### Community Members attending Malaria Behavior Change Communication

Number of individuals receiving BCC/IEC outreach promoting malaria prevention or care seeking.

<table>
<thead>
<tr>
<th>Health Sector</th>
<th>Project Area</th>
<th>Project Activity Area/Training Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector Schematic Alignment</td>
<td>Maternal, Neonatal, and Child Health</td>
<td>Malaria Prevention and Control</td>
</tr>
</tbody>
</table>

#### Type:
- Output

#### Unit of Measure:
- BCC/IEC Participants

#### Disaggregation:
- **Sex**: Male, Female
- **Age**: 0-17, 18+
- **Pregnancy Status**: Pregnant, Not Pregnant or of unknown pregnancy status

#### Specific Malaria Prevention Subject Areas:
- LLIN Use
- Net Maintenance and Repair
- Antenatal Care Seeking
- IPTp
- IRS Participation
- IRS Safety
- Prompt care seeking
- Correctly following drug regimen
- Mosquito Repellent Use
- Mosquito Repellent Manufacture

---

**To be counted for this indicator the following criteria must be met:**

- Must have attended in entirety a BCC/EIC event promoting malaria prevention interventions or early care seeking behavior.
- The event must have been provided by the PCV or their partner.
- Attendance at behavior change outreach session/s must be documented by the Volunteer or their partner and should be measured at the end of a BCC event by counting or (if it is a public performance or mass media BCC event) estimating the number of participants.

**Definitions:**

**Receiving**: Attends the entirety of a BCC/EIC event.

**Disaggregation**: The disaggregation of this indicator is intended to capture all subject areas substantially covered during the BCC event. This is a multi-select and a given BCC event may address multiple subject areas.

**LLIN Use**: Sleeping under an LLIN every night throughout the entire year.

**Net Maintenance and Repair**: Correct net washing procedures (4 times per year or less, no bleach, no detergent), and sewing up rips and tears.

**Antenatal Care Seeking**: Attending antenatal clinics in accordance with the national recommendations. This will change depending on country, so each post is encouraged to consult their Ministry of Health.

**IPTp**: Intermittent Preventive Treatment for pregnant women. A curative dose of a malaria prevention drug given periodically during pregnancy to clear the body of parasites. Generally sulfadoxine-pyremethemine (Fansidar). For dosing regimen consult MoH.

**IRS Participation**: Agreeing to participate in an Indoor Residual Spraying program. Many IRS campaigns have less than 100% acceptance rate due to fears about the chemicals used.

**IRS Safety**: Knowledge of how to keep oneself and one’s family safe while your home is being sprayed with IRS –
removing furniture, allowing a specific amount of time before reentering the dwelling, sweeping and properly disposing of dead insects, etc.

**Prompt Care Seeking:** Seeking care from a trained health care provider within the first 24 hours of onset of malaria-like symptoms (fever, chills, etc.).

**Correctly following Drug Regimen:** Taking the full course of medication as proscribed by a trained health professional.

* **Mosquito Repellent Use:** Using a proven topical mosquito repellent between the hours of dusk and going to bed.

* **Mosquito Repellent Manufacture:** Manufacturing topical mosquito repellents including neem and citronella.

* **NOTE:** Mosquito repellent use advocacy is deprecated until such time as the WHO comes out with a firm position on it’s efficacy. It is included here to capture work that may still be going on in the field and community-driven interventions. Mosquito Repellents are **NOT** a substitute for LLIN use, IPTp, IRS, Care Seeking or other proven interventions. Any community driven extension of mosquito repellents should be done **ONLY** after utilization of proven interventions is high **AND** extreme care should be taken with messaging around repellent use to ensure that they are clearly understood as **ADDITIVE**, not a **REPLACEMENT** for other interventions.

**Rationale:** Availability of malaria prevention services and goods is insufficient to assure usage. BCC/IEC interventions are intended to increase the care-seeking and preventative behaviors of the population and increase the utilization of available goods and services.

**Measurement Notes:**

* **Sample Tools and/or Possible Methods:** A tracking sheet that collects the names and sex of participants who were trained in malaria prevention BCC/IEC will capture the needed data.

* **Activity-Level Baseline Data Collection:** As an output indicator, no baseline survey is used with this indicator.

* **Frequency of measurement:** Training logs should be collected at the time of training. Data should be reported to post in the VRT on whatever schedule is used by the post (quarterly is preferred). Data will be officially reported from the post to HQ annually with preliminary data made available to technical experts in HQ on a rolling basis.

* **General Reporting in the VRF:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”

  **NOTE:** Current functionality in the VRF does **NOT** allow Volunteers to report on indicators for mass media events. If Volunteers do mass media malaria prevention events they should check ‘mass media’ on the first page of activity reports and then describe what subject areas were covered in the detailed activity narrative. Until such time as the VRF gains the ability to report on mass media indicators there will be no ability to automatically aggregate these activities. All aggregate reporting must be done manually by searching on the term “malaria” in mass media narratives.

* **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by “Sex”, “Age”, “Pregnancy Status” and by the subject(s) of the behavior change outreach event. When choosing this indicator in the VRF the Volunteer will be presented with a ‘check all that apply’ box where they may indicate what subject areas were covered in their behavior change outreach event.

**Data Quality Assessments (DQA):** DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.
Alignment with Summary Indicator: No link