**Social and behaviour change plan of action (SBC PoA)**

V1. July 2022

The guidance in this document is intended for national malaria programmes starting their macroplanning for their upcoming mass ITN distribution campaign. It outlines the key items to include in a social and behaviour change (SBC) plan of action to support achievement of objectives defined in the overall ITN campaign plan of action. Contexts will vary, and each programme should include information that is related to their particular situation. National malaria programmes should replace the suggested text with their own narrative.

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**1. Introduction** **and purpose of SBC plan of action**

Brief section (1—2 paragraphs) introducing the campaign (copy and paste from the Introduction to the overall campaign PoA).

* Provide a table with a summary of the campaign, including scale, number of people targeted, number of ITNs planned for distribution and type of ITNs that will be distributed (see example)

**Table XX: Adapt to country context**

|  |  |
| --- | --- |
| Target population  |  |
| Scale of campaign (e.g. national in four phases) |  |
| Total number of ITNs and funding partner (e.g. Global Fund, United States President’s Malaria Initiative, Against Malaria Foundation, government, etc.) |  |
| Number of standard ITNs |  |
| Number of PBO ITNs |  |
| Number of other ITNs (specify) |  |
| Number of other ITNs (specify) |  |
| Date planned for microplanning |  |
| Date planned for household registration  |  |
| Date planned for ITN distribution |  |

* Include a map of the country showing areas targeted and ITN types planned for distribution

Brief section (1—2 paragraphs) describing the purpose of the SBC plan of action that ensures that activities are carried out according to the principle of the “Three Ones”, i.e. One plan, One coordination and One monitoring and evaluation[[1]](#footnote-1).

* Brief description of the SBC strategy for the ITN distribution
* Guide for all SBC activities to ensure standardization across partners and levels of implementation

Brief section listing the documents that accompany the SBC plan of action (if any). Examples can include:

* Detailed SBC budget
* Rumour management plan
* Crisis communication plan
* Detailed SBC timeline
* Risk assessment and mitigation plan (if SBC risks are not included in the overall campaign risk assessment plan or if the SBC sub-committee will monitor and update the SBC-specific risks during the planning and implementation period)

**2. Country context and data to inform SBC planning**[[2]](#footnote-2)

(i) ***National SBC strategy***

* If the NMCP or the MoH has a National SBC Strategy, briefly describe the main requirements or guidelines from the strategy that will inform the SBC Plan of Action to ensure alignment.

(ii) ***National health and development context and specific communication context***

Present key demographic indicators that have a direct effect on SBC planning in a table (such as literacy, health service utilization, household configurations, etc.).

**Table XX: Examples of social and demographic indicators relevant to SBC planning - Adapt to country context and add or remove indicators in table**

|  |  |
| --- | --- |
| Total fertility rate (births per woman) |  |
| Healthy life expectancy at birth (years) |  |
| Maternal mortality rate (per 100,000 live births) |  |
| Gross domestic product (GDP) per capita (USD) |  |
| Measles immunization coverage (% of one-year olds) |  |
| Under five mortality (per 1,000 live births) |  |
| Antenatal care (4+ visits) (%) |  |
| Births attended by skilled health personnel (%) |  |
| Average household size (No.) |  |
| Population below age 15 (%) |  |
| Population living in urban areas (%) |  |
| Literacy rates (%) |  |
| Provide available data and information to describe the national communication context in a table (see below)**Table XX:National communication context** |  |
| Population access to radio (%)Where available, comparison of the coverage of different main radio stations in the country |  |
| Population access to mobile phone (%)Where available, comparison of different service providers in the country and their share of the market |  |
| Population access to Internet (%) |  |
| Population use of social media (by demographics)Comparison of different social media platforms in the country |  |
| Population access to TV (%) |  |
| Others as applicable |  |

**(iii) *SBC indicators and trends for malaria interventions***

Describe in one or two paragraphs the situation in terms of social and behaviour change in the country. This description should include both a situational and behavioural analysis using data from the National SBC Strategy, recent Malaria Indicator Surveys (MIS), Malaria Behaviour Surveys (MBS), Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other surveys (for example population and housing surveys), as well as the ITN access:use report[[3]](#footnote-3), including:

* Knowledge, attitudes and behaviours of the population around malaria prevention, diagnosis and treatment, including perceived susceptibility to and severity of malaria – where information is available, present stratification for the different regions being targeted and trends over time
* Access to and utilization of ITNs (stratified by urban and rural, geographical location, seasonality, wealth quintile and other documented factors), including trends over time
* Specific reasons why ITNs may not have been used the night before (from existing data and surveys)
* The most common sources of information about malaria and ITNs within the target audiences

The analysis can be supplemented by other available data/research available (e.g. Knowledge Attitude Practice (KAP) studies, reports in peer-reviewed publications, durability studies, grey literature, etc.) and discussions with other Ministry of Health departments and structures to develop an effective SBC strategy to support the campaign. Examples of information that should be sought from different sources include:

* Most used communication channels in urban and rural areas, including access to and use of social media
* Groups not reached by traditional communication approaches or with barriers to participation in health activities
* Effective channels from previous campaigns or other health activities for reaching displaced, marginalized and hard-to-reach communities

Summarize the narrative description in a table (see below).

**Table XX: Summary of SBC context analysis - Adapt to country context and add or remove indicators and information based on what is available**

|  |  |
| --- | --- |
| Knowledge of malaria:* People who can correctly identify one or more symptoms of malaria
* People who can correctly identify how malaria is transmitted
* People who can name one or more ways to prevent malaria
 |  |
| Exposure to specific messages and information on malaria generally by source (examples provided to be adapted based on national information):* Health facility staff
* Community health worker
* Radio
* Television
* Etc.
 |  |
| Exposure to specific messages and information on malaria diagnosis and treatment by source (examples provided to be adapted based on national information):* Health facility staff
* Community health worker
* Radio
* Television
* Etc.
 |  |
| Exposure to specific messages and information on malaria prevention with vector control by source (examples provided to be adapted based on national information):* Health facility staff
* Community health worker
* Radio
* Television
* Etc.
 |  |
| Access to ITNs by residence (e.g. urban vs. rural) |  |
| Use of ITNs by total population in households with at least one ITN (access:use ratio) |  |
| Use of ITNs by children under five years old in households with at least one ITN (%) |  |
| Use of ITNs by pregnant women in households with at least one ITN (%) |  |
| If available, populations with documented problems with accessing and/or using ITNs, as well as special populations |  |

NOTE: Cite all references

See also examples of SBC indicators in Annex 1.

***(iv) COVID-19 situation and, if relevant, national policies for infection prevention and control, including those for SBC activities in support of the ITN campaign (as applicable)***

* Describe the COVID-19 context, including differences throughout the country (e.g. areas more and less affected at time of writing)
* Describe the measures that have been put in place by the government to minimize the spread of infection from COVID-19
* Describe the measures in place for COVID-19 infection prevention and control (IPC) during the campaign for the different types of activities including:
	+ Personal protective equipment (PPE) that must be used by campaign personnel
	+ How meetings and trainings for SBC will be organized
	+ How door-to-door household registration and door-to-door or fixed distribution point SBC activities will be implemented safely

AMP has developed considerations for adaptations and/or measures for COVID-19 IPC for different campaign phases, referred to in the appropriate section below and in Annex 2. The considerations must be adapted to the country context and aligned with the strategy adopted by the national malaria programme.

**3. ITN distribution strategy/guidelines for SBC**

Refer to the main campaign PoA, the ITN Distribution Strategy and the National SBC Strategy (if they exist and are up to date) for overall SBC strategy on the distribution of ITNs. Briefly describe:

* The national ITN distribution strategy (e.g. channels identified for distribution) and existing guidelines and opportunities for SBC through existing communication channels.
* Situation for continuous distribution e.g. functional channels in place (routine, school-based, community-based, other) and scale of system(s). Describe existing guidelines and opportunities for SBC during continuous distribution.
* Situation concerning insecticide resistance (by area) and policy on use of new types of nets and if or how information has been or will be relayed to the population.
* Policy on durability and if or how messages on care, repair, repurposing and disposal of ITNs will be disseminated.

**4. SBC-relevant lessons learned from previous campaign(s) and recommendations for current campaign**

(This section could also be attached as an annex depending on the length. It should be used to inform SBC improvements for the current campaign.)

Provide a summary in table format (see example below) of the SBC specific lessons learned and recommendations from the previous campaign. Include a column for the current campaign to explain how the challenge or lesson learned will be addressed. NOTE: the timeline should add more precision regarding who is responsible for ensuring the recommendations are planned and implemented correctly.

**Table XX: To be completed with information about SBC lessons learned from previous campaign**

| **Campaign area** | **Challenge, lesson or recommendation** | **Specific detail related to challenge, lesson or recommendation** | **Plans for current campaign** |
| --- | --- | --- | --- |
| Microplanning and implementation | While a strong SBC plan of action was developed, the activities described were not consistently implemented at the community level | SBC was not represented during the microplanning workshop, leading to key information not being gathered and SBC-specific plans and budgets not being developed | Ensure that SBC is represented during the microplanning workshop by (1) developing a microplanning template and associated SOPs specific to SBC and (2) specifying in invitations for microplanning workshops the need to identify SBC personnel to take part in the workshop |

Add one or two paragraphs detailing any new campaign issues or strategies that will affect SBC planning or create new SBC challenges and that need to be taken into account during the planning for the upcoming campaign. This may include, for example, the distribution of more than one ITN type during the campaign to address insecticide resistance.

**5. Campaign goal and objectives and SBC-specific objectives**

* Provide the overall campaign goal and the specific objectives for each phase of activity (from the overall PoA)
* Provide the SBC objectives in support of achieving the overall campaign objectives. The SBC objectives should be separated into the following sub-categories:
	+ Objectives that are specific to reaching target groups with messages and mobilizing them (e.g. reach 100 per cent of targeted households with key messages on malaria)
	+ Objectives that aim to promote or change a behaviour (e.g. ensure that 80 per cent of households sleep under ITNs every night of the year)
* Ensure that the objectives have quantified and measurable targets (e.g. 95 per cent of households are registered correctly and receive a voucher to redeem for ITNs)

Note: The campaign SBC indicators, which should be included in a table in the PoA or the M&E PoA if it is a separate document, should align to the overall SBC goal and objectives. See examples of SBC indicators in Annex 1.

**6. Coordination, partners, roles and responsibilities and implementation arrangements**

* Describe the membership and function of the SBC sub-committee, including frequency of meetings. Annex the terms of reference (TOR) for the SBC sub-committee
* Describe the key SBC partners of the national malaria programme that will be involved in the campaign, as well as their roles and responsibilities. The description should also explain where and when they will be supporting campaign activities (e.g. Red Cross volunteers will facilitate community meetings before the household registration and the ITN distribution in the district of “X”)
* Describe the roles and responsibilities of the sub-national coordination structures and SBC personnel at each level. Ensure that the role of the District Health Management Team (DHMT) clearly describes their action in leading the implementation of SBC activities in their district
* Describe the implementation arrangements for the campaign, including any activities that will be outsourced to third parties (such as branding for the campaign)

**7. Target audiences**

Explain who the target audiences of the campaign are as shown in the example table below.

**Table XX: SBC target audiences - Adapt to country context**

|  |  |  |
| --- | --- | --- |
| **Target audience** | **Description** | **Examples** |
| Primary  | Direct recipients of the ITNs | Households in the regions of XX |
| Secondary  | Direct influencers of the direct recipients | Teachers, religious and community leaders |
| Tertiary  | Indirect influencers of the direct recipient | District level politicians |

* Note that the table should include any special populations being targeted for ITNs during the campaign (e.g. internally displaced persons (IDPs), refugees, people with disabilities or otherwise marginalized populations) as a primary audience. Subsequently, any non-governmental organizations (NGOs) working in IDP or refugee camps and those working with disabled or marginalized populations might be identified as a secondary or tertiary audience, depending on their role and responsibility, or expected involvement in the campaign (implementers, organizers, source of information, etc.).
* Briefly describe why the audience fits into the category, e.g. teachers might be a secondary audience because experience or research show that teachers have a high influence over behaviour of households and the campaign plans to disseminate information via schools. If there is no specific plan to involve teachers as implementers, then they may become a tertiary audience.

**8. SBC strategies**

Describe the SBC strategies that will be used to reach the target audiences defined (and where the strategy might differ within the target audience, such as to reach an identified special population group versus the general population as a primary audience). Traditional SBC strategies for ITN mass campaigns include:

* Advocacy: to foster political goodwill and support for the campaign at all levels (i.e. from national to community level), to increase access to financial and other resources on a sustainable basis, and to hold authorities and national and international donors accountable to make sure pledges are fulfilled and results are achieved
* Social mobilization: mobilizing communities to take full advantage of campaign and post-campaign interventions
* Social and behaviour change communication (SBCC): the use of communication to change behaviours – including service utilization – and promote social and behaviour change by positively influencing knowledge, attitudes and social norms

The information should be summarized in a table (see example).

**Table XX: Summary of SBC strategies and audiences - Adapt to country context**

|  |  |  |  |
| --- | --- | --- | --- |
| **Target audience/s** | **Specific groups targeted** | **Strategy** | **If appropriate, adaptations to strategy for COVID-19 IPC** |
| Tertiary audience | Representatives from the following ministries at central level:* Ministry of Education
* Ministry of Telecommunication
* Ministry of Environment
 | Advocacy session at central level to ensure that participants:* Are aware of the campaign
* Collaborate with the national malaria programme and partners to ensure access to resources, populations, etc. (e.g. access to schools and teachers for school-based health education)
* Identify areas for potential collaboration (e.g. free media slots under government stations)
* Work towards ensuring high uptake of ITNs and minimizing risks of ITN loss and misuse (e.g. identifying areas at high risk for use of ITNs for fishing and potential approaches for mitigation through intensified SBC)
 | Advocacy meetings will be virtual if internet connectivity allows. For all advocacy meetings taking place in-person, meetings will be organized that ensure physical distancing, correct use of PPE, handwashing, etc. The number of participants per physical meeting will be reduced in line with the COVID-19 infection prevention measures in place. Advocacy packages will be developed and sent either electronically or as print materials to ensure all targeted influencers receive consistent information.  |

**9. Campaign theme and key messages**

* Describe the campaign branding that will be used[[4]](#footnote-4). Where this is already developed, the existing images and slogan can be used on all the campaign documents and materials to identify them and harmonize their appearance, including the campaign PoA, logistics PoA, digitalization PoA and SBC PoA. If the campaign branding has not been developed, describe the strategy or process that will be taken to do so (e.g. recruitment of a communications firm, pre-testing, etc.).
* Describe how the key messages, tools and materials will be developed and pre-tested[[5]](#footnote-5) to ensure that they resonate with the different target audiences.
* Describe the theme of/draft key SBC messages (in examples in table) for the different phases of the campaign. The description should clearly demonstrate how the messages are responding to the needs of the target audience and are linked to the desired campaign outcome (e.g. messages for ITN distribution explain how people can access their ITNs and high population turnout leads to achievement of campaign objectives).

**Table XX: Themes, channels and timing for SBC messages - Adapt to country context**

| **Campaign phase** | **Themes of messages to be passed** | **Channels for dissemination** | **Timing** |
| --- | --- | --- | --- |
| Pre and during household registration and ITN distribution | The importance of household and community participation in the campaign to receive ITNs for malaria prevention.  | A multi-pronged strategy for disseminating messages is best, and should be based on the country context (literacy, reach of media, urban/rural, etc.):* Community drama (storytelling and songs)
* Mass media (e.g. radio)
* Social media
* Town criers/motorized street announcers
* Community-based organizations and volunteers
* Religious events and through faith-based organizations
* Community dialogue
* Discussion with caregivers
* Advocacy through community influencers
* Health education at health centres
* Print materials such as billboard and posters
* Door-to-door visits
* School based SBCC activities
* Door-to-door household registration and/or ITN distribution teams
* Fixed site ITN distribution teams
 | e.g. Seven days before campaign and every day until after registration |
| The importance of cooperation with the campaign personnel to ensure that the household will receive ITNs during the distribution.  |
| The dates when the household registration will take place. |
| The dates when the ITN distribution will take place and how households will receive ITNs (e.g. door-to-door or at fixed sites). |
| Pre and post ITN distribution | The importance of retaining, hanging, using and caring for the ITNs distributed.  | At distribution and X days following |
| Throughout the campaign period and post ITN distribution | The benefits of ITN use by all members of the family, every night throughout the year.  | Throughout the campaign and post-distribution period |
|  |
| The steps and recommendations for households to care for their nets to increase their lifespan |

**10. SBC activities, communication channels and tools**[[6]](#footnote-6)

* List and describe the SBC activities through which the different audiences will be engaged (e.g. radio and television phone-in programmes, street theatre, public announcements, advocacy meetings, door-to-door interpersonal communication, regular posting on Facebook or Twitter, community meetings, etc.)
* Describe the primary communication channels that will be used to reach the different audiences (e.g. mass media including radio spots, town criers, motorized street announcers, community leaders, women’s groups, social media, churches and mosques, etc.)
* Describe the tools and materials that will be used to ensure high quality implementation (e.g. communication guides, radio scripts, frequently asked questions or key messages in advocacy packages) and visibility of the campaign (e.g. posters, flyers, banners, T-shirts, caps, aprons, bags, etc.)
* Provide the information in a table format (example below)

**Table XX: Summary of SBC activities, channels and tools - Adapt to country context**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Channel** | **Tools or materials required** | **Campaign stage** | **If appropriate, adaptations required for COVID-19 IPC** |
| Door-to-door health education/IPC | Community health workers (CHWs)  | Communication guide | During household registration and/or ITN distribution  | Use of face masks and physical distancing, no distribution of leaflets or other materials  |

**11. Microplanning for SBC**

* Describe the objectives of the SBC microplanning and expected outputs
* Describe the process for SBC microplanning. If SBC microplanning will follow the same methodology described in the campaign plan of action, refer to the PoA
* Explain the different types of SBC information that will be gathered in advance of the microplanning workshop (e.g. names of community leaders at each village or settlement and contact details) and how it will be compiled into a district-level SBC microplan
* Describe any adaptations made for urban SBC if different from rural (include how “urban” is being defined for the purposes of the campaign)
* Identify the participants required to ensure high-quality SBC microplanning at the sub-national levels
* Where sub-district SBC workplans will be developed as part of microplanning, describe their purpose and how they will be used and monitored during campaign implementation
* Describe any advocacy or engagement meeting that will take place during or around the time of the microplanning process, including a brief description of the objective and target audience.
* If pre-testing[[7]](#footnote-7) of campaign materials will take place during the microplanning workshops, describe how this will be done
* Describe the steps for cleaning and validating SBC microplans

Detail the immediate next steps following microplanning (e.g. identification of venues for advocacy meetings or materials requiring adaptation for specific groups based on information received during the microplanning workshops, finalizing processes to begin development and reproduction of needed materials, etc.)

**12. Training**

* Refer to the campaign PoA for training details including, if relevant, any specific COVID-19 adaptations and prevention measures that will also be followed during SBC-specific training
* Describe how SBC content will be developed for inclusion in all agendas related to training for implementation, as well as examples of the content to be produced
* Describe any SBC-specific training that has not been covered in the campaign PoA, including the training objectives and methodology, participants and facilitators, duration and materials and supports that will be used

The information could be detailed in a table (see example)

**Table XX: Summary of SBC training and orientation sessions - Adapt to country context**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training type**  | **Level** | **Objective of training** | **Participants** | **Facilitators** | **Number of days** |
| e.g. ToT. Overall campaign guidelines | Central | Equip participants with knowledge of the campaign and the SBC policy and processes | National malaria programme staff from different departments | National malaria programme training staff/senior departments leaders | Three |
| e.g. Cascade. Specific SBC messaging for malaria  | Health facility/Implementation | Equip distribution teams with skills to impart correct messages for malaria prevention, ITN hanging, use, care and repair | Distribution teams | Health centre staff | Two |

**13. Procurement and delivery**

Explain the parameters for the quantification of needs for SBC tools and materials and describe the role of the logistics sub-committee in the procurement, pipeline monitoring, transport, delivery and storage of all items required for the campaign. Examples of services, tools and materials might be:

* Trainings, workshops, orientations – venues, generators or projection equipment, catering services, training materials, pens, etc.
* Printing for SBC – all tools and materials such as large (A3) posters for health education at households, airtime on radio and television stations, vendors for production of creative briefs and message guides, etc.

**14. SBC risk assessment and mitigation**

Provide a summary of the key SBC risks based on the campaign strategy, previous implementation experiences and new risks, as well as the specific mitigation measures to be implemented to reduce severity of the risks. SBC risks should also be detailed in the risk assessment and mitigation plan.

NOTE: the risk assessment and mitigation plan is a living document as risks will change over the period that the campaign is planned and implemented. The plan should be developed in Excel or Word as an Annex to the SBC PoA (if separate from the campaign risk assessment and mitigation plan) to allow it to be regularly updated. It should not be included as a table or figure in the SBC PoA as the plan will constantly evolve.

**15. Crisis communication** (summarize if the overall PoA contains information on crisis communication)

* Describe the SBC plans and strategy for responding to a crisis situation (e.g. insecurity or unrest affecting campaign personnel, stock ruptures before all households have been served, significant delays in implementation of activities creating distrust among communities, delayed or incorrect payments to campaign personnel, etc.). Crisis communication planning should be linked with the risk assessment and mitigation plan
* Explain early warning signs that will be monitored and how a response to the different types of crises arising will be coordinated, deployed and managed
* Describe any tools that will be used to ensure standard reporting on issues and how they are resolved
* Identify who will monitor situations arising and how

**16. Rumour management**[[8]](#footnote-8)

Summarize in one or two paragraphs the content of the rumour management plan, including the different types of rumours that may arise during the ITN campaign and create problems during the implementation of activities, e.g. rumours in relation to different ITN types being distributed in different areas. Rumour management planning should be linked with the risk assessment and mitigation plan. Annex the rumour management plan to the SBC PoA

**17. Supervision, monitoring and evaluation**

Describe the system put in place to ensure good quality SBC before, during and after household registration and ITN distribution (e.g. random visits to households, telephone interviews with householders).

* Describe the plans to ensure that SBC activities will be supervised, monitored and evaluated during all stages of campaign activities
* Describe how SBC activities will be incorporated into the broader supervision and M&E plans and link this to the campaign PoA and/or the M&E plan
* Describe the methods to be used at different stages of the campaign to collect SBC-specific information, e.g. online questionnaires for staff, in or end process surveys including questions focused on SBC, exit interviews at fixed distribution posts, post-distribution focus group discussions and key informant interviews[[9]](#footnote-9)
* Summarize the key indicators for SBC (see examples in Annex 1). Where the SBC indicators have not been included or a separate SBC M&E framework is developed, consider using the template provided in the step-by-step guide for developing M&E plans for SBC[[10]](#footnote-10)
* Describe the questions that will be included in supervision and monitoring tools to collect data on SBC indicators, as well as whether new tools will need to be developed for supervision and monitoring of specific SBC activities
* Describe who will be responsible for collecting the information and how feedback will be provided to teams and supervisors about SBC activities and quality issues that should be addressed

NOTE: If the SBC subcommittee will be developing specific tools to support supervision and monitoring of activities, such as a workplan that helps town criers set daily targets and also indicate when activities are completed, then these tools, their objectives and how they will be used, should be described. This should include how the information will flow up the chain to the central level. All SBC-specific tools should be shared with and reviewed by the technical/M&E sub-committee to ensure no duplication of efforts.

**18. Post-distribution SBC**

* Describe the strategies for post-distribution SBC and link to existing data that show the need for the specific strategy in the area(s) targeted (e.g. interpersonal communication in areas where data show that nets are often being used for fishing)
* Describe the specific activities planned for post-distribution SBC. This should include:
* Timing: how long after the ITN distribution will activities be maintained
* Geographic/population targets: where post-distribution activities will be focused and why, what population groups are targeted
* Message focus: the specific knowledge or behaviours that will be targeted in the post-ITN distribution period (e.g. how to care for and repair the ITNs received)
* Activities: what activities will be prioritized and why
* Channels: what main communication channels will be used and why
* Describe how sustainability of SBC activities post-campaign will be ensured (e.g. identification of existing structures, such as community health workers, or target groups, such as community leaders, during microplanning and provision of appropriate training, tools and SBC materials)

**19. SBC alternatives in case of change in COVID-19 context**

Describe, based on the PoA campaign strategy alternatives, what changes would be required to the SBC strategy and plan if the COVID-19 context changes (either an increase or a decrease in cases/greater degree of restriction or a lessening of restrictions). Note that even with some restrictions lifted, national malaria programmes should take a precautionary approach to planning and implementing mass ITN campaigns that involve contact between individuals.

If the COVID-19 situation has to be considered, follow the WHO guidelines[[11]](#footnote-11) for infection prevention and control and ensure that all campaign actors do the same:

* Get vaccinated as soon as it is your turn and follow local guidance on vaccination.
* Keep physical distance of at least one metre from others, even if they do not appear to be sick. Avoid crowds and close contact.
* Wear a properly fitted mask when physical distancing is not possible and in poorly ventilated settings.
* Clean your hands frequently with alcohol-based hand rub or soap and water.
* Cover your mouth and nose with a bent elbow or tissue when you cough or sneeze. Dispose of used tissues immediately and clean hands regularly.
* If you develop symptoms or test positive for COVID-19, self-isolate until you recover.

**20. Documentation and dissemination of campaign results regarding SBC**

* Describe how SBC information will be collected to inform the final report, for example:
* Reports from various campaign personnel at all levels, e.g. supervisors, monitors, etc. and for different activities (e.g. advocacy meetings, training, community mobilization, etc.)
* Collection of information from decentralized campaign personnel through online questionnaires, key informant interviews, focus group discussions or other methods
* Collection and preparation of audio-visual supports, such as photographs and videos, to support the final report and to act as potential advocacy materials or learning examples in future campaigns
* Lessons learned and recommendations for future campaigns

**21. Conclusion**

* In 1—2 paragraphs, summarize any critical points within the SBC PoA that are important to highlight
* Highlight the importance of political will and commitment from the highest levels to ensure that SBC plans are successfully implemented

**Annexes**

Annexes may include:

* Detailed SBC budget
* Detailed SBC timeline
* Crisis communication plan
* Rumour management plan
* Terms of reference (TOR) for the SBC sub-committee

**Annex 1: Examples of SBC indicators**

| **No.** | **Description** | **Definition** | **Means of verification** | **Responsible** | **Timing** |
| --- | --- | --- | --- | --- | --- |
| **ADVOCACY AND SENSITIZATION** |
| 3 | Proportion of planned campaign advocacy and sensitization sessions conducted (national, regional, district, community) | Numerator: Number of campaign advocacy and sensitization sessions conducted as scheduled Denominator: Number of advocacy and sensitization sessions planned | List of participants, advocacy meeting reports | National malaria programme and/or Ministry of health sub-national structures depending on level | As per campaign timeline |
| 4 | Proportion of planned media briefing sessions conducted  | Numerator: Number of media briefing sessions conductedDenominator: Number of media briefing sessions planned | List of participants, media briefing reports  | National malaria programme and/or Ministry of health sub-national structures depending on level | As per campaign timeline |
|  | Proportion of planned advocacy and sensitization sessions with religious leaders | Numerator: Number of advocacy and sensitization sessions with religious leaders conducted as scheduled Denominator: Number of advocacy and sensitization sessions with religious leaders planned | List of participants, advocacy meeting reports | National malaria programme and/or Ministry of health sub-national structures depending on level | As per campaign timeline |
|  | Numerator: Number of district level religious leaders who have implemented sensitization sessions with religious followers Denominator: Number of district level religious leaders who have participated in advocacy and sensitization session | List of participants, advocacy meeting reports, District SBC action planning and reporting tool | National malaria programme and/or DHMTs | As per campaign timeline |
|  |
| **COMMUNICATION** |
| 13 | Proportion of planned radio and/or television spots broadcast | Numerator: Number of radio and/or television spots broadcast Denominator: Number of radio and/or television spots planned for broadcast | Reports from radio and television stations under contract, reports from supervisors and monitors at all levels | Supervisors and monitors at all levels | Pre-, during and post-campaign activities as per planning  |

**Annex 2: Reference documents**

Guidance documents on many aspects of ITN distribution (including SBC) can be found on:

<https://allianceformalariaprevention.com/tools-guidance/>

See documents under the following headings:

AMP Toolkit

Complex operating environments

Continuous distribution

Improving ITN campaign efficiency through use of digital tools

Multi-product ITN distribution

Some examples of adaptations and/or measures for COVID-19 IPC for SBC can be found in AMP guidance documents on <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

but these must be adapted to the country context and aligned with the campaign and SBC strategy adopted by the national malaria programme.

*SBC* including Social and behaviour change communication, SBC during household registration, SBC during ITN distribution, SBC post-distribution. See AMP COVID-19 guidance under “**Considerations for Social and Behaviour Change**” heading on the AMP website. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

*Social mobilization:* See COVID-19 guidance on *Social mobilization through community engagement during an ITN distribution campaign in the COVID-19 context*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

*Microplanning:* See AMP COVID-19 guidance under the “**Microplanning**” heading on the AMP website: <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>. See also the main Microplanning guidelines (pre-COVID-19) on: <https://allianceformalariaprevention.com/amp-tools/tools-resources/>

*SBC supervision*: See AMP guidance on Supervision during COVID-19 under the “**Supervision, Monitoring and Evaluation**” heading on the AMP website. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>.

1. https://reliefweb.int/report/world/unaids-three-ones-action-where-we-are-and-where-we-go-here [↑](#footnote-ref-1)
2. See AMP Chapter 6 of AMP toolkit, Brief 3: *Using research and data to plan effective social and behaviour change communication*. <https://allianceformalariaprevention.com/amp-tools/amp-toolkit/> [↑](#footnote-ref-2)
3. https://www.vector-works.org/resources/itn-access-and-use/ [↑](#footnote-ref-3)
4. See AMP guidance: AMP toolkit, Chapter 6, Brief 5, *Branding and promoting social norms*. <https://allianceformalariaprevention.com/wp-content/uploads/2019/01/IFR_AMP_Toolkit%20_report2015_Chapt6_EN_Brief5.pdf> [↑](#footnote-ref-4)
5. See AMP guidance: *Pre-testing of social and behaviour change (SBC) messages and materials in the COVID-19 context*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statement [↑](#footnote-ref-5)
6. See AMP guidance (pre-COVID-19): AMP Toolkit, Chapter 6, Brief 2: Planning and budgeting communication activities. <https://allianceformalariaprevention.com/wp-content/uploads/2019/01/IFR_AMP_Toolkit%20_report2015_Chapt6_EN_Brief2.pdf> [↑](#footnote-ref-6)
7. See AMP guidance: *Pre-testing of social and behaviour change messages and materials in the COVID-19 context*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/> [↑](#footnote-ref-7)
8. See AMP guidance: *COVID-19 considerations for the development of rumour management plans related to ITN distribution*. https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/ [↑](#footnote-ref-8)
9. See AMP guidance: *General guidelines for process evaluation of a mass insecticide-treated net distribution campaign*, and the Resources that accompany it (Focus group discussions, Key informant interviews, Online questionnaire). https://allianceformalariaprevention.com/amp-tools/tools-resources/

See also COVID-19 adaptations. *Process evaluation for a mass ITN distribution campaign in the COVID-19 context*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/> [↑](#footnote-ref-9)
10. See also RBM resource: *Developing monitoring and evaluation plans for malaria social and behavior change programs: A step-by-step guide*. https://www.vector-works.org/wp-content/uploads/IM.15.2-ME-Plan.pdf [↑](#footnote-ref-10)
11. **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>. [↑](#footnote-ref-11)