PMI BCC Tracking Tool

INTRODUCTION & INSTRUCTIONS

Behavior change communications (BCC) plays a critical role in ensuring that individuals and communities at risk for malaria take the actions needed to prevent infection, treat illness, and reduce transmission. PMI depends on BCC interventions to ensure appropriate uptake of the four key proven malaria interventions, and recognizes the need to document how PMI activities are contributing to the evidence base for malaria BCC.

PMI and BCC implementing partners need a way to share information on program activities implemented at country level on an annual basis. We need to improve our communications around BCC activities implemented in the field.

The **purpose** of the PMI BCC Tracking Tool is to provide a standard mechanism for partners to report program information on an annual basis to PMI country teams and headquarters (HQ). Information will include background on activities implemented over the past year (objectives, messages, medium); available data on outputs and outcomes; and a summary of challenges, lessons learned, promising practices, and future plans (as applicable). The tracking tool will assist PMI Missions and HQ to ensure ongoing quality assurance of BCC activities at the country and global levels.

The **timing** of the Tracking Tool completion is meant to coincide with MOP planning visits. Much as country teams, partners, and NMCPs work to prepare commodity gap analyses and M&E data sources tables for use during MOP planning discussions, the Tracking Tool should help inform planning discussions around BCC activities. To that end, it is the responsibility of the RAs to send the Tracking Tool to the implementing partner(s) and ensure it is completed and shared with the MOP team *in advance of the MOP visit*.

The **users** of the Tracking Tool include implementing partners, country teams, and the headquarters BCC team.
- Implementing partners will use the tool to communicate their program experiences and achievements, as well as potential future activities based on program successes and lessons learned.
- Country teams will use the tool: 1) to become more familiar with the scope and content of PMI-funded BCC activities *in advance of the MOP visit* so they can ask informed questions about BCC activities and use that information to determine how best to plan future activities; and 2) as a resource to help write the BCC MOP section and review partner work plans.
- HQ BCC team will use the tool: 1) to provide guidance and technical assistance (TA) on BCC activities to country teams as needed or requested; 2) as a reference in planning future TA, and identifying opportunities for evaluation or operational research; and 3) to raise the profile of country-level BCC activities by highlighting success stories or promising practices in PMI platforms (e.g., PMI newsletter, annual report, technical updates).

PROJECT SUMMARY

Background

1. **Country:**

2. **Name of project:**

3. **Implementing partner/mechanism:**

4. **Is this an integrated project or malaria-specific?**

The PMI BCC Tracking Tool covers activities implemented in FY 2013 (Oct 2012-Sep 2013).

5. **Total amount received for implementation of activities in FY 2013:**

6. **Project year _____ of _____**

What intervention areas did your BCC activities address (complete for all interventions areas that apply and provide additional details as applicable):

7. **Long Lasting Insecticide-Treated Nets**

   - Communication objective (e.g., promoting correct and consistent use of LLINs):
   - Key message(s):
   - Approach/medium
     o Mass media (e.g., TV, radio, video, film, newspapers, billboard):
     o Mid-media (e.g., blogs, SMS messages):
     o Inter-personal communications (e.g., peer education, family outreach, counseling, hotlines):
   - Briefly describe the geographic target area relative to the whole country (e.g., rural areas in 20 of the country's 50 provinces):
   - Comments (please include any other relevant information not reflected above; e.g., special target population):

8. **Indoor Residual Spraying**

   - Communication objective (e.g., promote acceptance of IRS spray teams and adherence to guidelines such as not to re-plaster walls):
   - Key message(s):
   - Approach/medium
     o Mass media:
     o Mid-media:
     o Inter-personal communications:
   - Briefly describe the geographic target area relative to the whole country (e.g., 20/50 provinces in the country, focused on rural areas):
   - Comments (please include any other relevant information not reflected above; e.g., special target population):

9. **Care-seeking for fever/malaria symptoms**

   - Communication objective (e.g., promote prompt care-seeking for fever):
   - Key message(s):

- Approach/medium
  - Mass media:
  - Mid-media:
  - Inter-personal communications:
- Briefly describe the geographic target area relative to the whole country (e.g., 20/50 provinces in the country, focused on rural areas):
- Comments (please include any other relevant information not reflected above; e.g., special target population):

10. Case management

- Communication objective (e.g., improve health worker adherence to universal testing and appropriate treatment policies):
- Key message(s):
- Approach/medium
  - Mass media:
  - Mid-media:
  - Inter-personal communications:
- Briefly describe the geographic target area relative to the whole country (e.g., 20/50 provinces in the country, focused on rural areas):
- Comments (please include any other relevant information not reflected above; e.g., special target population):

11. Prevention of malaria during pregnancy

- Communication objective (e.g., promote correct dosing of IPTp per national guidelines):
- Key message(s):
- Approach/medium
  - Mass media:
  - Mid-media:
  - Inter-personal communications:
- Briefly describe the geographic target area relative to the whole country (e.g., 20/50 provinces in the country, focused on rural areas):
- Comments (please include any other relevant information not reflected above; e.g., special target population):

12. Other _____

- Communication objective:
- Key message(s):
- Approach/medium
  - Mass media:
  - Mid-media:
  - Inter-personal communications:
- Briefly describe the geographic target area relative to the whole country (e.g., 20/50 provinces in the country, focused on rural areas):
- Comments (please include any other relevant information not reflected above; e.g., special target population):

13. Other _____

- Communication objective:
- Key message(s):
- Approach/medium
  - Mass media:
  - Mid-media:
  - Inter-personal communications:
- Briefly describe the geographic target area relative to the whole country (e.g., 20/50 provinces in the country, focused on rural areas):
- Comments (please include any other relevant information not reflected above; e.g., special target population):

Results

14. What methods is your project using to monitor and/or evaluate its BCC activities, and how frequently? (e.g., omnibus survey, subnational survey, monitoring visits, exit interviews).

The following are recommended **output indicators** for monitoring your program's reach and delivery:

- Number of materials produced and distributed by type of material and target audience (including print and media)
- Number of BCC actions carried out (e.g., home visits, community demonstrations)
- Number of people reached by BCC community outreach through interpersonal communications[1]
- Estimated number of people reached by BCC mass media[2]

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15. Please report on output indicators as relevant for your BCC activities. For each output, specify the relevant intervention(s) addressed:

The following are recommended <u>outcome indicators</u> for evaluating BCC activities for malaria:[3]

- Proportion of respondents who practice the recommended behavior:[4]
  - Slept under an ITN the previous night
  - Accepted IRS operators into home
  - Received two or more doses of IPTp during an ANC visit during pregnancy completed within the last two years
  - Sought advice or treatment for fever
  - Adhered to national guidelines for malaria testing and treatment

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[1] If available/applicable, please report by gender.
[2] If available/applicable, please report by gender.
[3] Additional details on these outcome indicators will be included in a Malaria BCC Indicators Reference Guide that is currently being finalized. The guide will include details on indicator definitions, measurement, and interpretation. The guide will be disseminated in 2014 by the RBM Communications Community of Practice.
[4] These indicators should be measured in the appropriate target audience

- Proportion of respondents who recall hearing or seeing any malaria message within the last six months
- Proportion of respondents who know the cause of symptoms of, treatment for, or preventive measures for malaria
- Proportion of respondents who perceive they are at risk from malaria
- Proportion of respondents who feel that the consequences of malaria are severe
- Proportion of respondents who believe the recommended practice/product will reduce their risk
- Proportion of respondents who feel confident in their ability to perform a specific malaria-related behavior

Some of these indicators may not be relevant for your BCC interventions, or your program may not have been able to measure them. But we are interested in knowing what outcome data you have collected.

16. **Please report any outcome data relevant to your BCC activities. These could be data from large population-based surveys (e.g., MIS), smaller household surveys, or health facility surveys. If only baseline data are available, please report those. If any outcome data have been collected but are not yet available to report, please indicate this. For all data reported, please indicate the data source and time of data collection (e.g., DHS 2012).**

Example:
Proportion of pregnant women who believe sleeping under an ITN will reduce their chances of getting malaria
- *Baseline: 62% from MIS, Aug 2012 (national level)*
- *Follow-up: Not yet collected*
- *We plan to conduct a KAP survey in our target area in May 2014 to collect outcome data. Though our baseline is not directly comparable, it will provide an idea of the potential impact of our intervention.*

17. **Any other outcome indicators measured?**

18. **Has your program collected or are there plans to collect any qualitative data for the purposes of:**

- Formative research (for planning future activities):
- Evaluation (to provide context for quantitative data)?
  (If yes, please describe)

Lessons Learned

19. **In the past year, what have been the most significant obstacles or challenges to:**

- Planning and implementing BCC activities?

- Measuring outputs and outcomes?

- Achieving the desired effect of your interventions (e.g., increased net use, IPTp uptake)

20. **Provide some specific examples of how the analysis of data you gathered in the past year was used to design or adjust your BCC activities, approaches, or messages. Please be as detailed as possible.**

21. **Have you identified any innovative approaches or promising practices based on your implementation of BCC activities in the past year? If yes, please describe in detail.**

22. **Please share any other lessons learned with respect to messaging, approaches, communication channels or tools.**

23. **What BCC activities would you propose implementing in the coming year to continue to build on success and address the challenges you noted above?**

ATTACHMENTS

Please attach any documents (not submitted with prior tracking tools) that provide additional information about BCC activities in your country. Attachments may include:
- National BCC strategy
- M&E plan, conceptual framework
- Evaluation reports
- Project reports