



Guidance for Implementing Social and Behaviour Change and *Zero Malaria Starts with Me*

*RBM Partnership to End Malaria Social and Behaviour Change
Working Group and Strategic Communications Partnership
Committee*

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Introduction

The RBM Partnership to End Malaria Social and Behaviour Change Working Group supports the *Zero Malaria Starts with Me* Campaign hosted by the RBM Strategic Communication Partnership Committee and commends the important efforts to encourage countries to engage political leaders, the private sector, and communities in malaria control and elimination during the first two years of the campaign. As we celebrate the campaign's success, it is essential to consider how *Zero Malaria Starts with Me* and malaria social and behaviour change activities complement each other.

The objectives and strategies of *Zero Malaria Starts with Me* and social and behaviour change programs are different in ways that are important to distinguish; however, the outcomes of each are mutually reinforcing. Social and behaviour change activities are most often designed to support individual and community level behaviour change for malaria prevention and care-seeking. Advocacy activities, such as *Zero Malaria Starts with Me*, are often designed to create an enabling environment for policy change and domestic resource mobilization. The purpose of this guidance is to highlight the complementary roles of social and behaviour change activities and advocacy activities, provide recommendations for their concurrent implementation, and highlight case studies of successful concurrent implementation.

Zero Malaria Starts with Me Overview

Zero Malaria Starts with Me is a continent-wide campaign to eliminate malaria. According to the [Zero Malaria Starts with Me Toolkit](#), **"The campaign will spark grassroots movements in which all stakeholders—political leaders, the private sector, communities, and other members of society—commit to the fight against malaria."** The toolkit offers several resources to develop advocacy and community engagement tools to increase the profile of malaria control and elimination, increase the technical and financial commitment of political and private sector stakeholders, mobilize domestic resources, and engage communities. Successful implementation of *Zero Malaria Starts with Me* may help engage new champions in the fight against malaria. Efforts to increase commitment to and engagement in malaria control and elimination by political leaders, the private sector, and communities require an approach tailored to the specific national, regional, district, or community context. The *Zero Malaria Starts with Me* toolkit provides a strategy for this.

Social and Behaviour Change Overview

Social and behaviour change is an evidence-based and theory-based **process** intended to **change individual and community behaviours** by addressing or promoting the **cognitive, emotional, and social factors that influence the practice of a specific behaviour**. Formative research to understand the cognitive, emotional, and

social factors that influence the practice of a specific behaviour is critical to the successful design and implementation of social and behaviour change activities. Social and behaviour change activities, implemented at the community, district, regional, and national level, support individuals and communities to overcome barriers to practice malaria-related behaviours, which are critical for successful malaria control and elimination.

Social and behaviour change approaches recognize that elimination of malaria will require more than awareness-raising and knowledge-generating. It will require interventions at all levels that support individual behaviour change. The RBM Partnership Social and Behaviour Change Working Group has developed several resources to support the development of context-specific approaches to individual behaviour change, available on the [Social and Behaviour Change Working Group's page on the RBM Partnership to End Malaria Website](#):

Strategic Frameworks for Malaria Social and Behaviour Change Communication 2018-2030

[English](#) / [French](#) / [Portuguese](#)

Malaria Social and Behaviour Change Communication Indicator Reference Guide: Second Edition

[English](#) / [French](#) / [Portuguese](#)

Developing Monitoring and Evaluation Plan for Malaria Social and Behaviour Change Communication Programs: Step-by-Step Guide

[English](#) / [French](#) / [Portuguese](#)

Checklist for Reporting on Malaria Social and Behaviour Change Communication Program Evaluations

[English](#) / [French](#) / [Portuguese](#)

Priority Research Areas and Approaches for Malaria Social and Behaviour Change

[English](#) / [French](#)

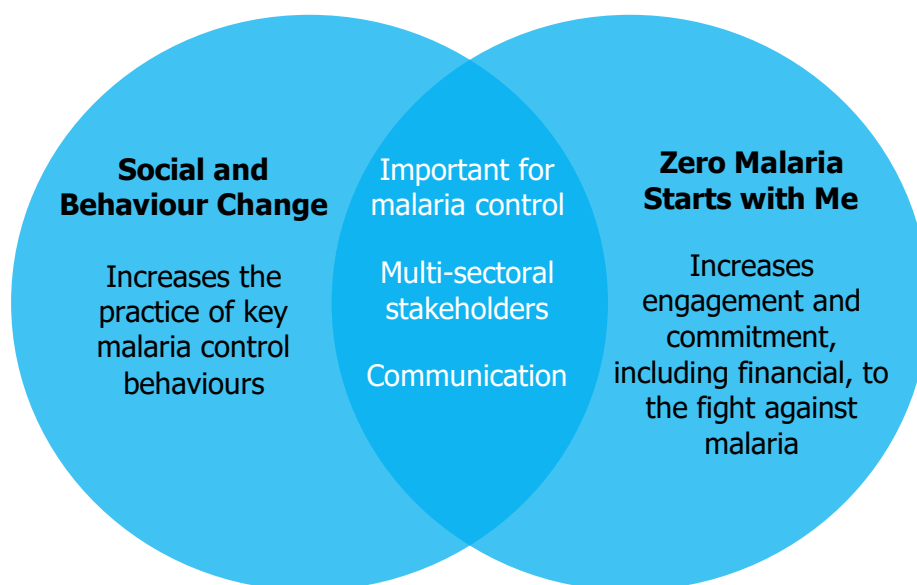
Complementary Roles

Some countries choose to implement *Zero Malaria Starts with Me* as a stand-alone advocacy campaign. Others choose to integrate it into their larger, more comprehensive social and behaviour change strategy. If the former, ***Zero Malaria Starts with Me* should be positioned clearly as a stand-alone campaign.** If the latter, **integration into and coordination with existing malaria social and behaviour change strategy should be done carefully and intentionally to accomplish the behavioural objectives of the country's malaria social and behaviour change strategy and the advocacy goals of *Zero Malaria Starts with Me*.**

The RBM Partnership Social and Behaviour Change Working Group encourages countries adopting *Zero Malaria Starts with Me* to continue investing in the design and implementation of ongoing social and behaviour change activities at the community-level, district-level, regional-level, and national-level. Implementation of *Zero Malaria Starts with Me* will contribute to increased political, private sector, and community commitment to and engagement in malaria control and elimination efforts. However, malaria control and elimination will require individual behaviour change.

Individual behaviour change can be supported by well-designed, evidence-based, theory-based social and behaviour change activities that address the factors that influence the practice of a specific behaviour. *Zero Malaria Starts with Me* and social and behaviour change are complementary approaches—and they should be implemented as such. Once “grassroots movements in which all stakeholders—political leaders, the private sector, communities, and other members of society—commit to the fight against malaria” are sparked by *Zero Malaria Starts with Me*, social and behaviour change activities can support individuals to overcome the barriers to the practice of specific behaviours critical to successful malaria control and elimination. *Zero Malaria Starts with Me* should not replace ongoing community-level, district-level, regional-level, and national-level social and behaviour change activities. The ongoing implementation of social and behaviour change activities should not preclude countries from adopting *Zero Malaria Starts with Me*.

Pillars of Convergence and Divergence: Social and Behaviour Change and *Zero Malaria Starts with Me*



Five Recommended Actions for Concurrent Social and Behaviour Change and *Zero Malaria Starts with Me* Programs

Does your work in the fight against malaria include both advocacy and social and behaviour change? Are social and behaviour change programs and *Zero Malaria Starts with Me* being carried out concurrently in your context, or do you plan to do so? *If yes, below are five key actions to practice to ensure that the goals of both can be met.*

1. DO follow a defined strategic process.

Is there an evidence-based process that guides strategy development and activity implementation?

<p><i>Zero Malaria Starts with Me</i> Campaigns: Zero Malaria Starts with Me Toolkit</p>	<p>Social and Behaviour Change Programs: The Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030</p>
<p>The <i>Zero Malaria Starts with Me</i> campaign has several toolkit modules to guide public health professionals in developing their advocacy campaigns, including how to work with different types of partners and how to set shared agendas. These modules allow for work on specific parts of the advocacy campaign throughout its life, when needed. The Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030 is a framework for social and behaviour change program professionals to plan their entire programs from start to finish, based on evidence-based behaviour change theories, models, and case studies. This framework can be used to develop social and behaviour change activities focused on one key behaviour or on a comprehensive package of malaria prevention and care-seeking behaviours.</p>	

2. DO determine key behaviours.

What specific behaviours are being promoted?

<p><i>Zero Malaria Starts with Me</i> Campaigns: Support the movement against malaria at all levels of society, from high-level government, to the private</p>	<p>Social and Behaviour Change Programs: Increase individual and community level behaviours critical to achieving malaria control</p>
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<p>sector, to local leaders:</p> <ul style="list-style-type: none"> ○ Make a public pledge of support to the fight against malaria ○ Mobilize domestic funding for the fight against malaria 	<p>and elimination objectives:</p> <ul style="list-style-type: none"> ○ Insecticide-treated net (ITN) use all night, every night ○ ITN care ○ Early and often antenatal care (ANC) attendance during pregnancy ○ Uptake of sufficient doses of intermittent preventive therapy of malaria in pregnancy (IPTp) per national guidelines ○ Seek care early at the onset of fever ○ Adhere to malaria treatment regimen
<p>Why does this matter? Like the <i>Zero Malaria Starts with Me</i> campaign, advocacy campaigns seek to change the enabling environment to mobilize financial commitment and political will to fight malaria. For example, activities might include public pledges/proclamations of support or domestic fundraising efforts across sectors. Whereas advocacy campaigns seek to change behaviours among leaders at all levels of society, social and behaviour change activities are designed to change individual and community level behaviours critical to achieving malaria control and elimination objectives. Behaviours include using and caring for insecticide-treated mosquito nets, preventing malaria during pregnancy, care-seeking for fever, and testing and treatment for malaria. Where available, behaviours focused on indoor residual spraying seasonal malaria chemoprophylaxis can be included. Malaria control and elimination objectives will not be achieved without the increased practice of consistent ITN use and care, early ANC attendance, uptake of IPTp, and case management behaviours by individuals, communities, and health care providers.</p>	

3. DO determine and specify the target population.

In what segment of the population is the key behaviour more or less likely to be practiced? In what segment of the population does the key behaviour need to be practiced to achieve the desired outcomes of the advocacy or social and behaviour change activities?

<p><i>Zero Malaria Starts with Me</i> Campaigns: Audiences selected based on influence and alignment:</p> <ul style="list-style-type: none"> ○ Political leaders ○ National and local government (parliamentarians to local mayors) ○ Business leaders big and small ○ Celebrities and more 	<p>Social and Behaviour Change Programs: Audiences selected based on malaria vulnerability, who drives transmission, and who can support behaviour change among community members:</p> <ul style="list-style-type: none"> ● Individual <ul style="list-style-type: none"> ○ Pregnant women ○ Partners of pregnant women ○ Caregivers of children under 5 ○ School children ○ Migrant workers ○ Forest workers ○ Night watchmen and more ● Community <ul style="list-style-type: none"> ○ Community leaders and groups ○ Faith leaders and groups ○ Teachers ○ Community health workers ○ Cultural leaders ○ Local opinion leaders ○ Youth groups
<p>Why does this matter? The target audience for advocacy or social and behaviour change activities depends on the advocacy or social and behaviour change activity's desired outcome. And, since the desired outcome of the social and behaviour change activities is often different, the target audience for advocacy or social and behaviour change activities is often different. Typical target audiences for advocacy campaigns like <i>Zero Malaria Starts with Me</i> include government, faith and community leaders, decision-makers, and opinion leaders across sectors (i.e., government, private sector, entertainment sectors, etc.). Leaders from the national to local levels are often included. The advocacy activity's objective is often to motivate these leaders to use their voices to influence others to create an enabling environment for malaria policy change and resource mobilization.</p> <p>Advocacy messages need to be tailored to the specific target audience to</p>	

ensure their participation. Likewise, the target audience for social and behaviour change activities should be specific to the social and behaviour change activity’s desired outcomes. For example, suppose the social and behaviour change activity’s desired outcome is to increase correct and consistent ITN use. In that case, the social and behaviour change activity needs to be designed to address the cognitive, emotional, and social factors that influence correct and consistent ITN use among members of the target population who are not already practicing correct and consistent ITN use.

The social and behaviour change activities need to be designed to be relevant to the target audience. A social and behaviour change activity designed to increase ITN use among pregnant women in a rural, agrarian community with seasonal malaria transmission would likely not be effective at promoting ITN use among out-of-school youth in an urban community with low but perennial malaria transmission. Each specific target population has different determinants that influence their adoption of positive malaria behaviours (i.e., self-efficacy, risk perception, community norms, etc), and the social and behaviour change materials targeting them should address these determinants directly.

4. DO conduct formative research on the target audiences.

What influences whether members of the target population practice the key behaviour?

<p><i>Zero Malaria Starts with Me</i> Campaigns:</p> <ul style="list-style-type: none"> ● Stakeholder analysis ● Supporters, donors and opponents map ● Network analysis ● Malaria Matchbox analyses and more 	<p>Social and Behaviour Change Programs:</p> <ul style="list-style-type: none"> ● Factors that influence the practice of the key behaviour may be: <ul style="list-style-type: none"> ○ Internal (e.g., attitudes and beliefs, knowledge, etc.), ○ Social (e.g., norms, gender, family and community support, etc.), or ○ Structural (e.g., access, provider competencies, etc.). ● Quantitative and qualitative data are critical to designing evidence-based social and behaviour change activities.
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Why does this matter? Formative research undertaken by advocacy campaigns, such as *Zero Malaria Starts with Me* generally looks at the malaria stakeholder landscape: funding, partners, initiatives, champions, and opportunities and challenges when considering strategy development. These data sources can vary but always require extensive stakeholder consultations. There are several tools in the *Zero Malaria Starts with Me* toolkit to help with these types of analyses, such as the Malaria Matchbox. High-quality social and behaviour change programs require deep knowledge about the psychosocial determinants of malaria prevention and treatment behaviours on an individual and community level which could be internal, social or structural in nature and require sophisticated quantitative data analysis. Additional theory informed data collection activities to fill in the gaps or explain the barriers identified in the quantitative research are also required to ensure a good social and behaviour change program strategy.

5. DO conduct continuous monitoring of key behaviours and known determinants.

Are the program activities having the intended effect?

<p><i>Zero Malaria Starts with Me</i> Campaigns:</p> <ul style="list-style-type: none"> ● Leaders attending <i>Zero Malaria Starts with Me</i> events and speaking about malaria in speeches, interviews, etc. ● Visibility of campaign ● New leaders recruited ● Domestic financing line item increases or decreases for health and malaria 	<p>Social and Behaviour Change Programs:</p> <ul style="list-style-type: none"> ● Monitoring should move beyond output monitoring. ● Regular monitoring of behavioural outcomes (i.e., key behaviours) and intermediate outcomes (i.e., determinants/factors) is critical to understanding whether social and behaviour change activities have the intended effect.
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Why does this matter? The metrics for measuring advocacy campaigns like *Zero Malaria Starts with Me* are often tangible, visible, and often output related (seeing the campaign promoted different places, changes to line items in budgets for malaria, coverage of events in the media, etc.). In contrast, quality metrics for measuring social and behaviour change programs can be more subtle. Both advocacy campaigns and social and behaviour change programs favour rigorous and consistent monitoring and evaluation. Social and behaviour change programs, which certainly track output monitoring, also must monitor the activities' influence

on the intermediate outcomes (psychosocial determinants for malaria behaviour among sub-target groups) and look for evidence of impact in behavioural outcomes. There is a need for social and behaviour change programs to adopt recent international gold standard indicators for tracking program success.

***Remember:** Documenting behaviour change will benefit and reinforce the goals of both programs!

FINAL NOTE: Remember to advocate for social and behaviour change programs and funding!

Is social and behaviour change on the national malaria agenda? Is social and behaviour change funding advocated for routinely? **Increased attention to malaria will not automatically translate to increased attention to social and behaviour change unless WE advocate for it!**

Zero Malaria Starts with Me puts malaria on the priority list for key influencers in the country. Be part of this wave. At the same time, take advantage of the spotlight on malaria as an opportunity to:

- Make sure that theory-informed, evidence-based **social and behaviour change** - as a critical component in the fight against malaria - **is elevated on that agenda too.**
- Advocate for **funding for malaria social and behaviour change:** Often, commodities are prioritized for funds, leaving social and behaviour change behind.

Case Study: Mass Action Against Malaria – Uganda

Uganda's Mass Action Against Malaria initiative is a multisectoral approach that brings everyone together to fight against malaria. The country-wide malaria social and behaviour change campaign was updated to include *Zero Malaria Starts with Me* by focusing on the roles each individual in Uganda plays in malaria prevention. The campaign's slogan was updated from "Chase Malaria" to "Chase Malaria to Zero" and now includes urging Ugandans to ask themselves the question, "Am I malaria-free today?" This call to action for individual responsibility promotes the vision of a malaria-free Uganda that begins with each individual Ugandan. The initiative gives individual responsibility to Ugandans at all levels, including mobilizing politicians, media personnel, local and district leaders, and individual households in the fight against malaria.

Mass Action Against Malaria ensures every household has access to malaria prevention programs by collecting domestic resources and advocating for the government and county offices to include funds for malaria resources in their budgets. The initiative also created structures that advocate for malaria prevention and monitoring behaviour change activities at all levels. These structures include district and sub-county task forces. At the community and household level, "Malaria Smart Villages" and "Malaria Smart Homes" are used to monitor malaria behaviour change.

Mass Action Against Malaria also strengthens communities' responses to malaria interventions by empowering community-based and civil society organizations to effectively use the community mobilization approach of engaging stakeholders with the initiative's call to individual action. This ultimately leads to behaviour change by increasing and sustaining awareness, monitoring malaria prevention and treatment-seeking behaviours, and focusing on the most vulnerable populations. By using social and behaviour change practices, Mass Action Against Malaria is working to identify and address barriers to individual behaviours as well as resource mobilization. Specifically, the initiative reviewed ethnic, geographical, and cultural barriers for various communities, including fishing villages, island and mountainous regions, and nomadic communities.

