under nets.

6 - Targeted and Adapted for Specific Audiences

SBC interventions meet the unique needs of a community using a context-specific and adaptive approach. For example, an SBC approach may differ in an area with high malaria rates, compared to a community with low rates. One community might not use ITNs consistently even though all households own at least one net, and another community might use ITNs every single night. In the first community, SBC might focus on behaviours encouraging family members to properly hang and use a net every single night and on promoting the benefits of consistent net use. In the second community, where net use is already high, SBC might focus on maintaining the behaviour and promoting proper ITN care to increase

the lifespan of an ITN. SBC programs also should be appropriate to local social and cultural contexts. CHWs can adapt interventions for first-time mothers, young mothers, nomadic populations, and other contexts.

7 - Amplifies Coordination and Partnerships

SBC focuses on combining resources and contributions of partners to create impact. SBC works because it brings out the strengths of everyone, uniting groups toward a common goal: promoting healthy behaviours. Coordination with health facilities, non-governmental organisations, those responsible for providing medications to health centres, faith leaders, community groups, and local government is crucial to influence the uptake and maintenance of healthy behaviours.

Malaria Social and Behaviour Change

To promote the uptake and maintenance of positive malaria prevention, testing, and treatment, **malaria SBC focuses on individual and community behaviours.** Examples include increasing nightly use of ITNs, promoting prompt care-seeking at health facilities and at the community level, encouraging and assisting pregnant women in accessing antenatal care and preventive malaria treatment, and helping community members request and accept the results of malaria diagnostic tests and adhere to treatment.

Good malaria SBC is based on audience needs and conducted in scientifically proven ways to influence the uptake and maintenance of desired malaria behaviours.

Samy Rakotoniaina, USAID MSH

Remember, malaria testing, treatment, and prevention methods are effective only when people seek and use them correctly and consistently.

In Module 4, you will learn about specific behaviours CHWs can impact using malaria SBC, including sleeping under an ITN, seeking prompt care for fever, accepting IRS, and more.

CHW Role in Malaria SBC: SBC programs must be tailored to each community and to groups within those communities, based on their unique needs. CHWs can identify those needs. As members themselves, CHWs have a clear and detailed understanding of the communities they serve, such as understanding the language, having cultural competency, holding trust, having local knowledge, and other unique insights.

CHW ROLE

Malaria Social and Behaviour Change in Action: An Example from the Malaria Consortium in Mozambique

In Mozambique, the Malaria Consortium developed strategies and tools to build the capacity of community-based volunteers to engage in malaria SBC activities at the community level.

The Malaria Consortium's program brief on lessons learned is summarised below.

Lessons learned:

- Community volunteers are the primary and preferred sources of information on malaria. They help improve knowledge and increase demand for malaria diagnosis and treatment services.
- SBC techniques, such as drama performances during malaria prevention sessions, are appealing to intended audiences, offering learning through entertainment.
- Partnering with volunteers can effectively reach broad audiences in rural communities with key messages on malaria prevention and control in Mozambique.

"The work that the community does, or rather what we volunteers do, has very good results. Nowadays, people sleep inside the mosquito net even when they sleep outside the house. People go to the hospital as soon as they suspect it may be malaria. Also in this community, mosquito nets are no longer used for fishing."

\- Community structure volunteer, 2017

Learn more: [Mobilising communities for malaria prevention and control in Mozambique](#)

Barriers and Facilitators of Behaviour Change

Barriers to behaviour change *are emotional, societal, structural, educational, and familial reasons preventing an individual or community from adopting and practising a behaviour.* Examples of barriers to malaria behaviour change include inaccessibility of health care facilities, lack of commodities or supplies, behaviour of health care providers, cost of services, gender dynamics influencing decision-making and access to resources, and lack of immediate consequences if the behaviour isn't practised. Other barriers include being comfortable doing things the way they have always been done, fearing negative consequences of change, or having a bad experience with a health centre or malaria medication.

How can CHWs address barriers? CHWs can identify and break down barriers to malaria prevention and treatment behaviours. For example, a CHW can speak with community members to understand why they are not seeking early antenatal care and then provide tailored information and support in response to these reasons. CHWs also can tailor SBC messages to the specific barriers faced by community members. For example, they may use principles of human-centred design to engage with community members to solve problems and co-create solutions to overcome barriers to behaviours.

Facilitators of behaviour change *are emotional, societal, structural, educational, and familial factors making it easier for an individual or community to adopt a new behaviour.* Facilitators of behaviour change can include strong community leadership, a local entertainment group sharing important messages, a community commitment to preventing disease, and other elements promoting an enabling environment for behaviour change.

How can CHWs utilise facilitators? CHWs know what already works and what makes it easy for someone to adopt a behaviour in their community. CHWs can use this knowledge to help facilitate behaviour change. For example, a well-respected community dance troupe could perform dances and sketches on different relevant topics. A strong desire in the community to prevent malaria is another potential facilitator of behaviour change.

Review Module 4 to learn more about the barriers and facilitators to social and behaviour change.

Adopting or Resisting Social and Behaviour Change

Behavioural determinants are the personal factors and reasons people have for adopting or resisting behaviour change. They include knowledge, attitudes, social norms, self-efficacy, response efficacy, and perceived risk.

The likelihood of someone adopting and sustaining a new behaviour increases when their behavioural determinants are considered. Keep these determinants in mind, as they will be referenced throughout each module in this toolkit.

Knowledge

Knowledge is the facts, information, and skills learned by a person through education or experiences.

Though important, knowledge is rarely the only reason someone adopts a desired behaviour. For example, knowing that sleeping under an ITN prevents mosquito bites is rarely enough to motivate or enable someone to make a long-term change involving sleeping under a net every night, all night long.

CHW Example: A CHW can help a community member understand how malaria is spread and how to prevent malaria. As a further step, CHWs can help that individual or family practice a malaria prevention or care-seeking behaviour. For example, the CHW can help a family hang ITNs, assist a family in creating an action plan for care-seeking if their child gets sick with a fever, and help them make a plan for how a pregnant woman will travel to antenatal care.

Attitudes

Attitudes are a person's beliefs, values, or way of feeling or thinking about people or things.

For example, the perception that nets are difficult to hang may contribute to a negative attitude about ITNs, whereas the privacy they provide in shared sleeping spaces may promote positive attitudes. Attitudes, especially among decision makers, play a big role in the uptake of healthy behaviours.

CHW Example: CHWs might address attitudes towards nets by demonstrating how to properly hang and tie a mosquito net or by discussing their own positive experiences using a mosquito net, outlining the health benefits. CHWs might try to understand community members' attitudes toward mosquito nets by asking if they are difficult to hang or if people like or dislike them?

Response Efficacy

Response efficacy is one's confidence in a program's or intervention's effectiveness.

For example, response efficacy means fully believing that sleeping under an ITN will prevent malaria or trusting a malaria test is accurate.

CHW Example: A CHW can build trust in the effectiveness of interventions. For example, to increase their community's trust in ITNs, CHWs may showcase community members who use nets regularly and show evidence of reduced cases of malaria during the rainy season. CHWs also can build trust in the malaria vaccine, in the medication women can take during pregnancy to prevent malaria, and in malaria treatment. Importantly, they can build trust in the local health clinic and providers.

Social Norms

Social norms are the unwritten rules defining acceptable and/or appropriate actions within a given group or community.

Norms can be classified into primary categories: descriptive (what people perceive others around them are doing) and injunctive (what people perceive others around them approve of). To shift norms, many SBC programs feature prominent, trusted figures in the community to help enforce positive norms promoting behaviour change and uptake of interventions. Community members are more likely to change their behaviour if they see someone they trust and respect doing the same.

CHW Example: A CHW can help a community member understand how malaria is spread and how to prevent malaria. As a further step, CHWs can help that individual or family practice a malaria prevention or care-seeking behaviour. For example, the CHW can help a family hang ITNs, assist a family in creating an action plan for care-seeking if their child gets sick with a fever, and help them make a plan for how a pregnant woman will travel to antenatal care.

Self-Efficacy

Perceived self-efficacy is the measure of an individual's confidence in their ability to complete a given behaviour.

By building someone's confidence in their ability to properly and consistently perform a given behaviour, such as sleeping under an ITN correctly and consistently, a CHW increases that person's self-efficacy.

CHW Example: CHWs can support clients' self-efficacy by helping them develop strategies to negotiate health-related actions in their partnerships and other relationships, such as attending antenatal care or visiting a health worker when sick with a fever.

Risk Perception

Risk perception is how an individual sees danger or how at risk an individual feels.

Malaria risk perception varies across groups, seasons, geographic regions, and more. People often feel more at risk during rainy seasons when they see more mosquitos. If risk perception is high, people may be more likely to engage in protective behaviours.

CHW Example: By understanding a community member's risk perception, a CHW can better understand why the individual is or is not practicing a healthy behaviour. For example, some community members may believe malaria risk increases at certain times of the year. CHWs can promote year-round use of malaria prevention and treatment behaviours. Always remind community members that malaria is a threat to everyone's health, no matter their age or gender or what time of year it is.

ACTIVITY 1

How can understanding behavioural determinants impact malaria social and behaviour change in communities?

Pick at least three behavioural determinants discussed in this module. Create real-life examples to share with CHWs during their next training. Write your examples below.

During a CHW training, ask CHWs to think about barriers to sleeping under a net every night, as observed in their communities. Next, ask them to brainstorm how they can tailor a common malaria message to address this unique barrier.

ACTIVITY 2

Make a socio-ecological model for your community.

Building on Activity 1 and using the socio-ecological model template (see below), help CHWs map the barriers identified to the categories within the model. Facilitate a discussion about which barriers may be perceived as social norms. Brainstorm ways CHWs may address them.

Social and Structural

Community

Family and Peers

Individual
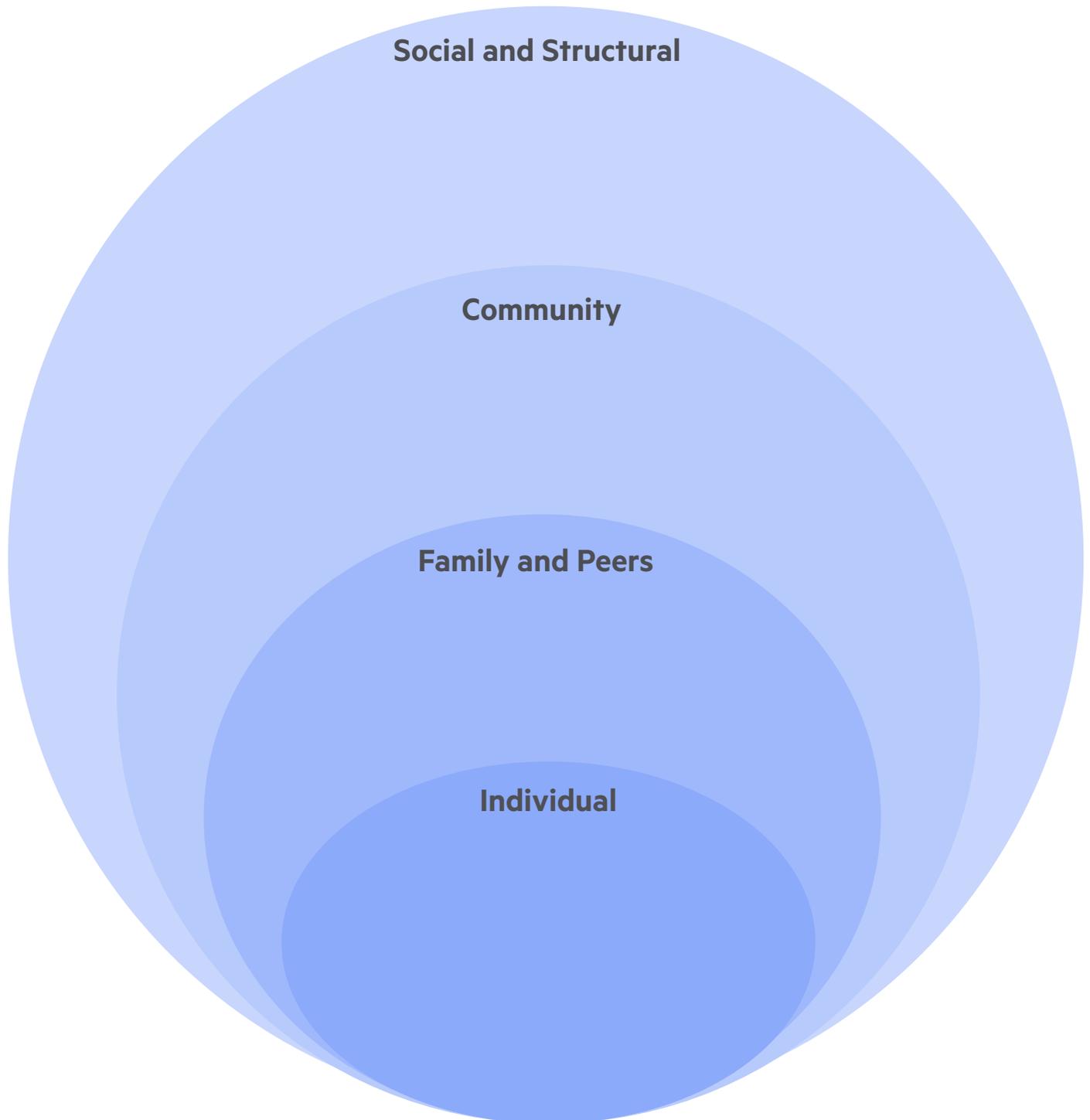
Module 2: Social and Behaviour Change Approaches for Community Health Workers

Module Objectives

- **Understand social and behaviour change (SBC) approaches for community health workers (CHWs).**
- **Identify strengths and assets CHWs can use for SBC.**

Social and Behaviour Change Approaches for Community Health Workers

CHWs can and should use SBC approaches to improve malaria outcome behaviours in their communities. This module covers key SBC approaches and the specific roles CHWs can play in implementing each. Each approach in this module helps CHWs to influence the behavioural determinants introduced in Module 1.

Defining SBC: A Review

SBC is an interactive process enabling individuals, families, and communities to adopt and sustain healthy behaviours, such as seeking care for fever or sleeping under a mosquito net. SBC aims to positively change behaviours by shifting knowledge, perceptions, attitudes, beliefs, and social norms in communities. SBC enables individuals, families, groups, communities, and countries to increase control of their health to lead healthier lives.

USAID/RTI

Important Note on Health Literacy

Health literacy is defined as *"the degree to which individuals can obtain, process, and understand the basic information and services they need to make appropriate health decisions."*[1]

CHWs must deliver services, programs, and information in a way that anyone can access and understand, regardless of their health literacy. CHWs must use easily accessible language when communicating about health behaviours and the barriers and facilitators associated with each. Instead of focusing on technical terms when encouraging positive malaria health behaviours, CHWs should use plain, easy-to-understand language and use many examples, stories, and visual materials to make their points. CHWs also should encourage community members to ask questions and respond to questions plainly and without judgement.

[1] Ratzan S. C., & Parker R. M. (2000). Introduction. In C. R. Selden, M. Zorn, S. C., Ratzan, & R. M. Parker (Eds.), National Library of Medicine Current Bibliographies in Medicine: Health Literacy (p. vi). National Institutes of Health, U.S. Department of Health and Human Services.

Tailoring Existing Messages

Members of the communities where CHWs live and work hear many messages every day (such as sleep under a mosquito net every night; get tested for malaria if you have a fever). CHWs can use an SBC approach to improve messages from trusted sources, such as the local health centre and CHW trainings, and make them more effective.

Key messages from CHWs should follow the Seven Cs of Effective Communication. The Seven Cs help CHWs and trainers develop materials that will resonate with community members and lead to positive and sustained behaviour change.

Seven Cs of Effective Communication

(Adapted from the Malaria SBC Toolkit for Community and Faith Leaders)

Seven Cs	Description	Message Check for CHWs
1) Command Attention	Attract and hold the audience's attention. Make it memorable.	Does the message stand out?
2) Clarify the Message	Ensure the message is clear and easily understood. Less is more!	Is the message simple and direct?
3) Communicate a Benefit	Stress the advantages of adopting the new behaviour being promoted.	Is the benefit of adopting the behaviour expressed clearly?
4) Consistency Counts	Repeat the same message consistently to avoid confusion and enhance the impact of the message.	Is the message similar to other messages being shared by other organisations?
5) Create Trust	The trustworthiness of the message is important. Without trust, the message will be ignored.	Is the message trustworthy? What source will make the message most believable?
6) Cater to the Heart and Head	Use both facts and emotions to maximise persuasiveness of the message.	Does the message use emotion, as well as logic and facts?
7) Call to Action	Include a clear call to action. Tell the audience precisely what they should do.	Does the message clearly communicate what the audience should do?

Communication Approaches for CHWs

CHWs can use many approaches to promote positive behaviour change and create pleasant and community-friendly environments. Popular approaches are outlined in this module, starting with communication approaches. The way CHWs implement SBC will depend on the specific behaviours and behavioural factors of the intended audience. Module 4 covers specific behaviours to focus on while using the approaches outlined below. The following approaches are the most common for CHWs.

Service Communication

Service communication is the use of SBC processes and techniques, especially interpersonal communication between a health service provider and a client, to motivate health service-related behaviours among intended audiences across all levels of care: before, during, and after services. Service communication improves behaviours by motivating individuals to seek care, by helping them understand what to expect during an appointment (including ensuring a malaria test is received and adhered to), and by encouraging them to follow treatment plans. Service communication also can increase demand for and use of insecticide-treated nets (ITNs) and improve attitudes toward care and repair of nets.

Effective service communication can help build community trust for CHWs and the services they provide. For example, the following service communication message describes a clear benefit and call to action: "Seeking care within 24 hours of the onset of a fever will prevent severe illness with malaria and may help caregivers be seen as loving, responsible, model community members. If you or your child has a fever, seek care immediately."

Review the Circle of Care Model below, which outlines how strong service communication can improve health outcomes before, during, and after services.

Circle of Care Model
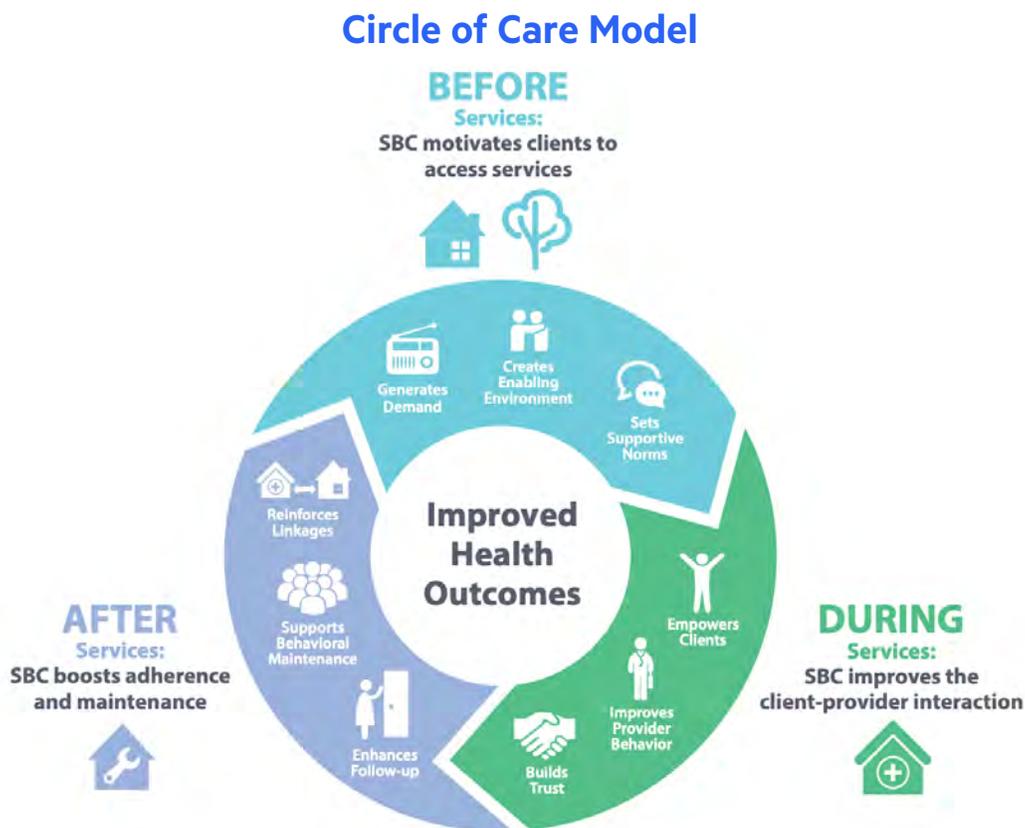
© 2021, Johns Hopkins University

Circle of Care **CHW Roles Before, During, and After Client Care**	

Before:
CHWs can use SBC to motivate clients to access health care services.
	Generate demand.
	• Increase demand for ITNs, malaria testing, and appropriate treatment after a positive malaria test:
	  - Encourage clients to receive ITNs through appropriate distribution channels (e.g., mass campaign, routine distribution).
	  - Inform clients of distribution points and how to use ITNs once acquired.
	  - Promote the benefits of prompt care seeking for fever to reduce severe disease.
	  - Inform community members of the services CHWs provide and the availability of appropriate commodities. This can be an opportunity to emphasise the benefits of adhering to medications.
	
	Create an enabling environment.
	• Support dialogue between community members and facility-based health care providers.
	• Increase client's confidence and self-efficacy to access services.
	• Build knowledge of CHW and referral services.
	
	Set supportive norms.
	• Motivate community members to seek care.
	• Mobilise communities to discuss health issues.
	• Support couples and households to make positive health decisions together.

During: CHWs can use SBC to improve interactions with clients and between clients and other providers (if client is referred).	**Empower clients.** • Encourage community members to express their needs and concerns. If applicable, coach community members on how to express additional needs or concerns to providers at health facilities. • Increase health literacy, confidence, self-efficacy, and knowledge about malaria health issues and services. **Build trust.** • Build trust between providers and community members by displaying empathy; encouraging the expression of needs and concerns; and establishing collaborative, respectful, and individualised relationships with clients. • Build trust in malaria prevention and treatment by describing the benefits of prompt care seeking and adherence to medication and malaria prevention interventions.
After: CHWs can use SBC to boost adherence to medication and maintenance of healthy behaviours.	**Enhance follow-up.** • Encourage clients to stay engaged with their health, CHWs, and local health systems after their care-seeking experience. • Encourage clients to ask questions and express needs. **Support maintenance of behaviours.** • Remind clients of the importance of sleeping under ITNs, seeking prompt care for fever, and finishing the full course of medication. • Work with clients to develop care plans for ensuring adherence to medications. **Reinforce linkages.** • Refer clients to local health care facilities and providers

Interpersonal Communication

Interpersonal communication for CHWs involves face-to-face interactions during which the CHW can tailor information to the specific client's needs. A CHW can use interpersonal communication with a client in a health facility, at home, with a family, one-on-one, in small groups, and more.

CHWs can use interpersonal communication in their daily work through counselling, which is comprehensive guidance tat is understandable, memorable, and adapted to the unique needs and values of individuals, families, and communities. By providing counselling, CHWs support community members in making positive changes in their behaviours.

Samy Rakotoniaina, USAID MSH

Interpersonal communication also can be effective during home visits, which many CHWs already do. Home visits offer opportunities to talk with household members about key malaria behaviours and to support community members in the fight against malaria. Home visits are a great time to provide one-on-one support.

CHW Role:
- CHWs know the community members best and thus can tailor personalised messages specifically to the needs of the individual.
- CHWs should consider the following behavioural determinants from Module 1 to tailor interpersonal communication to meet the unique needs of the client:
  - **Knowledge:** Does the client have the necessary information and skills to conduct a malaria-related behaviour?
  - **Attitudes:** What is the attitude of the client about the behaviour?
  - **Social norms:** What are the social norms in the community? How do these norms impact the individual's likelihood to practise the behaviour?
  - **Perceived self-efficacy:** How confident is the client in their ability to complete and sustain the behaviour?
  - **Response efficacy:** Is the client confident that the behaviour (or program or intervention) will be effective?
  - **Risk perception:** Does the client see malaria as a real threat to themselves and their family?
- CHWs should consider the unique barriers clients face in practising the behaviour. Good interpersonal communication will help CHWs identify these **barriers** so that they can help clients overcome them through small, doable actions.
- CHWs should identify the **facilitators** (emotional societal, structural, education, or familial) supporting the client in adopting a new behaviour.
- **Confidentiality** is important, and client **privacy** must be kept. CHWs should ensure their clients trust in the confidentiality of counselling and feel comfortable talking freely.

CHW ROLE

RESOURCE

Facilitator's Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention

"The guide provides step-by-step instructions on how to implement the training to their field teams. Each session includes the learning objectives, methodology, and activities, along with educational materials, practical exercises, and readings for the participants."

https://thecompassforsbc.org/project-examples/
facilitators-guide-training-interpersonal-communication-skills

Community Dialogues

The **community dialogue** approach involves community members coming together for group conversations to discuss social norms, concerns, and experiences, as well as to develop strategies and action plans. Community dialogues provide members with opportunities for relevant discussion and decision making to improve the community's well-being. CHWs can engage in community dialogues to increase awareness about how to reduce malaria, to encourage community members to practise healthy behaviours and support others in doing so, and to refer participants to local health centres or CHWs to get personalised support.

CHW Role: CHWs can facilitate community dialogues in their community via village health teams, families, parent groups, and other local community groups. Use the Malaria Consortium's A Guide to Implementing the Community Dialogue Approach to learn more.

CHW ROLE

RESOURCE

A Guide to Implementing the Community Dialogues Approach

"This guide is intended for health programme implementers who want to help communities make healthy choices. The guide introduces the community dialogue approach: an innovative and participatory approach used to achieve and sustain social action towards improving the health of communities."

https://www.malariaconsortium.org/resources/publications/1185/a-guide-to-implementing-the-community-dialogue-approach

Health Talk

Many CHWs give health talks to share information with their communities during health fairs, village events, antenatal clinics, vaccination clinics, and more. Like community dialogues, health talks allow CHWs to spread information on healthy behaviours throughout their communities. Health talks focus on disseminating information and raising awareness, rather than promoting a participatory process, like community dialogues. When preparing for health talks, CHWs should identify the audience and their unique needs, then set a clear objective for the health talk. They also should use the Seven Cs to ensure the information shared in the health talk is compelling and memorable.

USAID StopPalu Project

CHW Role: CHWs can use SBC techniques to customise health talks and encourage positive behaviour change, such as showcasing positive social norms like sleeping under an ITN or encouraging response-efficacy and trust in a malaria intervention. CHWs should consider each behavioural determinant, barrier, and facilitator (see Module 1) when planning a health talk.

CHW ROLE

Don't Forget: CHWs must consider the context of their audiences, such as what they already know and their health literacy level. Additionally, CHWs should consider the behavioural determinants, barriers, and facilitators to SBC, as outlined in Module 1.

Additional Approaches for CHWs

In addition to the communication approaches described above, malaria-focused organisations around the globe use many other SBC approaches, some of which are outlined below.

Digital Health

Digital health involves the use of mobile phones, computers, tablets, and other technology to share information and promote healthy behaviours. Digital communication (e.g., text messages, apps, videos) can reach people quickly and regularly in more cost-effective ways than newspapers or person-to-person communication.

> **CHW Role:** In some communities, CHWs use digital health tools to support their work. In areas of low health literacy, digital tools can be a helpful interactive format to share photos, such as a digital flip book. CHWs also may use text messages to remind community members about malaria interventions, such as sleeping under ITNs.
>
> **CHW ROLE**

Community Engagement

Community engagement is collective or group participation reflecting on and addressing behaviours and other influences on the community. The Compass for SBC (a curated collection of the latest social and behaviour change (SBC) resources for creating impactful projects and campaigns) notes that this approach allows the community to:

- Develop an ongoing dialogue with health programs.
- Empower themselves to address their own health needs.
- Recognize diversity and equity.
- Work in partnership with program to create locally appropriate responses.
- Be linked to external resources.

> **CHW Role:** CHWs are well-positioned to unite communities, organisations, and local leaders to positively impact local health. For example, a CHW could mobilise community members and organisational and other local leaders to engage in a dialogue with the local health centre to create a plan to ensure indoor residual spraying teams reach all structures in a community.
>
> **CHW ROLE**

RESOURCE

Compass for SBC Trending Topic: Community Engagement

"Under the right circumstances… community engagement has been proven to be a powerful tool for unleashing the potential of individuals and communities around the world. In this Trending Topic we provide tools and program examples for community engagement, as well as some for community mobilization."

https://thecompassforsbc.org/trending-topics/community-engagement

Using Existing Strengths and Assets in Communities

CHWs can apply the SBC approaches in this module to the communities where they work. CHWs can build on their many strengths and assets to improve malaria outcomes in their communities. *Some examples of platforms for CHWs' malaria SBC work are described below.*

Churches, Mosques, and Other Religious and Community Centres

Community and faith-based organisations have important ties to the communities they serve and are critical in addressing health issues worldwide, including HIV/AIDS, polio, malaria, and other health issues affecting their beneficiaries. For people to change their behaviours to prevent and treat malaria, they must receive support from trusted sources who understand their needs and values. Members of community- and faith-based organisations can serve as these sources and provide key connections within communities.

CHW Role: CHWs can work with community and faith leaders to help families better understand malaria and positively influence their attitudes, perceptions, and social norms. CHWs can give health talks at religious or community events and ceremonies. They also can work with leaders to integrate health messaging into their normal communications with community groups. These efforts can lead to sustainable, long-lasting change.

CHW ROLE

RESOURCE

Malaria SBC Toolkit for Community and Faith Leaders

"This toolkit will guide faith and community organizations to use their own strengths, community connections, and resources to educate on how to prevent malaria and support proper treatment in local communities. Using the processes of SBC, the toolkit will help leaders influence communities' knowledge, attitudes, beliefs, and social norms to help people adopt key behaviours to prevent and treat malaria."

https://communityleadermalariatoolkit.org/

School Settings

Schools are excellent places for CHWs to conduct SBC activities. Malaria is a significant burden among school children in many settings, so CHWs might already work in schools or have connections to teachers and educators. Schoolchildren are a key group for reducing the transmission of malaria. Children also can share knowledge and encourage important malaria prevention and treatment behaviours within their families.

Tailoring SBC approaches towards children teaches them how to protect themselves from malaria, which can help them avoid missing school. SBC also teaches children how to effectively communicate with their families about malaria, empowering them to be agents of change at home.

Riccardo Gangale/VectorWorks

CHW Role: CHWs can share malaria prevention and care-seeking strategies with students. For example, during a school-based ITN distribution, CHWs can teach students about the importance of everyone sleeping under an ITN and how to properly use and care for it. CHWs also can encourage school-aged children to advocate for visiting a health centre when anyone in their household has a fever.

CHW ROLE

Community Groups

Many communities hold regular meetings hosted by local leaders or for groups such as the Safe Motherhood Action Group, livelihood and savings groups, youth groups, and so on. These community meetings can provide a platform for CHWs to share malaria SBC messages with new audiences. Examples of other groups CHWs may consider working with include:

- Women's groups
- Microcredit and savings groups
- Bible study groups
- Teen clubs
- Unions
- Madrasas
- Creches
- Village health committees

Ehtisham Husain

CHW Role: CHWs can work closely with faith, community, and school groups in their malaria SBC work. CHWs can engage with faith, community, and school leaders to build social norms, trust in the health system, and confidence in malaria interventions.

ACTIVITY

What religious settings, schools, and other community groups exist in your setting?

In a large group or in small groups during a CHW training, ask CHWs to list existing groups in their communities and brainstorm how they could engage with each to prevent and treat malaria using SBC.

ACTIVITY

Using the Seven Cs of Effective Communication

In a large group or in small groups during a CHW training,
ask CHWs to think about a message they usually share in their communities.
Discuss the Seven Cs (listed below) and how they can be used to make the message
even more effective.

The Seven Cs of Effective Communication

(Adapted from the Malaria SBC Toolkit for Community and Faith Leaders)

Seven Cs	Description	Message Check for CHWs	How Can You Improve the Message?
1) Command Attention	Attract and hold the audience's attention. Make it memorable.	Does the message stand out?	
2) Clarify the Message	Ensure the message is clear and easily understood. Less is more!	Is the message simple and direct?	
3) Communicate a Benefit	Stress the advantages of adopting the new behaviour being promoted.	Is the benefit of adopting the behaviour expressed clearly?	
4) Consistency Counts	Repeat the same message consistently to avoid confusion and enhance the impact of the message.	Is the message similar to other messages being shared by other organisations?	
5) Create Trust	The trustworthiness of the message is important. Without trust, the message will be ignored.	Is the message trustworthy? What source will make the message most believable?	
6) Cater to the Heart and Head	Use both facts and emotions to maximise persuasiveness of the message.	Does the message use emotion, as well as logic and facts?	
7) Call to Action	Include a clear call to action. Tell the audience precisely what they should do.	Does the message clearly communicate what the audience should do?	

Notes:

Module 3: Community Mobilisation Strategies

Module Objectives

- **Describe the importance of community mobilisation strategies.**
- **Define commonly used community mobilisation strategies and community health worker (CHW) roles in those strategies.**
- **Recognize the importance of coordinating malaria social and behaviour change (SBC) messaging.**

Defining Community Mobilisation Strategies

What is Community Mobilisation?

Community mobilisation is the process through which a community's individuals, groups, or organisations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own or stimulated by others. Community mobilisation uses engagement approaches to facilitate positive and sustainable changes in social norms and attitudes at the individual, household, and community levels.

Principles of Community Mobilisation
- Behaviour change is more likely to be sustainable when affected individuals and communities **own the behaviour change process** and the content of implementation approaches (including localised approaches).
- SBC should be an **empowering**, horizontal (versus top-down) approach.
- Community mobilisation should **give voice** to members of the community who may have previously been unheard or unreached (e.g., youth, young mothers) and be centred on local contexts.
- **Parents, families, teachers, religious leaders,** and other influential members in the communities, such as **CHWs,** should be agents of change.
- Activities should focus on **dialogue, debate, and negotiation** on relevant and important behavioural issues in the community.
- Outcomes of focus should **emphasise social norms, culture, and the supporting environment.**

Why is Community Mobilisation Important?

Community mobilisation increases the capacity of a community to identify and address its own needs while generating local solutions to problems. Because of its participatory approach, community mobilisation ultimately strengthens and enhances the ability of a community to work together towards a common goal. By prompting reflection and dialogue about current behavioural barriers and facilitators and by promoting actions individuals and communities can take to achieve their goals for improved health and wellness, community mobilisation also contributes to the sustainability of any initiatives.

Understanding how communities perceive and comprehend a problem is necessary to design adequate interventions. Engaging with community members is crucial to build trust and credibility so that messages are accepted and healthy behaviours are more likely to be practised.

Approaches for Community Mobilisation

Community mobilisation is a participatory and sustained process engaging individuals, groups, and organisations in planning, implementing, and evaluating activities to increase the community's ability to identify and solve problems. Social mobilisation brings communities, organisations, and policymakers together to raise awareness about and enable positive SBC. CHWs may lead or participate in these community mobilisation activities. The following approaches are commonly used in malaria SBC and involve CHWs.

Community Action Cycle for Malaria SBC

The community action cycle is a process of collective dialogue and action based on planning by community members who define their current issues, the changes they seek, and strategies for making those changes happen through action. The cycle does not prescribe activities or outcomes. Rather, it outlines a participatory process through which community members and leaders collectively identify, prioritise, and act upon problems.

The community action cycle comprises **seven phases.**

Phases of the Community Action Cycle

1 Prepare to Mobilize
2 Organize Community for Action
3 Explore Norms, Set Priorities
4 Plan Together
5 Act Together
6 Evaluate Together
7 Scale Up

1 Prepare to Mobilize

In phase 1, implementers of the cycle prepare to enter the community by first orienting government officials at different levels. The goal is to facilitate high-level buy-in and establish community mobilisation teams (which may consist of CHWs) to work with communities and leaders.

2 Organize Community for Action

During phase 2, the community mobilisation teams established under phase 1 approach community members to get their support. Activities in this phase may include community orientation meetings, meetings with school clubs, and orientations with leaders to inform them of the process and activities.

3 Explore Norms - Set Priorities

In phase 3, community mobilisation team members work with community members and leaders to explore issues related to malaria. Mobilisation teams may share data with community members and leaders to provide context for malaria outcomes and work with them to identify reasons why community members are not engaging in behaviours such as sleeping under an insecticide-treated net every night or not taking their child to a CHW or health facility as soon as a fever is identified.

4/5 Plan/Act Together

During phases 4 and 5, communities work together to create an action plan outlining specific activities aimed at improving malaria outcomes, including addressing any identified barriers, and then carry out those activities. During these phases, community mobilisation teams support community members and leaders by strengthening their capacity to carry out the action plan.

6 Evaluate Together

Phase 6, the final phase, is when community members, leaders, and community mobilisation teams evaluate whether implementation of the community action plan is proceeding as expected and producing the expected results. Evaluation teams are formed, and members hold meetings to select indicators, design evaluation tools, evaluate the indicators, analyse the results, provide feedback to the community, and make any necessary adjustments.

7 Scale Up (Optional)

In phase 7, the community prepares for scaling up the collective dialogue and action. This optional phase involves repeating phases 1–6 to as a scaled-up version.

Implementation Approaches Used in the Community Action Cycle

Individuals' level of engagement may vary depending on their interests and capabilities. Engagement can mean listening to messages on the radio, participating in meetings and events, or proactively designing, organising, and implementing activities. The following activities, many of which are reviewed in detail in Module 2, can be used in the community action cycle. CHWs can use an example from this list, or they can think of other ways to mobilise community members.

- **Community meetings.** Discuss an issue with traditional, religious, local political, and other leaders in the community.
- **Public forums.** Community members ask leaders about a specific, predetermined topic. These forums can be recorded on the radio and then broadcast.
- **Puppet shows and participatory theatre.** CHWs create puppet shows or create participatory theatre performances about malaria-related subjects, and audiences are encouraged to participate by suggesting alternative scenarios that would lead to better outcomes.
- **Village fairs.** Information about a predetermined topic is shared at a fair hosted by the local health centre, community group, or CHWs.
- **Dances and concerts.** Key messages conveyed at these events can be recorded and screened through local theatres or on social media. CHWs can host events or can work with event organisers to add malaria-focused key messages to existing events.
- **Mobile cinema units.** Short films addressing a specific topic are screened and followed by discussion and question/answer sessions.
- **Sporting events and competitions.** Messages are conveyed before and after games and at halftime.
- **Listening groups.** Groups gather to listen to and discuss a particular radio or video program.
- **Quiz competitions.** Teams challenge each other on knowledge of a specific topic.
- **Print media.** Informative leaflets and cartoon strips are distributed in the community.
- **Community coalitions.** People who practise desired behaviours or who have survived an outbreak can form a group and act as positive role models to decrease stigma or provide education.
- **Door-to-door sessions.** Mobilizers visit households offering individual and private consultation related to malaria.
- **Storytelling.** A narrator recounts a pertinent story, either real or fictional, to highlight key messages and the importance of protective behaviours.

Key Strength of Community Action Cycles: The community action cycle builds capacity of the participating community to identify specific reasons why people do not engage in preventive behaviours for malaria. This approach also addresses social and community norms and practices. The community action cycle requires intensive capacity building and support.

CHW Role: CHWs are community leaders and trusted sources for information. They play a critical role in setting and maintaining behavioural norms in communities and households. Within the community action cycle framework, CHWs may be identified by implementing partners or district health staff community mobilisation team members to help orient stakeholders and work with community members throughout the planning and acting phases.

CHW ROLE

RESOURCE

Community Action Cycle Implementation Guide

"Community Action Cycle Implementation Guide was developed to engage community leaders and mobilizers by facilitating a process that focuses on the relationship between gender inequality, gender-based violence, and sexual and reproductive health outcomes."

https://thecompassforsbc.org/project-examples/great-community-action-cycle-implementation-guide

Community Scorecard

The community scorecard is a participatory social accountability tool for planning, monitoring, and evaluating health services in a community. This tool aims to empower communities and hold people accountable in the delivery and use of health services by improving service delivery and access to quality services. For malaria, community scorecards often include malaria indicators tracked over time, such as the proportions of fever cases, of suspected malaria cases receiving a confirmatory rapid diagnostic test, of confirmed malaria cases, of children under five referred to health facilities, and of pregnant women referred to health facilities for antenatal care and intermittent preventive treatment of malaria in pregnancy. Community members should regularly review the tool and use it to promote prompt and continued use of malaria services at the community and facility levels.

Key Strength of Community Scorecards: The community scorecard tool improves service delivery and accountability of service providers such as CHWs and health facility staff. The tool should be paired with additional SBC implementation approaches to facilitate behaviour change.

CHW Role: Using the community scorecard, CHWs can inform community members of malaria outcomes, promote opportunities to work with the community, and encourage use of health services at the community and facility levels. CHWs also can use the scorecard in service communication by encouraging a safe space for dialogue to address patient concerns and promote malaria prevention and treatment behaviours.

Care Group Model

The care group model is an SBC approach in which community-based volunteer peer educators (usually 10–15 within a community) conduct regular home visits to promote behaviour change. Each volunteer is responsible for regularly visiting their neighbours' households and sharing health information they learned from CHWs, health facility staff, implementing partners, and others. Care groups create a multiplying effect to equally reach beneficiary household members with behaviour change activities and messaging. These households then disseminate knowledge to more relatives and peers, thus creating a multiplying effect and reaching wide audiences with behaviour change activities and messaging.

Care group volunteers also provide great peer support, develop strong commitments to health activities, and help find creative solutions to challenges by working as a group. They also provide structure for a community health information system reporting on new pregnancies, births, and suspected malaria cases during home visits.

Key Strength of Care Group Models: The care group model reaches many people at the individual and household levels to promote behaviour change and refer household members to community and facility-based health services.

CHW Role: CHWs can provide care group members with information about malaria behaviours to be shared during home visits. CHWs may accompany care group members during home visits to answer questions about the health of household members and reinforce malaria behaviours. CHWs can integrate malaria SBC into the care group model to:
- Increase knowledge about malaria, insecticide-treated nets, malaria symptoms and testing, and treatment, including intermittent preventive treatment of malaria in pregnancy.
- Provide a referral to health facilities, as needed.
- Work with care group volunteers to change perceptions and beliefs and address rumours about malaria.
- Increase demand for malaria testing and treatment.
- Promote nightly use of insecticide-treated nets and proper behaviours for net care.

Coordination of Malaria SBC Activities

Why is Coordination Important?

Coordination between service delivery and SBC partners helps programs achieve desired behavioural and health outcomes by ensuring smooth operations and balancing supply and demand for services. This coordination prevents clients from showing up at a facility where services are not available, as well as under-use of services because clients do not understand their value or where to access them. By minimising confusion in activities and messages, clients better understand where to find support or are more likely to adopt and sustain the new behaviour.

Why Should Malaria SBC Activities be Harmonised?

Community members are more likely to change their behaviour when they hear a message multiple times, especially when the message comes from different sources. **SBC messaging and activities thus should be consistent and communicated in the same way from all sources.** Conflicting messages from different projects or individuals can confuse audiences, making it less likely they will change their behaviours.

Regardless of the SBC approach used, CHWs, health facility staff, national malaria control programs, implementing partners, and care groups should harmonise their SBC malaria messages to ensure they:
- Recommend the **same action** (e.g., sleep under an insecticide-treated net all night and every night).
- Participate in a peer group or community **support system** to sustain desired behaviours.
- Always provide **consistent information** - do not provide conflicting technical information.
- Use **similar terms and language.**

Often, service delivery and SBC implementing partners develop messages for CHWs to share. In these instances, partners can create an audience-specific inventory of key messages and recommended actions. Technical experts can review the messages for accuracy and get input from CHWs to ensure messages are understood at the community level. Once the inventory is complete, partners should meet to discuss inconsistent, conflicting, or inaccurate messages and agree on what needs to be changed, using the CHW input to make any necessary revisions.

A Note on Community-Led Monitoring

Where **community-led monitoring** is implemented, CHW trainers and supervisors should use the data as a resource for CHWs in their work. For example: The African Leaders Malaria Alliance (ALMA) community quality of care scorecards provide insight into the quality of CHW-supported health services provided to community members. Scorecard data are used by community members, government officials, and partners to create action plans addressing the issues identified, and community members monitor progress toward these actions. CHWs can use ALMA community scorecard data, action plans, and indicators of health services quality to tailor their work to address specific barriers to care and to improve relationships between health facilities and communities.

ACTIVITY

Aligning Malaria Messaging with Behavioural Determinants

In large or small groups during a CHW training, ask CHWs to create a list of the current malaria SBC messages being used in their communities. Match the messages to the behavioural determinants (i.e., reasons for adopting or resisting SBC) introduced in Module 1: Principles of Social and Behaviour Change.

Next, ask CHWs to consider how well the messages align with the reasons people adopt or resist healthy malaria-related behaviours. How can CHWs update messages or activities?

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)

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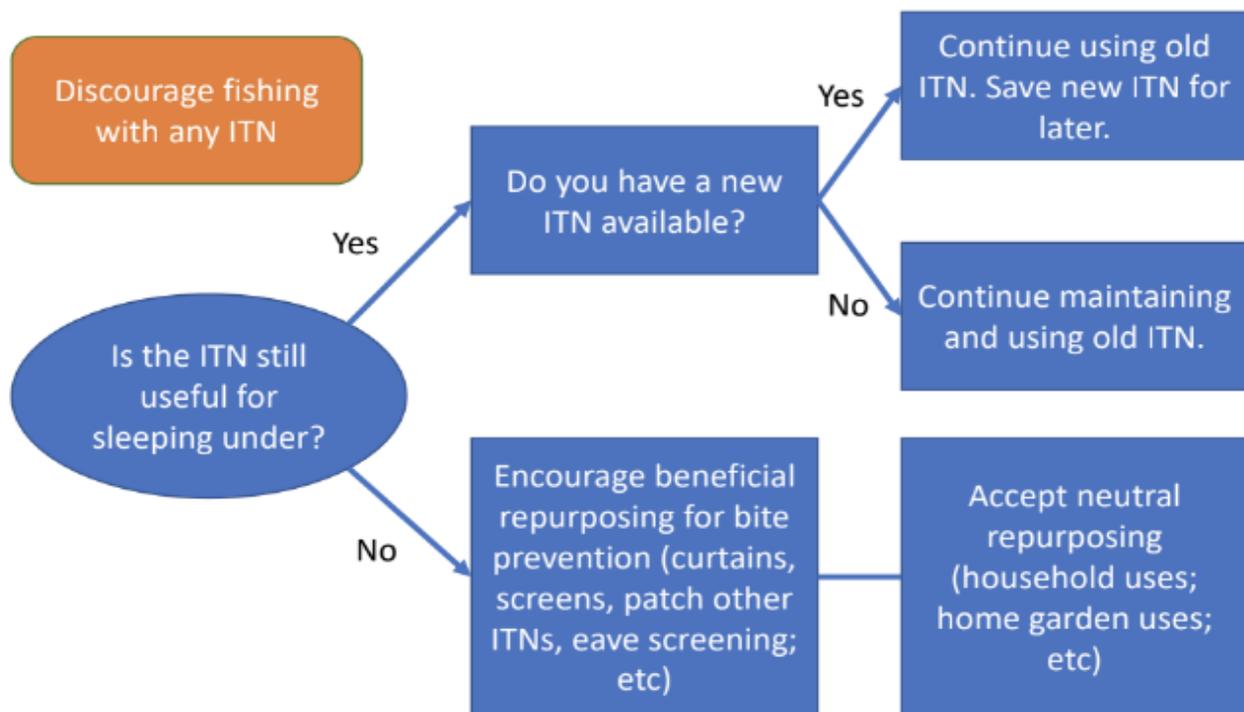
Consensus Statement on Repurposing ITNs: Applications for BCC Messaging and Actions at the Country Level

Beneficial: Continues to act as a barrier against mosquito bites	Neutral: Does not prevent mosquito bites	Harmful: Hurts the environment or the community
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).	

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. The 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
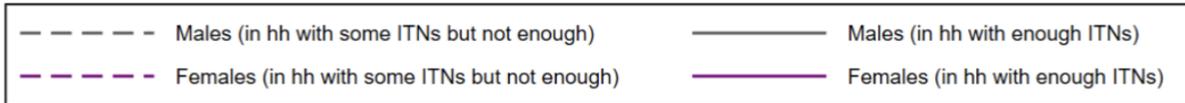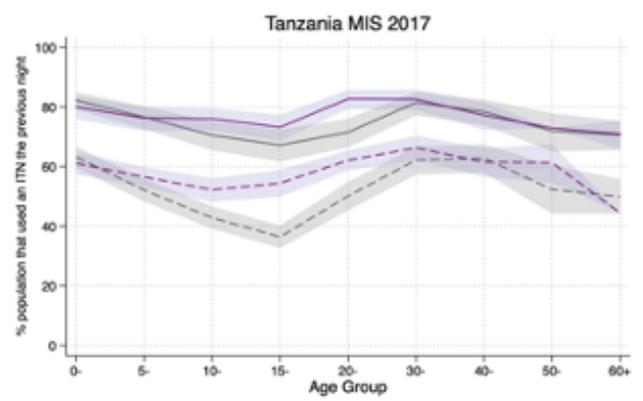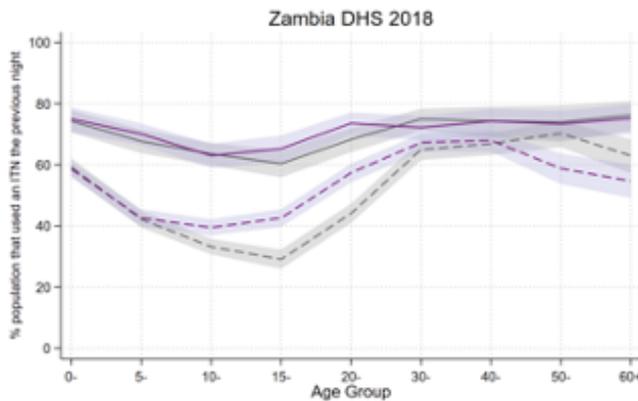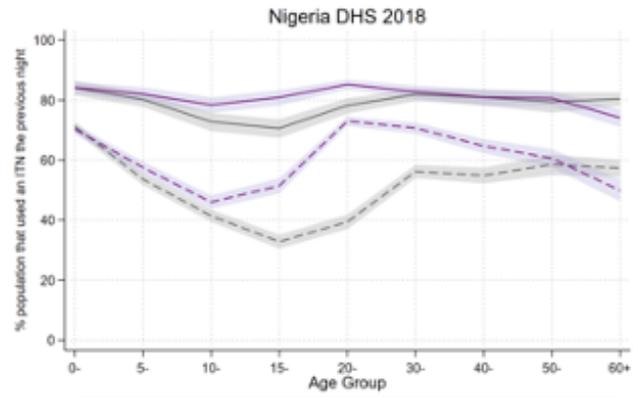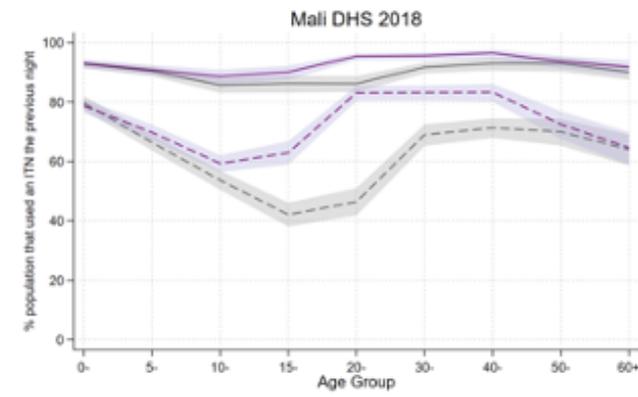
Mali DHS 2018

Nigeria DHS 2018

Zambia DHS 2018

Tanzania MIS 2017

- - - - - Males (in hh with some ITNs but not enough)
———— Males (in hh with enough ITNs)
- - - - - Females (in hh with some ITNs but not enough)
———— Females (in hh with enough ITNs)

ITN Access and Use Report

The ITN Access and Use Report is an interactive website featuring data from Demographic Health Sureys, Malaria Indicator Surveys, and Multiple Indicator Cluster Surveys to present determinants of ITN use (gender, age, wealth quintle, 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/

RESOURCE

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
Knowledge: Understanding that malaria is caused by mosquitoes, where to acquire a net, the importance of nets.	*Address misconceptions and rumours about ITNs.* *Share information about where to find nets.* *Encourage community members to obtain nets when available.* *Remind community members of the importance of using an ITN all night, every night of the year, even if there are few mosquitoes.*
Attitudes: Having positive attitudes toward net use and care.	*Promote the protective value of net use.* *Share how nets have changed in the last few years to become more comfortable to sleep under.*
Social norms: Perceiving net ownership and use as a community norm.	*Encourage community leaders and other decision makers to share stories about their own net use.* *Share stories (with permission) of neighbours' and CHWs' own positive net use behaviours.*
Self-efficacy: Having confidence to use nets properly and consistently, to obtain enough nets, and to prevent malaria.	*Provide easy instructions for how to hang ITNs.* *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).* *Help clients develop a plan for how to acquire nets, such as saving money over time to buy them.*
Response efficacy: Believing that nets effectively prevent malaria.	*Share knowledge gathered from CHWs' experiences about how malaria rates in the community have changed as more people sleep under nets.* *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.*
Perceived risk: Perceiving 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 know who have lost their lives to malaria.*

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.	*Assist community members in finding enough ITNs, caring for their ITNs, and hanging ITNs in unique home settings where hanging can be difficult.*
Misconceptions about ITNs causing skin irritation, bringing bedbugs into the home, or causing illness.	*Remind community members that ITNs are safe for everyone, even children. ITNs do not cause bedbugs.*

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.	*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?*
Recent ITN distribution or easily available ITNs at community shops, health centres, and other accessible locations.	*If ITNs are easily available in the community, CHWs can help community members obtain one and begin sleeping under it immediately.* *If community members already regularly sleep under ITNs, CHWs can focus on behaviours related to having enough nets and proper care of nets.*

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
Knowledge: Understanding that malaria is caused by mosquitos and IRS kills mosquitoes.	*Explain to community members that IRS is safe for humans but kills mosquitoes, which are responsible for malaria.* *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.*
Attitudes: Having a positive attitude toward IRS.	*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.*
Social norms: Perceiving acceptance of IRS as a community norm.	*Encourage community leaders and other decision makers to advocate for the whole community to accept IRS and reinforce its value to the community.* *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.* *CHWs can share their own experiences with IRS and share testimonials from other community members (with permission) who have had positive experiences.*
Self-efficacy: Having confidence to prepare home for IRS and properly care for home after IRS.	*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.*
Response efficacy: Believing that IRS works.	*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.* *Explain that IRS works best when the entire community participates by increasing the number of mosquitoes exposed to the insecticide.*
Perceived risk: Perceiving 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.*

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.	*Share that IRS is safe and has no associated health risks. IRS protects the community by killing mosquitoes that spread malaria.*
False belief that IRS draws bugs into the home.	*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.*
Too much effort to remove items from home; embarrassment from showing possessions.	*Share that for IRS to be safe and effective, certain items must be removed, and everyone in the community follows the same process.*
Fear of letting a stranger into the home.	*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.* *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.*

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

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 helath 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.

SPEED UP — IPTp — SCALE UP

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

RBM Partnership To End 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)

IPTp-SP dose 1

IPTp-SP dose 3

IPTp-SP dose 5

IPTp-SP dose 6 (if no dose was received at contact 6 in week 36)

Contact 1: Up to 12 weeks

Contact 2: 20 weeks

Contact 4: 30 weeks

Contact 6: 36 weeks

Contact 8: 40 weeks

Additional contact (1a): 13 weeks (in countries recommending IPTp)

Contact 3: 26 weeks

Contact 5: 34 weeks

Contact 7: 38 weeks

Provide ITN and counsel on ITN use

IPTp-SP dose 2

IPTp-SP dose 4

No SP administration if last dose was received at contact 5 in week 34

Continue SP doses every 4 weeks until delivery

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

[1]World 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
[2]Garner P, Gulmezoglu A. 2006. Drugs for preventing malaria in pregnant women. *Cochrane Database Syst Rev*: CD000169
[3]Bhutta et al. 2014. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *Lancet* 384(9940):347-370. doi: 10.1016/S0140-6736(14)60792-3
[4]World Health Organization. 2015. *Guidelines for the treatment of malaria*. 3rd ed. Geneva, Switzerland: WHO Press. https://www.who.int/malaria/publications/atoz/9789241549127/en/
[5]World 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/

[6]See 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/
[7]Guidance 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/

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

SPEED UP IPTp SCALE UP

RBM Partnership To End 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)

IPTp-SP dose 1

IPTp-SP dose 3

IPTp-SP dose 5

IPTp-SP dose 6 (if no dose was received at contact 6 in week 36)

Contact 1: Up to 12 weeks

Contact 2: 20 weeks

Contact 4: 30 weeks

Contact 6: 36 weeks

Contact 8: 40 weeks

Additional contact (1a): 13 weeks (in countries recommending IPTp)

Contact 3: 26 weeks

Contact 5: 34 weeks

Contact 7: 38 weeks

Provide ITN and counsel on ITN use

IPTp-SP dose 2

IPTp-SP dose 4

No SP administration if last dose was received at contact 5 in week 34

Continue SP doses every 4 weeks until delivery

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

[1]World 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
[2]Garner P, Gulmezoglu A. 2006. Drugs for preventing malaria in pregnant women. Cochrane Database Syst Rev: CD000169
[3]Bhutta et al. 2014. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? Lancet 384(9940):347-370. doi: 10.1016/S0140-6736(14)60792-3
[4]World Health Organization. 2015. Guidelines for the treatment of malaria. 3rd ed. Geneva, Switzerland: WHO Press. https://www.who.int/malaria/publications/atoz/9789241549127/en/
[5]World 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/
[6]See 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/
[7]Guidance 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/

## 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:

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)
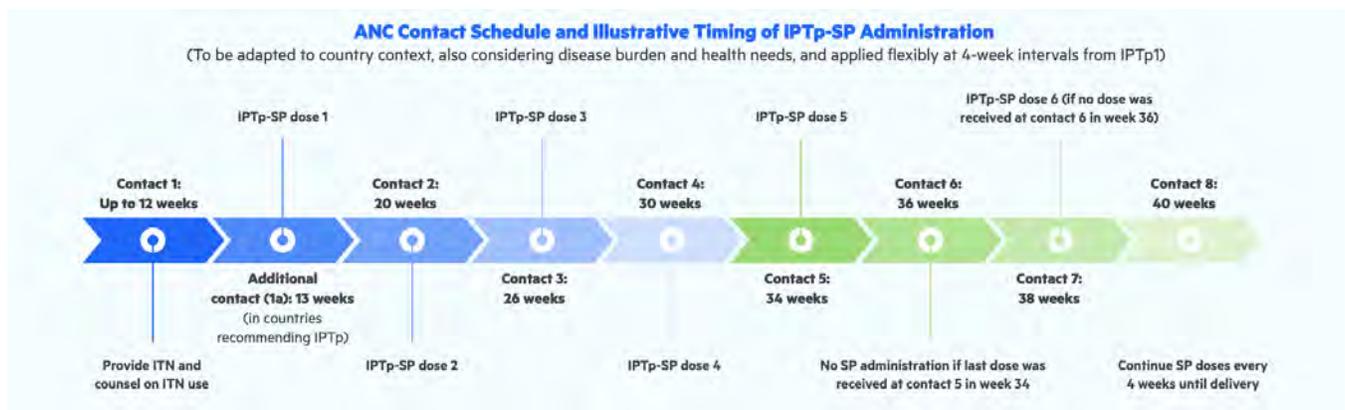
Sleep under an ITN every night.

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 women 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
Knowledge: Understanding malaria can go undetected in pregnancy because malaria parasites can live in the placenta without causing symptoms.	*Remind pregnant clients of the importance of early and regular ANC care to check for illnesses, even if they feel well.* *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).* *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.*
Attitudes: Experiencing positive health care provider encounters and attitudes at ANC, having a positive attitude toward ANC and IPTp.	*Encourage health care providers to counsel women on the importance of ANC.* *Tell engaging stories about how ANC leads to healthy mothers and babies.* *Encourage clients to ask questions about IPTp.* *Acknowledge client concerns about IPTp, such as harms to the baby or nausea, with empathy and compassion.*
Social norms: Perceiving pregnant women attending ANC and taking malaria precautions as community norms.	*Encourage friends and family of pregnant women to discuss the importance of ANC attendance.* *Encourage community leaders and other decision makers to share their stories about ANC and healthy birth outcomes.* *Engage older women in the community as advocates for ANC, helping pregnant women avoid the risks they themselves may have faced.*
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.	*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).* *Provide easy instructions for how to hang and dip nets (e.g., conduct demonstrations at community events).* *Help clients develop a plan to acquire ITNs (e.g., saving money to buy one).*
Response efficacy: Trusting the effectiveness of ANC visits, IPTp, and ITNs to protect against malaria.	*Share health centre data about how malaria rates have changed as more women attend ANC early and use IPTp.* *Seek testimonials from women who have had positive pregnancy outcomes since beginning ANC and using IPTp.* *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.*

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 severitiy 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.	*Help pregnant clients plan their travel to the local health centre for ANC, including assisting in finding transportation and in arranging childcare.*
Fear of visiting a health centre.	*Discuss questions to ask at the health centre, including about IPTp and other needed medications.* *Share what to expect during an ANC visit.*
Conflicting demands in the household (chores, work, caring for children) and not having time to visit a health centre.	*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.*
Local norms preventing women from receiving ANC as soon as they suspect they are pregnant, such as fear of announcing pregnancy too early.	*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.*

Facilitators of ANC	CHW Actions
Sense of community.	*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.*

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

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

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
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.	*Remind community members that visiting a health centre and receiving a malaria test and treatment is free (if true in your community).*
Negative past experiences with health care seeking.	*Remind individuals that care seeking is vital to quickly curing malaria.* *Share what people can expect when visiting a health centre.* *Offer to visit the health centre with the client to mitigate fears of a negative experience.*

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

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

	Social norms: Perceiving community norm is to get a malaria test at first sign of symptoms.	*During malaria events (e.g., screenings, World Malaria Day), encourage community leaders to lead by example and be publicly tested.*
	Self-efficacy: Having confidence to seek a malaria test.	*Help clients know where to go for testing.* *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.* *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.* *Emphasize the need to take testing seriously and get a test immediately for any fever before starting any treatment.*
	Response efficacy: Believing that malaria tests work.	*Reassure clients that RDTs are reliable and approved by WHO and Ministry of Health before being distributed to health facilities for use.* *Share messages about the accuracy and reliability of malaria RDTs at community events such as sports events, funerals, church functions, and local administration meetings.* *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.*
	Perceived risk: Perceiving malaria as serious and testing as the only way to know for sure that symptoms are from malaria.	*Emphasize the seriousness of misdiagnosis of malaria and how the patient may die if treatment is delayed.* *Explain if malaria is not confirmed and treated appropriately, it can lead to resistance to commonly available malaria drugs.* *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.*

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.	*CHWs can build trust in health providers by offering personal stories or sharing what clients can expect when they visit a health provider.*

Facilitators	CHW Actions
CHWs trained to give malaria testing.	*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.*

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.

RESOURCE

Artesunate Rectal Capsules Toolkit

"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
Knowledge: Understanding malaria can be treated with medication from an official provider.	*Ensure clients know how to seek treatment for febrile illness at a health facility or from a CHW.* *Explain risks of seeking treatment from a traditional healer (e.g., expired or inappropriate medication).*
Attitudes: Believing in health provider's ability to treat malaria in general and compared to that of a traditional healer.	*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.* *Encourage clients to ask questions while at the health facility. Remind providers to acknowledge client concerns with empathy and compassion.* *Remind community members that health providers are trained in malaria testing and treatment and have high-quality, accurate tests*
Social norms: Believing prompt treatment and seeking treatment from a health facility, instead of a traditional healer, are community norms.	*Encourage community leaders to advocate for seeking care for malaria from formal health providers. Be sensitive to traditional providers' roles in the community.*
Self-efficacy: Having confidence to seek malaria treatment from a formal service provider.	*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.* *Ensure CHWs are trained to identify danger signs and to effectively refer patients to higher care when needed.*
Response efficacy: Trusting that malaria treatment from formal health providers is effective.	*Remind community members malaria medicine is safe and effective.* *Share health facility data about the number of clients who sought treatment for malaria and recovered.*

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.	*CHWs can build trust in malaria medication by explaining that only medication from a health worker can cure malaria.*

Facilitators of Malaria Treatment	CHW Actions
Strong care-seeking social norms.	*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.*

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 resorce below.

RESOURCE

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

"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
Knowledge: Understanding malaria can be prevented through SMC.	*Provide facts about how and why SMC works using easy-to-understand language.* *Emphasize importance of adhering to the full SMC regimen.* *Addressing misconceptions and rumours about SMC promptly.*
Attitudes: Feeling positive about malaria prevention treatment and SMC.	*Encourage clients to ask questions about SMC and acknowledge their concerns (e.g., worries about making children feel sick) with empathy and compassion.*
Social norms: Perceiving community members participating in SMC as a community norm.	*Encourage community leaders and other decision makers to advocate for the whole community to participate in SMC and reinforce its value to the community.* *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.*
Self-efficacy: Having confidence to properly take antimalarial treatment.	*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.*
Response efficacy: Believing SMC is effective to treat and prevent malaria.	*Share data about how malaria rates in the community have changed since SMC campaigns began.* *Ask clients to think about their own childhood experiences with malaria before SMC. CHWs can also use their own experiences as an example.*
Perceived risk: Perceiving 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.*

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 instructes 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
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.	*Explain why someone who is not showing symptoms should still participate in MDA programs.* *Emphasize importance of continuing all malaria control measures during MDA and MSaT programs.*
Attitudes: Having positive feelings about malaria treatment and MDA.	*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.* *Explain how if MDA eliminates malaria parasites from all people in a community, then mosquitos can no longer spread the disease.*
Social norms: Perceiving people participating in MDA as a community norm.	*Community leaders and CHWs can demonstrate safety of the medicine by taking their first dose during a community meeting.* *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.*
Self-efficacy: Having confidence to adhere to proper antimalarial treatment.	*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.*

	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.*

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.

Natalie Hender, PMI Impact

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 → Reach or Coverage → Intermediate Outcomes → Behavioural Outcomes

- **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

RBM Partnership SBC Working Group Indicator Reference Guide

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.

<table>
<tr><td rowspan="2">RESOURCE</td><td>RBM Partnership To End Malaria

Malaria Social and Behavior Change Communication Indicator Reference Guide: Second Edition
September 2017</td><td>**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</td></tr>
</table>

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
CHW Registers	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).	CHW registers also can measure: • SBC program outputs (e.g., number of household visits conducted by CHWs). • Reach and coverage (e.g., number of participants in a CHW health talk). • Care-seeking behaviour outcomes (e.g., number of community members who sought care for fever with CHWs). • Insecticide-treated net (ITN) behaviour outcomes (e.g., number of community members who reported using an ITN to a CHW during a home visit). Spaces to capture these data points can be added to CHW activity forms and registers.
Referral Cards Issued by CHWs	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.	Referral card redemption data also can measure: • Reach/coverage (e.g., number of referrals issued by CHWs by type of service). • Care-seeking behaviour outcomes (e.g., number of pregnant women attending monthly antenatal care visits in CHW's community).

Rapid Community Assessments	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.	Rapid community assessments also can measure: • Reach/coverage (e.g., number of people who recall hearing malaria information from the CHW). • 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). • Care-seeking behaviour outcomes (e.g., number of community members who slept under an ITN the prior night).
African Malaria Leaders Alliance (ALMA) Community Quality of Care Scorecards	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.	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: • Availability of medicines and supplies. • Caring, respectful, and compassionate healthcare. • Cleanliness of the facility. • Wait times for a patient to receive care.

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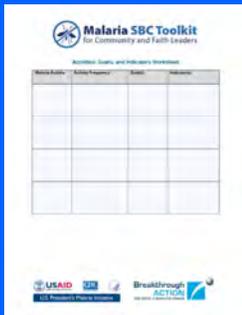
Malaria SBC Toolkit for Community and Faith Leaders: Track Your Progress Worksheet

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

Module 6: Supportive Supervision of Community Health Workers' Social and Behavior Change Activities

Module Objectives

- Understand the importance of assessing and improving interpersonal communication skills among community health care workers (CHWs) for their social and behaviour change (SBC) activities and overall quality of care.

- Describe a minimum set of elements supervisors can incorporate into their supervision activities to assess CHWs' interpersonal communication.

- Provide a practical checklist CHW supervisors can incorporate into their regular supervisory activities.

Focus on Interpersonal Communication Skills

As more national programs use CHWs to manage malaria at the community level, it is essential to properly train CHWs and equip them to conduct effective SBC and service communication activities. Interpersonal communication with neighbours and clients is a core CHW activity. It allows them to deliver correct and appropriate information with empathy to motivate behaviour change. Periodically assessing and reinforcing CHWs' interpersonal communication skills can help these essential workers end malaria in their communities.

It is important that CHW supervisors systematically evaluate CHWs as they conduct SBC activities and then provide feedback to help CHWs strengthen their skills in engaging with clients and their community. Supervising CHW SBC skills is easily integrated into any planned supportive supervision activities.

This module provides clear and practical indications of how CHWs' SBC skills related to interpersonal communication can be assessed during routine supportive supervision activities. It also includes a straightforward interpersonal communication skills checklist to integrate into existing supervision tools.
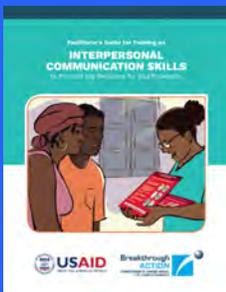
Facilitator's Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention

"The guide provides step-by-step instructions on how to implement the training to their field teams. Each session includes the learning objectives, methodology, and activities, along with educational materials, practical exercises, and readings for the participants."

https://thecompassforsbc.org/project-examples/
facilitators-guide-training-interpersonal-communication-skills

What is Supportive Supervision?

Supportive supervision involves overseeing how personnel perform their assigned activities to verify whether they have the knowledge and skills to fulfil their roles and responsibilities, as well as providing feedback and training as necessary. The purpose of this module is not to explain how to conduct supportive supervision; many existing resources already provide that information. Rather, this module describes how SBC activities conducted by CHWs can be assessed by incorporating a few key elements into already planned supportive supervision programs.

What Opportunities Already Exist for CHW Supervisors to Assess the Quality of their SBC Activities?

Any supportive supervision activity involving CHWs is an opportunity to assess their interpersonal communication skills and the quality of implementation of SBC activities. Wherever possible, supportive supervision should be done in collaboration with health facility staff and local officials. **Two commonly used methods for supervising the SBC activities of CHWs include:**

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- Directly observing CHW SBC activities, especially interactions with community members. This approach provides the best insight into CHWs' interpersonal communication skills.

- Reviewing CHW SBC activity plans and documentation.

Direct Observation of CHW Activities

One of the most important methods supervisors can use to assess the quality of SBC activities implemented by CHWs is direct observation. Direct observation can include assessing CHW's service and counselling provision in real time, reviewing how CHWs collect or record data using registers or other data collection tools, or even systematically observing a small sample of CHWs or community members. These approaches can be easily incorporated as a standard element of regularly scheduled supportive supervision visits to the CHW, and the observations can help supervisors and CHW program managers improve the quality of SBC implementation across the CHW program.

During planned supportive supervision visits, supervisors can directly observe how CHWs interact with community members and clients by:

1. **Accompanying** a CHW on an activity, such as a household visit, a community dialogue, one-on-one delivery of health services in the village or clinic, or a group health talk in a health facility. Note: Before any private interaction with community members, obtain the client's consent for the supervisor to observe the interaction.

2. **Allowing** the CHW to lead the activity and to introduce the supervisor to their clients.

3. **Silently observing** the CHWs interactions without interrupting or intervening.

4. **Taking notes** on the interaction and completing a supportive supervision checklist to capture the elements of high-quality interactions, focusing on interpersonal communication.

5. **Engaging** with the CHW in private afterwards to provide feedback, reinforce what they did well, and share suggestions for improvement.

Use the GATHER Checklist to Assess CHW Skills During Direct Observation

GATHER is a mnemonic for greet, ask, tell, help, explain, and return: the essential elements of effective interpersonal communication. It has been used for decades to guide health care providers and CHWs in providing quality and comprehensive interpersonal communication on health topics. Research has shown higher levels of client satisfaction when more GATHER elements are used during counselling. CHWs can be trained to use GATHER to structure their interpersonal communication activities (e.g., home visits), to engage meaningfully with clients, and to reinforce behaviour change. As noted, GATHER stands for:

GATHER stands for:

G   **GREET** the person in a friendly and respectful way and create a connection. Use an icebreaker to establish rapport, ask for a private place to engage everyone together if appropriate, and make everyone feel comfortable.

A   **ASK** about everyone, including their needs and concerns about malaria. Then, listen attentively. Do not lecture. Practice empathy and ask open-ended questions.

T   **TELL** them about the health behaviours and changes they can make. Provide accurate, tailored, and personalised information, and use understandable phrases. Do not scold or judge.

H   **HELP** them make decisions and find a solution. Listen to the barriers, then solve the problem together. Clarify any misunderstanding, and explain the benefits of the behaviour. Identify motivators of change, and help them make a commitment.

E   **EXPLAIN** the behaviour by demonstrating how to do it, step by step. Give everyone an opportunity to practise the behaviour, and build their confidence in doing so.

R   **REVIEW** to what was discussed, and ask the client to summarise what was decided. If applicable, indicate when you will return for a follow-up visit.

During direct observation, a supervisor can record whether the CHW conducts each element of GATHER (see the sample checklist on the next page).

RESOURCE

GATHER Guide to Counseling

"All 6 GATHER elements are explained briefly on pages 16 and 17. Also, each GATHER element has its own set of pages. These pages can be pulled out and used separately."

https://fpoptions.org/wp-content/uploads/GATHER-guide-counseling-JHUCCP-1998.pdf

GATHER Guide for Supervision of CHWs in Conducting Interpersonal Communication Activities

Adapted from the [Facilitator's Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention](#)

General Information		
Health area:	**District:**	**Community:**
Health service:		
Name of CHW:		**Position:**
Person conducting observation:		
Date:		
Type of activity observed:	Home visit Community dialogue Health facility talk Other	
Name of CHW:	**Start time:** **End time:**	**Total minutes:**

People with whom the CHW Interacted (Check all that Apply)			
	Pregnant woman		**Adolescents**
	Husband or partner of pregnant woman		**Other family members**
	Female caretaker of child(ren) under 5		**Other (specify):**

Instructions for supervisors: While you observe the CHW, review the items below and write a check mark for each item observed and a 0 for each one not observed. If for any reason an item cannot be observed, mark it not applicable (NA). Afterwards, during a private feedback session, congratulate the CHW for the items with a check mark and make commitments to improve the items marked 0 using the "Commitments for improvement" table below.

	Items to Observe	Observation
CHW Preparation		
	Brought proper identification (e.g., uniform, ID).	
	Brought necessary SBC materials (e.g., flipchart, discussion guide).	
	Brought register or other reporting forms.	
G	**Greeted person in a friendly and respectful way**	
1	Introduced themselves with kindness and respect.	
2	Presented themselves appropriately (e.g., name, project/institution).	
3	Explained the purpose of the visit.	
4	Invited other members of the household to be present.	
A	**Asked about their needs regarding malaria behaviours**	
5	Asked open-ended questions to understand the situation (e.g., obstacles, motivations).	
6	Listened with attention and interest (e.g., eye contact).	
7	Avoided scolding.	
8	Used simple and appropriate language.	
9	Used appropriate non-verbal communication.	
T	**Tell them what they can do to prevent malaria**	
10	Informed participant about relevant behaviours to try.	
11	Used communications materials properly to support explanations.	
12	Verified understanding by asking questions.	
13	Correctly handled message content.	
14	Clarified myths, incorrect information, and beliefs.	
H	**Helped find solutions**	
15	Identified solutions to obstacles and offered steps to adopt the behaviour.	

16	Talked about the benefit of adopting the behaviour.	
17	Allowed participants to say what they can or want to try to do.	
E	**Explained by demonstrating practice step by step and why**	
18	Demonstrated how to do the chosen behaviours.	
19	Asked participants to explain and perform the behaviour to verify understanding.	
20	Directed participants to make a commitment about what they are going to do.	
21	Wrote down commitments.	
R	**Returned to what was discussed and scheduled a return visit**	
22	Reviewed the essential points discussed and agreed upon during the visit.	
23	Verified participants understood what was agreed upon by asking questions.	
24	Scheduled the next visit.	
25	Congratulated and thanked participants for their time and effort.	
Total number of check marks		
Total number of 0s		

Commitments for Improvement: Write down up to three commitments the supervisor discussed and agreed upon with the CHW.

Commitments for Improvement: Write down the commitments agreed upon with the CHW (no more than 3).		
Commitment 1	**Commitment 2**	**Commitment 3**

Review of CHW's SBC Activity Plans and Documentation

Another method CHW supervisors can use to evaluate SBC activities is to review CHWs' SBC activity plans and documentation during supportive supervision visits. SBC activity plans are time-bound work plans CHWs develop jointly with their supervisors. These work plans list the type and quantity of activities the CHW will implement in their community during a specified time period. For example, an SBC activity plan for a CHW might include:

- Visiting the household of each pregnant woman in the community once a month and referring her to antenatal care.
- Conducting community dialogues on a different topic once a month.
- Visiting the local school to talk with students about malaria prevention.
- Participating in a local radio broadcast to promote malaria prevention and prompt care seeking.

Each activity in the work plan should specify the number of times it will be implemented in a given period, the number of people to be reached, and dates for implementation.

In addition to SBC activity plans, CHWs may use other types of documentation to plan and track their work. During supportive supervision, the supervisor can review the CHW's documentation and assess the following

- **Community maps:** How completely have the CHWs mapped their community?
- **SBC activity plans:** Does the CHW have a plan for conducting SBC activities, such as home visits and community dialogues? Are there goals for the quantity of SBC activities in a given time period? Are the plans realistic, and will they achieve the SBC goals? For example, are the numbers of planned household visits, community dialogues, or other activities appropriate?
- **CHW registers and monitoring forms:** Are CHWs documenting their SBC activities within their reporting activities, such as on registers or monitoring forms? Do these registers have space for CHWs to record the quantity of SBC activities conducted, numbers of people reached, notes about what was discussed, and follow-up actions?
- **Supplies of SBC materials:** Does the CHW have adequate types and quantities of materials (e.g., flipcharts) to support their SBC activities?

If a supervisor finds that a CHW has not developed an SBC activity plan or their plan is outdated, they can support the CHW to develop or update their plans and then review them at the next supervisory visit.

Giving Feedback to Community Health Workers

ImmImmediately after observing a CHW in action during a supervision visit, supervisors should provide feedback privately and in a place where the CHW feels comfortable, without interruptions or distractions. They can discuss each score on the GATHER checklist, noting whether each item was done properly, and why or why not.

Supervisors can follow the following key principles for giving feedback, adapted from the Facilitator's Guide for Training on Interpersonal Communication Skills:

- Make **positive comments** about what was done well, such as "I like it," "It was good," "That helps," "That was excellent," and "Did you create that?"
- Ensure you are being **constructive and positive.** Do not use a threatening or complaining manner. Give feedback in a kind and gentle manner to avoid embarrassing the person or making them feel bad. If the performance was poor, emphasise improvements and positive changes observed since the last supportive supervision visit. Then, ask how they can continue to improve in other areas.

- For CHWs' weaker areas, **first ask how they feel about it.** Allow them to identify their own mistakes and reflect on them, and give them the opportunity to reflect on how they are doing. These particular aspects can be followed up on the next visit. For example, ask, "How do you think it went with …? What did you do to improve? Did you practise any of the techniques we learned …? What other things can you do? How do you feel about this or that aspect? What can you do to improve further?"

- Ask **why they think there has been a lack of progress** on the specific aspects observed during the supportive supervision visit (compared to past supervision, if applicable). Their responses will help to identify potential solutions and whether more training, practice, job aids, or reminders are needed to perform better.

- Strike a **balance between positive and negative feedback.** People who also discuss what they did well rather than focusing solely on what they did wrong are more likely to improve their performance.

- Agree on a **commitment to improve performance** and put it in writing. For example, ask, "Shall I come back next month to see if you incorporated this or that element? Do you agree to spend time improving this?"

- Close the feedback session by **asking them to summarise the parts of the visit that went well and where improvement is required.** Their responses will help them commit to what they need to do better the next time.

Recognizing CHWs for SBC Accomplishments

It is common for CHW programs to include a system to recognize high-performing CHWs. CHWs are often volunteers and community members chosen by their neighbours to provide lifesaving health services and information. Regular recognition of CHWs, especially when based on metrics from collected data, can be a powerful motivator for CHWs to continue and strengthen their work. Public appreciation from community leaders also attracts new CHWs and helps retain current ones.

CHWs working on malaria are typically recognized for the quality and timeliness of their reporting and their length of service. Supervision data on CHW performance in SBC activities also should be considered when recognizing the highest performers. **Adding SBC to the recognition categories reinforces the importance of delivering consistent, clear, and correct malaria messages, treating community members with respect, and ultimately changing ways of thinking and behaviours.**

Supervisors can provide recognition by reviewing their written observations during supportive supervision or other documentation. These observations can be used to identify CHWs conducting high-quality interpersonal communication and, importantly, CHWs who have improved these skills over multiple supervision visits. Supervisors can then recognize these CHWs accordingly.

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ACTIVITY

What is the GATHER checklist?

During a supervisor training, hand out copies of the GATHER checklist and ask the group to stand in a circle. Ask one person to start by reading the first item listed, then ask the person to their right to read the next item, and so on. Pause after all items under "GREET" have been read aloud. Ask the group to reflect on the items and how they would observe that item during supervision. Clarify anything that is unclear. Then, continue the exercise by asking the next person in the circle to read the items under "ASK," pausing to discuss once all items under "ASK" have been read aloud. Repeat the exercise until all items on the checklist have been read and discussed. In the space below, write down notes from the discussion.