

**SRCMF Webinar Series No. 2**

**Social and behavioural change communication (SBCC) and  
community engagement is the key to acceleration and sustenance  
of malaria elimination in cross-border areas**

**A Report**

**27 June 2022**

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## **1. OPENING REMARKS**

The opening session started with welcome address by Dr Jigmi Singay, Executive Secretary Cum Coordinator, SRCMF Secretariate. He extended warm welcome to the distinguished speakers, representatives from National malaria elimination Programme from members countries, Resource persons, partners and all the other participants who attended this SRCMF webinar in spite of their busy schedule. He briefly apprised the audience about SRCMF (South East Asia Regional Coordination Mechanism Forum) a regional body launched by SEA 11 Member States- India, Bangladesh, Bhutan, Democratic People's Republic of Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste of SEA GF Constituency. The main mandate of SRCMF is to coordinate the National Malaria Elimination Programme at the Cross-border areas and the districts adjoining the international border. This mandate has been given to ensure the Cross border does not create an obstacle to achieve the malaria elimination goal of the Member countries of SEA Region

He then introduced and welcomed the Moderator Dr Dipanjan Roy. After which Dr Jigmi Singay formally invited Dr Dipanjan and handed over the moderatorship to Dr Dipanjan Roy and requested him to conduct the webinar.

As per the agenda the moderator started the webinar by requesting the speakers to introduce themselves one by one. Following which the moderator then request the first speaker Dr Rinku Sharma, Joint Director NCVBDC, Govt of India to take up the first session on Introduction to Malaria elimination – Why border areas are the key

## **2. WHY BORDER AREAS ARE THE KEY**

Dr Sharma shared the following key challenges faced in achieving cross-border malaria elimination:

1. Nationality and domicile are not clear cut - One family may be living on both sides of the border. Also, Illegal entry happen across national borders for better quality / subsidised treatment
2. Inadequate health providers at border areas, distance from the health facilities and commuting difficulty due to poor road connectivity.
3. Low awareness levels due to Poverty, marginalised and low literacy leads. Poor mobile networks or landline connectivity and Linguistic barriers
4. Low motivation levels to use LLINs/IRS, poor adherence to treatment, and averse to IRS and lack of basic awareness on hygiene
5. Border areas have different administrative structures and variable functioning of health systems

She further emphasized that Information Education and Communication (IEC) and Social Behaviour Change Communication (SBCC) have been part core strategy of National Centre for Vector Borne Disease Control (NCVBDC) programme. NCVBDC has used SBCC and IEC interventions across its programs to achieve awareness and action for its target audiences. She highlighted the need to focus on Collective strategy which works at individual, household, community, and political level to bring about a holistic social behaviour change.

She reiterated that cross-border malaria SBCC strategy should include:

1. Community-based approach
2. Focus on border areas
3. Private Sector Partnership
4. Inter-Ministry Convergence

She emphasized the need for following SBCC activities for cross-border malaria:

(a) Inter-Ministry Convergence

- Formulate clearly defined roles and responsibilities for government sector organizations such as the Armed Forces and NGOs
- Convergence with tribal, education, water and tourism ministry

(b) Community-based approach

- Activity at School & Religious Locations, Develop Community Influencers
- Health Awareness Camps, Mobilizing Village Groups, Engaging with youth and Door to door campaigning

(c) Private Sector Partnership

- Private sector sensitisation, Targeting weekly markets
- Targeted messaging to traders and travellers. Mobile messaging, direct mailers, printed messages on tickets

(d) Focus on border areas

- BSF & Health Facility tie-up
- Improve distribution of LLIN & usage in high endemic cross border locations
- Trainings and Orientation of staff placed at borders

The moderated thanked Dr Sharma for an elaborate presentation and invited Dr Shubhla Singh Program Officer, APLMA/APMEN for her presentation on Gaps in border areas SBCC and Community Engagement in malaria elimination

### **3. GAPS IN BORDER AREAS SBCC AND COMMUNITY ENGAGEMENT IN MALARIA ELIMINATION**

Ms Shubhla shared the following Technical, Programmatic and policy gaps in cross-border areas SBCC and community engagement in malaria elimination:

Technical gaps:

- a) Lack of knowledge about the diseases
- b) Gaps in practice use of nets and medications
- c) Different among migrant worker and communities (lack of information)
- d) Influences – culture, Practices, trust (self-medications, traditional healing) residing in conflict areas
- e) Language
- f) Limited involvement in case-based surveillance, treatment and tracking of malaria cases

Programmatic gaps:

- a) Guidelines on local community engagement
- b) Outbreak management at the community level
- c) Refresher trainings
- d) Lack of information on migrant/ population movement
- e) Lack of effective tools and strategies targeted migrant workers – social support groups for migrant workers and village committees
- f) Program performance checks and corrections are delayed – IEC tools, engagement strategies

Policy gaps:

- a) role in surveillance, awareness generation, early diagnosis, treatment, monitor use of LLINs/IRS in border areas
- b) integration in local health systems

Her presentation touched upon following Innovative approaches to Social and Behavioural Change Communication/ community engagement:

- a) Multi-sectoral delivery approach- Labour and Health sector collaboration
- b) Community actors and channels to facilitate delivery of products, interventions – SBCC methods (hat bazars, plays, gathering)
- c) Migrant worker support groups
- d) Participatory Monitoring and Evaluation

Moderator thanked Ms Singh for her presentation and invited Dr Bipin Adhikari for his presentation on addressing the gaps in border areas SBCC/ community engagement in malaria elimination – opportunities and coordination

#### **4. ADDRESSING GAPS IN BORDER AREAS SBCC/ COMMUNITY ENGAGEMENT IN MALARIA ELIMINATION – OPPORTUNITIES AND COORDINATION**

Dr Adhikari shared the situation of malaria control and elimination in border areas:

- a) Nepal has shown good progress in malaria control and elimination over the years.
- b) Malaria is endemic in the southern plain of Nepal which shares a porous border with India
- c) Vivax malaria is the major concern in Nepal
- d) The proportion of imported malaria cases has increased from 18% cases in 2001 to 90% in 2020

He spoke on Community engagement in Nepal:

- a) One of the elements of community engagement is utilizing local human resources.
- b) community health workers can be positioned to augment the malaria case-management at the border areas.
- c) Lessons can be learnt from utilisation of community health workers, particularly for primary prevention/ early detection strategy in the management of NCDs (Non-Communicable Diseases).

He further reiterated that the involvement of following people at local level is a key to malaria elimination in cross-border areas:

- a) Community health workers
- b) Community people
- c) Border forces (police, immigration, health posts)

Moderator thanked Dr Adhikari for his excellent presentation and invited comments and questions from the participants

Discussion brought to the fore following points on community-based interventions:

- a) Focus on local actions and solutions
- b) Enhance understanding of community lead monitoring and strengthened community base case surveillance, data sharing and interpretation.
- c) Strong integrated primary health care platform with integrated community engagement within the health system is essential for universal health coverage.
- d) Early community involvement and active participation will be beneficial to the development, implementation and evaluation of health services and in decision making

- e) incorporate community engagement best practices, locally tailored and targeted case management, vector control, and surveillance interventions to drive malaria elimination in cross-border areas
- f) Empowering districts and communities in planning and implementing community-based strategies and interventions to interrupt transmission in border areas
- g) Plan for domestic resources to replace external funding which are more holistic and includes sustainability in terms of domestic resources

## **5. CLOSING SESSION**

In the closing session, the Executive Secretary thanked all the speakers for excellent presentations and participants for their active participation and valuable contributions. He requested all participants active participation in future webinars and asked members countries to share any important issues they would like SRCMF to put up in future webinars or would like SRCMF to host or co-host in future that will contribute to malaria elimination in the region and contribute to global elimination process. He also conveyed special thanks to the moderator for conducting the webinar efficiently and bringing it to a successful conclusion. The moderator formally closed the meeting at 12:30 pm IST.

## SRCMF Webinar Series No. 2

Malaria Elimination – Social and behavioural change communication (SBCC) and community engagement is the key to acceleration and sustenance of malaria elimination in cross-border areas,  
June 27, 2022

### Agenda

Time	Session	Responsible person(s)
11:00-11:05	<b>1. Introduction to Webinar</b> a) Welcome remarks SRCMF b) Introducing the moderator	Dr Jigmi Singay, Executive Secretary Cum Coordinator, SRCMF
11:05-11:15	<b>2. Introduction to Malaria elimination – Why border areas are the key</b>  a) Why borders areas are especially important for elimination?  b) Set the scene for strengthening Social and Behavioural Change Communication (SBCC) and Community Engagement	Facilitator/ Moderator -Dr. Dipanjan Roy  Presenter - Dr Rinku Sharma
11:15 -11:40	<b>3. Gaps in border areas SBCC and Community Engagement in malaria elimination</b>  a) What are the key gaps SBCC and Community Engagement in border areas?  b) Innovative approaches to SBCC/ community engagement in malaria  c) discussion to add to the list of gaps in SBCC/ community engagement -participants to contribute, especially from the local participants from countries	Facilitator/ Moderator -Dr. Dipanjan Roy  Presenter – Ms Shubla Singh
11:40-12:20	<b>4. Addressing the gaps in border areas SBCC/ community engagement in malaria elimination – opportunities and coordination</b>  a) Opportunities/ solutions to address the gaps in SBCC/ community engagement in malaria elimination  b) Good practices in SBCC from countries in the region -Discussion  c) Coordinated SBCC in border areas – opportunities -participants to contribute  d) Discussions	Facilitator/ Moderator -Dr. Dipanjan Roy  Presenter – Dr Bipin Adhikari
12:20-12:30	<b>5. Conclusion</b>  a) Summary of the discussions / recommendations	Facilitator/ Moderator -Dr. Dipanjan Roy



	b) Open house for any other recommendations	
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### List of participants

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