

Brief 9: Planning and implementing social mobilization and social and behaviour change communication

ADDITIONAL MATERIAL FOR CHAPTER 6

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1. Definitions

Social mobilization and social and behaviour change communication (SBCC) are terms that come from the field of health and social change communication. For the purposes of mass ITN distribution campaigns, social mobilization and SBCC are two interlocking approaches that must be seamlessly integrated for a campaign to achieve its objectives. Social mobilization consists of employing various channels of communication to provide beneficiaries with necessary information about campaign or continuous distribution processes and procedures and to motivate them to take advantage of the ITNs being distributed. Social and behaviour change communication consists of efforts designed to bring about behaviours that will improve health status and related long-term outcomes. During a campaign, when motivating individuals in the target groups to cooperate with household registration and to pick up ITNs, the campaign's communication effort is engaging in SBCC. A campaign's SBCC strategy should seek to motivate beneficiaries to properly hang, maintain and repair ITNs and to use ITNs consistently.

2. Social mobilization messages

To support the objectives of a mass ITN distribution campaign, effective social mobilization focuses on informing target groups with key messages, such as:

- The burden of malaria and how to protect you and your family against the disease
- The key phases of the campaign, such as household registration, and their roles and responsibilities during those activities
- The fact that the ITNs provided are free of charge
- The dates and purpose of household registration
- Instructions on what to do with the ITN vouchers/coupons/form of identification
- The location of distribution sites and dates and hours of operation for receiving ITNs
- The procedures that will occur at the distribution sites
- How to prepare a new ITN for hanging and ways to hang up ITNs
- Instructions on how to undertake proper care and repair to ensure that an ITN provides the needed protection throughout its life
- How to dispose of or repurpose old ITNs¹ and the plastic bag in which the new ITNs may be received
- Prohibited uses of new and old ITNs and the reasons why
- Suggestions on how to obtain additional ITNs if a household is short of ITNs, given differences in sleeping patterns and other household circumstances, as well as changes in households such as a woman becoming pregnant or a new baby arriving
- Details of follow-up communication activities, if any, such as hang-up activities and door-to-door check-ups

For continuous distribution, social mobilization can give messages on who is eligible to receive ITNs, as well as where and how they are provided. The messages about ITN use, care and repair and

1. See: www.who.int/malaria/publications/atoz/who-recommendation-managing-old-llins-mar2014.pdf

about disposal, repurposing and prohibited use remain the same.

3. SBCC strategies

SBCC strategies seek to reinforce positive behaviours that have already been adopted and to inspire the adoption of new positive behaviours. There are different SBCC techniques that can be used, for example:

- Influencing the adoption of positive social norms. Social norms are the rules of behaviour that are considered acceptable in the community and that are reinforced by public attitudes. An example of a message promoting a positive social norm is “A responsible parent protects his/her child from mosquito bites by ensuring they sleep under an ITN every night”.
- Highlighting the benefits for the intended audience associated with proper and regular use of ITNs and the risks associated with not using ITNs consistently. For example, “Malaria is a life-threatening illness, especially for pregnant women and children under five. Treatment of this preventable illness can drain the family’s resources, which could be used for other purposes. Sleeping under a net every night can prevent the disease”.
- Enhancing self-efficacy, which is a person’s sense of confidence in achieving meaningful change by undertaking appropriate actions. For example, “If I insist that my family members sleep under a net, I can improve the quality of our lives and guarantee a better future for our children”.

The goal of universal coverage with ITNs is to stop malaria transmission in an area. This means that not only the individual household but the entire community benefits from individual and household nightly ITN use. The intention is to develop a social norm defining a good neighbour or responsible community member as one who sleeps consistently under an ITN. Qualitative and quantitative research on knowledge, attitudes and practices are key to informing these types of motivational approaches.

**SEE BRIEF 3:
USING RESEARCH AND DATA TO PLAN
EFFECTIVE SOCIAL AND BEHAVIOUR
CHANGE COMMUNICATION**

4. Channels of communication and timing of messages

Common channels of communication used in social mobilization include:

- The mass media. For universal coverage campaigns, they can be influential in advising the public what to expect from the campaign and how to participate in its different phases, as well as for reaching the public with SBCC messaging. For continuous distribution, the mass media may be used to encourage pregnant women and caretakers of infants to attend health facilities to receive antenatal and vaccination services, as well as ITNs. For suggestions on engaging the media as an ally in the campaign.

**SEE BRIEF 6:
MEDIA ENGAGEMENT**

- Community health workers/volunteers engaging in household visits for registration, assisting in distribution and post-distribution follow-up activities (for campaign or continuous distribution)
- Health facility workers, who should be providing continuous messaging to people coming to clinics and health centres
- Town criers/announcers, particularly for mass campaign distribution
- Mobile units with loudspeakers
- Street theatre performances
- Road shows, which are often a combination of mobile units and street theatre performances
- Community assemblies/gatherings
- Sporting and religious events
- Banners and posters that can be displayed at health facilities, ITN distribution sites,

community assemblies, theatrical performances and other public events or frequented locations

- Billboards
- Social media platforms
- Launch events
- Promotional ambassadors (celebrities, musicians, popular athletes, etc.)

The channels used for social mobilization should be carefully selected according to the context to ensure messages reach the maximum number of people. See [How to Develop a Channel Mix Plan](#).

Messages may be transmitted as pre-packaged public service announcements on all media, or, in the case of TV and radio, as interviews, call-in shows and round table programmes. Timing of the communication is critical. Pre-packaged messages should be clearly marked so that the radio station has clear information about when to play which message. A media schedule should also be developed and distributed to the radio or TV station along with a monitoring tool that allows supervisors, monitors and partners to monitor the airing of messages.

COUNTRY CASE STUDY

In Liberia, key messages for pre-, during and post campaign were developed and pre-tested during a materials development workshop. The messages were then handed out to selected community radio stations without a media schedule. Without a schedule or clear labelling of key messages, there was confusion from the radio stations. In one county, the message that was intended to go out during the ITN distribution, prompting community members to pick up their ITN from the identified distribution point, went on the air two months before the distribution was to start. This caused unnecessary confusion. To ensure the correct message is aired at the correct time, it is essential to provide a media schedule that outlines what message should be aired when. It is also important to monitor the media to be sure the radio or TV stations are broadcasting according to the plan.

5. Building on existing knowledge and structures

Fortunately, many countries already have considerable social mobilization experience in support of public health interventions, such as the Expanded Programme on Immunization campaigns against polio and measles, national mother-child health weeks, continuous ITN distribution and previous ITN distribution campaigns. As a result, there is often a great deal of local community knowledge and commitment upon which to build for a planned mass ITN distribution campaign. A distribution campaign should continue to support these important local health structures and the people who staff them. So, in addition to the primary objectives of a campaign, communication planners should also consider the legacy that a campaign will leave behind in the health system. In this regard,

recruiting existing community health workers/volunteers to conduct door-to-door registration, distribution point communication activities and possible follow-up visits to households helps to reinforce health systems and motivate these public health workers/volunteers who are critical to a community's health.

It is important that local level health education/promotion officers are involved at all stages of the microplanning process (e.g. collecting information, mapping implementation areas, filling in templates and reviewing and validating results) because of their knowledge of the local situation and the lessons that have been learned from past social mobilization efforts. They should be involved in collecting data for microplanning and in the microplanning workshops themselves to help ensure that social mobilization and SBCC receive

the planning and budgetary attention that they require. See Brief: *Microplanning, attached to Chapter 3 of the AMP Toolkit*. Health education/promotion officers can also assist with identification of potential barriers in specific areas that could come up during household registration and/or ITN distribution (whether political, geographical, social/cultural or other) to allow for adequate planning to ensure these barriers are addressed in communication messaging and through appropriate dissemination channels. These individuals will also be aware of areas where ITNs may be misused (e.g. for fishing) so that appropriate messages and engagement strategies for these communities can be prepared.

6. Materials for social mobilization and SBCC

Job aids, containing key messages promoting ITN use, care and repair, as well as providing information on what to do with old nets, will help community leaders and workers/volunteers to stay on message, once they are trained to use them appropriately. Supervisors and monitors should oversee their use. Such guides can be used during a mass campaign and afterwards, during routine community level activities, such as continuous distribution. Tools for supervision and monitoring, such as checklists, should also be prepared and supervisors and monitors trained in their use. See Section 7 below.

Other materials, such as visibility items – caps, t-shirts, aprons – with the campaign logo should be provided to workers/volunteers who will be dealing with the public in any role. Providing community health workers/volunteers with caps, t-shirts or aprons with campaign logos and slogans helps to reinforce their authority with community members and advertises the campaign objectives both during the campaign and through routine activities that these individuals will be carrying out after the campaign is over.

**SEE BRIEF 5:
BRANDING AND PROMOTING
SOCIAL NORMS**

It is therefore important to ensure that these items are budgeted at the macroplanning level.

These support items can also be effective in reinforcing the importance of the campaign among community members if they are given to local community leaders during advocacy and engagement events.

**SEE BRIEF 7:
DEVELOPMENT OF ADVOCACY
EVENTS AND MATERIALS**

It may be particularly important in urban areas to ensure visibility materials are provided to all personnel, since they are less likely to be personally known to those who live there.

**SEE BRIEF 8:
SPECIAL REQUIREMENTS OF SOCIAL
MOBILIZATION IN URBAN AREAS**

Megaphones may also be supplied for social mobilization.

A decision should be taken at the outset of the campaign as to what will happen to the various materials – such as visibility items and megaphones – that have been purchased for the campaign. In some cases, these materials are collected in order to be used for other activities, as well as to avoid their misuse. Where materials will be collected, a plan should be put in place to define who collects the materials and to what level they are transported, inventoried and stored. A report on communication materials available at the end of the campaign should be prepared for proper tracking.

7. Supervision and monitoring

Supervisors and monitors should be trained to scrutinize all elements of a campaign's implementation. This should include social mobilization and SBCC activities. To facilitate this, supervision and monitoring data collection materials and job aids should be designed to

ensure the collection of data on key process and outcome indicators for communication, in addition to programme and logistics indicators. Supervision and monitoring tools should integrate indicators for communication activities undertaken in all phases of the mass distribution campaign: pre-registration, registration, pre-distribution, distribution and post-distribution. Supervisors should be on the look-out for shortcomings and challenges, which should be

directly addressed and corrected as part of the daily work of the supervisors, but which should also be reported up the chain of command at the planned daily review meetings in case similar issues are being experienced elsewhere. The monitors should also inform supervisors of shortcomings and challenges that they are finding to allow for corrective action. The goal of this reporting system is to inform about any problems and share possible solutions.

COUNTRY CASE STUDY

In Nigeria's Imo State, supervisors learned of instances of malicious rumours alleging that the door-to-door registrars were involved in a campaign to vaccinate the population against monkey pox. Campaign supervisors were then in a position to develop a strategy to counter the false rumours to minimize any negative impact on registration coverage or uptake of ITNs from the false rumours.

If monitors discover that those engaged in communication activities are misinforming the public or not reaching the target groups, they should notify those supervising the campaign, so

that rapid corrective actions can be taken, including the possibility of some form of refresher or on-the-job training.

COUNTRY CASE STUDY

In Mozambique, independent monitoring was done during the household registration phase of the campaign. Independent monitors collected registration data daily and reported their results during the evening review meetings with supervisors and partners. One of the key issues raised related to the household registration where mobilization teams were noted to fail to communicate the key messages related to malaria and the location of the distribution points where ITNs would be distributed. With this information, supervisors were able to focus more attention on ensuring that the communication was happening as planned during the household registration.

The independent monitors also identified a problem in some areas where households, in order to receive more nets, were removing the stickers on their doors that indicated that they had been registered. A specific communication message was then developed to address this problem and transmitted to household registration and mobilization teams through their supervisors.

Monitoring should also focus on diverse kinds of communication in play, including interpersonal communication and the broadcast of programmes and announcements in the media. Local volunteers and community leaders should expect that some of their activities will be monitored, for example through the questioning of household

members to determine if messages are being accurately provided. Arrangements should also be made to monitor the broadcast of TV and radio announcements and programmes both for accuracy of messages and compliance with the agreed upon schedule.

Key questions to ask when conducting monitoring for communication activities include:

- Were the activities completed as planned, including timely arrival of communication materials at the furthest distribution sites?
- Are there any rumours that are negatively affecting the campaign?
- Are SBCC and social mobilization messages being conveyed correctly and consistently?
- Did messages reach the majority of the target population?
- Among the people who received ITNs at distribution sites, are ITNs hanging in households?

8. Addressing false rumours, misinformation and unforeseen developments

The social mobilization strategy should also have a plan in place to counter misinformation (rumours and stories) that mislead people into not cooperating with the campaign and not using ITNs to protect themselves from malaria. For example, some false claims have assigned nefarious intent to a campaign, portrayed ITNs as dangerous to the health and well-being of the beneficiaries, and suggested that beneficiaries will be charged for receiving the ITNs. The role of community health workers, volunteers and leaders is to be on the alert for such misinformation, report it to campaign supervisors and work actively to overcome the challenges that any such information or false rumours may present to a campaign's success and the health of the community.

Local communication planners should already have a plan in place to investigate and counter such misinformation and rumours. The initial step is to make sure that the rumour is actually false; for example, if there is a rumour that beneficiaries are being charged for ITNs, it is important to ensure that the household registration or ITN distribution teams are not actually charging people. Once the false rumour has been confirmed, the plan may involve deploying mass media, public health officials and local leaders in countering the misinformation,

as well as instructing volunteers on how they might defuse specific rumours during their interpersonal communication. The assistance of a publicly recognized popular figure who is willing to help with addressing rumours among the population can also help to ensure messages are widely heard and believed by the local population. In some countries, such as the Democratic Republic of Congo and Mozambique, a hotline was used during the period of the mass ITN distribution campaign where people were able to call to ask questions, report rumours or receive additional information.

It is not uncommon that there is a political agenda behind false rumours, for example, rumours that ITNs cause infertility. This is one reason why local advocacy should try to be as inclusive as possible in terms of effective orientation of locally influential figures, so that all community figures have a stake in the campaign's success and do not resort to discrediting the campaign if they feel that they are left out.

It is also a good practice to have in place a plan to communicate to the public unforeseen developments, such as stock-outs at distribution points and delays in the campaign rollout, particularly the distribution of ITNs. At times, logisticians and local public health officials will know in advance that the supply of ITNs at a distribution site will be insufficient for those who have been registered. At other times, a stock-out may be unanticipated. A sound communication plan for explaining what will be done about stock-outs is critical to ensuring crowd control and security and to give the beneficiaries who have not received expected ITNs information on the plan to remedy the situation. This is also true of beneficiaries that attend distribution points without having been registered or receiving a voucher or having lost their voucher. It is important that communication about the remedial actions for all situations arising is consistent at all distribution points to prevent rumours about differential treatment.

9. Post distribution communication strategy

The campaign's communication strategy should incorporate plans for post-distribution activities. There is no set formula for what kinds of communication interventions should take place after beneficiaries receive their ITNs, but existing data, such as the [ITN access:use report](#), should be used during planning. Decisions on the extent of a post-distribution communication campaign depend on whether a culture of ITN use already exists in the communities, the existence of other community-level partners engaging in malaria control and prevention, as well as the availability of funds. The post-distribution communication is not often budgeted, so it is important to understand what routine communication activities are being implemented by the NMCP and malaria partners and to build on these channels to incorporate additional messages where possible. When limited funds are available, prioritization of populations and messages is essential.

**SEE BRIEF 2:
PLANNING AND BUDGETING
COMMUNICATION ACTIVITIES**

If during registration and distribution phases, workers, supervisors and monitors learned of negative rumours, misinformation and/or lack of motivation to hang and use ITNs, it may become necessary to implement more robust post-distribution communication activities, which may require additional and unplanned resources. In these cases, it will be important to advocate with in-country partners to generate resources to address specific situations that have the potential to diminish the positive outcomes of the mass ITN distribution.

One of the least expensive approaches to post-distribution communication consists of empowering community health workers in existing community organizations to incorporate messaging about hang-up and sleeping under ITNs, as well as ITN care and repair, in their

routine activities. These organizations would need to be provided with factsheets and interpersonal communication guides to ensure messages are consistent; where these organizations are identified and included in the activities from the point of microplanning, it may be possible to continue using the supports and materials developed from the campaign, thus avoiding another cost. At times, these community volunteers have been known to go door-to-door reminding household members to hang up and sleep under their ITNs if they are not doing so. It may also be cost-effective, depending on the country context, to work with religious and traditional leaders to disseminate ITN use, care and repair messages after distribution.

Another common and effective post-distribution communication activity consists of broadcasting hang-up and usage reminders via the media, such as radio, TV, social media and SMS messages.

**SEE BRIEF 5:
BRANDING AND PROMOTING
SOCIAL NORMS**

**SEE BRIEF 6:
MEDIA ENGAGEMENT**

If campaign organizers have determined, based on data, that a hang-up campaign is necessary to achieve high rates of usage, then the communication strategy should carefully articulate the intervention, including the targeted areas, and the costs.

**SEE BRIEF 10:
HANG-UP**

Resources:

- [How to develop a channel mix plan](#),
- [channel strategy chart sample](#),
- [sample channel and material selection](#).