



USING THE MALARIA SBCC INDICATOR REFERENCE GUIDE IN SURVEYS

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Overview

- Review of Malaria BCC Indicator Reference Guide
- Spotlight: Liberia and Madagascar
- Spotlight: Zanzibar KAP survey (Mwinyi Khamis)
- Discussion: Country experiences advocating for use of BCC indicators, challenges
- Review of additional BCC M&E resources

MALARIA BCC INDICATOR REFERENCE GUIDE



Malaria Behavior Change Communication (BCC) Indicator Reference Guide

February 2014



Objective of the Indicator Guide

- To support Ministries of Health, donor agencies, and implementing partners involved in malaria control to evaluate effectiveness of country-specific malaria BCC interventions using a rigorous and standardized approach

The guide is available in English, French, and Portuguese on the RBM CCoP Reference Docs page:

<http://www.rollbackmalaria.org/architecture/working-groups/ccop>

How the guide was developed

- Guide modeled after existing resources:
 - MERG Core Population-Based Indicator Guidance
 - Family Planning and Reproductive Health Indicators Database
- Indicator selection criteria:
 - Commonly used theories of communication and behavior change
 - Studies examining determinants of behavior
- The selected indicators reflects the fact that knowledge is not the only determinant of behavior; consider also risk perception, self-efficacy, social norms

Types of Indicators



- **Core** indicators are associated with preventive behaviors; recommended indicators



- **Supplemental** indicators focus on norms and attitudes; not yet shown to be associated with malaria behaviors; included to encourage research in this area



- **Experimental indicators** - social norms; indicators specific for certain contexts only; an opportunity to collect information that may be programmatically relevant and to encourage further research



Core Indicators

- Percent of audience who practice the recommended behavior (TARGETED BEHAVIORS)
- Percent of audience who recall hearing or seeing any malaria message within the last 6 months (REACH/RECALL)
- Percentage of audience who know the cause of, symptoms of, treatment for, or preventive measures for malaria (KNOWLEDGE & AWARENESS)
- Percentage of audience who perceive they are at risk from malaria (PERCEIVED RISK)
- Percentage of audience who feel that consequences of malaria are severe (PERCEIVED SEVERITY)
- Percentage of audience who believe that the recommended practice/product will reduce their risk (RESPONSE EFFICACY)
- Percentage of audience who are confident in their ability to perform a specific malaria-related behavior (SELF EFFICACY)



Supplemental & Experimental Indicators



Collect contextual information and encourage further research

- Social norms
 - Percentage of audience with a favorable attitude toward the product, practice or service
 - Percentage of audience who believe that the majority of their friends and community members currently practice the behavior
 - Percentage of audience who have encouraged friends/relatives to adopt the specific practice
- Bednet care and repair
- Non-adoption of recommended malaria interventions
- Outdoor sleeping patterns

Structure of the Indicator Guide

- Background and rationale
- Reference sheets for each indicator including:
 - Purpose
 - Definition (numerator/denominator)
 - Sample survey questions
 - How to interpret findings
 - Strengths and limitations of each indicator

Using the Indicator Guide

- The indicators provide a template for the collection, analysis, and interpretation of data
- Country programs should select and adapt indicators to meet program needs and suit the local context
- Data collection is typically through household surveys:
 - Nationally representative surveys: DHS, MIS, MICS
 - Smaller sub-national surveys, particularly in areas where malaria communications are targeted, such as KAP surveys
- Some of the core indicators are already part of the standard MIS questionnaire: *targeted behaviors, reach/exposure*

SPOTLIGHT: LIBERIA & MADAGASCAR SURVEYS

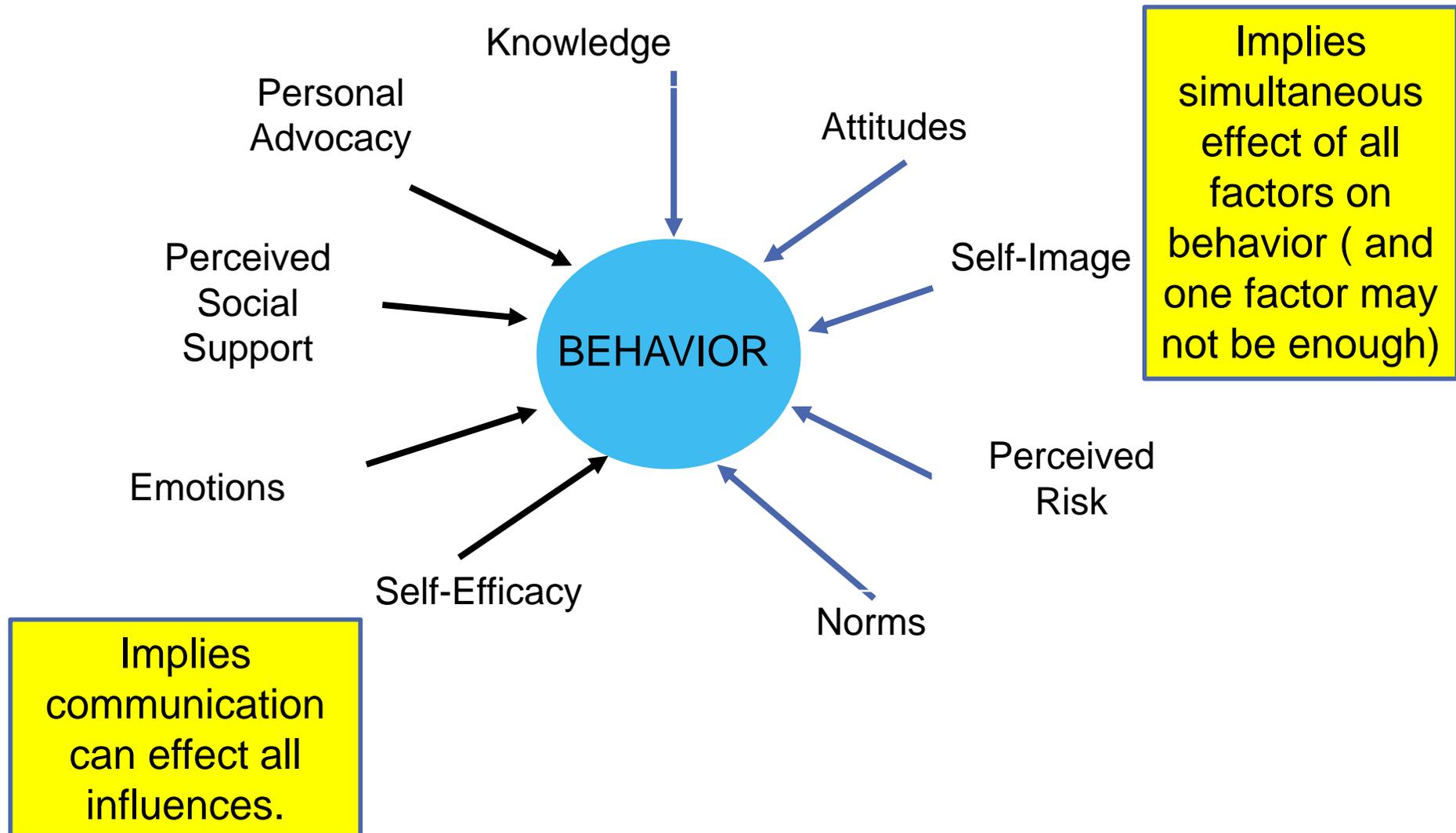
What is ideation?

A model for how new ways of thinking/ behaviors diffuses into societies and individuals because of communication and interpersonal interactions. – Kincaid, 2000

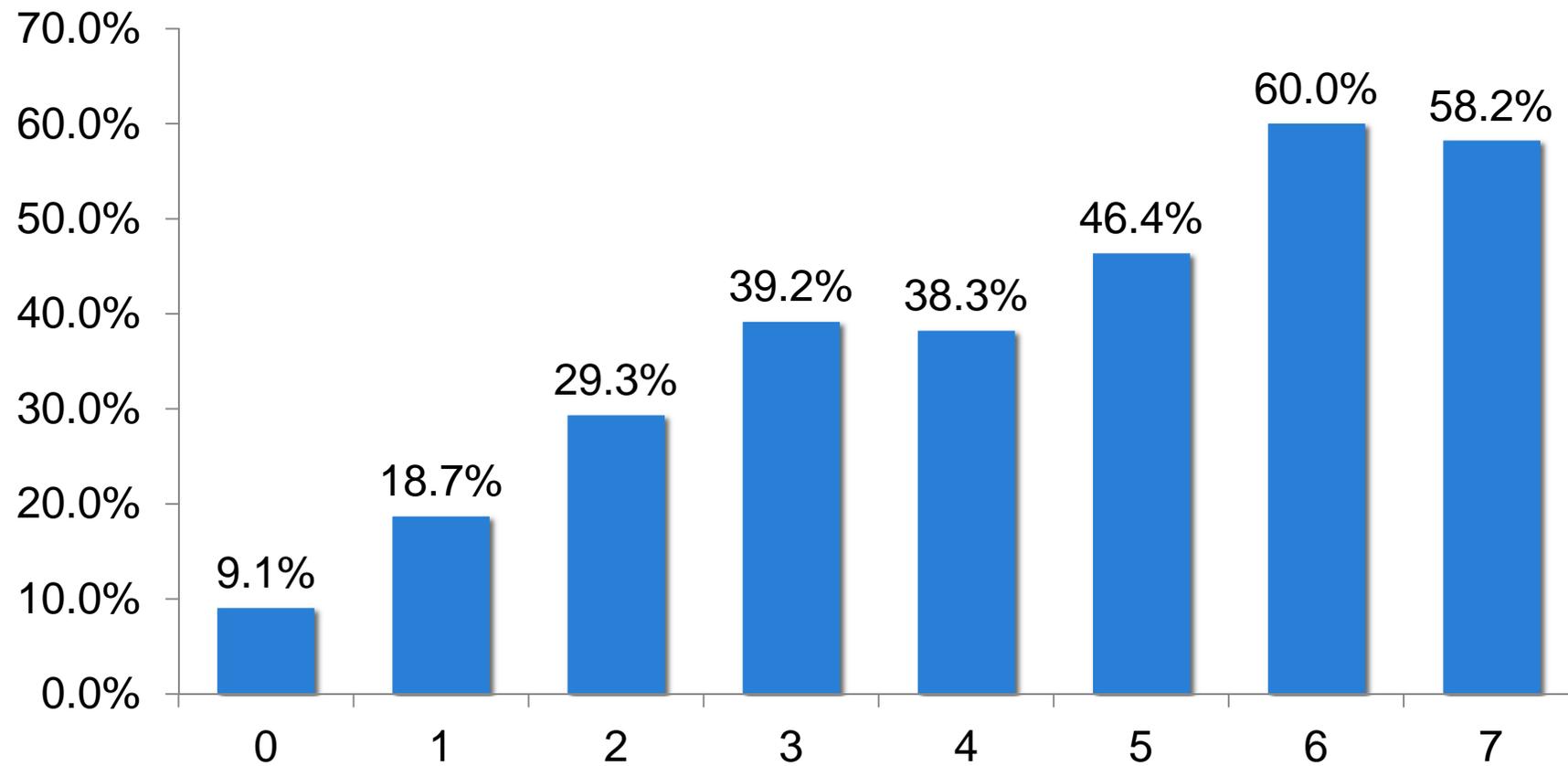
Ideational factors are “views and ideas that people hold individually”

– van de Kaa 1996

The more of these ideational elements a person has, the more likely it is that they will adopt the desired behavior

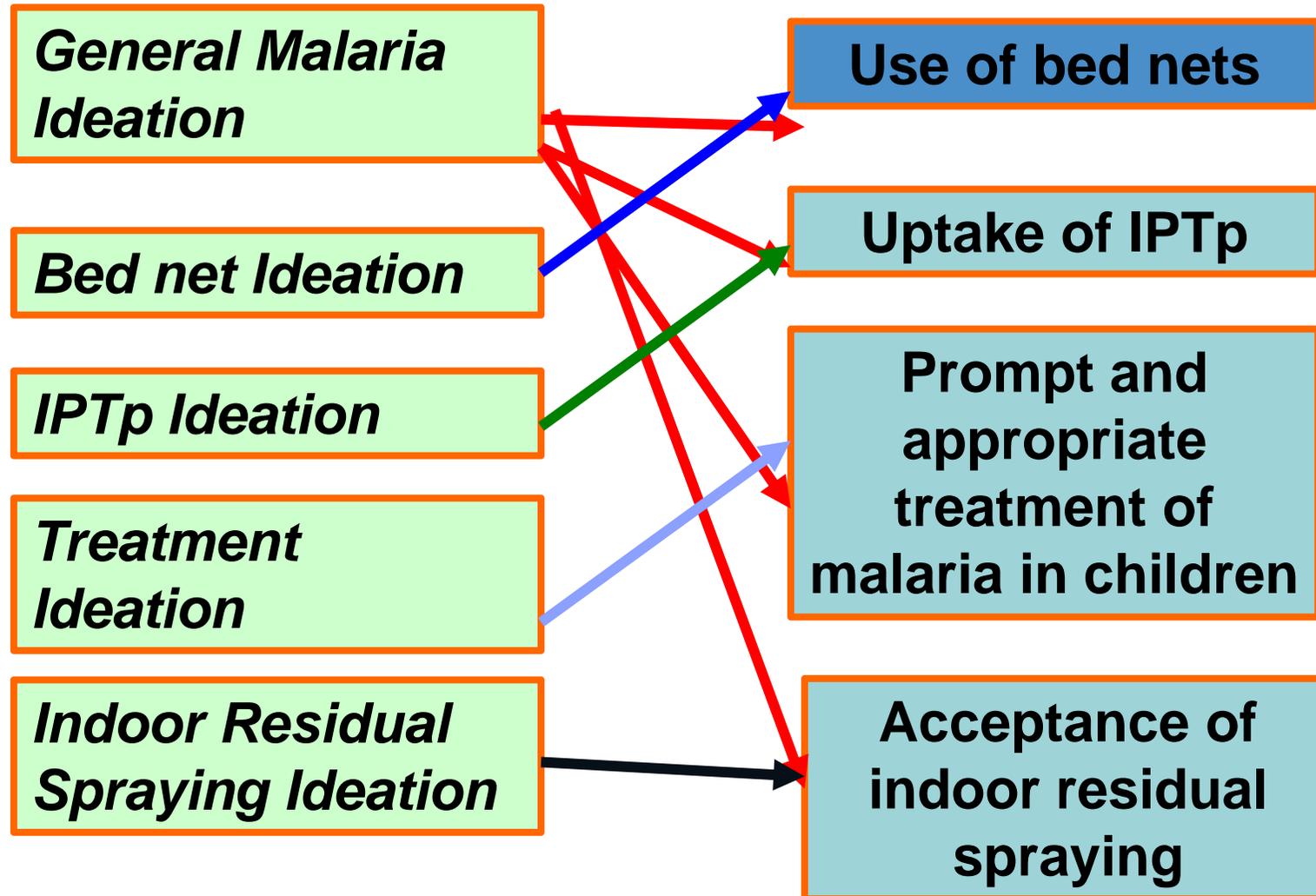


Number of ideational elements and intention to use contraceptives among current non-users, Kenya 2010



Source: MLE Baseline Survey, 2010

Malaria-related ideation



Cross-cutting items – General malaria ideation

- Malaria knowledge: cause, symptom, prevention;
- Perceived susceptibility to malaria;
- Perceived severity of malaria;
- Perceived self-efficacy to prevent malaria;
- Social interactions about malaria.

Bed Net Ideation



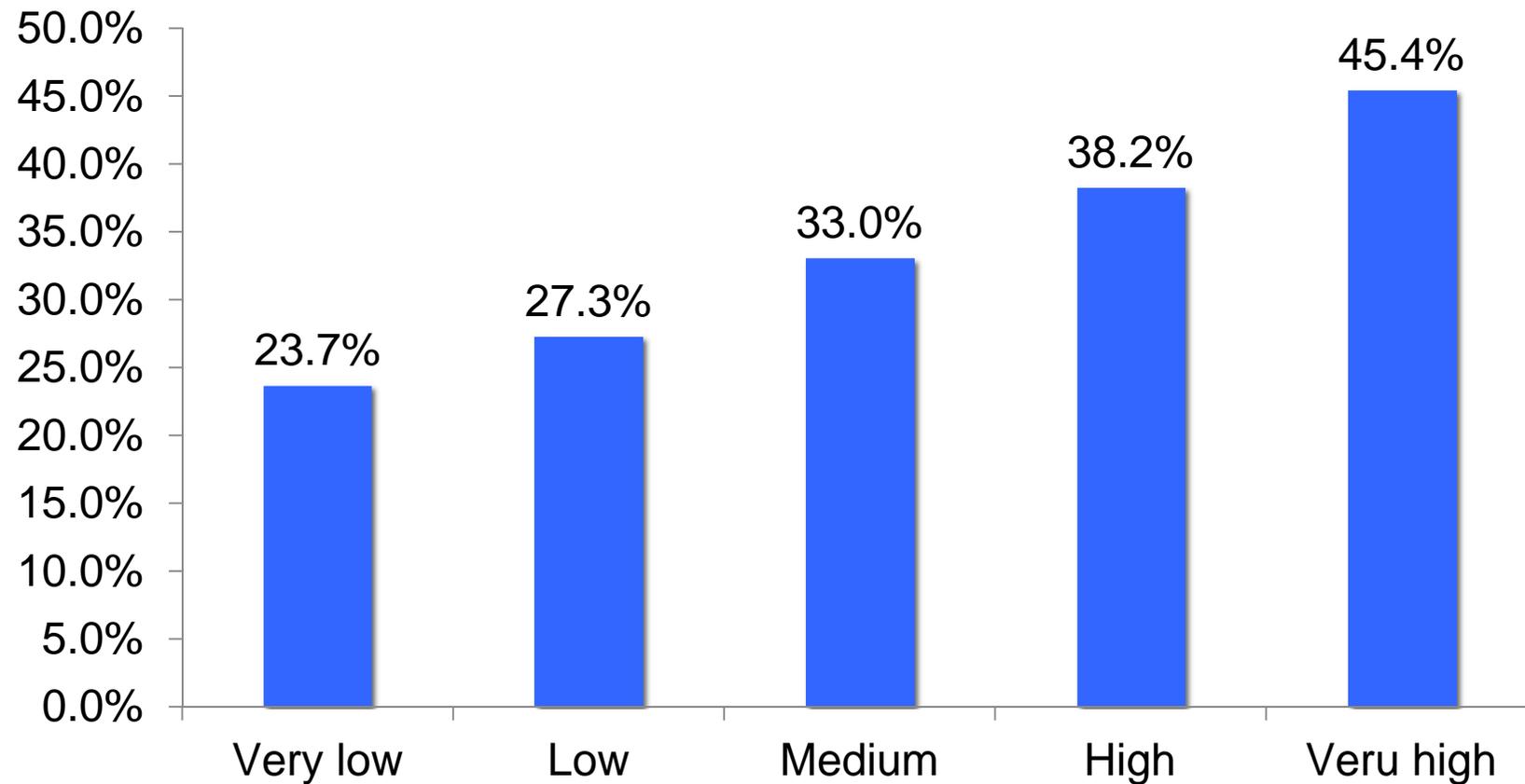
Items for measuring bed net ideation

- Knows where to procure a bed net
- Willing to pay for bed net
- Has positive attitudes towards bed net (derived from ten attitudinal statements)
- Perceived response-efficacy of bed nets
- Perceived self-efficacy for procuring and using bednets
- Participation in household decisions about bed nets
- Descriptive norm about bed net use
- Social interactions about bed net use

Madagascar and Liberia Surveys

- Purpose - Identify attitudes and beliefs that are associated with four outcomes of malaria prevention and treatment— use of bed nets, receipt of malaria prophylaxis during antenatal care (ANC) visits, use of health services when a child has a fever and the acceptance of indoor spraying.
- Cross-sectional surveys
- Combine responses into composite scores for different types of ideation (malaria ideation, net ideation, IPTp ideation, etc).
- Logistic regression on sociodemographic factors, ideation scores and exposure to BCC.

Percent that slept under an ITN on the night before survey by level of bed net ideation, Liberia 2014 (n=1560)



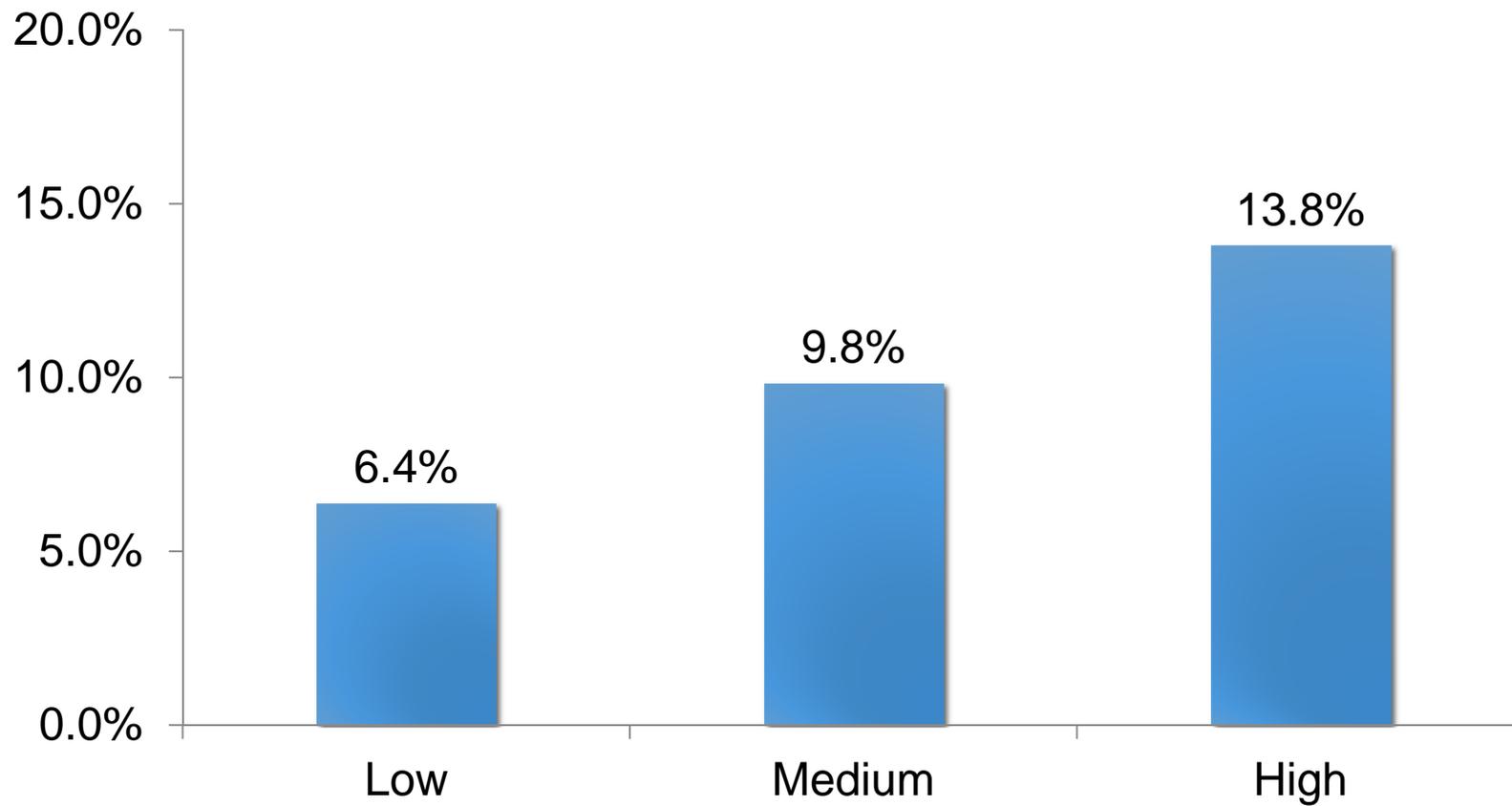
IPTp



Items for measuring IPTp ideation

- Knows name of the drug for malaria prevention during pregnancy
- Knows the timing of first dose of IPTp
- Has positive attitudes towards ANC and IPTp (derived from four attitudinal statements)
- Perceived response-efficacy of IPTp
- Woman participates in decisions about own health
- Social interactions about malaria and pregnancy
- Descriptive norm about ANC visits

% of women who took at least two doses of IPTp during their most recent pregnancy by level of IPTp ideation, Madagascar 2014 (n=2320)



Conclusion

- Same ideation model with demonstrated validity for family planning, child immunization, WASH and other health behaviors is relevant for malaria prevention and treatment;
- Strategically designed messages and interventions addressing ideational variables can help foster adoption of health-protective malaria prevention and treatment behaviors
- The indicator reference guide was useful for selecting questions.
 - Can choose or questions based on context
 - Number of questions gives flexibility in analysis

Conclusion (continued)

- Ideation is useful for showing that there's a correlation between ideation and program (dose-response effect)
- Next step: Factor analysis to identify which factors or combinations of factors are most likely to influence specific malaria behaviors (prioritize SBCC messages)

SPOTLIGHT: ZANZIBAR KAP

Presented by Mwinyi Khamis

Discussion

- Have you engaged in discussions to include malaria BCC indicators in surveys?
 - What kinds of surveys?
 - Did you use the reference guide?
 - Were any indicators eventually included?
 - What have been the main challenges you experienced in these efforts?
- How receptive do you think stakeholders in country are to including more indicators for BCC?
- What resources/tools would assist you in these efforts
- In countries that have collected data on BCC indicators, how have they been used?

Country Experiences

- The CCoP would like to know more about country experiences in using the guide for inclusion of BCC indicators in national strategies and/or national household surveys
- Feedback will inform future revisions to the document and highlight areas for potential technical assistance
- Please send comments and questions to:
malariabccindicators@gmail.com

ADDITIONAL BCC M&E RESOURCES

M&E Online Training Course

M&E Guide (Short guide based on the course)

Reporting Guide

Research Agenda

M&E Online Training Course

- 6 modules on communication models/theory, strategic design, formative research, pretesting, monitoring, and evaluation
- Malaria-specific examples
- Free
- Obtain a certificate for completing each module
- Downloadable pdfs and slides
- <http://www.vector-works.org/resources/online-training-on-evidence-based-malaria-social-and-behavior-change-communication-sbcc/>

Guide to Developing BCC M&E Plans

Topics include how to:

- Create a framework
- Select indicators and targets (impact, outcomes, process)
- Sources of monitoring data
- How to create a research and evaluation plan (including types of research needed, such as formative research and evaluations)
- Knowledge management and data use
- Budget lines for M&E activities

Research Agenda

- Areas of future BCC research:
 - Improved understanding of factors that impede or encourage the recommended behavior
 - Improved understanding of channel effectiveness
 - Improved and appropriate research approaches and tools

Improved understanding of factors that impede or encourage the recommended behavior

Behavioral Factors:

self-efficacy, perception of risk, perceived benefits, perceived barriers, social norms, response efficacy, attitudes

Beneficiary Behaviors – Malaria Control

- Use of nets (once acquired)
- Acquisition of nets
- Maintenance and repair of nets
- Treatment seeking
- Drug seeking
- Adherence to treatment
- ANC attendance
- Taking IPTp at ANC
- Accepting IRS spray teams
- Not repainting/replastering walls after IRS

Beneficiary Behaviors – Pre-elimination

- Taking prophylaxis/using LLIN when traveling to malaria area
- Acceptance of mass screening and treatment
- Adherence to/ acceptance of seasonal malaria chemoprevention
- Acceptance of reactive/active case detection
- Acceptance of mass drug administration
- Acceptance of durable wall liners
- Vaccine acceptance
- Consistent use of spatial repellents/toxic sugar baits/personal protective measures

Provider Behaviors

- Testing fevers
- Trusting the result of RDTs
- Counseling patients
- Administering IPTp
- Data reporting
- Receiving and applying training content

Contextual Factors

- Dry vs rainy season
- Travel patterns of target audience
- Urban vs rural
- Type of risk group
- Indoor/outdoor sleeping patterns
- Nighttime leisure or work behaviors
- Endo/exophagic vectors
- Anthrophilic/zoophilic vectors
- Night/day biting vectors
- Transmission zone

Improved understanding of channel effectiveness

- What are the relative contributions to behavior change of various channels used to disseminate malaria BCC? Is this context dependent?
 - Examples: Mass media, SMS, home visits, school activities
- What channels/interventions are more or less cost effective? Is this context dependent?

Improved and appropriate research approaches and tools

- Propensity score matching
- Multivariate causal attribution
- Time series analysis
- Dose-response analysis
- Ideation

Reporting Guide for Malaria Communication Evaluations

- **Background**

- Although a key component of malaria programs, BCC activities are often incompletely or inconsistently described in writing
- Existing reporting guidelines do not address all relevant criteria for reporting on BCC interventions
- Implications:
 - Difficult to identify high-quality BCC interventions
 - Difficult to reproduce promising interventions
 - Difficult to make evidence-based decisions for programmatic interventions

- **Objective:** To improve the transparency of reporting, increase efficiency of the writing and review process, and identify what BCC approaches work in different contexts

Development of the Reporting Guide

- Based on existing formal writing guidelines for RCTs (CONSORT) and non-randomized evaluations of behavioral programs (TREND), but addresses crucial gaps for BCC reporting
- Intended to be a companion document to the Malaria BCC Indicator Reference Guide and the Research Agenda for Malaria BCC

Structure of the Reporting Guide

- Organized in a “checklist” format including 3 domains:
 1. Intervention Design
 2. Study Design
 3. Discussion
- Emphasis is on:
 - Description of the BCC intervention and rationale for the BCC strategy
 - Choice of BCC outcomes
 - Methods of creating comparisons
 - Discussion about effects, causal attribution, generalizability, and implications of results for future research, policy, and programming

Using the Reporting Guide

- This is a first step toward ensuring that research and evaluation reports contain sufficient information to:
 - Document lessons learned
 - Improve accountability and transparency
 - Highlight well-designed and well-implemented programs/studies
 - Build the evidence base for malaria BCC
- These are recommendations
- Word limits may restrict an author's ability to report on all recommended items
 - Ways to address this: links to additional materials, use of flowcharts, figures, and textboxes
- Feedback is welcomed and encouraged!

COSTING ESTIMATES

Costing your M&E Activities

M&E Activity	Sample Size and Scale of activity	Rough Cost Research Firm	Training, Travel, Analysis Time, Overhead/IDC	Total, fully loaded
FGDs for pretesting	8 FGD (~80 participants) in rural and urban remote sites	\$5,000		
2 week process evaluation	2 weeks of site visits by 2-3 people	n/a	\$25,000	\$25,000
In-depth qualitative study (FGD, IDI) Uganda	4 sites x 4 FGD x 3 phases	\$35,000 per phase		
In-depth qualitative study (FGD, IDI) Senegal	10 compounds x 8 sites x 2 phases	\$66,000		
Observational study of nighttime activities Ghana	2 sites x 20 FGD and 8 observations, 8 weeks fieldwork	\$25,000	\$70,000	\$95,000
Baseline/endline survey Nigeria Nasarawa	1000-1200 households per survey	\$90,000 per survey		\$300,000
Household survey Liberia	1200 households, 4 counties	\$116,000		
Household survey Madagascar	1100 households, 1 district	\$75,000	\$75,000	\$150,000
Household survey Madagascar	2400 households, 4 regions	\$125,000	\$100,000	\$225,000
Three year independent evaluation (cRCT)	7000 households per survey	\$225,000 per survey round		1.1M

Final Questions/Discussion?

THANK YOU!

Acknowledgements

- M&E Taskforce members
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