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# Social Behaviour Change Communication for Seasonal Malaria Chemoprevention

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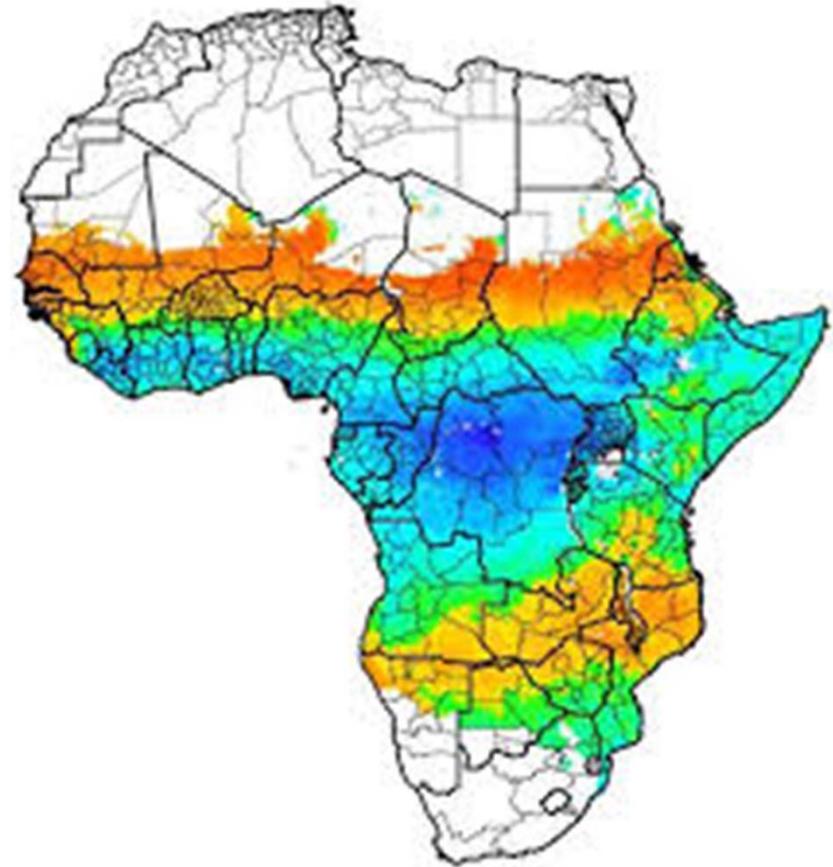


# What is SMC?

- In 2012, the WHO endorsed seasonal malaria chemoprevention as an important tool in the fight against malaria.
- SMC is the administration of up to 4 monthly doses of SP+AQ to children aged 3 to 59 months given during the high malaria transmission season.
- **SMC can prevent up to 75% of uncomplicated and severe malaria.**

# Where is SMC effective?

- Where the malaria transmission season is 4 months or fewer
- Where resistance to SP is low
- 25 million children (primarily across the Sahel) could benefit from SMC



# If SMC were rolled out at-scale it would...

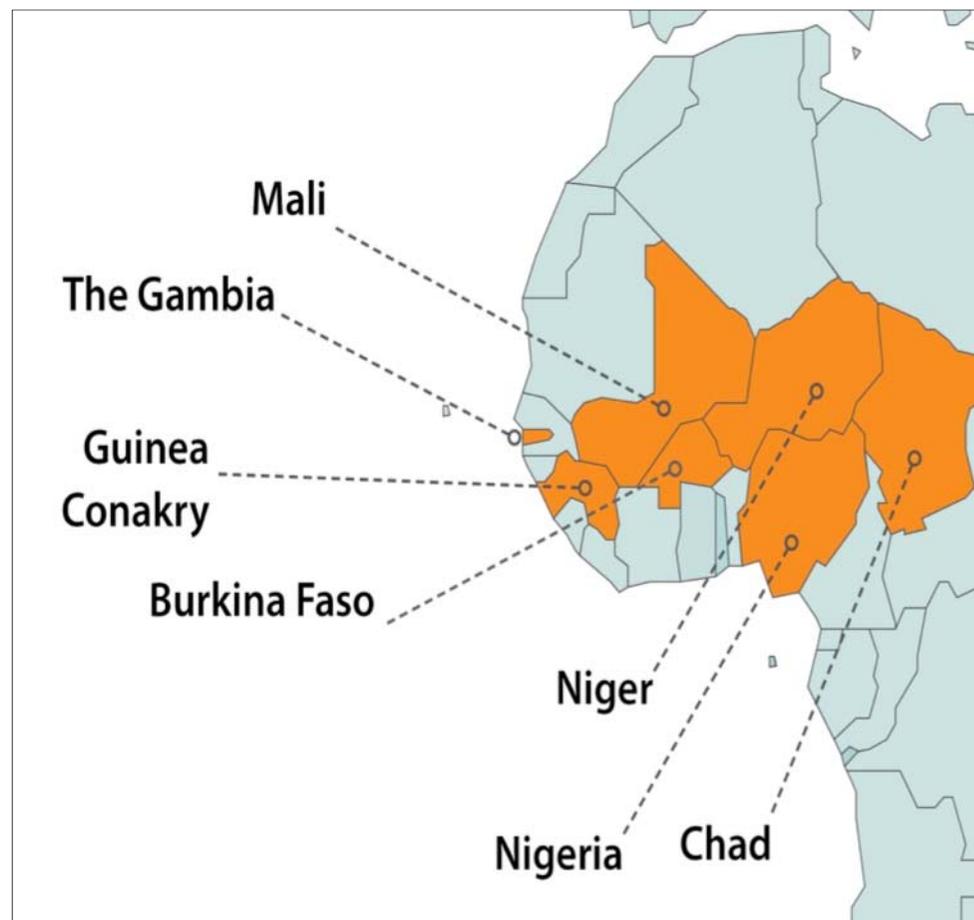
- Transform the lives of those avoiding infection
- Decrease demand for malaria diagnosis and treatment at community and health facility level
- Improve school attendance
- Reduce family and government expenditure on malaria, making those resources available for productive reinvestment elsewhere.

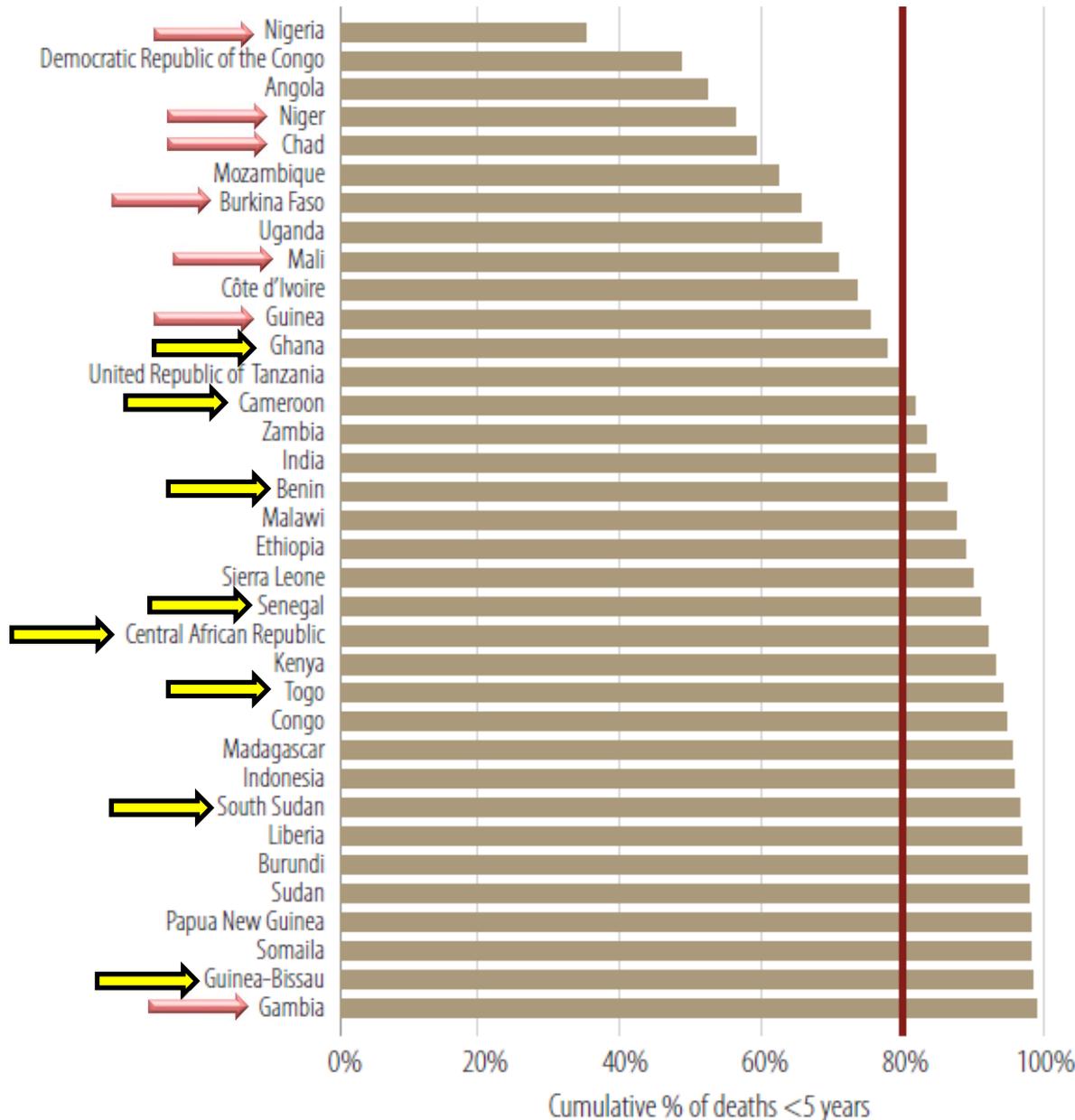




# ACCESS-SMC

ACCESS-SMC is a **UNITAID-funded project**, led by Malaria Consortium in partnership with CRS, which is supporting NMCP-led scale up of SMC across the Sahel. This 3-year project is supported by LSHTM, CSSI, MSH, MMV and SUA. ACCESS-SMC will provide SMC treatments to children aged 3 to 59 months in **Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria, and The Gambia**.





**WHO estimates that 80% of <5 malaria deaths occur in 13 countries**

*Countries with largest malaria burden on vertical axis*

*Countries eligible for SMC indicated with an arrow (brown and yellow)*

*Countries included in ACCESS SMC project indicated with brown arrow*

## Common Vision: Role of communications for SMC

- Fostering country and community ownership
- Reducing risks of misunderstanding and negative perceptions
- Ensuring adherence to SMC dose completion

Source: <http://www.who.int/malaria/publications/atoz/9789241504737/en/> (page 18)





# ACCESS-SMC SBCC Objectives

## Build Trust

- Leadership and communities are informed and mobilized to support and participate, i.e. come to distribution points/allow distributors in their homes and accept SMC medicines (safe, easy and effective).

## Manage Expectations

- Stakeholders, communities and caregivers understand/value what SMC medicines can do (and not do) and how SMC campaign is delivered (distribution mode).

## Ensure Adherence

- Caregivers understand how and when to administer SMC to their eligible children, including how to manage fever or side-effects after taking the medicines.

## Context for ACCESS SMC

- SMC is a fairly recent intervention: need awareness raising at all levels
- Localized implementation: let's not create demand among people who will NOT get SMC.
- History of local resistance to polio vaccination campaigns / campaign fatigue in some countries.
- Very low resistance to SMC in pilots across region: SMC seen as a welcomed solution to malaria.
- Questionable compliance of caregivers with SMC dose completion.





# 2 Pronged Approach

## Mass Media

Awareness at stakeholders and community level of SMC, its purpose, and availability

- Contribute in building momentum around malaria control in each country
- Ensure SMC is shown as a complementary intervention to existing malaria control strategies

Through:

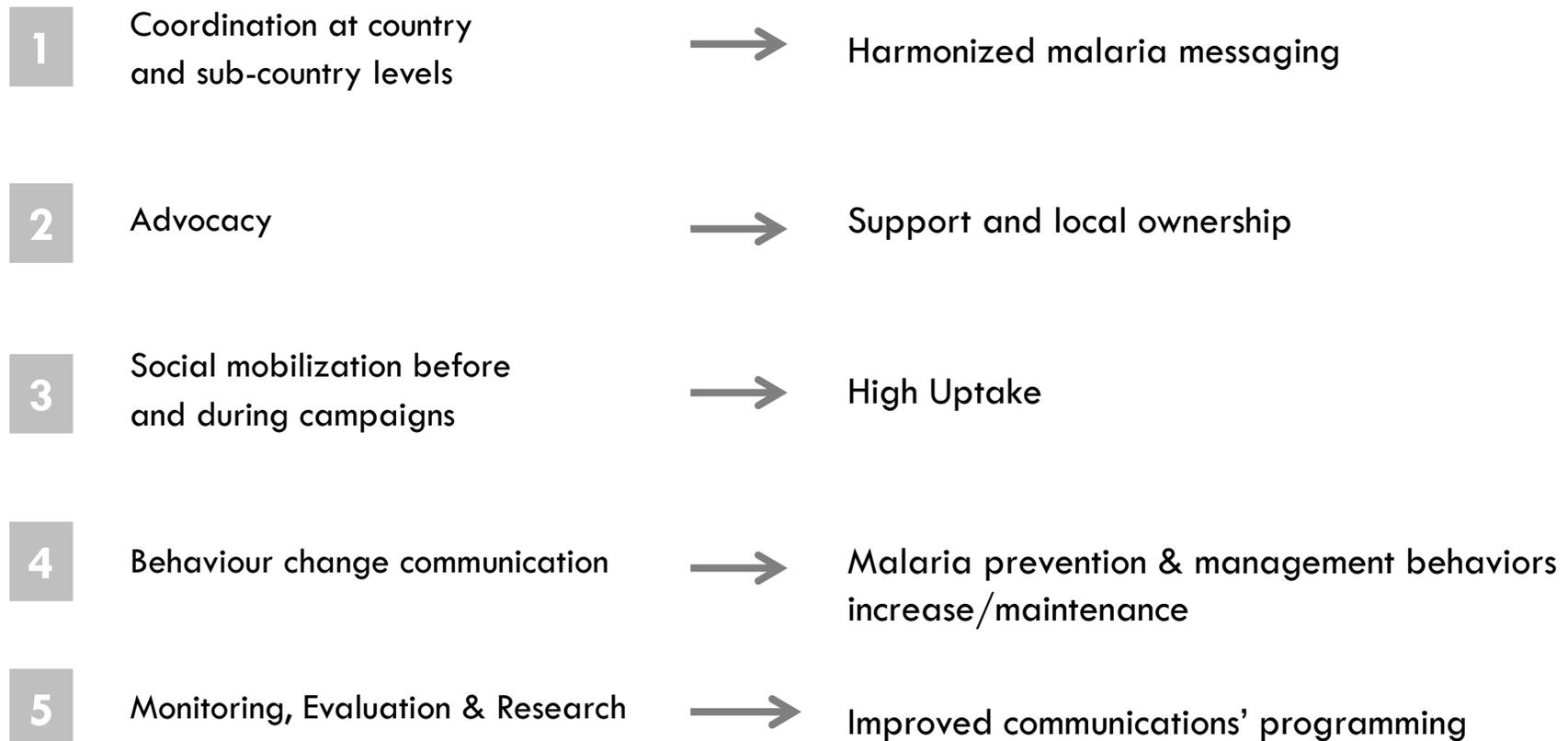
- Community Radio PSAs
- Video on SMC
- Media toolkit and training for community-based stations

## Community Sensitization

- Build trust for SMC at the community level primarily through interpersonal communication
- Ensure uptake of SMC
- Promote local ownership of SMC



# The 5 ACCESS SMC Pillars





# A Few Lessons Learned

## Nigeria (previous campaign)

- Confusion with other health campaigns (Polio, MCHWs, LLINs distribution); need to manage expectations.
- Potential association of campaign with polio vaccine can lead to resistance
- Lack of understanding of need to take 4 times (cycle) in 1 season (round)
- Lack of sugar at home / child refusing the medicine + rainy season/hunger season/planting season

## Niger

- Urban vs. rural areas

## Beyond ACCESS SMC (Senegal)

- General sense of fatigue (vaccination campaigns usually happen at the same time)
- Dose Completion
- Resistance from parents because of side effects on some children & no financial assistance planned for those cases.



# Example of Successful Approach

- Before: town criers + community leaders (village heads + religious)
- During: interpersonal communication + town criers
- After: Community Dialogues
- Use of local languages on drug package & materials
- 1 simple visual identity (logo + tagline) adapted to low-literacy audiences
- Same set of key messages in all materials (what, why, who, how)



# National Ownership

- To enable national ownership of the ACCESS SMC campaign, Speak Up Africa organized 4 communication workshops in CRS-led countries.
- The main objective of the workshops was the design of the behavior change communication strategy implemented by the ACCESS SMC project in each country.
- Each communication workshop gathered key malaria stakeholders in each country and allowed Speak Up Africa to validate:
  - The communications strategy for behavior changed by the NMCP and the stakeholders.
  - The media communication models.
  - The messages to share with the communication targets.
  - The visuals and communication materials.

# Visual Identity



- The ACCESS SMC logo/visual was pretested in each country with:
  - Key malaria stakeholders during the communication workshops
  - CHW and nurses
  - Mothers/caregivers living in the rural communities





**THE MEDICINES THAT HELP PREVENT MALARIA IN CHILDREN DURING THE RAINY SEASON**

**Job Aid For Community Health Workers**

**Eligibility criteria for SMC**

1. Means the SMC medication help prevent malaria in children, aged 3 to 59 months, but do not exempt them from seeking care to long lasting malnutrition or severe weight loss.
2. A child is eligible for SMC if he/she meets the following criteria:
  - Is aged between 3 months to 59 months.
  - Does not suffer from confirmed malaria.
  - Presents no history of other malaria or any adverse reactions to SP or AQG, or any drug containing sulfadoxine such as cotrimoxazole (Bactrim or Septrin).
  - Has not received any antimalarial agents containing SP or AQG in the last 28 days.
  - Does not suffer from any other acute disease.

**Eligibility Chart**

Question	Answer	Action
Is the child between 3 to 59 months?	All	Report to the village chief
When is the child born?	Home of the village	
Is the child a boy or a girl?	Both	
How old is the child?	Between 3 and 59 months, between 1 and 28 months	
Is the child sick?	All	Report to the village chief
Is the child sick or has been?	Yes	Report to the village chief
Does the child have any other disease?	Yes	Report to the village chief
Does the child have a history of allergy to SP or AQG, Cotrimoxazole, Bactrim or Septrin?	Yes	Report to the village chief
Has the child other symptoms in the last 28 days?	All	Report to the village chief
Has the child taken medicines in the last 28 days?	Yes	Report to the village chief

**Key messages for CHW**

Age range	Packaging	Day 1	Day 2	Day 3
3 - 12 months	1 SP pill + 1 AQG pill	1 AQG pill	1 AQG pill	1 AQG pill
13 - 29 months	1 SP pill + 1 AQG pill	1 AQG pill	1 AQG pill	1 AQG pill
30 - 59 months	1 SP pill + 1 AQG pill	1 AQG pill	1 AQG pill	1 AQG pill

**Required Equipment**

SP	Drinking water	1 clean bucket	1 clean spoon	1 cup of sugar
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**Preparing the Treatment**

1. Crush appropriately SP and AQG pills to obtain in powder.
2. Put the powder into the clean bucket and pour in 100 water.
3. Add sugar and mix with a spoon.

**Administering the Treatment**

1. Mix the preparation and administer to the child with the help of the mother or the person in charge.
2. To children from 3 to 11 months with a spoon.
3. To children from 12 to 29 months with a spoon or directly from the bucket.

**After Administering the Treatment**

1. The caregiver has to take the child under observation for 30 minutes to ensure that he/she does not spit or vomit the medicine.
2. If the child vomits or spits the medicine within 30 minutes after taking a spoonful, another dose after 30 minutes of rest.

**Key messages for CHW**

1. After the administration of the first dose, the community health worker should send the remaining two AQG pills to the caregiver.

2. Check, prepare and check availability of equipment for the next day: bucket, spoon, medicine and sugar.

**Key messages for CHW**

1. If the village chief (name/age/gender/address) of the child and stool and report cases of adverse events.

2. Fill the distribution card. The card verifies the actual drug intake by the eligible child. The community health worker must complete a copy of the card and of the caregiver, on the first day with the caregiver will complete on the second and third days.

**Parent Advice Sheet**

13 SMC drugs are well tolerated after administration of recommended doses.

14 SMC adverse events most commonly associated with AQG are: vomiting, abdominal pain, loose stools, itching, headache and skin reactions. These events usually do not last but if they last more than a few hours, report to the caregiver to take him/her to the nearest health facility.

15 These potential adverse events must be reported to the caregiver, as well as the measures to be taken to take a proper event.

**Miss to caregiver**

- Must come to the caregiver for the remaining AQG pills to administer at home and explain how to properly apply the medicine.
- Advise the caregiver on when to go if the child vomits or has when taking the second or the third dose of AQG.
- Must come to the caregiver for the remaining AQG pills to administer at home and explain how to properly apply the medicine.
- Report to the caregiver that she has not report any adverse reaction to the nearest health facility. It is important to use the following signs of these symptoms after taking the SMC treatment: no necessary, report that to the caregiver to SP or AQG.

**Key messages for CHW**

1. After the administration of the first dose, the community health worker should send the remaining two AQG pills to the caregiver.

2. Check, prepare and check availability of equipment for the next day: bucket, spoon, medicine and sugar.

**Seasonal Malaria Chemoprevention (SMC) campaign for children aged between 3 months to 5 years**

**Dears parents and caregivers, ensure that children aged 3 months to 5 years take antimalarial drugs and follow community health worker advises during SMC campaign.**

**Dear parents and caregivers, the medicine use for the prevention of malaria during SMC campaign protects children aged 3 months to 5 years and is free of charge.**

**Dear parents and caregivers, during the rainy season, the SMC campaign will distribute 3 doses of antimalarial for 4 consecutive months between August and November.**

**Dear parents and caregivers, to protect your children aged between 3 months and 5 years against malaria, ensure that they receive all three doses of free antimalarial drugs distributed during SMC campaign.**

**Dear leaders, together we can protect our children aged between 3 months to 5 years against malaria. Let's all participate in the SMC campaign that will take place from August to December.**

**Dear leaders, active participation of community leaders during SMC campaign will help to increase coverage among children aged between 3 months to 5 years.**

**Dear parents and caregivers, the community health worker administered the first dose of antimalarial to your children aged between 3 months to 5 years and now it is your turn to give the second and third doses. Remember for effective treatment, these three doses must be taken fully.**

Key messages for town criers

**How to administer SMC medicines to my child?**

1. I have to wash my hands.
2. I have to choose the appropriate medicines.
 

Age range	Packaging	Day 1	Day 2	Day 3
3-12 months	1 AQG pill	1 AQG pill	1 AQG pill	1 AQG pill
13-29 months	1 AQG pill	1 AQG pill	1 AQG pill	1 AQG pill
30-59 months	1 AQG pill	1 AQG pill	1 AQG pill	1 AQG pill
3. I need the appropriate equipment.
 

SP	Drinking water	1 clean bucket	1 clean spoon	1 cup of sugar
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**4. How to prepare the preventive treatment?**

5. To better protect to my child, I must give him/her the full preventive treatment.
6. At the first sign of fever, I have to take my child to the nearest health facility.

**Key messages for mothers/caregivers**

Key messages for mothers/caregivers

**DISTRIBUTION CARD**

**Seasonal Malaria Chemoprevention (SMC) 3 - 59 months**

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Mother: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  M  F

Health Center: \_\_\_\_\_

Village: \_\_\_\_\_

Health District: \_\_\_\_\_

	DISTRIBUTION	DATE	Day 1	Day 2	Day 3
2015	1 <sup>st</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 <sup>rd</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 <sup>th</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2016	1 <sup>st</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 <sup>rd</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 <sup>th</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2017	1 <sup>st</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 <sup>rd</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 <sup>th</sup> Distrib.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Key messages for mothers/caregivers**

Distribution card

**Thank You!**

