

Results and Realities: A Decade of Communication for Malaria

The Behavior Change Communications Technical Working Group

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Overview

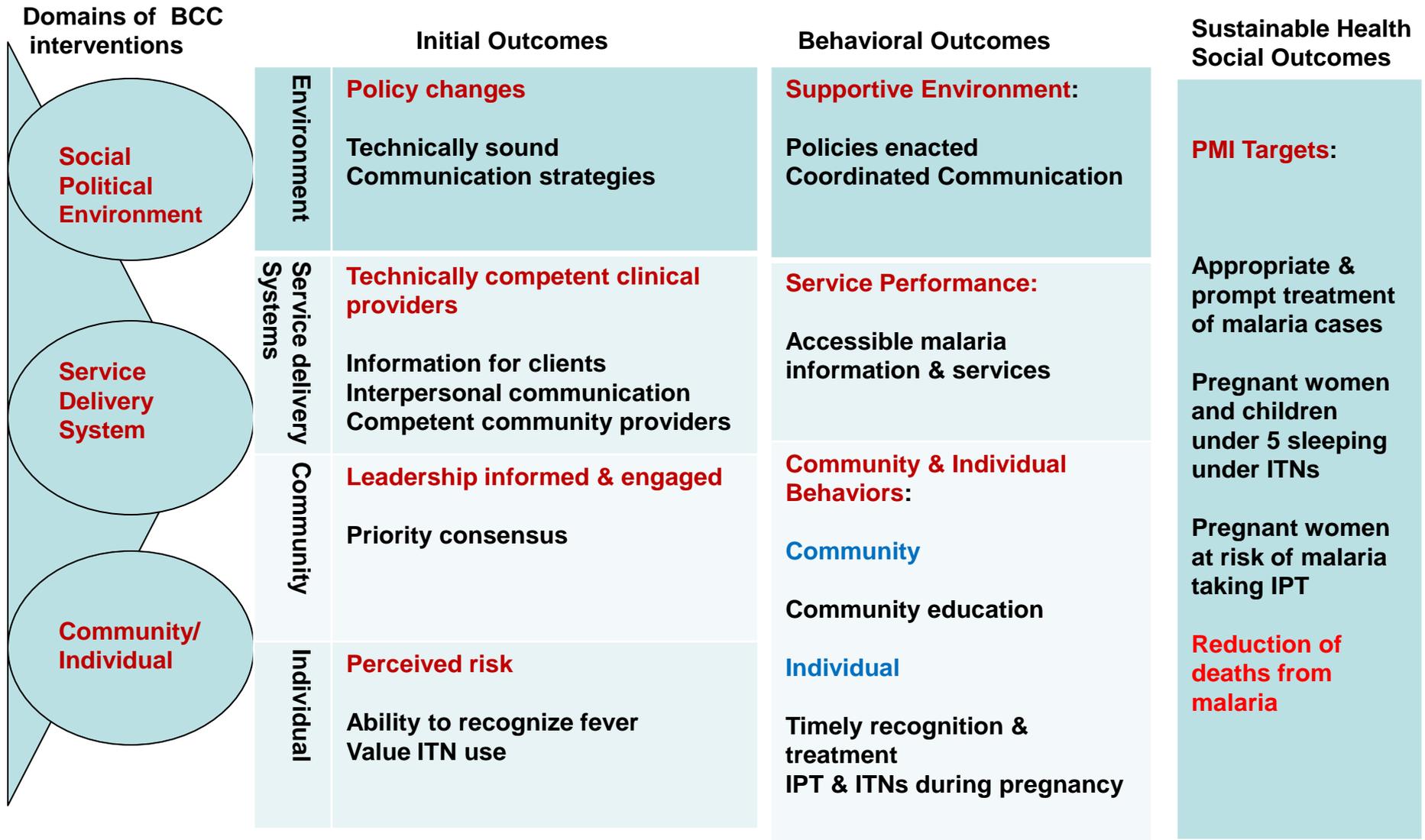
- Review of PMI-supported malaria behavior change communication (BCC) and synthesis of lessons learned in the past 10 years
Martin Alilio
- Monitoring and Evaluation Challenges and Solutions
Jessica Butts
- Program Challenges and Solutions and MOP Recommendations
Zandra André

Overarching Strategic Role of Malaria BCC

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



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

Recommended

All forms of mass media 30%

Current

All forms of mass media 70%

**Household Visits and
Village Meetings**

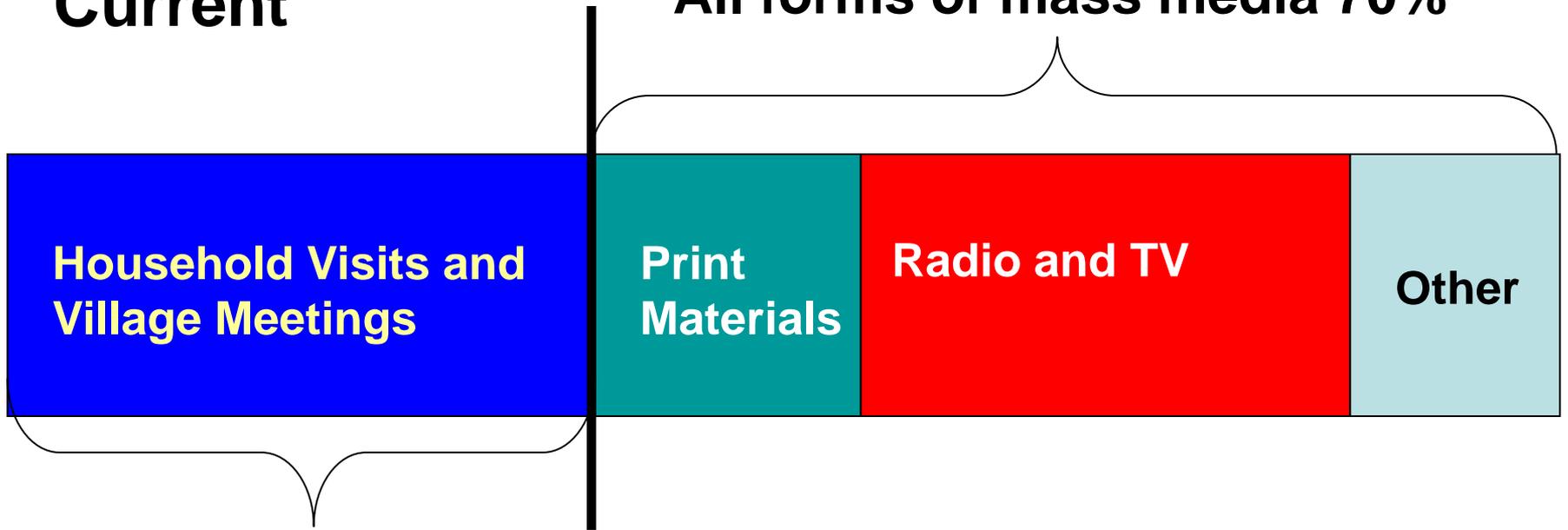
**Print
Materials**

Radio and TV

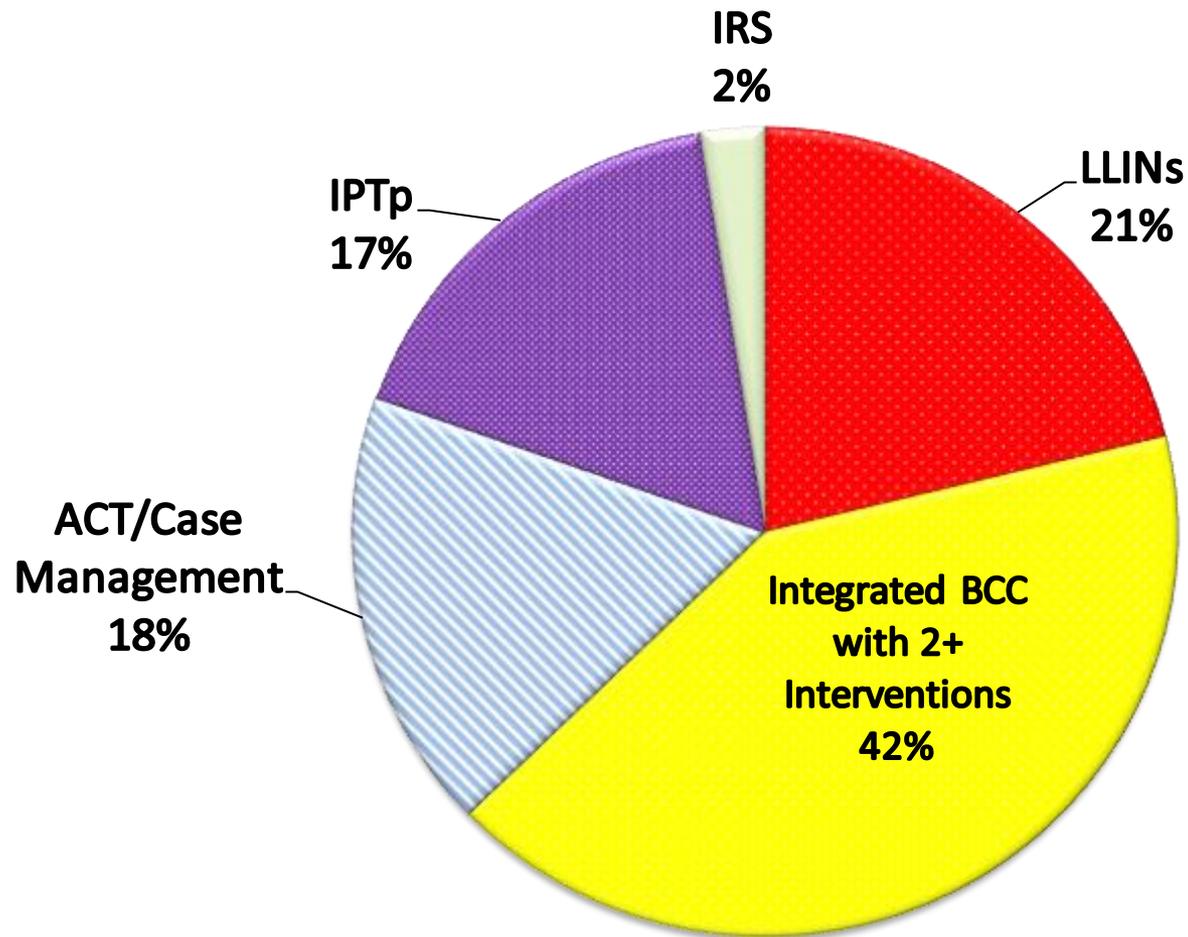
Other

IPC 30%

IPC 70%



Percentage of PMI BCC Funding by Intervention FY 2013



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.

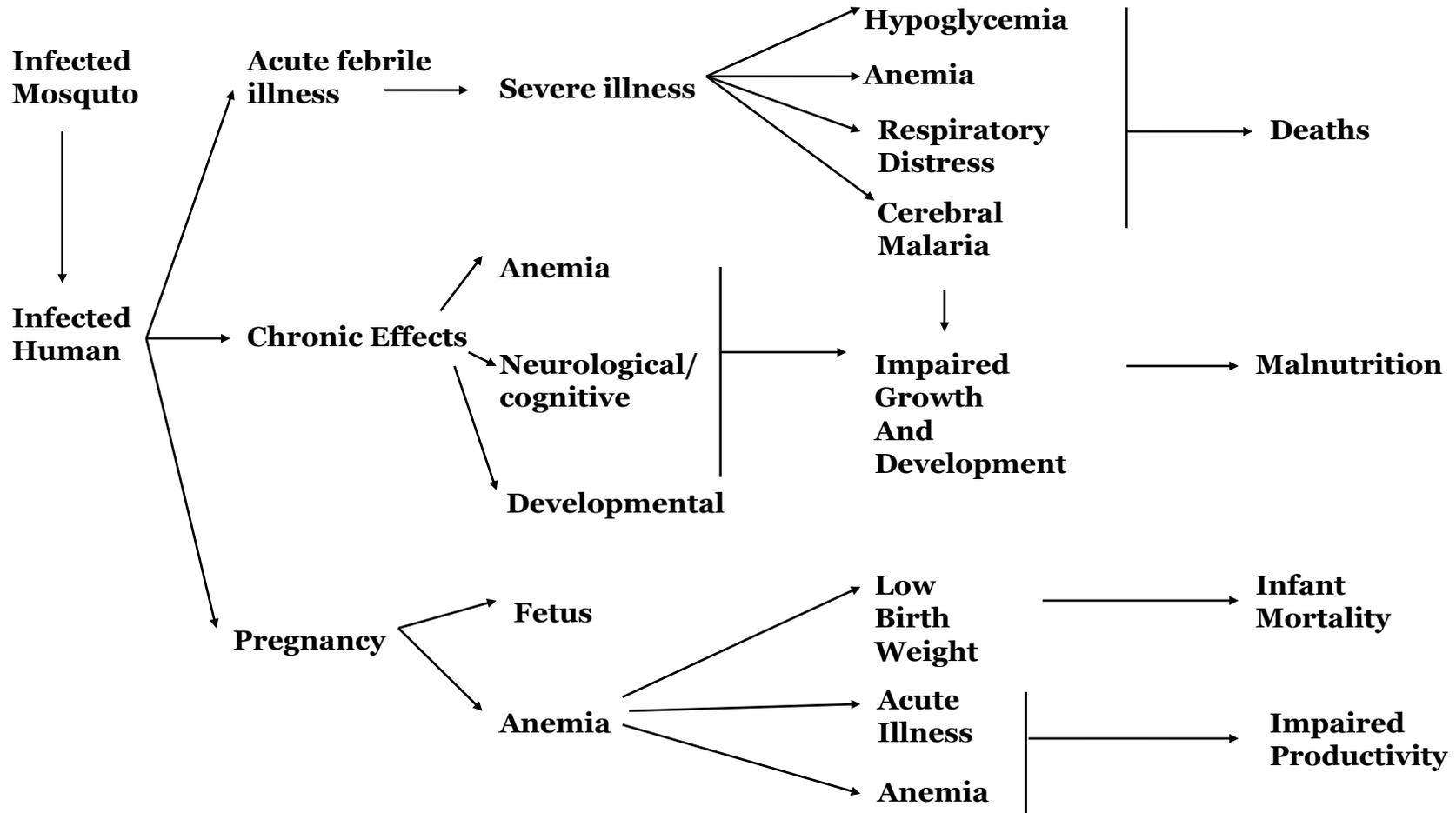
Rigorous monitoring and evaluation. At a minimum, baseline and endline surveys should be used to measure impact. Ideally, concurrent comparison techniques (such as randomized controls) should be used to provide a more robust attribution of impact to the campaign, but alternatives (such as measuring dose-response)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



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)

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

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

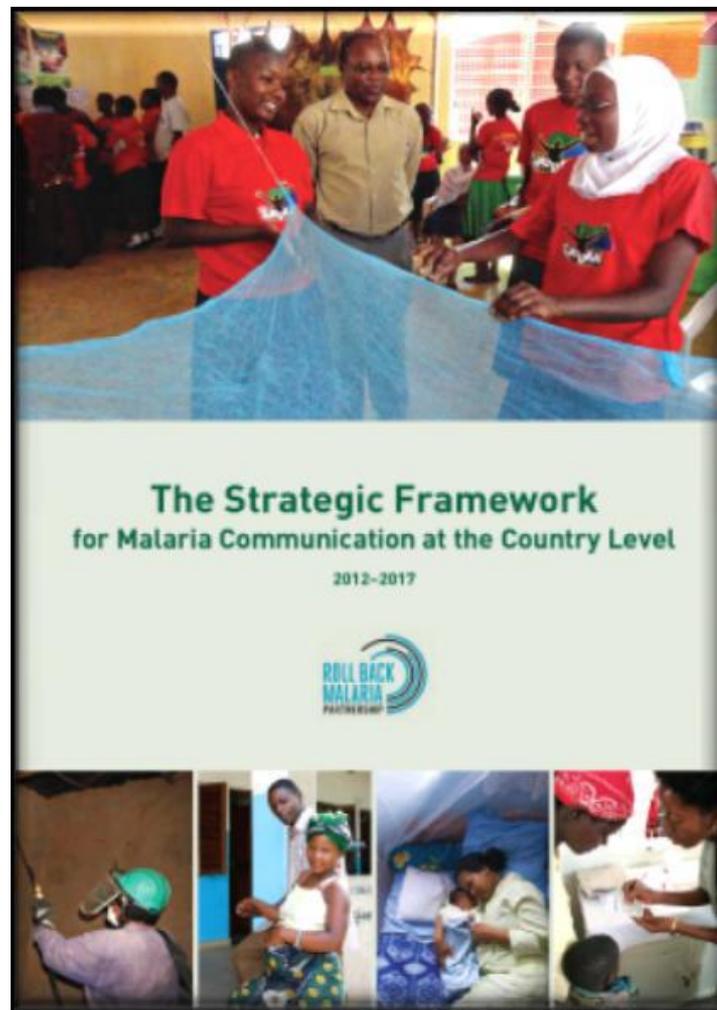
Challenges and Solutions

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



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

Behavior Change Communications in FY 14 MOPs

- **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)

Rapid Diagnostic Tests (RDTs)



Intermittent Preventive Therapy for Pregnant Women (IPTp)

Artemisinin-based Combination Therapy (ACTs)



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!