

Behavior Change Communication (BCC)

'Evaluating the Impact of the BCC Campaign on Knowledge About ACTs and Treatment Seeking Behavior for Malaria in Uganda



Background and study objectives

The BCC evaluation study was designed to measure impact of BCC campaign on improving people's knowledge and perceptions about ACTs with a green leaf logo invented under the Affordable Medicines Facility-malaria (AMFm) and treatment seeking behavior for fever / Malaria in Uganda. The main objectives of the study were to; examine the reach of the campaign, it's effectiveness as well as challenges and lessons learnt during implementation.

The BCC Campaign intervention

Artemisinin-based Combination Therapies (ACTs) are a key component of the current malaria treatment efforts but their prices remain high and availability is still limited increasing the likelihood of self-treatment with other common and cheaper anti-malarials. In response, the Global Fund to Fight AIDS, Tuberculosis and Malaria hosted the Affordable Medicines Facility-malaria (AMFm), a financing mechanism that subsidizes ACT purchases by public and private purchasers so as to increase ACT use through price reductions and expanded availability.

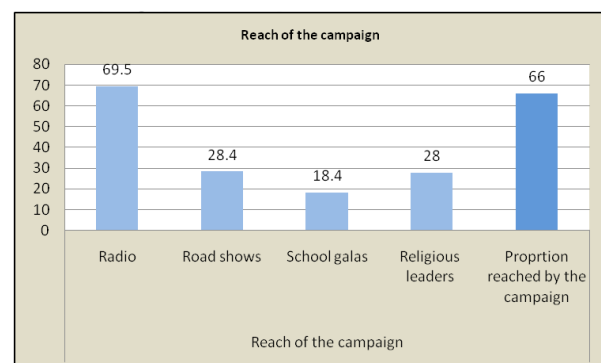
The BCC campaign was a three month 'supporting intervention' by Ministry of Health (MOH) implemented through Uganda Malaria Partnership (UMP) starting July, 2012 to create mass awareness about ACTs with a

green leaf logo invented under the AMFm mechanism so as to improve treatment seeking behaviours for Malaria in Uganda. The main methods used during the campaign were radio, road shows, school galas and religious leaders' communication.

Survey methods

The study was a one-time cross sectional survey and used mainly quantitative (among caregivers of children under five years of age-CU5 with fever) and qualitative methodologies (with local leaders, private facility/clinic owners, and religious leaders and UMP implementers)

Results



- The BCC campaign reached 66% of the population. These heard/saw messages about malaria in the BCC campaign period.
- Radio (70%) had a significantly bigger reach than all the other BCC methods. Road and religious leaders had the second biggest reach with 28%.

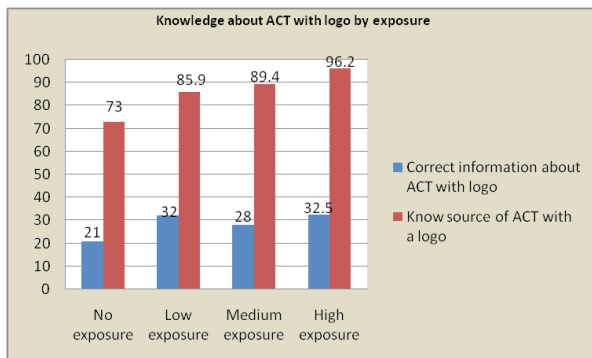
Challenges and Lessons learnt

- Delays in release of funds by MOH: This greatly affected implementation of planned activities.



- Short duration of the campaign: The campaign was initially planned for 2 years but later reduced to 3 months of implementation which was insufficient to have a significant impact on knowledge and behaviour.
- Partnership: Working as a consortium (partners rather than competitors) created synergy and sharing of competencies despite the short period of implementing the campaign.

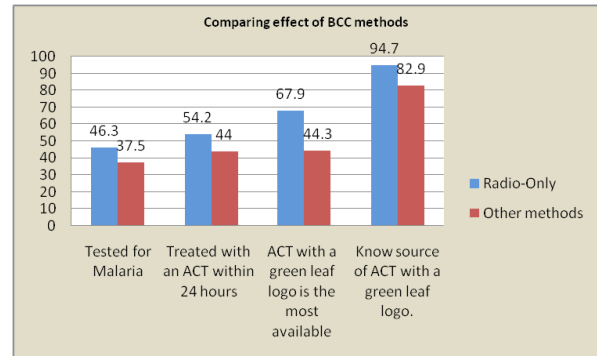
b1. Effect of campaign of knowledge about green leaf logo.



- There is a significant difference in knowledge about ACTs with a green leaf logo by exposure level. Knowledge tends to increase with exposure.

c. Most effective BCC methods

- Radio was the most effective of the four BCC methods on improving knowledge and treatment seeking behavior for fever/malaria.



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Recommendations

- The BCC campaign period should be extended as three months of implementation are insufficient to significantly improve knowledge and perceptions about the treatment seeking for malaria.
- Uganda Malaria Partnership should prioritize use of radio during the BCC campaign since it stands out with the biggest reach (70%) and the most significant effect on knowledge and behaviour.
- BCC methods like road shows, religious leaders should be frequent and not one-time activities if they are to impact on knowledge and behaviour.

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