



Partnership To End Malaria

Malaria Social and Behaviour Change during the COVID-19 Pandemic

*RBM Partnership to End Malaria Social and Behaviour Change Working Group
Case Studies*

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[Idowu Akanmu](#), Breakthrough ACTION-Nigeria
[Guda Alemayehu](#), U.S. President's Malaria Initiative/Ethiopia
[Avery Avrakotos](#), U.S. President's Malaria Initiative
[Linda Chibuogwu Osaji](#), Breakthrough ACTION/Nigeria
[Arciolanda Gravata](#), U.S. President's Malaria Initiative/Angola
[Gabrielle Hunter](#), Johns Hopkins Center for Communication Programs, Co-Chair RBM SBC Working Group
[Anna McCartney-Melstad](#), Johns Hopkins Center for Communication Programs
[Deepak Mehra](#), SBC Consultant
[Melanie Renshaw](#), Co-Chair RBM Partnership to End Malaria Country/Regional Support Partner Committee
[Ashley Riley](#), Johns Hopkins Center for Communication Programs, Secretariat RBM SBC Working Group
[Dr. Kaushik Sarkar](#), Malaria No More
[Sharon Thangadurai](#), Cambodia Malaria Elimination Project, University Research Co.
[Daddi Wayessa](#), Manager RBM Partnership to End Malaria Country/Regional Support Partner Committee

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This collection of case studies and malaria social and behaviour change materials in the context of the COVID-19 pandemic are also available at:

<https://www.thecompassforsbc.org/sbcc-spotlights/malaria-sbc-during-covid-19>

Acronyms

CMEP	Cambodia Malaria Elimination Project
ITN	Insecticide-treated net
IVR	Interactive voice response
MNM	Malaria No More
PMI	U.S. President's Malaria Initiative
SBC	Social and behaviour change
WHO	World Health Organization

Malaria Social and Behaviour Change during the COVID-19 Pandemic

RBM Partnership to End Malaria Social and Behaviour Change Working Group: Case Studies

This series of case studies highlights malaria social and behaviour change (SBC) efforts in sub-Saharan Africa and Southeast Asia in the context of the COVID-19 pandemic.

Introduction

The past decade has seen a global reduction in malaria incidence, particularly in sub-Saharan Africa. Globally, countries have halved malaria cases and deaths over the past fifteen years. However, progress on malaria control and elimination has slowed in recent years due to several factors, including the latest: COVID-19.

The pandemic has wreaked havoc on malaria control and elimination efforts. Prompt care-seeking for fever is critical for malaria treatment, as it can help prevent severe disease and death. Unfortunately, in the wake of COVID-19, community members received mixed messages and were unclear whether they should seek immediate care for any and all fevers or self-isolate at home per the guidance for fevers in the context of COVID-19. Furthermore, communities presumed that health facilities were closed for malaria testing and, if facilities were open, could be COVID-19 infection hubs. Some people were also hesitant to visit facilities because if they tested positive for COVID-19, they were likely to be quarantined, potentially at their own expense. Several countries also imposed physical distancing rules, which prevented large gatherings. This hindered interactive community events and in-person communication opportunities for outreach around malaria prevention and control.

The World Health Organization (WHO) urged countries not to scale back their planned malaria prevention, diagnostic, and treatment activities during the COVID-19 pandemic; otherwise the gains made in saving lives from malaria and other diseases over the past 20 years may be lost.¹ To this end, and alongside several organisations, the WHO Global Malaria Programme issued guidance on [“Tailoring Malaria Interventions in the COVID-19 response.”](#) The RBM Partnership to End Malaria SBC Working Group published the document [“Malaria SBC Program Guidance in the Context of the COVID-19 Pandemic”](#) and the RBM Partnership to End Malaria shared [“Best Practices in Mitigating the Effect of COVID-19 on Malaria.”](#)

Malaria SBC programmes had to think afresh and re-strategise to tackle new limitations to reach audiences and convince them to change their behaviours to prevent and manage malaria. Modelling predictions suggested the annual malaria death toll in sub-Saharan Africa could double because of the COVID-19 pandemic. In response, malaria workers increased their efforts while also closely following COVID-19 guidelines. By December 2020, approximately 85% of countries with planned insecticide-treated net (ITN) campaigns for 2020 had either completed or initiated the campaigns, more than 20 million children received seasonal malaria chemoprevention, and 34 countries had begun or completed indoor residual spraying campaigns.²

To understand how programmes continued to implement malaria SBC strategies and how they quickly pivoted in response to the challenges posed by COVID-19, the RBM Partnership to End Malaria SBC Working Group has documented select experiences in this collection. These case studies highlight how programs can sustain malaria SBC efforts in the context of a large-scale infectious disease outbreak.

Case Studies

Fifteen programmes across ten countries responded to a call of interest. These programmes were further shortlisted based on region and country, SBC approaches utilised, evidence of engagement with audiences, impact,

¹ WHO Global Malaria Program. (2020). *Tailoring Malaria Interventions in the COVID-19 Response*. Geneva: WHO. <https://www.who.int/publications/m/item/tailoring-malaria-interventions-in-the-covid-19-response>

² RBM Partnership to End Malaria. (2021 Jan). Best practices in mitigating the effect of COVID-19 on malaria. <https://endmalaria.org/related-material/best-practices-mitigating-effect-covid-19-malaria>

and potential to be mainstreamed. This collection of malaria SBC interventions reflects a spirit to fight the COVID-19 pandemic and malaria against all odds. Case studies include:

- **Call of the Trumpet:** This Ethiopia case study offers insight into leveraging community members' existing social capital to reinforce ITN use and prompt care-seeking for fever during COVID-19. They literally blew trumpets to drive home their messages.
- **The Mobile Classroom:** This case study from Nigeria showcases the ability to innovate and build the SBC capacity of field staff with limited resources. It demonstrates that even simple technologies like interactive voice response (IVR) can provide practical solutions during a crisis.
- **Inside the Jungle:** The Cambodia case study, on the other hand, reveals the benefits of long-term investments in community structures and the importance of local ownership and SBC capacity. By focusing on "communication touchpoints" for migrants and mobile populations in its deep jungles, the programme reached some of the country's hardest to reach communities.
- **Click, Share, Engage:** This snapshot of social media case studies from India, Guyana, Angola, and nine other sub-Saharan African countries flags both the potential and the challenges of using the favoured "tech" approach for SBC. The reach and engagement of these projects with targeted audiences are promising. Still, the efforts to reach the most vulnerable to malaria, those who are not literate or digitally empowered, must continue.

Lessons Learned

As several of these endeavours are still underway, evidence of impact is evolving. However, each project had a lesson to share and a story to tell: an SBC nugget that is inspiring yet humbling, as communities realise the risk malaria workers and volunteers are taking every day to save lives.

While each case study shares specific lessons learned, a few lessons are cross-cutting:

- Community leadership is the key to crisis mitigation. Creating local ownership, sharing SBC skills, and offering appropriate technical resources lays the foundation of trust and presence for malaria programs in communities. These community platforms have proven to be resilient and can be quickly leveraged – even remotely - in times of crisis.
- Malaria SBC projects that engaged and coordinated with the national and subnational COVID-19 task forces delivered safe and effective implementation. Integrated approaches ensured complementary malaria and COVID-19 key messages, removing confusion about when and how to seek health care services.
- In a crisis, perfection is not mandatory, but prompt action is. Projects may not have had the same impact as originally planned before the pandemic; however, innovativeness, using existing structures, and quick action allowed for new impact and the avoidance of no impact at all.
- Flexible budgets were key to the success of programs. Flexibility allowed programs to modify existing communication approaches easily and quickly to best meet the unique needs of the pandemic, including transitioning to virtual, remote, or mobile approaches.
- Unlikely partnerships, such as engaging the Ministry of Environment and Forests in Cambodia in malaria prevention and testing, have sustained impact even throughout pandemic restrictions. Similarly, public-private partnerships can quickly emerge or be leveraged, such as mobile phone networks, to communicate when face-to-face interactions are not possible.
- While social media does not reach all communities at risk for malaria, it can help amplify existing messages and project goals. Social media works best in tandem with other methods; however, during a crisis, it can allow for a wide reach, especially at a time when people may turn to mobile phones more frequently for information.

We hope these examples are helpful across countries and SBC programmes. The greatest lesson COVID-19 has taught us is that we are all in this together, sailing through the same storm but in different boats.

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The Call of the Trumpet

Malaria Social and Behaviour Change During COVID-19 Case Study: Ethiopia

Tapping into community practices leads to innovative local solutions.

Context

In rural Ethiopia, communities traditionally deploy trumpeters to convey important messages to community members. “Community-Based Awareness and Behaviour Change to Reduce Malaria Burden in the Amhara Regional State of Ethiopia,” a project funded by the U.S. President’s Malaria Initiative (PMI) and implemented by the Health, Development, and Anti-Malaria Association, built on the existing social capital of these trumpeters to reinforce ITN use and care-seeking for fever during the COVID-19 pandemic.

In Ethiopia, as in most malaria-endemic countries, campaigns to prevent the spread of COVID-19 urged people to “stay at home” if they felt feverish. However, malaria messages encouraged community members to seek prompt care for fever for themselves or a family member. The conflicting messages confused people who were feeling ill or had a sick family member and created a barrier to prompt care-seeking. Moreover, people assumed that malaria services at health facilities were interrupted due to the pandemic.

The Ethiopian Ministry of Health enforced a restriction on in-person social mobilisation and gatherings to reduce the spread of COVID-19. This made it difficult to reach rural areas with malaria SBC interventions and reassure communities that malaria services were still being provided. Ensuring maintenance of appropriate malaria prevention and care-seeking behaviours during the pandemic required urgent action.

Social and Behaviour Change Approach

To adapt to these challenges, project staff quickly modified their malaria SBC approach, leveraging existing community structures called “Idirs.” Idirs are traditional Ethiopian burial societies that assist in organising funerals and provide solace in grieving. They are found in every village. Idir collectives have evolved over the years into social support groups that offer more than end-of-life services. Each Idir has village criers called “Trumba Nefi,” or trumpeters, who inform the community about important news. Customarily, each household is expected to take action after hearing an announcement.



Figure 1: A “Trumba Nefi” blows the trumpet prior to disseminating malaria messages to the community.

Recognising the prominent position of the trumpeters in Ethiopian society, the project staff trained trumpeters to remind people to sleep under ITNs every night and seek prompt care for fever. These messages went out through this well-trusted, reliable channel in remote, hard-to-access areas.

Project staff and trumpeters tailored messages to each village’s malaria context. For example, to reduce imported cases, trumpeters reinforced messages to get tested for malaria in villages where seasonal/migrant workers had just returned home.

Current Status

Since April 2020, trumpeters have disseminated messages in the Amhara region at villages and households in six districts and 141 kebeles (localities). Although trumpeters typically call out early in the morning, they now also disseminate messages during the day in remote areas with no road access.

The project has adopted multiple approaches to reinforce messages. In villages with accessible roads, mobile vans play music on market days. Community members watch local folk dances and enjoy the music. Performers weave messages similar to the ones relayed by the trumpeters into their work.

Monitoring

Adapting to the new normal, the project staff utilised a virtual monitoring system. Due to poor internet connectivity in rural areas, staff organised conference calls with participants, including district officials and health extension workers. Each call lasted 15–20 minutes, and discussions included exploring the malaria situation in the district and kebele, the impact of COVID-19, and issues related to malaria services. Callers also discussed routine service utilisation, such as antenatal care, immunisation, family planning, and other challenges. Call organisers randomly selected two households for every kebele and contacted them by phone to monitor and check if project interventions reached the community.

BUDGET: The project did not require additional funds since the budget for mass mobilisation campaigns, marketplace interventions, and road shows was approved prior to COVID-19. Flexibility of the project budget allowed for modification of both the communication approach and its message dissemination tools to use trumpeters.

In addition, the project coordinated efforts with the COVID-19 community-based surveillance team. Volunteers and malaria health extension workers accompanied the COVID-19 team house-to-house to monitor ITN use, encourage household members to seek care, reassure community members that essential health care services were not interrupted, and explain preventive measures were in place for both clients and service providers.

Impact

The project covered nearly 850,000 people (171,000 households). Given COVID-19 restrictions, the programme anticipated that care-seeking behaviours might decline significantly. However, routine monitoring data indicated no observed reduction in care-seeking behaviour. The project observed a slight increase (2–3%) in care-seeking behaviour within 24 hours for children under five years of age. Monitoring data also indicated no change in ITN use in the project areas, which is currently greater than 85%.

Lessons Learned

Community structures have evolved over the ages to cope with dire times. These structures are robust and resilient. Tapping this social capital in health emergencies through nudges with technical assistance is a cost-effective, efficient approach because the structure is owned by and works for the community.

The potential to replicate such local innovative solutions exists, provided social support groups with trusted outreach channels are available in malaria-endemic regions.

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The Mobile Classroom

Malaria Social and Behaviour Change During COVID-19 Case Study: Nigeria

Limited resources lead to creating innovative solutions for malaria training.

Context

Nigeria imposed a country-wide lockdown at the beginning of the COVID-19 pandemic. Programmes suspended important SBC interventions for malaria prevention and treatment, like household visits, compound meetings, and community dialogues. To restart the activities, community-based volunteers and supervisors needed to be oriented about SBC implementation in the COVID-19 context. Funded by PMI, Breakthrough ACTION-Nigeria (implemented by the Johns Hopkins Center for Communication Programs) used an innovative, cost-efficient approach to re-orient community volunteers (who carry out community SBC interventions) and local government area supervisors (who oversee project implementation at the community level). The project leveraged IVR technology on mobile phones to deliver training curriculum to 76 local government area supervisors across 11 states, thereby avoiding physical gatherings of people from many localities within each state.

Social and Behaviour Change Approach

To address the need for continued promotion of malaria prevention and treatment behaviours during the COVID-19 pandemic, the project continued implementing a multi-channel approach for malaria SBC activities and sustained mass media engagement to disseminate malaria messages. SBC messages highlighted the importance of testing all fevers before treating them because fever is a common symptom of COVID-19 and malaria.

Radio jingles and programmes regularly aired, so listeners were more likely to keep malaria top of mind. In addition to encouraging testing of all fever cases, SBC broadcasts urged prompt care-seeking, appropriate and complete treatment of malaria, ITN use and care, and uptake of intermittent preventive treatment of malaria in pregnancy in English, Hausa, Igbo, Yoruba, and Pidgin.

Mobile Phone Interactive Voice Response

The project undertook IVR training of campaign personnel at the state and local government area levels to minimise contact. These training sessions underscored COVID-19 appropriate behaviours, explained the use of personal protective equipment in line with COVID-19 protocols, and reinforced earlier malaria sessions.

Breakthrough ACTION-Nigeria converted training content into a mobile format and delivered it to local government area supervisors through IVR in English, Hausa, Igbo, Yoruba, and Pidgin. Personnel only required a simple first-generation feature mobile phone with a network connection to receive the training call at a designated time during the day. If trainees missed a call, they could retrieve the module or session through a call-back mechanism. The project partnered with Airtel, a leading telecom partner, to provide the calls free of charge.

Seventy-six local government area supervisors completed all 13 modules of the malaria/COVID-19 curriculum in 13 weeks. To minimise the COVID-19 risk to themselves and the community members, the local government area supervisors completed one-on-one training sessions of community volunteers within their local government area through quick, on-the-job feedback during supervisory visits.



Figure 2: Interactive Voice Response user guide.

ITN mass campaigns implemented during the pandemic also benefited from these approaches. Local government area supervisors who had been trained using the IVR curriculum used the knowledge they acquired to support crucial post-campaign SBC and health education activities in the local government areas they supervised.

Monitoring and Impact

The project administered a pre- and post-evaluation through IVR. In addition, participants had to pass a quiz on each of the 13 training modules before they could advance to the next module. After participants completed the 13 modules, the programme shared an evaluation form with participants for feedback on the IVR training curriculum.

This approach revealed an increase in knowledge about malaria in the context of COVID-19 among participants. The project proposes to undertake an omnibus survey to measure the impact of the media interventions.

Lessons Learned

IVR is a cost-effective technology for training, as no in-person interaction and minimal resources are required. While IVR is beneficial in pandemic conditions, limitations remain. IVR cannot be used in areas without network service. The format restricts the amount and type of training content that can be conveyed. IVR cannot replace in-person training sessions and is probably most effective when used as refreshers or updates to reinforce previous training sessions.

The pre- and post-test evaluations for this project are based on local government area supervisor responses only. Therefore, a triangulated assessment that studies the effectiveness of the cascade training to community volunteers and its final impact on the community may provide more insights about IVR as a malaria SBC training tool during the COVID-19 pandemic.

COLLABORATION: The project collaborated with the Nigeria Centre for Disease Control on the safe implementation of interventions in the context of COVID-19 and review of COVID-19 data to guide decisions on when to restart community activities.

PRIVATE SECTOR ENGAGEMENT: Breakthrough ACTION-Nigeria partnered with Viamo and Airtel to provide free airtime for all training calls.

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Inside the Jungle

Malaria Social and Behaviour Change During COVID-19 Case Study: Cambodia

Building local counselling skills helps promote malaria prevention behaviours in mobile and migrant forest populations.

Context

Pursat Province, spread over 12,700 square kilometres with nearly 58% forest cover, has the highest malaria burden in Cambodia. The constant influx of mobile and migrant populations to the region for forest resources makes them particularly vulnerable to malaria transmission. In addition, marginalised families move from villages in the periphery to deep within the dense jungle to clear land and settle temporarily. The Cambodia Malaria Elimination Project (CMEP), supported by PMI, reaches these mobile and migrant forest dwellers innovatively by recruiting village influencers, establishing communication “touchpoints” to reach forest goers, and leveraging modern technology.

Social and Behaviour Change Approach

Cambodia took measures that ensured the slow spread of COVID-19. It introduced physical distancing at the onset of the pandemic, and there were fewer than 500 cases until January 2021. Throughout this period, the CMEP project, covering 14 operational districts in six provinces, maintained COVID-19 safety protocols and continued its existing, integrated programme approach. It reached mobile and migrant forest workers by adopting a multi-pronged, collaborative strategy that built local ownership and SBC capacity of community-level structures for malaria prevention and treatment.

- Working closely with the National Center for Parasitology, Entomology, and Malaria Control and the Ministry of Environment and Forests, CMEP used a geographic information system to map villages at the periphery of forests.
- Based on the data, a hotspot assessment and census were conducted with the engagement of the village chiefs and village malaria volunteers to identify mobile and migrant populations. Village chiefs were oriented to the benefits of using ITN to prevent malaria and the importance of prompt care-seeking for fever.
- The project also identified some frequent forest goers to act as peer educators. These mobile malaria workers were trained in interpersonal communication, the use of communication materials, and ITN distribution. They were also equipped with rapid diagnostic tests and anti-malarial drugs.
- Migrant forest workers usually gathered at grocery shops at the periphery of the forests before entering/exiting the forest. These shops became “communication touchpoints” for mobile malaria workers to trace, track, contact, and educate forest goers. Mobile malaria workers counselled forest goers on the benefits of seeking early care and prompt treatment for malaria. They conducted malaria testing, provided treatment to confirmed cases, and distributed treated nets and communication materials.
- Although forest extractive activities are not always legal when it comes to logging, other forest-related work is available including working with non-timber forest products, such as mushroom or Samrong seed collection, and in plantations. Under the Ministry of Environment and Forests, forest rangers were also trained and equipped to provide malaria education, testing, and treatment to migrant workers.
- A key local community-based organisation, Partner for Development and Action, was engaged for outreach in remote areas inaccessible to annex villages and mobile malaria workers and where public health services did not exist.



Figure 3: Forest workers being tested for malaria

- Often entire families move into the forest. Women in village households and migrant families primarily ensure that their family sleeps under a net. Hence, the communication focused heavily on women.
- In all the project areas, malaria campaigns were integrated with COVID-19 messages and used “fever” as a discussion point to explain the importance of prompt care-seeking.
- Ongoing multi-sectoral collaborations with 16 ministries (e.g., Education, Labour, Tourism) along with radio talk shows, folk plays, billboards, posters, leaflets, job aids, school health programmes, interpersonal communication by health facility staff, group education, and outreach by mobile malaria workers, together ensured that malaria remained a priority even during COVID-19.

Monitoring and Impact

The project, which commenced in 2016, had previously adopted a 1-3-7 surveillance and response design. This implied that every confirmed case is notified within one day. An app, using an SMS alert system, was developed to provide real-time data collation and notification of confirmed cases to the National Center for Parasitology, Entomology, and Malaria Control-Management’s Malaria Information System. Cases are investigated, classified, and responded to within three days, and foci investigation and management is done within seven days to identify the malaria source and not just its manifestation. A Malaria Elimination Task Force, with all stakeholders, was set up at the provincial level. Mobile malaria workers were regularly monitored and supervised by the health centre and CMEP.



Figure 4: Poster showing proper ITN use and care

The project was primarily designed as a malaria elimination technical assistance project; hence specific behaviour change indicators were not monitored and tracked over time. However, programme data reflects that from 2018–2020, while malaria testing increased nearly three-fold, the test positivity rate dropped from 40% to 1%. This would not have been possible without the adoption of positive behaviours like sleeping regularly under a net, prompt care-seeking, and treatment uptake. These results were sustained during the COVID-19 pandemic.

Lessons Learned

Reaching mobile and migrant populations in hard-to-access areas is a consistent challenge. The multi-pronged, collaborative strategy adopted by CMEP demonstrates that even during the challenging circumstances created by COVID-19, building local ownership, sharing SBC skills, and offering appropriate technical resources can help sustain progress and catalyse the adoption of desired malaria prevention and treatment behaviours. An outreach structure owned and led by the community, such as the mobile malaria workers, can be robust and resilient and therefore counted on to sustain malaria SBC during a crisis.

The potential to replicate such initiatives exists, provided there is willingness to invest in the longer-term in building local SBC capacity and gaining the trust of communities.

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Click, Share, Engage

Malaria Social and Behaviour Change During COVID-19: Social Media Case Studies

Communities innovate digital solutions in the new reality.

Context

India, Myanmar, Guyana, and nine sub-Saharan African countries³ used social media to promote malaria prevention and care-seeking behaviours during the COVID-19 pandemic. Engaging without physical contact, adapting existing content to digital formats, and segmented messaging made social media a helpful communication channel during the pandemic.

The COVID-19 pandemic coincided with the onset of the rainy season in several countries, creating a severe risk of malaria outbreaks. Before the spread of COVID-19, many countries had already geared up to roll out seasonal malaria chemoprevention, indoor residual spraying, ITN distribution campaigns, and promotion of malaria prevention and treatment behaviours through mass media and community-level activities. However, the initial stigma around COVID-19 and people's hesitation to visit health facilities, coupled with their fear of being quarantined in government facilities at their own expense and restrictions on public gatherings, made it difficult to reach communities to promote malaria prevention and treatment behaviours.

Social and Behaviour Change Approach

To address this challenge, malaria SBC programmes in India, Guyana, Myanmar, Kenya, the Democratic Republic of the Congo, Angola, and several other malaria-endemic countries turned to social media. SBC practitioners swiftly revised malaria programme plans, created virtual content, held online training sessions, and deployed social listening tools. While social media channels pose significant limitations that constrain their utility for routine SBC programming, their digital nature allowed programmes to adjust to restrictions imposed by COVID-19.

Compared to traditional mass media strategies, social media requires minimal physical interaction and nominal budgets. It also allows for customised content, interaction, data capture, and real-time monitoring, making it an attractive solution to the human resource and financial constraints faced by projects as a result of COVID-19.

During the COVID-19 pandemic, social media was one of the primary channels for outreach, and as restrictions eased, traditional approaches followed. Social media messages were segmented by rural-urban demographics, age group, education level, and gender and translated to local languages. The visual content was customised to specific audiences. In some cases, programmes developed generic content templates to facilitate customisation locally and to ensure posts featured real people and their stories. The idea was to create an honest, trustworthy connection over social media that could both encourage audiences to adopt malaria prevention and treatment behaviours and help curb rumours and misinformation during the health crisis.

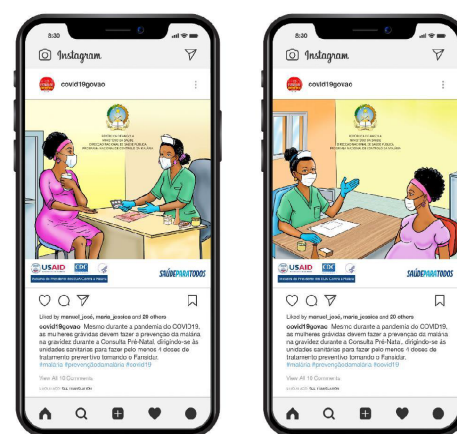


Figure 5: Malaria SBC social media posts from Angola

Implementation Channels

Projects primarily posted social media content on Facebook, followed by Instagram and Twitter. In some cases, they further amplified this content through radio, television, print, and webinars as part of a multi-channel SBC approach. The increased use of social media also provided an opportunity to develop new partnerships with media companies

³ Cameroon, the Democratic Republic of the Congo, Côte d'Ivoire, Ghana, Kenya, Liberia, Niger, Nigeria, and Sierra Leone

and institutions to scale outreach through paid media. Social media efforts also benefited from the free amplification through events on other channels (e.g., webinars covered in newspaper reports, celebrity posts, and retweets about events).

Monitoring and Impact

Reach and engagement indicators were used to monitor the social media campaigns. The table that follows shares the outputs of some major malaria SBC campaigns that turned to or intensified social media efforts during the COVID-19 pandemic.



Figure 6: Social media campaign from India



Figure 7: Social media campaign from Sierra Leone

Continued on next page...

Overview: Social Media Campaigns

Campaign Information	Reach and Engagement	Remarks
<p>Campaign: <i>Bite ko mat lo Lite</i> (Don't take the bite lightly)</p> <p>Country: India</p> <p>Duration: June–September 2020 in 21 states in India</p> <p>Partners: Malaria No More (MNM) rolled out the campaign in partnership with The Times Group. MNM India convened a “Creative Council” of India's top media leaders. WPP Ogilvy, a communications agency, led the brand creation. The Minimalist (advertising agency) led content development. Other key campaign supporters included Facebook, Star-Disney, Ogilvy, Google, Sony, Abbott, and Vestergaard.</p>	<p>Reach: 122 million</p> <p>Engagement: 79 million page engagements 76 million post engagements Facebook users reached an average of 3.6 times each</p>	<p>The project created more than 1,000 unique ads and regularly optimised them based on user feedback and response.</p> <p>A Facebook Brand lift study with queries based on the “intention to seek care” after seeing advertisements indicated a 2.6% increase in people indicating they would seek testing and treatment if they believed they had malaria. The study found a 10.1% increase in the number of social media users aged 55–64 years and an 8.4% increase in users aged 65+ years being likely to sleep under a bed net after seeing the ads.⁴</p> <p>For a more robust SBC approach, the project also uses radio, television, print channels, and in-person engagement through malaria workers and stakeholders.</p>
<p>Campaign: #SeekCareForFever</p> <p>Countries: Cameroon, Democratic Republic of the Congo, Ivory Coast, Ghana, Guyana, Kenya, Liberia, Niger, Nigeria, Sierra Leone</p> <p>Duration: August–September 2020</p> <p>Partners: This campaign included collaboration between Breakthrough ACTION (a project supported</p>	<p>Reach: 4.7 million social media users</p> <p>The Democratic Republic of the Congo reached 9% of Facebook users; Liberia reached 38%; Niger 39%; and Sierra Leone 65%</p> <p>Engagement: 3.87 million social media users engaged with the content, with</p>	<p>Top performing videos with 32%–39% engagement rate cost less than US\$0.0035 per ThruPlay.</p> <p>While reach and engagement were substantial, the project still needs to evaluate impact on behaviours.</p>

⁴ This report highlighted this campaign as a case study for using survey data to make decisions: Facebook, NetHope, and Direct Relief. (2020). *Facebook Data for Good Annual Report 2020*. Facebook Company. <https://dataforgood.fb.com/wp-content/uploads/2021/01/Facebook-Data-for-Good-2020-Annual-Report-1.pdf>

by PMI), Facebook, and MNM targeting Facebook users in 10 countries.	<p>an average engagement rate of 8.25%</p> <p>Content produced in six languages: French, English, Spanish, Swahili, Hausa, and Portuguese</p>	
<p>Campaign: Zero Malária Começa Comigo (Zero Malaria Starts with Me) Campaign</p> <p>Duration: Launched on Facebook in August 2020</p> <p>Country: Angola</p> <p>Partners: The Angolan National Malaria Control Program, supported by PMI, partnered with ExxonMobil Foundation and the telecom company UNITEL for internet at a cost of \$0 for e-Learning training sessions and phone messaging. Key messages targeted the general population, pregnant women, and caregivers. The campaign reinforced its tagline through branded face masks. Minibuses also displayed malaria messages once COVID-19 restrictions were eased.</p>	<p>Reach: 33,000 social media users</p> <p>Engagement: More than 2,000 people engage with the page through daily posts about malaria prevention and treatment</p> <p>The project trained 1,000 providers virtually</p>	<p>The project plans to develop a mobile training app and conduct impact assessments in 2021.</p>

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Lessons Learned

The projects highlighted effectively addressed the challenge posed by the COVID-19 pandemic by adapting SBC programming to encourage malaria prevention and treatment behaviours through social media content. Much of the content focused on the overlapping symptom of fever. To overcome the fear and stigma around COVID-19 and to promote a call to action, reinforcing that health services were uninterrupted and the importance of continuing to take appropriate precautions against malaria was vital. *Key lessons included:*

- Exposure is good, but interaction is much better. Content that asked people for their response (e.g., Breakthrough ACTION Sierra Leone asking users for photos of people wearing masks) did very well.
- Short videos tended to have better results.
- Use of local language, memes, and visuals (with COVID-19 precautions) tailored to popular culture and beliefs created positive social engagement.
- In India, personas from the general population performed better than using frontline health worker personas. On the other hand, in Kenya, health worker posts had higher engagement rates.
- Project leadership expressed that social media works better as an adjunct to broader SBC programmes that have already identified the psychosocial factors that influence malaria prevention and treatment behaviours.
- Advocacy through web events, print, radio, and television enhanced recall and amplified engagement.

Using social media as a channel for SBC has been important in the context of COVID-19. Social media's broad reach and the possibility of multi-messaging segmented audiences make outreach, even with modest budgets, viable for augmenting SBC projects. However, using social media as a standalone intervention for malaria may be inadequate. Programs may not reach either the key populations most impacted and vulnerable in remote, network-dark areas or those who are not digitally engaged or illiterate.

Access may not necessarily imply success. SBC programs are still exploring the link between social media engagement and its direct behavioural impact on improved care-seeking. Developing and sustaining engaging, widespread campaigns is not easy in the media clutter. Consistent message optimisation to user response and maintaining recall shall always remain creative challenges.

These digital solutions lend themselves to replication and scale-up well but also risk losing out the most vulnerable to malaria. Social media for malaria SBC interventions can be cost-effective and successful if contextualised and adapted to specific geographies and digitally engaged audiences.

TAILORING SOCIAL MEDIA CONTENT: *Using local language, memes, and visuals tailored to popular culture and beliefs allows for ample reach of social media content.*

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Annex

Malaria during COVID-19 Program Guidance	
Resource	Organization
Best Practices in Mitigating the Effect of COVID-19 on Malaria	RBM Partnership to End Malaria
Insecticide-Treated Net Distribution During COVID-19	Alliance for Malaria Prevention
Malaria SBC Program Guidance in the Context of the COVID-19 Pandemic	RBM Partnership to End Malaria Social and Behaviour Change Working Group
Tailoring Malaria Interventions in the COVID-19 response	World Health Organization Global Malaria Programme

Malaria Social and Behaviour Change during COVID-19 Program Materials		
Resource	Country	Synopsis
Bite Ko Mat Lo Lite Campaign Overview	India	This informational slide deck introduces the Bite Ko Mat Lo Lite (Don't Take the Bite Lightly) campaign, including the challenge of COVID-19 and the objectives and future opportunities of the campaign.
#LilMosquitoBigProblem Social Media Posts during COVID-19	Guyana	<i>Lil Mosquito Big Problem</i> is an SBC campaign designed by Breakthrough ACTION-Guyana and the Guyana Ministry of Health about malaria prevention. During the COVID-19 pandemic, social media posts reminded the public that even during the pandemic they must remember all aspects of malaria prevention and treatment.
Madagascar Ministry of Public Health Insecticide-Treated Net Campaign Posters during COVID-19	Madagascar	The Madagascar Ministry of Health created posters for their Insecticide-Treat Net Campaign during the COVID-19 pandemic.
Malaria and COVID-19 Television Spot	Kenya	Breakthrough ACTION worked with the Kenyan Division of the National Malaria Programme to develop a television spot that promoted malaria prevention, testing, and treatment during the COVID-19 pandemic.
Malaria Interactive Voice Response Curriculum and User Guide	Nigeria	Breakthrough ACTION-Nigeria leveraged interactive voice response technology on mobile phones to deliver training curriculum to 76 local government area supervisors across 11 states, thereby avoiding physical gatherings of people from many localities within each state during the COVID-19 pandemic.
Niger National Malaria Control Program Seasonal Malaria Chemoprevention Campaign Videos	Niger	Breakthrough ACTION and the Niger National Malaria Control Programme created several informational videos focused on seasonal malaria chemoprevention campaigns during the COVID-19 pandemic.
#SeekCareForFever Facebook Campaign	Multi-Country	Featuring tailored messages in English (#SeekCareForFever), French (#SeFaireConsulterEnCasDeFièvre), and local languages, Breakthrough ACTION's Seek Care for Fever campaign encouraged Facebook users to get tested for malaria within 24 hours of the onset of fever.



Partnership
To End Malaria