

Social and behaviour change (SBC): Overview

March 2026

“SBC is defined as a set of processes, approaches, tools, strategies and tactics that promote positive and measurable changes in people’s environments, societies and behaviours.”

UNICEF¹

Introduction

Social and behaviour change (SBC) is a vital activity before, during and after insecticide-treated net (ITN) distribution, whether through mass campaign or continuous distribution (CD) channels. If planned, budgeted and implemented at high quality, SBC can:

- Support resource mobilization to ensure that distribution activities are implemented as per guidelines and with strong commitment from all stakeholders
- Ensure that targeted communities and/or population groups understand how to access ITNs
- Mobilize communities and individuals to participate fully in ITN distribution
- Reinforce social norms to ensure that the ITNs received are used consistently and correctly by households

SBC comprises a variety of strategies and activities, with key roles for community, sub-national, national and regional/international partners. The national malaria programme (NMP) should lead the coordination, planning, implementation and monitoring of all components of ITN distribution, including SBC, in collaboration with other government departments and stakeholders. Effective coordination and communication among partners to support Ministry of Health (MoH) objectives is vital to ensuring that SBC activities are clear, cohesive and focused on achieving targets defined in the National Malaria Strategic Plan.

There are three main components of SBC for ITN distributions:

1. **Advocacy** for ITN distribution secures support from stakeholders to ensure the success of the ITN distribution. It can include activities that foster political will and support for distribution, increase financial and other, such as in-kind resources on a sustainable basis, provide access to operating areas and target groups, hold authorities accountable to make sure pledges are fulfilled and results are achieved, or simply to persuade people to be in favour of the cause by representing their interests and rights². Advocacy for ITN distribution is carried out at regional/international, national and sub-national levels. At national level, it can be used to engage political leaders, media and funding agencies in a mass distribution campaign. At sub-national levels, it can engage community leaders/influencers to promote attendance at antenatal clinics by pregnant women, or to encourage caregivers of children to attend health facilities to comply with the national immunization schedule, and while attending these routine services, to receive ITNs. At regional/international level advocacy may, for example, promote increased investment in malaria prevention, specifically funding

¹<https://agora.unicef.org/course/info.php?id=35185#:~:text=SBC%20is%20defined%20as%20a,environments%2C%20societies%2C%20and%20behaviours>

² WHO Stop TB Partnership, 2006. *Advocacy, Communication and Social Mobilization to Fight TB. A 10-year framework for action*. WHO Library Cataloguing-in-Publication Data.

for ITNs, and mobilization of different partners in support of country-led activities for their distribution to target groups.

Resource: *Advocacy* (in development).

2. **Social mobilization** in the context of ITN distribution encourages communities to take full advantage of malaria interventions. For example, social mobilization activities focus on informing target groups of the dates and locations of an upcoming mass campaign, including registration and distribution, and what to expect from household visits. It provides the information and fosters the motivation needed to ensure high levels of community participation in the campaign activities. In the context of CD, it means ensuring that individuals and communities are informed about (existing or new) distribution channels and how they will operate, as well as who the target groups are, and are eager to accept ITNs when distributed, for example, during school-based distribution or distribution during routine health services, such as antenatal care, immunization or other visits to a health centre or clinic.
3. **Social and behaviour change communication (SBCC)** is the process of using communication to influence behaviours (encouraging continuous positive behaviours, and/or changing negative behaviours). In the case of ITN distribution, SBCC is important to ensure that household members use ITNs consistently and care for them to maintain their longevity. SBCC works by influencing factors that drive behaviours like social norms, perceptions of risk and self-efficacy. By influencing these factors, SBCC can promote and sustain individual, family, community and societal behaviour change. SBCC works best when multiple communication channels are used, and when messages are tailored to target groups which may be varied and diverse.

“SBCC is the use of communication to change behaviours – including service utilization – and promote social change by positively influencing knowledge, attitudes and social norms. SBCC goes beyond the delivery of a simple message or slogan; it encompasses the full range of ways in which people individually and collectively convey meaning”³.

Requirements for effective SBC

Respond to the target audience and their operational context

SBC is most successful if it responds to the needs of the target population(s). SBC planning and budgeting must consider the operational context at national and sub-national levels, for example considering whether the targeted households are in a rural or urban setting or in a complex operating environment experiencing insecurity, a remote or hard-to-reach area, etc. Other key considerations that will affect the operational context of ITN distributions can be found in *Key social and behaviour change considerations* (in development).

Collect and use appropriate data to inform SBC

Successful SBC strategies and activities are informed by relevant and reliable data that can help identify issues related to ITNs and their distribution. For example, data may show that low ITN use is due to lack of access to ITNs within households rather than negative health behaviour. Data may also indicate or confirm the types of SBC activities which will work best for the target population (e.g. in the target area, household members prefer to listen to the radio rather than read newspapers). Data can help ensure that SBC is cost-effective and efficient and that defined targets (participation,

³ <https://sbccimplementationkits.org/service-communication/introduction-to-service-communication/>

behaviour change) are achieved. See *Collecting and using research and data* (in development) which discusses in detail how data should be used to inform SBC strategies and activities.

Sustain SBC efforts

It is important to consider how to sustain SBC activities to reinforce ITN uptake and use through all available (campaign and continuous distribution) channels. SBC should not be considered as a time-limited intervention that is only used to support the punctual ITN distribution itself (e.g. handing over the net to a recipient during a campaign or school-based distribution) but be seen as a long-term process that is aimed at ensuring that malaria interventions achieve impact in terms of reduction of malaria burden. *Sustaining SBC on a continuous basis* (in development) makes recommendations on how NMPs can sustain SBC post-ITN distribution.

Key steps for planning and implementing SBC

For SBC to be successful in achieving and maintaining targets for ITN distribution, uptake and use, some key steps for planning and implementing SBC are recommended:

Step 1: Coordination

The first step in developing and implementing effective SBC activities for malaria interventions, including ITN distribution, is to ensure that the SBC sub-committee at the national level is functional and that it includes membership from key stakeholders. In rare cases where the MoH/NMP does not have an existing coordination structure for SBC, a sub-committee, reporting to the overall coordinating committee, may need to be established. The sub-committee should be led by representatives of the NMP and MoH who focus on SBC (e.g. representatives of Health Promotion or Health Education Department, etc.). Other members should include in-country implementing, technical and private sector partners who regularly conduct and support SBC activities, as well as partners with experience in advocacy, mobilizing communities and SBCC.

Resources/adaptable tools for Step 1: Coordination:

- Sample terms of reference for an SBC sub-committee for an ITN mass campaign

Step 2: Macro level planning for SBC

Macroplanning is the “big picture” view of what will be needed for SBC to support distribution through a country’s channel mix, including coordination and planning of activities; training; operationalizing defined activities and overseeing them; developing a macro level budget based on the number of districts or regions that will be participating in the distribution; the activities defined for each based on the contextual analysis and data; the size of the target audiences; etc. For each distribution channel in a country’s channel mix, macroplanning should result in four main SBC-related outputs:

1. Building on the NMP National SBC Strategy, either a separate **SBC Plan of Action** (PoA) with annexes or a detailed SBC section within the overall distribution channel PoA. ITN distribution-specific plans should be developed early, standardized and reviewed where there are significant contextual changes or as more data become available, often based on programme reviews.
2. A detailed **timeline** of the SBC process from planning and development to implementation, reporting and feedback, including adjustments to respond to issues arising for continuous SBC activities.
3. A detailed macro level **budget** for the SBC activities. The SBC strategy and activities as described in the SBC PoA cannot be implemented if there are insufficient resources or if additional resources cannot be mobilized as part of advocacy efforts. It is important that the SBC plan is

costed early and that efforts are made to secure the funding required through advocacy and resource mobilization with target national and sub-national stakeholders. Alternatively, the NMP will need to prioritize and adapt SBC activities to reduce costs without compromising quality (for example, by leveraging existing national and sub-national activities such as educational sessions combined with other planned health facility, school or community activities or events) to implement the SBC strategy and activities.

4. A **risk and mitigation plan**, detailing actions to be taken against certain predictable risks, such as rumours or misinformation.

Resources/adaptable tools for Step 2: Macroplanning:

- Planning and budgeting SBC activities (in development)
- [Adaptable tool/template to develop an SBC PoA for ITN distributions](#)
- [SBC Considerations section of the Alliance for Malaria Prevention ITN School-Based Distribution \(SBD\) Toolkit](#). This provides channel-specific items to include in SBD SBC plans.
- [Risk and mitigation plan for mass campaigns](#)
- Risk and mitigation plan for [school-based distribution](#), and adaptable tool [example](#).
- [Rumour management plan](#) and [template](#).

Step 3: Plan for and hold advocacy sessions

(NOTE – timing for this step will vary by strategy and channel, resource context, etc. Depending on the objective of advocacy, it may begin in advance of step 1 if resources for ITNs or operations are insufficient from the outset and continue through the implementation of ITN distribution at national and sub-national levels.)

Advocacy sessions must be held with the right stakeholders and at the right time to allow targeted individuals and organizations to respond positively and with sufficient time to act on commitments.

Effective advocacy requires:

- Setting clear and measurable objectives that the organizers of advocacy meeting(s) (individual or group) are trying to achieve and can use to assess how effective the advocacy efforts are
- Selecting and targeting the right stakeholder(s) for advocacy so that the objectives set can be achieved
- Defining clear “asks” of stakeholders – funding, in-kind contributions, support for mobilization of target population, etc. – and ensuring that the advocacy is done in a timely manner to ensure commitments can be actioned in time for the ITN distribution
- Tracking the commitments from stakeholders, following up and ensuring that no commitment is not actioned (finding solutions where there are delays, adjusting commitments in line with resources available to stakeholders, etc.)
- Acknowledging the contributions from stakeholders, and where appropriate, nurturing this partnership to promote continued commitment to the fight against malaria
- Planning for monitoring the “return on investment” from advocacy in terms of concrete contributions to the ITN distribution and corresponding positive results. This includes using the results of advocacy to tell the story of the importance of local contributions to the success of the ITN distribution and to encourage other stakeholders to engage in the fight against malaria

Resources for Step 3: Advocacy:

Advocacy (in development)

Step 4: SBC sub-national planning for ITN distribution

For ITN distribution through any channel, there is a process of planning centrally (macroplanning) and then a process of planning sub-nationally. Sub-national plans will focus on specific distribution channels per channel and plan accordingly, for example, micro-quantification for school distributions, microplanning for an ITN campaign, specific SBC planning for all channels, etc. ITN micro-quantification for school-based health facility ITN distribution, as a continuous channel, should be reviewed during monthly and/or quarterly data review or supervision meetings.

Sub-national SBC planning for ITN distribution should be carried out in conjunction with the programmatic and logistics microplanning. It should not only be used to quantify SBC tools and materials required, but also to identify other, local SBC opportunities such as:

- Meeting places where town criers/information desks, etc. can be used to disseminate key information
- Key stakeholders that need to be visited as part of advocacy efforts or engaged for ITN campaign or CD implementation

Sub-national SBC planning allows for operational and contextual factors specific to the implementation area to be identified (e.g. families moving each day from home to fields that may be missed if clear communication is not provided through the right channels and at the right times regarding when and how to receive nets) and for resources required for effective SBC to be calculated.

- For mass campaigns, SBC microplanning includes the quantification of SBC materials and tools for household registration and distribution points, specific SBC campaign personnel such as town announcers and the identification of opportunities for SBC activities (presence of local radio, town announcers with megaphones, frequented markets, etc.), etc.
- For continuous distribution through schools, this is the step where the quantification of schools, teachers, classes and students takes place for SBD. Teachers and students can be important behaviour change motivators and their quantification helps for planning SBC activities, tools and materials.
- For ITN distribution through routine health services, sub-national quantification and planning should be conducted as part of ongoing monthly/quarterly health system review meetings. The meetings would serve as an opportunity to reinforce the important role of health providers in SBC and to address concerns being raised by community members.
- For community-based distribution, the quantification of communities and population to be covered, community health workers (CHW) and supervisors needed often takes place with the quantification for ITN distribution through routine health services during monthly/quarterly meetings. CHWs and their supervisors can be important behaviour change motivators and defining the communities and populations that CHWs are trying to reach allows for tailored SBC planning.

For campaigns and school-based ITN distribution, which are not year-round, continuous distribution channels, sub-national planning (microplanning, micro-quantification) is the first “community level” activity and is therefore also leveraged to organize advocacy meetings to ensure that sub-national administrative and other stakeholders are informed about and take ownership of the distribution in their operational area. For routine and community-based ITN distribution, monthly/quarterly meetings would provide an opportunity for advocacy to reinforce the importance of these channels and to address challenges with achievement of targets.

Many SBC plans fail to achieve their objectives due to challenges in converting the “national” level plans into community level activities.

Resources/adaptable tools for Step 4: Sub-national planning:

- [SBC microplanning template](#), together with [SOPs](#) to instruct its use (adaptable tool)
- [Micro-quantification for school-based distribution](#).
- SBC action planning (adaptable tool) (in development)

Step 5: Planning for operational SBC implementation

Developing key messages

Key messages that will be disseminated as part of the ITN distribution must be developed early so that they can be pre-tested for comprehension, acceptance and effectiveness along with the SBC tools and materials. Key messages must be designed to reinforce facilitators and address key barriers to participation, as per the SBC sub-national planning, to ensure that the objectives of the distribution are achieved. Messages should be harmonized across channels where possible (e.g. campaigns may require specific messages to ensure participation of the population during registration and distribution). When messages are harmonized across channels and then used to produce tools and materials, it allows these materials to be reused.

NMPs and partners may be required to undertake research to understand the target group's beliefs, practices, concerns, family and social networks as these are essential to reach these groups through development of tailored SBC messages. The language and terminology of key messages must be adapted to the target audience but should always be clear and simple so that it is easily understandable. Technical jargon should only be used for an audience where it is already familiar.

At the community level, incorporating culturally relevant examples and narratives often resonates with the community and helps to build trust and acceptance of the messages. In addition, key messages must:

- Highlight the benefits of using ITNs, such as protection against malaria, improved health for mothers and children, and reduced healthcare costs.
- Use positive reinforcement to encourage behaviour change.
- Identify and address known/common misconceptions, behavioural determinants and barriers to ITN use and care and malaria prevention.
- Provide factual information to help alleviate fears and encourage net use.
- Include a clear call to action such as encouraging individuals to collect their ITNs, use them consistently and educate others about their importance.

Developing SBC tools and materials

SBC materials must be developed early in the planning process to allow time for pre-testing and procurement/production, as well as transport to target areas in a timely manner. Where production will be done at sub-national level, the final versions and quantification of needs must be available at the level of production one to two months before the time the tools and materials will be put into action. A common weakness of standalone ITN distributions (such as mass campaigns and annual school-based distribution) is the late arrival of SBC materials at the district or community levels.

Some critical aspects in developing SBC tools and materials include:

- Use data to inform which tools and materials work best for the target area/population.
- Select tools and materials based on SBC objectives. For example, if ITN use given access is high, but ITN access is low, invest in social mobilization materials (such as radio spots) to improve awareness of ITN availability rather than behaviour change (such as health education posters).

Identify the training needs

While all staff need a basic degree of knowledge of planned SBC activities, some campaign staff will be implementing or overseeing specific SBC tasks and will need specialized training or orientation.

For example, CHWs will need specific training on disseminating key SBC messages in community meetings if that is the chosen strategy, while household registration volunteers in ITN campaigns may have an SBC session incorporated in their overall household registration training so that they pass on the correct messages to householders.

The SBC sub-committee or team needs to work in close collaboration with other thematic areas to ensure that SBC is given the required time and resources when it is included as part of other trainings.

Resources for Step 5: Planning for operational SBC implementation:

- [Training for implementation of ITN mass distribution campaigns](#)
- Collecting and using research and data in planning effective SBC (in development)
- Developing and pre-testing SBC tools and materials (in development)

Step 6: Implementation

Engage community level personalities, structures and organizations (if that is the chosen strategy) that have a permanent presence at the community level to increase the reach and sustainability of SBC activities. Community level stakeholders such as community and religious leaders, schoolteachers, CHWs, and civil society organizations (CSOs) are in a good position to strengthen the SBC strategy and efforts because they:

- Are part of the community and know the community better than people at the sub-national or national level.
- Are often trusted community members with influence over fellow community members.
- Can support efforts to access “hard-to-reach” populations with key messages.
- Remain in the community after the ITN distribution and can continue SBC efforts.

Implement social mobilization and SBCC activities as per plans and based on agreed timelines to achieve ITN distribution objectives. Social mobilization activities must start early enough that members of households can take the necessary steps to ensure their full participation in the ITN distribution. For example, radio spots explaining the process for the household registration for ITN mass campaigns must be developed, translated and ready for dissemination on targeted radio stations at least two weeks before the planned household registration. Likewise, SBCC activities to promote correct ITN use, such as drama plays as part of school health clubs are more effective during or just after an ITN distribution, to ensure that ITNs are either being used immediately or properly stored until needed.

Resources/adaptable tools for Step 6: Implementation:

- A guidance document on [The role of civil society organizations \(CSOs\) in insecticide-treated net \(ITN\) distribution](#)
- An adaptable tool [Guidance for the training of community leaders in an insecticide-treated net \(ITN\) campaign](#)
- Breakthrough Action’s [Malaria SBC Toolkit for Community and Faith Leaders](#)
- [Job aid for community leaders during an insecticide-treated net \(ITN\) mass campaign](#)
- [Job aid for schoolteachers/school health educators during an ITN campaign](#)

Step 7: Supervision of SBC activities

Supervision of SBC activities during distribution periods, whether mass campaign or CD, is crucial as some campaign actors, despite intensive training, may be disseminating inaccurate information that could endanger acceptance of the ITNs. Also, sudden changes in the operating context might make SBC strategies, activities or messages no longer relevant. Supervision during distribution must be

timely to correct potential errors in messaging that could lead to mis- or disinformation and rumours.

SBC indicators should be part of the overall monitoring and evaluation plan and indicator framework. Checklists and tools for supervision and monitoring of SBC in support of ITN distributions at all levels (i.e. tools used before, during and after distribution activities) should include questions and observation elements that will allow progress against targets defined in the indicator framework to be measured. As an example, supervision checklists should ensure that the dissemination of key SBC messages to household respondents and/or ITN recipients is being implemented as planned. Supervision checklists for school-based distribution should confirm that teaching staff are sharing key messages with pupils. Supervision for ITN distribution through routine health services should be integrated as part of overall system supervision and should include ensuring that key messages are being disseminated.

Different ITN distribution channels and strategies may have standalone SBC activities that will need to be planned, coordinated and supervised. These include (amongst others):

- Ensuring that town criers are covering all targeted communities for ITN campaigns and are disseminating the correct key messages for the activity phase
- Verifying timing and quality of radio and TV spots or programmes to ensure that these have been properly implemented and that the right persons are delivering the right messages
- Ensuring that health education posters have been developed and produced on time and are available to staff.

The SBC sub-committee must:

- Develop appropriate indicators to ensure that standalone SBC targets can be measured and tracked.
- Work closely with other thematic areas to ensure that SBC components of distribution activities are included in supervision tools and materials
- Ensure that supervisors are provided with the appropriate tools and materials to facilitate this process

Step 8: Monitoring and evaluation (M&E) of SBC activities

While supervision is designed to allow for immediate correction of errors and weaknesses, the objective of monitoring and evaluation is to provide actionable data that can be analysed to inform concrete recommendations on the SBC strategy, activities, tools and materials, how successful they are/were, and whether and how they need to be adapted for future distributions. Monitoring and evaluation information allows for programmatic changes over the short, medium and long term when regularly collected.

Any evaluation that is conducted during and/or after an ITN distribution should include SBC activities, such as the reach, recall and appreciation of SBC messages among households and key message sources. This will help assess the efficiency and effectiveness of the SBC strategy and activities and help inform future SBC components of ITN distributions. Some key M&E SBC indicators that can be included as part of routine in and end process evaluations and reports include:

- ITN use, access and ITN use given access following the ITN distribution
- The extent to which households received key messages during the ITN distribution processes, the channels through which the messages were received and how well these messages were understood
- The effectiveness of key messages for effecting behaviour change

It is also possible to implement SBC-specific evaluations post distribution. These can be very costly, but national malaria programmes and partners might feel that these are critical to fill gaps in data and information for achieving national targets for ITNs.

Resources for Step 8: Monitoring and evaluation:

- RBM Partnership to End Malaria's [Developing M&E Plans for Malaria Social and Behavior Change Programs: A Step-by-Step Guide, 3rd Edition.](#)
- RBM Partnership to End Malaria's [Malaria Social and Behavior Change Communication Indicator Reference Guide, Second edition](#)
- Breakthrough Action's [Malaria Behavior Survey](#)

Qualitative assessments can be particularly important for understanding some key issues, context-dependent, such as:

- Household behaviours and sleeping patterns vis-à-vis mosquito activities to understand the importance of indoor and outdoor transmission of malaria
- Household behaviour when it comes to ITN care and repair, such as to what extent and how often households are washing their ITNs with harsh chemicals which can damage the ITN
- The extent of ITN misuse, especially in riverine or coastal areas where ITNs may be used for fishing
- Women's/men's decision-making power over how ITNs are accessed and used in the household

While the results of standalone SBC M&E activities are valuable for reporting on the successes and challenges of ITN distributions, they should be designed to obtain critical data that will inform SBC strategies in future distributions.

Step 9: Reporting and lessons learned

Reporting goes beyond accountability and donor requirements, although these are important. Reporting is a tool that should be used for iterative learning, and to reinforce identified efficiencies and effectiveness in future ITN distributions, as well as address challenges and weaknesses. It is therefore important for the final distribution report (or monthly/quarterly reports in the case of ongoing distribution) to identify the successes, challenges and lessons learned/best practices of SBC in the ITN distribution and define clear, concrete and actionable recommendations for improvements in future. Findings from supervisory reports and M&E activities (including in-process and end-process assessments) provide critical information for the final report.

After an ITN distribution activity or during ongoing ITN routine or community-based distributions, the NMP will often organize "lessons learned" workshops and/or include a review of distribution data as part of ongoing monthly and quarterly meetings, both to help inform monthly or final reports, and to be used to improve future distributions. The SBC sub-committee should ensure that SBC lessons learned are incorporated into these workshops/meetings by:

- Ensuring that key SBC stakeholders from different levels participate in the workshop
- Ensuring that SBC is included on the workshop agenda with specific objectives and outputs from the sessions
- Ensuring that SBC-related supervision and M&E reports/data are available for these workshops and are referred to during analysis, reporting and decision making.

Ensuring that SBC related lessons learned are identified is critical to ensure that SBC for ITN distributions can be adjusted where necessary, to ensure continuous improvements in effectiveness and efficiency.

Resources/adaptable tools for Step 9: Reporting and lessons learned:

Outline of final report for a mass campaign (adaptable tool) (in development)