

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IN SUPPORT OF MALARIA IN PREGNANCY CONTROL PROGRAMMING: A FIVE COUNTRY REVIEW

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Overview of Dates Documents Last Revised

	Nigeria	Malawi	Ghana	Zambia	Liberia
National Malaria Strategy	2014-2020	2011-2015	2008-2015	2011-2015	2010-2015
National RH Strategy	2010	2011-2016	2007-2011	2005	2010
National SBCC Strategy	2010	2009-2014	Not available	2011-2014	2005
MIP Guidance Document	2005	2012	circa 2008	Not found	2013
MIP Training Materials	2012	2013	circa 2008	Not found	Not found
MIP Case Management	2011	2013	2009	2014	2008
Malaria M&E Plans	2009	2011-2015	2009	2006-2011	Not found

Acronyms

ACSM	Advocacy, Communication, and Social Mobilization (term for SBCC in Nigeria)
ACT	Artemisinin Combination Therapy
ANC	Antenatal Care
CBO	Community Based Organization
DHS	Demographic and Health Survey
DOT	Directly Observed Treatment (for IPTp)
GFATM	Global Fund to fight AIDS, TB and Malaria
HC3	Health Communication Capacity Collaborative
IPTp	Intermittent Preventive Treatment in pregnancy
ITN	Insecticide-treated Nets
LLIN	Long Lasting Insecticide-treated Nets
MICS	Multi-Indicator Cluster Survey
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MPR	Malaria Program Review
NFM	New Funding Mechanism for GFATM
NMCP	National Malaria Control Program
NMEP	National Malaria Elimination Program (Nigeria)
NMS	National Malaria Strategy
PMI	US President's Malaria Initiative
RDT	Rapid Diagnostic Test
RBM	Roll Back Malaria
RH	Reproductive Health
RHS	(National) Reproductive Health Strategy
SBCC	Social and Behavior Change Communication
SP	Sulfadoxine-Pyrimethamine (the drug used for IPTp)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TMM	Trained Midwife

Executive Summary

The burden of malaria has dropped significantly in the last 10 ten years. It is unfortunate that this completely preventable disease continues to exist at all, particularly among pregnant women, where malaria can have extreme consequences on both maternal and fetal outcomes. Research has shown that effective social and behavior change communication (SBCC) programs can have an impact on the uptake of malaria in pregnancy (MIP) interventions, including the use of long lasting insecticide treated nets (LLINs), taking at least three doses of intermittent preventive treatment during pregnancy (IPTp), and prompt treatment seeking behavior that utilizes rapid diagnostic tests (RDTs) and artemisinin-based combination therapies (ACTs). The extent to which SBCC for MIP is integrated into country programs, however, is unclear.

To address this issue, this review of five countries (Ghana, Liberia, Malawi, Nigeria, and Zambia) was conducted to assess the extent to which MIP SBCC guidelines have been incorporated into national strategic plans. The review collected the following strategic documents from each of the five countries as available:

- National malaria strategies
- National malaria case management documents
- National reproductive health documents
- National malaria communication strategies
- MIP guidelines and training documents
- Malaria monitoring and evaluation frameworks

Each document was reviewed for document-specific criteria that indicate the depth, harmonization, and integration of SBCC for MIP in country programs. A summary of document findings and country specific recommendations is provided for each of the five countries.

A collective summary of overarching findings that can be seen across all of the countries includes the

following statements referencing SBCC for MIP in strategic documents:

1. National malaria communication strategy objectives and activities are not always consistent with those laid out in the national malaria strategic plan.
2. Strategies do not tend to segment audiences thoroughly. Service providers and those who support pregnant women are rarely mentioned.
3. Knowledge is an overly emphasized focus of SBCC efforts. Attitudinal behavioral determinants are seldom addressed. Those countries looking to conduct formative research to inform MIP priorities should assess self-efficacy, perceived risk, and social norms.
4. Country specific barriers to behaviors that prevent and control malaria in pregnancy, identified in the documents' situation analysis, are not often addressed by SBCC strategies.
5. If and when countries' national malaria control program and reproductive health units integrate their service providers' training activities, documents, and supporting activities, the manner in which this occurs is not well detailed.
6. National malaria strategies do not always outline objectives that are detailed enough to guide the development of effective national communication strategies.

Introduction

With the introduction of the President's Malaria Initiative (PMI) in 2007, coordination mechanisms like the Roll Back Malaria Partnership and funding mechanisms like the Global Fund, the burden of malaria disease has dropped significantly. Malaria deaths have been halved in the last decade but every new case of this completely preventable disease is unacceptable. Pregnant women are a particularly vulnerable group among adults, and malaria in pregnancy may account for the fact that women in their early reproductive years (15-29) have higher estimated incidence and death from the disease than men.¹ MIP is of great concern because of the "adverse consequences of malaria on maternal and fetal outcomes, such as placental infection, clinical malaria, maternal anemia, fetal anemia, low birth weight and neonatal mortality."²

MIP persists despite recognition and implementation of prevention and control behaviors like sleeping under LLINs, taking at least three doses of sulphadoxine-pyrimethamine (SP), and prompt treatment seeking behavior that utilizes RDTs and ACTs.³ The problem cannot be attributed to low antenatal care (ANC) attendance alone, as rates are now fairly high in most countries.⁴

There is a growing evidence base that indicates that targeted SBCC programs have impact on the uptake of malaria interventions. Research (table 1.1) reveals that there are individual and structural factors that influence uptake in MIP interventions, and that SBCC should focus on women, household members, community members, health care providers and health service managers. This would indicate not only pregnant women and those who support them, but service providers should be a focus of SBCC efforts. PMI has also recognized the importance of integrating SBCC into MIP programs and policies,

but the extent to which this occurs is not known. Key messages and training content developed by divisions of reproductive/maternal health and the National Malaria Control Program (NMCP) are not always harmonized, causing further confusion at the service delivery level. As well, the new WHO policy guidance on IPTp3+ is now being adopted in countries and input on messaging around the new policy is needed.

To better understand the strengths and challenges of MIP SBCC programming, HC3 has been asked to review five sample countries to assess whether they are incorporating SBCC guidelines into their national strategic plans for malaria and reproductive health. This report is the inventory of those findings.

Selection of these five countries is notable for a number of reasons. Malawi has had intermittent presumptive treatment for pregnant women (IPTp) in place for over ten years and has some of the highest ANC attendance rates in sub-Saharan Africa. Liberia is still rebuilding its health system after a civil war and its public health system is currently overwhelmed with an Ebola outbreak. Nigeria, the most populous malaria endemic country in the region, deals with malaria in states with populations that surpass other sub-Saharan countries. Zambia represents a country where distinct epidemiological zones have been recognized and used for planning. Ghana is the first country to recommend three doses of IPTp at routine ANC clinics. As each country's situation is unique, generic messages and untailed SBCC strategies are a waste of time and resources. Standard SBCC design, strategic planning, and evaluation processes laid out in this document have proven effective precisely because they address local contexts.

¹Murray CJL et al. Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. www.thelancet.com, July 22, 2014.

²World Health Organization's Global Malaria Program, Department of Reproductive Health and Research and Department of Maternal, Newborn, Child and Adolescent health. WHO policy brief for the implementation of intermittent preventive treatment of malaria in pregnancy using sulfadoxine-pyrimethamine (IPTp-SP) April 2013 (revised January 2014). WHO/HTM/GMP/2014.4

³Brieger WR. Malaria in pregnancy control services still lag below targets. *Africa Health*. July 2014: 17-19.

⁴Hill J, Hoyt J, van Eijk AM, D'Mello-Guyett L, ter Kuile FO, et al. (2013) Factors Affecting the Delivery Access, and Use of Interventions to Prevent Malaria in Pregnancy in Sub-Saharan Africa: A Systematic Review and Meta-Analysis. *PLoS Med* 10(7).

Review Process

This review is designed to inform decisions at the country level that will improve the design, implementation, and evaluation of SBCC for MIP. As MIP touches on more than one Ministry of Health in each of the four countries selected, multiple policy documents have been examined, each for a specific purpose. Ideally, the combination of core and supporting policy documents should answer the following three questions:

1. What are national SBCC priorities concerning MIP?
2. Are there SBCC interventions that address country specific MIP priorities?
3. Are national malaria control program and reproductive health units using consistent messaging and a coordinated approach to the roll out of SBCC activities addressing MIP?

National Malaria Strategy documents were examined to determine whether:

- SBCC is a prioritized MIP strategy.
- IPTp guidelines meet current (IPTp 3+), updated (IPTp 3) or outdated (IPTp 2+) WHO guidelines.
- Specific process, outcome and impact indicators for MIP are consistent with SBCC indicators.
- Specific MIP SBCC directives are provided.

Case Management documents were examined to note the presence or absence of:

- Current or updated IPTp guidelines.
- MIP-specific SBCC activities.
- An illustrated case management algorithm.

Reproductive Health documents were examined to note:

- Harmonization with the national malaria control program unit.
- Current or updated IPTp guidelines.

National Malaria Communication Strategy documents were examined to determine whether:

- Targeted MIP communication objectives and messages are included for primary and secondary audiences.
- IPTp target behaviors are consistent with current or updated WHO guidelines.
- MIP SBCC process, outcome, and impact indicators are consistent with the Malaria Strategy.
- SBCC interventions address identified MIP priorities.

MIP Guideline and Training documents were examined to determine whether:

- IPTp guidelines are current or updated.
- SBCC activities are MIP-specific.
- Materials are locally adapted/context-specific.
- There is an illustrated case management algorithm.

Malaria Monitoring and Evaluation Framework documents were examined determine whether:

- IPTp indicators are current or updated.
- SBCC process, outcome or impact indicators are included.

Document Details: Many national malaria policy documents are being revised as countries prepare their Global Fund concept notes. This section mentions whether or not these updated drafts reflect updated WHO IPTp guidelines. *It concludes with specific MIP challenges noted in the documents, whether or not there are SBCC activities to address these challenges, and recommendations to how to improve each country's SBCC approach.*

From the Woman's Perspective	From the Healthcare Provider's Perspective
<ul style="list-style-type: none"> • Individual level: factors related to a woman's knowledge, thoughts, beliefs, actions and behavior, pregnancy and health status. • Social/cultural/household level: factors related to a woman's economic and social position; household factors including gender roles, societal and cultural norms and traditions; and religious practices. • Environmental level: factors related to seasonality of malaria, weather conditions, physical access and transportation. • Healthcare system level: factors related to the various components and quality of the healthcare system, such as staff attitudes or performance, medication, service provision and user fees. 	<ul style="list-style-type: none"> • Individual level: factors related to the knowledge, attitudes and performance of individual healthcare providers. • Organizational level: factors related to the operation of the health facility unit, such as management, staff rosters/rotation and services. • Healthcare system level: factors that are dependent on higher levels of the healthcare system related to the various components and quality of services, such as supply of drugs or ITNs, development and dissemination of policy guidelines, training and supervision of staff, and imposition of user fees. • Non-Healthcare system: macro-level factors external to the healthcare system such as media, water supply, side effects of medications and women's practices.

Ghana

Malaria Strategy: MIP Elements Addressed in Document	
SBCC Priority	<ul style="list-style-type: none"> SBCC is among listed priority strategies (4.2.3.1)
IPTp Guidelines	<ul style="list-style-type: none"> Includes updated WHO guidelines (IPTp 3): <ul style="list-style-type: none"> All pregnant women will receive three doses of SP in antenatal clinics. Behavioral objective for IPTp does not follow WHO guidance on IPTp 3: All registrants at ANC receive at least two or more doses of SP.
MIP Objectives	<ul style="list-style-type: none"> Includes MIP-specific outcome indicators (informed by RBM Coordination Committee SBCC/IEC needs assessment) for insecticide-treated nets (ITNs) and IPTp: <ul style="list-style-type: none"> Objective for IPTp does not follow WHO guidance on IPTp 3: Increase early attendance of ANC clinics such that 100 percent of pregnant women will take at least two doses of SP by 2015. Increase the number of children under five and pregnant women sleeping under treated net from current levels to 85% by 2015. 100 percent of pregnant women use at least one personal protective measure by 2015. 100 percent of pregnant women shall receive at least two or more doses under DOT by 2015.
MIP Indicators	<ul style="list-style-type: none"> Includes MIP-specific process and outcome indicators for IPTp: <ul style="list-style-type: none"> Total number of pregnant women receiving IPTp1, IPTp2, IPTp3 through antenatal visits, listed separately. Percent of health facilities providing IPTp during ANC according to policy. Percent of ANC health workers trained in IPTp.
SBCC Directives	<ul style="list-style-type: none"> Includes MIP-specific communication interventions. <ul style="list-style-type: none"> Create awareness of IPTp among pregnant women. Includes IEC/SBCC initiatives that address multiple audiences with advocacy, information and policy dissemination.
CM Guidelines: Case Management Elements Addressed in the Document	
IPTp Guidelines	<ul style="list-style-type: none"> Follows updated WHO guidelines (IPTp3) but does not follow guidelines pertaining to IPTp exemptions: <ul style="list-style-type: none"> Pregnant women exempt from using SP includes those breastfeeding. Pregnant women exempt from using SP include women beyond 36 weeks of gestation.
Harmonization	<ul style="list-style-type: none"> Includes training manual/facilitator's guide for health facilities.
Algorithm	<ul style="list-style-type: none"> Includes diagnosis and treatment algorithm for health facilities.
RH Strategy: Harmonization Between Malaria Strategy and Reproductive Health Strategy	
IPTp Guidelines	<ul style="list-style-type: none"> Document predates updated WHO guidance for IPTp
Harmonization	<ul style="list-style-type: none"> IPTp is being implemented in collaboration with the RH and RCH (indicating a level of coordination with the Ministry of Reproductive Health) in public health facilities, as well as those managed by faith-based organizations. Includes MIP-specific interventions and corresponding outcome indicators. <ul style="list-style-type: none"> Encourage women and families to engage in community-based interventions designed for control of malaria, including household utilization of ITNs. <ul style="list-style-type: none"> Proportion of pregnant women who slept under an ITN the previous night. Implement strategies for specific intervention into conditions that can lead to complications in pregnancy or the postnatal period: malaria. <ul style="list-style-type: none"> Proportion of pregnant women who receive IPTp for malaria during the antenatal period. Includes malaria-specific strategic objective. <ul style="list-style-type: none"> Include collaboration with NMCP on ITN distribution.

SBCC Strategy: Unavailable document	
MIP Guidelines: Guideline Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Follows updated WHO guidelines (IPTp3) but does not follow guidelines pertaining to IPTp exemptions: <ul style="list-style-type: none"> Pregnant women exempt from using SP includes those breastfeeding. Pregnant women exempt from using SP include women beyond eight months from gestation.
Harmonization	<ul style="list-style-type: none"> Includes elements of MIP to be included on ANC register (IPTp, ITN use, ANC attendance) Includes MIP-specific behavioral output, outcome and impact indicators: <ul style="list-style-type: none"> Percentage of pregnant women receiving IPTp under direct observation. Percentage of pregnant women having slept under an ITN the previous night. Percentage of low-birth-weight singleton live births. Percentage of screened pregnant women with severe anemia in third trimester, by gravidity. Percentage antenatal clinic staff trained in MIP during past 12 months. Percentage of health facilities reporting stock-out of SP in past month. Percentage of pregnant women attending ANC visits who receive IPTp1, IPTp2, IPTp3 under supervision.
SBCC Activities	<ul style="list-style-type: none"> Identifies SBCC key activities, materials and target groups.
Algorithm	<ul style="list-style-type: none"> Includes treatment algorithm diagram.
MIP Training: Training Material Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Includes updated WHO guidelines (IPTp 3).
Locally Adapted	<ul style="list-style-type: none"> Includes locally adapted materials. Includes audience-specific messages by topic for facilitators.
SBCC Activities	<ul style="list-style-type: none"> Includes SBCC activities (scenario role-plays, lecturette, group discussion, case study and exercises). Includes list of MIP-specific topics that should be addressed during ANC.
Algorithm	<ul style="list-style-type: none"> Includes IPTp treatment algorithm.
M&E Framework: Monitoring and Evaluation Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Includes updated WHO guidelines (IPTp 3).
MIP Indicators	<ul style="list-style-type: none"> Includes MIP specific output indicators for ITNs, IPTp. <ul style="list-style-type: none"> Number of ITNs distributed (listed separately for PW through ANC). Percentage of pregnant women receiving IPTp1, IPTp2, IPTp3. Includes MIP-specific indicators for service providers that specify source of verification. Includes outdated guidance on IPTp.
SBCC Indicators	<ul style="list-style-type: none"> Includes SBCC process, outcome indicators (IPTp outcome indicator outdated). <ul style="list-style-type: none"> Number of SBCC materials produced (on multiple prevention methods). Proportion of pregnant women receiving two or more doses of IPTp for malaria during ANC visits. Proportion of pregnant women who slept under ITN the previous night.

Document Details

National Malaria Strategy, NMCP (2008-2015): This document reflects updated WHO guidelines (IPTp 3)

National Reproductive Health Strategy, MOH/RCH (2007-2011): This document reflects updated WHO guidelines (IPTp 3)

Malaria in Pregnancy Training Guidelines, MOH (Undated, circa 2008)

Malaria in Pregnancy Training Manual for Health Providers, NMCP: (Undated, circa 2008)

M&E Plan, NMCP (2008-2015): This document reflects updated WHO guidelines (IPTp 3)

Case Management Guidelines, MOH: (2009) This document partially reflects updated WHO guidelines (IPTp 3). Guidance on exemptions for pregnant women who are breast feeding, and the limitation on their last dose of SP are outdated. Includes additional (undated) Case Management Facilitators' Guide.

Specific MIP challenges: Ghana's Malaria Strategic Plan notes that according to GDHS ITN use in pregnant women was at 52%.

SBCC addresses MIP challenges: Ghana's 2008-2015 Malaria Strategic Plan features a number of behavioral objectives chosen to address ITN use across specific audiences. The only communication objective developed to specifically address malaria in pregnancy was to increase awareness of IPTp. It is likely that the National Malaria Communication Strategy addresses attitudes and social norms as well, but the document is not available for analysis.

Key SBCC recommendations:

- Ensure behavioral objectives listed in the national malaria strategy are consistent with its stated IPTp 3 policy
 - Update outdated IPTp exemptions in supporting documents
 - Make the National Malaria Communication Strategy available
 - Ensure that communication objectives are developed for service providers, and for secondary audiences
 - Develop communication objectives that address risks, self-efficacy, social norms, and attitudes regarding ANC visits, demand/use of IPTp and LLINs, and prompt care seeking
- Sample SBCC indicators that address risks, self-efficacy, social norms, and attitudes (RBM Malaria SBCC Indicator Reference Guide) about IPTp:
 - Proportion of pregnant women (and secondary audiences) who perceive they are at risk if they do not attend at least 3 ANC visits, demanding SP each time.
 - Proportion of pregnant women (and secondary audiences) who are confident in their ability to attend at least 3 ANC visits, demanding SP each time.
 - Proportion of pregnant women (and secondary audiences) with a favorable attitude towards IPT with SP.
 - Proportion of pregnant women who believe the majority of their friends regularly attend at least 3 ANC visits, demanding SP each time.
 - Proportion of pregnant women who have encouraged other pregnant women to attend ANC visits and demand SP each time.

Beyond Awareness

Ghana's National Malaria Control Program's principal focus in SBCC activities is raising awareness. While this is a critical first step toward facilitating target behaviors, decades of research in human behavior highlight exclusive focus on exposure to information is insufficient to affect change. Attitudes, social norms, perceived risk, and self-efficacy are important behavioral factors that should be addressed in any SBCC activity. The RBM Communication Community of Practice has developed a guide including indicators that measure these factors. The guide comes with a household survey and instructions for adapting indicators to country-specific needs. While these indicators are too exhaustive to be used, in their entirety, at the national level, they are an excellent tool to be used in formative research to inform priorities.



Malaria Behavior Change Communication (BCC) Indicator Reference Guide

February 2014



Liberia

Malaria Strategy	MIP Elements Addressed in Document
SBCC Priority	<ul style="list-style-type: none"> SBCC is listed among priority strategies (3.4.2)
IPTp Guidelines	<ul style="list-style-type: none"> Document predates updated WHO guidance on IPTp: <ul style="list-style-type: none"> At least two doses of SP.
MIP Objectives	<ul style="list-style-type: none"> Includes MIP-specific targets for ITNs, IPTp and case management. <ul style="list-style-type: none"> Increase access to prompt treatment for at least 80% of pregnant women by December 31, 2010 and sustain this level through 2015. Objective for IPTp predates WHO guidance on IPTp 3 : Increase the use of at least two doses of IPT to at least 80% by December 31, 2010 and sustain this level through 2015. Increase use of ITNs among pregnant women at least 80% by December 31, 2010 and sustain this level through 2015.
MIP Indicators	<ul style="list-style-type: none"> Includes MIP-specific outcome and process indicators for ITNs and IPTp: <ul style="list-style-type: none"> At least 80 percent of pregnant women attending antenatal consultation receive IPTp according to the national MIP protocol. Eighty percent of all pregnant women diagnosed with malaria receive prompt and effective treatment according to national treatment protocol. All pregnant women with suspected malaria at the community level are referred to the nearest health facility and receive prompt and effective treatment according to national treatment protocol. <ul style="list-style-type: none"> All clinical health facility workers are trained and monitored for quality management of malaria in pregnancy. All health training institutions have management of MIP incorporated in their curriculum and the staff to lead this training. All TMMs and CHVs are trained in prevention of MIP. At least 80% of pregnant women attending antenatal consultation receive long lasting insecticide-treated nets (LLINs). <ul style="list-style-type: none"> At least 85 percent of women of childbearing age sleep under LLINs. All health facilities have SP available for IPTp, with no stock-out lasting more than one week. <ul style="list-style-type: none"> The supply chain and management system of the MOH at central and health facility level is implementing an improved system for procurement and record keeping.
SBCC Directives	<ul style="list-style-type: none"> Includes MIP-specific communication interventions. <ul style="list-style-type: none"> Train service providers (including trained traditional midwives and community health volunteers) on SBCC strategies to promote the regular use of LLINs by pregnant women and early care seeking from appropriate providers for case management.
RH Strategy: Harmonization Between Malaria Strategy and Reproductive Health Strategy	
Harmonization	<ul style="list-style-type: none"> Includes objectives specifically concerning MIP: <ul style="list-style-type: none"> Ensure all health facilities provide focused ANC, including prevention of mother-to-child transmission and MIP.

SBCC Strategy	MIP SBCC Elements Addressed in Document
MIP Objectives	<ul style="list-style-type: none"> MIP objectives predate and are not consistent with the National Malaria Strategic plan's objectives.
SBCC Indicators	<ul style="list-style-type: none"> MIP-specific SBCC indicators include: <ul style="list-style-type: none"> By the end of 2006, increase by 10 percent the proportion of service provider who effectively counsel and give accurate information on IPTp By the end of 2006, there will be a 20 percent increase in the percentage of women of reproductive age in peri-urban and rural areas who know the importance of taking IPTp. Ensure service providers provide accurate and appropriate information, and give prompt and effective treatment to pregnant women and children under 5 years with malaria, consistent with the messages of RBM campaign. Ensure policy-makers provide political and financial support for IPTp, ITNs, home-based care and service delivery of malaria.
Audiences/ Messages	<ul style="list-style-type: none"> Primary and secondary MIP audiences listed with targeted messages and behavior and communication objectives for each. Includes key barriers to MIP prevention and control.
Channels	<ul style="list-style-type: none"> Includes channel-specific message delivery strategies.
SBCC Activities	<ul style="list-style-type: none"> MIP-specific SBCC activities address Liberia-specific knowledge, attitudes and social norms: <ul style="list-style-type: none"> Community and county level communication activities to change social norms influencing care for the child's health within the home and community, the use of ITNs for pregnant women and children under five and IPTp for pregnant women. A national level media campaign to address and empower parents regarding home-based management of malaria, treatment adherence, use of ITNs and importance of IPTp for pregnant women. Enhancement of community health workers' (CHW) ability to educate target audience through interpersonal communication and counseling skills training and provision of provider and client support materials. Advocacy and media initiatives that contribute to a more conducive environment for home-based management of malaria, IPTp and ITN usage.
Monitoring and Evaluation	<ul style="list-style-type: none"> Monitoring and evaluation work plan outlines procedures for the development of questionnaires, exit interviews, pre and post tests, mystery clients and impact evaluation. Process, output and impact list (too extensive to include here) listed by subject (ITNs, IPTp, ect).
MIP Guidelines: Guideline Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Follows current WHO guidelines (IPTp 3+).
MIP Indicators	<ul style="list-style-type: none"> Includes process, outcome and impact indicators for pregnant women and service providers
MIP Training: Unavailable Document	
M&E Framework: Unavailable document	

Document Details

National Malaria Strategy, NMCP: (2010-2015) Document does not reflect 2012 WHO IPTp guidelines.

Malaria Communication Strategy, NMCP: (2005) This document predates 2012 IPTp guidelines. The NMCP has solicited a consultant to facilitate the process of updating this strategy, the contract period was to be between November 2013 to January 2014, with the application deadline of October 28, 2013.

Malaria Communication Strategy, NMCP: (2009) This document has not yet been located.

National Reproductive Health Strategy, MOH: (2010)

Malaria in Pregnancy Guidelines, NMCP: (2013) This document reflects current WHO IPTp guidelines (IPTp 3+).

Case Management Guidelines, NMCP: (2008) This document predates 2012 IPTp guidelines.

Specific MIP challenges: Liberia's core documents acknowledge that low availability and access to health services in the post-conflict period remain a problem. The National Malaria Communication strategy states there is little or no use of IPTp and health care provider knowledge of IPTp is low.

SBCC addresses MIP challenges: Core and supporting documents list expanding service provider trainings, including trainings for midwives. The National Malaria Communication document focused on addressing existing attitudinal factors related to perceived severity of malaria and social norms regarding treatment. A Mercy Corps listenership study is cited as the rationale for selecting radio as an appropriate channel for pre-literate Liberians, of whom women were twice as likely to be pre-literate. Behavioral objectives, including improvement of health-seeking behavior and addressing perceptions about medication and treatment, in core and supporting documents, address the context-specific barriers identified. The National Malaria Communication document lists specific actions for MIP primary and secondary audiences. This approach is consistent with the P-Process emphasis on the importance of accurate audience segmentation and the selection of appropriate channels and messages with which to address each target audience.

Key SBCC recommendations:

- Update the National Malaria Communication Strategy (if not already in process) and ensure behavioral objectives in the existing National Malaria Strategy are consistent with identified behavioral determinants.
- Liberia's 2005 Malaria Communication Strategy included a comprehensive package of behavioral determinants that included knowledge, attitudes and social norms related to MIP. Use of the newly developed SBCC indicators to measure improvements in each area could be used to inform priorities during the creation of Liberia's updated Malaria Communication Strategy.

Malawi

Malaria Strategy: MIP Elements Addressed in Document	
SBCC Priority	<ul style="list-style-type: none"> SBCC is listed among priority strategies (6.2).
IPTp Guidelines	<ul style="list-style-type: none"> Document predates updated WHO guidance: <ul style="list-style-type: none"> Percentage of pregnant women who have access to and receive two or more doses of IPTp for malaria prevention.
MIP Objectives	<ul style="list-style-type: none"> Includes MIP-specific targets for case management: <ul style="list-style-type: none"> Eighty percent access to malaria prevention by pregnant women.
MIP Indicators	<ul style="list-style-type: none"> Includes MIP-specific outcome indicators for ITNs and IPTp. <ul style="list-style-type: none"> Percentage of pregnant women who slept under an ITN the previous night. Indicator for IPTp predates WHO guidance on IPTp 3: Percentage of women who receive at least two doses of IPTp. Eighty percent of children under 5 years and pregnant women sleeping under ITNs.
SBCC Directives	<ul style="list-style-type: none"> States the need to monitor and evaluate IEC and SBCC efforts, no specifics mentioned.
RH Strategy: Harmonization Between Malaria Strategy and Reproductive Health Strategy	
IPTp Guidelines	<ul style="list-style-type: none"> Document predates and is inconsistent with updated WHO guidance for IPTp.
Harmonization	<ul style="list-style-type: none"> Includes objectives specifically concerning MIP. <ul style="list-style-type: none"> Percent of eligible pregnant women receiving at least two doses of intermittent preventive therapy. Percent of pregnant women who slept under an ITN the previous night.
SBCC Strategy: MIP SBCC Elements Addressed in Document	
MIP Objectives	<ul style="list-style-type: none"> MIP objectives are more detailed than the National Malaria Strategy
MIP Indicators	<ul style="list-style-type: none"> MIP-specific outcome indicators include: <ul style="list-style-type: none"> Percent of households with pregnant women and/or child under 5 owning at least one ITN. Percent of pregnant women who slept under an ITN the previous night. Percent of pregnant women and children under 5 who slept in a house that is protected by IRS. Percent of pregnant women who received IPTp and followed treatment protocol. Percent of pregnant women attending ANC at least four times during the pregnancy. MIP-specific outcome indicators include: <ul style="list-style-type: none"> All pregnant women attend ANC at least four times during pregnancy. Pregnant women and children under 5 sleep under an ITN/LLIN every night, all year around. Objective for IPTp predates WHO guidance on IPTp 3: <ul style="list-style-type: none"> All pregnant women take at least two doses of SP.
SBCC Indicators	<ul style="list-style-type: none"> MIP-specific SBCC indicators include: <ul style="list-style-type: none"> Percent of target group who believe that ITNs are safe for children under 5 and/or pregnant women.
Audiences/ Messages	<ul style="list-style-type: none"> Primary and secondary MIP audiences listed with targeted messages and behavioral objectives for primary.
Monitoring and Evaluation	<ul style="list-style-type: none"> Includes key barriers to MIP prevention and control. Includes list of process, outcome, and impact indicators.
MIP Guidelines: Guideline Elements Addressed in Document	

IPTp Guidelines	<ul style="list-style-type: none"> Includes updated WHO guidelines for IPTp.
Harmonization	<ul style="list-style-type: none"> Malaria treatment and prevention services in the ANC should be viewed as an integral part of the MCH services in the improvement of the mother's and child health (indicating a level of coordination with Ministry of Maternal and Child Health).
Algorithm	<ul style="list-style-type: none"> Includes treatment algorithm diagram.
MIP Training: Training Material Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Includes conflicting WHO guidelines for IPTp: <ul style="list-style-type: none"> Introduction states pregnant women should receive at least three doses of SP. IPTp component mentions pregnant women should be given two doses of SP.
SBCC Activities	<ul style="list-style-type: none"> Includes locally adapted SBCC activity (role-plays).
Locally Adapted	<ul style="list-style-type: none"> Includes audience specific messages for health workers. Includes health education component encouraging messages and counseling that promote FANC, ITNs and case management. Includes monitoring and evaluation tool with process, outcome and impact indicators for patients and service providers on IPTp, LLINs and case management.
M&E Framework: Monitoring and Evaluation Elements Addressed in Document	
MIP Indicators	<ul style="list-style-type: none"> Percentage of pregnant women who slept under an LLIN the preceding night Percentage of women who received at least two doses of SP Number of pregnant women who received at least two doses of SP Number of IPTp studies conducted

Document Details

National Malaria Strategy, NMCP (2011-2015): This document predates 2012 WHO guidelines on IPTp. Updated draft in progress (revisions have been made to submit for GFATM NFM).

Malaria Communication Strategy, NMCP: (2009-2014) This document predates 2012 WHO guidelines on IPTp. The Malawi NMCP was finalizing the update to this document in December of 2014.

National Reproductive Health Strategy, MOH (2011-2016): This document predates 2012 WHO guidelines for IPTp.

Malaria in Pregnancy Training Manual, NMCP (2013) Though written in 2013, the manuals still stress 2-dose IPTp guidance in core content; only in list of sample MIP indicators at end are 3 doses mentioned.

Malaria in Pregnancy Training, NMCP: (2012)

Malaria Treatment Guidelines, NMCP: (2013) This document reflects the updated WHO guidance on IPTp.

M&E Plan, NMCP (2011-2015): This document predates 2012 WHO guidelines for IPTp.

Specific MIP challenges: Malawi's National Malaria Strategy mentions a strengths, weaknesses, opportunities, and threats (SWOT) analysis was completed during the document's creation. The analysis found the following issues: mixed messages of SP efficacy, misconceptions about side effects of SP, fear that SP causes abortion, a lack of knowledge about the importance and frequency with which to take SP. The National Malaria Communication document states that women in Malawi attend ANC only near the end of their pregnancy (and take only one dose of IPT) because it is inappropriate to share knowledge of pregnancy in early months.

SBCC addresses MIP challenges: Strategic objectives laid out in Malawi's core documents address some of these issues. Documents list key messages, categorized by subject, responsive to specific behavioral determinants uncovered in formative research, and developed with specific actions for primary and secondary audiences. Malawi's National Malaria Communication Strategy also provides instruction on how to integrate SBCC activities across the education, agriculture, home affairs, forestry, and social welfare and community development sectors. Specific messages are listed for each sector. This strategic, deliberate audience exposure to multiple channels that provide consistent, reinforcing messages is consistent with SBCC best practices (A Field Guide to Designing a Health Communication Strategy: Step Three, Integrating Messages, Channels, and Tools).

Key SBCC recommendations:

- The National Malaria Communication Strategy lists SBCC process, outcome and impact indicators that address knowledge and beliefs. Adoption of indicators that address the remaining attitudinal factors (social norms, perceived risk and self-efficacy) would complement those already addressed.
- To strengthen SBCC activities across government sectors, messages, including those concerning MIP, should be consistent for maximum impact.* If these messages were developed for use in a targeted SBCC campaign, their impact could be measured with propensity score matching or mediation analysis.

*Kincaid's Theory of Ideation

Nigeria

Malaria Strategy: MIP Elements Addressed in Document	
SBCC Priority	<ul style="list-style-type: none"> SBCC is listed among priority strategies (3.8).
IPTp Guidelines	<ul style="list-style-type: none"> Follows current WHO guidance (IPTp 3+): <ul style="list-style-type: none"> SP with each ANC visit after first trimester, at least three doses.
MIP Objectives	<ul style="list-style-type: none"> Includes MIP-specific targets for case management, LLINs, and IPTp: <ul style="list-style-type: none"> At least 80 percent pregnant women will sleep under LLINs (ITN). Objective for IPTp does not follow WHO guidance on IPTp 3: Eighty percent of women that received two doses of IPTp by 2017, 100 percent by 2020. Strategy six aims to “Strengthen delivery of prompt treatment malaria for pregnant women.” Eighty percent of pregnant women with fever/malaria receive appropriate and timely treatment according to the national treatment guidelines by 2017, 100 percent by 2020. Eighty percent of pregnant women regularly sleep under LLINs by 2017, 100 percent by 2020.
MIP Indicators	<ul style="list-style-type: none"> Includes MIP-specific outcome indicators for case management, LLINs and IPTp: <ul style="list-style-type: none"> Percent of pregnant women with fever/malaria receives appropriate and timely treatment. Indicator for IPTp does not follow WHO guidance on IPTp 3: Percent of women that received two doses of IPTp during pregnancy. Percent of women that slept under ITN/LLIN the previous night.
SBCC Directives	<ul style="list-style-type: none"> Includes communication activities, channels and indicators: <ul style="list-style-type: none"> Focused household visits and community dialogue forums deployed to boost LLIN use IPTp and IVM uptake. Number of communities reached with sustained social mobilization/outreach activities.
CM Guidelines: Unavailable Document	
RH Strategy: Harmonization Between Malaria Strategy and Reproductive Health Strategy	
IPTp Guidelines	<ul style="list-style-type: none"> Behavioral objective inconsistent with NMCP policy (IPTp 3+): <ul style="list-style-type: none"> IPTp with SP is given as a one-dose of a full course treatment ... and the second dose is given not earlier than one month after the first dose.
Harmonization	<ul style="list-style-type: none"> Includes community, health facility and government level SBCC activities. <ul style="list-style-type: none"> Mobilize/sensitize communities on the value of ANC, the risk of malaria in pregnancy and the concept and rationale for IPTp. Use SBCC strategy to encourage the community to accept and use IPTp in place of other remedies. Provide and distribute appropriate SBCC materials on IPTp. Undertake advocacy for the adoption of MIP interventions. Develop and disseminate appropriate advocacy package for IPTp.
Algorithm	<ul style="list-style-type: none"> Includes diagnosis and treatment algorithm for facility and community contexts. Includes case management algorithm for pregnant women with severe malaria.
SBCC Strategy: MIP SBCC Elements Addressed in Document	
MIP Objectives	<ul style="list-style-type: none"> MIP objectives are consistent with National Malaria Strategy objectives (see above)
SBCC Indicators	<ul style="list-style-type: none"> MIP-specific SBCC impact indicators include: <ul style="list-style-type: none"> Ninety percent of pregnant women will state correctly the role mosquitoes play in the transmission of malaria. Ninety percent of pregnant women will list the steps for correct LLIN use. Ninety percent of pregnant women will describe where one can obtain an LLIN. Eighty percent of women will use LLINs.

SBCC Strategy: MIP SBCC Elements Addressed in Document	
	<ul style="list-style-type: none"> Indicator for IPTp does not follow WHO guidance on IPTp 3: At least 80 percent of pregnant women attending FANC will use IPTp at least twice (three times in special cases) Eighty-five percent of pregnant women attending FANC will demand IPTp. Ninety percent of pregnant women will state dangers of MIP. Ninety percent of pregnant women will list the benefits of IPTp. Ninety percent of pregnant women will mention where to get IPTp and who should use it. Ninety percent of pregnant women will describe signs and symptoms that should prompt them to seek treatment for malaria. Ninety percent of pregnant women will describe the correct medicines and dosages for treating malaria. Ninety percent of pregnant women will mention where correct diagnosis and safe medicines for treating malaria can be obtained. Ninety percent of pregnant women will mention where correct diagnosis and safe medicines for treating malaria can be obtained. Behavioral objective inconsistent with NMCP policy (IPTp 3+): <ul style="list-style-type: none"> At least 80 percent of pregnant women attending FANC will use IPTp at least twice (three times in special cases) after quickening (one month apart) usually from four months of gestation.
Audiences/ Messages	<ul style="list-style-type: none"> Primary and secondary MIP audiences listed with targeted messages and communication objectives for primary, no specific objectives or messages listed for secondary audiences.
Channels	<ul style="list-style-type: none"> Includes specific channels for segmented (political, corporate, systems, community, individual levels) audiences (including pregnant women). <ul style="list-style-type: none"> Ninety percent of pregnant women will mention where correct diagnosis and safe medicines for treating malaria can be obtained.
SBCC Activities	<ul style="list-style-type: none"> Includes SBCC activities: <ul style="list-style-type: none"> Malaria-free Nigeria branding strategy with brand manual. State and private sector malaria communication campaigns. Doable actions for government, public and private partners, media, service providers, community health workers, private sector health companies, community gate keepers, CBOs, families and individuals.
Monitoring and Evaluation	<ul style="list-style-type: none"> Does not include SBCC/IEC outcome and impact evaluation: <ul style="list-style-type: none"> Implementers can evaluate the success of communication activities by tracking progress toward outcome indicators in program areas.
MIP Guidelines: Guideline Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Document predates updated WHO guidelines for IPTp. <ul style="list-style-type: none"> It (IPTp) will be administered at least twice to all pregnant women.
Harmonization	<ul style="list-style-type: none"> Guidelines require IPTp treatments to be recorded on the ANC card and antenatal register. Screening for moderate to severe anemia requires adherence to national RH guidelines.
SBCC Activities	<ul style="list-style-type: none"> IEC produced materials after careful design and pretesting (through collaboration with Federal Health Education Unit) TBAs (more info here)
Algorithm	<ul style="list-style-type: none"> Includes treatment algorithm diagram.
MIP Training: Training Material Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> Document predates updated WHO guidelines for IPTp: <ul style="list-style-type: none"> All pregnant women should receive two doses of SP as IPTp.
SBCC Activities Locally Adapted	<ul style="list-style-type: none"> Includes audience specific messages for service provider and trainee (separate modules). Includes locally adapted SBCC activities (scenario role-plays, knowledge gap analysis, myth/misconception invalidation, cue cards).
Algorithm	<ul style="list-style-type: none"> Includes MIP specific diagnosis/treatment algorithm.

M&E Framework: Monitoring and Evaluation Elements Addressed in Document	
MIP Indicators	<ul style="list-style-type: none"> Includes MIP process and outcome indicators that specify source of verification: <ul style="list-style-type: none"> Percent of pregnant women who slept under an ITN previous night. <ul style="list-style-type: none"> Number of pregnant women who received ITN/LLIN by type of service provider. Percent of pregnant women who received IPTp during their last pregnancy. <ul style="list-style-type: none"> Number of antenatal clinic staff trained in IPTp. Percent of pregnant women who receive IPTp 2. Percent of pregnant women attending ANC who receive IPTp 2. Percent of pregnant women admitted with severe malaria and correctly managed at health facilities.
SBCC Indicators	<ul style="list-style-type: none"> Includes SBCC process and outcome indicators (not MIP-specific): <ul style="list-style-type: none"> Chanel specific exposure to SBCC interventions. Percent of people exposed to campaigns who recall two malaria prevention measures by private and public sectors. Number of SBCC materials produced, disseminated.

Document Details

National Malaria Strategy, NMEP (2014-2020): This updated draft is being finalized by NMEP. The draft adheres to updated WHO IPTp guidelines.

Malaria ACSM Framework and Implementation Plan, NMEP: (2010): An updated draft being finalized by NMEP and HC3 in December 2014. The draft adheres to current WHO IPTp guidelines.

National Reproductive Health Strategy, MOH (2010) This document predates 2012 WHO guidelines for IPTp.

Malaria in Pregnancy Guidelines, NMCP (2005) This document predates 2012 WHO guidelines for IPTp. An updated draft is in progress (2013). The draft adheres to updated WHO IPTp guidelines.

Malaria in Pregnancy Training, NMEP: (2012) An updated draft is in progress (2013). The draft adheres to updated WHO IPTp guidelines.

National Guidelines on Diagnosis and Treatment of Malaria, NMCP (2011) This document predates 2012 WHO guidelines for IPTp.

Malaria Monitoring & Evaluation Framework, NMCP: (2009) This document predates 2012 WHO guidelines for IPTp.

Specific MIP challenges: Nigeria’s National Malaria Strategy notes that the lowest rates of ANC attendance are in the Northern states and that a focus on community-based care options is necessary. The document goes on to state that the role of community-oriented resource personnel, such as role model caregivers and trained traditional birth attendants, in the delivery of IPTp, is unclear. At the time of the document’s finalization there was no clear guidance on whether community-based personnel or trained volunteers should be offering IPTp or treating women with uncomplicated malaria.

SBCC addresses MIP challenges: These challenges are partially addressed in section 4.3.1.4, where capacity building and deployment of community level health workers working with IPTp, and promotion of ANC services, are stressed as key objectives. The National Malaria Strategy, produced three years after the ACSM guide, contains Nigeria’s most recent SBCC targets and indicators. There is no mention of formative research that informs these targets and indicators, and they do not directly address MIP challenges previously described.

Key SBCC recommendations:

- Targets and SBCC indicators that address local behavioral determinants should be developed as a part of the development of the new ACSM Framework. None of the 21 current ACSM SBCC indicators specifically address MIP. The only MIP-related target is to ensure 80 percent of pregnant women sleep under an LLIN by 2018.
- ACSM should more clearly delineate primary (pregnant women, pregnant women in their first pregnancy) and secondary audiences (in-laws, husbands, friends, ect.) and provide locally adapted messages and communication objectives for each.

Zambia

Malaria Strategy: MIP Elements Addressed in Document	
SBCC Priority	<ul style="list-style-type: none"> • SBCC is listed among priority strategies (6.2.6).
IPTp Guidelines	<ul style="list-style-type: none"> • Follows updated WHO guidelines (IPTp 3): <ul style="list-style-type: none"> • At least three doses during pregnancy
MIP Objectives	<ul style="list-style-type: none"> • Includes MIP-specific targets for ITNs and IPTp: <ul style="list-style-type: none"> • Percent of pregnant women who slept under an ITN the previous night. • Objective for IPTp does not follow WHO guidance on IPTp 3: Percent of pregnant women who receive two doses of IPT during pregnancy. • Increase public awareness and knowledge on malaria prevention and control and improve uptake and correct use of interventions.
MIP Indicators	<ul style="list-style-type: none"> • Includes MIP-specific outcome indicators for case management, LLINs and IPTp: <ul style="list-style-type: none"> • Percent of pregnant women who slept under an ITN. • Percent of uptake of IPTp for pregnant women through ANC visits first, third and second dose. • Percent of pregnant women who reported mosquito bites as a cause of malaria. • Indicator for IPTp does not follow WHO guidance on IPTp 3: All pregnant women attending ANC clinics receive at least two doses of IPTp against malaria (inconsistent with three dose policy, monitoring guidelines measure 1st, 2nd, and 3rd dose). • Percent of pregnant women who reported mosquito bites as a cause of malaria. • Percent of women ages 15-49 who recognize fever as a symptom of malaria.
SBCC Directives	<ul style="list-style-type: none"> • Includes plan to develop an updated malaria communication strategy for 2011-015 • SBCC process indicators include: IEC/SBCC programs, materials, and advocacy kits produced
CM Guidelines: MIP Elements Addressed in Document	
IPTp Guidelines	<ul style="list-style-type: none"> • Follows current WHO guidance (IPTp 3+)
SBCC Activities	<ul style="list-style-type: none"> • Includes SBCC activities (health education messages): <ul style="list-style-type: none"> • Attend antenatal clinic and receive IPTp. • Sleep under ITNs at night. • Seek medical attention promptly whenever they are sick. • After birth, protect the newborn baby with ITNs.
Algorithm	<ul style="list-style-type: none"> • Includes diagnosis and treatment algorithm for first visit, for integrated management of childhood illness, management of severe malaria.
RH Strategy: Unavailable document	
	<ul style="list-style-type: none"> • Includes reproductive health supervisory tool with SBCC directives: <ul style="list-style-type: none"> • MIP materials are locally adapted and updated. • Education sessions offered that include MIP information.
SBCC Strategy: MIP SBCC Elements Addressed in Document	
MIP Objectives	<ul style="list-style-type: none"> • MIP objectives are consistent with National Malaria Strategy objectives (see above).
SBCC Indicators	<ul style="list-style-type: none"> • MIP-specific SBCC outcome indicators include: <ul style="list-style-type: none"> • Increase number of pregnant women who attend ANC and demand IPTp. • Increase percent of men and women who know the importance of attending ANC. • Increase percent of men and women who know the services offered through ANC. • Increase percent of men and women able to state dangers of malaria during pregnancy. • Increase percent of men and women able to list benefits of IPTp. • Increase percent of men and women who are aware of where to access IPTp and who should use it. • Increase percent of men and women able to state the importance of IPTp.

SBCC Strategy: MIP SBCC Elements Addressed in Document	
	<ul style="list-style-type: none"> • Increase percent of pregnant women who take IPTp according to advice given by health workers. • Increase number of men who support pregnant women to attend ANC and take IPTp • Increase number of in-laws who support their pregnant daughters-in-law to attend ANC and take IPTp Increase the number of relatives and friends who support pregnant women to attend ANC and take IPTp. • Increase number of health workers who talk to pregnant women about IPTp and encourage them to take it.
Audiences/ Messages	<ul style="list-style-type: none"> • Primary and secondary MIP audiences listed with targeted messages and communication objectives for each.
Channels	<ul style="list-style-type: none"> • Includes channel-specific message delivery strategies.
SBCC Activities	<ul style="list-style-type: none"> • Includes steps for formative research to localize SBCC materials (translation to local Zambian languages, pre-testing with focus group discussions). • Communication approaches segmented by intervention address Zambia-specific behavioral determinants.
Monitoring and Evaluation	<ul style="list-style-type: none"> • Includes SBCC outcome and impact evaluation instructions, including guidelines for implementing partners.
MIP Guidelines: Unavailable document.	
MIP Training: Unavailable document.	
M&E Framework: Monitoring and Evaluation Elements Addressed in Document	
MIP Indicators	<ul style="list-style-type: none"> • Includes MIP-specific outcome indicators for LLINs and IPTp: <ul style="list-style-type: none"> • At least 60 percent of all pregnant women who are at risk of malaria, especially those in their first pregnancies should receive IPTp. • At least 60 percent of those at risk for malaria, particularly pregnant women and children under 5 years of age, should benefit from suitable personal and community protective measures such as ITNs. • Proportion of women who slept under an ITN the previous night. • Proportion of women who received IPTp according to national policy. • Includes MIP-specific process indicators for case management, ITNs and IPTp: <ul style="list-style-type: none"> • Number of ITNs sold or distributed. • Number of nets treated. • Number of nets replaced. • Number of FANC points functional. • Number trained in net retreatment.
SBCC Indicators	<ul style="list-style-type: none"> • Includes SBCC process indicators (not MIP-specific): <ul style="list-style-type: none"> • Number of districts receiving SBCC materials. • Number of SBCC materials produced. • Number trained in SBCC.

Document Details

Malaria Strategic Plan, NMCP: (2011-2015) This document reflects updated WHO guidelines for IPTp.

Malaria Communication Strategy: (2011-2014) This document does not mention a specific number of IPTp doses to be taken during pregnancy.

National Reproductive Health Strategy: (2005) This document predates 2012 WHO guidelines for IPTp.

Case Management Guidelines, MOH: (2014)

Reproductive Health Supervisory Tool, MOH: (2008) This document predates 2012 WHO guidelines for IPTp.

M&E Plan, MOH: (2006-2011) This document predates 2012 WHO guidelines for IPTp.

Specific MIP challenges: A 2008 KAP study, desk reviews of policy documents, a strategic planning workshop and feedback from stakeholders at national, provincial, district and community levels informed the development of Zambia's current National Malaria Strategy. This formative research revealed Malawian ITN use, ANC attendance and IPTp coverage rates were among the highest in sub-Saharan Africa. Behavioral barriers to IPTp use, including cultural beliefs against announcing a pregnancy early in gestation and SP stock-outs at health facilities, were described as well.

SBCC addresses MIP challenges: Zambia's National Malaria Communication Strategy's targets and indicators address the MIP behavioral determinants discovered in formative research. Behavioral objectives directly related to context specific-beliefs are provided for primary and secondary audiences (ex: Primary Audience 1: women who do not attend ANC, Primary Audience 2: women who regularly attend ANC, Secondary Audience 1: Husbands, in-laws, and friends). Communication objectives address knowledge, social norms and perceived risk. Messages and message delivery strategies tailored to specific channels are included for each MIP prevention and control area, and paired with specific interventions. Outcome indicators for IPTp focus on increasing knowledge among primary and secondary audiences.

Key SBCC recommendations:

- Zambia's National Malaria Communication Strategy includes a comprehensive list of MIP interventions and SBCC process and outcome indicators. Behavioral indicators that address attitudes and self-efficacy would compliment the knowledge, social norm and attitudinal factors already addressed.
- As noted previously in this document (Hill et al.) there are a number of service provider issues that stand between women and their access to commodities like SP and ITNs. Zambia's core and supporting policy documents list the current WHO guidelines for IPTp, but there are no related behavioral objectives in the Malaria Communication Strategy for service providers. Indicators could be added to measure health provider and community health workers' attitudes, self-efficacy and beliefs about normative behavior.

Notable Challenges:

The review of malaria policy documents in Ghana, Liberia, Nigeria, and Zambia for social and behavior change communication elements illustrates a number of challenges. Malaria Strategies are often, but not always, published or updated during the same year as Malaria Communication Strategies. Countries that have developed supporting documents like monitoring and evaluation frameworks, malaria in pregnancy guidelines, and training materials, face the challenge of updating them simultaneously, or risking an out-of-step process. Malaria in pregnancy is addressed by reproductive health ministries, as well as malaria control programs, further exacerbating the issue. The fact that not all countries have completed this since 2012 WHO IPTp guidelines were announced shows how complicated and time-involved this process can be.

A Summary of Key SBCC Findings:

- Malaria strategy documents produced after 2012 all reflect updated WHO IPTp guidelines. However, these guidelines are often not consistent throughout documents' objectives or indicators.
- Few strategies mention service providers as target audiences for SBCC MIP activities. Other important secondary audiences seldom mentioned are those supporting women, like husbands, in-laws, and neighbors.
- There is an over emphasis on knowledge as the sole behavioral determinant in SBCC strategies. Countries do not often focus on factors like self-efficacy, perceived risk, and social norms. Recently disseminated RBM malaria SBCC indicator reference guide is a tool that will help countries conduct formative research to determine SBCC priorities for MIP.
- Countries that have clearly stated their unique barriers to malaria in pregnancy have not always specifically addressed them in their objectives,

audience segmentation, or activities.

- There is evidence that some countries' malaria and reproductive health programs are integrated to an extent. This harmonization could be more thoroughly described or better documented.
- Country malaria strategies rarely describe malaria objectives and a situation analysis that are detailed enough for the national malaria communication strategy to thoroughly segment and prioritize audiences and develop communication objectives for each.

There are surprises in this review. Liberia, despite having the most dated malaria communication strategy among those reviewed, has one of the most context-specific, comprehensive lists of behavior change activities. There is a considerable amount of research related to behavioral determinants related to malaria in pregnancy in Nigeria, but its strategy is among the least specific. Malawi is the only country whose strategy includes a provision for integrating malaria messaging across government sectors. Ghana's policy documents do not cite specific malaria in pregnancy research or country-specific information that might address behavioral determinants, but does have a number of very specific, locally adapted documents and training materials. Zambia's malaria strategy and malaria communication strategy are among the most recently produced documents. While the malaria strategy defines IPTp policy that reflects 2012 WHO guidelines, its objectives do not. The malaria communication strategy does not include an IPTp dosage objective but includes messaging that reflects 2012 WHO guidelines.

This inventory indicates that all countries would benefit from improved guidance on how to more effectively integrate SBCC for MIP into national strategic documents.

