Q&A for Managers of President's Malaria Initiative (PMI)
BCC/IEC Programs

Managing PMI BCC/IEC programs is different than managing programs to procure and distribute insecticide-treated nets (ITNs) or artemisinin-containing combination therapies (ACTs) or programs aimed at supplying intermittent preventive treatment (IPTp) for all pregnant women. You can not "purchase" an opinion, set up a supply chain for an attitude, or, in most cases, regulate a behavior. Yet, correct behaviors of families, communities, opinion leaders, and providers are critical to achieving PMI goals. Changing attitudes and modifying behaviors are best accomplished through well managed BCC/IEC programs, which are thus essential to the success of PMI. This Q&A for managers of PMI BCC/IEC programs covers what program managers **can and should** require contractors and partners to achieve during start up, expansion, and full-scale implementation of BCC/IEC programs and answers commonly asked questions about managing BCC/IEC programs.

1. What should I require BCC/IEC programs to achieve at start up, expansion, and full-scale implementation?

A. By the end of year one, contractors should have:

- Identified and described main audiences: health workers, caretakers, pregnant women, drug dispensers, etc. by regions for the four PMI interventions using data from existing sources (e.g., DHS, MIS, KAP surveys, MoH documents), supplemented by smaller, rapid data collection for audiences that are not well understood, for example, surveys in rural health clinics or in hard to reach rural areas. The description should include: 1) the key behaviors to change -- using nets regularly; getting treatment quickly, using the recommended drug; dispensing the correct drug and dosage for the patient etc; 2) the main incentives and barriers to practicing these behaviors, and 3) the factors determining the ways audiences can be reached -- language, literacy, radio/TV listening/viewing, membership in organizations.
- Set BCC/IEC goals for reaching each audience and established timelines with specific indicators for goals, for example, % change (if baseline exists/can be obtained) or % target (if no baseline) in understanding of proper net use or the of need for at least two doses of IPTp. The strategy should describe the content of materials to be produced, delivery modes, main messages, a schedule to reach nationwide coverage, costs, partnerships and links to other technical areas where appropriate, and a monitoring and evaluation plan with indicators and sources of data.
- Developed, tested, and produced communications and training materials.
- Prepared a national, regional, and/or local media plan explaining why and how different audiences will be reached. It is not sufficient to say "national coverage." Geographic areas should be targeted, not random; a media plan must show geographic reach and audiences.
- Prepared national, regional, and/or local NGO/FBO plan explaining how the strategy will utilize existing NGO/FBO networks for interpersonal communication or door-to-door campaigns. Areas should be targeted, not random; a community outreach plan must show reach, audiences, and communication channel.
- Obtained written concurrence from the NMCP for communications plan.
- Completed subcontracts and agreements with local partners and vendors.

- Completed needs assessment and capacity building plan for BCC/IEC in NMCP.

Check List for Year One

- ☐ Main audiences identified and described
- ☐ Strategy developed
- ☐ Print and electronic materials developed, tested, and produced
- ☐ Capacity building plan developed and initial training completed
- ☐ Subcontracts and grants awarded
- ☐ BCC/IEC M&E plan (indicators, goals, benchmarks, sources of data) completed
- ☐ Coordination with NMCP and other partners initiated
- ☐ NMCP reviewed and agreed with BCC/IEC plans and strategies.

Refer to the Country Results Review BCC template for check list for implementation after planning.

Managing BCC/IEC Programs Q&A

Technical

1. What should I do if the contractor presents a theoretical model for IEC/BCC that I don't understand?

Don't worry about the model. As a manager you can hold them accountable for achieving the resulting changes in behaviors, including uptake of ITN use, case management, IRS acceptance, and IPTp.

2. What should I look for when I review proposed IEC/BCC messages?

You should review IEC/BCC messages for 1) technical accuracy – burning tires and destroying flower pots do not help control mosquitoes that can transmit malaria, and 2) adherence to NMCP guidelines. In addition, contractors should be able to give you reports of pretests with members of the target audience showing that they understood the messages.

3. How do you decide where to focus your IEC/BCC efforts – on which interventions?

You decide where to focus your PMI IEC/BCC efforts by identifying the largest gaps in correct behaviors and the biggest population groups among the four PMI interventions. This can be done by reviewing DHS/MIS data and other available information in the country. For example, if the knowledge of ITNs is very high nationwide, but use is very low in rural areas, the focus of IEC/BCC programs should be on increasing correct use in rural areas – by addressing the motivational factors that are related to use, not by increasing knowledge alone.

4. Is it more important to measure changes in beliefs or in behavior?

It is more important to measure changes in behavior. The relationship between beliefs and behavior is not necessarily linear – changes in beliefs do not always or necessarily result in changes in behaviors. It is up to your contractor to deliver changes in behaviors.

5. If we see changes in beliefs but behaviors are not moving in the direction we want, what should we do?

You should ask the contractor to identify the other possible "barriers" to changes in behaviors and/or incentives to change behaviors, and to develop new approaches to behavior change that remove these barriers and use these incentives.

Program implementation

6. **What should I do if my contractor is not building local capacity and training nationals and instead insists on doing it all themselves?**

   You should require that your contractor present you with an assessment of the BCC/IEC needs of the NMCP in order to equip them with this capacity in the long term, a plan for achieving this with PMI and other partners, and evidence that the plan's activities will be implemented according to a specific timeframe. The contractor should obtain the NMCP's written agreement with the plan and its commitment to carrying out its own defined activities in collaboration with the partner.

7. **What if my contractor(s) are not working in a coordinated, integrated way?**

   You should request that all BCC/IEC implementing partners coordinate and align their approaches or designate a lead BCC/IEC contractor to coordinate all activities. All IEC/BCC messages should conform to NMCP guidelines and be encouraging the same final set of behaviors across different implementing partners. (They do not all have to be using exactly the same messages – especially if they are focusing on different areas of the country or different segments of the population.)

8. **We have a PEPFAR partner that is doing IEC/BCC for HIV/AIDS. What are the potential advantages and disadvantages of asking them to take on malaria as well?**

   The advantages and potential cost savings are that staff will already be in country and contracts with local media, sub-contractors, and NGOs will be in place. In addition, certain target audiences may be the same. The potential disadvantages are that PMI messages and focus could get lost in the much larger PEPFAR program and that the PMI IEC/BCC strategy could be placed into an ongoing strategy that is not appropriate for reaching PMI audiences or communicating PMI messages. For example, the HIV/AIDS audiences could be mainly youth, the HIV/AIDS NGOs' audiences could be people living with AIDS and HIV/AIDs activists, and the local media under contract could be stations and programs that reach mainly urban youth audiences.

9. **What should I ask for/look for in my monthly meetings with the contractor?**

   You should review expenditures and ask for monthly updates on the process and output indicators on the behaviors for the four PMI interventions.

10. **When I make field visits, what should I ask for/look for related to IEC/BCC?**

    You should be able to observe that the planned materials or programs are in place, the audiences are as identified in the strategy, the messages are correct, the audiences understand the messages, the M&E system is operating as defined by the strategy, and the local government, community leaders, and staff are actively engaged in the strategies.

11. How closely together should my IEC/BCC contractor and other PMI IEC/BCC implementing partners work?

Very closely. The IEC/BCC contractor should work with each implementing partner carrying out malaria prevention and control activities to make sure they work with the same data, understand the barriers and obstacles being faced, reach the same audiences/publics, track the same indicators, and use technically sound messages and correct behaviors.

Monitoring and evaluation

12. How quickly can I expect to see changes in PMI's outcome indicators, for example, "slept under an ITN last night," as measured by implementing partners and by population-based and other surveys?

Changes in knowledge and in willingness to try a new behavior can occur very quickly, but consistent practice of new behaviors can take months to years to become part of a person's habits. This is why we recommend that BCC implementing partners measure a range of indicators that could reflect stages of change, such as "knows that ITNs help prevent malaria," "is willing to try sleeping under an ITN regularly." We expect that communications activities should be able to show significant changes in outcome indicators within a year or two.

13. What should I do if my contractor only gives me indicators of knowledge and awareness and does not have any indicators or measures of actual behaviors?

You can require that your contractor(s) supply indicators of behavior change, for example, use of ITNs, with data from smaller surveys, cluster surveys, sentinel sites, or even trends in mystery clients or client intercepts at clinics to show the effect of BCC/IEC programs over the agreed-upon timelines. DHS and MIS data also can be used when appropriate and available, but special, large-scale and expensive surveys are not necessary.

14. Should I be satisfied if my contractor only provides me with lists of materials prepared, meetings held, radio spots aired, etc. and does not give me information on behaviors changed?

No, these are called process indicators and merely show where your money is going. They do not tell you what impact you are getting for your money. You should require data on behaviors even though these data may be from smaller samples. Frequency of surveys will be determined by need.

15. What should I do if my contractor is spending a lot of time on research and original data gathering, is not using existing data, and seems to be interested mainly in publishing research reports?

BCC programs like to take time carrying out "pilot" studies of interventions. As a manager you should require that the contractor first review the available literature on knowledge, attitudes, and behaviors in the intervention areas where PMI is working. The time used on pilot studies should be kept to a minimum, and results quickly moved to at scale interventions. Data collection should be efficient and research limited to strict operations research to improve operations of PMI BCC/IEC interventions.

16. How do I determine whether the contractor is evaluating progress appropriately?

The first step is to make sure that the contractor has a good M&E plan in place. You then can review the data from the M&E plan with the wider PMI team. You also can request an external evaluation of BCC/IEC activities. This helps create a neutral discussion, and governments welcome this as an evaluation of the USG implementing partner performance.

17. My contractor is telling me that people's beliefs about malaria show great variations across different geographic areas and they need to do baseline studies in all these different areas. What should I do?

You should ask your contractor first to review existing DHS/MIS data and other existing studies for the different geographic areas and then to propose minimum formative research to help craft messages for specific audiences. Baseline studies are costly and take time and do not need to be done in all the different areas unless there is persuasive evidence that these differences will have a major impact on your IEC/BCC efforts.

Costs and budgeting

17. How do I judge the cost and cost effectiveness of different approaches?

You can require that your contractor give you a detailed budget showing the amount of money that is being spent on the different communication approaches, for example, mass media, interpersonal communication, posters, and community organizing. You can ask the contractor how many people they are reaching and how they are measuring the effectiveness of each approach, for example with sentinel sites or client intercepts at clinics. You can then compare costs and people reached across the approaches, and, ultimately, compare changes in behaviors achieved across approaches.