

Microplanning for social and behaviour change (SBC) activities in the COVID-19 context

V.1 (November 2020)

Remember the COVID-19 infection prevention measures¹

- Maintain physical distance of at least one metre from all others, except immediate members of the family or people with whom you share accommodation
- Regularly and thoroughly clean your hands with an alcohol-based sanitizer or wash them with soap and water. WHO recommends washing hands often with soap and water for at least 20 seconds. If soap or hand sanitizer are not available, rub hands vigorously with wood ashes
- Avoid touching your eyes, nose and mouth
- Practise respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately dispose of the tissue² and wash your hands
- If you have fever or respiratory symptoms, you should stay home and not continue to work
- Wear a fabric mask if there is widespread community transmission, and especially where physical distancing cannot be maintained
- Correctly use and dispose of any COVID-19 infection prevention materials such as masks and gloves
- Maintain all other measures described even when wearing protective equipment
- Keep up to date with the latest guidance and regulations put in place by WHO and the national government

NOTE: As the pandemic evolves, WHO updates the infection prevention measures based on new scientific findings. Check for any updates on <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Core AMP documents: *Key guidance for distribution of insecticide-treated nets (ITNs) during COVID-19 transmission*

General considerations for safe ITN distribution during the COVID-19 pandemic:
<https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

Microplanning guidelines: <https://allianceformalariaprevention.com/amp-tools/tools-resources/>. This document gives very detailed guidance on the microplanning process pre-COVID-19. Most of the guidance is still very relevant in the COVID-19 context.

Ensure that SBC is prioritized during macroplanning and microplanning³

For ITN distribution taking place during the COVID-19 pandemic, SBC will play an even greater role in ensuring the success of the ITN mass distribution than prior to the pandemic. SBC planning will need

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

² Follow WHO and national guidance on waste disposal. Waste should be disposed of appropriately where it will not be in the environment risking contaminating others. See also: <https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>

³ See AMP guidance: *Planning social and behavior change (SBC) for ITN distribution in the context of COVID-19 transmission.* <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

to ensure that the importance of malaria prevention is reiterated to the public while at the same time reassuring the target populations that every effort is being made to keep them safe from the COVID-19 virus during the different campaign activities.

Planning for advocacy, social mobilization and social and behaviour change communication (SBCC) activities, channels and messages at the macroplanning stage will be led by the national malaria programme in collaboration with different stakeholders and partners, including representatives from the national COVID-19 task force, and will prioritize low contact interventions to minimize the risk of COVID-19 transmission. Low contact interventions may include radio or mobile units (dissemination of messages by megaphone or loudspeaker via a motorized vehicle), town criers or community health workers (CHW) with megaphones to disseminate messages at community level. Interventions also include engagement of community leaders and influencers for local level management of the campaign and problem resolution, including addressing negative rumours and misinformation that lead to low participation in the campaign activities.

Microplanning for SBC is critical for the success of the different activities that are identified at the macro level to:

- Identify the radio stations that have the most reach at the implementation level (rather than decide on this centrally and contract stations present at the national level)
- Identify the key stakeholders, leaders and influencers, including those that may reject the campaign for any reason, to ensure that the right people participate in advocacy meetings
- Identify populations with barriers to participation in health campaigns or for use of ITNs, areas where ITNs may be misused (such as fishing communities) and areas where there are incorrect beliefs about malaria or ITNs

Given the limited amount of interpersonal communication that may be possible with the COVID-19 infection prevention and control measures in place in countries, it is critical that the microplanning for SBC identifies the best opportunities, channels and individuals to ensure a strong and wide-reaching communication campaign to support achievement of the broader campaign objectives for ITN access and use.

With potentially reduced numbers of facilitators and participants in microplanning workshops, as well as reduced time for the workshops, it is critical to ensure that SBC is not overlooked or its importance minimized. The training of trainers must include a session to familiarize the workshop facilitators with the template and the information expected and required as microplanning workshop outputs. Additionally, workshop facilitators should try to split the participants from each district in separate groups to allow one group to focus on the logistics and M&E template while the other focuses on the SBC template.

Ensure the SBC microplanning template reflects the prioritized SBC activities

Generally, the SBC microplanning template needs to capture all of the implementation level detail for ensuring that the plan and budget for advocacy, social mobilization and SBCC reflect the actual context of where the ITNs will be distributed.

The SBC microplanning template should follow the same formatting and rules as the logistics and M&E microplanning template, so that it is familiar and user-friendly for district teams during the microplanning workshops⁴. The template is an Excel workbook containing a number of worksheets.

⁴ See also: *Microplanning guidelines in the context of COVID-19 transmission*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/> and the main *Microplanning guidelines*: <https://allianceformalariaprevention.com/amp-tools/tools-resources/> developed pre-COVID.

National malaria programmes should develop worksheets that reflect their own situation and planning, ensuring that the template reflects the activities prioritized for SBC and that can be safely implemented in the COVID-19 context. Different countries have different SBC options at the implementation level (e.g. strong CHW or faith-based networks, community health or development committees, private sector partners, etc.) and the SBC microplanning template should be adjusted to reflect the different opportunities and resources available.

Review and update the worksheets in the SBC microplanning template

The worksheets in the template support collection of local level information to better inform planning for advocacy, social mobilization and SBCC. Worksheets might include:

- **The instructions and checklist** worksheet describes how to complete the SBC microplanning template and serves as a reminder to microplanning workshop participants. This sheet may be particularly important where SBC staff are not present in the different microplanning sessions.
- **The baseline** worksheet provides the hypotheses used for quantification for SBC activities, such as the number of days that town announcers will work before, during and after the campaign. The baseline worksheet supports calculation of the SBC budget. During the COVID-19 pandemic, additional baseline information might include the type, quantity and costs of personal protective equipment (PPE) needed for SBC campaign staff.
- **The unit costs** worksheet provides costs agreed with funding partners for the different equipment, materials, personnel, printing, etc. needed to carry out SBC activities. It is linked to the district SBC budget worksheet. When collecting local level information, some unit costs might differ from the costs set at the national level, for example transport costs for mobile units in remote or hard-to-reach areas. It is recommended that districts do not change the unit costs of these items on the unit costs worksheet during the microplanning workshop. Discrepancies between local level costs and national costs should be communicated to the microplanning workshop facilitators so that appropriate changes can be made at central level during the microplanning cleaning and validation processes. Alternatively, the national malaria programme could add a worksheet for additional comments where this type of information could be included.
- **The SBC budget** has many formulae and is usually password protected to ensure that it is not accidentally or intentionally manipulated during the microplanning workshop. The budget worksheet in the microplanning template is typically developed to show the operational costs that will be required for all activities from the district to the implementation level. National and regional level costs, such as for procurement of materials, are not included in the SBC microplanning budget as the funds are not spent at the district or sub-district levels. After all of the worksheets in the SBC microplanning template have been filled with the needed information, the SBC budget will be automatically calculated for each district. The SBC budget generated through the microplanning generally reflects only the implementation level costs.
- **The SBC microplanning template** worksheet is based on information from the logistics and M&E microplanning template, indicating the pre-positioning or distribution points and the communities and population served from them. Using the list of communities, mapping can be done to determine which cannot be reached through channels such as radio in order to plan for an alternative information source, such as town criers or mobile units, CHWs or other option. Undertaking this type of detailed planning for SBC during the microplanning workshops ensures that a plan and budget are developed that reflect needs to reach all communities with key ITN campaign messages for social mobilization and SBCC.

Ministry of Health National Malaria Control Programme of (insert country name) Programme: ITN mass distribution campaign 2020																	
District SBC Micro-planning																	
District profile																	
Name of District	Kanchibiya																
Total HF's / DHs	3																
Total Villages	11																
Total population	14,666																
# of Households	2,444																
Average HH size	6																
Micropositioning Plan					Radio		Town criers			Mobile units (for urban areas)			Comments				
No	Health Facility / Community Hub	Village #	Village Name	Population	Number of Households	Is the village covered by radio?	No of town criers needed	Total no. of megaphones	Total no. of communication guides	No of mobile units needed	Total no. of Pre-recorded CDs	Total no. of communication guides					
1	Bwanunkha Rural Health Centre (Village A)	1	Village A	1,300	550	Yes	7.0	7.0	7.0	1.0	1.0	1.0					
		2	Village B	755	338	Yes											
		3	Village C	1,043	376	Yes											
		4	Village D	808	350	Yes											
		5	Village E	1,028	372	No											
Sub-total		5		7,064	1,177		7	7	7	1	1	1	3 town criers needed to cover whole village				
2	Bwanunkha Rural Health Centre / Community Hub #1 (Village F)	6	Village F	2,424	402	Yes or no	4.0	4.0	4.0	0.0	0.0	0.0					
		7	Village G	755	338												
		8	Village H	1,300	217												
		9	Village I	808	350												
		Sub-total		4		5,497							967		4	4	4
		10	Village J	1,300	217	Yes or no											
		11	Village K	895	349												
Instructions & checklist										Baseline	Unit Costs	District budget	SBC MP template	District level advocacy	Community leaders	Radio	+

- District level advocacy⁵** worksheet should be used to ensure that the right people are invited to district level advocacy sessions. It is important to note that several countries may hold the district level advocacy sessions at the same time as the microplanning workshop, so that certain costs (such as travel-related costs) are minimized. If countries decide to hold district level advocacy sessions before or at the same time as microplanning workshops, then the district level advocacy worksheet should be completed well in advance of the microplanning workshop. Irrespective of when the advocacy session is held, it is important to ensure that participants include women and representatives from any minority or disadvantaged groups to ensure that all members of the target group are receiving campaign information.

As a way of ensuring that the right persons are identified and invited to the district level advocacy sessions, countries should include a “drop down” menu in the advocacy worksheet with suggestions on the title or roles and responsibilities of participants. This might include, for example, representation from the District Health Management Team, representation from NGOs and civil society organizations, district education office, district farming union, radio/television personalities, etc. In some cases, there will be opposition groups or other organized groups that do not participate in events or activities with parties in power. In these cases, it will be important to identify during the microplanning workshops how these people will be reached and engaged (for example, through direct visits to provide the advocacy package of information) so that budgets reflect these situations.

⁵ See AMP guidance: *Advocacy in ITN campaigns in the context of COVID-19 transmission*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

Ministry of Health National Malaria Control Programme of (Insert country name) Programme: ITN mass distribution campaign 2020					
List of Participants in District level Advocacy meetings (max of XX participants)					
Guidelines: Participants should be people from within the district that have an interpersonal network and can disseminate information / provide resources for the implementation for the campaign					
N°	Last and first name of participant	Address	Email address	Contact telephone number	Title of participant (select from drop down menu)
1	Marcy				
2	Alain				
3	Zandamela				
4	Hamisu				
5	Jean Marc				
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL	5				

- Interpersonal communication (IPC) worksheet:** IPC activities are likely to be limited or significantly modified in the COVID-19 context. IPC is highly effective in ITN campaigns, especially in promoting social and behaviour change, and where it is a necessary channel for engaging specific population groups it should be properly planned and budgeted. This includes taking into account the specific needs (such as handwashing stations and PPE for community workers implementing the activities) to ensure that it can be carried out safely. IPC opportunities at community level may vary, but safe approaches that minimize the risk of COVID-19 transmission include dissemination of messages via town criers and mobile units (covered in the SBC microplanning template), as well as by community leaders. IPC activities can be limited in many urban areas and replaced with radio, television or social media.

The roles and responsibilities of community leaders in ITN campaigns during the COVID-19 pandemic cannot be underestimated. While it is highly recommended that community leaders receive an orientation session rather than just an advocacy or information meeting, as with district level advocacy sessions, it is important to identify the right community leaders early⁶.

Ensure that community leaders are identified by health facility catchment area so that all communities are adequately represented. Close attention should be paid to communities that do not have radio or mobile network coverage, ensuring that sufficient community leaders are identified to reach all of the target population with the key campaign messages.

⁶ See AMP guidance: *Engagement of community leaders in ITN distribution in the context of COVID-19 transmission*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

In an effort to ensure broad representation of community leaders, ensure that the community leaders worksheet has a drop down menu with different groups identified (e.g. religious leader, teacher, women’s group representative, etc.). During the validation of the SBC microplans, where insufficient representation has been planned, it may be possible to suggest adjustments for inclusion of other groups. As with district level advocacy meetings, it is important to ensure that women, minority and disadvantaged groups are represented at the community level.

If the participants of district level microplanning workshops are not fully confident in being able to identify key community leaders, then they should seek support (before the microplanning workshop) from other key stakeholders such as national and international NGOs, Red Cross Red Crescent Movement partners, UN agencies and others to ensure that the right community leaders are identified.

Ministry of Health National Malaria Control Programme of (Insert country name) Programme: ITN mass distribution campaign 2020				
District SBC Micro-planning: Community leaders				
No of Health Facility Catchment Area in district:		3		
Total no. of community leaders identified		15		
List of Participants for Community-Based Orientation				
Name of HFCA	Last and First Name of Participant	Address	Contact telephone number	Title of participant (select from drop down menu)
Bwanunkha Rural Health Centre (Village A)	Julien			Village Headmen
	Christopher			Youth leader
	Fatima			Tribal chief
	Zainab			Traditional healer
	Maha			Religious Leader
	Geraldine			Women leader
	Gerald			Other
TOTAL	7			
Bwanunkha Rural Health Centre / Community Hub #1 (Village F)	Hammad			
	Hamisu			
	Viv			
	Egle			
	Jessica			
	David			
TOTAL	6			
	Sylvester			
	Phillip			

- Radio and mobile phone networks worksheet:** during the COVID-19 pandemic, it will be necessary to disseminate information through as many mass media channels as possible as part of limiting contact between people and reducing the potential for COVID-19 transmission during campaign activities. At the district and community levels, this is mostly through radio and bulk SMS messaging, particularly in rural areas. More options exist in urban areas and this should be accounted for in the planning.

The microplanning template should gather a list of radio stations with information about fees, contracts and payments, coverage, peak audience times and what kind of output

- List of all members of the district coordination structure, including contact information
- List of potential additional members of the coordination structure that are not yet engaged, including contact information
- List of health facilities and villages served by them, including population figures
- Remote and hard to reach villages or settlements, not covered by a health facility or reached by radio
- Number of community volunteers available and NGOs operating in the area, as well as the types of projects they are supporting
- High-risk areas for non-participation in the campaign or for ITN misuse
- Schools, churches, mosques, other religious locations plus contact information
- List of community leaders and influencers with their contact details
- Profile and reach of local radio stations, language(s) used, contact person, unit costs
- Markets that may be used for posting information to reach a large audience

These instructions should be communicated to participants of district level workshops when the correspondence asking them to collect the necessary data for microplanning is made (usually one month before the actual microplanning workshop). For SBC, often insufficient information is collected in advance of the microplanning for the templates to be completed. This includes representative names for all groups to be targeted for engagement, contact information for people that will be asked to play specific roles during the campaign and maps of areas with specific barriers for uptake and use of ITNs. It is important that the SBC sub-committee regularly follows up with members of the District Health Management Teams to ensure that all information needed will be available during the workshops.

Microplan for both urban and rural areas

The microplans should reflect the strategies set out in the SBC macro level plan of action. Often, this means different activities that are specifically targeted for the urban context. The SBC microplanning template should be adapted accordingly, and it may be necessary to have a specific microplanning template for districts with predominantly urban areas. As an example, the Western Area Urban district of Sierra Leone relied predominantly on mobile units rather than town criers, and thus had a specific SBC microplanning template that was different to the microplanning template for rural areas.

As another example, influential people to be targeted for district level advocacy sessions or for orientation sessions for community leaders might be vastly different in the urban areas where traditional leaders may have less reach and influence than their counterparts in rural areas. This would then necessitate a change in the profiles of recommended participants for these two sessions, and the drop down menus within their respective worksheets would be different.

Provide standard operating procedures⁷ (SOPs) to ensure that the maximum information is collected for SBC microplanning

Given that SBC microplanning may be new or may have been done in a less detailed way in the past, as well as with the restrictions caused by COVID-19, there is a high risk that the SBC microplanning template is not completed accurately or completely. National malaria programmes should develop step-by-step instructions for filling in the microplanning templates. SOPs should provide detailed instructions (written in a way or a language that will make the instructions user friendly and easily understood for district level participants) for all the different worksheets. The SOPs should clearly

⁷ See AMP guidance: *Standard operating procedures for completing the social and behaviour change (SBC) microplanning template*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

detail which worksheets are not to be manipulated, which ones should be completed by the district participants, and how they are to be completed.

The SOPs should have a visual representation of each worksheet that needs to be completed during the workshop, which participants can refer to as they follow the instructions that proceed the picture of the worksheet. This will ensure completeness of the SBC microplans during the microplanning workshops and reduce the need for follow up after microplanning is to have been completed.

Validate the SBC microplans

As with the logistics and M&E microplanning template, the SBC microplanning templates from all districts must be cleaned and consolidated, and subsequently approved at the central level. It is important that members of the SBC sub-committee or central level SBC staff are involved in this cleaning and validating process to ensure that critical items are not removed due to erroneous assumptions or from a lack of understanding of SBC activities. Where changes to the district microplans (such as in the number of town criers or community leaders engaged, due to budget restrictions) are made during the cleaning and validation at central level, these should be clearly communicated back to the district health teams to ensure that they are working on the same plan as the central level.