Results and Realities:
A Decade of Communication for Malaria

The Behavior Change Communications
Technical Working Group
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Overview

• Review of PMI-supported malaria behavior change communication (BCC) and synthesis of lessons learned in the past 10 years  
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• Monitoring and Evaluation Challenges and Solutions  
  Jessica Butts

• Program Challenges and Solutions and MOP Recommendations  
  Zandra André
BCC activities are critical to the success of national malaria control goals and targets

- Empower individuals and communities to prevent and treat malaria
- Improve and facilitate the reach of malaria interventions
Conceptual Framework: Malaria Behavior Change Communication

<table>
<thead>
<tr>
<th>Domains of BCC interventions</th>
<th>Initial Outcomes</th>
<th>Behavioral Outcomes</th>
<th>Sustainable Health Social Outcomes</th>
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<tbody>
<tr>
<td>Social Political Environment</td>
<td>Policy changes</td>
<td>Supportive Environment:</td>
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<td></td>
<td>Technically sound</td>
<td>Policies enacted</td>
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<td>Communication strategies</td>
<td>Coordinated Communication</td>
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<td>Service Delivery System</td>
<td>Technically competent clinical providers</td>
<td>Service Performance:</td>
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<td>Information for clients</td>
<td>Accessible malaria</td>
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<td></td>
<td>Interpersonal communication</td>
<td>information &amp; services</td>
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<td>Competent community providers</td>
<td>Community &amp; Individual</td>
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<tr>
<td>Community</td>
<td>Leadership informed &amp; engaged</td>
<td>Behaviors:</td>
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<td></td>
<td>Priority consensus</td>
<td>Community:</td>
<td></td>
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<tr>
<td>Individual</td>
<td>Perceived risk</td>
<td>Community education</td>
<td></td>
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<td></td>
<td>Ability to recognize fever</td>
<td>Individual:</td>
<td></td>
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<td></td>
<td>Value ITN use</td>
<td>Timely recognition &amp;</td>
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<td></td>
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<td>treatment</td>
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<td>IPT &amp; ITNs during pregnancy</td>
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PMI Targets:
- Appropriate & prompt treatment of malaria cases
- Pregnant women and children under 5 sleeping under ITNs
- Pregnant women at risk of malaria taking IPT
- Reduction of deaths from malaria
PMI’s BCC Approach

- **Targeted communication to reach the most vulnerable populations** through mixed channel strategy that engages communities and builds demand for malaria interventions from bottom up.

- **Build NMCPs implementation capacity by supporting** development of national malaria communications strategies and plans that include M&E plans.

- **Develop partnerships** and collaboration to improve coordination of malaria BCC efforts at the global, national, and district levels.

- **Promote OR** that improves the effectiveness of PMI-supported BCC.
PMI-funded BCC Activities

• **Provide funding and coordination** for implementing partners to conduct BCC in each PMI country/region to:

  – **Conduct needs assessments**, including formative research, to determine communication needs to guide strategy & plan

  – **Implement communication campaigns** including developing, pretesting, and rolling out key messages

  – **Develop national communication strategies** to address key malaria behaviors, tailoring to target audiences, using appropriate channels

• **Provide technical assistance and guidance** to implementing partners and NMCPs on malaria BCC including monitoring and evaluation
Breakdown of BCC Activities by Channel: Current and Recommended

**Current**

- Household Visits and Village Meetings: IPC 30%
- Print Materials
- Radio and TV

**Recommended**

- All forms of mass media 30%

**IPC**

- IPC 70%
Percentage of PMI BCC Funding by Intervention FY 2013

- Integrated BCC with 2+ Interventions: 42%
- LLINs: 21%
- ACT/Case Management: 18%
- IPTp: 17%
- IRS: 2%
A synthesis of lessons learned in the past 10 years
Review of the BCC literature and program experiences
Three elements are needed to make behavior change communication successful

**Scale.** Even a perfect set of BCC interventions will fail if they are not implemented frequently enough. A more sustainable approach is to work with the multiple partners to convert their priorities into a joint national work plan.

**Message precision.** BCC interventions should be preceded by a robust research process, using focus groups and other qualitative techniques to understand what the target audience's key values are and what the barriers are to behavior change.

**Rigorous monitoring and evaluation.** At a minimum, baseline and endline surveys should be used to measure impact. Ideally, concurrent comparison techniques (such as randomized controls) should be used to provide a more robust attribution of impact to the campaign, but alternatives (such as measuring dose-response) can be effective.
Persistent gaps that BCC can address

- Knowledge, beliefs, self-efficacy
  - The symptoms (particularly fever) or symptom complexes often brought about by malaria infection are still associated with various locally defined illnesses.
  - There is a growing understanding of the link between mosquitoes bites with malaria but other factors are also still viewed as important, such as exposure to heat, cold, or rain; diet; and hard work.
  - Mixed beliefs around what constitutes appropriate medication to take during pregnancy complicate IPTp efforts.

- Balance of communication channels
  - Expert agreement (or lack thereof) on the right balance on the communication channels for malaria.
Manifestations of Malaria Burden
The Need for a Tailored BCC Approach

Source: Breman 2001
Behavior Change Communications
Monitoring and Evaluation
Challenges and Solutions
Technical Challenges

- **Lack of malaria-specific theoretical framework** upon which to base interventions (and subsequent evaluations)
  - Lack of evidence of how existing theories can be adapted and applied to the malaria context

- **Limited evidence base** to inform programmatic decision-making on
  - Effectiveness of existing and new BCC interventions (e.g., hang-up visits, SMS)
  - Cost-effectiveness of different types of communication approaches

- **Lack of specific and standardized global guidance on indicators**, evaluation methods, and reporting standards

- **Difficulty of measuring programmatic effects** of malaria components **in integrated BCC programs**
Challenges in Monitoring & Evaluation – Attribution

- **Attribution of behavioral outcomes** (e.g., sleeping under a net, accessing treatment) to a specific BCC intervention
  - Quantifying role of “access” vs. BCC intervention in determining whether or not the target population adopts a particular behavior (e.g., ITN use).
  - Existing data on behaviors from DHS/MIS/MICS may not be available for the subnational target area where intervention was implemented; sample size may be insufficient to provide data needed (e.g., IPTp).
  - There are statistical methods designed to produce valid causal inferences (e.g., propensity score matching, multivariate causal attribution), but they are fairly sophisticated for routine program monitoring.
  - While it is possible to design an evaluation to account for the complexities described above, methodologies required may exceed implementing partner capacity.
Challenges in Monitoring & Evaluation – Proximal Indicators

• **Validity of proximal indicators:** recall, knowledge, perceived risk, self-efficacy
  – We have limited evidence in the malaria context that these indicators are reliable for evaluating outcomes of BCC interventions
  – Relates to the absence of an accepted malaria-specific theoretical model for behavior change

• **Lack of standardized methods** for measuring them accurately
  – Creating indices from groups of questions (e.g., knowledge)
  – Using Likert scales (strongly agree, strongly disagree)
Addition of Communication Questions in MIS

- Questions added to the MIS to measure:
  - Exposure to any message
  - Recall of specific messages
  - Exposure medium (e.g., radio, television, billboard, community health agent, community event)

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<tr>
<th>QUESTIONS</th>
<th>CODING CATEGORIES</th>
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<tr>
<td>1. In the past few months, have you seen or heard any messages about malaria?</td>
<td>YES  NO</td>
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<tr>
<td>2. What messages about malaria have you seen or heard?</td>
<td>IF HAVE A FEVER, GO TO HEALTH FACILITY SLEEP UNDER MOSQUITO NETS PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA MALARIA KILLS OTHER___________</td>
</tr>
<tr>
<td>3. Where did you hear or see these messages?</td>
<td>RADIO BILLBOARD POSTER T-SHIRT LEAFLET/FACTSHEET COMMUNITY HEALTH WORKERS COMMUNITY EVENT</td>
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Malaria  BCC M&E Task Force

History, purpose, and vision:

• Formed in October 2012; the group recently convened with participation from academia, implementing partners, and USG representatives

• Focus includes:
  – Developing a theoretical basis for a malaria-specific behavior change model
  – Standardizing indicators: indicator guidance document currently in development
  – Developing guidelines for best practices in conducting BCC M&E and reporting results
  – Advocating for and articulating a research agenda

• Vision of advancing a BCC research and M&E agenda
Behavior Change Communication Program
Challenges and Solutions
Program Challenges

• **Variable technical quality and standards** among the implementing partners especially CBOs and NMCP
  – Leading to weak direct influence over policies and strategic decisions that could improve the control of malaria

• **No agreement on national communications strategies and priorities** leads to communication efforts that are not integrated in some PMI countries

• **Lack of clearly defined expected outcomes of BCC projects** that reflect PMI priorities and targets; malaria communication is rarely rigorously evaluated
  – Very few studies have looked at the impact of various malaria communication strategies

• **Problems in aligning PMI priorities and the BCC activities** carried out under large bilateral BCC mechanisms (e.g., PEPFAR).
Development and Launch of the Roll Back Malaria Strategic Framework

- Global Fund Round 10 review identified BCC as a weakness in several proposals
- RBM Strategic Framework developed in response.
  - Lays out a research, implementation, and evaluation agenda for the next five years
  - Meant to ensure that state-of-the-art health communication plays a stronger role in improving the impacts of the global malaria control effort
  - Key principles:
    - Use of theory-based and evidence-based approaches and appropriate channels
    - Achieve behavior change at the individual, community and national levels

http://www.rbm.who.int/globaladvocacy/pr2012-09-05.html
BCC References and Repositories

- **BCC section of PMI website updated**
  - Guidelines
  - PMI Priorities
  - Key Messages
  - Monitoring and Evaluation Strategy
  - Selected recent studies

- **Tools**
  - Behavior Change Communication Repository Communication Material Exchange Platform (C-HUB): Updated and transferred to new partner
  - Soul Beat Africa: Malaria: Linking a network of organizations working on malaria BCC in Africa
New Central Funding Mechanism
The Health Communication Capacity Collaborative (HC3)

• Provides opportunities to build the evidence base and advance communications capacity for NMCPs and in-country partners
• Builds skills to influence social norms using social ecological framework
• Addresses specific technical issues as requested
  – Surveys and evaluations
• Focuses on the strength of collaboration through numerous partners
  – CCP, MSH, NetHope, PSI, Internews, Ogilvy PR, AfriComNet
In-House PMI Resource: The BCC Team

• The PMI BCC TEAM
  – Martin Alilio, Beatie Divine, Zandra André, Jessica Butts, Kevin Griffith

• Examples of team functions
  – Provide technical and program support to countries in designing new external evaluation or review of work plans
  – Review programs during country visits
  – Improve on BCC agenda and issues through BCC M&E Task Force, participate in global and regional groups and other BCC working groups
  – Organize meetings and give presentations on PMI priorities
  – Review MOPs and provide feedback

• Major challenges for BCC Team
  – At the country level, malaria BCC activities are fragmented and often implemented by many partners making it difficult to track results cohesively
  – Advocacy for funding for impact evaluation
Malaria Operational Plans

Moving Forward in Behavior Change Communications
What’s New?
- New section on BCC priorities to help determine appropriate activities

Recommendations to MOP Teams
- Provide adequate background with progress update on the results achieved with the previous year’s funds
- Separate planned BCC activities from technical intervention sections
- Provide greater detail about activities to be funded
- Consider HC3 as new BCC implementation partner
A Few Important Points to Consider

- Are communication activities targeted?
  - More channels not necessarily better
- Do we have the right balance of communication channels being used?
- Is the second household net hang-up visit really needed?
- Are the BCC malaria interventions based on evidence and understanding of complex behavioral issues?
  - Implementing partners must tailor activities to reflect the goal of the BCC malaria intervention
- Are the BCC activities aligned with the national malaria strategy?
Evolving Malaria Interventions, Behaviors and Determinants

- Long-lasting Insecticide-treated Nets (LLINs)
- Artemisinin-based Combination Therapy (ACTs)
- Rapid Diagnostic Tests (RDTs)
- Intermittent Preventive Therapy for Pregnant Women (IPTp)
- Indoor Residual Spraying (IRS)
Questions?

Feel free to contact any BCC team member or visit http://www.pmi.gov/technical/bcc/index.html

Thank you!