



## Social and behaviour change

Since 2003, Malaria Consortium has been pioneering best practices and setting standards for innovative social and behaviour change (SBC) approaches. We implement evidence-based malaria SBC activities to promote community engagement, combat targeted diseases, improve public health outcomes and promote universal health coverage across Africa and Asia.

We work closely with national malaria programmes and agencies, public health programmes and the private sector, providing technical support to develop evidence-informed behaviour change strategies and approaches.

Effective SBC can create lasting impact, encourage ownership of health issues and support people whose

voices have been ignored. We seek to develop more equitable partnerships involving healthcare providers and those most in need of healthcare provision.

We place individuals most at risk from diseases at the centre of programme decision-making, which is instrumental to ensuring healthy lives and promoting well-being for all.

As a frontrunner in inclusive malaria SBC programming, our projects have influenced social norms, knowledge, attitudes and behaviour, as well as policy at national and international levels. Embedding research within Ministry of Health structures, alongside frequent engagement with stakeholders, is critical to influencing policy and practice.

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote universal health coverage.

## Our approach and scope

We view SBC as a systematic, inclusive process that involves identifying the factors influencing automatic and reflexive decision-making. We innovate and co-develop approaches and technologies most likely to be effective in supporting individuals, communities and societies to understand, adopt and sustain positive behaviours.

Guided by recognised SBC theories, models and conceptual frameworks,<sup>[2-5]</sup> we take a socio-ecological approach to address multi-layered human behaviour through social and behaviour change communication (SBCC), community engagement and advocacy.

## Our expertise

### Evidence- and theory-based programming

**We use novel approaches based on scientific research and theory to design behaviourally informed programming. This contributes to the accelerated reduction of the malaria burden as we work towards elimination.**

To control malaria in an elimination context, we were the first organisation to apply the positive deviance role model approach<sup>[1]</sup> — an interpersonal communication method that involves selecting and training community members who practice uncommon, but positive, behaviours to drive behaviour change within their community. We introduced this peer-educator approach among mobile and migrant workers in Cambodia and Thailand, and communities at high risk of malaria in Myanmar. As a result, net use and care-seeking practices increased, along with knowledge about malaria and volunteer leadership capacity. Additionally, volunteers in Myanmar developed village malaria maps — a visual and participatory monitoring tool — to record malaria cases, show the coverage of role model sessions and plan future events. A high degree of community ownership ensured the approach was cost-effective and sustainable.

As a leading global implementer of seasonal malaria chemoprevention (SMC), we are broadening our SMC SBC evidence base with research to assess the acceptability and feasibility of the lead mothers approach in Nigeria. This involves women conducting health promotion activities in their communities, including promoting the administration of complete rounds of antimalarial medicines during peak malaria transmission. We are also applying the role model approach in Burkina Faso, Chad and Togo, as well as in Ethiopia, which has increased awareness of positive behaviours. We adapted our approach to ensure the safety of participants during the COVID-19 pandemic through a blended online and in-person training, resulting in a dynamic exchange of ideas and experiences.

Further reading: [bit.ly/2czKEDH](https://bit.ly/2czKEDH), [bit.ly/2dp3pKs](https://bit.ly/2dp3pKs) and [bit.ly/2W73ec4](https://bit.ly/2W73ec4)



Community dialogue, Thailand

## Community engagement and social mobilisation

**Our innovative community engagement approaches increase awareness and encourage preventive behaviour, thereby strengthening community resilience.**

We recognise the gradual stages of behaviour change and use novel social mobilisation and communication approaches in our programmes to translate incremental progress into sustained change. We developed the bottom-up community dialogue approach (CDA) for interventions where health-related behaviours are strongly influenced by social norms and other community factors. We trained community volunteers to facilitate regular dialogues to fill health information gaps, build cooperation and generate collective action within communities.

We have implemented the CDA for neglected tropical diseases and for integrated community case management (iCCM) projects in Mozambique, Uganda, Zambia and Myanmar. We rolled out the CDA in Bangladesh for antimicrobial resistance (AMR), linking the intervention into existing health systems and community structures to ensure its suitability to the cultural context. This, in turn, optimised its potential for scalability and sustainability. Building on this work, we are supporting the implementation and evaluation of a similar intervention in Bangladesh and Nepal to address the contextual drivers of AMR through a one health approach to close the research gap and inform policy-making.

Further reading: [bit.ly/3xe4daN](https://bit.ly/3xe4daN), [bit.ly/3ughZl2](https://bit.ly/3ughZl2) and [bit.ly/3LH3DpS](https://bit.ly/3LH3DpS)

## Multi-channel strategic communications

**We implement tailored community-led SBCC strategies, using the most appropriate and impactful channels.**

In Nigeria, as part of the Support to the National Malaria Programme in Nigeria (SuNMaP) project, we collaborated with the national and state governments and other partners to develop a comprehensive malaria communications plan. We followed an iterative, human-centered design process and included a wide range of community mobilisation initiatives, including edutainment dramas and music; TV and radio spots; and print and electronic materials — all informed by formative research among communities. We also disseminated branded malaria messages on commercial passenger buses and via football celebrities on national TV as part of our SBCC campaigns in the public and private sector.

This strategic mix of media led to increased knowledge of the benefits of malaria prevention and management. While radio was the lead medium, we complemented the use of mass media with interpersonal communications, including health talks at service delivery and community dialogues anchored in local values. In SuNMaP focal states, the use of long lasting insecticidal nets increased by more than 10 percent in just two years.

Further reading: [bit.ly/2dp3nck](https://bit.ly/2dp3nck) and [bit.ly/3udl8rM](https://bit.ly/3udl8rM)

## Inclusive and equitable programming

**We tailor our SBC interventions to focus on improving equity through gender-responsive approaches, thus contributing to universal health coverage.**

In Uganda, as part of the Malaria Action Programme for Districts (MAPD), we collaborated with partners to develop a qualitative study to identify how gender- and youth-related norms might be hindering effective malaria control. Health staff received information and tools to effectively embed gender- and youth-related aspects into their health promotion activities.

After a gender analysis had revealed that men and male youth are often overlooked in malaria programming, this demographic was targeted through an edutainment campaign that promoted malaria messaging at World Cup football match screenings. Almost two million people were reached through interpersonal and experiential activations during these matches.

Our most recent SBC innovation is the zooming-in intervention in Uganda, which links health facility data with targeted household SBC. We supported individuals at high risk of contracting malaria to identify risks and develop malaria control action plans, which were then followed up by trained key influencers who had already made changes to their behaviour.

Further reading: [bit.ly/2dp3qy0](https://bit.ly/2dp3qy0), [bit.ly/2czKFYh](https://bit.ly/2czKFYh) and [bit.ly/2czKCM5](https://bit.ly/2czKCM5)



A MAPD communications officer in Masaka district, Uganda shares positive health-seeking behaviours for antenatal care Credit: Edward Echwalu

## Capacity development to inform policy and practice

**We strengthen the capacity of health workers and communities to create and deliver SBC strategies, promoting uptake at all levels.**

In Mozambique, with our focus on both demand side and service provider behaviour change, and a firm grounding in behavioural theory and the findings from formative research, we launched the inSCALE open-source mobile phone app to improve performance, motivation and retention of community health workers (CHWs). Our inSCALE study influenced policy and practice, particularly for the government-led scale-up of iCCM in Mozambique and Uganda, and in Nigeria under the Rapid Access Expansion project.

In 2016, we subsequently transformed this mHealth solution into the complete digital health platform upSCALE. Volunteers use upSCALE to engage rural communities on key malaria prevention and control messages. More recently, we used upSCALE to deliver a COVID-19 knowledge, attitudes and practices survey to CHWs. The results informed the rapid development and deployment of targeted COVID-19 education materials through the platform.

Further reading: [bit.ly/3ucXkV0](https://bit.ly/3ucXkV0), [bit.ly/3ufEwon](https://bit.ly/3ufEwon), [bit.ly/NEyRsi](https://bit.ly/NEyRsi) and [bit.ly/2cgvzGY](https://bit.ly/2cgvzGY)

## Social accountability

**We support communities to engage with government institutions for accountability in the provision of health services and to strengthen social accountability structures and actions.**

The SuNMaP2 project combined SBCC and implementation of social accountability mechanisms by carrying out operational research; advocating for increased malaria funding through town hall meetings and state policy dialogues; and establishing community feedback loops on SBCC. To complement engagement with state and local government

## References

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5. SBC implementation kits. Socio-ecological approach. [no date; cited 2022 Apr 06]. Available from: <https://sbccimplementationkits.org/quality-malaria-medicines/socio-ecological-approach>

officials with strong conventional and social media engagement, community coalitions were formed, comprising existing and potential social accountability structures.

In response to the concerns raised by communities at town hall meetings, local stakeholders committed to environmental education workshops, door-to-door campaigns and awareness campaigns in schools. Based on the feedback and active dialogue with communities, we closed SBCC feedback loops by changing radio broadcast times, messages, radio stations used to broadcast malaria prevention messages and presenters delivering messages on air. We tracked progress and commitments, ensuring that lessons learnt informed the project evolution. This enabled continuous learning, reflection and adaptive management, which increased the trust and quality of relationships with stakeholders for greater programme impact.

Further reading: [bit.ly/3ue6LDP](https://bit.ly/3ue6LDP)

## Participatory monitoring and evaluation

**We adapt and develop participatory monitoring and evaluation approaches and tools to address the complexity of measuring the success of SBC programmes.**

In Uganda, we conducted a qualitative evaluation of the iCCM project to improve care-seeking behaviour, using rapid appraisal activities (visualisation tools) to generate group discussions. We conducted participatory historical matrices; iCCM delivery and uptake matrices; a problem-ranking matrix; and an intervention ranking matrix with village health teams, community members, leaders and health staff to map information and inform future iCCM implementation.

During the breaking barriers project co-creation workshop in Cameroon, service users, civil society and Ministry of Health representatives developed indicators and a scoring mechanism that are used to assess and analyse the quality, accessibility and acceptability of the community engagement intervention.

Further reading: [bit.ly/3uwNWvw](https://bit.ly/3uwNWvw) and [bit.ly/2czK16p](https://bit.ly/2czK16p)

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Cover image: Community working with job aid, Mozambique

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