



# Malaria Social and Behaviour Change Program Guidance in the Context of COVID- 19 Pandemic

**RBM SBC Working Group**

**Guidance on Malaria SBC in the Context of COVID-19**

This guidance is provided as of April 16, 2020 and will be updated regularly when additional information is available

## Table of Contents

Contributors .....	3
Abbreviations, Acronyms and Key Terms .....	3
Introduction.....	3
General Considerations for Malaria SBC in the COVID-19 Context .....	5
Consideration #1: Channel Selection .....	5
Consideration #2: Innovation and Adapting Activities .....	8
Consideration #3: Rumours and Rumour Management .....	9
Consideration #4: Stigma .....	9
Consideration #5: Gender .....	10
Consideration #6: Chloroquine/Hydroxychloroquine .....	10
Consideration #7: A Reminder of the Importance of Context .....	11
SBC Guidance for Malaria Interventions in the Context of COVID-19 .....	12
Malaria Prevention Interventions (ITN, IRS, and SMC) .....	12
Malaria Service Delivery Interventions (Case Management and Malaria in Pregnancy) .....	19

## Contributors

Overall coordination and production of the document was led by the RBM Social and Behaviour Change Working Group leadership members Shelby Cash (CDC-PMI), Andrew Tompsett (PSI) and Anna McCartney-Melstad (JHCCP). Review was conducted by Avery Avrakotos (USAID-PMI), Gabrielle Hunter (JHCCP), Jessie Butts (CDC-PMI), Deobra Freitas-Lopez (URC), Todd Jennings (PATH), Guda Alemayehu (PMI-Ethiopia), Kevin Griffith (USAID-PMI), Priya Parikh (JHCCP), Lauren Lewis (CDC-PMI), Anne Linn (USAID-PMI), Meera Venkatesan (USAID-PMI), Julianne Birungi (UNICEF), Rose Zulliger (CDC-PMI), Valentina Buj (UNICEF), Don Dickerson (USAID-PMI) and Julie Gutman (CDC-PMI). Organizations represented include the Alliance for Malaria Prevention (AMP); Population Services International (PSI); Roll Back Malaria Partnership to End Malaria (RBM); Johns Hopkins Center for Communication Programs (JHCCP); United Nations Children’s Fund (UNICEF); University Research Co. (URC); PATH, United States President’s Malaria Initiative (US-PMI); RBM Social and Behaviour Change Working Group (RBM SBC WG). Content was included from documents published by the Alliance for Malaria Prevention (AMP), the Roll Back Malaria Partnership and the World Health Organization (WHO).

*This document is meant to be a “living document” which will be updated as we continue to learn lessons and experiences with conducting malaria SBC during the COVID-19 response. Any contributions or input to future iterations would be greatly appreciated, please contact the RBM SBC WG Secretariat: lyndsey.mitchum@jhu.edu.*

## Abbreviations, Acronyms and Key Terms

**ACT** artemisinin-based combination therapy

**ANC** antenatal clinic

**CHW** community health worker

**COVID-19** coronavirus disease of 2019

**CQ** chloroquine

**DOT** directly observed therapy

**EPI** Expanded Programme on Immunization

**HCQ** hydroxychloroquine

**HMIS** health management information system

**IPC** interpersonal communication

**IPTi** intermittent preventive treatment in infants

**IPTp** intermittent preventive treatment during pregnancy

**IRS** indoor residual spraying

**ITN** insecticide-treated net

**LLIN** long-lasting insecticidal net

**Mass media** radio, television, broadcast that reaches large audiences

**MDA** mass drug administration

**Mid media** radio, television or anything broadcast that reaches small audiences (district radio stations, for example)

**MIP** malaria in pregnancy

**MoH** ministry of health

**NMCP** national malaria control programme

**PMI** U.S. President’s Malaria Initiative

**PPE** personal protective equipment

**RDT** rapid diagnostic test

**SBC** social and behaviour change

**SBCC** social and behaviour change communication

**SMC** seasonal malaria chemoprevention

**SOP** standard operating procedure

**SP+AQ** sulfadoxine-pyrimethamine plus amodiaquine

**WHO** World Health Organization

## Introduction

On 09 April 2020, the World Health Organization (WHO) Global Malaria Program (GMP) released guidance, [Tailoring Malaria Interventions in the COVID-19 Response](#), to address malaria within the context of COVID-19 that cuts across vector control (insecticide treated nets [ITNs] and indoor residual spraying [IRS]), case management, chemoprevention (intermittent preventive treatment in pregnancy [IPTp], seasonal malaria chemoprevention [SMC]), and supportive structures and systems (supply chain, program management, information systems, and communication and community engagement). To complement the recent guidance from WHO GMP, the RBM Partnership to End Malaria (RBM) Social Behaviour Change (SBC) Working Group has developed interim guidance for malaria SBC in the context of the COVID-19 pandemic. It is recognized that during this unprecedented time, malaria remains an issue in malaria affected countries and in the current context, community members and health workers may face additional challenges that significantly impact the health system. To this end, approaches and systems should be supported to deliver malaria services among communities, households, and individuals.

Approaches to malaria SBC should take into account WHO and national guidance on COVID-19, such as limits on the number of people convening in one place, frequent hand washing, maintenance of physical distancing, practice of respiratory hygiene, prompt care seeking for symptoms of COVID-19, and adherence to advice provided by authorities and providers (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>). Given the WHO and national guidance on COVID-19 and the WHO GMP guidance on malaria in the context of COVID-19, the RBM SBC Working Group recommends that community-level SBC activities that involve interpersonal communication or convening people in one place, such as social mobilization, community engagement, community meetings, or household visits that are conducted for the sole purpose of promoting the uptake of malaria prevention, testing, and treatment be temporarily curtailed in favour of mass, mid-, digital, and social media approaches. When conducted in conjunction with life-saving malaria prevention, testing, or treatment, such as an ITN mass campaign, IRS campaign, or SMC campaign, it may be appropriate to move forward with community-level SBC activities; however, implementation of community-level SBC activities in conjunction with life-saving malaria prevention, testing, or treatment should only be pursued after careful review of WHO and national COVID-19 guidelines, discussions with relevant stakeholders, and careful consideration of the safety of those conducting and participating in community-level SBC activities.

This document identifies general behavioural considerations for implementation of the recent WHO GMP guidance ([Tailoring Malaria Interventions in the COVID-19 Response](#)), as well as corresponding malaria SBC recommendations for campaign style malaria prevention interventions (ITNs, IRS, and SMC) and malaria service delivery interventions (malaria case management and malaria in pregnancy). Information on channel selection, stigma, rapid assessment tools, and innovative/alternative activities is also included.

## General Considerations for Malaria SBC in the COVID-19 Context

### **Consideration #1: Channel Selection**

In the interest of adhering to national and local stay-at-home and physical distancing directives, programs and partners should prioritize communication channels that avoid group congregation, which means reshaping many malaria program activities. It is safe to assume that during this period people will make greater efforts and invest more in access to mass media channels since their churches/mosques, schools, and communications with friends will need to become virtual. Programs should continue, however, to use more traditional means of communication when possible to conduct in a COVID-19 safe manor, such as using town criers who transmit messages through one person in a village (usually at a distance the person’s job is to circulate around the villages on foot making announcements, this is a common practice in most African countries).

The goal is to narrow communication channels that are lower-risk and consider different approaches all together. The following table looks at each channel and considers the advantages, disadvantages, considerations, examples and considerations for co-messaging with COVID-19 (either inserting malaria messages into planned COVID-19 SBC or vice versa). This table below is meant to assist programs in thinking through which channels to use for their malaria activities during the COVID-19 pandemic.

Channel	Advantage	Disadvantage	Consideration	Example	Considerations for Co-Messaging with COVID-19
<b>ADVOCACY MEETINGS AT NATIONAL, PROVINCIAL AND DISTRICT LEVELS (such as those during ITN mass campaigns, etc)</b>	Allows for putting in place plans, key influencers, and messages at all levels and for addressing any rumours arising that could impact the success of planned campaigns or activities.	Many stakeholders at these levels would have already been part of COVID-19 awareness sessions and meetings. Although malaria should be the main focus, there would necessarily be some repeated information and participants may lose focus on the objective of the sessions.	Consider developing advocacy packages that can be provided to stakeholders through either print or electronic channels, given limitations on meetings, and include detailed information on the malaria burden and the importance of ITNs, as well as any information about COVID-19. Conduct virtual meetings as	Advocacy packages have an FAQ sheet with questions and answers on: The malaria burden in the country and what will happen if malaria is not kept high on the health agenda during the COVID-19 pandemic.	If COVID-19 advocacy or risk communication and community engagement (RCCE) coordination meetings are already taking place, adding in reminders about malaria still being a very important issue can help remind participants to remember that a crisis like this needs to consider many critical health aspects not just the immediate threat. Malaria messaging, compared with COVID-19 messaging, however may have less influence due to the high fear/high risk

Channel	Advantage	Disadvantage	Consideration	Example	Considerations for Co-Messaging with COVID-19
			much as possible.		perception around COVID-19
<b>MASS MEDIA COMMUNICATION – NATIONAL/REGIONAL AND COMMUNITY RADIO/TELEVISION/NEWSPAPERS</b>	Given that COVID-19 is currently one of the most critical health issues globally, households are more likely to be alert to, and listen to messages aired on the radio/television or published in newspapers. Including mass media SBC malaria materials could make households more conscious and concerned about maintaining protection from malaria and the importance of promptly seeking care.	Overload of information leading to low retention of key messages.	Mass media provides one of the best opportunities for ensuring that it is continually reinforced that although COVID-19 is a major risk, malaria is still prevalent in communities and people need to protect themselves and seek diagnosis and treatment.	Radio spots, debates, and phone-in programmes are strong channels to inform people about what they should do with ITNs that have been used by people with suspected or confirmed COVID-19 or those that have died after suffering from symptoms of COVID-19, for example.	While co-messaging can increase the reach of malaria messages, it will only be an advantage if the messages are clear, concise, and leave no room for misinterpretation. Such messages should focus on how COVID-19 might change an individual's own malaria-related experiences.
<b>MASS MEDIA COMMUNICATION – SOCIAL MEDIA, DIGITAL INTERACTIVE VOICE</b>	Major source of information in many countries and provides a good opportunity to pass regular,	Social media access can be limited in many countries and in some cases, severely limited (especially in rural	Consider having a team dedicated to the monitoring of social media platforms and ensuring that malaria information is flowing,	A MoH Twitter and Facebook page that provides daily updates on health issues in the country, including malaria. A hotline number in all malaria communications	The most important information for people is about how malaria services will look different in the context of COVID-19, such as what to expect at health facilities when seeking care, etc.

Channel	Advantage	Disadvantage	Consideration	Example	Considerations for Co-Messaging with COVID-19
<b>RECORDING, SMS PHONE</b>	consistent, and correct messages in an effort to counter mis- and disinformation. Phone ownership is quite high in general (although women are less likely to have access to phones)	areas, among women and in complex operating environments).	correct, and accurate. These teams must be easily identifiable as being from an official source (e.g., Ministry of Health) and be able to respond to consequential misinformation and rumours promptly and effectively using the same social media platform.	could bring callers to an interactive voice recording platform taking callers through malaria related content.	
<b>PRINT MATERIALS (e.g. POSTERS, BANNERS)</b>	Print materials (if robust and well developed) can provide valuable information to communities who are semi-literate.	Overload of information on print materials such as posters, flyers, and FAQs can mean that they lose their effectiveness, leading to low retention of key messages.	Consider laminating any print materials that are produced and that will be used regularly (e.g. CHW job aids), so that they can be washed on a daily basis.	CHW job aids that include information on malaria prevention and treatment behaviours. If laminated, there must be clear instructions to CHWs that the job aids should be washed regularly with soap (or equivalent) and water, thereby reducing the risk of spreading COVID-19.	Since the COVID-19 recommendations are continually changing, it is not recommended to co-message malaria and COVID-19 with print materials.
<b>INTERPERSONAL COMMUNICATION (IPC) AT COMMUNITY LEVEL (e.g. STREET MESSAGES, DOOR TO DOOR IPC, COMMUNITY</b>	In person IPC is not recommended at this time unless it can be guaranteed to be done safely for both the messenger and the receiver of the	The use of IPC may not be able to respect physical distancing best practices and could thus increase the spread of COVID-19.	Consider limiting IPC activities to the following, as they represent a lower risk of spreading COVID-19: (1) town criers and street announcements /mobile units; (2)	Visual examples of ITN campaign IPC agents (e.g. CHWs) actually practising the COVID-19 precautions are shown in newspapers and on television coverage of the campaign, so households know what to expect during	If IPC activities are happening for COVID-19, co-messaging about the continuity of malaria services and what to expect from malaria testing and treatment that might be different from normal are important to integrate (clinic

Channel	Advantage	Disadvantage	Consideration	Example	Considerations for Co-Messaging with COVID-19
MEETINGS, etc.)	message.		religious services that are using alternatives which reduce social interaction (e.g. broadcast on television, radio or on social media).	the campaign (e.g. CHWs using megaphones to communicate messages on malaria).	hours, PPE the staff might be wearing, procedures, etc).
<i>More details on channel selection can be found <a href="#">here</a>.</i>					

In the case of World Malaria Day or other days that are normally used to elevate the profile of malaria, SBC recommendations considering COVID-19 include transforming activities that are usually in person to be mass media activities such as: the organization of media activities that would normally be in person, only broadcast such as: declaration by the Minister of Health, broadcasting of spots and press releases and production of radio and TV broadcasts, dissemination of print material designs (if already developed) via social media.

***Consideration #2: Innovation and Adapting Activities***

Non-interpersonal communication options are not limited to national radio, national television, social media, and print materials. As noted above, other options include regional and community radio, mobile speaker units, previously recorded or live announcements from churches/mosques which have a large speaker system, and griots/town announcers (when done safely). Other ideas include adding messages into popular media products already being broadcast, and SMS, IVR, Instagram, TikTok, WhatsApp, etc. Several countries are adapting existing health hotlines to include COVID-19 messaging or setting up hotlines where none exist. Ensuring that malaria and COVID-19 messaging are in those scripts is a way to still ensure two-way communication.

Do not simply reprogram your community activity plans to be entirely one-way radio spots or television. It is a well-established best practice that the interactive component of SBC activities is important for impact, so consider increasing call-in shows, phone-based competitions, virtual personal contact platforms or shifting in-person house-to-house visits to phone calls or other innovative approaches. There is, and will be, a captive audience and this is not only an unprecedented public health emergency but also an unprecedented opportunity to engage the audience in new ways.



### ***Consideration #3: Rumours and Rumour Management***

Rumours often emerge when there is a lack of accurate, credible, reliable information or too much information, resulting in conflicting information or an overload of information. In that case, it is hard for consumers to separate fact from fiction. With a highly infectious disease, and a dearth of credible information, rumours about COVID-19 are already rampant across the world. When the COVID-19 rumours intersect with malaria, the malaria response must be prepared to act immediately and respond to rumours that need addressing. This is particularly true with LLINs and mass campaigns (see the AMP Rumour Management Guidance soon to be available here) but may also arise as case management becomes more complicated with the pandemic.

There are three main types of rumours in general:

- Reports of events and/or risky behaviours such as “people are becoming sick with COVID-19 after using Chinese ITNs” or “the government is making everyone stay home but people are still giving ITNs and spreading COVID-19 to households.”
- Misunderstood or incomplete information that is spread without ill intent but that may lead to the practice of risky behaviours or negative perceptions. For example, “no one should go to the hospital if they have a fever” or “COVID-19 does not spread in hot climates.”
- Disinformation or false information that is spread with an intent to cause harm or take advantage of a situation. For example, “COVID-19 was developed by the West as a form of biological warfare” or “someone is going around deliberately infecting people in community Y while giving out ITNs.”

Countries should establish a rumour tracking system for malaria in the context of COVID-19 and develop messages to respond to rumours. Early planning to anticipate possible rumours in the local context must be done, a mitigation plan put in place, and a response plan developed and ready for immediate roll out once rumours are discovered. Mitigation of rumours must be done through a strong multi-channel strategy to ensure that clear, correct, and actionable information is communicated. Response plans for rumour management must include which kinds of rumours should be addressed and when, the channels that will be used, the key spokespeople that will be used at all levels because they are trusted figures and draft key messages that can be quickly adapted to ensure that they address the specific information contained in the rumour. Generally, when rumour management plans are put into action, the people addressing the rumours should not be the same people who disseminated the discredited information the first time (even if the information was accurate). (For COVID-19 specific rumour management guidance, visit:

[https://docs.google.com/document/d/1v5NYyWt9HdDcNks2r28FE9K0ux0kr3n8gxW\\_GN8kci8/edit#](https://docs.google.com/document/d/1v5NYyWt9HdDcNks2r28FE9K0ux0kr3n8gxW_GN8kci8/edit#))

### ***Consideration #4: Stigma***

Stigma comes from the impulse to assign blame, especially during an outbreak of a highly contagious disease. In the case of COVID-19, there is still much unknown about the disease as it rapidly spreads across the globe. This uncertainty brings fear and concern as people try to

understand where the disease came from, how it is spreading, and how they can protect themselves and their families. Making a distinction between “us” (the uninfected) and “them” (the infected) and pointing a finger at people, rather than the pathogen (cause of the disease), can help make the mysterious seem more familiar and manageable.

It is possible that, with so few critical care facilities in developing countries (which means COVID-19 in these settings will be more lethal), those diagnosed with COVID-19 may become stigmatized. Likewise, healthcare workers may become stigmatized, and people may stop seeking care for other illnesses for fear of contracting COVID-19 from a health care worker. Since malaria and COVID-19 share symptoms, it is reasonable to anticipate that those with fever might be reluctant to report to a health professional for diagnosis, lest they be diagnosed with COVID-19.

Proactively echoing the anti-stigma efforts of any ongoing COVID-19 campaigns may also help to maintain care-seeking and prompt access to malaria case management during the pandemic.

***Consideration #5: Gender***

Gender is an important consideration with respect to access to health information and services, especially in developing countries where gender inequities tend to be particularly high. When considering social media as a channel for rumour management or as an alternative for interpersonal communication, keep in mind that African women are significantly less likely to have access to social media content. Wide and alternate channels should be sought for messaging intending to reach this target audience. Also, gender-based violence (GBV) has increased in countries that are at the head of the COVID-19 curve, indicating a serious potential for increases in GBV as more countries are affected by the pandemic. With more countries imposing quarantine/lockdown policies, households are placed in higher stress environments and there are increased opportunities for domestic abuse. In this context, malaria would probably not be a priority area of concern for those mothers, SBC interventions should consider focusing on raising risk perception of malaria among male heads of households.

***Consideration #6: Chloroquine/Hydroxychloroquine***

Chloroquine/hydroxychloroquine has been promoted as a treatment for COVID-19 by high profile individuals internationally and in malaria affected countries without definitive evidence that it is an effective intervention. As a result, several African countries have included chloroquine in their treatment protocols for COVID-19. Since many in malaria affected countries are familiar with chloroquine from when it was widely used as a malaria treatment and because most countries do not have sufficient critical care facilities for the projected number of serious COVID-19 cases, the interest in chloroquine for treatment of COVID-19 is understandable. However, at present the WHO has indicated there is insufficient data to inform guidance around the use of chloroquine, making its use complicated, especially in countries where it has been banned as a malaria treatment for many years due to concerns about resistance. At this time, SBC messaging on the use of chloroquine for COVID-19 is not recommended and messaging on the use of chloroquine for malaria should follow the country's malaria case management guidelines prior to COVID-19.

### ***Consideration #7: A Reminder of the Importance of Context***

The following are just a few reminders of the complicated intersection between global guidance and the reality “on the ground,” which is entirely context specific. The points highlighted represent just a few of the issues which may make implementation of recommendations difficult and which should be considered and planned for, in addition to the other guidance provided.

- National lockdown guidance conflicts with the need to get critical food, supplies, medication, etc., especially for those that cannot afford to buy several weeks of food and supplies at one time or in settings where non-perishable food is not readily available. Access to food and other critical supplies is often the most immediate need for most families and therefore their top priority when prioritizing actions and behaviours.
- Keeping physical distance can be a difficult concept in places where being in crowded conditions is the norm, such as urban slums or busy health facilities, increasing the potential for COVID-19 transmission. There is little known about COVID-19 and malaria co-infection at this time but we can safely assume that this will be a growing issue as many people will be unable to comply with COVID-19 prevention strategies.
- Some malaria deaths are attributed to COVID-19 incorrectly and vice versa.
- Gloves, soap, and water are not necessarily standard in many primary health centres and consumables are often in short supply.
- Health facility- based providers, CHWs, and other types of social mobilization personnel who provide malaria messaging and services may be scared if there is no PPE for them and some may 'run away' or refuse to work without PPE (indeed, in some cases there are risk allowances that are expected to be paid). Additionally, patients with COVID-19 symptoms may be turned away if the health facility is overwhelmed or due to stigma. These challenges will certainly impact malaria diagnosis and treatment.

There are many other realities malaria programs need to grapple with in attempting to implement global guidance which are highly context specific. We encourage malaria partners to share their experiences and ways in which they have been addressed on Springboard for SBC, the RBM SBC WG’s [online platform](#).

## SBC Guidance for Malaria Interventions in the Context of COVID-19

The tables below provide guidance for promoting key behaviours among specified target audiences. The behavioural determinants listed below are based on theories of behaviour change; these are factors that are likely to influence the uptake of the behaviour. They have been provided in this guidance so that malaria SBC programs can aim to leverage or change these determinants through their activities and messages in order to promote the behaviours more effectively.

### *Malaria Prevention Interventions (ITN, IRS, and SMC)*

Target Audience: Campaign agents (e.g., registration and distribution agents for ITN mass campaign, spray operators for IRS campaigns, and distribution agents for SMC campaigns)	
<b>Behaviour:</b> Practice infection prevention and control (handwashing).	
Behavioural Determinants of Handwashing	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the benefits of handwashing may be more likely to wash their hands.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to wash their hands.</li> <li>● Social Norms--Individuals who believe others (i.e. colleagues, friends, etc.) are washing their hands may be more likely to wash their hands.</li> <li>● Response Efficacy--Individuals who believe hand washing is effective at preventing COVID-19 may be more likely to wash their hands.</li> </ul>	<ul style="list-style-type: none"> <li>● Provide daily reminders—through multiple channels—to all campaign agents to wash hands with soap and water.</li> <li>● Provide water, soap, and, ideally, handwashing stations, during all campaign style activities (e.g., distribution points) ideally in a public location to emphasize community action of handwashing.</li> <li>● Develop/adapt messages emphasizing the benefits and efficacy of handwashing.</li> <li>● Develop an easy-to-remember 20-second jingle to sing while washing hands.</li> <li>● Place cues to action / reminders for hand washing at strategic locations (e.g. the entrance and exit of the distribution points and near hand washing stations)</li> <li>● Model desired behaviour regularly. Supervisors should wash their hands as often as they would like campaign agents to wash their hands. Provide regular reminders to campaign agents that their behaviour will be modelled by beneficiaries, and, therefore, campaign agents should wash their hands regularly.</li> </ul>
<b>Behaviour:</b> Practice infection prevention and control (physical distancing).	
Behavioural Determinants of Physical Distancing	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the benefits of physical distancing may be more</li> </ul>	<ul style="list-style-type: none"> <li>● Provide daily reminders—through multiple channels—to all campaign agents to avoid physical contact (handshakes, fist bumps).</li> </ul>

<p>likely to practice physical distancing.</p> <ul style="list-style-type: none"> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to practice physical distancing.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are practicing physical distancing may be more likely to practice physical distancing.</li> <li>● Response Efficacy--Individuals who believe physical distancing is effective at preventing COVID-19 may be more likely to practice physical distancing.</li> </ul>	<ul style="list-style-type: none"> <li>● Introduce an alternative greeting to replace handshakes and fist bumps to reinforce the importance of physical distancing, while respecting cultural norms.</li> <li>● Develop/adapt messages to highlight the benefits and efficacy of physical distancing.</li> <li>● Provide daily reminders—through multiple channels—to all campaign agents of the importance of maintaining physical distancing between themselves (i.e. teams of campaign agents) and between themselves and beneficiaries.</li> <li>● Use physical barriers (i.e. rope) to clearly delineate the distance campaign agents should keep from each other and beneficiaries.</li> <li>● Ensure distribution sites are large enough to allow physical distancing between campaign agents and beneficiaries.</li> <li>● For door-to-door activities, such as IRS, provide daily reminders to campaign agents (i.e. spray operators) of the importance of maintaining physical distance between themselves and beneficiaries during door-to-door activities (i.e. spraying or distribution).</li> <li>● Model desired behaviour regularly. Supervisors should model the physical distancing campaign agents should practice. Provide regular reminders to campaign agents that their behaviour will be modelled by beneficiaries, and, therefore, campaign agents should practice physical distancing.</li> </ul>
<p><b>Behaviour:</b> Practice infection prevention and control (use a mask or cloth face covering).</p>	
<p>Behavioural Determinants of Using a Mask or Cloth Face Covering</p>	<p>Malaria SBC Programmatic Recommendations</p>
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the use of a mask or cloth face covering may be more likely to use a mask or cloth face covering.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to use a mask or cloth face covering.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are using a mask or cloth face covering may be more likely to use a mask or cloth face covering.</li> <li>● Response Efficacy--Individuals who believe</li> </ul>	<ul style="list-style-type: none"> <li>● Provide daily reminders—through multiple channels—to all campaign agents to use a mask or cloth face covering.</li> <li>● If masks are available, develop/adapt messages to normalize regular mask wearing and use. Use imagery of people wearing the exact mask campaign agents will be expected to wear.</li> <li>● If masks are not available, support production of cloth face coverings (e.g. <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html</a>). Subsequently, develop/adapt messages to normalize regular wearing and use of cloth face coverings.</li> <li>● Provide daily reminders to campaign agents of when and how to remove a mask or cloth face covering. This may be especially important for campaign agents, such as IRS spray operators, who regularly use PPE for other purposes.</li> </ul>

<p>using a mask or cloth face covering is effective at limiting the spread of COVID-19 may be more likely to use a mask or cloth face covering.</p> <ul style="list-style-type: none"> <li>● Self-Efficacy—Individuals who feel confident in their ability to use a mask or cloth face covering may be more likely to use a mask or cloth face covering.</li> </ul>	<ul style="list-style-type: none"> <li>● Provide regular reminders to campaign agents that their behaviour will be modelled by beneficiaries, and, therefore, campaign agents should use a mask or cloth face covering.</li> <li>● Develop/adapt messages to emphasize the significance of collective action and social responsibility in using a mask or cloth face covering (i.e., masks and cloth face coverings prevent the transmission of COVID from asymptomatic or pre-symptomatic individuals to uninfected individuals).</li> </ul>
<p><b>Behaviour:</b> Conduct Service Communication / Counselling Beneficiaries (to encourage malaria prevention and prompt care seeking)</p>	
<p>Behavioural Determinants of Service Communications</p>	<p>Malaria SBC Programmatic Recommendations</p>
<ul style="list-style-type: none"> <li>● Knowledge--Campaign agents who are knowledgeable about the importance of malaria prevention and care seeking in the context of COVID 19 are more likely to engage and counsel beneficiaries.</li> <li>● Norms—Campaign agents who believe promotion of malaria prevention methods and prompt care seeking in a COVID-19 context is a norm may be more likely to engage and counsel beneficiaries.</li> <li>● Self-efficacy—Campaign agents who feel confident in their ability to engage and counsel beneficiaries to promote malaria prevention methods and prompt care seeking in a COVID-19 context may be more likely to engage and counsel patients.</li> </ul>	<ul style="list-style-type: none"> <li>● Campaign agents should engage and counsel beneficiaries on the importance of correct and consistent ITN use, adherence to IRS spray operator instructions, and adherence to SMC regimens in the context of COVID-19.</li> <li>● Providers should use compassionate, respectful, and caring approaches when counselling patients.</li> <li>● Campaign agents should address concerns specific to COVID-19, including: <ul style="list-style-type: none"> <li>○ Potential rumours or misconceptions for malaria in the COVID-19 context</li> <li>○ Importance of physical distancing, hand washing, and using a mask or cloth face covering.</li> <li>○ Practices being employed by health facilities and healthcare workers to minimize risks associated with COVID-19.</li> </ul> </li> </ul>

<b>Target Audience:</b> Campaign beneficiaries (e.g. heads of households for ITN mass campaigns and IRS campaigns and caregivers of children under 5 for SMC campaigns)	
<b>Behaviour:</b> Practice infection prevention and control (handwashing).	
<b>Behavioural Determinants of Handwashing</b>	<b>Malaria SBC Programmatic Recommendations</b>
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the benefits of handwashing may be more likely to wash their hands.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to wash their hands.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are washing their hands may be more likely to wash their hands.</li> <li>● Response Efficacy--individuals who believe hand washing is effective at preventing COVID-19 may be more likely to wash their hands.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop/adapt messages emphasizing the benefits and efficacy of handwashing.</li> <li>● Provide water, soap, and, ideally, handwashing stations, during all campaign style activities (e.g., distribution points) ideally in a public location to emphasize community action of handwashing.</li> <li>● Place cues to action / reminders for hand washing at strategic locations (e.g., the entrance and exit of the distribution points and near hand washing stations).</li> <li>● Develop an easy-to-remember 20-second jingle to sing while washing hands.</li> <li>● Model desired behaviour regularly. Campaign agents should wash their hands as often as they would like beneficiaries to wash their hands.</li> </ul>
<b>Behaviour:</b> Practice infection prevention and control (physical distancing).	
<b>Behavioural Determinants of Physical Distancing</b>	<b>Malaria SBC Programmatic Recommendations</b>
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the benefits of physical distancing may be more likely to practice physical distancing.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to practice physical distancing.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are practicing physical distancing may be more likely to practice physical distancing.</li> <li>● Response Efficacy--Individuals who believe physical distancing is effective at preventing COVID-19 may be more likely to practice physical distancing.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop/adapt messages to highlight the benefits and efficacy of physical distancing.</li> <li>● For fixed point ITN and SMC distribution, use physical barriers (i.e. rope) to clearly delineate the distance beneficiaries should keep from each other and campaign agents.</li> <li>● For fixed point ITN and SMC distribution, use physical markers (i.e. a rock on the ground, tape on the floor) to indicate where beneficiaries should stand in line while waiting to receive an ITN or SMC.</li> <li>● For IRS, use a physical marker (i.e. a rock on the ground, tape on the floor, or a reference point in the housing compound) to indicate where beneficiaries should wait while waiting to re-enter their home.</li> <li>● Model desired behaviour regularly. Campaign agents should model the physical distancing beneficiaries should practice.</li> </ul>

<b>Behaviour:</b> Practice infection prevention and control (use a cloth face covering).	
Behavioural Determinants of Using a Cloth Face Covering	Behavioural Determinants of Using a Cloth Face Covering
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the use of a cloth face covering may be more likely to use a cloth face covering.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to use a cloth face covering.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are using a cloth face covering may be more likely to use a cloth face covering.</li> <li>● Response Efficacy--Individuals who believe using a cloth face covering is effective at limiting the spread of COVID-19 may be more likely to use a cloth face covering.</li> <li>● Self-Efficacy—Individuals who feel confident in their ability to use a cloth face covering may be more likely to use a cloth face covering.</li> </ul>	<ul style="list-style-type: none"> <li>● Develop/adapt messages to normalize regular wearing of masks and cloth face masks. Emphasize the importance of using masks and cloth face masks in preventing COVID-19.</li> <li>● Encourage beneficiaries to develop their own cloth face covering (e.g. <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html</a>) and wash it regularly.</li> <li>● Develop/adapt messages to emphasize the significance of collective action and social responsibility in using cloth face coverings (i.e. cloth face coverings prevent the transmission of COVID from asymptomatic or pre-symptomatic individuals to uninfected individuals).</li> </ul>
<b>Behaviour:</b> Use an ITN all night, every night.	
Behavioural Determinants of ITN Use	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the importance of ITN use in the context of COVID-19 may be more likely to use an ITN.</li> <li>● Perceived Risk--individuals with higher perceived risk of malaria in the context of COVID-19 may be more likely to use an ITN.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are using an ITN in the context of COVID may be more likely to use an ITN.</li> <li>● Response Efficacy--Individuals who believe using an ITN in the context of COVID-19 is effective at preventing malaria may be more</li> </ul>	<ul style="list-style-type: none"> <li>● At every opportunity and through every available channel, remind beneficiaries of the importance of using an ITN all night, every night. Correct and consistent use of an ITN during COVID-19 is especially important to help reduce the likelihood of developing a fever for which care would need to be sought; fewer fevers in the community decreases pressure on the health care system and minimizes potential exposure to COVID-19 at service delivery points.</li> <li>● During pre-distribution activities, highlight the precautions taken by campaign agents to prevent transmission of COVID-19 (i.e. handwashing, physical distancing, using a mask or cloth face covering).</li> <li>● Track and immediately address--through every opportunity and through every available channel--myths, misconceptions, and rumours about ITNs and ITN use that emerge during the COVID-19 pandemic.</li> </ul>



<p>likely to use an ITN.</p> <ul style="list-style-type: none"> <li>● Self-Efficacy—Individuals who feel confident in their ability to use an ITN in the context of COVID-19 may be more likely to use an ITN.</li> </ul>	
<b>Behaviour: Accept IRS</b>	
Behavioural Determinants of IRS Acceptance	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the importance of IRS acceptance in the context of COVID-19 may be more likely to accept IRS.</li> <li>● Perceived Risk--individuals with higher perceived risk of malaria in the context of COVID-19 may be more likely to accept IRS.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are accepting IRS in the context of COVID may be more likely to accept IRS.</li> <li>● Response Efficacy--Individuals who believe accepting IRS in the context of COVID-19 is effective at preventing malaria may be more likely to accept IRS.</li> <li>● Self-Efficacy—Individuals who feel confident in their ability to accept IRS in the context of COVID-19 may be more likely to accept IRS.</li> </ul>	<ul style="list-style-type: none"> <li>● At every opportunity and through every available channel, remind beneficiaries of the importance of IRS acceptance. IRS acceptance during COVID-19 is especially important to help reduce the likelihood of developing a fever for which care would need to be sought; fewer fevers in the community decreases pressure on the health care system and minimizes potential exposure to COVID-19 at service delivery points.</li> <li>● During campaign sensitization activities, highlight the precautions taken by campaign agents to prevent transmission of COVID-19 (i.e. handwashing, physical distancing, using a mask or cloth face covering).</li> <li>● Track and immediately address--through every opportunity and through every available channel--myths, misconceptions, and rumours about IRS that emerge during the COVID-19 pandemic.</li> </ul>
<b>Behaviour: Accept SMC distribution for children and adhere to the 3-day regimen</b>	
Behavioural Determinants of Seeking SMC	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge—Caregivers with knowledge of the importance of SMC in the context of COVID-19 may be more likely to seek SMC.</li> <li>● Perceived Risk—Caregivers with higher perceived risk of malaria for their child/ren in the context of COVID-19 may be more likely to seek SMC.</li> <li>● Social Norms--Caregivers who believe others (i.e. colleagues, friends, etc.) are seeking SMC in the context of COVID may be more likely to</li> </ul>	<ul style="list-style-type: none"> <li>● At every opportunity and through every available channel, remind beneficiaries of the importance of accepting SMC. Acceptance of SMC for children during COVID-19 is especially important to help reduce the likelihood of developing a fever for which care would need to be sought; fewer fevers in the community decreases pressure on the health care system and minimizes potential exposure to COVID-19 at service delivery points.</li> <li>● Develop/adapt messages for dissemination through mass and mid-media to emphasize the importance of adherence to the 3-day regimen. This is especially important given that interpersonal communication and community engagement activities in the context of COVID-19 will be difficult.</li> </ul>

<p>seek SMC.</p> <ul style="list-style-type: none"><li>● Response Efficacy--Caregivers who believe seeking SMC in the context of COVID-19 is effective at preventing malaria may be more likely to seek SMC.</li><li>● Self-Efficacy—Individuals who feel confident in their ability to seek SMC in the context of COVID-19 may be more likely to seek SMC.</li></ul>	<ul style="list-style-type: none"><li>● During pre-distribution activities, highlight the precautions taken by campaign agents to prevent transmission of COVID-19 (i.e. handwashing, physical distancing, using a mask or cloth face covering).</li><li>● Track and immediately address--through every opportunity and through every available channel--myths, misconceptions, and rumours about SMC that emerge during the COVID-19 pandemic.</li></ul>
---	---

## Malaria Service Delivery Interventions (Case Management and Malaria in Pregnancy)

Target Audience: Community Members Seeking Care at Health Facilities (Children Under 5, Pregnant Women, Older Children, Adults)	
Behaviour: Continue prompt care seeking practices for febrile illness <sup>1</sup>	
Behavioural Determinants of Care Seeking	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge - Individuals with knowledge of malaria symptoms in the COVID-19 context may be more likely to seek care promptly.</li> <li>● Risk perception - Individuals with increased risk perception for malaria may be more likely to seek care promptly.</li> <li>● Social and community norms - Individuals who perceive care seeking to be a community norm in the COVID-19 context may be more likely to seek care promptly.</li> <li>● Social norms - Individuals who believe health worker PPE is a norm may be more likely to seek care promptly.</li> <li>● Self-efficacy - Individuals who perceive they can seek treatment promptly within the COVID-19 context may be more likely to visit a health facility at symptom onset.</li> <li>● Decision-making autonomy for seeking care soon after symptom onset.</li> <li>● Perceptions of health workers - Individuals who believe health workers can diagnose and treat appropriately may be more likely to seek care promptly.</li> <li>● Response efficacy – Individuals who believe malaria treatment works effectively may be</li> </ul>	<ul style="list-style-type: none"> <li>● Continue to promote the uptake of prompt care seeking for fever by promoting the following:               <ul style="list-style-type: none"> <li>○ Malaria risk remains high and <b>all</b> community members should seek care within 24 hours of fever onset. However, given conflicting recommendations on care seeking in the context of COVID-19, special emphasis should be placed on encouraging those groups most at risk for malaria (e.g., children under five and pregnant women) to seek care within 24 hours of fever onset.</li> <li>○ Prompt care seeking facilitates prompt diagnosis and treatment and reduces likelihood of severe illness, which can lead to death</li> </ul> </li> <li>● Develop/adapt messaging that describes patient/client role in protecting the health of everyone at the health facility, including:               <ul style="list-style-type: none"> <li>○ Limited movement of patients within the health facility to reduce potential COVID-19 infection</li> <li>○ Patient/client handwashing</li> <li>○ Respiratory hygiene (covering mouth when sneezing or coughing)</li> <li>○ Physical distancing before, during, and after being seen</li> </ul> </li> <li>● Develop/adapt messaging that describes what patients/clients may expect to see at health facilities, as applicable:               <ul style="list-style-type: none"> <li>○ Changes to patient flow to triage those suspected of COVID-19 illness</li> <li>○ Longer lines and/or longer wait times or lines that appear longer due to more spacing between patients/clients</li> <li>○ Physical distancing to protect the health of everyone at the health facility</li> <li>○ Additional PPE worn by health workers (when available) during patient interactions</li> <li>○ Task-shifting to the caregiver (e.g., mother may be asked to lift clothing, administer RAS) with close CHW observation</li> </ul> </li> </ul>

<sup>1</sup> Of note, some early recommendations for COVID-19 suggested that those with mild fever and no severe disease should stay at home and only seek care if their disease progressed; this is completely counter to recommendations for early care seeking for malaria treatment – a recommendation that saves lives.

<p>more likely to seek care promptly if they believe they have malaria.</p>	
<p><b>Behaviour:</b> Continue to promote adherence to malaria treatment</p>	
<p>Behavioural Determinants of Adherence to Treatment</p>	<p>Malaria SBC Programmatic Recommendations</p>
<ul style="list-style-type: none"> <li>● Knowledge - Individuals with knowledge of malaria treatment protocols may be more likely to adhere to the full course of treatment</li> <li>● Perceived response efficacy for treatment - Individuals who believe malaria treatment will work effectively may be more likely to adhere to treatment</li> <li>● Self-efficacy - Individuals with high self-efficacy may be more likely to adhere to the recommended malaria treatment for the recommended duration</li> </ul>	<ul style="list-style-type: none"> <li>● Promote the importance of treatment adherence, including: <ul style="list-style-type: none"> <li>○ Completion of treatment for the recommended duration</li> </ul> </li> </ul>

<b>Behaviour:</b> Practice infection prevention and control (respiratory hygiene and handwashing)	
Behavioural Determinants of Respiratory Hygiene and Handwashing	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>• Knowledge--Individuals with knowledge of the benefits of respiratory hygiene and handwashing may be more likely to practice infection prevention and control.</li> <li>• Perceived Risk--Individuals with higher perceived risk of COVID-19 may be more likely to practice respiratory hygiene and wash their hands.</li> <li>• Social Norms--Individuals who believe others (i.e. colleagues, friends, etc.) are practicing infection prevention and control practices may be more likely to practice respiratory hygiene and wash hands.</li> <li>• Response Efficacy--Individuals who believe respiratory hygiene and hand washing is effective at preventing COVID-19 may be more likely to practice infection prevention and control.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop/adapt messages to promote mouth covering when coughing or sneezing at health facilities.</li> <li>• Provide water, soap, and, ideally, handwashing stations at the health facility, ideally in a public location to emphasize community action.</li> <li>• Develop/adapt messages emphasizing the benefits and efficacy of handwashing.</li> <li>• Develop an easy-to-remember 20-second jingle to sing while washing hands.</li> <li>• Place cues to action / reminders for hand washing at strategic locations throughout the health facility (e.g. the entrance and exit, near hand washing stations, etc.)</li> <li>• Promote the adoption of infection prevention and control measures using environmental modification and by modelling desired behaviours.</li> <li>• Develop/adapt messages to promote individual responsibility to help protect the health of everyone in the community and at the health facility.</li> </ul>

<b>Behaviour:</b> Practice infection prevention and control (use a mask or cloth face covering)	
Behavioural Determinants of Using Masks or Cloth Face Covering	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of using a mask or cloth face covering may be more likely to use a mask or cloth face covering.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to use a mask or cloth face covering.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are using a mask or cloth face covering may be more likely to use a mask or cloth face covering.</li> <li>● Response Efficacy--Individuals who believe using a mask or cloth face covering is effective at limiting the spread of preventing COVID-19 may be more likely to use a mask or cloth face covering.</li> <li>● Self-Efficacy—Individuals who feel confident in their ability to use a mask or cloth face covering may be more likely to use a mask or cloth face covering.</li> </ul>	<ul style="list-style-type: none"> <li>● Provide reminders—through multiple channels—to all community members to use a mask or cloth face covering when visiting a health facility. <ul style="list-style-type: none"> <li>○ If masks are available, develop/adapt messages to normalize regular mask wearing and use. Use imagery of community members wearing a mask or cloth covering when visiting a health facility.</li> </ul> </li> <li>● Provide reminders to community members that their behaviour will be modelled by health facility staff, therefore, patients/clients should use a mask or cloth face covering when visiting a health facility.</li> <li>● Develop/adapt messages to emphasize the significance of collective action and social responsibility in using a mask or cloth face covering (i.e., masks and cloth face coverings prevent the transmission of COVID from asymptomatic or pre-symptomatic individuals to uninfected individuals).</li> </ul>

Behaviour: Practice infection prevention and control (physical distancing)	
Behavioural Determinants of Physical Distancing	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge--individuals with knowledge of the benefits of physical distancing may be more likely to practice physical distancing.</li> <li>● Perceived Risk--individuals with higher perceived risk of COVID-19 may be more likely to practice physical distancing.</li> <li>● Social Norms--individuals who believe others (i.e. colleagues, friends, etc.) are practicing physical distancing may be more likely to practice physical distancing.</li> <li>● Response Efficacy--Individuals who believe physical distancing is effective at preventing COVID-19 may be more likely to practice physical distancing.</li> </ul>	<ul style="list-style-type: none"> <li>● Use physical barriers (i.e. rope) to clearly delineate the distance patients/clients and providers should keep from each other.</li> <li>● Use a physical marker to indicate where beneficiaries should sit/stands while waiting to receive services.</li> <li>● Develop/adapt messages to highlight the benefits and efficacy of physical distancing and propose alternate greetings rather than using handshakes or hugs.</li> <li>● Promote the adoption of infection prevention and control measures using environmental modification and by modelling desired behaviours</li> </ul>

<b>Behaviour:</b> Continue ANC attendance early and often	
Behavioural Determinants of ANC attendance	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge - Pregnant women with knowledge of the benefits of ANC, even in the context of COVID-19, may be more likely to attend ANC.</li> <li>● Risk perception - Pregnant women with higher perceived risk of malaria, even in the context of COVID-19 may be more likely to attend ANC.</li> <li>● Social norms—Pregnant women who believe others (i.e. colleagues, community members, friends) are attending ANC may be more likely to attend ANC.</li> <li>● Self-efficacy - Individuals who perceive they can attend ANC within the COVID-19 context may be more likely to attend ANC</li> <li>● Decision-making autonomy for attending ANC early and often.</li> <li>● Perceptions of health workers and facilities (e.g., perceptions health workers are carriers of COVID-19) – Individuals with positive perceptions of health workers and facilities are may be more likely to attend ANC.</li> <li>● Social norms - Individuals who believe health workers are taking sufficient infection prevention and control precautions to limit the risks of COVID-19 in health facilities may be more likely to attend ANC.</li> </ul>	<ul style="list-style-type: none"> <li>● Continue to promote ANC attendance by promoting the following: <ul style="list-style-type: none"> <li>● Malaria risk remains high and pregnant women should attend ANC for her own and her unborn child’s health.</li> <li>● ANC attendance--and use of an ITN and IPTp--reduces the risk of malaria.</li> </ul> </li> <li>● Develop/adapt messaging that describes patient/client role in protecting the health of everyone at the health facility; describe what patients/clients may expect to see at ANC clinics; and infection prevention and control measures <i>see above malaria SBC Programmatic Recommendations for care-seeking</i></li> <li>● Use physical barriers (i.e. rope) to clearly delineate the distance patients/clients and providers should keep from each other.</li> <li>● Use a physical marker to indicate where beneficiaries should sit/stands while waiting to receive services.</li> <li>● Develop/adapt messages to emphasize the significance of collective action and social responsibility in using a mask or cloth face covering (i.e., masks and cloth face coverings prevent the transmission of COVID from asymptomatic or pre-symptomatic individuals to uninfected individuals).</li> </ul>
<b>Behaviour:</b> Take SP (IPTp) during ANC visits	
Behavioural Determinants for taking SP (IPTp) during ANC visits	Malaria SBC Program Recommendations



- Knowledge - Pregnant women with knowledge of the benefits of IPTp, even in the context of COVID-19, may be more likely to take SP during ANC visits.
- Risk perception - Pregnant women with higher perceived risk of malaria, even in the context of COVID-19 may be more likely to take SP during ANC visits.
- Social norms—Pregnant women who believe others (i.e. colleagues, community members, friends) are taking SP during ANC visits may be more likely to take SP.
- Self-efficacy – Pregnant women who perceive they can take SP during ANC visits may be more likely to take SP.

- Continue to promote IPTp uptake at ANC including:
- Malaria risk remains high and pregnant women should take SP to prevent malaria during pregnancy
- Benefits of taking SP during pregnancy
- Malaria prevention methods including ITN use and continued IPTp

**Target Audience: SBC Practitioners and Health Facility Staff**

**Behaviour:** Promote continued use of community health platforms

Behavioural Determinants for Using Community Health Platforms	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge - Individuals with knowledge of community health worker (CHW) roles, responsibilities, and locations may be more likely to seek care promptly using community health platforms</li> <li>● Decision-making autonomy for care-seeking from community health platforms</li> <li>● Social norms - Individuals who perceive prompt care seeking as a social norm may be more likely to seek care from CHWs</li> <li>● Self-efficacy - Individuals with high self-efficacy may be more likely to seek community-based care and treatment promptly</li> <li>● Perceptions of CHWs – Individuals with positive perceptions of CHWs may be more likely to seek care from CHWs</li> </ul>	<ul style="list-style-type: none"> <li>● Promote the important role of CHWs to facilitate prompt care seeking, including:               <ul style="list-style-type: none"> <li>○ Promotion of trust in CHWs</li> <li>○ Services provided by CHWs</li> <li>○ Dissemination of malaria prevention messaging<sup>2</sup></li> </ul> </li> <li>● Develop/adapt messaging to describe what community members may expect to see from CHWs in the context of COVID-19, as applicable:               <ul style="list-style-type: none"> <li>○ Use of gloves, masks</li> <li>○ Compassionate, respectful, and caring services</li> <li>○ Promotion of physical distancing in the community when providing care</li> <li>○ Use of culturally appropriate alternative greetings</li> <li>○ Task-shifting to the caregiver (e.g., mother may be asked to lift clothing, administer RAS) with close CHW observation</li> </ul> </li> </ul>

<sup>2</sup> In response to the need to curtail many community-based social mobilization activities to reduce community spread of COVID-19, CHWs may be the primary source of malaria prevention messages. Country programs should consider strategies that provide CHWs with needed health promotion messages.

<b>Behaviour:</b> Continue prompt care seeking practices from CHWs for febrile illness	
Behavioural Determinants of Care Seeking from CHWs	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge - Individuals with knowledge of malaria symptoms in the COVID-19 context may be more likely to seek care promptly from CHWs</li> <li>● Risk perception - Individuals with increased risk perception for malaria may be more likely to seek care promptly from CHWs</li> <li>● Social and community norms - Individuals who perceive care seeking to be a community norm in the COVID-19 context may be more likely to seek care promptly from CHWs</li> <li>● Social norms - Individuals who believe CHWs are taking sufficient infection prevention and control precautions to limit risks of COVID-19 may be more likely to seek care promptly using community health platforms</li> <li>● Self-efficacy - Individuals who perceive they can seek treatment promptly from CHWs within the COVID-19 context may be more likely to seek care from a CHW at symptom onset</li> <li>● Decision-making autonomy for seeking care soon after symptom onset</li> <li>● Perceptions of CHWs - Individuals who believe CHWs can diagnose and treat appropriately may be more likely to seek care promptly</li> <li>● Response efficacy – Individuals who believe malaria treatment works effectively may be more likely to seek care promptly from CHWs</li> </ul>	<ul style="list-style-type: none"> <li>● Continue to promote the uptake of prompt care seeking for fever by promoting the following: <ul style="list-style-type: none"> <li>○ Malaria risk remains high and all community members should seek care within 24 hours of fever onset. However, given conflicting recommendations on care seeking in the context of COVID-19, special emphasis should be placed on encouraging those groups most at risk for malaria (e.g., children under five and pregnant women) to seek care within 24 hours of fever onset.</li> <li>○ Prompt diagnosis and treatment and reduces likelihood of severe illness, which can lead to death</li> </ul> </li> <li>● Develop/adapt messaging that describes community member role in protecting the health of everyone around them: <ul style="list-style-type: none"> <li>○ Community member handwashing</li> <li>○ Respiratory hygiene (covering mouth when sneezing or coughing)</li> <li>○ Physical distancing before, during, and after being seen</li> </ul> </li> </ul>

**Target Audience:** Facility Based Health Workers<sup>3</sup> (Outpatient and ANC)

**Behaviour:** Adherence to infection prevention and control measures

Behavioural Determinants for Adherence to Infection Prevention and Control Measures

- Knowledge - Health workers with proper knowledge of infection prevention and control measures within the COVID-19 context may be more likely to adhere to protocols
- Risk perception - Health workers with high risk perception may be more likely to adhere to infection prevention and control measures
- Provider norms - Health workers who believe infection and prevention measures are a norm may be more likely to adhere to protocols
- Self-efficacy - Health workers with high self-efficacy may be more likely to adhere to infection prevention and control measures
- Self-efficacy – health workers with high self-efficacy to seek care if feeling sick may be more likely to adhere to infection prevention and control measures
- Social norm - Health workers who believe calling out of work or seeking care if feeling sick is a provider norm may be more likely to adhere to infection prevention and control measures

Malaria SBC Programmatic Recommendations

- Use a systems approach to ensure collaboration between service delivery, supply chain, and SBC partners to promote and address:
  - Use of gloves, masks, and other PPE according to local policies and procedures to promote infection prevention and control measures
  - Promotion of adherence to local protocols for infection prevention and control, including handwashing with soap and water or the use of hand sanitizer
  - Patient flow/triage (e.g., having separate areas of patients/clients suspected of COVID-19)
  - Health worker and patient contact practices
- Develop and adapt messages to address provider concerns about COVID-19, including:
  - Preparing for COVID-19 at the health facility
  - Managing patients with suspected COVID-19
  - Health worker protection from COVID-19
  - Importance of gloves, masks, and other PPE according to local policies and procedures
  - Importance of modelling infection prevention and control behaviour for clients/patients
  - Importance of communicating infection prevention and control procedures with patients/clients
- Promote the adoption of infection prevention and control measures using environmental modification and by modelling desired behaviours:
  - Enact practices to ensure 1-2m between people and avoid congregating in waiting and patient care areas
  - Have facility-based health workers demonstrate their ability to safely put on and remove PPE
  - Provide daily reminders to all health workers to seek care if feeling sick
  - Set up handwashing stations

<sup>3</sup> Refer to the WHO Risk Communication Package for Healthcare Facilities for additional examples of job aids for health workers <https://iris.wpro.who.int/bitstream/handle/10665.1/14482/COVID-19-022020.pdf>

<b>Behaviour:</b> Adherence to malaria case management testing and treatment guidelines	
Behavioural Determinants for Adherence to Case Management Guidelines	Malaria SBC Programmatic Recommendation
<ul style="list-style-type: none"> <li>● Knowledge – Health workers who know COVID-19 screening and testing procedures and know malaria case management testing and treatment guidelines will be more likely to conduct appropriate differential diagnosis to address non-malaria causes of fever.</li> <li>● Norms - Health workers who believe the use of RDTs for confirmatory malaria testing is a norm may be more likely to adhere to malaria case management testing and treatment guidelines</li> <li>● Self-efficacy - Health workers who have high self-efficacy to adhere to malaria case management testing and treatment guidelines may be more likely to test and treat appropriately</li> <li>● Self-efficacy – Health workers who have high self-efficacy to identify symptoms of COVID-19 and malaria may be more likely to adhere to malaria testing and treatment guidelines accordingly</li> </ul>	<ul style="list-style-type: none"> <li>● Promote continued use of confirmatory malaria testing (no presumptive treatment unless indicated by national guidelines), specifically: <ul style="list-style-type: none"> <li>○ Promote the use of RDTs over microscopy to ensure efficiency and timeliness of diagnostic and laboratory procedures</li> <li>○ Provision of appropriate malaria treatment according to case management testing and treatment guidelines</li> <li>○ Appropriate differential diagnosis to address non-malaria causes of fever, including for suspect cases of COVID-19</li> </ul> </li> </ul>
<b>Behaviour:</b> Counsel patients on prescribed malaria treatment and prevention practices	
Behavioural Determinants for Counselling Patients on Malaria Treatment and Prevention Practices	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Provider Norms - Health workers who believe communication of prescribed treatments and malaria prevention methods is the norm may be more likely to engage and counsel patients</li> <li>● Self-efficacy - Health workers who have high</li> </ul>	<ul style="list-style-type: none"> <li>● Health workers should counsel patients on prescribed treatments, including the importance of adherence</li> <li>● Health workers should counsel patients on malaria prevention practices, including: <ul style="list-style-type: none"> <li>○ Net use</li> <li>○ Adherence to anti-malarial drug regimens</li> </ul> </li> </ul>

<p>self-efficacy to communicate prescribed treatments and malaria prevention methods may be more likely to engage and counsel patients</p>	<ul style="list-style-type: none"> <li>○ Early and regular ANC visits for pregnant women</li> <li>○ SMC campaigns, if applicable</li> <li>○ Potential rumours or misconceptions for malaria in the COVID-19 context</li> <li>● Providers should use compassionate, respectful, and caring approaches when counselling patients</li> <li>● Providers should address concerns specific to COVID-19 that may deter or promote future ANC visits, including: <ul style="list-style-type: none"> <li>○ Potential rumours or misconceptions for malaria in the COVID-19 context</li> <li>○ Importance of social distancing, hand washing, and respiratory hygiene</li> <li>○ Risks associated with malaria in pregnancy and the risks of not returning for additional ANC visits</li> <li>○ Practices being employed by health facility to minimize risks associated with COVID-19</li> </ul> </li> </ul>
<p><b>Behaviour:</b> Adherence to Malaria in Pregnancy Guidelines</p>	
<p>Behavioural Determinants for Adherence to MIP Guidelines</p>	<p>Malaria SBC Programmatic Recommendations</p>
<ul style="list-style-type: none"> <li>● Provider Norms - Health workers who believe continued adherence to MIP guidelines during COVID-19 is a norm may be more likely to adhere to MIP guidelines</li> <li>● Self-efficacy - Health workers who have high self-efficacy to continue adherence to MIP guidelines in the COVID-19 context may be more likely to adhere to MIP guidelines</li> </ul>	<ul style="list-style-type: none"> <li>● Promote continued adherence to MIP guidelines, including <ul style="list-style-type: none"> <li>○ Administration of IPTp</li> <li>○ Distribution of ITNs during ANC</li> <li>○ Appropriate testing and treatment of malaria in pregnancy</li> </ul> </li> <li>● Develop/adapt messages to emphasize the importance of preventing malaria in pregnancy at all times, including during COVID-19, to protect the life of the mother and her unborn child.</li> </ul>

**Target Audience: Community Health Workers**

**Behaviour:** Adherence to infection prevention and control measures

Behavioural Determinants for Adherence to Infection Prevention and Control Measures	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge - CHWs with proper knowledge of infection prevention and control measures within the COVID-19 context may be more likely to adhere to protocols and avoid any activity that attracts crowds</li> <li>● Risk perception - CHWs with high risk perception may be more likely to adhere to infection prevention and control measures and avoid any activity that attracts crowds</li> <li>● Provider norms - CHWs who believe infection and prevention measures are a norm may be more likely to adhere to protocols</li> <li>● Self-efficacy - CHWs with high self-efficacy may be more likely to adhere to infection prevention and control measures/</li> <li>● Response efficacy – CHWs who believe infection prevention and control measures prevent COVID-19 may be more likely to adopt and adhere to infection prevention and control measures</li> <li>● Self-efficacy – CHWs with high self-efficacy to seek care if feeling sick may be more likely to adhere to infection prevention and control measures</li> <li>● Social norm - CHWs who believe seeking care or calling out of work when feeling sick is a norm may be more likely to adhere to infection prevention and control measures</li> </ul>	<ul style="list-style-type: none"> <li>● Use a systems approach to ensure collaboration between service delivery, supply chain, and SBC partners to promote and address:               <ul style="list-style-type: none"> <li>○ Use of gloves, masks, and other PPE according to local policies and procedures</li> <li>○ Promotion of adherence to local protocols for infection prevention and control, including handwashing with soap and water or the use of hand sanitizer</li> <li>○ Patient flow to work with patients/clients in open or well-ventilated space</li> <li>○ CHW and patient/client contact practices limiting physical interaction</li> </ul> </li> <li>● Develop and adapt messages to address CHW concerns about COVID-19, including:</li> <li>● Preparing for COVID-19 for the community</li> <li>● Managing community members with suspected COVID-19 and referring them to health facilities</li> <li>● CHW protection from COVID-19 (e.g., importance of gloves, masks, and other PPE according to local policies and procedures)</li> <li>● Importance of modelling infection prevention and control behaviour within the community</li> <li>● Importance of communicating infection prevention and control procedures with community members               <ul style="list-style-type: none"> <li>○ Promote the adoption of infection prevention and control measures using environmental modification and by modelling desired behaviours:                   <ul style="list-style-type: none"> <li>● Enact practices to ensure 1-2m between people in open spaces</li> <li>● Counsel community members in areas with open space to avoid crowds</li> <li>● Have CHWs demonstrate their ability to safely put on and remove PPE</li> <li>● Provide daily reminders for CHWs to seek care if feeling sick</li> </ul> </li> </ul> </li> </ul>

<b>Behaviour:</b> Adherence to community case management testing and treatment guidelines	
Behavioural Determinants for Adherence to Case Management Guidelines	Malaria SBC Programmatic Recommendations
<ul style="list-style-type: none"> <li>● Knowledge - CHWs who know COVID-19 screening and testing procedures will be more likely to conduct appropriate differential diagnosis to address non-malaria causes of fever.</li> <li>● Norms - CHWs who believe use of RDTs for confirmatory malaria testing is a norm may be more likely to adhere to case management testing and treatment guidelines</li> <li>● Self-efficacy - CHWs who have high self-efficacy to adhere to malaria case management testing and treatment guidelines may be more likely to test and treat appropriately</li> <li>● Self-efficacy – CHWs who have high self-efficacy to identify symptoms of COVID-19 and malaria may be more likely to adhere to malaria testing and treatment guidelines</li> </ul>	<ul style="list-style-type: none"> <li>● Promote continued use of confirmatory malaria testing (no presumptive treatment unless indicated by national guidelines), specifically: <ul style="list-style-type: none"> <li>○ Promote the use of RDTs to ensure efficiency and timeliness of diagnostic procedures</li> <li>○ Appropriate differential diagnosis to address non-malaria causes of fever, and refer to health facilities appropriately for danger signs</li> <li>○ Provision of appropriate malaria treatment according to case management testing and treatment guidelines</li> </ul> </li> </ul>
<b>Behaviour:</b> Counsel community members on prescribed treatments, emphasizing malaria prevention practices	
Behavioural Determinants for Counselling Community Members	Malaria SBC Recommendation
<ul style="list-style-type: none"> <li>● Provider Norms - CHWs who believe counselling on prescribed treatments and malaria prevention methods in a COVID-19 context is a norm, may be more likely to engage and counsel patients</li> <li>● Self-efficacy - CHWs who have high self-efficacy to counsel patients on prescribed treatments and malaria prevention methods in a COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>● CHWs should counsel community members on prescribed treatments, including the importance of adherence</li> <li>● CHWs should counsel community members on malaria prevention practices, including: <ul style="list-style-type: none"> <li>○ Net use</li> <li>○ Adherence to anti-malarial drug regimens</li> <li>○ Early and regular ANC visits for pregnant women</li> <li>○ SMC campaigns, if applicable</li> </ul> </li> </ul>



<p>context may be more likely to engage and counsel patients</p>	<ul style="list-style-type: none"><li>○ Potential rumours or misconceptions for malaria in the COVID-19 context</li><li>● CHWs should use compassionate, respectful, and caring approaches when counselling community members</li><li>● CHWs should address community member concerns specific to COVID-19 that may deter or promote continued prompt care seeking:<ul style="list-style-type: none"><li>○ Potential rumours or misconceptions for malaria in the COVID-19 context</li><li>○ Importance of social distancing, hand washing, and respiratory hygiene</li><li>○ Risks associated with malaria in pregnancy and risks of not returning for additional ANC visits</li><li>○ Practices being employed by health facility to minimize risks associated with COVID-19</li></ul></li></ul>
--	--

Resources for delivery of community IPTp within the COVID-19 context: <https://www.tiptopmalaria.org/wp-content/uploads/2020/04/TIPTOPCOVID-19-Guidelines-Final.pdf>



**RBM**

**Partnership**

To End Malaria