Developing a 5 Year Strategic Framework:
Charting a New Course for Malaria Communication

July 26-27, 2011
Southern Sun Hotel
Nairobi, Kenya
Welcome and Introductions
Outline and Synopsis of the Project
Call to Collective Action
Defining What We Mean by SBCC
Evidence and Lessons Learned
Core Principles
Strategic Vision and Goals
Developing a 5 Year Strategic Framework:
History and Purpose for Today’s Gathering

Southern Sun Hotel
Nairobi, Kenya
July 26-27, 2011
In the beginning

Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

Communication efforts in malaria control and prevention face some significant challenges:

1. Lack of a strong **evidence base or guidelines** on what constitutes best practices in SBCC at country-level
2. Communication efforts often lack technical and financial **resources**
3. Demonstrating **impact** and behavioral change to our bio-technical colleagues without an evidence base
Communication efforts in malaria control and prevention face some significant challenges:

4. No **long-term vision** on how to successfully leverage efforts among partners to scale-up communication activities

5. No commonly agreed on long-term strategic communication **framework** outlining a common vision, goal, strategic objectives and targets for SBCC among partner organizations

6. No **regular mechanism** for RBM SBCC-oriented partners to oversee the development, implementation and revision of **SBCC policy** recommendations for inclusion in global and national malaria prevention and control guidelines
Develop a 5-year Global Strategic Framework for SBCC at Country-Level

This Strategic Framework is aimed at:

• providing a long-term strategic vision, goals and objectives for SBCC;
• guidance on what constitutes SBCC best practice;
• developing a research agenda; and,
• determining resource needs over the next five years to RBM partners, donor organizations and National Malaria Control Programs (NMCP).
The Goal:

Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

1) Establish a consensus-driven global strategic communication framework detailing the role, rationale and strategic vision for SBCC in malaria control and prevention;

2) Develop guidance on how to develop and implement effective SBCC programs;

3) Define a research agenda to address the gaps in the malaria’s SBCC evidence base;

4) Articulate resource budget and technical assistance system necessary to fully implement all elements of the Strategic Framework over a five year time frame (2011-2016).
The Audience:

Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

1) Technical staff at global, national and local levels charged with developing, funding, reviewing, evaluating and/or implementing malaria prevention and control policy, strategy and approaches from organizations (for example: NMCP, GFATM-TRP, CDC, WHO, RBM, PMI and others)

2) RBM SBCC-oriented partners engaged in developing, implementing and evaluating SBCC programs/projects who also contribute to the global discourse on effective approaches to SBCC
WHEN WE COMPLETE THIS FRAMEWORK, WE WILL ENGENDER:

• A more **systematic and unified** effort in SBCC to support the achievement of a measurable reduction in malaria morbidity and mortality.

• A measurable improvement in the conceptualization, development and implementation of **SBCC policy** in RBM, PMI and WHO malaria prevention and control policies and guidance.

• The **rigorous application of universally-agreed upon strategic and programming concepts** for SBCC in national communication strategies for malaria control.

• The **commissioning** of research studies and projects to address the gaps in knowledge regarding the outcomes of SBCC interventions.
1st Consultative Meeting to Develop a 5-year Global Strategic Framework for SBCC at Country-Level

1. A small group of partners - PSI, Malaria No More, USAID (PMI), URC, CDC, ALMA, JHU/CCP and others - met to begin articulating a conceptual outline for action, identify best practices and establish 5-year strategic goals

2. Laid the foundation for the framework and directed a 2nd consultative meeting to be held with country and regional partners
2nd Consultative Meeting to Develop a 5-year Global Strategic Framework for SBCC at Country-Level

1. Will debate and challenge the work started by the first group
2. Incorporate regional and country perspectives
3. Articulate the challenges, barriers and realities of implementing effective SBCC interventions at country and regional level
4. Integrate global malaria communication policy with country and regional needs
Developing a 5 Year Strategic Framework: Comments and Reactions?

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Developing a 5 Year Strategic Framework:

Exercise: Ground Rules

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Developing a 5 Year Strategic Framework:
Framework Outline

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Part 1: Call to Collective Action:

1. Call to Action: Rationale
(How SBCC helps to enforce or revise policies, norms and behaviors)


3. Core Principles
Part 2: Framework for Action:

1. Strategic Vision and Goals
2. A Five Point Framework
3. Core Elements of a Well-designed SBCC Intervention
4. Global SBCC Research Agenda: What do we need to study?
5. M&E Indicators
6. Role of the RBM SBCC Working Group
7. Budget and Resource Needs
Part 3: Annexes

1. Communication Resources
   a. P-Process
   b. C-Modules
   c. Making Health Communication Programs Work (CDC)
   d. PMI Communication and Social Mobilization

2. Diagnostic and Planning Tools
Developing a 5 Year Strategic Framework:
Reactions and Comments

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Developing a 5 Year Strategic Framework:
Review and Discussion
Part 1 Section 1: Call to Collective Action

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Developing a 5 Year Strategic Framework:
Coffee and Tea Break

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Developing a 5 Year Strategic Framework:

Exercise: Buzz Groups and Card Collecting

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Part 1: Call to Collective Action: What is SBCC?

Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

• Review and Discussion of Part 2, Section 2:
  – What is SBCC? What are our common definitions?
    • It’s a process incorporating:
      – Advocacy
      – Behavior Change Communication
      – Social and Community Mobilization
    – Based on a socio-ecological model for change
    – Can we all agree on a common definition?
Developing a 5 Year Strategic Framework:
Exercise: Gallery Walk on SBCC Definitions

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Developing a 5 Year Strategic Framework:

Fishbowl

Question 1: What Approaches and Techniques Do You Think Work in Malaria SBCC?
Developing a 5 Year Strategic Framework:

Fishbowl

Question 2: What Approaches and Techniques Do You Think DO NOT Work in Malaria SBCC?
Developing a 5 Year Strategic Framework:
Evidence and Lessons Learned:

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## What works

- Local, community-based interventions
- Interventions that use a social ecological model to identify barriers and obstacles.
- Multi-channeled approach (IPC, multimedia, education)
- Community participation
- Involving local outreach workers

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<td>Local funding</td>
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<td>Leadership of local decision makers</td>
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<td>Multiple channels of communication</td>
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<td>Entertainment-education formats</td>
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<td>Messages that emphasize positive benefits vs. negative consequences of behavior</td>
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<td>Multi-level system approach and interventions (national, regional and local)</td>
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What doesn’t work:

• Knowledge alone does not promote behavior change or treatment adherence
• Failure to secure trust of the target audience inhibits adherence
• Misperceptions undermine communication efforts
• Failure to understand the cultural, gender and socio-economic conditions results in poor messaging
• Mono-channel communication methods fail to reach audiences or reinforce established messaging
• Lack of message harmonization contributes to misperceptions
Developing a 5 Year Strategic Framework:

Exercise: Core Principles
• **Principle #1: Malaria SBCC programs must consider the social context**

In order to create an enabling environment for change at the many levels that affect the individual, a social and ecological model is required for program development. SBCC activities and materials should also be mutually-reinforcing at these various levels.
• **Principle #2: Malaria SBCC should follow a systematic approach**

A common communication framework for malaria control and prevention should be established and followed. This approach should include steps to ensure the SBCC interventions and channels are culturally-appropriate, clear and effective.
Part 1: Call to Collective Action:

Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

- **Principle #3: Malaria SBCC must be evidence-based and data driven**

  Malaria control programs must use theories and models to guide decisions, and must incorporate country-level data into program development.
Part 1: Call to Collective Action:
Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

• **Principle #4: Malaria SBCC program planners should know and focus on their target audience**

Country-level SBCC activities should have specific target audiences and their desired change clearly detailed, taking into account context and constraints. Communication objectives should be clearly articulated for each target audience, addressing specific barriers that the malaria control program seeks to influence. Communication objectives should also be SMART (specific, measurable, attainable, realistic and time-bound) and consider cost-effectiveness.
• **Principle #5: Malaria SBCC must be integrated into national malaria control programs**

Malaria control programs in a country must have a clearly defined SBCC strategy that is in alignment with the national communication strategy for malaria. Each country’s national communication strategy should provide broad guidance on objectives, target groups and channels to reach audiences.
Part 1: Call to Collective Action:
Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

• **Principle #6: Malaria SBCC requires a country-led approach, and investment in national and regional capacity building**

In order to foster sustainability and create lasting change, SBCC programs must have ownership at the country-level, involving partners and communities.
Part 1: Call to Collective Action:
Developing a 5-Year Strategic Framework for Malaria Communication at Country-Level

- **Principle #7: SBCC outputs and their association with program outcomes should be measured using common monitoring and evaluation (M&E) indicators**

Country-level M&E plans should contain indicators to measure SBCC objectives and should outline methods that will be used to demonstrate the influence of SBCC activities on key malaria control outcomes.
• **Principle #1:** Malaria SBCC programs must consider the social context

• **Principle #2:** Malaria SBCC should follow a systematic approach

• **Principle #3:** Malaria SBCC must be evidence-based and data driven

• **Principle #4:** Malaria SBCC program planners should know and focus on their target audience

• **Principle #5:** Malaria SBCC must be integrated into national malaria control programs

• **Principle #6:** Malaria SBCC requires a country-led approach, and investment in national and regional capacity building

• **Principle #7:** SBCC outputs and their association with program outcomes should be measured using common monitoring and evaluation (M&E) indicators
Developing a 5 Year Strategic Framework:

Day 2: Agenda
Agenda Day 2

- Recap of Day 1
- Strategic Vision and Goals
- 5 Point Framework
- Core Elements of a Well-Designed SBCC Intervention
- Global SBCC Research Agenda
- M&E indicators
- RBM SBCC Working Group
- Wrap-up
Developing a 5 Year Strategic Framework:

Recap of Day 1
Why should SBCC be a CRITICAL component in malaria control?

- SBCC is critical for uptake of malaria interventions as it enables and empowers individuals and communities to adopt positive health behaviors.
- SBCC resources need to be strategically deployed.
- It helps to ensure that services and commodities are used and maximizes a return on investment.
- SBCC helps us understand the needs and barriers of a target population.
Developing a 5 Year Strategic Framework:

SBCC Definition

Report Out From the Mini-Working Group
Developing a 5 Year Strategic Framework:
Evidence and Lessons Learned
What Works?

- Local, community-based interventions
- Interventions that use a social ecological model to identify barriers and obstacles.
- Multi-channeled approach (IPC, multimedia, entertainment)
- Community participation
- Involving local outreach workers
- Local funding
- Leadership of local decision makers
- Multiple channels of communication
- Entertainment-education formats
- Messages that emphasize positive benefits vs. negative consequences of behavior
- Multi-level system approach and interventions (national, regional and local)
Developing a 5 Year Strategic Framework:

Core Principles
Core Principles

**Principle #1:** Malaria SBCC programs must consider the social context *(Combine with principle 4 and engage local communities/partners in the design)*

**Principle #2:** Malaria SBCC should follow a systematic approach *(What does systematic mean? Need to add strategic and theory based)*

**Principle #3:** Malaria SBCC must be evidence-based and data driven

**Principle #4:** Malaria SBCC program planners should know and focus on their target audience

**Principle #5:** Malaria SBCC must be integrated into national malaria control programs *(Needs to be an integral part of an NMCP strategy to achieve goals and targets)*
Core Principles

• **Principle #6:** Malaria SBCC requires a country-led approach, and investment in national and regional capacity building *(add country ownership)*

• **Principle #7:** SBCC outputs and their association with program outcomes should be measured using common monitoring and evaluation (M&E) indicators *(Focus should be on outcomes not outputs)*

• **MISSING:** SBCC must be tied to an accessible service or product
Developing a 5 Year Strategic Framework:

Exercise: Strategic Vision and Goals/Objectives
Developing a 5 Year Strategic Framework:

Part Two: Section 2: Exercise: Strategic Vision and Goals/Objectives

Gallery Walk
Developing a 5 Year Strategic Framework:

Five Point Framework
From the vision, goals and objectives listed, develop a plan to achieve them.

Mind map
Five Point Framework

- Build capacity of NMCP to create evidence-based, strategic communication that is context appropriate and data-driven
- Generate, disseminate and apply data and evidence
- Map resources and partners in country
- Allocate at least 15% of total malaria budget to communication
- Learning, adapting and building on good SBCC practices and knowledge exchange must be systematized

Report out from April consultative meeting
Developing a 5 Year Strategic Framework:

Core Elements of a Well-Designed SBCC Program
Core elements of a well-designed SBCC program

What are the key points you want captured?

- **Step One:** Situational analysis—application of and use of data, audience segmentation and context analysis
- **Step Two:** Collaborate with partners and assess existing resources and organizational strengths
- **Step Three:** Develop a SBCC Strategy that sets clear communication objectives per target audience that address barriers to change; and lists strategic channels, activities and materials that are evidence-based and reinforce messaging
- **Step Four:** Develop an implementation plan with timeline
- **Step Five:** Conduct concept and pre-testing for any materials developed, using a creative brief as a planning tool
- **Step Six:** Develop a monitoring and evaluation plan with clear outcome indicators
- **Step Seven:** Continue to monitor progress and make adjustments
RULES

- Hunter kills the deer
- Wall stops a bullet
- Deer jumps over a wall
Developing a 5 Year Strategic Framework:

RBM SBCC Working Group and Beyond
Goals

• Overarching framework that can guide countries
  – While allowing partner models to be more specific
What do we mean by M&E?

- Ongoing monitoring or tracking of key behaviors
- Monitoring of program activities and how well they are working
- Evaluation of BCC’s overall (combined) impact for peer review publication
- Evaluation of a specific activity’s contribution to that impact
- Return on investment
AIDSPAN Guide to M&E

• “Focus on performance by linking resources (inputs) to the achievement of outputs (people reached with key services) and outcomes (longer term changes in the disease), as measured by qualitative and quantitative indicators”
GF “Outputs”

- # of people reached
- # of people trained
- # of clinics supported
- # of nets delivered
- # of flyers printed…
Medium term outcome and impact

- All cause mortality rate for <5s
- Malaria-specific mortality
- # confirmed malaria cases
- Slide positivity rate
- # people sleeping under ITN
Organizing Framework – GF M&E Toolkit

- Are we doing them on a large enough scale?
  - Determining collective effectiveness
  - OUTCOME AND IMPACT MONITORING
    - Are collective efforts being implemented on a large enough scale to impact the epidemic (coverage and impact)? Surveys and surveillance

- Are we doing them right?
  - Monitoring and evaluating national programs

- Are we doing the right things?
  - Understanding potential responses

- OUTCOMES
  - Are interventions working or making a difference?
    - Outcome evaluation studies

- OUTPUTS
  - Are we implementing the program as planned?
    - Output monitoring

- ACTIVITIES
  - What are we doing? Are we doing it right?
    - Process monitoring and evaluation, quality assessment

- INPUTS
  - What interventions and resources are needed?
    - Needs, resources, response analysis and input monitoring

- What interventions can work (efficacy and effectiveness)?
  - Efficacy and effectiveness studies, formative and summative evaluation, research synthesis

- What are the contributing factors?
  - Determinants research
Global Fund M&E Framework

1. Inputs
2. Activities
3. Outputs
4. Outcomes
5. Impact
**Inputs**
- e.g. Staff,
- MVUs,
- CCAs,
- etc

**Activities**

**Outputs**
- # of stuff produced
- # of sessions done
- # of spots broadcast
- etc

**Intermediate Outputs**
- Antecedents to Behavior
  - Eg knowledge
  - Attitudes
  - risk
  - self-efficacy
  - Norms
  - etc

**Outcomes**
- Behaviors
  - e.g. net use,
  - treatment seeking
  - IPTp2
  - House sprayed

**Impact**
- Health status
- e.g. parasitemia,
- # cases
- etc
Additions to malaria performance frameworks with BCC components: intermediate output indicators to capture change in behavioral determinates targeted by BCC

<table>
<thead>
<tr>
<th>Input indicators</th>
<th>Intermediate output indicators (new)</th>
<th>Outcome indicators</th>
<th>Impact indicators</th>
</tr>
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</table>
| • Remain the same, with expanded menu guiding recommended activities  
  • Current knowledge indicator moved to intermediate output indicators | • Changes expected as a direct result of BCC inputs  
  • Intermediate outputs are behavioral determinants i.e. expected to directly influence behavior (outputs)  
  • e.g. opportunity, ability and motivation to perform prevention & treatment behaviors | • Remain the same  
  • e.g. ITN use the previous night | • Remain the same  
  • e.g. all-cause child mortality |
From Cough to Cure: a Path of Ideal Behaviors in TB Control

**BARRIERS**

**INDIVIDUAL & GROUP**
- Poor knowledge of TB symptoms
- Poor knowledge of TB care and cure
- Stigma related to TB diagnosis
- Low risk perception
- Misperception of cost
- Preference for non-DOTS health services
- Attitude about health services
- Social norms
- Poor knowledge of diagnostic steps
- Expectations about medical services (get meds not tested)
- Poor knowledge of length of treatment
- Stigma
- Poor knowledge of length of treatment
- Stigma
- Poor knowledge of length of treatment
- Stigma

**IDEAL SYSTEM BEHAVIOR**

**SEEK CARE**
- Time, cost, distance to DOTS facility
- Lack of linkages between DOTS and other providers (non-DOTS & HIV care)
- Missed diagnosis and / or lack of referral by non-DOTS providers

**GO TO DOTS**
- Time, cost and distance
- Providers’ poor knowledge of correct procedures
- Providers’ poor inter-personal communication
- Lack of resources, including human resources
- Poor quality of services (hours, wait-time)

**COMPLETE DIAGNOSIS**
- Time, cost, distance to DOTS facility
- Poor quality of services
- Health providers fail to give adequate information
- Lack of medication

**BEGIN TREATMENT**
- Time, cost, distance to DOTS facility
- Poor quality of services
- Health providers fail to give adequate information
- Lack of medication

**BEGIN TREATMENT**
- Time, cost, distance to DOTS facility
- Poor quality of services
- Health providers fail to give adequate information
- Lack of medication

**COMPLETE TREATMENT**
- Time, cost, distance to DOTS facility
- Poor quality of services
- Health providers fail to give adequate information
- Lack of medication
Questions measuring exposure to BCC can address both issues

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<tr>
<th>QUESTIONS</th>
<th>CODING CATEGORIES*</th>
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<tbody>
<tr>
<td>In the past few months, have you seen or heard any messages about malaria?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
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<tr>
<td>What messages about malaria have you seen or heard?</td>
<td>IF HAVE A FEVER, GO TO HEALTH FACILITY</td>
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<td>SLEEP UNDER MOSQUITO NETS</td>
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<td>PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA</td>
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<td>MALARIA KILLS</td>
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<td>OTHER___________</td>
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<td>Where did you hear or see these messages?</td>
<td>RADIO</td>
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<td>BILLBOARD</td>
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<td>LEAFLET/FACTSHEET</td>
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<td>COMMUNITY HEALTH WORKERS</td>
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<td>COMMUNITY EVENT</td>
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*Coding categories may need to be adapted to specific setting*
Percent of households where all children under 5 slept under a net the previous night

Among net-owning households

*\( p < 0.05 \)
Developing a 5 Year Strategic Framework:

RBM SBCC Working Group and Beyond
Roll Back Malaria Partnership:
Global Framework for Coordinated Action

Global Malaria Action Plan
GMAP

- Develops annual funded Partnership work plan; tracks implementation progress – holds partners accountable
- Coordinates GF support for grant preparation and processes
- Populates Country Roadmaps (47) to monitor and share info – who is doing what where
RBM Global Malaria Action Plan identifies SBCC + Community System Strengthening essential to achieving global targets – by helping to increase and sustain use of existing and new interventions

A 5 Year SBCC Strategy will support implementation of the GMAP

RBM Partnership has the architecture in place for effective dissemination of the Strategy

- Web based toolbox, central repository, etc
- Sub regional Networks (4)

Budget: Meeting, Secretariat and Activity Costs factored into Partnership work plan
How do we get there?

What do you need to support your activities and enable effective SBCC in your communities?

SBCC 5 Year Strategy – Ambitious Objectives and Targets:

This framework is designed to help NMCPs and partners implement intensive, sustainable and rigorous SBCC strategies in all high-burden countries as well as support strategies in medium-burden countries over the next five years. This framework will:

• Build capacity of NMCPs to design and implement evidence-based national SBCC strategies in 16 high burden countries.
• By 2016 at least 16 high burden countries are routinely allocating at least 15% of their total malaria control budgets to SBCC interventions
• By 2016, SBCC partners will regularly generate and disseminate evidence of SBCC impact
• By 2012, a web-based database will have been established which maps partners and resources in at least 16 high burden countries to facilitate partner collaboration
How are we going to do this?

Step 1: Incorporate comments and revisions into complete draft.

Step 2: Writing team drafts the document with an editorial team (including country-level representation) reviewing

Step 3: Revisions

Step 4: Final review, consultation, publication
FLASH: Name One Thing you Want This Framework to Convey?
Thank You!