



# Malaria SBC Toolkit

for Community and Faith Leaders



*This toolkit is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the Breakthrough ACTION Cooperative Agreement #AID-OAA-A-17-00017. Breakthrough ACTION is based at Johns Hopkins Center for Communication Programs (CCP). The contents of this toolkit are the sole responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID, the United States Government, or Johns Hopkins University.*



U.S. President's Malaria Initiative



# Table of Contents

<b>Table of Contents</b>	<b>1</b>
<b>Introduction</b>	<b>4</b>
The Purpose of this Toolkit	4
Why Malaria?	4
Who Should Use This Toolkit?	4
When Should You Use This Toolkit?	5
How to Use This Toolkit	5
<b>Context</b>	<b>6</b>
How Community and Faith Leaders can Influence Malaria Behaviors	6
National and Community Context	7
Situation Analysis	8
Additional Context Resources	11
<b>Malaria Actions to Promote</b>	<b>13</b>
What is Malaria?	13
Key Messages	13
Key Action 1: Every Household Member Should Sleep Under an Insecticide-Treated Net (ITN) Every Night	14
Key Action 2: Properly Care For and Maintain Your Insecticide-Treated Net (ITN)	15
Key Action 3: Support Pregnant Women To Attend Antenatal Care Visits And Receive An Insecticide-Treated Net (ITN) and Intermittent Preventive Treatment In Pregnancy (IPTp) Medication	15
Key Action 4: Know the Symptoms of Malaria and Seek Care within 24 Hours at a Health Facility or with a Community Health Worker	16
Key Action 5: Request a Malaria Test and Respect the Test Results	17
Key Action 6: Finish the Entire Malaria Treatment Prescribed by your Health Provider or CHW	18
Key Action 7: In Some Areas, Be Receptive to Initiatives to Spray Inside Homes*	18
Key Action 8: In Some Areas, Encourage Seasonal Malaria Chemoprevention (SMC) to Protect Children Under Five*	19
Additional Resources: Malaria Actions to Promote	20
<b>Using Malaria SBC in Your Work</b>	<b>21</b>
Steps for Planning	21
Step 1 – Align Your Values	21
Step 2 – Understand Your Audience	22
Step 3 – Identify Your Strengths and Assets	26
Step 4 – Chart the Timing of Your Malaria Activities	32
Step 5 – Define Your Activities	35

Step 6: Tailor Your Messaging	43
Step 7: Track Your Progress	49
COVID-19 Considerations	53
Additional Resources: Using Malaria SBC in Your Work	53
<b>Advocacy</b>	<b>57</b>
Engaging with Other Leaders and Collaborators	57
Building Interest	58
Additional Resources: Advocacy	59
<b>Important Acronyms</b>	<b>60</b>
<b>Glossary and Key Concepts</b>	<b>61</b>
<b>Malaria FAQ's</b>	<b>63</b>
<b>Annex: Worksheets</b>	<b>67</b>

# Introduction

## The Purpose of this Toolkit

Faith and community leaders have deep roots in local communities. Local leaders also play an important role in health issues around the world, including the fight against malaria. Malaria is a deadly disease, but it can be prevented and cured. Local leaders are crucial in helping communities take action in the fight against malaria.

This toolkit will guide faith and community organizations to use their own strengths, community connections, and resources to educate on how to prevent malaria and support proper treatment in local communities. Using the processes of social and behavior change (SBC), the toolkit will help leaders influence communities' knowledge, attitudes, beliefs, and social norms to help people adopt key behaviors to prevent and treat malaria.

The toolkit contains:

- Resources to learn more about malaria in your country or region.
- Tools for communicating effectively and creating lasting behavior change.
- A list of key actions to promote to fight malaria in your community.
- Steps for integrating malaria into your current work.
- Examples of community malaria activities.
- Strategies for being malaria advocates.

Leaders can use these tools to help local people and families change their everyday actions to prevent malaria and promptly and safely treat malaria if they become sick. Together we can help stop the spread of this disease, treat those who fall ill, and save lives.

## Why Malaria?

While the world has made tremendous progress in the fight against malaria, the battle is far from over. The disease still claims more than 400,000 lives every year, with 228 million cases of malaria in 2018 worldwide, despite having proven, effective tools for prevention and treatment ([World Malaria Report 2019](#)). Pregnant women and children under five years old are especially vulnerable, but malaria can be devastating to anybody who gets it. Malaria also affects communities' social and economic well-being and development. Evidence has linked high malaria rates with poverty, poor educational outcomes, and missed work and wages ([Advocacy for Resource Mobilization Guide](#)).

Despite progress, the disease's prevalence creates an urgent need for change-makers at all levels to come together to fight this disease. Local leaders and organizations are essential in the work to engage communities to prevent and treat malaria.

## Who Should Use This Toolkit?

This toolkit was created for national and provincial/regional level leaders of community- and faith-based organizations in countries with a high malaria burden. Leaders can adapt these tools to reflect their

organizational values, current work, and strengths. The content can also be shared with local-level leaders and teams to carry out activities in local communities.

## When Should You Use This Toolkit?

Leaders of community- and faith-based organizations can use this toolkit at any time as a resource and guide for incorporating malaria activities into their work. The toolkit can be used in a variety of ways depending on your organization's strengths and expertise. Ways to use the toolkit include planning events, incorporating malaria messages into routine activities, and building partnerships with other leaders. Faith and community leaders can also use the toolkit and resources from other partners, donors, and organizations. Many additional resources are referenced in this guide.

## How to Use This Toolkit

This toolkit is a print-based version of the web-based toolkit used to assist community and faith leaders in planning and implementing malaria activities alongside their ongoing efforts. To access the online version, visit this link: <https://communityleadermalaria toolkit.org/>.

Users should first consult the About the Toolkit section to learn what the toolkit includes. Users should then go through the content of the toolkit, using the tools, templates, and resources provided. Consulting the Acronyms and Glossary for unfamiliar terms. There is a list of Frequently Asked Questions (FAQs) to help users use the toolkit and common malaria questions they might come across.

This toolkit includes four different content sections. Leaders can access the content of the toolkit in any order. Please feel free to explore the content and use the most helpful resources to you and your organization.

- [Context](#): Explains the importance of both community and faith-based organizations and understanding the malaria context of your country and community and provides resources for learning more about malaria in your country; reviews what social and behavior change is, why it is important for stopping malaria, and what the key elements of a successful social and behavior change strategy are.
- [Malaria Actions to Promote](#): Describes key behaviors to promote in your community to stop the spread of malaria illness and death.
- [Using Malaria SBC in Your Work](#): Explains the seven steps for planning a strategy to integrate malaria social and behavior change into your existing work.
- [Advocacy](#): Demonstrates how to use advocacy as a tool for overcoming barriers and demanding the resources and tools needed to enact behavior change.

Users of this toolkit can find each other to compare experiences and get ideas by joining the Springboard for Social and Behavior Change special online [Group for Community and Faith Leaders](#).

For areas where English and French is not spoken, it is recommended that national-level organizations partners share costs of translation and dissemination into the local language.

## Context



*Photo credit: Jonathan Torgovnik/Getty Images/Images of Empowerment*

### How Community and Faith Leaders can Influence Malaria Behaviors

Progress in reducing malaria illness and deaths depends on effective tools, medicines, and systems. Equally instrumental, malaria programs also need to ensure that individuals, families, and communities seek care and treatment and use malaria prevention methods. Social and behavior change is a process that works to positively change individual and community behaviors. For malaria, social and behavior change may increase the nightly use of insecticide-treated nets, encourage care-seeking at health facilities, ensure pregnant women access antenatal care and preventive malaria treatment, or help people request and accept the results of malaria tests.

Community and faith-based organizations are critical in addressing health issues worldwide, including HIV/AIDS, polio, malaria, and other health issues that impact their beneficiaries. These organizations have important ties to the communities they serve. Their values often reflect their service to the community. These values include:

- The protection and care of those most in need.
- Compassion and service to others.
- Education and training.
- A holistic health perspective.
- Leadership.
- A deep understanding of local communities ([FHI 360 Collaborations with Faith-Based Organizations](#)).

These values are an important part of a people-centered approach to malaria social and behavior change. To change their behaviors and prevent and treat malaria, community members must receive support from sources they know and trust and understand their needs and values. Community- and faith-based organizations provide this key connection and trust within communities. They help families better understand malaria and impact their attitudes, perceptions, and social norms. This leads to sustainable, long-lasting change. Social and behavior change is grounded in community engagement and ownership and is shown to reduce malaria and save lives effectively.

## Examples of Religious and Community Organizations Fighting Malaria

Social and behavior change influences people's behaviors by shifting knowledge, attitudes, beliefs, and social norms in their communities. Social and behavior change inspires and empowers people to make healthy choices for themselves and for communities to adopt social norms to encourage these behaviors, positively impacting the entire community.

There are many ways that community and faith leaders can influence social and behavior change for malaria control and elimination programs, just as they influence social norms and individual behaviors related to other topics. This toolkit will guide you toward developing your own social and behavior change strategy with specific objectives, consistent messages, and evidence-based. Most importantly, this toolkit will help you tailor your messages to your specific target audience. Malaria messages that resonate with the audience through their cultural, interpersonal, and seasonal behaviors and priorities have a better reach and are more likely to influence the desired outcome.

- In Uganda during the COVID-19 crisis, religious leaders stood up to ensure that their congregations embraced malaria interventions: [Ugandan Faith Leaders Promote Spraying Activities for Malaria](#)
- In Zambia, community organizations reached out to community members to help amplify malaria efforts in the country: [Zambian Villagers Unite Against Malaria](#)
- In Mozambique, religious leaders from different faiths joined hands to fight malaria in the country: [Mozambique Leaders Collaborate Across Religions to Fight Malaria](#)

Video: [Working with Religious Leaders in Uganda to Fight Malaria](#)

## National and Community Context

Before introducing malaria social and behavior change into your work, understanding the context of malaria in your country is important for helping you learn about why certain resources are or are not available in your community.

The malaria ecosystem of most countries consists of a National Malaria Control Program (called different names such as National Malaria Elimination Program or National Malaria Control Center), which answers to the Ministry of Health. The National Malaria Control Programs are responsible for coordinating all malaria activities, donors, plans, data collection, strategies, and partners. Besides this national-level oversight, most malaria-endemic

countries have malaria focal people at the zonal, regional, district/county, and local levels. These malaria focal people often work within the government and are responsible for tracking malaria activities, responding locally to commodity or other problems, solving bottlenecks, and representing their area to the government where malaria issues are concerned.

Any health facility person in charge should be able to tell you who the local malaria control authority is for your area. Contacting this person will benefit both you and them. They can introduce you to others doing malaria work. They can also include your activities in their routine reporting of malaria activities in their areas.

Since the impact of malaria extends far beyond individual health, malaria stakeholders include, but are not limited to, Ministries of Education, Agriculture, Finance, Women and Children/Social Work; the private sector; and the tourism sector. Ensuring collaboration and information sharing across all malaria ecosystem levels in a country ensures the best results. Other important stakeholders in the malaria ecosystem are:

- **Health Leaders:** Health leaders are people connected to the health system who may see the effects of malaria on the community regularly. They may influence community perceptions of malaria and be key actors in malaria prevention and treatment. They may also have key information on the malaria interventions that are planned in your area, and how malaria spreads and impacts your specific community.
  - Examples of health leaders: People in charge of and staff working at local health facilities, community health workers, local malaria organizations, traditional healers, midwives, and village health committees.
- **Community Leaders:** Community leaders are people who are engaged in community health initiatives. These people may or may not already work on malaria prevention and control efforts in local communities. These may also be leaders that are connected to your organization at the community-level. Community leaders can often connect with the people most affected by malaria and describe the unique challenges in their specific context.
  - Examples of community leaders: Chiefs, traditional leaders, local elected officials.
- **Opinion Leaders:** Opinion leaders are individuals who may hold sway or be looked up to in a community.
  - Examples of Opinion Leaders: Religious leaders, popular people in the community, culturally important people, journalists, artists, politicians, educators.

## Situation Analysis

Each community has its own specific malaria needs, which are impacted by the environment and culture. Think about the opportunities and challenges present in your community. Your first step should be talking to your local malaria authority to get a sense of the malaria situation in your community. How can you use local strengths to address the problem of malaria? Completing a [Situation Analysis](#) must be done to understand the malaria problem in your area fully.

The factors that determine people's behaviors vary between regions and across countries. Understanding the context of your specific community before starting your malaria activities is important. Prioritize behaviors that are most likely to have the greatest impact.

There are many places to find national-level data on the malaria situation in your country. The most credible data, apart from National Malaria Control Program sources, can be found in the [Additional Context Resources](#) section.

Some questions you may consider (adapted from [Zero Malaria Starts with Me Toolkit](#), p. 14–15) asking to include the following:

### Malaria Burden:

- How many malaria cases and deaths are there each year in your community?
- What time(s) of the year are malaria cases most common? Is malaria only spread seasonally or year-round?
- Are there certain areas or groups in your community that have more malaria cases and deaths?
- What are the populations that are more affected by malaria?

### Malaria Interventions:

- What are the current and past malaria prevention measures in your community? Prevention measures may include:
  - [Insecticide-treated nets \(ITNs\)](#).
  - Malaria [testing](#) and [treatment](#).
  - [Indoor residual spraying \(IRS\)](#) (if applicable).
  - [Intermittent preventive treatment in pregnancy \(IPTp\)](#) (if applicable).
  - [Seasonal malaria chemoprevention \(SMC\)](#) (if applicable).
- How easy is it for people to get tested and treated for malaria?

### National Targets:

- What are your country's malaria targets and goals?
- Who are the key stakeholders and decision-makers?
- Who manages malaria prevention and treatment programs in the country?
- Who manages malaria prevention and treatment programs in the community?

### Funding:

- Where do the funds used to fight malaria in your community come from?

#### Information for Action:

- Do most people with access to malaria prevention tools (e.g., insecticide-treated nets, prevention medication) actually use them?
- What prevents people with access to preventive tools from using them?
- Are people who have a fever tested for malaria?
- What barriers prevent people from seeking care?
- How easy (or hard) is it to get bed nets for your family in your community?
- How easy (or hard) is it for pregnant women to attend antenatal care visits?
- How far do you have to go to access malaria treatment?
- Do the health workers in your community and at the local health facility know how to rapidly diagnose and treat malaria? Do they use Rapid Diagnostic Tests?

#### Community Members and their Behaviors:

- Who makes up the communities that your organization engages with? What are the demographic attributes of those communities?
- Who in your communities are most affected by malaria? How are they affected?
- What is the role of men and women in your community in malaria control and prevention? What beliefs do they have that facilitate malaria control and prevention? What beliefs do they have that act as barriers to malaria control and prevention activities?
- Who makes decisions about whether to adopt malaria control and prevention behaviors?
- Who can your organization effectively reach through malaria social and behavior change activities?

#### Barriers and Facilitators:

- Why should your audience adopt this behavior?
- Why wouldn't your audience do this behavior? What makes this behavior hard or challenging for your audience to start doing or maintain?
- What would make your audience want to start doing or maintain this behavior?
- Types of facilitators and barriers may include:
  - Distance to a health facility.
  - Availability of medications/nets.
  - Policies.
  - Costs.
  - Support of family/friends.
  - Community values and traditions.
  - Knowledge.
  - Attitudes.
  - Beliefs.

## Additional Context Resources

### The Role of Community and Faith-Based Organizations

- [Empowered by Faith: Collaborating with Faith-Based Organizations to Confront HIV/AIDS](#) — FHI360

### Examples of Religious and Community Organizations Fighting Malaria

- [Ugandan Faith Leaders Promote Spraying Activities for Malaria](#) — U.S. President’s Malaria Initiative
  - In Uganda during the COVID-19 crisis, religious leaders stood up to ensure that malaria interventions were embraced by their congregations.
- [Zambian Villagers Unite Against Malaria](#) — U.S. President’s Malaria Initiative
  - In Zambia, community organizations reached out to community members to help amplify malaria efforts in the country.
- [Mozambique Leaders Collaborate Across Religions to Fight Malaria](#) — U.S. President’s Malaria Initiative
  - In Mozambique, religious leaders from different faiths joined hands to fight malaria in the country.

## National and Community Context – Sources for National Malaria Data

Talking to your provincial or district health officers will help complement what you learn from the National Malaria Control Program’s National Malaria Strategic Plan. There are many places to find national-level data on the malaria situation in your country. Some sources have general information while others have very specific findings from research. The following four sources are reliable data sources for malaria information, in addition to information given to you by your Ministry of Health and National Malaria Control Program:

1. [World Malaria Report](#) — World Health Organization
  - The World Health Organization publishes a yearly report on malaria progress that provides information on country and regional progress and problems with malaria. It is a rich resource to learn more about malaria in your country and region.
2. [Country Profiles](#) and [Malaria Operational Plans](#) — U.S. President’s Malaria Initiative
  - You can also learn a lot about malaria from reading the country profiles and Malaria Operational Plans from the U.S. President’s Malaria Initiative. These documents have extensive information about the malaria burden, partners, funding, and special issues on their 24 focus African countries and three countries in the Greater Mekong region.
3. Africa Subregion Pages — RBM Partnership to End Malaria
  - The RBM Partnership to End Malaria coordinates malaria activities across four subregions in Africa which collect information on country and regional level malaria activities:
    - [The Central Africa RBM Network \(CARN\)](#): Angola, Cameroon, Chad, Congo, Gabon, Equatorial Guinea, Central African Republic, DR Congo and Sao Tomé-et-Principe.
    - [The East Africa RBM Network \(EARN\)](#): Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda, Yemen.
    - [West Africa RBM Network \(WARN\)](#): Benin, Burkina Faso, Cape Verde, Côte d’Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.

- [Southern Africa Regional Network \(SARN\)](#): Botswana, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, URT-Zanzibar, Zambia, Zimbabwe.
- 4. [Demographic and Health Surveys](#) — The DHS Program
  - For detailed information on malaria rates and extensive information related to malaria in your country, reference these national surveys. These reports are quite complicated, and your local malaria authority can help you interpret the data.
- 5. [RBM Partnership to End Malaria toolkits](#) — RBM Partnership to End Malaria
  - There are several toolkits available on the RBM Partnership to End Malaria website.

#### Situation Analysis

- [Situation Analysis](#) — Johns Hopkins Center for Communication Programs
- [Zero Malaria Starts with Me Agenda Setting](#) — RBM Partnership to End Malaria; African Union

## Malaria Actions to Promote



*Photo credit: Johns Hopkins Center for Communication Programs*

It is important to be very clear about what exact behaviors you are asking community members to do to prevent and treat malaria. Be sure to be clear and direct. These key actions will help you focus on the most important points.

### What is Malaria?

Malaria is a preventable and treatable disease. Malaria is caused by a parasite transmitted through the bite of female anopheles mosquitoes only, which usually bite at night. These mosquitos get the malaria parasite from humans infected with malaria and transmit it from person to person. We can reduce malaria in communities by taking steps to avoid being bitten by mosquitoes, seeking care immediately for fever, and completing the full malaria treatment course.

### Key Messages

- Malaria is an important and deadly health threat.
- There is only one way to catch malaria: being bitten by an infected mosquito.
- The female anopheles mosquito bites from dusk to dawn.
- There is always a risk of catching malaria where malaria is endemic, no matter the season.
- Preventing malaria and staying healthy saves money (from prescriptions; transportation; clinic fees; and missed days of work due to being sick, caring for sick children, or attending funerals).
- Preventing malaria and staying healthy means children are more likely to do well in school from not missing days due to illness.

To prevent the spread of malaria and death in the communities you serve, promote the following key actions.

### **Key Action 1: Every Household Member Should Sleep Under an Insecticide-Treated Net (ITN) Every Night**

The mosquitoes that transmit the malaria parasite bite between dusk and dawn. The best way to avoid mosquito bites and prevent malaria is to sleep under an insecticide-treated net (or ITN for short) every night, all year round. An insecticide-treated net hung over the sleeping area prevents mosquitoes from biting people sleeping under it. An insecticide-treated net provides greater protection by repelling mosquitoes and killing those that land on it (U.S. President's Malaria Initiative ). This is especially important for pregnant women and children under five, who are the most vulnerable to malaria.

To encourage this behavior, highlight the importance of sleeping under insecticide-treated nets for every household member every night. Be a good neighbor and citizen in your community, so community members support each other in using insecticide-treated nets.

#### Behaviors to Promote

- Every family member should sleep under an insecticide-treated net every night, all year round.

#### Key Messages

- Insecticide-treated nets act as a barrier that keep mosquitoes away from people. Insecticide-treated nets are also treated with a chemical barrier that repels, weakens, and kills mosquitoes.
- Insecticide-treated nets are safe to use according to the World Health Organization and are not harmful to babies, children, or adults.
- Insecticide-treated nets protect people from malaria and should not be used for other purposes.

#### How to Use an Insecticide-Treated Net\*

1. Air: Open your new mosquito net and air it out for 24 hours in a shady place before hanging and using it.
2. Hang: Hang the net over the sleeping area. Tools such as string or nails can be helpful depending on the type of net.
3. Sleep: Every family member should sleep under ITNs, every night, making sure to tuck the edge of the mosquito net under the bed so that the mosquitoes cannot enter.

Learn more about [how to use your insecticide-treated nets](#) and find information for hanging [insecticide-treated nets over different beds](#).

*\*This section is adapted from [Nigeria Malaria Faith Leaders Toolkit](#)*

## **Key Action 2: Properly Care For and Maintain Your Insecticide-Treated Net (ITN)**

Ensure families care for and maintain their insecticide-treated nets properly so their nets can protect them from malaria for as long as possible. Insecticide-treated nets are built to last about three years.

Make sure households tie insecticide-treated nets up or fold them to store during the day. Keep children from playing near insecticide-treated nets. When necessary, gently wash insecticide-treated nets with ordinary soap and cold water. Lay washed insecticide-treated nets in the shade to dry. Households should avoid storing food or crops in the same room as their insecticide-treated nets.

### Behaviors to Promote

- Tie up or fold your insecticide-treated net, and protect it from sunlight when not in use.
- When needed, wash your insecticide-treated net with cold water and ordinary soap, rubbing gently.
- Always dry your insecticide-treated net in the shade, not the sun.
- Keep your insecticide-treated net away from children while playing.
- Do not store your insecticide-treated net in the same room where you keep food and crops.

### Key Messages

- Properly caring for your insecticide-treated net will help it protect you for several years.
- Keeping your insecticide-treated nets out of the sun is important because sunlight destroys the chemical that repels mosquitoes.
- Keeping your insecticide-treated nets away from children playing prevents tearing your net.

## **Key Action 3: Support Pregnant Women To Attend Antenatal Care Visits And Receive An Insecticide-Treated Net (ITN) and Intermittent Preventive Treatment In Pregnancy (IPTp) Medication**

Malaria is especially dangerous for pregnant women and the babies they carry. Pregnant women are more at risk of getting malaria themselves. Malaria also increases the risk of miscarriage, stillbirth, premature delivery, and low birth weight for the baby, a leading cause of child mortality. To help prevent these types of complications, pregnant women should attend antenatal care visits early and often during pregnancy. At their first visit in most places, women should receive an insecticide-treated net. If your community has moderate to high malaria transmission, pregnant women may also receive multiple doses of preventive antimalarial medicine, spaced at least one month apart. This is called intermittent preventive treatment in pregnancy (or IPTp for short).

Support pregnant women to visit the doctor for antenatal care visits early and often during their pregnancy. Encourage husbands and families to support pregnant women going to antenatal care visits early and taking intermittent preventive treatment in pregnancy, if recommended in their area.

### Behaviors to Promote

- All pregnant women should attend antenatal care visits early and often, starting as soon as they suspect they are pregnant.

- During antenatal care visits, pregnant women should receive an insecticide-treated net and preventive antimalarial medications (intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine [IPTp-SP]).

### Key Messages

- Antenatal care visits are important for checking for any pregnancy complications for mothers and their unborn babies.
- Malaria can have serious effects or kill the mother or unborn baby.
- Intermittent preventive treatment of malaria in pregnancy protects pregnant women and their unborn children from malaria.
- Antimalarial medication can be taken with or without food and is helpful, not harmful, for the mother and unborn baby.

### **Key Action 4: Know the Symptoms of Malaria and Seek Care within 24 Hours at a Health Facility or with a Community Health Worker**

Teach your community about the symptoms of malaria and the importance of seeking treatment immediately. Malaria can progress very quickly, especially in children under five years old. Within 24 hours, malaria can turn deadly.

Malaria can strike anyone at any time. Symptoms of malaria include:

- Fever.
- Chills.
- Headache.
- Muscle Aches.
- Fatigue.
- Nausea.
- Vomiting.
- Diarrhea.
- Anemia.
- Jaundice (yellow coloring in the eyes).

A simple blood test at the local health care facility or with a community health worker can confirm if a person is infected with malaria. A health care worker can then prescribe the proper antimalarial medicine, called Artemisinin-based Combination Therapy (or ACT for short).

Religious and community leaders can connect community members who seek their advice and counsel to health workers. Importantly, faith leaders can help the people in their congregation by offering spiritual support while simultaneously referring them immediately to health facilities or community health workers for medical treatment.

### Behaviors to Promote

- If you or a family member (especially children under five) develop a fever or other malaria symptoms, go to the nearest healthcare facility or community health worker to receive care within 24 hours.

### Key Messages

- Seeking care immediately when malaria symptoms arise will help you receive treatment quickly, avoid complications, and prevent deaths from a treatable disease.
- If you seek treatment, but symptoms continue, seek care again until you or the patient is well.

## **Key Action 5: Request a Malaria Test and Respect the Test Results**

To ensure you get the proper treatment and recover fully, you need to be tested for malaria at a health facility or by a community health worker. Malaria tests are the only way to know for sure if a person has malaria.

Encourage community members to accept the malaria test results and follow treatment instructions according to guidance from the healthcare worker. Only accept malaria treatment if you have tested positive for malaria.

### Behaviors to Promote

- Request a malaria test when you go to a health facility or visit a community health worker with malaria symptoms.
- Accept the results of the malaria test.
- Only accept malaria treatment if you have tested positive for malaria (where available).

### Key Messages

- Health care facilities have rapid diagnostic tests or use microscopes to tell if a person has malaria or not.
- Taking a malaria test is the only way to know for sure if someone has malaria.
- Malaria tests are important to get the proper treatment and recover fully.
- If you test negative for malaria, malarial medication will not be useful, and you should not take it.
- Health care workers are specially trained. Follow the instructions they give you based on your test results.

## **Key Action 6: Finish the Entire Malaria Treatment Prescribed by your Health Provider or CHW**

To fully recover from malaria, follow the prescribed treatment from your health provider or community health worker.

Encourage your community to follow treatment guidelines directed by health facility staff or the community health worker. To ensure malaria is cured, complete the full course of treatment.

## Behaviors to Promote

Follow the malaria treatment prescribed by your healthcare provider or community health worker.  
Finish the entire malaria treatment.

## Key Messages

Finishing the entire course of the prescribed treatment ensures malaria is cured. Do not stop taking the prescription early, even if you feel better. Otherwise, malaria will not be fully cured, and you can contribute to the medicine not working for others due to resistance.

### **Key Action 7: In Some Areas, Be Receptive to Initiatives to Spray Inside Homes\***

To kill mosquitoes in the home, trained professionals can spray the inside walls of a house with a long-lasting insecticide known as indoor residual spraying (or IRS for short). Governments have indoor residual spraying programs in some locations. Residents should participate in the program, if available. The local malaria authority will give you more details about if and where this program is available.

Encourage your community to be receptive to local initiatives to spray homes if your local malaria authority indicates that spraying initiatives occur in your area. Alert families of planned visits by sprayers and how they can properly prepare for the spraying inside their home. Families should allow sprayers into the home and follow their directions for removing household goods from the house during the spraying process.

## Behaviors to Promote

Prepare your home for spraying by removing household goods and following spray operator instructions. Even after a house is sprayed, household members still need to continue sleeping under an insecticide-treated net.

## Key Messages

- Indoor residual spraying is important in preventing and controlling malaria in the community.
- Indoor residual spraying kills the mosquitoes that carry malaria.
- Indoor residual spraying is safe and effective (WHO Guidance on Malaria Vector Control ).
- If indoor residual spraying is available in your community, then it is free to households.

\*Indoor residual spraying is recommended for households in certain malaria transmission areas. Consult with the local malaria authority on whether indoor spraying is appropriate for your area.

### **Key Action 8: In Some Areas, Encourage Seasonal Malaria Chemoprevention (SMC) to Protect Children Under Five\***

In certain areas, especially in the Sahel Region, preventive treatment for young children, called seasonal malaria chemoprevention, is recommended. This preventive treatment helps stop the spread of malaria during the

months of peak malaria transmission for young children. Seasonal prevention is important in high transmission areas to protect young children who are especially vulnerable to malaria.

In areas where seasonal malaria chemoprevention is taking place, encourage caretakers to follow the local procedures. Local procedures may include allowing health staff into the home, going to specific locations to collect the medication, administering the first dose of the medicine in the distributor's presence, and administering the other doses following provider instructions.

#### Behaviors to Promote

- Follow guidelines for seasonal malaria chemoprevention from local government leaders and those administering medications.
- Children must continue to sleep under an insecticide-treated net after taking the seasonal medicines.

#### Key Messages

- Seasonal malaria chemoprevention is an effective method for preventing malaria in children in certain regions.
- Follow the health worker's directions on how to give your child the second and third doses to have effective protection.

\*Seasonal malaria chemoprevention is recommended for young children in certain malaria transmission areas. Consult with the local malaria authority on whether seasonal malaria chemoprevention is appropriate and available in your area.

## Additional Resources: Malaria Actions to Promote

Key Action #1: Every Household Member Should Sleep Under an Insecticide-Treated Net (ITN) Every Night

- [Insecticide-Treated Mosquito Nets \(ITNs\)](#) — U.S. President's Malaria Initiative
- [Guidelines for Malaria Vector Control](#) — World Health Organization
- [Faiths United for Health: A Toolkit for Faith Leader in Nigeria in the Fight Against Malaria](#) — The Nigerian Inter-Faith Action Association
  - See pages 6-7 for insecticide-treated net use and care instructions
- [Incorporating Net Care into Malaria Social and Behavior Change Communication Strategies: A Step-by-step Guide](#) — VectorWorks

Key Action #3: Support Pregnant Women to Attend Antenatal Care Visits and Receive an Insecticide-Treated Net (ITN) and Intermittent Preventive Treatment in Pregnancy (IPTp) Medication

- [SBC for Malaria in Pregnancy: Strategy Development Guidance](#) — Johns Hopkins Center for Communication Programs
- [Stopping a Killer: Preventing malaria in our communities – A Guide to Help Faith Leaders Educate Congregations and Communities About Malaria](#) — Center for Interfaith Action
  - [Muslim](#) | [Christian](#)

Key Action #4: Know the Symptoms and Malaria and Seek Care within 24 Hours

- [Stopping a Killer: Preventing malaria in our communities – A Guide to Help Faith Leaders Educate Congregations and Communities About Malaria](#) — Center for Interfaith Action
  - [Muslim](#) | [Christian](#)

Key Action #7: In Some Areas, Be Receptive to Initiatives to Spray Inside Homes

- [Annie Anopheles Indoor Residual Spraying Cartoon](#) — HCP Zambia

Audiovisual Materials to Generate Discussion and Personalize Malaria

- [Zero Malaria! Count Me In! Music Video](#) — Speak Up Africa
- [Zero Palu Je M'Engage Music Video \(French\)](#) — Speak Up Africa
- [Nigeria Malaria: Play Your Part – National Malaria Theme Song](#) — Johns Hopkins Center for Communication Programs
- [School Children | VectorWorks: World Malaria Day](#) — Johns Hopkins Center for Communication Programs
- [GLOBAL Malaria: Didier Drogba – United Against Malaria \(UAM\) Campaign](#) — Johns Hopkins Center for Communication Programs

## Using Malaria SBC in Your Work



*Photo credit: United States Agency for International Development*

### Steps for Planning

Careful planning of your malaria activities will help make sure your work will be sustainable and impactful in your community. Below are steps to consider when integrating malaria social and behavior change activities into your work.

#### Step 1 – Align Your Values

The values that guide community- and faith-based organizations often align with public health work. Reflect on how your organizational mission and community's values align with malaria prevention and treatment efforts.

Review your organization's mission and brainstorm the values that are embodied in your work. Then think of the values held by the people and families in the community you serve. Examples of community and faith values that link to malaria prevention and treatment include:

- Preparedness.
- Stewardship.
- Service to others.
- Justice.
- Helping those in need/vulnerable populations.
- Seeking knowledge/knowledge sharing.

- Cooperation and trust.
- Tenacity and follow-through.
- Community health, health equity, holistic conception of health.
- Compassion.
- Promotion of human development, empowerment.
- Faith and peace.
- Readiness to take action.
- Wisdom.
- Working toward results.
- Being people-centered.
- Partnership.
- Excellence and continuous improvement.
- Family support: Assisting parents and helping raise the next generation.

Understanding the connections between your community’s values and malaria activities will help you develop messages that resonate more with people in your community and are more impactful in creating lasting change.

## Step 2 – Understand Your Audience

To provide the necessary support, you need a clear, detailed understanding of the communities you serve and the factors that influence malaria control and prevention in those communities. Reference the Situational Analysis section for more guidance on questions to ask to understand these issues best.

Think of the members/beneficiaries your organization serves and brainstorm groups that might practice or influence malaria behaviors (examples: rural mothers of children under five, male heads of household in peri-urban communities, urban adolescents).

Example Key Audiences	Describe the Characteristics of the Members (Age, Gender, Marital Status, Number of Children, Education Level, Income, Occupation, Location, Access to Health Facilities)	Effect of Malaria on this Group (Low/Medium/High)	Does your organization have a unique ability to reach and influence this audience?	Can They Make Decisions About Whether to Adopt Positive Malaria Behaviors? (Yes or No)
Pregnant women	16–40 years old, married or in a domestic partnership, elementary education level	High	N/A	Yes, but much easier when their partner supports the decision

Mothers and fathers of children under five years old	16-60 years old, married, local sellers, low income, lives within 3 kms of a facility	High	N/A	Yes
School Children	Students 6-20 years old attending day school, who sleep at home every night	High	N/A	Sometimes
Grandmothers	Retired or not working outside the home, older and more traditional, gives lots of advice to new mothers and cares for small children when their mother is unavailable	Medium	N/A	Yes
Unmarried youth	Young men and women 18-35 years old, some education, employed in an entry level job, spends time with friends for fun	Medium	N/A	Yes

**Worksheet for this step: Key Audience Worksheet**

Blank Key Audience Table: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Key Audience Table: PDF – ([EN](#) | [FR](#) | [PT](#))



# Malaria SBC Toolkit

for Community and Faith Leaders

## Worksheet: Key Audience

Key Audience	Describe the Characteristics of the Members <i>(Age, Gender, Marital Status, Number of Children, Education Level, Income, Occupation, Location, Access to Health Facilities)</i>	Effect of Malaria on this Group <i>(Low/Medium/High)</i>	Does your organization have a unique ability to reach and influence this audience?	Can They Make Decisions About Whether to Adopt Positive Malaria Behaviors? <i>(Yes or No)</i>



U.S. President's Malaria Initiative



Select a group to be your target audience (examples above). An ideal group is one that malaria significantly impacts and can either perform the desired behavior or has the power to facilitate someone else’s behavior. Your organization also must have a unique ability to reach and influence this group. The resource [How to Conduct an Audience Analysis](#) is excellent to use when looking more closely at your audiences.

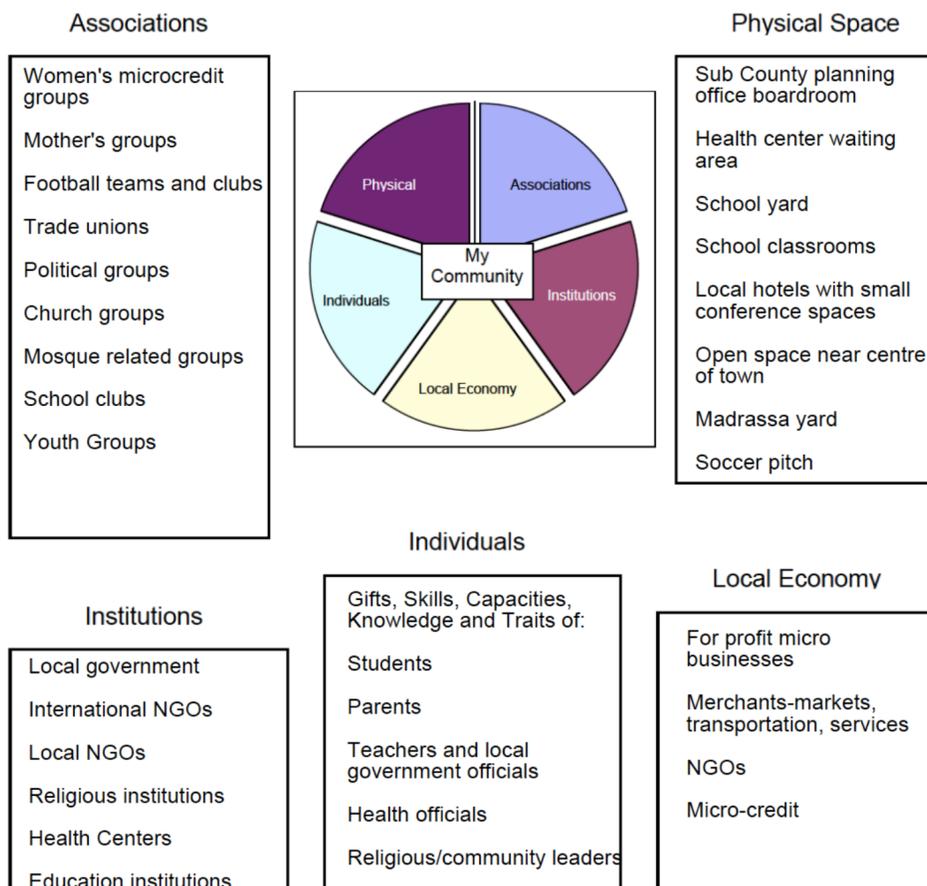
### Step 3 – Identify Your Strengths and Assets

Next, assess your community and your organization’s strengths and resources. Listing out these strengths will allow you to use your resources better to promote malaria prevention and treatment. This assessment will help you better integrate malaria activities into your current work.

**Ask:** What assets already exist in the community?

#### Example Community Asset Map

Magongo Santana Community-Mombasa, Kenya



### Worksheet for this step: Community Assets Worksheet

Blank Community Assets: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Community Assets: PDF – ([EN](#) | [FR](#) | [PT](#))



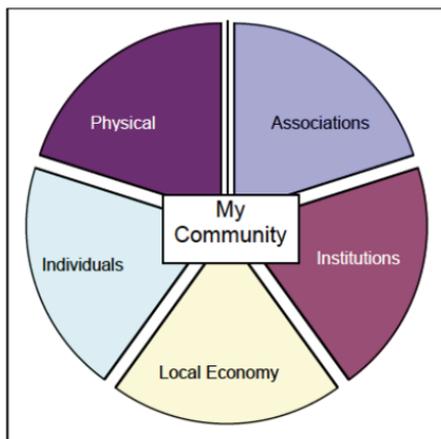
# Malaria SBC Toolkit

for Community and Faith Leaders

## Worksheet: Community Asset Map

### Associations

### Physical Space



### Individuals

### Institutions

### Local Economy



U.S. President's Malaria Initiative



**Ask:** What assets (time, resources, experience) does your organization have to promote malaria prevention and treatment in local communities? Then, think about how you can use these strengths and assets to support malaria activities in the communities you serve.

Example Organizational Assets Worksheet-Magongo Santana Mosque

Your assets	How can these assets be connected to malaria activities at the community-level?
Human resources, personnel	Iman-Ali Rahman, Mosque Medical Advisor to Iman Ali-Dr. Hussain Abduhalli, Madrassa staff
Constituents, relationships with community	75% of the neighborhood attend this mosque and their children go through the Madrassa. The Mosque has a Council for Community Affairs and works with the local Ministry of Planning, Ministry of Health and Ministry of Women and Gender offices routinely. Iman Ali is a part of the Mombasa Interfaith Partnership
Space and facilities	Main mosque prayer space for men and upstairs mosque prayer space for women, Madrassa classroom spaces x 4 and Canteen space
Expertise	Iman Ali has been trained in different areas by different NGO and government initiatives including agriculture, gender, health and poverty alleviation. He has been the Iman at the mosque for over 20 years and was born and raised in a nearby community

**Worksheet for this step:** Organizational Assets Worksheet  
 Blank Organizational Assets Table: Word – ([EN](#) | [FR](#) | [PT](#))  
 Blank Organizational Assets Table: PDF – ([EN](#) | [FR](#) | [PT](#))



# Malaria SBC Toolkit

for Community and Faith Leaders

## Organizational Assets Worksheet

Your organization's assets	How can these assets be connected to malaria activities at the community level?



**USAID**  
FROM THE AMERICAN PEOPLE



**U.S. President's Malaria Initiative**

**Breakthrough  
ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE



## Step 4 – Chart the Timing of Your Malaria Activities

Base your malaria activities’ timing on both the malaria transmission season in your area and the other malaria activities planned in local communities.

Aligning your activities with peak malaria times can help you better address malaria behaviors and communicate with your community when it matters most. The rainy season is typically a high malaria transmission period. Review your country, region, and community context to see which times of the year malaria spread is highest. Also, review the malaria interventions used in your area, including when during the year they take place. Push for good malaria behaviors in your community a few weeks before the high malaria season. Schedule times to remind households about these key behaviors throughout the season.

Next, find the other planned malaria activities in your local community. Activities might include World Malaria Day (every year on April 25), Southern African Development Community Malaria Day (every year on November 6, if you are in the region), or World Mosquito day (every year on August 20). You can time your malaria activities to build on other malaria activities. Confirm with your local malaria authority that your malaria activities do not conflict with other activities taking place in the community.

All activities should be time-bound to reflect, evaluate, and improve future activities. For example, while integrating malaria prevention messages into weekly sermons may be highly effective, this might also become repetitive for parishioners quickly. Think about how long each of your malaria activities will last and how you can expand on these projects in the future.

### Example Tables to Help You Plan Activities

#### Peak Malaria Transmission Season

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Rainy Season		X		X
Maternal/Child Health	X	X	X	X
Insecticide Treated Nets	X			
Case Management for Malaria			X	X

#### Planned Malaria Activities by Local Government

### Worksheet for this step: Activity Timing Table

Blank Activity Timing Table: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Activity Timing Table: PDF – ([EN](#) | [FR](#) | [PT](#))



Table to Help Plan Activities

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Peak malaria transmission season</b>												
<b>Rainy Season</b>												
<b>Planned malaria activities by local government</b>												
<b>Maternal/Child Health</b>												
<b>Insecticide-Treated Nets</b>												
<b>Case Management for Malaria</b>												



U.S. President's Malaria Initiative



## Step 5 – Define Your Activities

To define your malaria activities, combine your organizational and community values, target audience, strengths and assets, and timeline. Use the worksheet below to:

1. Name the group you have selected as your target audience.
2. Review the toolkit’s [Malaria Actions to Promote](#) section. Choose the desired behavior you would like to promote for your target audience.
3. Identify ways your selected behaviors align with your organization’s mission.
4. Know how the behaviors align with your community’s values.
5. Recognize the resources available to support the effort through your organization’s strengths and assets.

### Example Activities Worksheet: Girl Guides Activity Planning

Target Audience: Children under 18 years old		
Desired Action: (Malaria prevention and treatment behavior)  Every household member should sleep under an insecticide-treated net (ITN) every night.		
Points of alignment with organization’s mission:  Girl Guide motto: I promise that I will do my best: to serve God, to serve my country and other people, and to keep the Guide Law		
Points of alignment with community values: <ul style="list-style-type: none"> <li>• The community values work and takes pride in their productivity, malaria interrupts work and productivity.</li> <li>• The elders speak often about the importance of education, malaria prevents students from attending and doing well in school.</li> </ul>		
<b>Facilitators: What makes it easy for this group to do or support this behavior?</b>	Can your organization influence these factors? (Yes or No)	If yes, how?

<i>No parent wants their child to fall ill with malaria</i>	Yes	<i>Reiterate that it's the parent's responsibility to protect their children from malaria</i>
<b>Barriers: What makes it hard for this group to do or support this behavior?</b>	Can your organization influence these factors? (Yes or No)	If yes, how?
<i>Some ITNs in houses are not hung</i>	Yes	<i>Door to door ITN hanging assistance</i>
<b>Key Promise/Benefit if this group changes their malaria behaviors</b>	Do these benefits/promises fit with your organization's teachings/mission? (Yes or No)	If yes, how?
<i>If your family sleeps under an ITN every night, they will miss less and school.</i>	Yes	<i>The Girl Guides serve their country and others who will benefit from better health.</i>

**Worksheet for this step: Activity Planning Worksheet**

Blank Example Activities Table: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Example Activities Table: PDF – ([EN](#) | [FR](#) | [PT](#))



# Malaria SBC Toolkit

for Community and Faith Leaders

## Activities Worksheet

**Desired Action** (*Malaria Prevention and Treatment Behavior*):

**Target Audience:**

**Points of Alignment With Organization’s Mission:**

**Points of Alignment With Community Values:**

### Barriers and Facilitators

**What makes it easy for this group to do or support this behavior?**

**Can your organization influence these factors?  
If yes, how?**



What makes it hard for this group to do or support this behavior?	Can your organization influence these factors? If yes, how?

**Key Promise/Benefit**

What is the key benefit/promise if this group adopts the behavior?	Do these benefits/promises fit with your organization's teachings/mission?



Next, describe the activities you will do in your communities to promote this behavior change. Plan concrete, doable actions that can help ensure your organization can enact the vision you have outlined. Make sure the timing of your activities aligns with malaria transmission in your area and takes into account other malaria activities taking place in your community.

### Insert Malaria Opportunities into your Ongoing Activities

The way you implement your social and behavior change activity will depend on your specific behaviors and target audience. This section has resources for promoting malaria prevention and treatment behaviors through key activities performed by community- and faith-based organizations. You can also adapt these resources for other activities carried out by you and your organization and based on your community's needs.

#### Home visits

Your organization may already use home visits as a way to connect with your constituents and members of your community. These visits can be an opportunity to talk with households about key malaria behaviors and support community members in the fight against malaria. Home visits can help achieve the following aims:

- Increase knowledge about the malaria parasite, ITNs, malaria symptoms, IPTp, testing and treatment
- Change perceptions and beliefs and quell rumors about malaria
- Increase demand for ITNs and malaria testing treatment
- Improve acceptance and trust between families, communities, and the health system
- Understand patterns of community behavior and link households to existing resources in the community
- Promote and support malaria behavior change

#### Sermons and Faith-Based Gatherings

Faith-based leaders and organizations hold unique positions as trusted resources in their communities. Sermons and other religious gatherings can serve as opportunities to provide important information to congregants and community members. For specific religious resources, visit the toolkit section [Using Malaria Social and Behavior Change in Your Work](#).

#### Work with Schools and Children

Your organization may also work with schools and children in your ongoing activities or have connections to teachers and educators. School children are a key group that can reduce the transmission of malaria. Children can also spread knowledge and encourage the practice of important malaria prevention and treatment behaviors within their families. Key messages to remember:

- Untreated malaria cases can cause anemia in school children, making it difficult to concentrate and learn. Untreated malaria can lead to children missing school and affect school performance.
- School children and teachers can be key malaria change agents within their households and communities.

## Example Activities for Schools and School Children

*This was adapted from [Save the Children, Malaria Control in Schools in Mali](#).*

- Classroom or After School Malaria Education: Sessions with school children can be coordinated with teachers during the school day as part of science or health lessons or after-school activities.
- School Malaria Day: Organize this event to include the entire community, including students performing sketches, poems, songs and health workers or leaders demonstrating malaria prevention and treatment behaviors.
- Youth and Sports Groups, Child Malaria Clubs: If your organization already works with extracurricular groups, this can be a great avenue for malaria education. School groups can also help in spreading the word about malaria prevention and treatment in communities.

## Other Group Ideas

The resources in this toolkit can be adapted to fit the needs of different groups in local communities. Some examples of other groups you may consider working with:

- Women's groups.
- Microcredit groups.
- Bible study groups.
- Scout Sunday School.
- Unions.
- Madrasas.
- Creches.
- Village Health Committees.

Once you have decided on your activities, use the activity planning sheets below to plan.

## Example Activity Planning Sheet

### Girl Guides Net Hanging Activity – Description (who, what, where, when)

Girl Guides will go door to door with hanging tools in their community to see if there are unhung insecticide-treated nets in the house. They will offer to assist in hanging the insecticide-treated nets and speak with the people in the home about why sleeping under insecticide-treated nets every night, all year long is important.

Task	Person Responsible	Resource Needs	Timeline
Collect hanging materials	Gloria	String, nails, hammers, tape	Two weeks before activity
Speak to community leaders to inform them of the activity and get their blessing	Girl Guide Leader	Time	ASAP
Arrange transportation for Girl Guides to arrive in the same area for the activity	Blessing	Volunteers to transport them	One week before activity
Create and print a script to keep the Girl Guides on message about why sleeping under ITNs every night is important	Sarah	Time; Internet to access the Key Actions portion of the Community and Faith Leader Malaria Toolkit	Two weeks before activity
Supervision of the entire activity including data collection and documentation	Girl Guide Leader	Time; Internet to access the Key Actions portion of the Community and Faith Leader Malaria Toolkit Activity Monitoring Sheets	Beginning to end

### Worksheet for this step: Activity Timing Table

Blank Activity Planning Sheet: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Activity Planning Sheet: PDF – ([EN](#) | [FR](#) | [PT](#))

For other guides and materials to adapt for your work, visit the toolkit section: [Using Malaria Social and Behavior Change in Your Work: Additional Resources](#).



# Malaria SBC Toolkit

for Community and Faith Leaders

## Activities Planning Sheet

**Activity Description** (*Who, What, Where, When*):

Task	Person Responsible	Resources Needed	Timeline



## Step 6: Tailor Your Messaging

Now that you have defined your target audience, behaviors, and activities, tailor your messages to fit your target audience’s needs. Key messages should:

- Address relevant benefits, concerns, and practices in your community.
- Be framed by cultural context.
- Convey a key promise or benefit for your target audience.
- Be actionable.

### The Seven C’s of Effective Communication

The Seven C’s of Effective Communication is a checklist to help you develop materials that will resonate with your community. These steps in tailoring your messaging will be essential for successful social and behavior change.

Seven C's	Description	Message Check
Command Attention	Attract and hold the audience’s attention. Make it memorable.	Does the message stand out?
Clarify the Message	Ensure the message is clear and easily understood. Less is more!	Is the message simple and direct?
Communicate a Benefit	Stress the advantages of adopting the new behavior being promoted.	What is the benefit the audience receives if they take the action expressed clearly?
Consistency Counts	Repeat the same message consistently to avoid confusion and enhance the impact of the message.	Are all messages consistent? Can the message be conveyed across different media?
Create Trust	The credibility of the message is important. Without trust and credibility, the message will go unheeded.	Is the message credible? What source will make the message most credible?
Cater to the Heart and the Head	People are swayed by both facts and emotions. Use both to maximize the persuasiveness of the message.	Does the message use emotion as well as logic and facts?

Call to Action	Include a clear call to action. Tell the audience precisely what they should do.	Does the message clearly communicate what the audience should do?
----------------	--	---

Learn more about the Seven C’s of Effective Communication on [The Compass for Social and Behavior Change](#).

### Creating Tailored Messaging for your Audience Example Table

#### St. Ignatius Church

We would like *husbands of pregnant women* (your target audience) to *prioritize early and often antenatal care attendance for their pregnant wife* (action or behavior) in order to *prevent malaria in pregnancy for a healthier baby and mother* (how the audience will benefit).

- What should the group you identified believe, think, or know in relation to the action/behavior you identified? (This is your “key promise.”)
  - As the Bible tells us in Ephesians, we are to love our wives. This means you are to love her by protecting her health and helping her live healthily, even through pregnancy. To do that, support your wife to go for antenatal care early and often. Help her by assisting in arranging transportation, knowing when the antenatal care days are and talking to her about her antenatal visits both before and after. This will help you have a healthy wife and child.
- What should they feel about the proposed behaviors/action? (This is your “support statement.”)
  - Husbands should feel that it is their duty and honor to support their pregnant wives to ensure a healthy pregnancy.
- What should they try to do to immediately improve their (or their family’s) situation and wellbeing relative to malaria? (This makes your messages actionable.)
  - Husbands should support their wives to attend antenatal care however they can. Husbands may assist in arranging transportation and childcare for their other children during antenatal care days, for example. Or, a husband could remind his wife when antenatal care days are at the health facility. Husbands should also remind their wives to ask for a dose of intermittent preventive treatment in pregnancy, the malaria prevention medicine for pregnant women administered during antenatal care visits.
- How can you say this in a way that will resonate with the group you identified given your organization’s unique mission and reach?
  - In Ephesians, God commands, “Husbands, love your wives, just as Christ loved the church and gave himself up for her.” (Ephesians 5:25)
    - Husbands are to love their wives by protecting their health and helping them live healthily, even through pregnancy.
    - Men should support pregnant women in receiving antenatal care visits early and often to protect their health and their children’s health.

After you have worked through *Creating Tailored Messaging for your Target Audience* exercise above, the following *Tailoring Your Message Worksheet* can help you organize your messages.

### Tailoring Your Message Worksheet

St. Ignatius Church

<b>Audience</b>	Husbands of pregnant women
<b>Description</b>	Many husbands, usually aged 20-60 years old, attend St. Ignatius Church but their pregnant wives do not attend the local ANC services early and often. Husbands often come and ask for prayers for their wives sick with malaria. Some of their wives have lost babies in pregnancy due to malaria.
<b>Desired behaviors/practices (Selected malaria control and prevention behavior)</b>	<p>*All pregnant women should attend antenatal care visits early and often, starting as soon as they suspect they are pregnant.</p> <p>*During antenatal care visits, pregnant women should receive an insecticide-treated net and preventive antimalarial medications (sulfadoxine-pyrimethamine or SP)</p>
<b>Actual behavior/practice</b>	One meeting at the start of each malaria transmission season
<b>Priority behaviors for change</b>	<p>Husbands need to allocate money to ensure that the pregnant wives can attempt ANC early and often.</p> <p>Husbands and wives need to discuss received ANC services and make sure that malaria services were offered.</p>
<b>Barriers/Constraints</b>	<p>There is a social norm against reporting early for ANC, both among peers and sometimes from health providers at the health facility itself.</p> <p>There are limited resources so sparing money to go for ANC services means not spending money on something the couple normally spends money on when they are not pregnant.</p>
<b>Key Constraint</b>	Husbands' mothers discourage them from sending their wives to ANC early and often because the older generation believed that reporting too early was a waste of time. His peers also do not send their wives for ANC early and often.
<b>Key Influencers</b>	Peers, community leaders, mother in laws

<b>Key Promise (Main benefit for target audience associated with proposed behavior change)</b>	<p>We would like husbands of pregnant women to prioritize early and often ANC attendance for their pregnant wife in order to prevent malaria in pregnancy for a healthier baby and mother.</p>
<b>Support Statement (Why the audience should believe the promise)</b>	<p>Women who attend ANC early and often more often have healthy births and babies who survive the first five years of life. ANC offers a range of preventative and curative services for pregnant women to help ensure a healthy pregnancy and a healthy mother. As the Bible tells us in Ephesians, we are told to love our wives. This means you are to love her by protecting her health, and helping her live healthily, even through pregnancy. To do that, ensure your wife goes for ANC early and often. Help her by budgeting transportation money, knowing when the ANC days are and talking to her about her ANC visits. This will help you have a healthy wife and child.</p>
<b>Promise Statement</b>	<p>If your pregnant wife attends ANC early and often, she will receive malaria prevention medication and an ITN which will help her baby and herself to stay healthy during the pregnancy, which will help ensure a happy, healthy family.</p>
<b>Key Messages</b>	<p>Ensure your wife goes for ANC early and often by budgeting transportation money, knowing when the ANC days are and talking to her about her ANC visits.</p>
<b>Communication channels and activities</b>	<p>Sermons around Father’s Day with these messages.  Home visits to homes with pregnant women and their husbands.</p>

**Worksheet for this step: Tailoring Your Message**

Blank Tailoring Your Message Worksheet: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Tailoring Your Message Worksheet: PDF – ([EN](#) | [FR](#) | [PT](#))



# Malaria SBC Toolkit

for Community and Faith Leaders

## Tailoring Your Messages Worksheet

<b>Audience</b>	
<b>Description</b>	
<b>Desired behaviors/ practices</b> <i>(Selected malaria control and prevention behavior)</i>	
<b>Actual behavior/practice</b>	
<b>Priority behaviors for change</b>	
<b>Barriers/ constraints</b>	
<b>Key constraint</b>	

<b>Key influencers</b>	
<b>Key promise</b> <i>(Main benefit for target audience associated with proposed behavior change)</i>	
<b>Support statement</b> <i>(Why the audience should believe the promise)</i>	
<b>Promise statement</b>	If you _____, you will _____
<b>Key messages</b>	
<b>Communication channels and activities</b>	



## Step 7: Track Your Progress

Tracking the progress of your malaria activities is important for meeting goals and understanding lessons learned. It also allows you to change and adapt malaria activities to fit community needs better and shifting environments. Tracking the progress of your malaria activities can:

- Help community partners communicate more effectively.
- Provide support to community advocates and local staff.
- Identify problems and how to solve them.
- Help organizations understand and talk about the impact of their work.

Ongoing assessment of your activities and feedback from partners and community members will help make sure that your activities are effective, meet the community’s needs, and continuously be developed and improved.

Start by listing each of your malaria activities. Think about how often each of these activities will be taking place. Then, write down the goals for each of these activities. Thinking about your short- and long-term goals may help. Next, determine indicators for each goal to track your accomplishments.

Activities, Goals, and Indicators Worksheet Example

Example Malaria Activity	Frequency of Activities	Example Goals	Example Indicators
Home visits to constituents’ homes	Visit each household once a month	<p>Short-Term Goals:</p> <ul style="list-style-type: none"> <li>• Carry out 10 home visits per week</li> <li>• Develop home visit materials</li> <li>• Share home visit materials with community health workers</li> </ul> <p>Long-Term Goals:</p> <ul style="list-style-type: none"> <li>• 90% of households report every member slept under an ITN the previous night</li> </ul>	<p>Number of home visits carried out per month</p> <p>Number of malaria home visit materials developed</p> <p>Number of malaria materials shared with community health workers</p> <p>Proportion of households visited that report every household member</p>

Example Malaria Activity	Frequency of Activities	Example Goals	Example Indicators
			slept under an ITN the previous night
Community dialogues about signs and symptoms of malaria with women's group	One-time event	<p>Short-Term Goals:</p> <ul style="list-style-type: none"> <li>• Coordinate malaria meeting with women's group</li> <li>• Share malaria materials with women's group</li> </ul> <p>Long-Term Goal:</p> <ul style="list-style-type: none"> <li>• 80% of community members can name three symptoms of malaria</li> </ul>	<p>Number of meetings with women's group</p> <p>Number of malaria materials developed</p> <p>Number of malaria materials shared with women's group</p> <p>Proportion of community members who can list at least three malaria symptoms</p>

Example Malaria Activity	Frequency of Activities	Example Goals	Example Indicators
<p>Encouraging and emphasizing net use for every member of the household during after school children’s group</p>	<p>One meeting at the start of each malaria transmission season</p>	<p>Short-Term Goal:</p> <ul style="list-style-type: none"> <li>● Coordinate meeting with local school’s after school children’s group</li> <li>● Develop materials for malaria after school session for children</li> <li>● Share materials with after school caregivers and teachers</li> </ul> <p>Long-Term Goal:</p> <ul style="list-style-type: none"> <li>● 90% of households report every member slept under an ITN the previous night</li> </ul>	<p>Number of meetings with after school children’s group</p> <p>Number of malaria materials for children developed</p> <p>Number of malaria materials shared with caretakers and teachers</p> <p>Number of meetings with caregivers and teachers about malaria session</p> <p>Proportion of households visited that report every household member slept under an ITN the previous night</p>

**Worksheet for this step: Activities, Goals, and Indicators Worksheet**

Blank Activities Goals Indicators Worksheet: Word – ([EN](#) | [FR](#) | [PT](#))

Blank Activities Goals Indicators Worksheet: PDF – ([EN](#) | [FR](#) | [PT](#))



# Malaria SBC Toolkit

for Community and Faith Leaders

## Activities, Goals, and Indicators Worksheet

Malaria Activity	Activity Frequency	Goal(s)	Indicator(s)



## COVID-19 Considerations

The burden of COVID-19 varies significantly around the world. For everyone's safety, all community and social activities, including those related to malaria, need to abide by local laws and policies around COVID-19 prevention practices. Laws and policies vary about physical distancing (usually maintaining at least one or two meters between people), frequent handwashing, wearing masks correctly and consistently, and numbers of people allowed to congregate. Ensure constant communication with your local Ministry of Health representatives to ensure you are not putting yourself or anybody else at risk. Community and faith leaders must follow these laws and policies very diligently to not accidentally contribute to the spread of COVID-19.

The World Health Organization predicts that many more people will die from malaria during the COVID-19 pandemic because people are not seeking care due to fear and an overburdened health system. Since malaria and COVID-19 share some key symptoms, such as fever, encouraging people to seek care for fever is even more important than usual. Build trust in the health facilities to manage fever correctly. Encourage your community to take prevention even more seriously to prevent adding additional burden to the health system.

Resources for COVID-19:

- [Malaria Social and Behaviour Change Program Guidance in the Context of COVID-19 Pandemic](#) — RBM Partnership to End Malaria Social and Behavior Change Working Group
- [Coronavirus Disease \(COVID-19\): Small public gatherings guidance](#) — World Health Organization
- [Mass gathering COVID-19 risk assessment tool: Religious events](#) — World Health Organization
- [Mass gathering COVID-19 risk assessment tool: Generic events](#) — World Health Organization

## Additional Resources: Using Malaria SBC in Your Work

Step 1: Align Your Values

- [How to Develop a Mission Statement](#) — Compass for Social and Behavior Change
- [How to Establish Values on a Small Team](#) — Harvard Business Review
- [Purpose, Mission, and Values Alignment](#) — Beehive Strategic Communication
- [Asset-Based Community Development Tools and Resources](#) — Asset-Based Community Development Institute
- [The Barefoot Guide for Mobilizing Religious Assets for Transformation](#) — International Religious Health Assets Programme

Step 2: Understand Your Audience

- Blank Key Audience Table: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Key Audience Table: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- [How to Conduct an Audience Analysis](#) — Johns Hopkins Center for Communication Programs

Step 3: Identify Your Strengths and Assets

- Blank Community Assets: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Community Assets: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders

- Blank Organizational Assets Table: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Organizational Assets Table: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders

#### Step 4: Chart the Timing of Your Malaria Activities

- Blank Activity Timing Table: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Activity Timing Table: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders

#### Step 5: Define Your Activities

- Blank Define Your Activities Worksheet: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Define Your Activities Worksheet: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Activity Planning Sheet: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Activity Planning Sheet: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders

#### Resources for Muslim Leaders:

- [Working Alongside Religious Leaders to Prevent and Treat Malaria in Guinea](#) — RTI International
- [Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A toolkit for Religious Leaders](#) — ACCESS
- [Stopping a Killer: preventing malaria in our communities](#) — Center for Interfaith Action
  - See pages 13–15
  - [English](#) | [Português](#)
- [Ulama – Agents for Social Change: Muslim Scholars Speak for Mothers Right](#) — Pakistan Initiative for Mothers and Newborns
- [Addis and Gutema Protect Their Family Against Malaria](#) — C-Change
- Recursos portuguesas
  - [Manual de Formação do Voluntário \(Português\)](#) — Programa Inter-Religioso Contra a Malária
  - [Álbum – Seriado \(Português\)](#) — Programa Inter-Religioso Contra a Malária

#### Resources for Christian Leaders:

- [Working Alongside Religious Leaders to Prevent and Treat Malaria in Guinea](#) — RTI International
- [Stopping a Killer: preventing malaria in our communities](#) — Center for Interfaith Action
  - See pages 18-20
  - [English](#) | [Português](#)
- [Christian Sermon Guide to Save the Lives of Mothers and Newborns – A Toolkit for Religious Leaders](#) — ACCESS

- See Sermons 1 and 3
- [Addis and Gutema Protect Their Family Against Malaria](#) — C-Change
- Recursos portugueses
  - [Manual de Formação do Voluntário \(Português\)](#) — Programa Inter-Religioso Contra a Malária
  - [Álbum – Seriado \(Português\)](#) — Programa Inter-Religioso Contra a Malária

#### Resources for Community Leaders:

- Social and Behavior Change Materials:
  - [Addis and Gutema Protect Their Family Against Malaria](#) — C-Change
- Checklists:
  - [Advocacy for Resource Mobilization \(ARM\) for Malaria Guide](#) — Johns Hopkins Center for Communication Programs
    - See page 82 for examples of some checklists for advocacy, stakeholder engagement, and monitoring and evaluation.
  - [Faiths United for Health: A Toolkit for Faith Leaders in Nigeria in the Fight Against Malaria](#) — Nigerian Interfaith Action Association
- Discussion Guides:
  - [Faiths United for Health: A Toolkit for Faith Leaders in Nigeria in the Fight Against Malaria](#) — Nigerian Interfaith Action Association
  - [Tools and Methods for Community Engagement](#) — Nigerian Interfaith Action Association
  - [Teacher’s Guide to Malaria Prevention](#) — NetWorks
- Malaria Materials for Children:
  - [Malaria control in schools in Mali: Results from a Cluster Randomized Control Trial in Sikasso Region, Mali](#) — Save the Children
  - [Right To Play goes on the attack to stress importance of sports to kids](#) — Right to Play
  - [Online Malaria Games](#) — MalariaSpot
  - [Teacher’s Guide to Malaria Prevention: Stronger students for malaria-free schools and communities](#) — Net Works
  - [Promoting Malaria Prevention Through Primary Schools: Communication Guide for Teachers](#) — Johns Hopkins Center for Communication Programs
  - [STOP Malaria Board Game](#) — Stop Malaria, Zambia
  - [10 Messages for Children to Learn and Share Malaria Poster](#) — Children for Health
  - [100 Health Messages for children to learn and share](#) — Children for Health
    - See page 10 for a list of what kids can do to stop malaria.
  - [The Fight Against Malaria in Communities: Zero Malaria picture book](#) — Zéro Palu

#### Step 6: Tailoring Your Messages

- [Seven C’s of Communication](#) — Johns Hopkins Center for Communication Programs
- Blank Tailoring Your Message Worksheet: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders

- Blank Tailoring Your Message Worksheet: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders

#### Step 7: Track Your Progress

- Blank Activities Goals Indicators Worksheet: Word – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- Blank Activities Goals Indicators Worksheet: PDF – ([EN](#) | [FR](#) | [PT](#)) — Malaria SBC Toolkit for Community and Faith Leaders
- [Community meetings: Monitoring](#) — Reflection Action
- [Malaria Case Management: Monitoring and Evaluation for Social and Behavior Change Communication](#) — Johns Hopkins Center for Communication Programs
- [Strategic Framework for Malaria SBC Communication — RBM Partnership to End Malaria](#)
  - [English](#) | [Français](#) | [Português](#)
- [Surveillance, Monitoring, and Evaluation of Malaria Programs Online Course](#) — MEASURE Evaluation
  - [English](#) | [Français](#)
- [Monitoring and Evaluation Online Courses](#) — Global Health Learning Center
- [CORE Group Resource Library](#) — Global Health Learning Center
- [Assessing Community Health Programs A Participant’s Manual and Workbook Assessing Community Health Programs](#) — CORE Group
- [Monitoring and Evaluation of Evolving Social Accountability Efforts in Health, A Literature Synthesis](#) — CORE Group

#### COVID-19 Considerations:

- [Malaria Social and Behaviour Change Program Guidance in the Context of COVID19 Pandemic](#) — RBM Partnership to End Malaria Social and Behavior Change Working Group
- [Coronavirus Disease \(COVID-19\): Small public gatherings guidance](#) — World Health Organization
- [WHO mass gathering COVID-19 risk assessment tool: Religious events](#) — World Health Organization
- [WHO mass gathering COVID-19 risk assessment tool: Generic events](#) — World Health Organization

## Advocacy

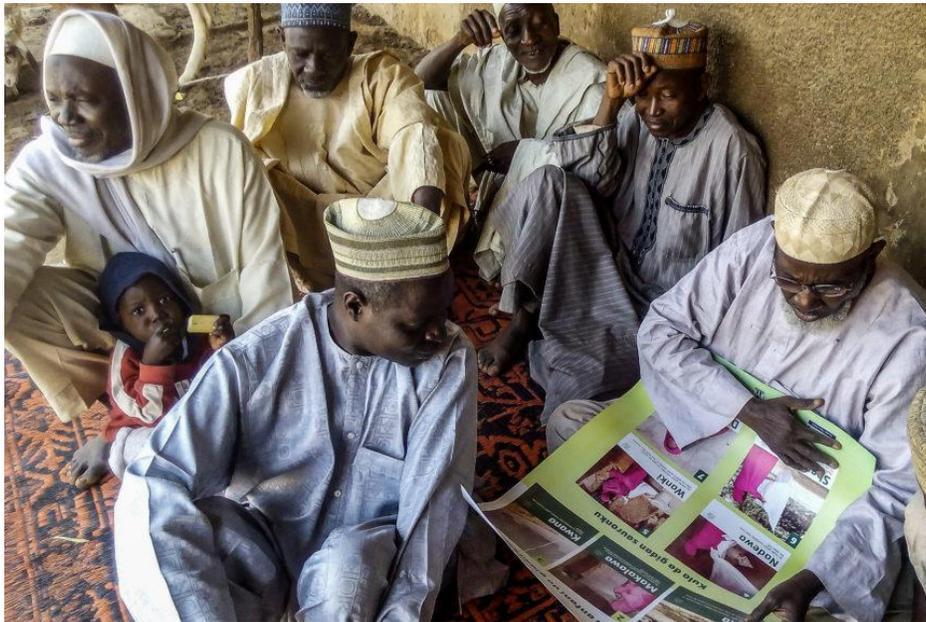


Photo credit: Johns Hopkins Center for Communication Programs

At times, larger factors outside of your control can affect your ability to support prevention and treatment behaviors successfully. For example, your community may not have enough insecticide-treated nets for each household, or your community may not have access to a healthcare facility for malaria treatment. In these cases, advocacy can be a useful tool for overcoming barriers. Through advocacy, communities can demand the resources and tools they need from leaders to enact behavior change.

Questions to Ask for Overcoming Barriers:

- What structural barriers exist that might prevent community members from accessing the goods and services they need to do the recommended malaria behaviors?
- What advocacy needs to happen at the national level? At the local level?

## Engaging with Other Leaders and Collaborators

Building new relationships and engaging with existing partners will help strengthen your malaria efforts. Some of the benefits of engaging other leaders in your malaria activities are below (adapted from the [Advocacy for Resource Mobilization Guide](#)).

- **Resource Sharing:** Your organization's assets and strengths are amplified by your partnerships with other leaders when you work together toward a common goal.
- **Spanning Sectors:** Multisectoral collaboration (across health, education, government, agriculture) is key in the fight against malaria.

- Aligning Priorities and Goals: Diverse community partners are essential to make sure your malaria activities meet community needs.
- Knowledge: Multiple perspectives and knowledge will be key for the success of your malaria behavior change activities.

## Identifying Potential Partners

Brainstorm existing partnerships within your organization and potential new partnerships. See the [Situation Analysis](#) section for examples of local leaders you should be working with. Potential partners could be:

- People who can contribute to the discussion, identify barriers, and commit themselves to work toward solutions.
- People searching for opportunities and/or those trying hard to affect change in the community.
- Officials and other actors with the power to transform the system and/or people who can reach and influence those in power ([LSP Participatory Systems Analysis Guide](#), part 3).

Users of this toolkit can find each other, compare experiences, and get ideas by joining the Springboard for Health's special online [Group for Community and Faith Leaders](#).

## Building Interest

Once you have identified leaders and potential partners, how do you inspire them to participate in your organization's malaria behavior change activities? Some tips for engaging new partners are (from [LSP Participatory Systems Analysis Guide](#), part 3):

- Invite the collaborators to participate in a discussion of how malaria is affecting their community. Ask them to contribute their ideas and suggestions. Engage with them using a language they understand and show them clearly the possible benefits of participating.
- Get to know the collaborators well and build trust with them. Understand their current situation (needs, potential, fears, expectations), history (how and why they got to where they are), and visions of the future (what is likely to happen without the project and thanks to it?).
- [How to Conduct a Stakeholder Workshop](#) is a useful tool for building interest.

Advocacy Examples:

- [Zero Malaria Starts with Me](#) is an advocacy campaign from the Roll Back Malaria Partnership.
- As part of the Zero Malaria Starts with Me campaign, several countries have started their own [End Malaria Councils and End Malaria Funds](#), which consist of senior business and government leaders across all sectors to advocate for malaria resources and troubleshoot local issues in malaria control.

Key Annual Opportunities for Advocacy Activities:

- [World Malaria Day](#): Annually on April 25
- [World Mosquito Day](#): Annually on August 20
- [SADC Malaria Day](#): Annually on November 6

## Additional Resources: Advocacy

Engaging with Other Leaders and Collaborators:

- [Advocacy for Resource Mobilization Guide](#) — Johns Hopkins Center for Communication Programs
- [Participatory Systems Analysis: Method in a Nutshell](#) — Local Systems Practice (LSP)
- [People's Caravan](#) — Reflection Action

Building Interest:

- [How to Conduct a Stakeholder Workshop](#) — Johns Hopkins Center for Communication Programs
- [End Malaria Councils and End Malaria Funds](#) — African Leaders Malaria Alliance

Zero Malaria Starts with Me\*:

- [Zero Malaria Starts with Me Website](#) — RBM Partnership to End Malaria; African Union
- [Zero Malaria Starts with Me Toolkit](#) — RBM Partnership to End Malaria; African Union
- [World Malaria Day – 2020 – Advocacy and Communications Toolkit](#) — Zero Malaria Starts with Me

\*Zero Malaria Starts with Me is a campaign for a malaria-free Africa. The Zero Malaria Starts with Me advocacy toolkit has resources for planning, gaining political support, finding funding, starting local advocacy campaigns, and measuring the progress of your advocacy efforts. The resources in this toolkit can help unite different actors working on malaria, engage new partners, and support local advocacy efforts.

Partnerships:

- [Advocacy for Resource Mobilization \(ARM\) Guide](#) — Johns Hopkins Center for Communication Programs
  - Stakeholder Influence and Stakeholder Mapping (page 21)
- [Multisectoral Action Framework for Malaria](#) — RBM Partnership to End Malaria

## Important Acronyms

ACT	Artemisinin-based Combination Therapy
ANC	Antenatal Care
CCP	Johns Hopkins Center for Communication Programs
IPTp	Intermittent preventive treatment in pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated net
LLIN	Long-lasting insecticidal net
M&E	Monitoring and Evaluation
PMI	U.S. President's Malaria Initiative
SBC	Social and behavior change
USAID	United States Agency for International Development
WHO	World Health Organization

## Glossary and Key Concepts

**Barrier:** Something that prevents somebody from behaving a certain way (it could be structural or emotional, etc).

**Burden of Disease:** Death or loss of health due to a disease (in this case, malaria), injury, or risk factor.

**Community-Level Leaders:** People working on anti-malaria efforts in local communities or are engaged in community health initiatives, or leaders that are connected to your organization at the community-level; or people able to connect with others most affected by malaria, and describe the unique challenges in their specific context.

**Core Values:** The deeply ingrained principles that guide your organization's actions, and are woven into your organization's existing activities.

**Facilitator:** Something that helps people to perform a desired behavior (like a cash incentive for attending Antenatal Care, for example).

**Gatekeepers:** Individuals who control access to necessary people or resources.

**Health Leaders:** Actors are connected to the formal or informal health system and may see the effects of malaria on the community regularly; may influence community perceptions of malaria and be key actors in malaria prevention and treatment.

**Indicator:** A tool used to measure social and behavior change program progress and/or assess the state of a program by defining its characteristics or variables and then tracking changes in those characteristics over time or between groups.

**Indoor Residual Spraying:** A core mosquito control intervention that can rapidly reduce malaria transmission through the application of a residual insecticide to internal walls and ceilings of homes where mosquitos carrying malaria may come into contact with the insecticide. By killing mosquitos that carry malaria, this intervention can prevent the spread of malaria to humans.

**Insecticide-Treated Net:** Also known as a long-lasting insecticidal net, a protective bed net coated with insecticide to deter malaria-carrying mosquitos and protect people from mosquitoes through the physical protection of the net and the killing of the mosquitoes when they come in contact with the insecticide.

**Intermittent Preventive Treatment in Pregnancy:** Antimalarial medicine given to pregnant women at routine antenatal care visits, regardless of whether the recipient is infected with malaria, to prevent malaria, and reduce the likelihood of anemia, low birth weight, and neonatal mortality.

**Monitoring:** The systematic collection of data on key indicators to track the progress of programs or initiatives.

**Evaluation:** The process of accessing data collected through monitoring to understand how activities can be adjusted, improved, or changed.

**Multisectoral Collaboration:** A multi-pronged effort to battle malaria using the strength of different sectors and institutions working toward a common goal.

**Opinion Leaders:** Individuals who may hold sway or be looked up to in a community, including community leaders, politicians, educators, celebrities, journalists, artists, religious leaders, etc.

**Peak Malaria Transmission:** The period of time during the year when malaria transmission and infection rates are highest (in many places, the transmission of malaria varies seasonally).

**Seasonal Malaria Chemoprevention:** The intermittent administration of a full treatment course of antimalarial medication to prevent malaria in children under five years old. (Seasonal malaria chemoprevention is only recommended in certain areas where there is high seasonal transmission of malaria. The treatment has been shown to be effective in preventing malaria in children under five, one of the most vulnerable groups to malaria infection and death.)

**Stakeholders:** Individuals who know something about malaria in local communities or are affected by it.

**Symptoms:** Physical or mental signs that show the potential presence of a disease.

**Target Audience:** The main audience whose behavior you want to change.

**Vector-Borne Disease:** Organisms that transmit diseases between humans or from animals to humans. Malaria is a vector-borne disease because it is transmitted between humans by mosquitoes.

## Malaria FAQ's

This section is designed to help faith and community leaders answer questions that may arise about malaria in their communities.

Please note that this list of questions is by no means exhaustive. If you are faced with a question that is not on this list, *don't hesitate to refer people to a community health worker or nearby health facility.*

### **Does eating specific foods cause malaria?**

Malaria is carried by mosquitoes. The only way you can get malaria is through the bite of a mosquito infected with malaria. Malaria is not caused by eating any specific food.

### **Does witchcraft cause malaria?**

Malaria is carried by mosquitoes. The only way you can get malaria is through the bite of a mosquito infected with malaria. That being said, malaria can cause complications that may be misinterpreted as witchcraft. For example, malaria, if untreated, can become severe and cause convulsions. You might view this as a sign of “being possessed” or witchcraft. However, this is a known symptom of severe malaria.

### **Why should I use an insecticide-treated net?**

Sleeping under an insecticide-treated net each and every night is one of the most important actions you can take to prevent malaria. The type of mosquitoes that carry malaria almost always bite between sunset and sunrise. Insecticide-treated nets provide a physical barrier to ensure mosquitoes cannot bite you when you are sleeping, and bed nets treated with insecticides provide even greater protection by killing or repelling mosquitoes.

### **How do I use a bed net?**

Whether you sleep inside or outside, you should always use an insecticide-treated bednet. If you are sleeping indoors, hang the net from the walls or roof to ensure that your bed or sleeping mat is covered completely. The net should be hung so that it can be tucked tightly under your bed or sleeping mat. If you are having trouble hanging your bednet, you can seek assistance from a community health worker.

### **Are insecticide-treated nets uncomfortable to sleep in?**

Some find it hot to sleep under an insecticide-treated net. However, sleeping under a net each and every night is one of the most effective actions you can take to protect yourself and your family from malaria. One added benefit of insecticide-treated nets is that they may help you sleep by preventing mosquitoes and other insects from flying around and making noise.

### **I have heard that bed nets cause itching and irritation. Is that true?**

Some people find that their insecticide-treated nets cause itching and irritation. This is typically because the net was not aired out when it was first received. To avoid irritation and itching, spread your new net out in the shade for at least 24 hours before using it for the first time.

### **Does using a bed net cause infertility?**

The insecticides used to treat nets are not harmful to people and do not cause infertility. The World Health Organization conducts rigorous safety assessments and inspections of products before they are approved for use. Insecticide-treated nets have been proven safe for use by adults, children, and babies.

### **Can my child get sick from playing or chewing on a bed net?**

The insecticides used to treat net are not harmful to people and your child cannot get sick from playing, sucking, or chewing on your net. The World Health Organization conducts rigorous safety assessments and inspections of products before they are approved for use, and insecticide-treated nets have been proven safe for use by adults, children, and babies.

### **How should I care for my insecticide-treated net?**

When not in use, it is recommended that you tie up or fold your insecticide-treated net and protect it from sunlight. These actions will help ensure that your bednet protects you for a long time. If you find that you need to wash your bednet, it is recommended that you wash it very gently in a basin with cold water and ordinary soap. Do not wash your insecticide-treated net more than is needed, as the insecticide used to repel mosquitoes becomes less effective with repeated washing. You should also be sure to dry the mosquito net in the shade, never in the sun, as sunlight will harm the insecticide.

### **After I receive a new net, what can I use my old bed net for?**

Unless, you have received a new net, maintain and use your net for as long as possible to protect against malaria. Once you receive a new net, you can use your old net as curtains, window or door screens, or stuffing in eaves. You should not burn your old bed net or dispose of it in water.

### **Can I use my bed net for fishing?**

The main purpose of an insecticide-treated net is to prevent mosquito bites. Some insecticide-treated nets are treated with insecticides that are not harmful to people but that can be very harmful to small fish and can hurt the fish population.

### **Can spraying the walls (indoor residual spraying) of the inside of my home cause infertility?**

The insecticides used for indoor residual spraying are not harmful to people and do not cause infertility when used properly. The World Health Organization conducts rigorous safety assessments and inspection of products before they are approved to use, and individuals spraying are trained in proper application of insecticides.

### **Are larviciding and/or other environmental management techniques recommended for malaria prevention?**

Larviciding is an intervention that targets the immature stages of mosquitoes in their habitat. It is difficult to predict when and where mosquito breeding sites will form. This makes it challenging to find and treat breeding sites before adult mosquitoes emerge. Given these challenges, larviciding is not used on a large-scale to prevent malaria in Africa. The best thing you can do to prevent malaria is to ensure everyone in your household sleeps under an insecticide-treated net each and every net. Pregnant women should also seek antenatal care as soon as they discover they are pregnant and take the preventive medicine given by their health care provider.

### **Is there a vaccine that I can get to prevent malaria?**

A vaccine for malaria is currently being tested in three countries: Malawi, Kenya, and Ghana. However, available evidence suggests the vaccine only provides partial protection against malaria. This means that the vaccine does not fully prevent malaria transmission and that some individuals who receive the vaccine may still get sick with malaria. For this reason, it is critical to continue to rely on trusted malaria interventions such as the use of insecticide-treated nets, indoor residual spraying, prompt care-seeking, and preventive treatment during pregnancy.

### **I am pregnant. Where should I seek care to prevent malaria? Should I take medication to prevent malaria while I am pregnant?**

As soon as you realize you are pregnant, you should seek antenatal care at a health facility. If appropriate, your provider will give you medication to prevent malaria. This medication is free and will not harm your baby. Still, it will help prevent malaria, which is important because when you are pregnant, you have less immunity (natural protection) to malaria. During your initial visit to the health facility, you will also likely be provided with an insecticide-treated bednet. You must sleep under the bednet each and every night. This will also help ensure you avoid getting sick. It is also important that you continue to visit the health facility throughout your pregnancy duration regularly. This will ensure that you continue receiving antenatal care and additional doses of the medication to prevent malaria.

### **When should I seek treatment for a fever?**

As soon as you or your child develops a fever, ideally within 24 hours, you should visit the nearest health facility or community health worker to be tested for malaria using a rapid diagnostic test or microscope. It is critical to seek treatment early to prevent the onset of severe illness.

### **I think I might have malaria. Should I go to my traditional healer for treatment?**

Fever can be caused by many illnesses. In order to get the correct treatment, you will want to know for sure that you have malaria. The only way to confirm whether you have malaria is to be tested using a rapid diagnostic test or microscope by a trained health care provider.

### **How accurate are malaria tests? Can a malaria test be wrong?**

Malaria tests are very accurate, and their results are reliable and trustworthy. There is a very small chance that a malaria test might be interpreted incorrectly. However, the key is to follow your health care provider's instructions. If your test is positive and your provider recommends taking a medication, you should do so. If your test is negative and your provider indicates no need to take medication, you should follow their instructions.

### **What medications should someone who is sick with malaria take?**

Several different medications treat malaria. You should follow a trained health care provider or community health worker's instructions as to what medication you should take. Once a medication has been prescribed, do not share the medicine with anyone, and be sure to take the full course of treatment, even if you start feeling better.

### **When should I take medication for malaria?**

Only take malaria medication when you test positive for malaria and a trained health care provider gives it to you. The medicine for treating simple malaria is free in health care facilities, and you should take the entire course as directed. You should not save medication for a future illness because your illness might come back if you don't take the full course. You may also be told to take medication for malaria if you are pregnant.

### **Are there any foods that cure malaria?**

Malaria is treated with medication. There are no specific foods that cure malaria. However, a person with malaria may have anemia, in which case meat, beans, and high-iron foods, like leafy greens, may be encouraged. It's important to follow the advice of your health care provider.

## Additional Questions

If you have additional questions, we encourage you to reach out to a trained community health worker or visit a local health facility. You can also reach out to the National Malaria Control Program in your country. In general, however, if you are unsure of an answer to a question from a member of your community, please don't hesitate to say that you're unsure and refer them to a community health worker or nearby health facility.

The RBM Partnership to End Malaria has put together a list of the most commonly asked questions about malaria: [World Malaria Day – Frequently Asked Questions](#).

## Annex: Worksheets

This section contains the same worksheets provided for the activities listed for steps 1-7 under the section, ***Understanding Malaria SBC in Your Work***.

All of these worksheets are available in English, French, and Portuguese and can also be accessed on the Malaria SBC Toolkit for Community and Faith Leaders website: <https://communityleadermalaria toolkit.org/>.



# Malaria SBC Toolkit

for Community and Faith Leaders

## Worksheet: Key Audience

Key Audience	Describe the Characteristics of the Members <i>(Age, Gender, Marital Status, Number of Children, Education Level, Income, Occupation, Location, Access to Health Facilities)</i>	Effect of Malaria on this Group <i>(Low/Medium/High)</i>	Does your organization have a unique ability to reach and influence this audience?	Can They Make Decisions About Whether to Adopt Positive Malaria Behaviors? <i>(Yes or No)</i>





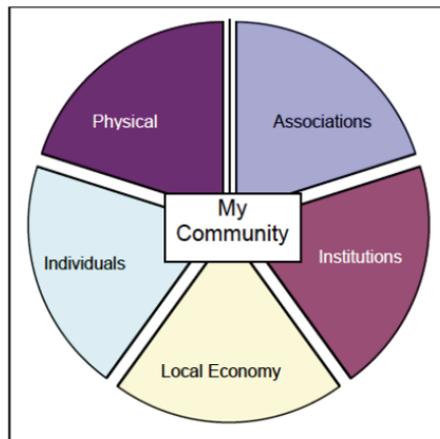
# Malaria SBC Toolkit

for Community and Faith Leaders

## Worksheet: Community Asset Map

### Associations

### Physical Space



### Institutions

### Individuals

### Local Economy



# Malaria SBC Toolkit

for Community and Faith Leaders

## Organizational Assets Worksheet

Your organization's assets	How can these assets be connected to malaria activities at the community level?





**Table to Help Plan Activities**



# Malaria SBC Toolkit

for Community and Faith Leaders

Table to Help Plan Activities

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Peak malaria transmission season</b>												
<b>Rainy Season</b>												
<b>Planned malaria activities by local government</b>												
<b>Maternal/Child Health</b>												
<b>Insecticide-Treated Nets</b>												
<b>Case Management for Malaria</b>												



U.S. President's Malaria Initiative





# Malaria SBC Toolkit

for Community and Faith Leaders

## Activities Worksheet

**Desired Action** (*Malaria Prevention and Treatment Behavior*):

**Target Audience:**

**Points of Alignment With Organization's Mission:**

**Points of Alignment With Community Values:**

### Barriers and Facilitators

**What makes it easy for this group to do or support this behavior?**

**Can your organization influence these factors?  
If yes, how?**



**USAID**  
FROM THE AMERICAN PEOPLE



**U.S. President's Malaria Initiative**

**Breakthrough  
ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE



## Activities Worksheet

What makes it hard for this group to do or support this behavior?	Can your organization influence these factors? If yes, how?

### Key Promise/Benefit

What is the key benefit/promise if this group adopts the behavior?	Do these benefits/promises fit with your organization's teachings/mission?





# Malaria SBC Toolkit

for Community and Faith Leaders

## Activities Planning Sheet

**Activity Description** (*Who, What, Where, When*):

Task	Person Responsible	Resources Needed	Timeline



**U.S. President's Malaria Initiative**





# Malaria SBC Toolkit

for Community and Faith Leaders

## Tailoring Your Messages Worksheet

<b>Audience</b>	
<b>Description</b>	
<b>Desired behaviors/ practices</b> <i>(Selected malaria control and prevention behavior)</i>	
<b>Actual behavior/practice</b>	
<b>Priority behaviors for change</b>	
<b>Barriers/ constraints</b>	
<b>Key constraint</b>	

<b>Key influencers</b>	
<b>Key promise</b> <i>(Main benefit for target audience associated with proposed behavior change)</i>	
<b>Support statement</b> <i>(Why the audience should believe the promise)</i>	
<b>Promise statement</b>	If you _____, you will _____
<b>Key messages</b>	
<b>Communication channels and activities</b>	





# Malaria SBC Toolkit

for Community and Faith Leaders

## Activities, Goals, and Indicators Worksheet

Malaria Activity	Activity Frequency	Goal(s)	Indicator(s)



**USAID**  
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative

**Breakthrough  
ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE

