Social Behaviour Change Communication for Seasonal Malaria Chemoprevention

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What is SMC?

- In 2012, the WHO endorsed seasonal malaria chemoprevention as an important tool in the fight against malaria.

- SMC is the administration of up to 4 monthly doses of SP+AQ to children aged 3 to 59 months given during the high malaria transmission season.

- SMC can prevent up to 75% of uncomplicated and severe malaria.
Where is SMC effective?

- Where the malaria transmission season is 4 months or fewer
- Where resistance to SP is low
- 25 million children (primarily across the Sahel) could benefit from SMC
If SMC were rolled out at-scale it would...

- Transform the lives of those avoiding infection
- Decrease demand for malaria diagnosis and treatment at community and health facility level
- Improve school attendance
- Reduce family and government expenditure on malaria, making those resources available for productive reinvestment elsewhere.
ACCESS-SMC is a **UNITAID-funded project**, led by Malaria Consortium in partnership with CRS, which is supporting NMCP-led scale up of SMC across the Sahel. This 3-year project is supported by LSHTM, CSSI, MSH, MMV and SUA. ACCESS-SMC will provide SMC treatments to children aged 3 to 59 months in Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria, and The Gambia.
WHO estimates that 80% of <5 malaria deaths occur in 13 countries.

Countries with largest malaria burden on vertical axis

Countries eligible for SMC indicated with an arrow (brown and yellow)

Countries included in ACCESS SMC project indicated with brown arrow
Common Vision: Role of communications for SMC

- Fostering country and community ownership
- Reducing risks of misunderstanding and negative perceptions
- Ensuring adherence to SMC dose completion

ACCESS-SMC SBCC Objectives

Build Trust
- Leadership and communities are informed and mobilized to support and participate, i.e. come to distribution points/allow distributors in their homes and accept SMC medicines (safe, easy and effective).

Manage Expectations
- Stakeholders, communities and caregivers understand/value what SMC medicines can do (and not do) and how SMC campaign is delivered (distribution mode).

Ensure Adherence
- Caregivers understand how and when to administer SMC to their eligible children, including how to manage fever or side-effects after taking the medicines.
Context for ACCESS SMC

- SMC is a fairly recent intervention: need awareness raising at all levels
- Localized implementation: let’s not create demand among people who will NOT get SMC.
- History of local resistance to polio vaccination campaigns / campaign fatigue in some countries.
- Very low resistance to SMC in pilots across region: SMC seen as a welcomed solution to malaria.
- Questionable compliance of caregivers with SMC dose completion.
2 Pronged Approach

Mass Media
Awareness at stakeholders and community level of SMC, its purpose, and availability

- Contribute in building momentum around malaria control in each country
- Ensure SMC is shown as a complementary intervention to existing malaria control strategies

Through:
- Community Radio PSAs
- Video on SMC
- Media toolkit and training for community-based stations

Community Sensitization

- Build trust for SMC at the community level primarily though interpersonal communication
- Ensure uptake of SMC
- Promote local ownership of SMC
The 5 ACCESS SMC Pillars

1. Coordination at country and sub-country levels ➔ Harmonized malaria messaging
2. Advocacy ➔ Support and local ownership
3. Social mobilization before and during campaigns ➔ High Uptake
4. Behaviour change communication ➔ Malaria prevention & management behaviors increase/maintenance
5. Monitoring, Evaluation & Research ➔ Improved communications' programming
# A Few Lessons Learned

## Nigeria (previous campaign)
- Confusion with other health campaigns (Polio, MCHWs, LLINs distribution); need to manage expectations.
- Potential association of campaign with polio vaccine can lead to resistance
- Lack of understanding of need to take 4 times (cycle) in 1 season (round)
- Lack of sugar at home / child refusing the medicine + rainy season/hunger season/planting season

## Niger
- Urban vs. rural areas

## Beyond ACCESS SMC (Senegal)
- General sense of fatigue (vaccination campaigns usually happen at the same time)
- Dose Completion
- Resistance from parents because of side effects on some children & no financial assistance planned for those cases.
Example of Successful Approach

• Before: town criers + community leaders (village heads + religious)
• During: interpersonal communication + town criers
• After: Community Dialogues
• Use of local languages on drug package & materials
• 1 simple visual identity (logo + tagline) adapted to low-literacy audiences
• Same set of key messages in all materials (what, why, who, how)
National Ownership

- To enable national ownership of the ACCESS SMC campaign, Speak Up Africa organized 4 communication workshops in CRS-led countries.
- The main objective of the workshops was the design of the behavior change communication strategy implemented by the ACCESS SMC project in each country.
- Each communication workshop gathered key malaria stakeholders in each country and allowed Speak Up Africa to validate:
  - The communications strategy for behavior changed by the NMCP and the stakeholders.
  - The media communication models.
  - The messages to share with the communication targets.
  - The visuals and communication materials.
The ACCESS SMC logo/visual was pretested in each country with:

- Key malaria stakeholders during the communication workshops
- CHW and nurses
- Mothers/caregivers living in the rural communities
Thank You!