



SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION LEARNING BRIEF

SBCC Project Learning Brief
April 2019

LEARNING BRIEF

BACKGROUND

In 2017 GlaxoSmithKline (GSK) and Comic Relief jointly funded four malaria projects in Mozambique, three of which had social and behaviour change communication (SBCC) components. This brief summarizes the learning from conducting SBCC interventions in

different provinces of Mozambique. Each organization used similar methods of conducting SBCC activities but had their own signature techniques and organizational strengths. Here is a snapshot of each organization and its specific SBCC intervention(s):

Doctors with Africa (CUAMM)

Doctors with Africa (CUAMM) is an Italian organization that works both in clinical and community interventions in partnership with Fundação Wiwanana. Their signature interventions include supporting mobile clinics to increase coverage of antenatal care and prevention of malaria in pregnancy, and early treatment

N'weti

A local Mozambican organization that focuses on communication for behaviour change in the health sector. N'weti's Communication for Health includes Community Dialogues (CD) and Community Score-Card (CSC). CD consists of groups of 20 men and women who carry out facilitated weekly sessions on six different malaria topics (totalling 6 weeks). CSC is an approach that pulls together the community

and health facility staff to score the health services and establish commitments and advocate for their improvements.

Interfaith Program to Combat Malaria (PIRCOM)

A local Mozambican organization that focuses on using faith leaders to disseminate malaria prevention and treatment messages and tailoring messages to the local context.

Reference map on back cover for a depiction of the districts where each partner was active.

COMMON SUCCESSFUL INTERVENTION APPROACHES

1

USING A VARIETY OF INFORMATION DISSEMINATION METHODS

Community members received information in multiple forms, such as home visits, health talks in the community, and community radio.

2

REPEAT MESSAGES

Projects repeated messages so that the beneficiary would internalize the messages

3

USE OF HOME VISITS

All projects used community health workers (CHWs) to visit households to disseminate malaria prevention and treatment messages and found this to be a highly successful.



COMMON COMMUNICATION STRATEGIES

Home visits from a CHW;

Use of community radio;

Health facility management committees conduct malaria messages at health facility and advocate for improved services;

Community theatre (N'weti and CUAMM);

CHW referral to health center.

KEY LESSONS LEARNED

Key Lesson #1

Advocacy for improved health services needs to be included in behaviour change communication projects.

Organizations emphasized demand creation for mosquito nets and for malaria tests and treatment. However, if these services were not available, accessible, or were of poor quality, this undermined the project's efforts. Therefore, demand creation needs to be accompanied by community-led advocacy to ensure the availability and quality of malaria prevention and treatment methods.

CONCLUSION:

Projects with behaviour change interventions should also include advocacy components. N'weti's Community Score Card Advocacy Intervention was successful in Nampula by making large and small changes to improve quality of care and should be considered as a standard advocacy model for future projects.

Key Lesson #2

SBCC messages need to address specific fears and myths of community members.

Some projects found that pregnant women feel anxious about the HIV test that is standard practice at the first prenatal care visit. Some women believe that anti-malaria medication given during pregnancy causes HIV and that IPTp can cause an abortion. These are barriers to prenatal care for many women. In Nampula, community members thought that if they were tested for malaria, they would also be tested for HIV. In all projects, there was a lack of awareness of the need to complete the full dose of medication for malaria. Patients often stopped taking medication once they felt better and would save the rest of the medication.

CONCLUSION:

SBCC messages should address the specific fears and misconceptions that community members have about malaria prevention, testing, and treatment. Education on how to take malaria treatment and side effects should be included in SBCC messages combined with advocacy to increase treatment counseling at the health facility.

Key Lesson #3

SBCC messages should target a broader audience and utilize existing community stakeholders and resources.

All three projects targeted adults for the behaviour change messages. The organizations realized it would be important to include youth so that the positive health behaviours are adopted early in life. Additionally, organizations felt it would be important to work with traditional health practitioners in the ways that TB and HIV projects work with them to help refer patients to the health facility.

CONCLUSION:

Schools and traditional health practitioners should be included in behavior change activities. Traditional health practitioners can be trained to diagnose malaria, educate patients and refer them to the health facility.

Key Lesson #4

Need to conduct behaviour change around gender norms in addition to specific malaria prevention messages.

Two common problems in malaria treatment and prevention are that children are taken late to get treatment, and pregnant women delay going for ANC visits. One common reason for these delays in treatment-seeking is because permission needs to be given by the husband or the mother in law before a woman or child can go to the health facility, in many communities. Gaining permission takes time. Working to change this gender norm has empowered women and resulted in the timely treatment of pregnant women and children.

CONCLUSION:

Organizations should learn how gender norms affect health behavior and include behavior change messages around harmful gender norms.

Key Lesson #5

Interventions should include work with pharmacies at the health facilities.

In all three projects, community members lacked information on how to take medication and side effects. Due to the high volume of patients at health facilities, health providers often lack the time to counsel patients on how to take their medication. Projects can work with pharmacies to provide this counselling. It is also important to collaborate with pharmacies to help stop illicit charges for malaria medication and to collect data on malaria treatment.

CONCLUSION:

Organizations can partner with pharmacies to help increase medication counseling, stop illicit charges and collect data on malaria treatment.

Key Lesson #6

Community Referrals to the Health Facility

In some of the projects, CHWs who conducted home visits also provided referrals to the health facility. They found that when the patient arrived at the health facility,

They found that when the patient arrived at the health facility, if (s)he did not feel that the referral had helped them in any way (gave them a priority, etc), they stopped taking the referral from the CHW. Referrals are important because the patient also receives a counter-referral at the health facility to take home to show the CHW that explains what treatment they received. This provides a way to track if people are going to the health center when they have symptoms and allows the CHW to follow up on their treatment. A solution to this problem was to talk with the health center about giving priority to patients with referrals, or at least to have a system where the patient shows their referral, and it helps them be directed to the appropriate doctor or technician. "Linkage meetings" with the health center were also useful.

CONCLUSION:

For referral and counter-referral behavior change interventions to work effectively, the referral should be linked to some benefit or increased ease in accessing services for patients to utilize them. Referrals also require strong collaboration with the health facility.

CONCLUSION

SBCC interventions work well when they are in various forms and are repeated often. Beneficiaries particularly liked home visits because they are interactive. SBCC messages should address the fears and myths of community members in addition to educating about malaria causes, prevention, and treatment. Addressing gender norms and advocating for a constant supply of tests and treatment is vital to see lasting changes in health behaviours.



● PIRCOM ● CUAMM ● N'Weti



This learning brief was compiled by an independent consultant in September- December 2019 at the end phase of the three projects. Information was gathered through interviews with project staff and secondary data analysis.