A MULTI-STEP PROCESS AND TOOLS FOR
SBCC CAPACITY STRENGTHENING
## CONTENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevention in Namibia – Setting the Stage</td>
<td>2</td>
</tr>
<tr>
<td>SBCC Capacity Strengthening – the Process</td>
<td>5</td>
</tr>
<tr>
<td>Tools</td>
<td>10</td>
</tr>
</tbody>
</table>
A MULTI-STEP PROCESS AND TOOLS FOR
SBCC CAPACITY STRENGTHENING

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HIV PREVENTION IN NAMIBIA — SETTING THE STAGE

In mid-2008, C-Change/Namibia embarked on a participatory, tailored process to assess and strengthen the capacity of Namibian civil society organizations (CSO) and private sector organizations working in HIV prevention to provide effective, targeted social and behavior change communication (SBCC) in their current programs.

As a first step, C-Change conducted a rapid assessment of the behavioral aspects of the epidemic and of the SBCC efforts of organizations working in HIV prevention with youth and adults in workplaces, school and communities, including their links to national prevention campaigns.

The need to change the prevailing SBCC approach to HIV prevention was evidenced by statistics from the 2006-07 Demographic and Health Survey. The survey showed that positive behaviors related to the prevention of HIV had not changed as expected despite significant improvements in knowledge. For example, 45% of women and 66% of men had never been tested for HIV; 49% of women and 60% of men had had higher-risk sexual intercourse in the past year (intercourse with a non-marital, non-cohabiting partner); and 50% of women and 42% of men with two or more partners in the past year did not use a condom consistently with the last partner. The data clearly showed that SBCC approaches being used by organizations to prevent HIV had been remarkably successful in improving knowledge of HIV prevention, but not in changing underlying behaviors or social norms.

An assessment of HIV prevention programs reinforced this finding as most were found to be using SBCC approaches aimed at reaching large numbers of people through the passive transfer of messages using posters, handouts, and large group mobilizations—approaches that are effective in changing knowledge but less effective than approaches encouraging interaction and dialogue in changing behavior or social norms. Only a few programs included small group dialogue or interactive radio along with their more passive messaging approaches. When asked why, organizations explained that they had not been trained in interactive methods and lacked supporting field tools.

An assessment of national campaigns found a similar result, with SBCC mainly involving passive messaging through TV or radio spots, posters, handouts and billboards. In addition, because interactive materials had not been developed as a part of the campaign, for the most part CSOs and private sector
partners were not active participants in national campaign efforts.

The assessment of HIV prevention programs also showed them to be focused primarily on behaviors such as abstinence, delayed sexual debut, low and inconsistent condom use, and low rates of testing; and to lack programming focusing on the newly-defined behavioral drivers of the epidemic in Namibia outlined in the national document *HIV/AIDS in Namibia: Behavioral and Contextual Factors Driving the Epidemic, MOHSS, 2008*, such as alcohol abuse, low rates of male circumcision, multiple and concurrent sexual partnerships, HIV risk perceptions, transactional and inter-generational sex. All partners were found to lack training in these behavioral drivers, and also to lack materials and tools that could be used in the field.

The rapid assessment also found significant weaknesses in the supervision of field staff to ensure the quality of SBCC implementation. Most partners considered monthly meetings with groups of field staff to be sufficient and did not see the importance of systematic observation of field staff as they conducted their SBCC activities, using a quality checklist. Few partners also realized the importance of collecting or using behavioral baseline data to design programs or to guide program implementation. Most had not used current evidence to determine their targeted behaviors, target audiences, or geographical locations.

Following the rapid assessment, a participatory, stepped process, which included tools for building capacity, was developed that could be tailored to address the specific needs of each organization and its programs.

The implementation of the capacity strengthening (CS) process moved HIV prevention programs in Namibia beyond passive messaging for knowledge change and large numbers of persons reached, to more evidence-based programs focused on specific behaviors among specific
target audiences. The process used multi-level, multi-channel approaches to SBCC including methodologies that encourage interaction and dialogue for behavioral and social normative change, with strengthened supervision and monitoring and evaluation (M&E). With the development of new communication materials as a part of the process, field programs were able to address the new drivers and were linked more clearly to national SBCC campaigns.

This CS process in Namibia was used initially for HIV prevention, but was subsequently applied to immunization, TB, and malaria communication efforts. The process is flexible and adaptable, and a wide variety of organizations across multiple health areas will find it useful. Organizations may follow the entire process or choose to focus on components of the process that address particular needs, adapting it as necessary based on their resources and time.

USAID noted “that this model—in-country presence, ongoing support to partners, and tailored capacity strengthening—shows great promise.”
SBCC CAPACITY STRENGTHENING – THE PROCESS

1. **Assess the current SBCC Capacity of an existing program**

   The first step in this CS process is a participatory assessment of an organization’s existing health program. The assessment can be done by the organization itself or conducted with the assistance of a facilitator from outside the organization, if one is available. Using the SBCC Capacity Assessment Tool (SBCC CAT), the organization’s staff conducts an in-depth, participatory baseline assessment of the current program against a set of standards of quality for SBCC in planning and design, implementation, and monitoring and evaluation (M&E). In each of these three areas, there is a set of questions that gauge how well the program meets basic quality standards. The organization ranks itself on each of these questions and for each area overall. The first use of the tool represents a program’s SBCC quality baseline and identifies gaps and needs for strengthening. The tool is used later to determine which competencies have improved and where gaps still remain.

   > See SBCC Capacity Assessment Tool, p. 10

2. **Train program staff in the Basics of SBCC**

   After an assessment of SBCC capacity is completed and strengths and weaknesses identified, the organization receives training in the contents of the Introductory Module of the *C-Modules: A Learning Package for SBCC*. In Namibia, this training focused on the socio-ecological model and the stages of change. The modules are implemented by knowledgeable SBCC facilitators either singly or sequentially, in face-to-face workshops. They are also available as an online facilitated course conducted by Ohio University faculty; or as an online self-paced course. See the Tools section for links to the courses.

   > See C-Modules 0-Introduction, p. 10
3. Develop an SBCC Strategy for the program

The third step consists of training program staff in the contents of Modules 1, 2, 4 and 5 of the C-Modules, and in assisting staff to develop a working SBCC strategy for their program. Strategies are often for a multiple-year period. Training alternates with working group activities to fill out each section of an SBCC Strategy Template used to guide the process.

The SBCC Strategy template is divided into three parts corresponding roughly to the modules used during training: 1) program design (Modules 1-2); 2) program implementation (Module 4); and 3) program M&E (Module 5). Participants are trained in the related topics as they move forward to fill out the Strategy Template.

In the section on program design, participants review existing data related to the specific health area, target groups, and geographical locations to ensure the resulting strategy is evidence-based, and then select the targeted behaviors and analyze underlying factors taking social and cultural norms and other factors into account. Participants discuss and select communication channels, and think about the required messages and tools, noting where new ones need to be developed or old ones modified. In the section on program implementation, organizations specify the exact cadre and number of workers who will be working with the target audience (e.g., community mobilizers, peer educators, prevention officers) and the exact locations where the program will take place (e.g., specific workplaces, schools, communities, health facilities, in specific geographic areas); and describe in detail the way in which supervision will be conducted. In the M&E section, participants construct monitoring objectives and indicators, set targets, and describe their monitoring process. They also construct their behavioral objectives and indicators, set outcome targets, and describe how outcomes will be measured.

> See SBCC Strategy Template, p. 11
> See C-Modules 1, 2, 4, & 5, p. 10
4. Train organizations in behavioral monitoring and evaluation, assist in the development of data collection instruments and sampling plans, and train in data collection, entry and analysis sampling plans

In the fourth step, organizations are assisted to implement the baseline M&E section of their SBCC strategies. In Namibia, C-Change helped organizations develop data collection instruments focusing on their targeted behaviors and audiences, and develop sampling plans; trained them in data collection and analysis; and assisted them with their final reports. Training on C-Modules 4 and particularly C-Modules 5 was provided to develop capacity to carry out M&E. Specifically, C-Change/Namibia provided this assistance to the PEPFAR-funded CSOs and private sector organizations working with young people, adolescents and adults from the general population. Partner activities formed part of the “Break the Chain” (HIV Prevention and MCP) campaign and the “Stand Up” (Alcohol and HIV Prevention) campaign, and continued after the national campaigns had ended. As with the other tools, the baseline instruments were developed in a participatory process with other partner organizations.

> See C-Modules 4 & 5, p. 10

5. Provide ongoing technical support and mentoring during baseline data collection, analysis and report writing, and in the use of the new tools

The important thread that runs throughout this CS process is ongoing, continuous technical support and mentoring to the organizations and their staff following strategy development. For instance, when an organization had concerns or questions related to M&E—whether it was on training data collectors, collecting or entering data, writing reports, etc.—mentoring assistance was only a phone call away. C-Change accompanied partners during knowledge, attitudes and behavior (KAB) data collection training, and KAB data collection and analysis; and reviewed reports for accuracy, as required. This approach allowed the organization to gain invaluable experience carrying out the evaluation work and provided the safety net of having access to mentors who could provide answers.

In another example, support was provided to program supervisory staff, field staff and volunteers in the use of the new SBCC materials, described in step 6 below. This was done to ensure that programs not only disseminated the new materials, but were also well equipped to spark discussions that would be most likely to change behaviors and social
norms—thus moving beyond the traditional passive knowledge transfer typically exemplified by handouts and posters. As with all stages in the CS process, organizations received ongoing support from C-Change.

> Ongoing technical assistance and mentoring

6. Provide training and assist partners to develop or modify any necessary tools to address program communication needs

In Namibia, the rapid partner assessment and use of the SBCC-CAT with existing programs revealed a need for the development of new interactive field tools for behavior change related to the drivers of HIV, including alcohol and HIV, multiple and concurrent partners, transactional and trans-generational sex, male circumcision, condom use, testing and others. The lack of these interpersonal communication (IPC) tools had prevented implementing partners from conducting interactive behavior change interventions in their programs, and from participating in national campaigns. In this step, partners are trained in Module 3 of the C-Modules and assisted to develop new quality tools for field use. Rather than work to develop tools organization by organization, C-Change/Namibia felt it was important to develop national tools that would be accepted and used by all. They led a participatory process on the national level with groups of CSOs and private and public sector organizations. This process resulted in a set of agreed new IPC tools for use in the field, which were then reproduced and used by government, CSO and private sector programs, unifying messages throughout the country. Some of the new IPC tools were linked to specific national campaigns, while others were stand-alone materials covering all of the drivers by target group.

> See C-Modules 3, p. 10
> See IPC materials for HIV Prevention — Break the Chain campaign and Stand Up campaign, p. 11

7. Technical Assistance during training of staff and volunteers

Following training of partner technical supervisory staff in SBCC methods and the use of the new IPC materials, partners trained their field staff and volunteers. In this step, organizations received mentoring and support to assure knowledge and skills transfer and effective use of new SBCC materials in the field.

> Ongoing technical assistance and mentoring

8. Review, update and/or develop partner curricula

In this step, organizations receive individual technical assistance to review and update their curricula, or develop new curricula as necessary,
to ensure a program focus on behavioral outcomes outlined in their new SBCC strategies related to the drivers of the epidemic. In Namibia, C-Change assisted organizations to integrate the new IPC tools and group sessions into their existing curricula, or assisted them to design new curricula using the new IPC materials.

9. Provide ongoing Quality Improvement (QI) support during field Implementation of SBCC strategies

Once the SBCC strategies are fully implemented, staff has been trained, and the new tools or curricula are operational, the next step is to implement a participatory quality improvement (QI) process. The QI process is implemented by a team made up of partner and C-Change staff and conducted periodically to determine gaps and needs for further support.

The QI process is implemented using three tools. The first QI tool is used to review the newly revised program against a set of quality standards for planning, implementation and M&E. The second QI tool is a quality checklist used during the observation of SBCC group sessions to identify gaps and needs for strengthening. The third QI tool is a summary sheet listing the agreed actionable recommendations for strengthening.

The SBCC quality standards for the Namibia QI tools were developed during a series of workshops led by C-Change with the Ministry of Health and other line ministries, civil society and private sector implementing partners, UN agencies, GIZ, and others. C-Change wrote a report on each partner program following the QI review, which was reviewed by the partner for accuracy, and then submitted to USAID.

10. Support for follow-up data collection, data analysis and report writing

Once partners’ strategies have been implemented, the final step is to assist organizations that collected baseline data to recollect their follow-on KAB data (see Step 5) from target audiences to document the outcomes of their strengthened programs. In Namibia, C-Change provided support to partners during this second phase of data collection, data analysis and drafting of final reports. The same instruments and sampling plans were used to collect the follow-on data so that the baseline and follow-on results could be compared.

> Ongoing technical assistance and mentoring
C-Change has developed tools to assist organizations and individuals in strengthening their capacity to implement social and behavior change communication (SBCC) programs across multiple health and development areas. Below are descriptions of the specific tools described in this program brief. Download information follows each description.

**SBCC Capacity Assessment Tool (CAT)**

C-Change developed the Social and Behavior Change Communication Capacity Assessment Tool (SBCC-CAT) in three versions—for use with organizations (for an organization to assess its programs’ and staff’s capacity in SBCC); with donors and networks (for a donor/network to assess its own capacity and that of the partners they support and manage); and with individuals (for individuals who complete an SBCC training to assess their SBCC knowledge, values, and skills/competencies).

Together with a facilitator, organizations determine their competencies in five areas: 1. SBCC Situation Analysis, 2. SBCC Strategy Development, 3. SBCC Materials Development, 4. SBCC Implementation, and 5. SBCC Monitoring and Evaluation (M&E).

The Tool follows a participatory three-stage process, ending with a discussion around findings and the development of a capacity strengthening plan. The tool is used to improve the design, implementation, and M&E of health and development SBCC programs. The intention is that use of the SBCC CAT assists users to identify the strengths and weaknesses of current programs, and define activities to strengthen and refocus programs to improve the overall quality of SBCC efforts. Download the tools: [www.c-hubonline.org/resources/sbcc-capacity-assessment-tools](http://www.c-hubonline.org/resources/sbcc-capacity-assessment-tools)

**C-Modules—A Learning Package for Social and Behavior Change Communication**

C-Change created the 6-module learning package for facilitated, face-to-face workshops on social and behavior change communication (SBCC) for practitioners working in development. A practitioners’ handbook and facilitator’s guide comprise each module.

The Introduction Module (numbered 0) outlines the overall SBCC framework, including the five steps of C-Planning for SBCC, each of which is a separate module in the learning package: Module 1: Understanding the Situation, Module 2: Focusing & Designing, Module 3: Creating, Module 4: Implementing & Monitoring, Module 5: Evaluating & Replanning. Download the entire learning package or individual modules:
A Multi-Step Process for SBCC Capacity Strengthening of Civil Society and Private Sector Health Programs

http://c-hubonline.org/resources/c-modules-learning-package-social-and-behavior-change-communication

C-Modules training is also available online facilitated and online self-paced through Ohio University. For more information on the online courses, click www.ouwb.ohiou.edu/c-change/registering.asp.

SBCC Strategy Template

The C-Change SBCC Strategy Template is used by an organization to assist the development of a working SBCC strategy for each program that they are implementing. The strategy is divided into three parts, corresponding to program design, program implementation, and program monitoring and evaluation. Download the tool: http://www.c-hubonline.org/sites/default/files/resources/main/SBCC-Strategy-Template-in-Namibia.pdf

Quality Improvement Instrument

C-Change developed the quality improvement (QI) instrument for use in a participatory process with organizations to evaluate their social and behavior change communication (SBCC) programming. The instrument comprises two checklists and a recommendation form. Download from C-Hub: http://c-hubonline.org/resources/quality-improvement-sbcc-capacity-strengthening

IPC Materials for HIV Prevention

C-Change/Namibia assisted partners in the development of interpersonal communication (IPC) materials for HIV prevention programs in Namibia, including the “Break the Chain” campaign targeting HIV prevention and multiple concurrent partnerships (MCP); and the “Stand Up” campaign targeting HIV prevention and alcohol use. Materials that were developed include the Integrated Session Guides focusing on the drivers of the HIV epidemic for use in training field workers and volunteers, and the Picture Code flip charts—large photos depicting people in various scenarios—used by health workers to stimulate and guide a discussion around specific topics like behavior and HIV prevention. Download the Break the Chain materials: http://www.c-hubonline.org/resources/break-chain-sbcc-campaign-mcp-driver-hiv-namibia and the Stand Up campaign materials: http://www.c-hubonline.org/resources/stand-sbcc-alcohol-and-hiv-namibia