RBM Partnership
To End Malaria

National Malaria Social and Behaviour Change Strategy:
How to Use the Template

Rationale for a national malaria social and behaviour change strategy

National malaria social and behaviour change (SBC) or social and behaviour change communication (SBCC) strategies are an important means of describing the priorities and focus of a country's malaria behaviour change efforts. These strategies and are usually written for a period of five years, typically matching the duration of the national malaria strategic plan. The SBC strategy indicates how partners will work to influence specific behaviours and improve malaria outcomes. Malaria SBC strategies should include a country's definitive situation analysis (synthesis of research, program reports, and survey data), and provide clear and concise direction on priority audiences and how to influence their behaviour. A malaria SBC strategy can also articulate the role of national SBC coordination committees or SBC technical working groups to guide the country's SBC priorities and activities. For example, through the SBC strategy, a coordination committee or technical working group can guide the development of national-level communication campaigns, SBC activities supporting mass or routine ITN distributions, seasonal chemoprevention campaigns, or indoor residual spraying campaigns. The SBC strategy can also articulate the SBC focus for Global Fund concept notes and provide a set of directives for how SBC partners should design, implement, monitor, and evaluate their activities.

While national malaria SBC strategies are written to support goals and objectives outlined in a country's malaria strategic plan, a strong SBC strategy builds off of the national malaria strategic plan without duplication. The national malaria strategic plan's purpose is to identify which behaviours must change. The focus of a well-articulated malaria SBC strategy, on the other hand, is to describe how to change those behaviours. Data should describe not only demographic factors, but also psycho-social determinants of behaviour and structural factors. Common sources of data include: Demographic Health Surveys (DHS), Malaria Indicator Surveys (MIS), Multiple Indicator Surveys (MICS), Malaria Behaviour Surveys (MBS), knowledge, attitude, and practice surveys (KAP), health facility surveys, ethnographic research, routine data, and other types of formative research.

Before you begin using the template, make sure to:
1. Consult key resources, such as:

RBM Strategic Framework for Malaria SBCC 2018-2030

Malaria SBCC Indicator Reference Guide

Developing Monitoring and Evaluation Plans for Malaria SBC Programs: Step-by-Step Guide

How to Do a Situation Analysis

How to Do an Audience Analysis

How to Develop a Channel Mix Plan

How to Develop a Mission Statement

How to Design SBCC Messages

How to Develop a Creative Concept

How to Develop Monitoring Indicators

How to Develop a Monitoring and Evaluation Plan

SBCC for Malaria in Pregnancy: Strategy Development Guidance

SBC for ITNs Toolkit

ITN Access & Use Report

SBC Considerations for Areas Transitioning from High to Moderate to Low, Very low and Zero Malaria Transmission

2. Gather your country's data on the malaria situation and behaviours. Where available, gather appropriate data from NMCP and partner work plans as well as PMI Malaria Operational Plans and Global Fund grants.
3. Identify a small working group of stakeholders who will develop the strategy:

- Malaria SBC working groups should consist of representatives from NMCP behaviour change, case management, malaria in pregnancy, vector control units or divisions, teams working on malaria elimination, as well as SBC donors and implementing partners in order to ensure collective ownership and use of the strategy. It is also crucial to include national health promotion officials and ensure that maternal and reproductive health personnel are present. This inclusive group should be convened to discuss and decide on the overall vision and focus of the strategy, as well as to review existing data and use it to prioritize behaviours and the means of changing them.
- A smaller sub-group of technical experts should meet afterwards to write the strategy itself. The larger working group can then be reconvened to review and validate the strategy.

How is the template structured?

Most malaria SBC strategies include a foreword, introduction, intervention-specific plans and a monitoring and evaluation section. Intervention-specific plans make up the bulk of the SBC strategy and are often grouped as follows:

- Insecticide-treated nets
- Malaria in pregnancy
- Case management
- Indoor residual spraying (where appropriate)
- Seasonal chemoprevention (where appropriate)

Because communication-based activities play a large role in nearly any SBC strategy, communication approaches make up the bulk of many SBC strategies. This template will focus on communication plans for each malaria intervention area; however, programs can broaden these to include non-communication approaches and activities, as well.

The [RBM Strategic Framework for Malaria SBCC 2018-2030](#) suggests each of these intervention-specific plans include the following sections:

1. Situation and behavioural analyses
2. Audience analysis
3. Strategic communication approaches
4. Behaviour-specific communication plans

1. Situation and behavioural analyses: Malaria SBC strategies should include a situation analysis for each intervention. These situation analyses should include quantitative and qualitative data that describes who is affected and how severely (to what extent) by which problems.

The description of the underlying drivers behind specific behaviours is articulated in a behavioural analysis. The behavioural analysis summarizes any data explaining why certain audiences or target groups choose to practice, or refuse to practice, healthy behaviours. As determinants of behaviour may be structural (access to commodities or health services), cognitive, social, or emotional, it is important to collect data to better understand what drives specific audiences to behave as they do. Each behavioural analysis should describe these determinants in context. For example, global data shows that a structural factor, access to an ITN, is the

most important determinant of whether or not people use one. Therefore, no description of ITN use is complete without contextual information such as what proportion of people have access to an ITN. Describing behaviours within the broader context of access ensures a more targeted approach to addressing specific problems. When data on behavioural determinants is lacking, these gaps should be noted in the behavioural analysis narrative to inform future research efforts. Avoid using anecdotal information to fill data gaps; anecdotal information is not necessarily based on a reliable or systematic body of evidence, and therefore does not have a place in this strategy.

2. **Audience analysis:** Each intervention section should contain some form of audience analysis in order to identify and understand priority and influencing groups. This analysis should describe primary, secondary, and tertiary audience characteristics as they relate to each behaviour. Both socio-demographic (sex, age, language, etc.) and psycho-social characteristics (personality, attitudes, beliefs, values, emotions, etc.) should be described, as well as any available data on media consumption habits, message exposure, and message recall among specific sub-groups. Include pertinent data related to how gender impacts the ability to change behaviour.

> *Countries that have conducted an MBS:*
> *Summarize data from the appropriate intervention section of the MBS report to complete situation, behavioural and audience analyses and to inform each communication plan*

3. **Strategic approaches:** Strategic approaches should describe how to best reach and influence each audience. Following the socio-ecological model[1], use the audience analysis to specify how to reach and influence each audience at the structural, social, and individual level. Influencing structural, social, and individual change may happen as the result of both communication and non-communication-based approaches. The following guidance focuses on communication-based approaches.

Data cited in the audience analyses above on media consumption habits, message exposure, and message recall among specific sub-groups of people will help decide which mix of strategic communication approaches (structural, social, individual) and corresponding channels for those approaches (television, radio, household visits, community dialogues, etc.) to prioritize for certain interventions, at certain times, in certain places, and among specific populations. In addition, the selection of strategic approaches may be influenced by the behavioural determinants that need to change (i.e., changing social and gender norms might take a different approach than changing knowledge).

A malaria SBC strategy should list the strategic mix of approaches and channels to prioritize to reach and influence each target audience in this section of the strategy (ex: reach pregnant women using a mix of community mobilization and information and communication technology). Deciding on which mix of approaches and channels to utilize is something the SBC strategy working group will decide based on data about the primary audience, such the country-specific considerations listed in the box below. Also, consult the resources linked below for guidance on using data to inform these decisions.

Country-specific considerations for selecting strategic approaches:

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[1] Using different approaches or levels of influence to change behaviour is based on the socio-ecological model, a combination of theories that explain the dynamic process by which not only the immediate physical and social environment, but also broader social, political, economic (structural) factors influence beliefs and attitudes.

- Where does the audience spend their time?
- Which channels do they use regularly or turn to in specific situations?
- What does the audience deem to be a credible source of information or advice?
- What is the literacy level of a target audience?
- What level of interaction is desirable for the program?
- Should the communication be one-way or a dialogue?
- What are the behaviour change needs, and which approach or channel is best suited to meet that need, be it to inform and educate, persuade and promote, increase intention to act, impart skills, encourage behaviour change, reinforce behaviour change, or nurture advocacy?
- Which channel will achieve the desired reach or intensity for a given audience and what are the cost implications?
- Is there a good fit between messages being disseminated and the channel selected?
- What are the timing and frequency with which messages should be communicated?

Resources: How to Develop a Channel Mix Plan, Activity, Channel, and Material Mix (p.37), Channel Strategy Chart (sample)

4. Behaviour-specific communication plans: Each intervention-specific plan should contain behaviour-specific communication plans, which address specific behavioural objectives. A behavioural objective articulates what behaviour must change.[2] Behavioural objectives measure a single behaviour, specify the audience whose behaviour is expected to change. These behaviour objectives should be aligned with monitoring and evaluation (M&E) indicators. For example, a behaviour-specific communication plan supporting case management might include "use of malaria diagnostic test before initiating treatment by care-takers of children under five."

Once behavioural objectives have been selected and prioritized, the data cited in the situation, behavioural, and audience analyses on behavioural determinants should be used to develop communication objectives for each behavioural objective. A communication objective articulates how to change a specific behaviour; in other words, what changes the communication program will affect in individuals and society in order to facilitate a subsequent change in behaviour.[34] Using the example above, if data indicate that there is limited trust in the accuracy of rapid diagnostic tests, the behavioural objective "use of malaria diagnostic test before initiating treatment by care-takers of children under five," might be supported by a communication objective like "increase levels of trust in RDT results at the community level." If data shows that socially normative behaviour is highly valued, the same behavioural objective could be supported by a second communication objective, such as "establish testing before treatment as a social norm."

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[2] For examples of behavioural objectives, see behavioural outcomes in Figure 1 of the RBM Malaria SBCC Indicator Reference Guide: Second Edition.

[3] For examples of communication objectives, see intermediate outcomes in Figure 1 of the RBM Malaria SBCC Indicator Reference Guide: Second Edition.

[4] Communication objectives attempt to influence the attitudes, beliefs, and motivations the underly, or drive, specific behaviours. Using multiple communication objectives to influence a single behaviour is based on the ideational model. The ideational model explains how exposure to new ways of thinking are diffused throughout communities. The model predicts that behaviour change is the result of multiple, mutually reinforcing behavioural determinants.

Remember: A behaviour objective should describe what must change. Communication objectives support the behavioural objectives by describing how that behaviour must be changed. It is essential these communication objectives be informed by qualitative and/or quantitative data that describe behavioural determinants.

The next section of the communication plan articulates the key benefit and supporting points. These elements help make communication plans more effective because they provide guidance on how to frame prioritized behaviours in terms of what a specific audience cares about, hopes for, aspires to, and/or needs. Key benefits articulate the answer to the question "How will this help me?"[5] Key benefits (sometimes referred to as key promises) can be developed using an "if A, then B" statement. For example, "If you (do this behaviour) then you will (benefit in this way). These key benefits should be paired with supporting points that describe what will happen as a result of their adoption of a particular behaviour. Supporting points are reasons why an audience should believe promises made in the key benefit statements. These supporting points might be facts, testimonials, celebrity or opinion leader endorsements, comparisons, or guarantees.[6] Effective supporting points will vary according to specific communication objectives and what is appealing and credible to a particular audience.

End of overarching guidance

Here ends the guidance on how to use this malaria SBC strategy template. The following pages present example content and scenarios to illustrate how to complete the various sections of the template.

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[5] A number of behaviour change theories and models, including the health belief model and the ideation framework, explain the positive role personal perceived benefit plays in the adoption of certain behaviours.

[6] A number of behaviour change theories describe specific ways to change attitudes. One such model, called the elaboration likelihood model, describes how both cognitive and peripheral cues influence attitudes. While cognitive communication relies on logical reasoning, peripheral cues like the credibility of a speaker or positive associations with a message or product can also influence attitudes. Regardless of whether the key benefit of a specific behaviour is framed using cognitive or peripheral cues, research has shown that stating a benefit alone may be insufficient: it is often necessary to call attention to how this benefit applies to an audience's sense of self, personal situation, or desire to belong to a specific group. Effective supporting points often provide these additional cognitive or peripheral cues.

Example content and scenarios for completing the template

Foreword

The foreword is typically written in first-person and signed by the appropriate authority, often the Minister of Health. The foreword typically includes content such as:

- A brief summary of the purpose of the strategy. It is common to mention how this strategy supports the national malaria strategic plan and how that plan, in turn, is aligned with global or national frameworks for malaria control and SBC.
- A brief description of the general process of developing the document (including a list of partners involved, and the specific guiding principles utilized).
- A justification for the development (or revision) of the malaria SBC strategy. Updated SBC approaches in the strategy might be described in light of previous malaria SBC strategy successes and challenges, new innovations (mobile phone technology, for example), policies (updates to IPTp or ANC, for example), global guidance (Global Technical Strategy and Strategic Framework for Malaria Social and Behaviour Change Communication, for example), or approaches.

> **Countries that have conducted an MBS:** *Summarize some key behavioural and ideational data points from the MBS report in narrative form for the Foreword section*

Example foreword section

Malaria in [insert country] is endemic and the entire population of more than [insert population] is at risk. Children under five and pregnant women are the most affected groups. According to data from a recent [insert data source, survey, or study], outpatient and inpatient deaths due to malaria have [increased/decreased] since [insert year]. Even so, there are still challenges that affect progress.

The [insert country] National Malaria Strategic Plan for [insert date range] addresses the need to scale-up malaria control and prevention activities to build on gains made under the Millennium Development Goals and to continue making progress under the new Sustainable Development Goals. This new National Malaria Strategic Plan addresses gaps observed in the implementation of the [insert date range] strategy and puts forth a refined strategy dealing with the malaria situation in [insert country] by these target dates.

The objectives and activities set out in this document reflect the priorities and goals of the World Health Organization, the RBM Partnership to End Malaria, and the U.S. President's Malaria Initiative. Best practices and success from other countries in sub-Saharan Africa will also inform the scale-up of future malaria control and prevention measures, from the health facility down to the community level. In addition, a new focus on [insert new innovative approach or focus] will increase broader coverage of health-care delivery in [insert country].

[Insert number] broad strategies make up [insert country's] renewed commitment to malaria prevention and control. The first strategy… [elaborate on each new strategy here].

The purpose of the Malaria SBC Strategy [insert date range] is to contribute to targets laid out in the National Strategic Plan [insert date range] by intensifying social and behaviour change activities at all levels of society. [Insert any recent data findings that justify the approaches detailed in this strategy, especially any approaches that need to be strengthened, or any new or shifting priorities for SBC in this strategy.]

This edition of [insert country's] National SBC Strategy builds on a wealth of experience and will serve as a guide to a more coordinated strategic approach to malaria communication with the [insert country] people.

[Signature]

Acknowledgments

Most acknowledgments sections list those responsible for the development of the malaria SBC strategy. It is common to thank the Ministry of Health and National Malaria Control Program leadership as well as donors and consultants.

Example acknowledgements section

The [insert country] Ministry of Health through the National Malaria Control Program extends profound thanks and appreciation to [list all contributors, including MOH divisions, national and international NGOs, and all donors] for financial and technical support in developing the National Malaria SBC Strategy. Your support was indeed strategic to the process, a gesture for which we owe you a depth of gratitude.

We also acknowledge National Malaria Control Program, the National Health Promotion Division of the Ministry of Health, and all partners who will implement this strategy. We entertain the hope that the [insert country] people will enjoy a life free of malaria in the near future.

We recognize the technical leadership of the NMCP manager, [insert name], as well as [insert names]. Government officials and partners who contributed to the final review and edition of this strategy include: [insert names, titles, organizations]

Acronyms (adjust to fit country context)

ACT	Artemisinin-based combination therapies
ANC	Antenatal care
DHS	Demographic and Health Survey
HMIS	Health management information system
ICT	Information and communications technology
IPTp	Intermittent preventive treatment of malaria in pregnancy
IRB	Institutional review board
IRS	Indoor residual spraying
ITN	Insecticide-treated net
MBS	Malaria Behaviour Survey
MDA	Mass drug administration
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MOH	Ministry of Health
NGO	Non-governmental organization
NMCP	National Malaria Control Program
RBM	RBM Partnership to End Malaria
NSP	National Strategic Plan
RDT	Rapid diagnostic test
SBC	Social and behaviour change
SBCC	Social and behaviour change communication
SMC	Seasonal malaria chemoprevention
SP	Sulfadoxine pyrimethamine
WHO	World Health Organization

Introduction

Many malaria SBC strategies list the mission, vision, overarching goal(s), and objectives of the document in the introduction section. Some examples and guidance are listed below.

Mission (taken directly from the National Malaria Strategic Plan, usually an impact indicator)

- Example: By 2020, reduce malaria incidence to 5/1000 and malaria deaths by at least 90 percent compared to 2015 levels.

Vision (developed by the NMCP SBC division, usually describes an enabling environment)

- Example: To have a malaria free (country) through empowered communities who have the knowledge, determination, social support, and skills to protect themselves from malaria.

Objectives (National Malaria Strategic Plan objective, usually as related to communication)

- Example: Increase the utilization of all malaria interventions to at least 85 percent by 2020.

Supporting SBC objectives (Malaria SBC Strategy objectives, ideally all support the strategic plan objective(s) listed above)

- Example: Increase the proportion of the population sleeping under ITNs to 85 percent by 2020.

Intervention-specific plans

Influencing structural, social, and individual change may happen as the result of both communication and non-communication-based approaches. The following guidance focuses on communication-based approaches. The intervention-specific plans in this template guide users through a theory and evidence-based approach to influence specific behaviours through communication approaches for a country's malaria technical intervention areas (malaria in pregnancy, malaria case management, indoor residual spraying, seasonal chemoprevention, etc.). Each intervention-specific plan consists of prioritized behaviours and audiences, as well as the communication approaches to be used to influence each identified behaviour. The following is an example of questions to consider for developing an ITN-specific plan.

Example ITN-specific plan

1.1   Insecticide-treated nets (considerations for a communication plan)

ITN situation and behavioural analysis
Situation analysis: List ITN distribution channels, the year of the most recent mass distribution, and any other details that explain ITN access. Compare DHS, MIS, and MICS data on net use to describe seasonal differences in net use (assuming DHS was conducted in the dry season and MIS in the rainy season).[7] List the <u>ITN use:access ratio</u> (UAR) for the country as a whole, as well as the ratios for each region, wealth quintile, and urban and rural area. Use the Observations and Implications for Programming sections of the ITN Access and Use Report to add details about how SBCC can improve use among those with access. Describe changes in access and use over time if multiple comparable data points are available. Be sure to address as many of the following as possible, in narrative form: - Are people with access to ITNs using them? If so, are there regional, gender, age, or socio-economic disparities?   - Are families prioritizing children under five and pregnant women when there are insufficient ITNs for everyone?   - Are ITNs being used all year-round or seasonally? Are there large numbers of occasional or seasonal ITN users?   - Are ITNs generally well cared for? Are practices like folding nets up during the day and washing gently and infrequently common?   - Do segments of the population who are hard to reach and at-risk have access to and use ITNs (mobile and migrant, or stigmatized populations for example)?   - Is there behavioural data on temporal patterns of use or sleeping (under a net)?   - Where appropriate: Is the population aware of methods for beneficial ITN repurposing?
Behavioural analysis: Summarize knowledge, attitudes, perceived risk and efficacy, and social norm data included in the Malaria Behaviour Survey; knowledge, attitudes, and practice surveys; program reports; or research studies that describe these determinants of ITN use. Describe all that is known about barriers or facilitators to ITN use, including relevant details related to the quality of service delivery (ex: availability and provision of ITNs during antenatal care (ANC)).

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[7] In equatorial countries with less pronounced rainy and dry seasons this might not be helpful.

ITN audience analysis and strategic communication approaches

Audience analysis:
- Describe any relevant socio-demographic (sex, age, language) and psycho-social characteristics (personality, attitudes, beliefs, values, emotions) of primary audiences
- Describe any relevant socio-demographic and psycho-social characteristics of audiences who influence the primary audience (secondary and tertiary audiences).
- Describe what is known about gender dynamics and how household or couple's decision-making takes place.
  - Who makes household decisions about ITN use? Who influences these decision-makers? Where do decision-makers get their information? Who do they trust?
  - Who makes household decisions about ANC attendance (where pregnant women might receive an ITN)?
  - How old are young women when they first give birth? Are there barriers or facilitators to ITN use among this vulnerable group?
    - Many pregnant women with malaria in pregnancy contract malaria before their first ANC appointment, where they begin to benefit from prevention with IPTp or might receive a free ITN.

Gender information is especially important, as it may influence an individual's ability to access a given intervention. Consider, for instance, that many young women in West Africa are limited in their ability to leave their home without explicit permission, permission that might require disclosing pregnancy (something many young women postpone as long as possible). This makes ANC attendance, and the ITN that is acquired during that visit, more difficult to obtain.

Strategic communication approaches:
- Describe different means of communicating with target audiences. Examine ways to influence a target, secondary, and tertiary audience from an individual, social, and structural level. Examples of activities that fall beneath each of these approaches include:
  - Structural approaches: beneficial legislation or policies, multi-sectoral engagement, political and civil-society engagement, resource mobilization, media collaboration, etc.
  - Social approaches: creation or reinforcement of positive normative behaviour within families and communities by working through social networks, using participatory social mobilization, working with influential national or local personalities, or by normalizing behaviour in mass and social media.
  - Interpersonal approaches: face-to-face interpersonal communication by community health workers, service providers or school-teachers, facilitation of spousal communication, encouraging influential (local) political, traditional, and religious leaders to promote desired behaviours.

Use the following questions when considering which strategic communication approaches to use.

- Which approaches are best deployed to raise awareness during the household registration phase of a mass distribution? In the lead-up to distribution? After the distribution? In the dry vs. rainy season(s)?
- Which approaches are most likely to stimulate conversation between spouses about ITN use?
- Is it appropriate to use different approaches and channels to promote ITN use during mass campaigns than when promoting ITN use among pregnant women who received nets at ANC?

	● Is it appropriate to use different approaches and channels in rural versus urban areas?
	● Are there times when it might not be appropriate to spend money (or reduce spending) on ITN promotion (3-4 years after a mass distribution, when access may be very low, for example)?
	● Are different approaches more appropriate for those living in households with air-conditioning and screens versus those living in households with open eaves and windows?

(Where appropriate) **Considerations for areas of low, very low, and zero transmission**:[8]
Which audiences and strategic approaches are most likely to help maintain ITN use even as transmission is reduced and perceived risk falls?

Behaviour-specific communication plans

ITN Behavioural Objective 1

Behavioural Objective: Increase the proportion of [insert audience] who [insert behaviour] [9]	**Priority Audience**: This is the most important audience – the group whose behaviour the behavioural objective will measure. Priority audiences should be determined by reviewing demographic data and balancing the principle of doing the most good for the greatest possible number of people – while being specific enough to avoid audiences that are not likely (or are resistant) to change behaviour, cannot be reached, etc.
	Secondary Audience: The people who are most likely to influence the most important audience. These are individuals or groups that a program will work with to help support the priority audience to change their behaviour.
	Communication Objective 1: These will describe expected changes in self-efficacy, social norms, perceived risk, perceived severity, etc. These communication objectives[10] should be chosen based on data on behavioural determinants (MBS, KAP study, etc.) **Communication Objective 2**: List as many communication objectives to support this behaviour objective as appropriate.
	Key Benefit: If I do [insert behaviour] then I will experience [insert benefit].
	Supporting Points: Supporting points should describe why the audience should believe this promise, how do-able it is (free service, saves money, decreases school absenteeism, etc.), and/or how desirable it is (community respect, approval of leaders, etc.). These supporting points are often implemented in SBC activities as testimonials, facts, comparisons, or demonstrations.

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[8] Low transmission: annual parasite incidence of 100-250 or more cases per 10,000 and *P. falciparum* rate of 1-10%; very low transmission: annual parasite incidence of less than 100 cases per 1,000 and *P. falciparum* or *vivax* rate of greater than 0 but less than 1%; zero transmission: annual parasite incidence of 0 (indigenous cases). World Health Organization. A framework for malaria elimination. Geneva. 2017.

[9] Behavioural objectives measure a single behaviour and specify the audience whose behaviour is expected to change. These should align with M&E indicators.

[10] Communication objectives attempt to influence the attitudes, beliefs, and motivations the underly, or drive, specific behaviours. Using multiple communication objectives to influence a single behaviour is based on the ideational model. The ideational model explains how exposure to new ways of thinking are diffused throughout communities. The model predicts that behaviour change is the result of multiple, mutually reinforcing behavioural determinants.

Monitoring and Evaluation

Develop a monitoring and evaluation plan that details the numerator and denominator for each indicator, as well as the justification for the selection of each indicator.

While program outputs (number of materials produced, number of people reached, number of SBC activities carried out, number of people trained in SBC for malaria) are important, these will not provide information on the effect of SBC activities. It is optional, but not necessary, to include program outputs in the monitoring and evaluation section of the malaria SBC strategy, especially if program output data will be captured elsewhere (ex: a partner's implementation plan).

Communication and Behavioural Indicators

The Malaria SBCC Indicator Reference Guide and Developing Monitoring and Evaluation Plan for SBC: A Step-By-Step provide a set of priority indicators and guidance on data sources, use, and interpretation. Some of these indicators are listed below.

Priority communication indicators include:

- Recall: Proportion of people who recall hearing or seeing any malaria message within the last six months (reported by each specific message)
- Recall: Proportion of people who recall hearing or seeing any malaria message within the last six months (reported by each specific communication channel)
- Knowledge: Proportion of people who know the cause, main symptom, treatment, and preventive measures for malaria
- Risk and efficacy: Proportion of people who perceive they are at risk of malaria, who perceive the consequences of malaria are serious
- Response-efficacy: Proportion of people who believe that a recommended practice or product will reduce their risk
- Self-efficacy: Proportion of people who are confident in their ability to perform a specific malaria-related behaviour
- Norms: Proportion of people who believe the majority of their friends and community members currently practice the behaviour
- Attitudes: Proportion of people with a favorable attitude toward the product, practice, or service

Priority behavioural indicators include:

- Proportion of people who practice the recommended behaviour

It is important to include only those communication and behavioural indicators for which there are resources to measure. This requires the group developing this strategy to have an idea of the current and upcoming sources of monitoring and evaluation data on SBC indicators in their country, to ensure that there exist resources to measure the selected indicators. A monitoring and evaluation plan should be developed with the NMCP, donors, and implementing partners as a consultative, participatory process where indicators are selected and prioritized according to urgency and available resources to measure each.

Example monitoring and evaluation plan

The following chart illustrates an excerpt of what a monitoring and evaluation plan can look like using three ITN objectives as an example. Types of objectives might be behavioural objectives, communication objectives, audience monitoring objectives, or program output objectives.

ITN Objectives	Indicator and Definition	Indicator Type	Rationale	Data Source	Baseline	Target	Year
Increase the correct and consistent use of ITNs to 85% by 2020.	Indicator: use to access ratio Interpretation: Of the population with access to a net, what percentage of them are using it? Numerator: Percentage of the population who slept under a net the previous night Denominator: Percentage of the population with access to a net	Behavioural indicator	The SBCC program seeks to increase net use among people who have access to one.	MIS, MBS, DHS	Date: 2015 Value: 0.23 (dry season 2015 DHS) 0.76 (rainy season, 2014 MIS)	Date: 2020 Value: 0.80 during both dry and rainy seasons	Y5
Increase recall of ITN use messages	Indicator: Proportion of people who recall hearing or seeing a message about ITN use in the last six months Interpretation: Measure of the reach and penetration of ITN use messages in a target audience. Numerator: Number of respondents who recall hearing or seeing any malaria message in the last six months Denominator: Number of respondents surveyed	Audience monitoring indicator	The NMCP recognizes that higher rates of message recall are an indicator of effective messaging	Omnibus survey, rapid survey, exit interviews from health facility visit	Date: 2015, 2016,2017,2018,2019,2020 Value:	Date: 2020 Value:	Y1-Y5
Increase the proportion of pregnant women who perceive they are at risk of malaria	Indicator: Proportion of pregnant women who perceive they are at risk from malaria in pregnancy Interpretation: Risk often predicts future intentions, which, in turn, often predict behaviour. Numerator: Number of respondents who perceive they are at risk of malaria in pregnancy (people with a mean score of greater than zero) Denominator: Number of respondents surveyed	Communication indicator	Perceived risk is often an important determinant of behaviour	MBS, KAP	Date: 2015, 2020 Value:	Date: 2020 Value:	Y5