

# SBC for ITN distribution planning in a resource constrained context

AMP monthly TA call  
17 July 2025



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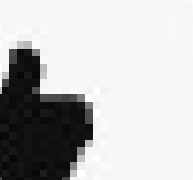
**Chat function:** For quick questions or comments, please use the chat

**Menti:** We will have Menti questions throughout the presentation — kindly participate!

**Recording notice:** This meeting will be recorded. The recordings will be made available shortly after the session on the Alliance for Malaria Prevention website and accessible to its visitors for the purpose of disseminating AMP technical guidance to relevant stakeholders. If you have any concerns kindly reach out to Oriann

## Technical support

If you experience issues, message Orianne Berraud in the chat



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# Social and behaviour change



What are the different SBC activities, tools and materials that national malaria programs (NMPs) are developing and implementing for ITN campaigns?

social media posts  
 fliers and pamphlets  
 élaboration d'un plan de  
 plaidoyers communataires  
 tv adverts  
 folhetos e cartazes  
 dialogos comunitarios  
 flyers  
 town cryer  
 radio spot  
 local town announcer  
 aides mémoires  
 t shirts  
 radio jingles  
 community durbars  
 reunioes de engajamento  
 mass midia tv e radio  
 sbc plan of action  
 radio messages  
 plan de communication  
 spots radio  
 rumour management plan  
 posters with key messages  
 community leaders message

What do you think are the “need to have” SBC activities, tools and materials needed in an ITN campaign?



# Right and wrong.....

“Good to have” and “need to have” SBC activities will depend on what the data are saying.

The SBC strategy (including the activities, tools and materials, and communication channels) all need to be backed up by evidence of their **effectiveness...**

..and now (more than ever), their **efficiency** in terms of achieving desired outcomes



# Data to inform SBC



## Point 1: Data need to be used to plan SBC to avoid everything being cut

- Invest in what works for your targeted population – e.g. how do people in urban areas get their information vs people in rural areas.
- Assess the outcomes of previous ITN campaigns as well as activities from other health interventions to determine if the investment leads to the desired return. e.g. what has worked for EPI campaigns?
- Ensure that we target the actual behaviour that needs to change. e.g. don't just assume that ITN use is an issue everywhere - if the data show that ITN use given access is high in the target area, don't waste efforts on promoting ITN use



# Examples

## ITN ownership vs. access (Ebonyi)

**Table 3.3.2 Access to an insecticide-treated net (ITN): States**

Percentage of the de facto population with access to an ITN in the household, by state, Nigeria MIS 2021

State	Percentage of the de facto population with access to an ITN <sup>1,2</sup>	Number of persons
<b>South East</b>		
Abia	24.1	814
Anambra	18.5	1,299
Ebonyi	52.3	1,532
Enugu	17.6	1,001
Imo	22.8	901
<b>Total</b>	<b>43.1</b>	<b>72,258</b>

<sup>1</sup> An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2008 NDHS, 2010 NMIS, 2013 NDHS, and 2015 NMIS, this was known as a long-lasting insecticidal net (LLIN).

<sup>2</sup> Percentage of the de facto household population that could sleep under an ITN if each ITN in the household were used by up to two people

**Table 3.4.2 Use of mosquito nets by persons in the household: States**

Percentage of the de facto household population that slept under a mosquito net (treated or untreated) and under an insecticide-treated net (ITN) the night before the survey, and among the de facto household population in households with at least one ITN, percentage who slept under an ITN the night before the survey, by state, Nigeria MIS 2021

State	Household population			Household population in households with at least one ITN <sup>1</sup>	
	Percentage who slept under any mosquito net last night	Percentage who slept under an ITN <sup>1</sup> last night	Number of persons	Percentage who slept under an ITN <sup>1</sup> last night	Number of persons
<b>South East</b>					
Abia	15.4	15.3	814	47.9	260
Anambra	10.3	10.3	1,299	36.4	368
Ebonyi	48.1	48.1	1,532	66.0	1,117
Enugu	9.8	9.8	1,001	36.1	272
Imo	7.4	7.4	901	23.9	279
<b>Total</b>	<b>37.5</b>	<b>36.4</b>	<b>72,258</b>	<b>59.3</b>	<b>44,420</b>

<sup>1</sup> An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2008 NDHS, 2010 NMIS, 2013 NDHS, and 2015 NMIS, this was known as a long-lasting insecticidal net (LLIN).

ITN use is Ebonyi is low: 48%

ITN use given access is high: 92%.

ITN attrition rates in Zamfara are quite low – especially when it comes to “wear and tear”: Do not spend a lot of resources messaging on ITN care and repair for Zamfara.

**Table 12: Attrition (including nets lost between campaign and baseline)**

Variable	Campaign – baseline	Campaign – 12 months	Campaign – 24 months	Campaign – 36 months
<b>Ebonyi</b>	<b>N=415</b>	<b>N=390</b>	<b>N=377</b>	<b>N=366</b>
Given away	10.6%	19.0%	27.1%	30.8%
Discarded (wear & tear)	0%	1.3%	10.1%	20.0%
Unknown	1.0%	1.5%	1.4%	1.4%
<b>Total</b>	<b>11.6%</b>	<b>21.8%</b>	<b>38.5%</b>	<b>52.5%</b>
<b>Zamfara</b>	<b>N=373</b>	<b>N=373</b>	<b>N=361</b>	<b>N=341</b>
Given away	3.5%	4.7%	12.7%	19.4%
Discarded (wear & tear)	0.3%	0.3%	1.7%	8.5%
Unknown	0.3%	0.3%	0%	0%
<b>Total</b>	<b>4.1%</b>	<b>5.3%</b>	<b>14.4%</b>	<b>27.9%</b>
<b>Oyo</b>	<b>N=410</b>	<b>N=318</b>	<b>N=316</b>	
Given away	9.0%	29.3%	33.9%	
Discarded (wear & tear)	0.2%	2.8%	10.1%	
Unknown	0%	0%	2.5%	
<b>Total</b>	<b>9.2%</b>	<b>32.1%</b>	<b>46.5%</b>	

# Do you / have you, used data to inform your SBC strategy?



# What sources of data have you used / would use, to inform your SBC strategy?

DHS, MIS

Dhs

Yes

Surveys

MIS, and DHS

Malaria behaviour  
surveys, National  
strategic plans

Assessment from local  
NGOs/ skate holders

Données des rapport  
d'évaluation nationales sur  
l'accès et l'utilisation des  
MILDA (MICS, EDS)

# What sources of data have you used / would use, to inform your SBC strategy?

Demographic and Health Surveys (DHS), Malaria Indicator Surveys (MIS) and KAP studies

Inquerito de indicadores de Malaria Inquerito demografico de saude Inquerito Qualitativos a nivel local

Rapport de supervision du PNLP

The latest report/information about access and use of ITNs

ITN Access data

Using SBC data from more routine health implementations, but also Ministry of Information or Ministry of Information and Broadcasting

# Example of data sources for SBC

From U.S. PRESIDENT'S MALARIA INITIATIVE

## Population-Based Surveys

- Demographic and Health Survey (DHS)
- Malaria Indicators Survey (MIS)
- Multiple Indicators Cluster Survey (MICS)
- Malaria Behaviour Survey (MBS)
- Knowledge, Attitudes, Practices (KAP)

## Health Facility Surveys

- Service provision assessment (SPA)
- Service Availability and Readiness Assessment (SARA)
- End User Verification (EUV) surveys

## Other

- Health Management Information System (HMIS)
- Logistics Management Information System (LMIS)
- Previous campaign reports
- In and end-process evaluations
- other health campaign reports. E.g. EPI

# What if data are limited or not available?

Sometimes we feel that we are forced to make programmatic decisions because “official” SBC data are limited or not available. There are cost effective options:

- Published literature
- Media reports
- Data may exist for other countries / target areas with similar context
- Reports from other health campaigns
- Low-cost primary data research: FGDs, KIIs, direct observations, community mapping
  - [the rapid qualitative assessments under RCCEs](#)

# Point 2: Set realistic communication and behaviour objectives

## ITN ownership vs. access (Lagos)

**Table 3.3.2 Access to an insecticide-treated net (ITN): States**

Percentage of the de facto population with access to an ITN in the household, by state, Nigeria MIS 2021

State	Percentage of the de facto population with access to an ITN <sup>1,2</sup>	Number of persons
<b>South West</b>		
Ekiti	19.4	579
Lagos	22.1	2,863
Ogun	33.7	1,381
Ondo	24.2	738
Osun	61.8	1,445
Oyo	44.4	2,395
<b>Total</b>	<b>43.1</b>	<b>72,258</b>

<sup>1</sup> An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2008 NDHS, 2010 NMIS, 2013 NDHS, and 2015 NMIS, this was known as a long-lasting insecticidal net (LLIN).

<sup>2</sup> Percentage of the de facto household population that could sleep under an ITN if each ITN in the household were used by up to two people

ITN use given access for Lagos is 0.57. How much can you realistically increase this by?

Example: It will be very hard to go from 0.57 to 100% of people using ITNs given access

Under an insecticide-treated net (ITN) the night before the survey, and among the de facto household population in households with at least one ITN, percentage who slept under an ITN the night before the survey, by state, Nigeria MIS 2021

State	Household population			Household population in households with at least one ITN <sup>1</sup>	
	Percentage who slept under any mosquito net last night	Percentage who slept under an ITN <sup>1</sup> last night	Number of persons	Percentage who slept under an ITN <sup>1</sup> last night	Number of persons
<b>South West</b>					
Ekiti	10.0	9.9	579	28.5	200
Lagos	13.7	9.6	2,863	29.9	916
Ogun	21.7	21.7	1,381	48.7	617
Ondo	17.9	17.7	738	50.1	260
Osun	35.3	35.3	1,445	48.0	1,063
Oyo	31.5	31.2	2,395	54.2	1,379
<b>Total</b>	<b>37.5</b>	<b>36.4</b>	<b>72,258</b>	<b>59.3</b>	<b>44,420</b>

<sup>1</sup> An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2008 NDHS, 2010 NMIS, 2013 NDHS, and 2015 NMIS, this was known as a long-lasting insecticidal net (LLIN).

# SBC activities



## Point 3: Select /prioritize SBC activities for their effectiveness, efficiency and their contribution to objectives,

- Select activities that are most appropriate for the desired objective: E.g.
  - If our objective is to let households know the dates of the HHR and distribution, then radio spots will be sufficient as it is a short message
  - If our objective is to explain and promote ITN repurposing, then radio “talk back” programmes are better as it allows people to call and ask questions
- Capitalise on activities that MUST be implemented. E.g. Pass on key messages and answer questions (IPC) when ITN campaign actors are having direct contact with HHs during the HHR or distribution
- Invest in activities that ensure continuous SBC. E.g. If community stakeholders such as community leaders, CHWs and CSOs are provided with an orientation and communication tools, they can continue to pass on key malaria or ITN information well after the campaign

# 2021 MIS: media exposure

**Table 5.1.2 Media exposure to malaria messages: States**

Percentage of women age 15–49 who have seen or heard a malaria message in the last 6 months, and among those who have seen or heard a malaria message in the last 6 months, percentage who cite specific sources for malaria messages, by state, Nigeria MIS 2021

State	Percentage who have seen or heard a malaria message in the past 6 months	Number of women	Source of exposure to malaria messages in the past 6 months												Number of women who have seen or heard a message	
			Radio	Television	Poster/ billboard	Newspaper/ magazine	Leaflet/ brochure	Health care provider	Community health worker	Social media	Town announcer	Inter- personal communi- cation agent/ community volunteer	Family/ friends	Other		Don't remember
<b>South West</b>																
Ekiti	54.5	123	73.6	17.5	2.1	1.1	1.1	12.8	4.4	9.5	11.1	2.3	7.5	1.5	0.3	67
Lagos	47.2	620	15.1	42.5	2.6	0.9	1.5	30.7	10.0	24.8	1.3	2.3	4.3	0.6	0.0	292
Ogun	73.6	308	27.2	25.5	0.0	1.2	0.9	37.8	32.5	13.4	2.3	0.0	1.4	0.0	0.0	226
Ondo	47.9	156	36.1	12.8	1.0	0.9	0.4	15.3	12.8	16.1	0.8	5.9	16.6	0.5	3.1	75
Osun	46.4	320	51.6	20.9	0.7	2.5	0.0	7.8	26.9	13.1	4.3	15.5	14.4	0.3	0.0	149
Oyo	77.3	497	63.4	59.6	22.4	9.8	8.0	23.3	35.4	28.3	6.5	0.0	1.1	0.0	0.0	384
Total	46.2	14,476	39.2	21.9	4.1	2.0	2.1	19.1	23.9	10.8	4.8	4.6	10.9	1.0	0.5	6,692

Radio, television and CHW are all fairly good SBC channels, but radio is more “cost effective” than TV

Written communication channels are clearly not the preferred way for people to get their information

Capitalise on existing community level stakeholders

What are examples of advocacy activities that you have implemented, and what were their objectives?

Organiser une rencontre d'information des leaders traditionnels sur la campagne  
Objectif : mobiliser les leaders pour soutenir la campagne

Engagement meetings for contributions to the campaign

Campaign launches

One on one meetings with specific stakeholders

engajar e mobilizar a lideranca pra criar redes de apoio a varios niveis para preparacao, implementacao e monitoria da campanha

Social Media Posts- easy implementation targeted to younger/ urban populations.

Engagement meetings with local leaders about the campaign

Community Engagement - Organizing workshops, town hall meetings, or forums to involve community members in discussions  
Partnership Building: Collaborating with other organizations, & stakeholders

What are examples of advocacy activities that you have implemented, and what were their objectives?

Partnership Building: with Faith leaders, Traditional leaders and gate keepers

Meetings of high level Govt officials

Engagement with youth, Women's groups, and Community leaders

Meetings with Parliamentarians

Engagement of social media and other influentials

Engagement meetings to use local facilities such as a warehouse or a School building as a distribution point

Video messages

Rencontre de plaidoyer avec les autorités administratives régionales pour obtenir leur engagement à la mise en oeuvre de la CDM

What are examples of advocacy activities that you have implemented, and what were their objectives?

Réunion de plaidoyer à l'endroit des chefs locaux et leaders religieux (communiqué gratuites dans les lieux de cultes) pour faciliter les activités de la campagne ,

Community Advocacy-  
Using community leaders to advocate for ITN use, especially among children and pregnant women.

# What are the main challenges that you've experienced with advocacy activities?

Shortage of funds

Difficulté à mesurer l'impact

Wrong information about the campaign. Unrealistic expectations about the campaign from the local leader

1. Competing messages/  
2. Misinformation.

not prioritizing advocacy

La difficulté d'identifier les personnes/cibles correctes pour les séances de plaidoyer

I think that everything starts with not having a good understanding of what advocacy means and the main objective of doing it.

Contenu des messages : parfois il ya trop messages qu'on veut faire passer au cours d'un bref temps

# What are the main challenges that you've experienced with advocacy activities?

Measuring impact

- Funding Limitations • Political Will • Public Awareness • Cultural Barriers • Data Collection (M and E)

Falta de mecanismos de avaliação de impacto com poucos recursos

La qualité de l'organisation des séances de plaidoyer

Résistance ou méfiance des cibles du plaidoyer

Not easy to link advocacy effect with campaign success

Limited funding

## What can we do to be more 1) efficient and 2) cost effective in implementing advocacy activities?

Le plaidoyer doit être justifié, pourquoi on veut faire le plaidoyer et pour quel résultat attendu

- Targeted Communication: Focus on high-risk areas and populations to ensure resources are directed where they are most needed.
- Partnerships: Collaborate with local organizations and health workers

Temos de ser mais estrategas considerando o contexto de cada região

- Data-Driven Decisions: Utilize data analytics to monitor progress and adjust strategies in real-time.
- Community Involvement: Engage community leaders to promote ITN use

Provide factual information about the campaign. Strategy about the campaign should be communicated well at all levels and to the targeted audience.

1. Looking for combined SBC interventions
2. Using established systems
3. Public-private partnerships.

Bien définir des objectifs de plaidoyers clairs et mesurables/  
Bien identifier les cibles clés du plaidoyer et bien choisir les canaux de communication appropriés

Identifier correctement les domaines qui nécessitent un plaidoyer

What can we do to be more 1) efficient and 2) cost effective in implementing advocacy activities?

Integrating advocacy  
with meetings and other  
campaign activities

Ensure adequate funding for  
advocacy activities from the  
start of planning. Filling last-  
minute funding gaps can be  
expensive and inefficient.

Private sector and  
government entities  
specially at the local levels

# Improving advocacy meetings

## Targeting:

- Always ask ourselves this question: Who is our target for these advocacy sessions and what are we advocating for?

## Objective

- The advocacy activity needs to have a specific objective which responds to an **actual need**. We should do MUCH more than just “inform” our target group:
- Examples of good practice: Sierra Leone: Advocate parliamentarians to ratify bi-laws regarding the use of ITNs for fishing.

## Monitoring and follow up

- Are we ensuring that promises made are being fulfilled
- Do we evaluate the results of advocacy sessions?



## In a resource constrained environment, who should we be targeting for advocacy activities and why?

Government officials,  
Ministry of Finance

- Community Leaders
- Healthcare Workers
- Women and Mothers
- School Teachers and Students
- Government Officials

The community leaders, the government agency, Influential youth, and women's groups

Les autorités politiques et administratives pour leur rôle dans la mobilisation des ressources et la prise des mesures administratives pour l'organisation des campagnes

Corporate sector

Les leaders communautaires et religieux pour leur proximité avec les populations ainsi que leur influence sur les communautés

Les leaders religieux et coutumiers parce qu'ils sont respectés et écoutés dans leur communauté respective

para além das autoridades governamentais, deve-se incluir pessoas influentes (conhecidas e reconhecidas) a nível local

## In a resource constrained environment, who should we be targeting for advocacy activities and why?

Les chefs locaux, les chefs religieux et les animateurs de radio communautaires

Barriers for high-risk groups to use ITN. i.e. if men/ heads of house limit ITN use for kids/ pregnant women.

- Community Leaders: Engaging local leaders can help in gaining trust and ensuring community buy-in. They can influence community behavior and encourage the use of ITNs.

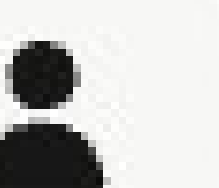
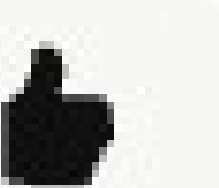
- Government Officials: Advocacy efforts targeting local policymakers can help in securing support and resources for ITN distribution and malaria control programs

- Women and Mothers: As primary caregivers, women play a critical role in household health practices. Educating them on the benefits and proper use of ITNs can lead to better protection

le secteur minier (compagnie minière par exemple), les industries pétrolières, les compagnies téléphoniques

- Healthcare Workers: Training and involving healthcare workers can enhance the distribution and proper usage of ITNs. They can also provide education on malaria prevention.

What private sector stakeholders can you target for advocacy activities (in your country), and what would you “specifically” advocate for?



# Are these SBC activities critical to a successful campaign?

- Official launches: Where is the evidence that this has had the impact that we want (communication and behavioural)
- Large scale advocacy workshops that only “inform” rather than “engage”.
- Door to door visits by CHWs as part of hang up campaigns
- “Nice to have” activities that are not critical (e.g. official launches) should only be done if deemed necessary and costs to be covered by government

Examples from an actual ITN campaign:

- Official launches costs approx. USD 63K. Representing approx. 12% of total SBC budget
- Nigeria hold “targeted” advocacy meetings rather than advocacy sessions – Is this more efficient?

# How can NMPs implement “cost effective” official launches that have a high impact?

On peut organiser des lancements locaux avec la remise de MILDA à un menage par une Autorité (ex Gouverneur)

This is where the private sector should come in. Launches could be sponsored by a private sector organization/ company.

# SBC tools and materials



# Materials development workshop

Why do we have SBC materials development workshops?

- Ensure that tools and materials developed are responding to the actual context. Examples:
  - the target area may now be a COE
  - ITN use (given access) may now be quite high (as compared to the last mass campaign)
  - The use of digitalization might have increased significantly
- Do not simply recycle old materials. They may no longer be relevant (e.g. ITN use given access may no longer be the issue, or the target population may now rely more on social media)
- Materials development workshops are a great SBC activity and use to be justifiable if the cost was realistic. E.g. Sierra Leone – 5 day workshop represents 0.83% of SBC budget.

How can we develop effective SBC tools and materials without holding a “formal” SBC materials development workshop?

Utiliser les outils existants

Faire la synthèse des outils utilisés au cours dernières campagnes

SBC tools are materials that should be set for multiple campaigns and just reviewed each campaign for changes. Every 3-4 campaigns or through other funding, national plans should be updated.

Iterative Prototyping: Develop prototypes of SBC materials and test them in small community settings. Gather feedback and refine the materials accordingly. In Uganda, prototypes of ITN usage guides we

utiliser une approche collaborative et participatives de conception d'outils à travers de plateformes numériques interactives (google drive etc)

## Point 4: SBC tools and materials

Invest in materials where there is evidence that they work.  
E.g.

- Sudan invested in social media because a recent immunization campaign reached over one million people with 93% positive interactions.

Invest in materials that can continue to be used after the ITN distribution. E.g.

- laminated communication materials used by campaign personnel during HHR and distribution can be used by community level stakeholders after the ITN distribution.

Don't invest in “nice to have” materials. E.g.

- Tshirts and caps for HHR and distribution personnel are nice, but can be replaced by “aprons” which are cheaper and easier to use



# Are these tools and materials really needed?

- Pamphlets:
  - Often, many in our target groups are not comfortable with long written texts
  - They end up creating environmental waste
- DP banners: Generally, they can only be used once. E.g. Single use banners for DPs cost USD 11,761 represented approx. 33% of SBC tools and materials.
- “Nice to have” tools and materials that are not critical (e.g. pamphlets) should only be done if deemed necessary and costs to be covered by government



# Other items



# Digitalizing SBC

Can we replace health education during HHR & DPs with pre-recorded audio-visual?

Some trainings / orientations might be able to be conducted either virtually or using “easy made audio-visual”. E.g.

- For school based SBCC, it is possible to record videos explaining how tools are to be used.

Put video that Terry had made of how to use make net conical.

# Considerations: targeted distribution

## Integration

- What are the SBC opportunities in integrated ITN campaigns :
  - Increase reach
  - Improve efficiencies (shared costs)
  - Continuity of malaria and ITN messaging post ITN distribution
- Do we need to wait for an ITN campaign to start integrating SBC messages with other health campaigns?
- What are the disadvantages?
  - Is there risk of message “overload”?
  - Any other disadvantages?



# Thank you