



SBCC

Effective community-based malaria interventions |

Case Study

23 April 2025





The Global Fund multi-country grant continues to serve a **regional purpose**, by dedicating resources to ensure continued focus on aggressive burden reduction in high transmission areas of southern Mozambique (which are the main sources of malaria importation into South Africa and Eswatini), thereby continuing to drive burden reduction (on the path to elimination) in southern Mozambique and sustainable elimination in South Africa and Eswatini.

The **SBCC campaign strategy** was created to serve as a **guiding document** for the implementation of Tchau Tchau Malaria (TTM's) SBCC campaign, a central platform for evidence-based and participatory SBCC responses to malaria at all levels. The Strategy builds on **formative research** conducted in February 2023, and inputs from the July 2023 SBCC Strategy Workshop. Aligned with the National Malaria SBCC Strategy, it incorporates **theoretical models** of behaviour change, and focuses on community-based, participatory approaches, including interpersonal communication, community engagement, and mobilisation, all designed to address key behavioural issues such as malaria severity, prevention fatigue, and scepticism.



Strategy and Implementation



The SBCC campaign aimed to:

- Increase and sustain malaria prevention and treatment behaviours in the provinces of Maputo, Gaza, and Inhambane
- Support broader elimination efforts in Mozambique and the surrounding MOSASWA region

The intended audience for this SBCC campaign strategy was identified during the formative research phase. Key audiences for this strategy included:

- *Primary audience:* people who are directly affected by malaria, or those at risk of contracting malaria, including, for example, caregivers of children under five years old, and pregnant women.
- *Secondary audience:* people who can influence primary audiences to change their behaviours, because of the power they possess at the societal level, including, for example, religious leaders, traditional leaders, and healthcare workers.
- *Tertiary audience:* people and institutions who are not the direct targets of the intervention but who can be enlisted to support behaviour change at the community level, such as partners who can influence programme acceptance in the community, policy figures, political leaders, media, and government officials.



Interventions



Social Dramas: The multi-channel campaign was implemented to engage communities and promote malaria-related behaviours. This included participatory social drama, where trained drama troupes performed **128 skits**, reaching **13,351 people** and facilitated post-performance discussions.

Radio Campaigns: Radio broadcasts featured professionally recorded drama scripts and radio jingle, reaching **1,442,634 people across 220 airings on twelve community** radio stations.

Print Material: **9,000 posters** were distributed across various high traffic community locations, as visual representations of the campaign and cues to action, to instigate community dialogue.

Barbershop and hair salon activation: Focussed community engagement sessions were also held in barbershops and hair salons, reaching 740 individuals, with barbers and hairdressers trained to initiate malaria-related conversations.



Research

Formative research revealed that **the vast majority of respondents (99%) had heard of malaria**, with 87.5% correctly identifying mosquito bites as the **primary transmission method**. Commonly recognized symptoms included headaches, fever, and body aches. Participants also demonstrated awareness of prevention strategies such as insecticide-treated nets (ITNs), IRS, and environmental management.

Community attitudes **highlight moderate to low perceived risk of malaria**, especially in Gaza province, where only 49.3% felt at risk compared to 70.6% in Maputo and 77.2% in Inhambane. Although **92.9% viewed malaria as serious in adults and 96.8% for children**, its normalisation due in part, perhaps, to frequent exposure, reduced perceived severity.

Self-efficacy data suggests confidence in knowing how to prevent malaria (84.8% agreed) but **highlights resource gaps** which may limit action. In Maputo and Inhambane, **fewer than 40% felt they had the necessary tools to protect their families**, contrasting with 53.7% in Gaza.

Addressing these gaps and misconceptions is essential to strengthening malaria prevention and treatment behaviours.



Strategic Approaches

The strategic channels and associated activities harnessed the compelling power of **narrative storytelling**.

Social drama, which served as the core approach, was selected for its **capacity to navigate intricate behavioural nuances**, and **facilitate discussion** at the collective level, around the issues identified in the formative research, including, but not limited to:

- low perceived severity of malaria infection,
- practise fatigue,
- growing sense of scepticism and potential complacency.

Communities **connected with characters in the story** and gained a deep understanding of the consequences of specific behaviours related to malaria prevention and treatment. By using a narrative technique, social drama allowed for **constructive interactions** within communities, through guided discussions following community-based performances.

Additional channels and mediums including **radio broadcasts, print materials, and community dialogue sessions in barbershops and hair salons**, amplified the campaign, by fostering community engagement and reinforcing key messages across diverse formats. This **surround-sound approach** ensured that audiences encountered consistent campaign messaging in multiple ways, increasing accessibility and enhancing the likelihood of message retention and behavioural impact.



Strategic Approaches

Critical to the sustainability of the strategy, the narrative approach can be adapted and evolved for changes in the epidemiology, as well as for different communities and geographies. Its rollout can also be integrated into various existing community and provincial infrastructures for enhanced reach.

1. Household behaviours for the correct and consistent use and maintenance of ITNs
2. Behaviours related to the acceptance of IRS at the household level
3. Priority behaviours for case management and timely health seeking



Conclusion

The campaign evaluation demonstrates its effectiveness in reaching approximately **1.4 million people through 12 radio stations and 13,351 participants** through drama sessions across the three provinces. Women constituted the largest proportion of participants, reflecting the campaign's **strategic focus on caregivers of children under the age of five**—both a high-risk group for malaria and a key demographic for influencing household and community health behaviours.

The **multi-channel approach**, including social drama sessions, barbershops and salons, radio, and posters, successfully engaged **broad and varied audiences**. Drama sessions stood out for their ability to deeply connect with communities through relatable stories, while radio and posters ensured broader coverage and reinforced key messages. Barbershop and salon sessions provided a **unique, intimate platform that fostered trust, dialogue, and active participation**.

Feedback from participants expressed clear intent to **adopt positive malaria prevention behaviours**. Notably, many participants committed to sharing these messages with others, amplifying the campaign's impact and reinforcing collective action as a driver of behaviour change.

Strengthening partnerships with local organisations and expanding targeted engagement platforms like barbershops and salons will further enhance the programme's effectiveness.

The campaign offers a blueprint for future malaria prevention efforts, fostering lasting behaviour change and community empowerment in the drive towards elimination.



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MALARÍA**

