

Consider these best practices to increase the impact of your malaria social and behavior change communication program

Identified by the [Malaria SBCC Evidence Literature Review](#)

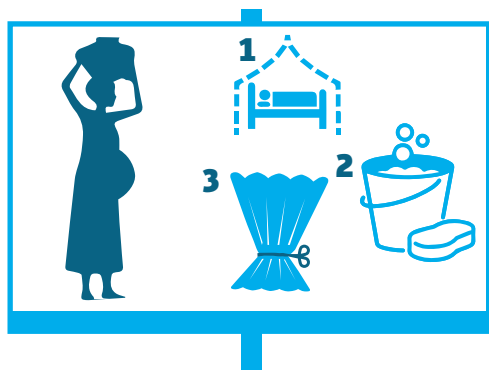
Conduct formative assessments to effectively target messages to the realities of your audience. Where possible, use participatory methods to ensure message appropriateness and campaign sustainability.



A community health program in Ghana conducted formative assessments including a community mapping exercise to inform its SBCC program addressing child mortality. Caregivers who were exposed to SBCC activities were **about four times more likely to use the services of CHWs**, compared to those who were not exposed.¹

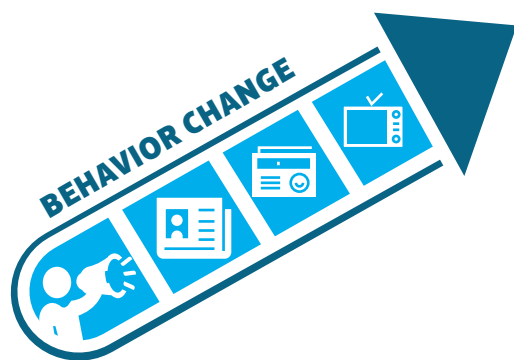
Formative assessments were also a feature of SBCC programs that demonstrated behavior change impact in Burkina Faso,^{2,3} China,⁴ Tanzania,^{5,6} Thailand,⁷ and Uganda.⁸

Don't limit yourself to one call to action. Increase program effect by promoting multiple, related behaviors together.



An SBCC program in Nigeria used interpersonal communication and mass media to promote a range of net maintenance and care behaviors among adults who own and use mosquito nets. An endline analysis showed that those exposed to the intervention were **more likely to report practicing several promoted behaviors**, such as keeping nets away from children and pests, avoiding soiling nets with food, and washing nets gently and only when dirty, compared to those unexposed.⁹

Malaria SBCC programs promoting multiple behaviors in Benin,¹⁰ India,¹¹ Mozambique,¹² South Sudan,¹³ and Tanzania¹⁴ were also associated with significant positive behavioral changes.



Improve message recall and impact by increasing the number of channels using consistent messaging.

Tanzanian women exposed to more message sources from the "Wazazi Nipendeni" safe motherhood campaign were **23% more likely to receive two or more doses of SP**. For each additional message source, women were about 61% more likely to report sleeping under a bed net the previous night.¹⁵

The positive impact of multi-channel programs can be seen in SBCC activities from Cameroon,¹⁶ Ghana,¹⁷ Liberia,¹⁸ Myanmar,¹⁹ and Nigeria.^{20,21}



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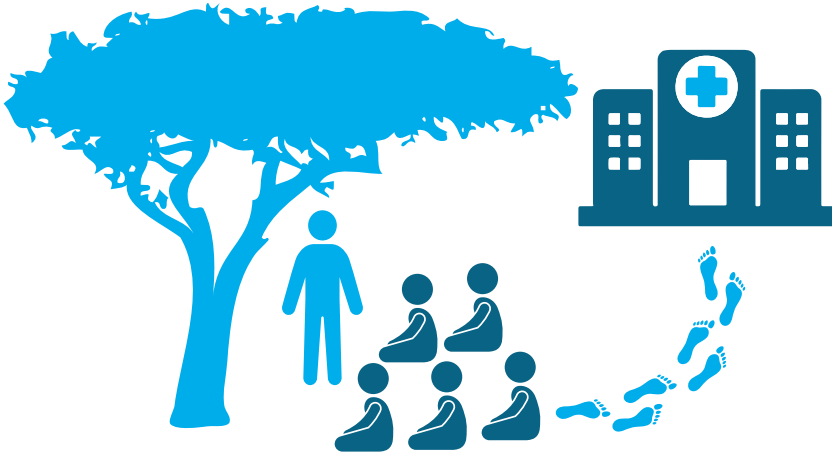


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Use community-based approaches to promote positive care-seeking behaviors and strengthen linkages to quality health services.



Forty villages in Odisha, India used community mobilization and supportive supervision to improve prompt care-seeking for fever in young children. Results revealed that **seeking care for fever from community health workers was higher in intervention arms (28%),** compared to the control arm (19%). Women in the intervention arms were also more likely to report receiving timely treatment from a skilled provider (62% vs. 47%).²²

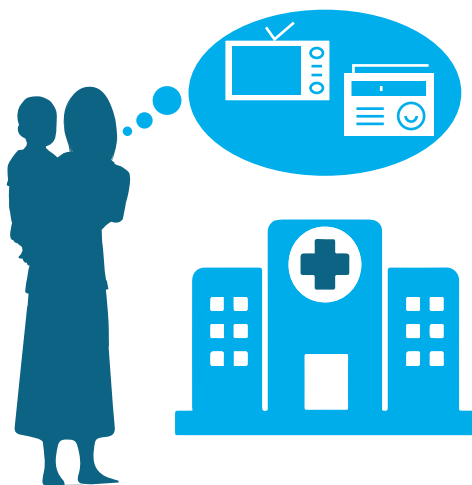
Improved care-seeking behaviors have also resulted from community-based SBCC programs working with mothers in Nigeria²³ and Ethiopia;²⁴ informal medicine vendors in Nigeria,²⁵ Uganda,²⁶ and Tanzania;²⁷ village malaria workers in Cambodia;²⁸ community-based agents in Ghana;²⁹ and community leaders in South Sudan.³⁰



Reinforce case management initiatives with SMS messages aimed at improving provider and client behaviors and program monitoring.

An SBCC program in Uganda sent health workers 24 text messages over a period of five weeks to reinforce their IPTp training. **The average facility coverage of IPTp3 was significantly higher (86%) in districts that received text messages,** compared to those that did not (54%).³¹

Programs using SMS messages were also associated with improved provider and client behaviors in Tanzania,^{32,33} Kenya,³⁴ Cameroon,³⁵ Ghana,³⁶ and Myanmar.³⁷



Measure program exposure to ensure programs are reaching their target populations and be able to attribute attitude or behavior change to the intervention.

More than 100 articles in the **Malaria SBCC Evidence Database** demonstrate impact of exposure to SBCC on malaria behaviors. See the Malaria SBC Evidence Database and Report at behaviorchangeimpact.org



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