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#### **ABOUT THIS I-KIT**

This Implementation Kit (I-Kit) was developed to help social and behavior change communication (SBCC) and malaria in pregnancy (MiP) program managers and stakeholders address identified gaps and improve SBCC strategies and interventions for MiP, especially those interventions that target healthcare workers. This guidance is divided into four sections:



Integrating MiP Issues into an SBCC Situation Analysis



Segmenting MiP Audiences and Developing Problem Statements



Choosing Measurable MiP Communication and Behavior Objectives



Drafting the MiP Section of a Malaria SBCC Strategy Document









Background

Justification

First Consider

### + Background

MiP is a significant public health issue with harmful consequences for not only pregnant women, but also for unborn and newborn children.¹ Every year, MiP is responsible for the death of over 100,000 newborns and 10,000 pregnant women around the world.² MiP is also associated with anemia, spontaneous abortion, stillbirth, prematurity, low birth weight and severe malaria. Young women in their first and second pregnancies and those who are infected with HIV are at highest risk.³ MiPassociated illnesses are most prevalent in sub-Saharan Africa.

Given MiP's prevalence and severity, it is crucial that malaria prevention and control interventions effectively reach and support women before and during pregnancy. Fortunately, the means to prevent and treat MiP are inexpensive and cost-effective. The World Health Organization (WHO) recommends the following evidence-based strategies to prevent, diagnose and treat MiP<sup>4</sup>:

- Use of long lasting insecticide-treated nets (LLINs) by pregnant women
- Scale-up of intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP) in all areas in sub-Saharan Africa with moderate to high malaria transmission
- Prompt diagnostic testing of suspected malaria and treatment of confirmed malaria infections



and advocate for increased resources to prevent MiP.









Background

<u>Justification</u>

First Consider

## Why was this iKit created?

Research has identified several barriers to the delivery and use of MiP prevention and treatment services in sub-Saharan Africa. These barriers occur at the individual, social, environmental and health system levels. A number of national and community-based social and behavior change communication (SBCC) initiatives have been implemented to address these barriers; however, their impact is limited by the fact that these efforts tend to focus only on the pregnant woman or her male partner. A 2015 President's Malaria Initiative (PMI) literature review of activities and programs designed to increase service provider adherence to MiP guidelines found few examples of SBCC activities targeting service providers, despite a growing body of evidence that healthcare workers' attitudes are a key determinant to the use of MiP services.<sup>1</sup>

Moreover, many SBCC activities are not strategically developed, and miss opportunities to improve their reach and impact. A 2014 PMI review of MiP content in malaria communication strategies from five sub-Saharan African countries found a lack of documented formative research to inform priorities, as well as weak audience segmentation, unclear roles and responsibilities between national malaria control programs (NMCPs) and reproductive health programs, and inconsistencies between national malaria strategic plans and their supporting malaria communication strategies.<sup>2</sup> This review found few examples of SBCC targeting service providers in national malaria communication strategies.

With these gaps in mind, this reference guide was developed to help SBCC and MIP program managers and stakeholders address some of these gaps and improve SBCC strategies and interventions for MIP, especially those interventions that target healthcare workers.

References



The Health Communication
Capacity Collaborative's review
of MiP SBCC strategies describes
the structure and content of 5
country strategies and provides
recommendations for improving
MiP content.









Background

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## **Integration**

The Maternal and Child Health Integrated Program's Review of MiP issues highlights the need for better integration between national malaria control programs and reproductive health programs.

MiP is a crosscutting issue that involves a variety of partners – from NMCP and reproductive maternal and child health units, ministry of health (MOH) technical working group members and leadership from health promotion and community services units. PMI teams and NMCP units are also likely to work in collaboration with reproductive, maternal, newborn and child (RMNCH) health specialists that are not focused exclusively on malaria. As readers go through this document, they should think of ways to collaborate with these stakeholders – public and private sector, those working at the national-level or policy level and those working at the regional-level, district-level or community level. Readers may find it useful to convene a stakeholder workshop when designing or updating a malaria communication strategy to encourage feedback and input from various perspectives and ensure buy-in from all relevant MOH units and implementing partners. It is often best to include these various partners in the creative strategy development process to identify blind spots and reduce inefficiencies.

+ How-To Guide Step-by-step guidance on conducting a stakeholder workshop.

## Commodities, Supervision and Training

The assumption underlying any communication strategy is that the necessary service delivery, policy, management, logistics and supplies exist. Malaria communication programs cannot succeed if:

- The right commodities (e.g., artemisinin-based combination therapy ACTs, long-lasting insecticide-treated net LLINs, RDTs and SP) are not consistently available







Review of National-Level Malaria in Pregnancy Documents in 19 PMI Focus Countries











te training, oversight and supportive supervision. Utilize advocacy to move these forward when









#### **ABOUT THIS SECTION**

A growing body of evidence on MiP interventions highlights a number of considerations and lessons learned for designing and implementing MiP SBCC strategies. Conducting a situation analysis will provide a strong foundation of what is known about MiP at the global level as well as within a specific country's social, economic, political and epidemiological context. To conduct a comprehensive situation analysis, review the following types of secondary data:

- Global and national malaria guidance documents and policies
- National health and demographic, facility, and epidemiological data
- National and subnational malaria in pregnancy program materials and evaluations

Readers should review the data sources, case studies and considerations included in these sections to ensure that their situation analysis identifies the evidence-based approaches and lessons learned. This information will strengthen the MiP section of your malaria SBCC strategy. Considerations listed in the service provider and community sections are meant to help determine which factors are most influential. While some patterns exist across countries or regions, examples listed are intended to be ideas for inquiry, not representative truth. This section gives a brief list of national and subnational data to review to gain a deeper understanding of the context in which one is working.









**Global Guidelines** 

Service Provider Considerations

Community Considerations

#### Global Guidelines

The RBM, WHO and PMI have produced a number of global guidance documents and consensus statements that should be considered when conducting a situation analysis. Some of these resources are listed below.



Optimizing the Delivery of Malaria in Pregnancy Interventions (PMI, 2013): This consensus statement should be reviewed to ensure MiP priorities, interventions, monitoring and evaluation, and research are evidence-based and in line with priorities agreed on by global MiP stakeholders.



WHO policy brief for the implementation of intermittent preventive treatment of malaria in pregnancy using sulfadoxine-pyrimethamine (WHO, 2014): This policy brief contains the latest IPTp guidelines clarifying the method and timing of

the latest IPTp guidelines clarifying the method and timing of sulfadoxine-pyrimethamine (SP) delivery. Use this brief to ensure IPTp guidance is accurate and up to date.



Intermittent Screening and Treatment in Pregnancy and the Safety of ACTs in the First Trimester (WHO, 2015): This reference document provides recommendations on Intermittent Screening and Treatment in pregnancy (ISTp) and use of ACT in the first trimester. Consult this resource to understand why global stakeholders discourage ISTp as an alternative to IPTp-SP.



Consensus Statement on Folic Acid Supplementation during Pregnancy (RBM Partnership's Malaria in Pregnancy Working Group, 2015): Refer to this consensus statement to ensure that folic acid is procured in doses that will not interfere with the SP. It also answers a number of frequently asked questions.









**Global Guidelines** 

**Service Provider Considerations** 

**Community Considerations** 

## Service Provider Considerations

Research on service providers has identified a number of factors that could influence MiP services uptake and provider adherence to guidelines. Review these factors for applicability to the local context. These are not meant to be a comprehensive list of behavior determinants, but consist of examples taken from recent work. Recent program reports and research found the following factors:

- + Social and demographic factors
- + Attitudinal factors
- + Social influence
- + Multi-channel communication









Global Guidelines

**Service Provider Considerations** 

**Community Considerations** 



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Social and demographic factors

## Social and demographic factors

Some articles have indicated that health worker age and experience may determine the quality of services or adherence to national guidelines. This varies among studies. Some studies found that more years of working experiences (three or more) were associated with better service provider adherence to malaria testing and treatment guidelines. Others reported that younger health workers adhered more closely to guidelines than older health workers. What motivates or influences health facility based providers may be very different from community-based health workers. Where and when this proves to be true, malaria communication strategies should include SBCC interventions targeting service providers and/or community health workers (CHWs), taking care to tailor these efforts to each group by segmenting them by age and/or experience.

#### Situation Analysis

These findings suggest that attitudes of different cadres of health worker often vary. If the situation analysis reveals variances in attitudes and behaviors between different levels of health worker, it may be necessary to design separate and tailored content for trainings and/or supportive supervision to providers, based on the divisions identified in the analysis.

#### Measuring Attitudes

Variances in attitudes, beliefs, and behaviors between different levels of health worker can be measured using Likert scales (asking a respondent to









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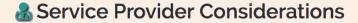




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Attitudinal factors

#### Attitudinal factors

A number of studies show that the attitudes of health providers – not only their level of knowledge or training – can affect the type and level of care they provide. A study in Tanzania found IPTp delivery among service providers was attributed to mistrust of the medicine. Providers did not understand the reasoning for continued use of SP for IPTp when the drug had been discontinued for first-line treatment.<sup>1</sup> A systematic review and meta-analysis of factors affecting delivery, access and use of interventions to prevent MiP in sub-Saharan Africa also found poor knowledge and perceptions among service providers regarding IPTp using SP. In many instances, service providers blamed pregnant women's behavior for poor IPTp uptake<sup>2,3</sup> or treated them in an unprofessional manner.<sup>4</sup> Furthermore, the type of information communicated to pregnant women about IPTp varied widely across studies.

#### Situation Analysis

These studies demonstrate that provider knowledge is not the only determinant of whether a woman will receive the proper dose and counseling for IPTp. As provider attitudes often play a substantial role in determining the provision of IPTp, inquiry into provider knowledge and awareness of national guidelines may be insufficient. Likewise providing written guidelines as a sole means of initiating change may be ineffective.

∇ Theory









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Global Guidelines Service Provider Considerations Community Considerations

## \* Community Considerations

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+	Awareness				
+	Social support				
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Global Guidelines

**Service Provider Considerations** 

**Community Considerations** 

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- + Awareness
- + Social support
- Response-efficacy

### \* Response-efficacy

Demand for commodities like LLINs and SP may depend on a woman's trust that they are an effective means of protecting her and her unborn child. Studies in Kenya and Mali have documented low awareness of the benefits of IPTp during pregnancy. It is important to not only raise awareness that MiP is dangerous, but convince pregnant women and their families that the benefits of attending ANC and receiving IPTp outweigh challenges.

#### **6** Situation Analysis

The perception that a behavior will control the threat of sickness is powerful. A situation analysis might include exploration into whether or pregnant women or those who influence them are aware of the benefits of ANC. Belief that a behavior or commodity will protect against malaria may lead to higher adoption of new behaviors (like early and regular ANC attendance). Consider using concrete examples of a behavior's benefit to convince target populations to adopt it.

#### Zambia: Concrete demonstration of ITN efficacy<sup>2</sup>

The Champion Communities approach was used in Zambia to demonstrate the effectiveness of prompt









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- + Social support
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- + Self-efficacy
- Attitudes

### **Attitudes**

There are many instances of service providers failing to foster a welcoming atmosphere during ANC. Assuring women that they will be treated with respect may increase the likelihood they will attend ANC early and regularly thereafter.

#### Situation Analysis

While conducting a situation analysis, assessing the quality of service provider interaction with ANC clients through focus group discussions, patient exit interviews and in-service training sessions may shed light on working conditions or attitudes that effect patient counseling. Mali's recent revision of the malaria communication strategy includes indicators that track specific service provider interactions with ANC clients:

Mali Communication and Advocacy Plan for Controlling Malaria 2014-2019









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#### ★ Local Context

Analyzing global, national and sub-national data sources should give planners an understanding of what has happened to date, but there may be areas to learn more. If knowledge gaps have been identified (e.g., community and service provider knowledge and attitudes), it may be necessary to conduct further qualitative and/or quantitative research on the issues.

**Qualitative research** might take the form of focus group discussions among pregnant women and those who influence their health behaviors and care-seeking decisions. Key informant interviews with gatekeepers and providers such as community drug vendors, traditional birth attendants, facility-based service providers and community workers can provide invaluable information about what people do, why they do it and the obstacles to address to affect positive behavior change. Findings should also inform how to best formulate messaging and choose appropriate channels.

**Quantitative research** may include household surveys with the target audience, as well as other populations who might influence their healthcare-seeking behaviors. The BCC Indicator Guide, developed by the RBM Partnership, contains a list of standard behavioral indicators and appropriate prioritization of those indicators. These questions can be asked both at the beginning of a program during the formative research phase, as well as at the end of a program during the assessment phase.

Household survey data
Health services data
Example: Liberia

DATA SOURCE	INDICATORS
Malaria Indicator Survey	<ul> <li>Women age 15-49 exposed to malaria messages</li> <li>% of LLINs obtained at ANC</li> <li>Pregnant women who slept under an LLIN</li> <li>IPTp uptake</li> </ul>
Demographic Health Survey	<ul> <li>Exposure to mass media</li> <li>ANC attendance</li> <li>Pregnant women who slept under an LLIN</li> <li>IPTp uptake</li> </ul>
Multiple Cluster Indicator Survey	Pregnant women who slept under an LLIN  IPTo untake









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Positive attitudes regarding safety of SP







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unchanged since 2011.

Household survey data

Health services data

Example: Liberia

Situation: According to a 2013 malaria SBCC survey, less than one fifth of Liberians responded that they had discussed the issue of malaria in pregnancy (MIP) with spouses or friends in the last year. The majority of those surveyed felt that most women attend at least four ANC visits. Many women asked about IPTp expressed doubt that taking it would reduce their chances of getting malaria during their pregnancy. In this survey, the most important source of information about IPTp was service providers (mentioned more frequently as a source than radio). Liberia Technical Guidelines for MIP 2015 states that pregnant women do not attend as many ANC visits as they could, and often show up late in their pregnancy. Many do not arrive with their ANC card in hand. DHS data indicates that less than half of pregnant women received two or more doses of SP by 2013. This proportion has remained almost

SBCC emphasis: Taken as a whole, this survey data suggests that SBCC activities at the community level should aim to increase knowledge about MIP, promote positive attitudes regarding the efficacy of IPTp, and emphasize interpersonal communication within the family and with friends about IPTp. CHVs and TTMs should encourage early and regular ANC attendance, and remind pregnant women to demand both SP and LLINs. At the









# **Audience**



#### **ABOUT THIS SECTION**

A complete situation analysis will summarize current information and provide a detailed account of findings from new primary research. This summary will help inform decisions regarding:

Frimary, secondary, and tertiary audience segmentation

A Prioritizing and defining problems









# **Audience**

**Audience Segmentation** 

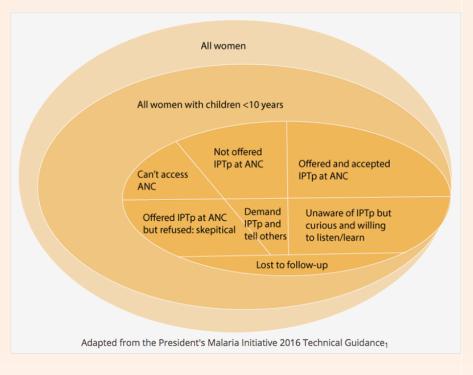
**Problem Statements** 

### **Segmenting Audiences**

Specific audience segmentation is an important way to ensure SBCC activities are tailored and appropriate. Segmentation consists of dividing a large group into smaller sub-groups with similar needs, preferences and characteristics of influences to ensure that messages are targeted to a specific population's motivations and needs. When segmenting, it is important to examine the demographic, geographic, sociocultural, behavioral, and psychographic characteristics of both primary audience(s) and secondary audience(s).

+ How-To Guide Step-by-step guidance on audience segmentation

Primary audiences are groups of people directly affected by or at the highest risk for a particular health issue. For example, all pregnant women are at risk of MiP, but women in their first and second pregnancy are at the highest risk. Likewise, while all women in their first and second



pregnancies are at great risk, those who are HIV positive are at an even greater risk, as HIV treatment and IPTp with SP should not be used in combination. Groups can be segmented by not only demographic factors, but also by actions or attitudes. Those who do or practice certain







# **Audience**

**Audience Segmentation** 

**Problem Statements** 

#### A Problem Statements

Problem statements are short descriptions of a specific behavior that indicate who is affected, where the behavior occurs and (if possible) the extent of the problem. Problem statements should be clear and concise to ensure all stakeholders are on the same page regarding the purpose of the intervention. For example:

"More than 50 percent of the district's pregnant women in their first and second pregnancies attend ANC late in their second trimester, resulting in receipt of few doses of IPTp before delivery."

In drafting problem statements, a number of potential issues surrounding MiP may arise. However, it is important to keep in mind that effective SBCC is narrow in scope. SBCC strategies that try to address too many issues at once or are general or too broad may not effectively reach a particular audience. It is best to limit the number of problems a communication strategy addresses and only cover the amount of issues that can realistically be incorporated into programs with existing resources. It may be helpful to develop a number of problem statements first, and then prioritize based on needs and available resources.

Given the crosscutting nature of malaria in pregnancy, it may be helpful to develop problem statements in a stakeholder workshop with a range of participants working at a high-level, as well as those working on the ground. To ensure that the problem statement is based on data and not individuals' experiences, all participants should be given access to existing data, including the results of any primary data collection conducted and any lessons learned identified while conducting the situation analysis.

## SBCC Decision-Making Algorithm for Low LLIN Use Parents & guardians If yes: Review/revise existing IPC materials · School children (create demand) · Local leaders to reinforce use messages · Local HCW, esp. ANC and peds. ementationkits org/malaria-in-pregnancy/audience-segmentation/#







# **Objectives**



#### **ABOUT THIS SECTION**

Once a number of problem statements have been written, it is important to prioritize them and decide which **communication and behavior objectives** will bring about solutions to each. When doing so, keep in mind which behaviors are possible to monitor and whether or not the capacity to measure change exists. The development of a monitoring and evaluation plan should begin at this stage and not after.

### Communication Objectives

Communication objectives clearly and concisely answer how a program will relate the need, benefit, and/or urgency of adopting a specific behavior. These short-term objectives measure drivers of behavior, such as knowledge, awareness, attitudes and social norms. While these factors influence the way people act, they are considered short-term outcomes because they do not measure actual behavior change.

### Behavior Objectives

Behavior objectives are descriptions of the actions a strategy intends to promote or change. These intermediate outcomes are behaviors that must happen in order to realize decreases in health outcomes like decreased morbidity and mortality.









# **Objectives**

**Communication Objectives** 

**Behavior Objectives** 

The Roll Back Malaria SBCC Indicator Reference Guide shows how to measure levels of behavior change for malaria prevention and case management at the country level. Indicators from the document included below are those related to MiP. Exposure to messages, perception of risk, self-efficacy, response efficacy, and knowledge of malaria transmission and symptoms have been associated with preventive behaviors. The indicators in this guide are meant to be adapted to any priority audience (spouses, service providers, etc.). Examples of communication objectives included in the guide pertinent to MiP include:



- ✓ Proportion of pregnant women who recall hearing or seeing any malaria message within the last six months
- ✓ Proportion of pregnant women who perceive they are at risk from malaria
- ✓ Proportion of pregnant women who feel that the consequences of malaria are serious
- Proportion of pregnant women who believe the majority of their friends and family currently sleep under LLINs, take IPTp (if they are pregnant), and seek care for fever promptly
- ✓ Proportion of pregnant women who are confident in their ability to perform actions to prevent and control malaria in pregnancy

Use Likert Scale to assess confidence in ability to obtain LLINs, IPTp, or seek care for every promptly

✓ Proportion of pregnant women with a favorable opinion toward LLINs, IPTp, and ANC personnel (service providers)

Ask for opinions about LLINs, IPTp, ANC, and MiP service providers

✓ Proportion of pregnant women who believe that sleeping under LLINs, taking IPTp, and seeking prompt care for fever will reduce their risk

Ask about beliefs in LLINs, IPTp, and prompt care seeking









# **Objectives**

**Communication Objectives** 

**Behavior Objectives** 

The Roll Back Malaria SBCC Indicator Reference Guide provides examples of behavior objectives as well. Examples of behavior objectives included in the guide pertinent to MiP include:

#### **Community indicators:**

- ✓ Proportion of pregnant women that slept under an LLIN the previous night
- ✓ Proportion of women who received 3 or more doses of IPTp during ANC visits during their last pregnancy
- ✓ Proportion of women that attended at least one, two, and three ANC visits during last pregnancy
- Proportion of pregnant women who have encouraged friends or relatives to sleep under an LLIN, demand IPTp, or seek care for fever promptly

Ask if women have encouraged these behaviors, which behaviors they encouraged, who they encouraged or who encouraged them

#### Service provider indicators:

✓ Proportion of pregnant women at ANC that received IPTp according to national guidelines













#### **ABOUT THIS SECTION**

In this section you will be guided through each element of a MiP SBCC strategy. Download this template and complete it by reviewing each of the steps below. While the content and examples in this guidance are MiP specific, the process is not. This template and the steps to completing it may be used to guide the development of any health topic.

 $\textcircled{ \ } \textbf{MiP SBCC Strategy Template}$ 









### Problem statement(s)

Which MiP issues are the most pressing?

Keep in mind the age old saying "focus demands sacrifice."

SBCC is most effective when targeted. What issues does your country have the resources to address and measure?



Prompt care seeking for fever

- Are service providers adequately trained in interpersonal communication?
- Do service providers provide patient counseling?
- Are pregnant women seeking care for fever the same or next day of symptoms' onset?

+	LLINs
+	IPTo









## Problem statement(s)

Which MiP issues are the most pressing?

Keep in mind the age old saying "focus demands sacrifice." SBCC is most effective when targeted. What issues does your country have the resources to address and measure?



+ Prompt care seeking for fever
- LLINs

- Does your country distribute LLINs at during ANC or at after institutional delivery, distribute LLINs through continuous distribution channels, subsidize or encourage obtaining LLINs in the private sector?
- Do pregnant women sleep under LLINs during dry seasons as well as rainy seasons?
- Are pregnant women prioritized in inter-household allocation of LLINs?









## **SBCC** emphasis

Broad, flexible approach

In two to three paragraphs, summarize only the most important findings of your situation analysis (behaviors that need to be changed or encouraged) and then introduce what theory-based strategy will be used to influence this change. At this level, it is important to lay out general areas of focus, leaving room for local variation and adaptation as regions in each country will have different needs.

| + |

Example

## **Behavior Objectives**

Which behaviors will lead to the greatest reductions in morbidity and mortality?

These behaviors should match those prioritized in your country's Malaria Strategic Plan. Your list should not be an allinclusive wishlist, but a pragmatic selection of behaviors that can be measured over time.

Prompt care seeking for fever

- Proportion of pregnant women who seek treatment for fever the same or next day
- Service providers: explain how to take medication, why it is necessary, and discuss side effects









## **Communication Objectives**

How to influence behaviors?



Communication objectives are the most important aspect of an SBCC strategy. Be careful to base your decisions about how to influence your target audiences on available data.

- Prompt care seeking for fever
- Increase perceived risk of malaria infection
- Increase perceived severity of malaria infection to mother and unborn child
- Increase self-efficacy to attend ANC early and regularly
- Increase proportion of spouses who agree to discuss the important of prompt care seeking for fever with their wives
- Increase proportion of pregnant women who encourage others to attend ANC early and regularly
- + LLINs
- + IPTp

## **Target audiences**

Who to influence?

Specific groups of people whose behavior needs to change or who can enable or support a specific change in the behavior of others.











## **Communication Objectives**

How to influence behaviors?



Communication objectives are the most important aspect of an SBCC strategy. Be careful to base your decisions about how to influence your target audiences on available data.

- + Prompt care seeking for fever
- + LLINs
- IPTp
- Increase perceived response-efficacy of SP among pregnant women and service providers
- Increase perceived safety of SP among pregnant women and service providers
- Increase self-efficacy of pregnant women to request SP during ANC

## Target audiences

Who to influence?

Specific groups of people whose behavior needs to change or who can enable or support a specific change in the behavior of others.







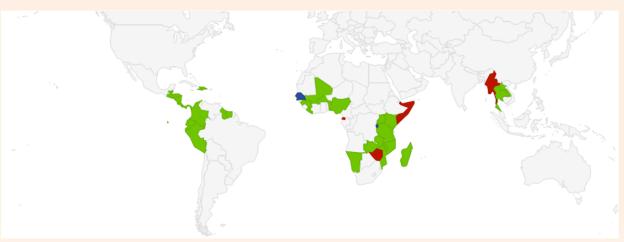




You have completed the MiP section of your malaria SBCC strategy. You will notice that this I-Kit began with guidance on how to conduct a situation analysis, but that this template does not include a situation analysis. A program may or may not elect to conduct a separate situation analysis for each programatic area (vector control, MiP, case management). It is more likely one general situation analysis will be done, and each programmatic area will include elements in this template. For this reason choosing a theoretical model (a collection of several theories or theoretical concepts) may be more appropriate for an overall strategy, while specific theories may be more appropriate for specific programmatic areas like MiP. For example, the social-ecological and ideation models incorporate several theories and explain behavior change across different communication domains and in different levels of individual and social decision-making. For more about choosing theories for intervention-specific areas use the Center for Disease Control and Prevention's Theory Picker.

Would you like feedback on your new or revised MiP SBCC strategy? Email your strategy to miketoso@jhu.edu and the Roll Back Malaria SBCC Working Group MiP Task Force will review your strategy and submit feedback.

If you are interested in reviewing different country examples, a map featuring countries with malaria SBCC strategies can be found below. Click the country you are interested in to view its strategy.









# Thank you!



# **SBCC FOR MALARIA IN PREGNANCY: Strategy Development Guidance**





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For more information, contact:

Mike Toso

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