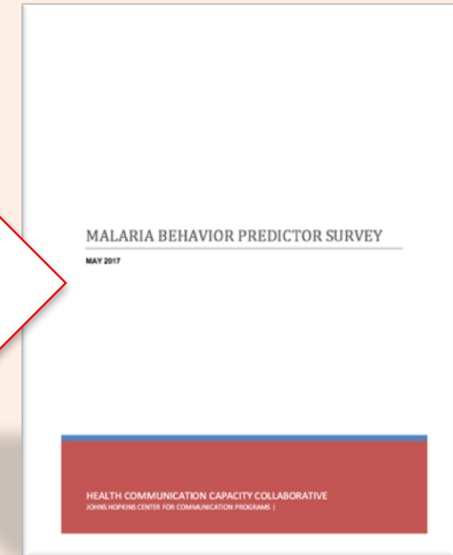




Evidence Base to  
Identify Best Practices



Implementation Kits to  
Replicate Best Practices



Behavioral Assessment Tool  
To Build Future Evidence



DESK REVIEW AND QUALITATIVE ASSESSMENT OF  
MALARIA CASE MANAGEMENT SOCIAL AND  
BEHAVIOR CHANGE COMMUNICATION STRATEGIES IN  
FOUR COUNTRIES:

Ethiopia, Rwanda, Senegal and Zambia



case management

**Objective:** Use 2014 *Desk Review and Qualitative Assessment of Malaria Case Management SBCC in Four Countries* to develop guidance on how to better monitor and evaluate future interventions

# Focus on Key Interventions

1. Increase the proportion of caregivers who **promptly seek care** for febrile children under the age of 5
2. Increase demand and use of **rapid diagnostic tests** at the community level
3. Increase the proportion of service providers who adhere to national **testing and treatment guidelines** for malaria diagnosis and treatment



# Structure of Guidance



Malaria Case Management:  
Monitoring and Evaluation for SBCC



☰ STEP-BY-STEP

💡 EXAMPLES

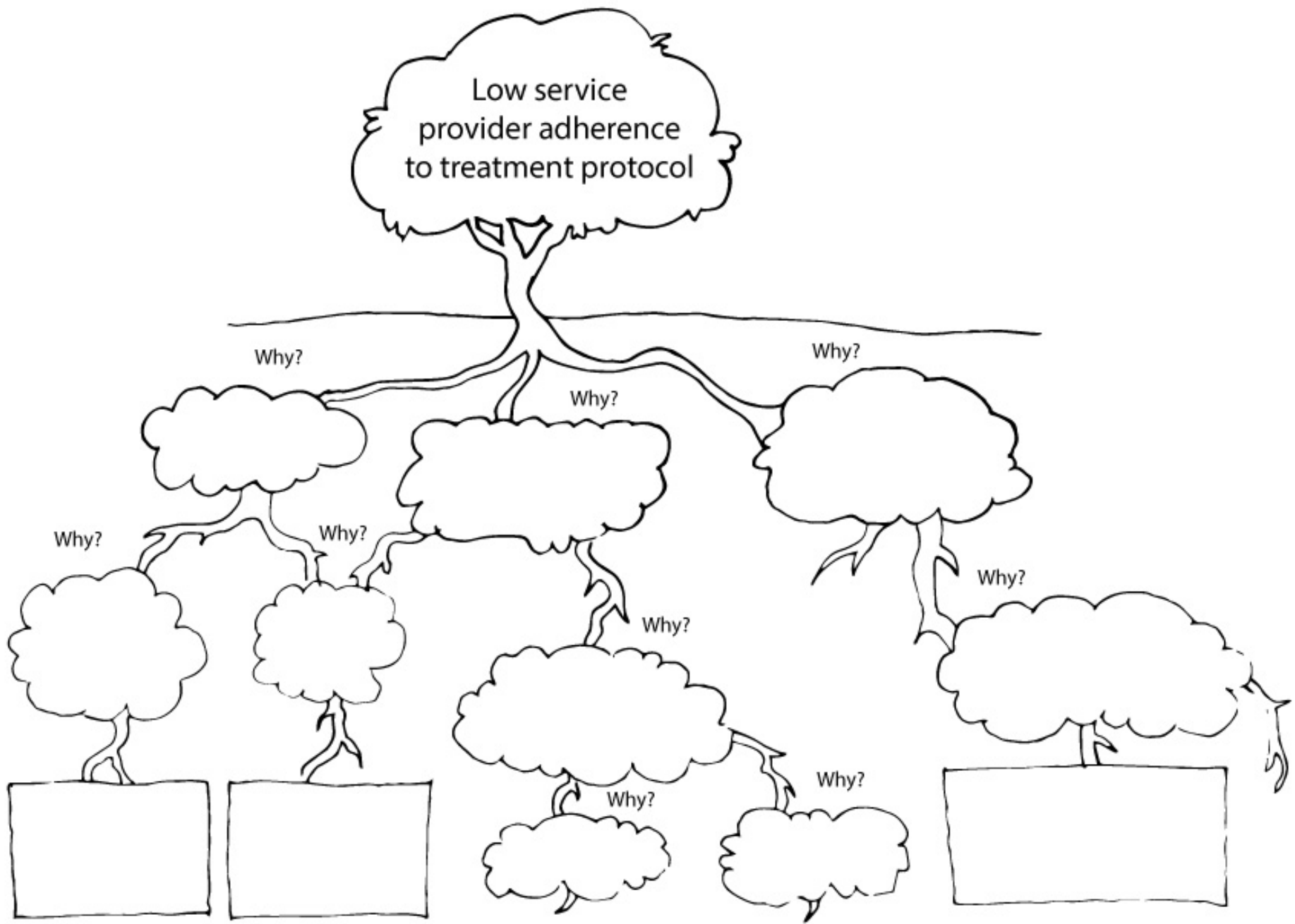
Short and accessible (2 sections)

1. Step-by-step guidance (6 steps)
2. Examples from projects implemented that exemplify guidance (3 examples)

# Step 1

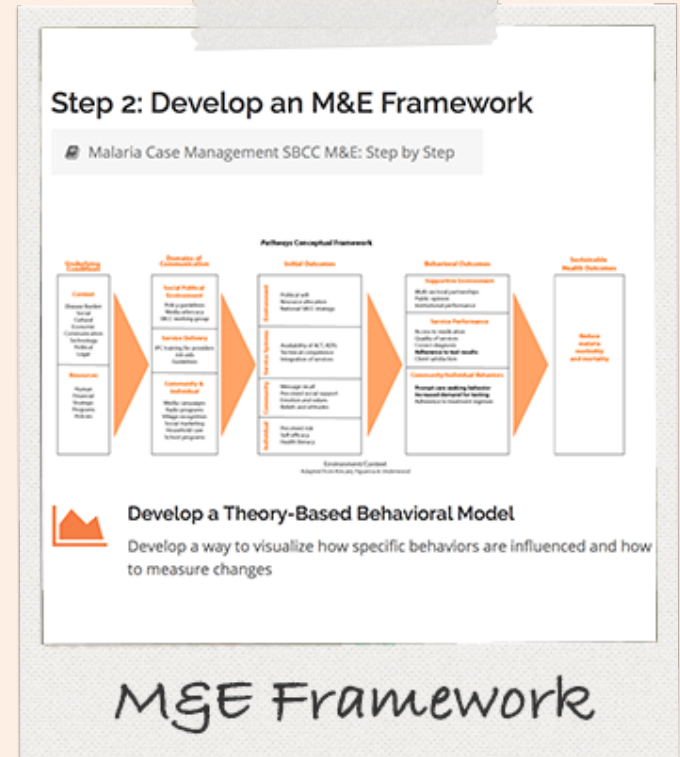
- Root cause analysis identifies problems that can be changed with SBCC
- Costing considerations help prioritize use of finite resources





## Step 2

- Develop an M&E framework using theory, an appropriate behavioral model, and standard indicators
- Drop content into USAID-developed templates:
  - Performance Indicator Reference Sheet
  - Performance Management Plan



# Malaria Case Management SBCC Monitoring & Evaluation (M&E) Framework Template

	<b>INDICATOR</b>	<b>DEFINITION</b> How is it calculated?	<b>BASELINE</b> What is the current value?	<b>TARGET</b> What is the target value?	<b>DATA SOURCE</b> How will it be measured?	<b>FREQUENCY</b> How often will it be measured?	<b>RESPONSIBLE</b> Who will measure it?	<b>REPORTING</b> Where will it be reported?
<b>Goal</b>								
<b>Behavior Outcomes</b>	Service Provider • Caregivers •							
<b>Communication Outcomes</b>	Service Provider • Caregivers •							
<b>Outputs</b>								



## Step 3

### 1. Timing

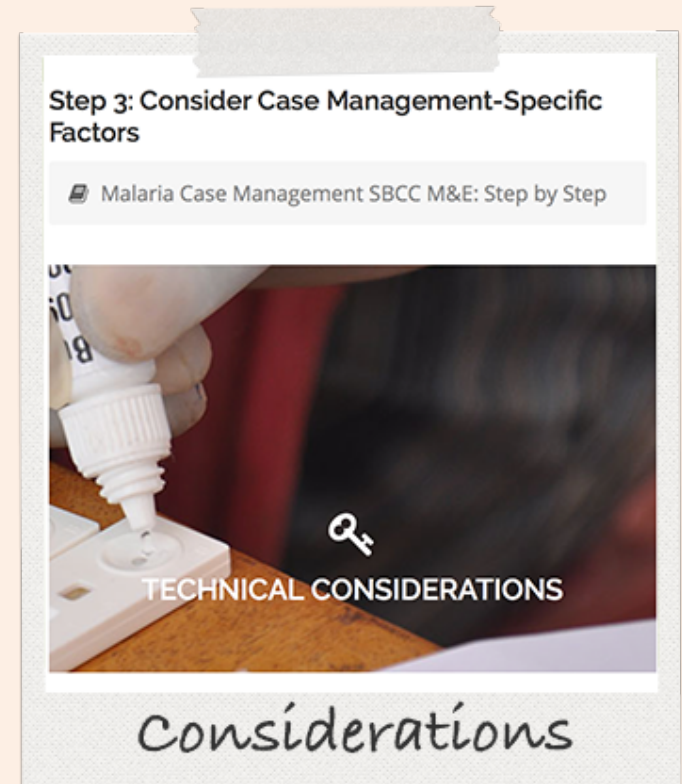
- Survey timing and comparability
- Seasonal behavioral variation

### 2. Resources

- Staff, length & scale of evaluation

### 3. Strength of Evidence

- Frequency of surveys
- Randomization
- Similarity between groups
- Controlling for non-intervention factors



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## Step 4

- Qualitative Data Collection
  - FGDs, IDIs, KIIs
  - Participant Observation
  - Most Significant Change
- Quantitative Data Collection
  - MIS, DHS, MICS
  - KAP
  - KPC
  - Rapid CATCH
- Budget

### Step 4: Select Data Collection Methods & Develop a Budget

Malaria Case Management SBCC M&E: Step by Step



Data Collection & Budget



## Examples of Program Functions and Associated Costs

### Activity/Project

Scale

Community  
Health  
center

Large, sub-  
national

National

Cost, rigor,  
generalizability

Low

Medium

High

Methods

In-depth  
interviews  
FGDs  
Simple  
surveys

KAP/KPC  
surveys  
Exit  
interviews  
Program data  
analysis

Experimental/  
Quasi-  
experimental  
design  
KAP/KPC  
surveys

 [Link to USAID M&E Budget Template](#)

## Step 5

### WHO Templates

- Consent for clinical studies
- Consent for qualitative studies
- Assent for children
- Parental consent for research involving children (qualitative)
- Parental consent for research involving children (clinical)





# Step 6

## Prepare and Analyze Data

- Data use
- Analyzing quantitative data
- Analyzing qualitative data
- Data use management checklist

### Step 6: Prepare and Analyze Data

Malaria Case Management SBCC M&E: Step by Step



Analyze Data

# 3 Examples



Stop Malaria Project



Champion Communities



Mobilize Against Malaria

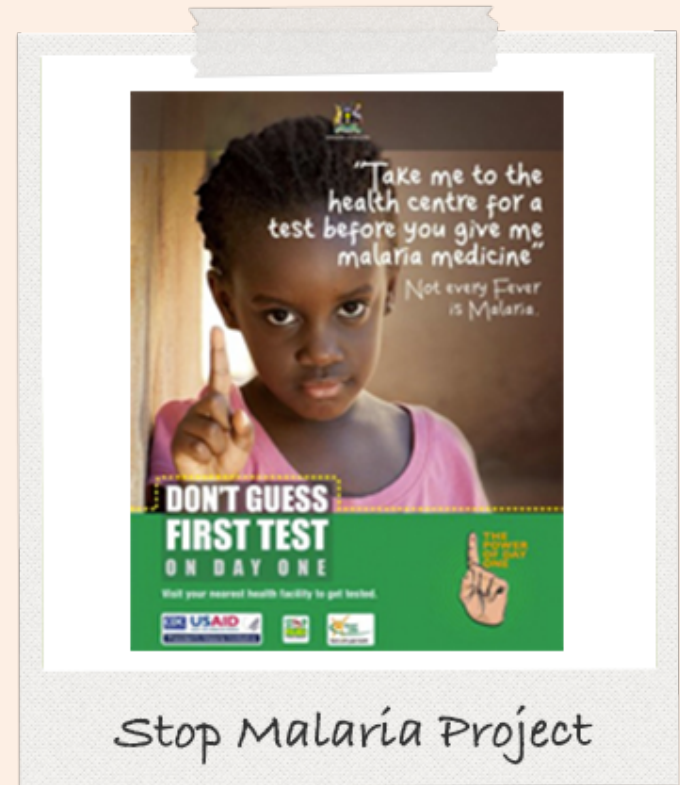
# Example 1

## Desired Outcome

- Increase the proportion of caregivers who seek treatment for fever among children under 5 within 24 hours of fever onset

## Measurement Tools

- Focus Group Discussions
- In-Depth Interviews
- Omnibus survey (if possible)



## Example 2

### Desired Outcome

- Increase the proportion of caregivers of children under 5 who demand a test before accepting anti-malaria treatment

### Measurement Tools

- Quasi-experimental study: cross-sectional surveys in intervention and non-intervention areas





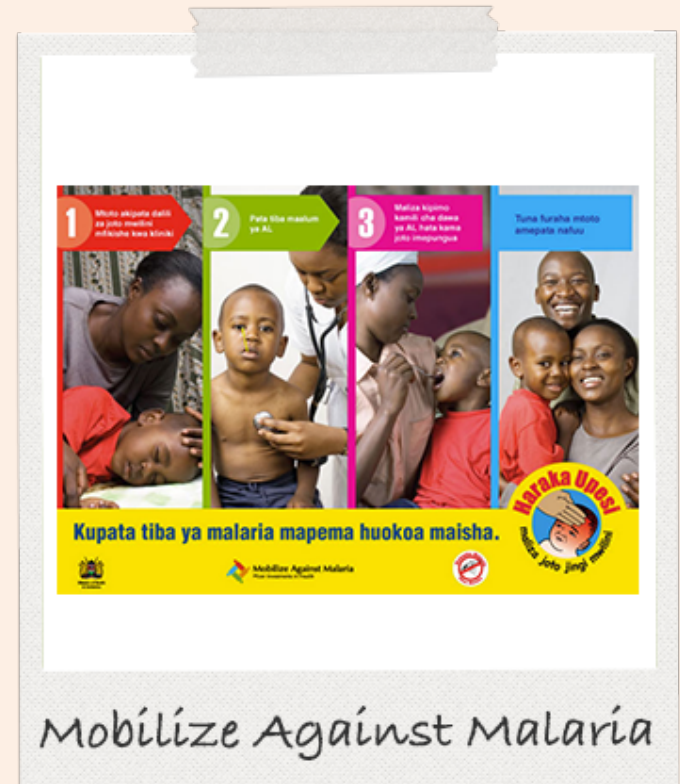
## Example 3

### Desired Outcome

- Increase the proportion of facility-based service providers who comply with malaria diagnosis and treatment guidelines.

### Measurement Tools:

- Pre and post intervention cross sectional health facility surveys





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