



SOCIAL AND BEHAVIOUR CHANGE (SBC)

Collecting and using data and research to inform cost-effective SBC for impact

JUNE 2026

amp | The Alliance for
Malaria Prevention
Expanding the ownership and use of mosquito nets

Primary data collection using participatory tools during focus group discussions: Nigeria 2022.
© Miko Thomas, AMP

CONTENTS

1. Collecting and using existing research and data	4
1.1 Population-based surveys	4
1.2 The ITN Access and Use report	11
1.3 Routine health management system information	14
1.4 ITN distribution and survey reports	15
2. Review of published and grey literature	18
3. Conducting new research	21
4. Prioritizing SBC channels, activities and messages	22

Cover Photo: ITN mass campaign in Niger State, Nigeria. © Miko Thomas, AMP

Back cover photo: ITN mass campaign in Benue State, Nigeria. © Miko Thomas, AMP

1. COLLECTING AND USING EXISTING RESEARCH AND DATA

Existing and relevant research and data should be used to inform the SBC plan of action (SBC PoA) for insecticide-treated net (ITN) distributions, resulting in appropriate net use, care, repurposing and disposal when the nets are no longer usable. There are multiple sources of information and data about ITN use and care

behaviours that every national malaria programme (NMP) should review as they develop their SBC plans. These include national and sub-national surveys, ITN distribution data, ITN distribution in- and end-process assessments and published and grey literature, many of which are readily available online.

One of the critical weaknesses of SBC strategies (and the associated activities, tools and materials) is that they are often not informed by relevant and up-to-date data. This means that the chosen strategy does not address “why” an audience is not performing the required behaviour, and that the planned SBC activities are not appropriate and do not reach or resonate with the target audience.

Refer to AMP SBC training Module 2: *Collecting and using data to inform SBC strategies and activities for ITN distributions* (in development).

Data from Oyo state in Nigeria have been used in this document to demonstrate practical examples of how they can be used and analysed to arrive at an informed decision on effective SBC strategies and activities. Nigeria's data sets demonstrate how their analysis can be used to

improve SBC planning, reach, outcomes and, ultimately, impact. Other NMPs may use the same approaches on context-specific data which are available in survey reports and/or can be easily collected.

1.1 Population-based surveys

The [Malaria Indicator Survey](#) (MIS) collects national and sub-national data about malaria from a representative sample of household respondents, while the [Demographic and Health Survey](#) (DHS) and the [Multiple Indicator Cluster Survey](#) (MICS) collect data on a larger number of health indicators. These surveys have generally been conducted every three to five years. Designed to produce comparable data over time and across countries, they provide valuable information on household ownership of, and access to, ITNs and their use, especially by children under five years of age

and pregnant women. The MIS also gives a percentage for overall population ITN use.

The [Malaria Behaviour Survey](#) (MBS) is a cross-sectional household survey of malaria-related behaviours and the factors that drive or inhibit them. The survey uses a theory driven and standardized methodology to produce data to inform malaria SBC interventions. It is important to note that the MBS generates data from a “study area” which may not be reflective of the whole country/area targeted for ITN distribution.

When consulting survey data and reports, it is important to note the year in which they were carried out. If much time has passed and if there have been mass campaigns or intensified continuous distribution efforts or changes in the operating environment, the data presented may be outdated and not reflect the current context.

The DHS, MICS, MIS and MBS data also differ in that the information is collected during different seasons. MIS and MBS data are collected during the rainy season, when malaria transmission is highest, while DHS and MICS data tend to be collected during the dry season, when behaviours may be different. For this reason, these distinct data sets should be compared with caution, if at all. A decline in net use from an MIS survey to a subsequent DHS survey might not indicate an actual decline in use, but seasonal variation or a decrease in ITN access in the intervening period. Both are important aspects for SBC planning, the first indicating that more effort may be required in the dry season to encourage nightly ITN use and the second that access should be increased through the most appropriate channel(s).

It is important to note that population-based surveys provide more than just ITN use and access information. Some of the data that are also available in these surveys to inform SBC strategies and activities include:

- How households in different geographic locations obtain their information – these data can help NMPs prioritize the most cost-effective SBC channels to disseminate information to targeted areas.
- Literacy rates, which can help determine the effectiveness of written information in SBC activities and materials.
- Access to communication channels such as TV, radio and social media to decide which will be most readily seen, heard or accessed.
- Use of antenatal clinics, immunization services and school attendance, which can help indicate whether these are good options for continuous distribution and/or social and behaviour change communication (SBCC) messaging

Engagement meetings with district level administration for ITN mass campaign. Taraba, Nigeria 2022.
© Miko Thomas, AMP



Figures 1 and 2 show practical examples of how analysing available data from the 2021 MIS in Nigeria informs the SBC strategy for Oyo State.

Figure 1: Literacy by states

Percentage distribution of women aged 15–49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Nigeria MIS 2021									
No schooling, informal education only, primary school, or secondary school									
Background characteristic	Higher than secondary schooling	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired	Total	Percentage literate	Number of women
South West									
Ekiti	28.0	36.7	27.4	7.9	0.0	0.0	100	92.1	123
Lagos	39.4	32.3	16.1	11.5	0.0	0.7	100	87.8	620
Ogun	24.0	9.7	42.0	24.2	0.0	0.0	100	75.8	308
Ondo	18.8	29.2	32.2	19.7	0.0	0.0	100	80.3	156
Osun	20.4	37.1	22.8	19.8	0.0	0.0	100	80.2	320
Oyo	20.7	37.1	22.2	20.0	0.0	0.0	100	80.0	497
Total	12.9	21.7	21.5	43.7	0.1	0.1	100	56.1	14,476
Partially literate refers to women who attended schooling higher than the secondary level and women with less schooling who can read a whole sentence or part of a sentence.									
Although 80% of respondents are literate, over 40% cannot read or can only read a partial sentence: SBC materials should be more visual in nature									

Figure 2: Exposure to mass media

Percentage of women aged 15–49 who are exposed to specific media on a weekly basis, according to background characteristics, Nigeria MIS 2021						
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age						
15-19	6.6	28.9	18.1	3.3	62.8	2,793
20-24	6.5	28.3	19.0	3.3	62.8	2,464
25-29	7.5	31.1	21.9	4.5	60.8	2,660
30-34	8.3	28.2	25.7	5.3	60.7	2,362
35-39	7.2	31.4	26.9	5.0	57.9	1,964
40-44	6.0	26.9	23.1	3.8	62.7	1,420
45-49	7.8	27.8	24.2	4.5	62.5	814
Residence						
Urban	10.8	45.7	29.2	6.4	44.4	4,641
Rural	5.4	21.4	18.9	3.2	69.4	9,835
Zone						
North Central	9.1	32.9	29.3	5.3	55.0	2,377
North East	2.4	12.9	6.1	1.3	84.2	2,399
North West	3.8	14.4	16.4	1.7	74.6	4,832
South East	16.5	49.4	37.0	10.1	38.0	1,111
South South	9.1	50.3	29.1	6.8	42.6	1,734
South West	11.4	50.1	32.8	6.8	39.4	2,023
Education						
No education	0.2	4.5	8.9	0.1	88.5	5,156
Primary	1.3	18.6	19.9	0.3	70.2	2,089
Secondary	9.3	43.8	28.8	5.0	45.3	5,364
More than secondary	26.5	67.0	42.5	17.6	22.9	1,867
Wealth quintile						
Lowest	0.4	1.0	5.2	0.1	94.4	2,651
Second	1.2	2.3	9.3	0.3	88.8	2,730
Middle	4.0	14.5	18.5	1.7	72.7	2,799
Fourth	9.2	46.5	33.4	5.0	41.3	3,006
Highest	18.2	70.8	39.6	12.2	20.8	3,289
Total	7.1	29.2	22.2	4.2	61.4	14,476

No education includes informal education (adult education, Tsangaya, or Quranic).

Exposure to mass media is relatively low, and 39.4% of respondents did not access any mass media. Consider a balance of mass media and more traditional media for SBC

Analysis of the information shows that:

- Respondents to the survey (women aged between 15–49) in Oyo do not tend to get their information from written materials such as newspapers. This is supported by data showing that even though 80% of the respondents are literate, over 40% cannot read well or can only read a partial sentence. This information can be used as an indication that funding should not be allocated to printed materials such as newspapers and pamphlets, which can also contribute to environmental waste.

Figure 3: Mobile phone ownership

Percentage of women aged 15–49 who own any mobile phone, who own a smart phone, who have ever used the internet, and who have used the internet in the last 12 months, and among women who have used the internet in the last 12 months, percentage distribution by frequency of internet use in the last month, according to background characteristics, Nigeria MIS 2021											
Background characteristic	Owns any mobile phone	Owns a smart phone	Ever used the internet	Used the internet in the last 12 months	Number of women	Among respondents who have used the internet in the last 12 months, percentage who, in the last month, used the internet:					Number of women (internet users)
						Internet usage last month: Almost every day	Internet usage last month: At least once a week	Internet usage last month: Less than once a week	Internet usage last month: Not at all	Internet usage last month: Total	
Age											
15-19	39.5	15.0	21.4	19.9	2793.0	53.6	27.6	16.1	2.7	100	557
20-24	59.9	26.8	29.3	27.7	2464.0	64.3	22.7	9.8	3.2	100	681
25-29	63.5	26.8	28.6	26.4	2660.0	71.5	17.7	8.2	2.6	100	701
30-34	60.7	22.2	22.7	21.0	2362.0	66.9	22.6	8.0	2.5	100	495
35-39	66.7	25.0	25.8	23.8	1964.0	69.1	20.7	8.6	1.6	100	467
40-44	59.0	19.8	19.4	17.6	1420.0	57.4	28.5	13.1	1.0	100	250
45-49	62.7	23.3	19.2	18.1	814.0	65.9	23.9	9.3	1.0	100	147
Residence											
Urban	75.8	38.8	41.3	38.8	4641.0	67.1	22.3	8.2	2.5	100	1,800
Rural	49.2	15.0	16.7	15.3	9835.0	61.7	23.2	12.8	2.4	100	1,500
Zone											
North Central	64.6	21.9	23.1	22.0	2377.0	74.2	16.8	6.7	2.4	100	523
North East	44.6	10.6	11.0	10.3	2399.0	62.3	22.9	11.4	3.4	100	247
North West	40.6	9.6	10.2	9.2	4832.0	50.6	25.7	16.5	7.2	100	444
South East	75.6	34.5	38.4	35.9	1111.0	65.4	25.6	8.0	1.1	100	399
South South	72.4	37.1	44.9	40.3	1734.0	64.8	21.6	11.9	1.8	100	700
South West	83.8	50.2	51.7	48.8	2023.0	66.0	24.0	9.0	1.0	100	988
Education											
No education	29.5	1.6	1.0	0.7	5156.0	-43.6	-29.3	-18.2	-8.9	100	34
Primary	57.8	6.3	5.2	4.2	2089.0	33.2	29.9	28.9	8.0	100	87
Secondary	71.2	29.0	33.3	30.0	5364.0	53.3	29.8	14.0	2.9	100	1,609
More than secondary	97.0	80.7	86.2	84.1	1867.0	78.4	14.8	5.3	1.5	100	1,570
Wealth quintile											
Lowest	20.8	0.9	0.8	0.5	2651.0	–	–	–	–	100	14
Second	33.7	2.9	2.9	2.4	2730.0	27.3	39.1	24.2	9.3	100	65
Middle	56.4	8.2	10.3	8.9	2799.0	33.2	35.4	27.5	3.9	100	248
Fourth	76.3	26.1	29.1	26.0	3006.0	54.7	27.1	13.6	4.6	100	783
Highest	91.7	65.8	69.7	66.6	3289.0	73.0	19.1	6.6	1.3	100	2,190
Total	57.7	22.7	24.6	22.8	14476.0	64.6	22.7	10.3	2.4	100	3,300
No education includes informal education (adult education, Tsangaya, or Quranic).											
While mobile phone ownership is high, text-based SMS messages may not be effective given that over 40% of respondents may have difficulties reading messages. If NMPs want to capitalize on the high mobile ownership rates, the medium should be adapted to the target audience, for example by disseminating messages through audiovisual recordings on social media.											

- Figure 3 shows that mobile phone ownership is relatively high among respondents in Oyo (83.8%). Disseminating ITN distribution information via SMS, however, may not have the desired results if it is text only as 20.2% of respondents can only read “part of a sentence” and 20% of respondents “cannot read at all” (Figure 1). If the NMP wanted to capitalize on the high mobile phone ownership, they would need to use media strategies that overcome the low literacy rates.
- The use of internet among respondents in Oyo is relatively high and may mean that messages could be effectively disseminated through audiovisual materials on social media. This would overcome the challenge of low literacy levels identified above. An important step in determining the reach and effectiveness of this dissemination channel would be to assess social media access and use among the target group. This would include which social media platform is most used and what type of social media material is the most effective and efficient.
- Radio and television are both good communication channels. While more respondents watch television (50.1 percent) than listen to radio (32.8 percent), the greater costs associated with procuring airtime on television generally make radio a more cost-efficient option. However, there may still be opportunities to disseminate some ITN distribution and malaria messages on television by appropriate advocates being invited as guests on regular television shows and news broadcasts.

Refer to AMP guidance: *Developing social and behaviour change (SBC) tools and materials* (in development) for more information on developing cost-effective SBC tools and materials for ITN distributions.

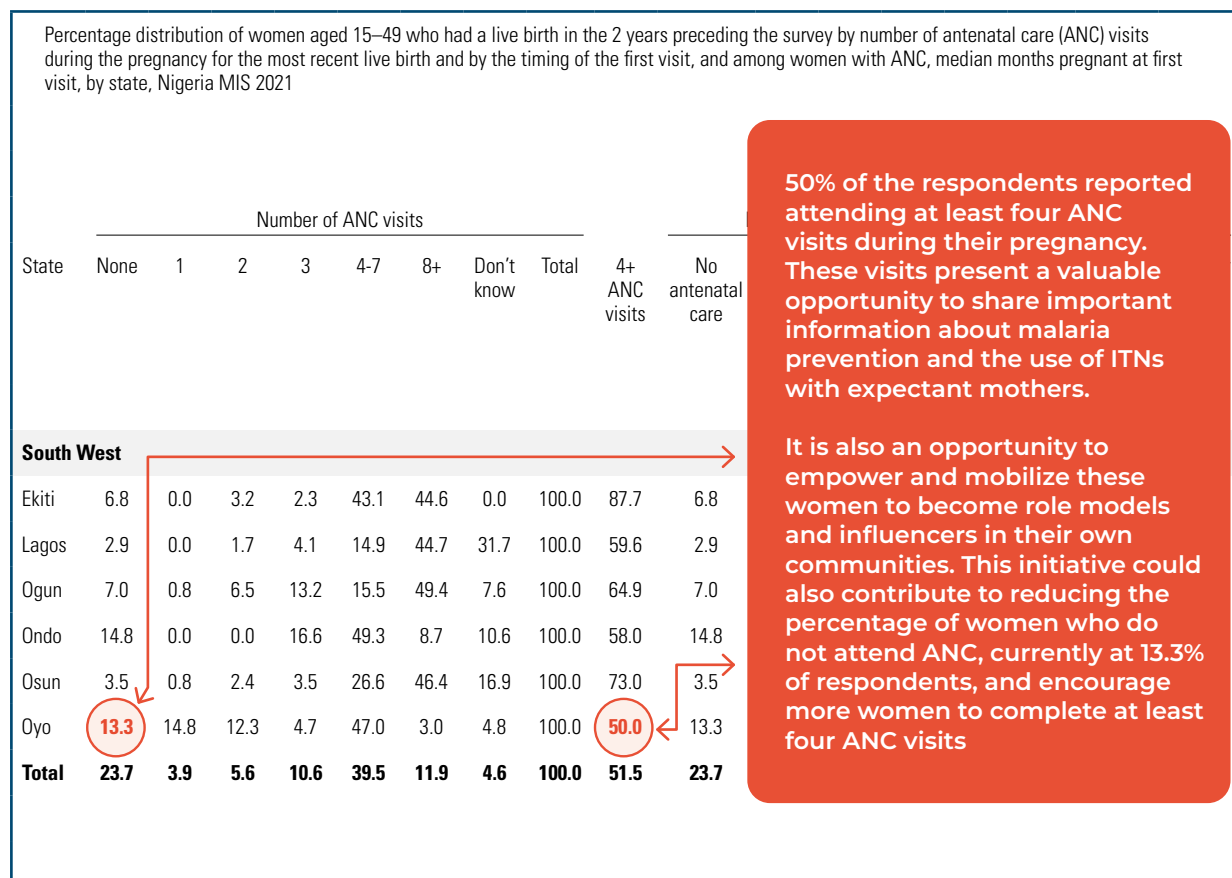
Christine Alimo mends a tear to prolong the useful life of her net, following social and behavior change guidance. © Angela Kateemu, John Snow Inc. (JSI), PMI Uganda Malaria Reduction Activity



Figure 4 shows use of antenatal care (ANC) which can aid decision-making on the use of ANC as a routine distribution channel or for social and behaviour change communication

(SBCC). ANC attendance in pregnancy is a primary indicator in the DHS and MICS, allowing for a picture of attendance at different seasons if there is variation.

Figure 4: Numbers attending antenatal care clinics



In Oyo, 50% of the respondents reported attending at least four ANC visits during their pregnancy. Every ANC visit should be used by health facility staff to share key information about malaria, ITNs and intermittent preventive treatment of malaria in pregnancy (IPTp). While the first visit might be directive, for example, by explaining to mothers how to properly use and care for their ITNs, subsequent visits might be used to confirm that pregnant women have correctly understood the messages, are putting positive behaviours into practice, and importantly, to address any concerns and challenges that they may have in implementing desired behaviours.

ANC visits are also an opportunity to empower and mobilize these women to become role models and influencers in their own communities. As implementers of the desired behaviour (regular attendance at ANC), they are in a good position to educate other pregnant and reproductive age women in their communities on the role of ITNs and IPTp in ensuring their health and that of their unborn baby.

Figure 4 also highlights a bigger issue that needs to be addressed. Pregnant women are biologically vulnerable to malaria infection and it is critical that they receive malaria prevention interventions such as ITNs or IPTp. Further research and information collection would be needed to understand why women are not seeking ANC services and to ensure that SBC activities target any barriers affecting attendance to encourage changed behaviour and improved service uptake. As ANC is used by different health programmes to deliver

services, it is important to collaborate with other departments involved in maternal and child health, immunization and primary healthcare to develop effective messages.

When reviewing available data, it is important to triangulate or cross-check the information where possible – more information gives a broader understanding of barriers to ANC attendance at different points in time, even if direct comparison is not possible.

Resources

- MIS and DHS surveys: <https://dhsprogram.com>.
- MBS surveys: <https://malariabehaviorsurvey.org/>
- MICS surveys: <https://mics.unicef.org/>
- ITN access indicator snapshot (YouTube video in [English](#) and [French](#).)



1.2 The ITN Access and Use report

The [ITN Access and Use report](#) is a valuable resource that uses DHS, MICS and MIS data sets to help ITN distribution planners to understand, through sub-national data and maps, ITN access, use and use given access over time. These data allow planners to see trends in ITN access and use and to determine when and where lower or non-use results from behavioural reasons, from lack of access, from seasonality, etc. across survey years. The report presents four indicators for each dataset:

1. Individual access to ITNs within the household
2. Individual use of ITNs the previous night
3. Household ownership of at least one ITN
4. Ratio of population ITN use to population ITN access within the household, referred to as the use:access ratio

Of these four indicators, the fourth is most important for SBC planning as it provides an estimate of the proportion of the population using ITNs among those that have access to one within their household. The ratio only includes the proportion of the population that have access to, and could sleep under an ITN, and thus planners can determine if ITN use is due to:

- Lack of access to ITNs (not having recently received an ITN in any distribution)
- Behaviour (despite having access to ITNs, households are not using them)

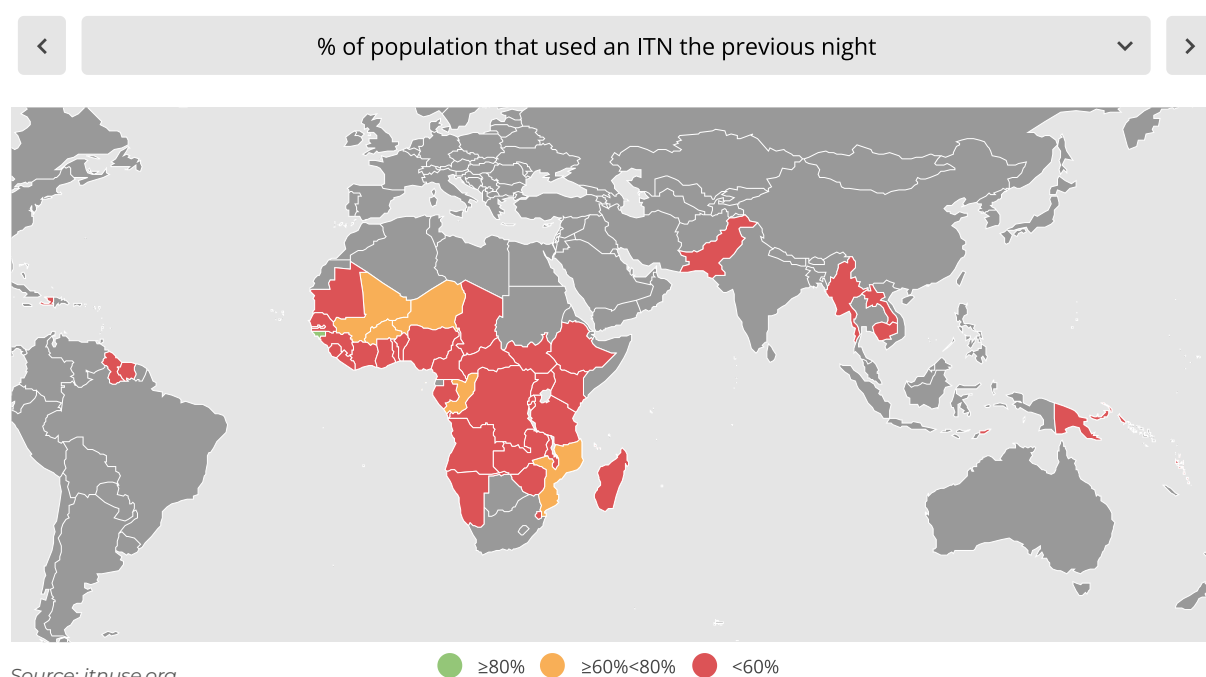
These findings have different programmatic and SBC implications.

- In areas with high ITN access and low use, SBCC might be needed to address specific behavioural determinants (perceived risk, perceived efficacy of changed behaviour to reduce malaria, seasonal use). Where there is persistent low use among those with access despite SBC efforts, focused research may be required to improve understanding of the causes of non-use to develop more appropriate SBCC strategies and messages. If an MBS has recently been done in the country, an analysis of these “behavioural” questions might provide some answers.

- Where access is low and use is high, SBC efforts should reinforce the use of the existing nets in households. Programmatically, the NMP should focus on ensuring nets are available to households on a continuous basis through appropriate channels. SBC can focus on ensuring uptake of these nets through social mobilization activities.

Map 1 from the ITN Access and Use Report shows that when looking at all respondents in a population-based survey, ITN use appears to be consistently low or moderate across countries with DHS, MICS and MIS data.

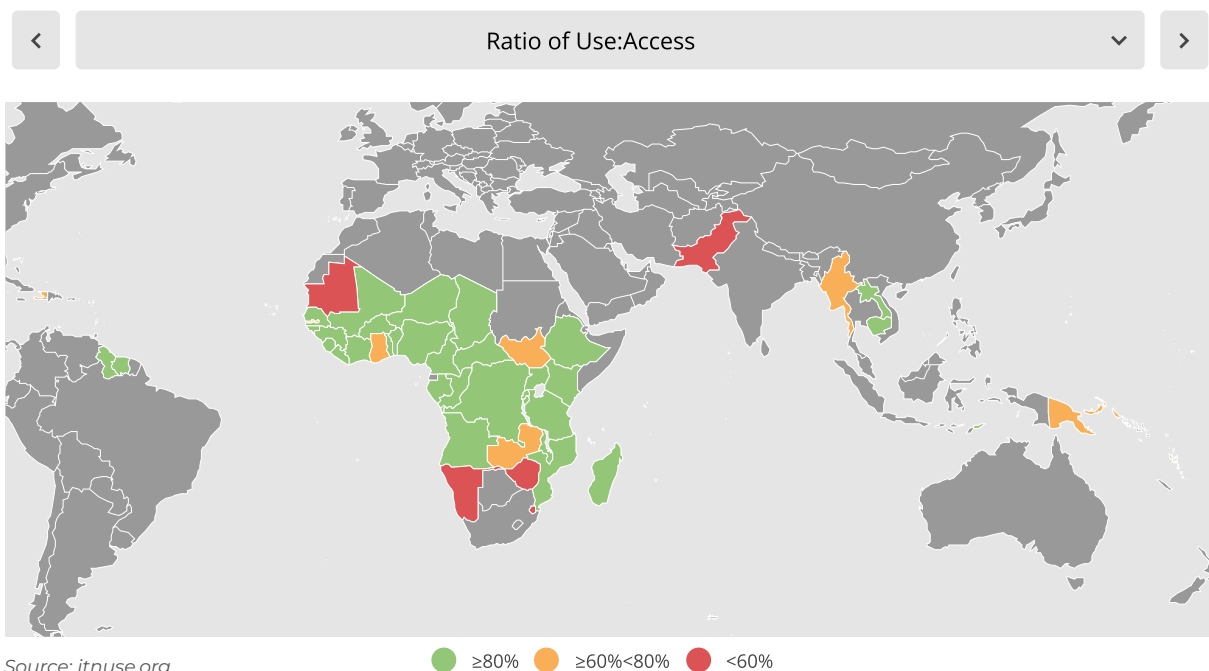
Map 1: Percentage of population that used an ITN the previous night



Map 2 shows that when ITN use is measured using a denominator of ITN access (e.g. removing individuals without access to ITNs to use), the picture is much better, indicating that in many countries where ITNs are being distributed, they

are being used and that increasing ITN access would, in many contexts, lead to increased use. This is supported by analysis done by [Bertozzi Villa et al.](#)

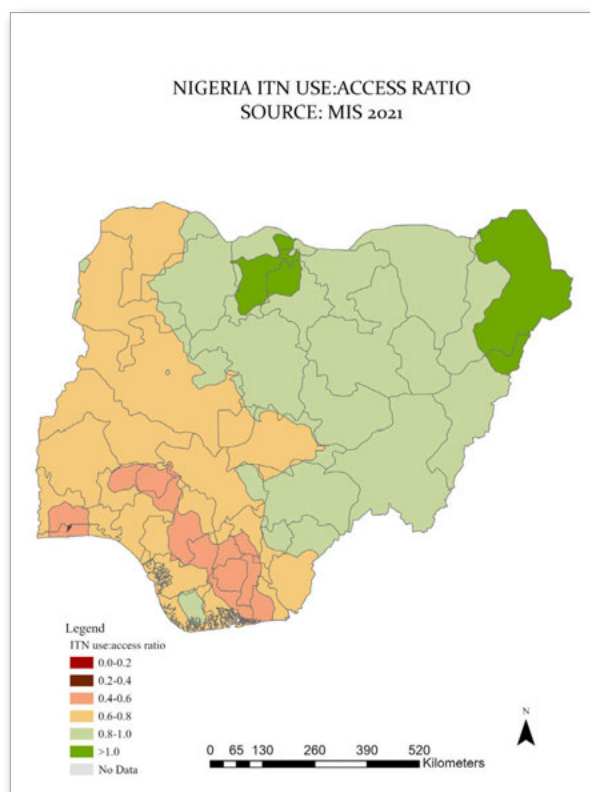
Map 2: Ratio of Use:Access



The ITN use:access ratio is likely to be variable throughout the country. As an example, although the ITN use:access ratio for Nigeria

overall in Map 2 is greater than 80%, Map 3 shows the variability across states.

Map 3: Use: access across states of Nigeria



Source: itnuse.org

It is critical to note that the ITN Access and Use Report only has data analysis presented to the level to which surveys were implemented. In many countries, this will be administrative unit 1 (regional or provincial level), which will not have sufficient granularity to understand variations at lower administrative unit levels (e.g. district and sub-district), and which may mask important issues that SBC planners need to address, such as localized use of nets for fishing. It is important to discuss the findings of the ITN Access and Use Report with sub-national planners and listen to their concerns about specific issues that may not have been captured or reflected in the survey data to ensure that these are considered as SBC plans are developed.

Recommendation:

In general, where the ITN use given access is above 80% (i.e. shades of green), the SBC strategy and messages need not focus on encouraging or promoting ITN use but should focus on ensuring that households know how to continually access ITNs (especially if access is low), as well as how to properly care for their ITNs so that they last longer.

It is important to remember that there are limitations to all data sources, and that additional information collection may be required. For example:

- Population based surveys represent high level data and may not reflect the reality in sub-national areas.

- Where DHS or MICS data show that ITN use given access is low, this may be due to seasonal variation and additional information might be needed to understand the reason for this. For example, a focus group discussion might reveal that households are not using ITNs because they perceive that malaria is less of a threat in the dry season. SBC messages could then be employed to raise awareness that malaria is still present in the dry season and promote consistent ITN use by the whole family all year round.

In all settings, pregnant women and children under five are the priority for ITN use when the household has insufficient nets. SBC planning should consider messaging about who should use the nets available in a household when there are not enough and the reasons why.

Resources

- [MIS questionnaire](#)
- [Measuring malaria through household surveys](#)



1.3 Routine health management system information

Routine data coming from the health information system are often the first source to demonstrate where there are potential problems with uptake and use of malaria prevention, diagnosis and treatment interventions. Quarterly supervision and data review meetings are often organized to discuss trends in the data, assess potential reasons for changes and identify actions that could be taken to reinforce or improve service uptake and use. Specific to ITNs, issues beyond seasonal changes may be raised by sub-national health staff – no access to ITNs given time since last campaign and no continuous distribution channels to access new nets, non-use of ITNs that exist in households, information that males involved in seasonal work are being prioritized over key biological populations – that can help with development and targeting of SBC messages.

Routine health system data and information from quarterly supervision and data review meetings may also provide a good idea of other issues that need to be addressed through SBCC, such as management of inactive ITNs (ITNs that are no longer useful for protecting sleeping persons from mosquito bites) as they are increasingly seen hanging outside households and being thrown into yards and rubbish areas. Another issue that requires attention may be misuse of new ITNs that are being repurposed for non-malaria protection purposes while still in good condition. Where these issues are identified by health staff at sub-national levels, SBC activities and messages may need to focus more attention on ensuring that households have information (based on NMP or MoH policy) on what to do with the nets they no longer use for sleeping under or on actions that may be taken to recover nets that are misused.

1.4 ITN distribution and survey reports

ITN distribution and survey reports contain valuable data and recommendations to inform the SBC strategy, activities, tools and materials. It is essential that SBC planners review these reports, reflect on challenges that have been identified and review and adopt recommendations for future SBC plans.

[ITN durability monitoring reports](#) provide valuable information about ITN attrition rates and common household ITN care behaviours. Some examples of ITN care and repair behaviours that are regularly reported and should be considered include:

- Where the ITNs are hanging:
 - ✚ If they are hanging near cooking fires, there is a risk of burning
 - ✚ If they are hanging near food storage, there is a risk of damage by rodents
- Whether ITNs are tied up or put away during the day to prevent damage from playing children
- How ITNs are being washed:
 - ✚ Are ITNs being washed with detergents or bleach?
 - ✚ Are ITNs being dried in the shade?
 - ✚ Are ITNs being dried in a manner that can damage them? E.g. ITNs might be put to dry on bushes where they can get snagged and ripped

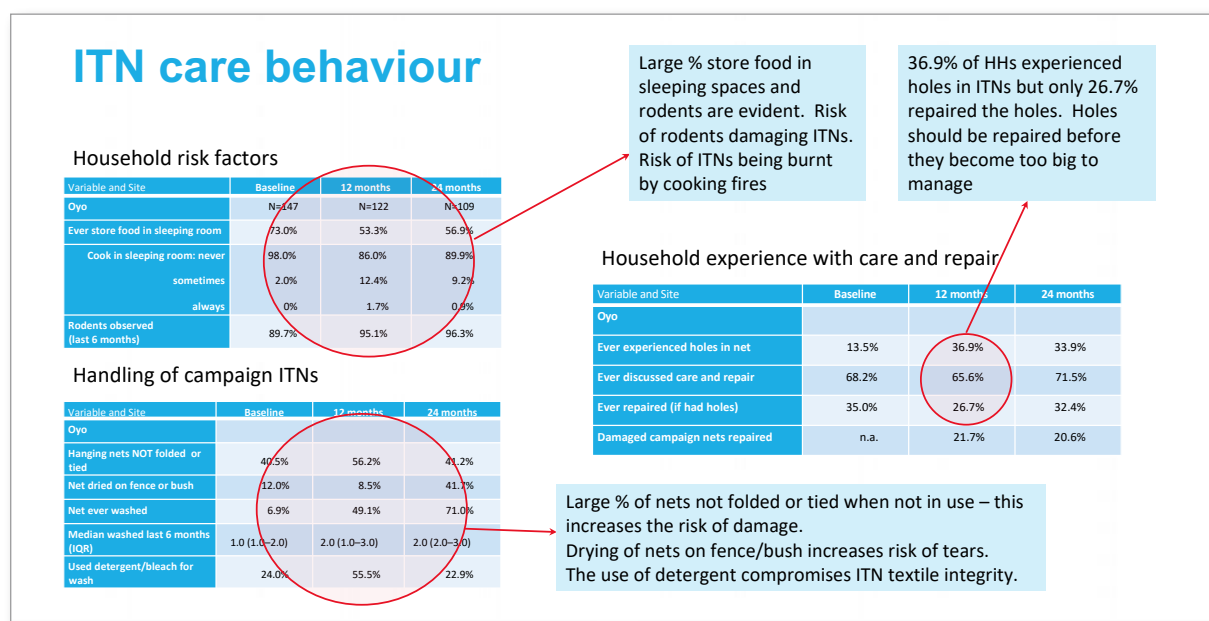
[A secondary analysis](#) by Tropical Health and AMP of 37 durability monitoring sites found the following:

- SBC activities that promote folding nets and avoiding cooking or storing food in sleeping areas could enhance ITN durability.
- Targeting SBC efforts in larger, poorer households, or where ITNs are used by children, could be beneficial.
- Understanding the most effective SBC strategies for promoting positive net care attitudes is crucial.



Figure 5 shows ITN durability monitoring data from Oyo state in Nigeria, giving examples of how to use the data to inform the SBC strategy.

Figure 5: ITN care behaviour



Based on the information above, the SBC strategy would promote positive ITN care and repair behaviours. Key messages would promote actions that the household can easily implement, including:

- Fold or tie up your nets when not in use so that they are not accidentally damaged by children, rodents or burnt by cooking fires.
- Gently wash your net with soft soap when it is dirty. Never use harsh detergent or bleach as these wash away the insecticide more rapidly and also make the nets weaker.
- Always dry your nets in the shade, taking care that they are not accidentally torn if they are being dried on a fence or bush.
- Repair any holes or burns in the net before they become too big to manage.

Note that although many NMPs disseminate key messages on how often ITNs should be washed, there is [growing evidence](#) that washing frequency does not necessarily impact the physical, chemical or bio efficacy durability of ITNs.

In- and end-process evaluations of an ITN distribution can be crucial to the development of effective SBC strategies, as they offer comprehensive insights into the ITN distribution itself, as well as participation and uptake of the ITNs distributed. These evaluations can include qualitative, quantitative or mixed-method data collection through various means such as interviews, surveys, focus group discussions and observations. By incorporating behavioural and attitude questions in these surveys, the evaluations can help identify knowledge and behaviour gaps, as well as the information sources and communication channels on which households rely. This information is vital for improving future SBC planning by pinpointing the most effective communication channels and messages that resonate with target groups. Additionally, these surveys can reveal key or emerging issues that require targeted follow-up to better understand practised behaviours.

Beyond ITN-focused evaluations, it is important to incorporate findings from other health campaigns, such as immunizations, school-based ITN distributions and reports from community-based health workers. These sources can identify access issues, like challenges populations face in obtaining health services or health worker acceptance. Seasonal Malaria Chemoprevention (SMC) campaigns, for instance, collect data multiple times a year, providing valuable insights that are often overlooked by planners of ITN distributions. By leveraging all available data, SBC strategies can more effectively address both usage and access challenges in health service delivery, ensuring a comprehensive approach to improving public health outcomes. See AMP guidance: [General guidelines for process evaluation of a mass insecticide-treated net \(ITN\) distribution campaign](#)

Other sources of information to inform SBC planning may come from supervision and monitoring reports from campaigns or routine activities. Observations may include:

- Non-use or misuse of ITNs, such as ITNs being used for fishing.
- Observations about net repurposing, for example if old nets are visible in gardens being used to cover vegetables, or in homes being used to cover vegetables, or in homes to make window screens or curtains, etc.
- Negative ITN washing practices, such as ITNs being dried in the sun.

*ITN mass campaign in Niger State, Nigeria.
© Miko Thomas, AMP*

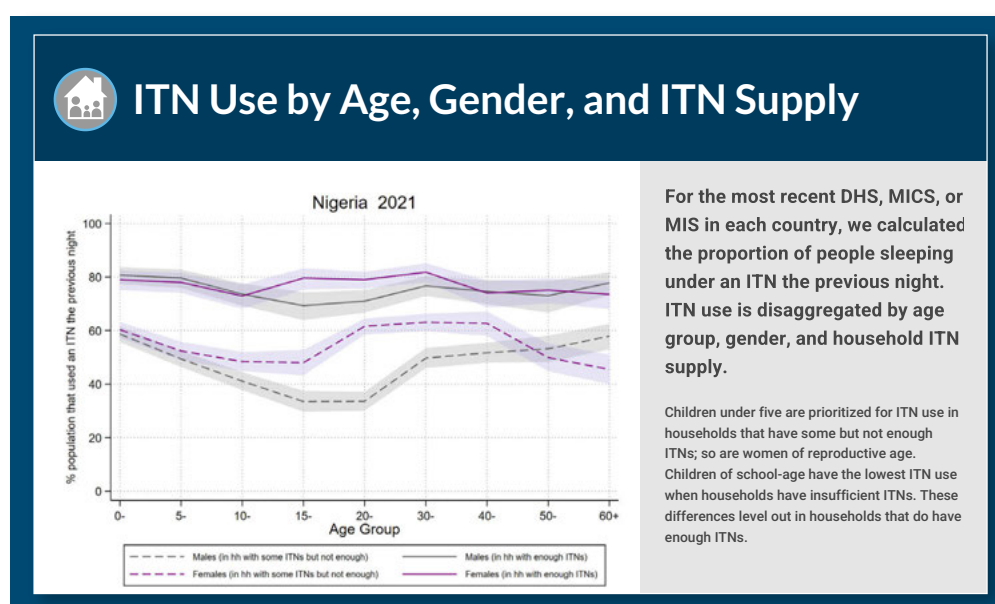


2. REVIEW OF PUBLISHED AND GREY LITERATURE

Reviewing published and grey literature can provide information on issues such as net repurposing and potential misuse and preferred SBC channels and can guide development of key messages to be used for SBC. Research that presents disaggregated data on ITN use can also be valuable in allowing for much greater message specificity, as well as an effective and efficient selection of channels, targeting those groups that are less likely to have access to an ITN or to use an ITN. As an example, the ITN use:access report calculated the proportion of people sleeping under an ITN the previous night in Nigeria disaggregated by age group, gender and household ITN supply,

using the data from the 2021 MIS (Figure 6). It goes on to observe that “Children under five are prioritized for ITN use in households that have some but not enough ITNs; so are women of reproductive age. Boys and men between the ages of 15 and 20 have the lowest ITN use when households have insufficient ITNs. Differences generally level out in households that do have sufficient ITNs, though school-age boys and young men continue to report the lowest use”. Because ITN use, even where there is access, is lower among school-age boys and young men, the ITN use:access report recommends that “other behavioural and access barriers should be examined to support this population”.

Figure 6: ITN use by age, gender and ITN supply



Source: itnuse.org

Reports and data can also be found about household decision-making to allow SBC to better target the groups or individuals that influence or decide who accesses/uses ITNs in the household.

Different countries may have similar issues. Reviewing the results of research focused on changing behaviours among specific population groups, including the outcomes, conclusions

and recommendations, may inspire different thinking about how to approach SBC strategy and message development. Published literature is a good source for cross-country sharing of information and experience. NMPs and their partners should consider publishing their research where they have had success in addressing difficult issues or have used innovative approaches that had a demonstrated effect on changing behaviour.

Research findings are often published in online peer-review journals like the [Malaria Journal](#), [PLOS](#) and [Global Health: Science and Practice](#). Research on different aspects of ITNs for vector control, including results from Knowledge, Attitude and Practice (KAP) studies, can also be found by searching PubMed.

Resources

- [World Malaria Report and Profiles](#)



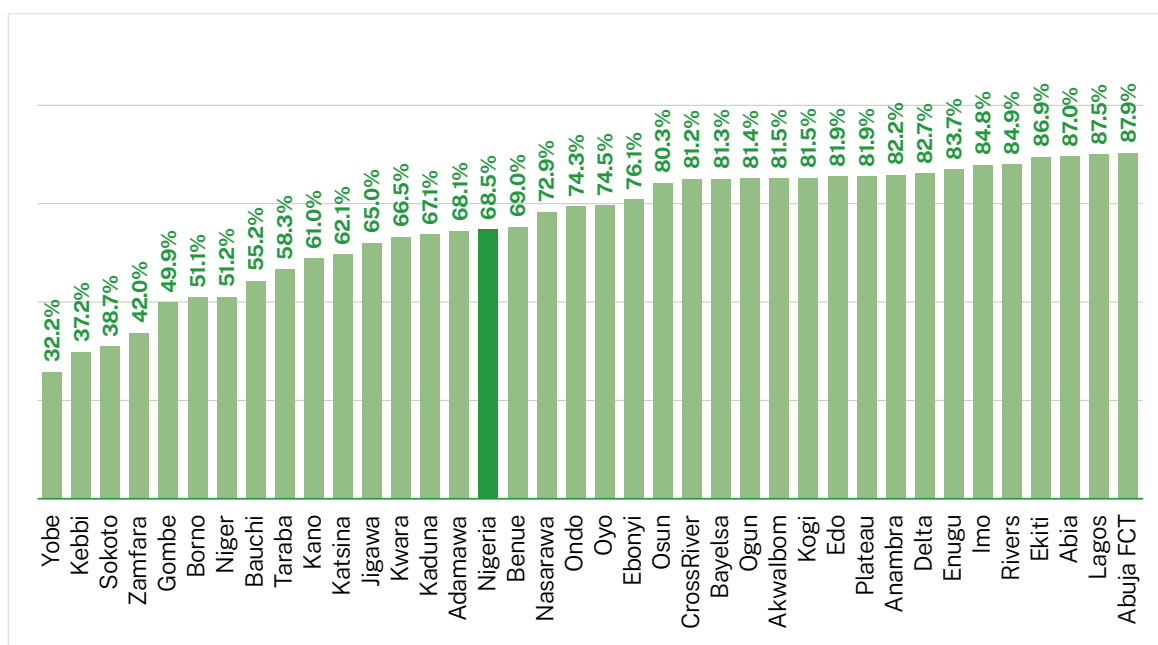
Some grey literature may not be ITN or malaria-specific but can still inform the SBC strategy and activities. As examples:

- School attendance rates (which are often found online) might be low, making schools a poor choice for school-based distribution or for SBCC. Rates may also vary between primary and secondary school or between public and private education facilities, which can inform the SBC strategy.
- The level of internet or social media users in the country might be low, making social media a poor choice to disseminate key ITN messages.

As an example, an online search reveals that an Education Sector Analysis was conducted in Nigeria in 2021¹. Figure 7 below shows that primary school attendance rate in Oyo is at 74.3

per cent (higher than the national average), which should be an important consideration for the NMP in deciding whether primary schools are a good channel for school-based SBCC.

Figure 7: Primary school attendance rate



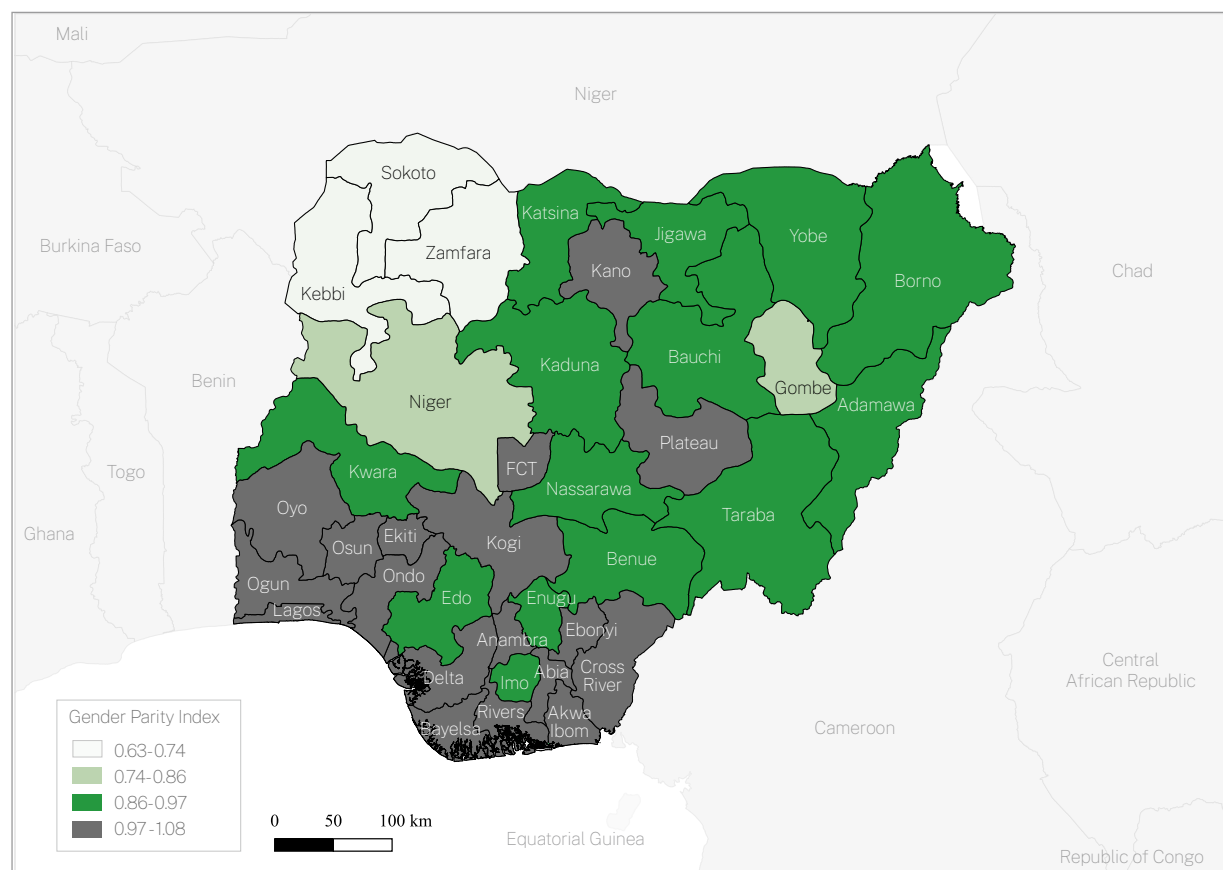
Source: Nigeria Living Standards Survey, 2018/19

1. <https://education.gov.ng/wp-content/uploads/2022/09/Education-Sector-Analysis-2021.pdf>

In addition, map 4 from the same document shows that there is little gender disparity in primary schools in Oyo, indicating that both

girls and boys would be equally receiving key messages on malaria and ITNs.

Map 4: Gender parity in primary schools



Source: Authors' production based on Annual School Census, 2018

The above figure and map provide an example of how data can be used to assess the potential for primary schools to be used for SBCC. Other

information – such as the ratio of teachers to students – should be consulted to take a well-informed decision.

3. CONDUCTING NEW RESEARCH

NMPs and their technical and financial partners may need to plan for information collection or research at the national or sub-national level to either (1) support SBC efforts to avoid stagnation in message development, or (2) fill a gap in SBC data or information that is pertinent for the planned ITN distribution. Despite funding constraints, investment in research will increase the value-for-money of SBC efforts, and cost-effective primary research should be explored to fill in gaps in knowledge.

Research efforts at sub-national or local levels can provide insight into:

- Specific local behaviours and norms that may require adapted communication strategies and messages.
- Attitudes, practices and behaviours that may need to be addressed to improve key indicators/outcomes, such as ITN use.
- Culturally effective communication styles for achieving behaviour change.
- Relative effectiveness of channels (e.g. media, religious institutions, traditional leaders, town announcers, community health workers, health facility staff, etc.) for conveying messages and reaching the target audience.
- Common practices for repurposing inactive nets or disposal of inactive, unserviceable nets.

Some relatively quick and cost-friendly primary data collection methods may include:

- Rapid surveys with representatives of the target population.
- Focus group discussions.
- Key informant interviews.

Using the example of Oyo state in Nigeria, although the 2021 MIS indicates that 50% of respondents accessed the internet on a regular basis, there is no evidence that this constitutes frequent use of social media, or which type of social media is preferred. While these data do exist for Nigeria as a whole, they may not reflect the reality in Oyo. In this case, the NMP may decide to undertake some small focus group discussions or a rapid survey to obtain the necessary information:

- What is the percentage of the target group that uses social media?
- Which is the preferred platform for social media users (e.g. Facebook, WhatsApp, Instagram, etc.)?
- How often does the target group access this social media platform?
- Does the target group believe and trust the information from the social media platform(s) accessed?

When conducting new research, it is important that efforts are put to obtaining critical information that is needed to inform the SBC strategy and activities. Given overall and SBC-specific funding constraints, efforts should not be wasted on collecting “nice to know” information that will only be used for reporting purposes.

See AMP guidance: [Focus group discussions](#) and [Key informant interviews](#)

4. PRIORITIZING SBC CHANNELS, ACTIVITIES AND MESSAGES

It is important to note that while data might allow planners to develop an “ideal” or “preferred” SBC strategy, costing the strategy may lead to recognition that there are insufficient resources to do everything. In this case, SBC planners will need to prioritize and consider pros and cons of the different activities and channels. Examples include, but are not limited to:

- Television, while being identified as a preferred mass media channel, is sometimes expensive and may be primarily accessed by wealthier households or households in urban areas (to be verified by data sources). In this case, if there is no possibility to have the television stations participate in the SBC campaign “in-kind”, it may be better to assess a different “preferred” channel, such as radio, which may reach a broader segment of the target audience at less cost.
- ITN campaign launches, while being identified as important advocacy activities as they garner political support for the ITN distribution, have a high cost and are rarely reported in post-distribution reports as a primary source of information for the main target group(s). Funding for visibility and advocacy events could prioritize more targeted advocacy with key stakeholders (such as religious or community leaders) to secure their contributions, which may have greater return on investment in terms of the uptake and use of ITNs by the targeted group.



*ITN mass campaign in Niger State, Nigeria.
© Miko Thomas, AMP*



Checklist

Do previous ITN distribution reports exist? If yes, is the SBC sub-committee consulting these reports to help inform the development of SBC macroplans and the SBC PoA?	Yes/No If yes, list the reports. If no, why not?
From the reports and from post-distribution lessons learned meetings, are these lessons being considered in the development of the SBC PoA?	Yes/No. If yes, what are the main lessons learned? If no, why not?
Are recent national level health surveys available (MIS, MBS, DHS, etc.). If yes, are they consulted during the development of the SBC PoA?	Yes/No If yes, which surveys are being used and what are their dates? If no, why not?
Has the ITN Access and Use report been consulted.	Yes/No If yes, what does it show about: • Individual access to ITNs • Individual use of ITNs • Household ownership of ITNs • Ratio of population use to access If no, why not?
List the SBC issues (behavioural or otherwise) identified during review of previous reports and existing surveys.	Examples: 1. ITN use is low (even when access is high) in the northern part of the country. 2. A large percentage of pregnant women do not attend ANC. 3. A large percentage of households wash their ITNs with detergent or bleach.
For each of the SBC issues identified, determine who the target audience is for your SBC intervention.	Examples: 1. ITN use is low (even when access is high) in the northern part of the country – target heads of households and women or other decision-makers based on the local context. 2. A large percentage of pregnant women do not attend ANC - target heads of households, pregnant women and other influential people such as mothers-in-law (the latter in many countries influence the pregnant woman's access to ANC). 3. A large percentage of households wash their ITNs with detergent or bleach – target women in households, as they are usually the ones washing the nets or overseeing washing of household goods by other people.

List the communication channels that have been chosen and the evidence that shows their effectiveness	Examples: 1. Community radio has been chosen in rural areas because the MIS shows that this is one of the preferred communication channels for women. 2. Social media has been chosen because end process evaluation of the EPI campaign conducted in the previous year showed that a large percentage of people accessed information through social media.
Is there a gap in information needed to complete the SBC PoA? What is the nature of the gap? How will the gap be filled? Where can the information be found?	Yes/No Examples: 1. There is information that women access the internet but there is no confirmation that this is for social media use. 2. If social media is used, there is no confirmation which platform is the most popular. Information can be found by talking to representatives of the target group.
Is additional secondary or primary research required?	Yes/No If yes, what research is planned? E.g. sub-national studies, key informant interviews, focus group discussions.
Has a plan and budget been developed for this additional research?	Yes/No

ITN mass campaign in Niger State,
Nigeria. © Miko Thomas, AMP





AMP CONTACTS

To join the weekly AMP conference call each Wednesday at 10:00 AM Eastern time (16.00 PM CET) use the following Zoom meeting line:

<https://us06web.zoom.us/j/88935481892?pwd=h3cuJ3x5LOsR58YXcEaub8ULqu5LMj.1>

You can find your local number to join the weekly call:

<https://zoom.us/j/88935481892>

To be added to the AMP mailing list visit:

<https://allianceformalariaprevention.com/join-us>

To contact AMP or join an AMP working group please e-mail:

info@allianceformalariaprevention.com

For further information please go to the AMP website:

<https://allianceformalariaprevention.com>