C-Modules

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A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

USAID
FROM THE AMERICAN PEOPLE

C-CHANGE
COMMUNICATION FOR CHANGE
Communication for Change (C-Change) Project
Version 3

May 2012

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The six modules can be freely adapted and used, provided full credit is given to C-Change. Recommended citation:

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Acknowledgments: Standing on the Shoulders of Giants

This six-module learning package consolidates and expands on the thinking of many individuals and organizations across the globe devoted to social and behavior change. Special thanks go to USAID/Washington and C-Change partner Ohio University for supporting the endeavor.

We would like to thank the authors from C-Change/ FHI 360 who took the lead synthesizing and developing the content: Antje Becker-Benton, Neill McKee, and Emily Bockh. In addition, Valerie Uccellani, Global Learning Partners, Inc., provided the leadership for the learning approach and contributed to the development of the C-Modules. The aim was to create a practical and flexible starting point for continued learning that draws on previous work in social change and behavior change communication and combines both in pragmatic ways for real-world application. We would, however, like to acknowledge the full team.

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Special thanks are also due to Karen Greiner, University of South Florida; Silvio Waisbord, Professor of Media and Public Affairs and Associate Director at George Washington University; and Rafael Obregon, at the time Associate Professor, School of Media Arts & Studies, Director, M.A. at Ohio University. All contributed to this third version and to the development of the theoretical application content.

In addition, we would like to thank present and past C-Change staff and consultants in Washington, D.C., and in field offices who field tested the content of the C-Modules:
- **Kenya**: Carol Larivee, Tara Kovach. Catherine Lengewa, George Kahuthia, and Jane Alaii
- **Nigeria**: Folami Harris, Bamikale Feyisetan, Thomas Ofem, Victor Ogbodo, Omini Effiong, Desmond Ajoko, and Seyi Olujimi.
- **Southern Africa**: Antje Becker-Benton, Valerie Uccellani, and Thomas Scalway
A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Facilitator Preparation
C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)

Communication for Change (C-Change) Project
Version 3

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Overview

C-Change has created this learning package for facilitated, face-to-face workshops on social and behavior change communication (SBCC). The package includes a series of six modules.

The Introduction Module outlines all five steps of C-Planning (see graphic to the right). It also provides an overview of the SBCC framework and guiding principles that run through the remainder of the course.

The next five modules each focus on one distinct step of the SBCC planning process:
1. Understanding the Situation
2. Focusing & Designing
3. Creating
4. Implementing & Monitoring
5. Evaluating & Replanning

If asked, the Introduction Module is 0, so the following modules (1–5) correspond to the steps of C-Planning. The Introduction Module can be given independently. However, completing the introduction is necessary to do any of the other five modules.

For Whom is this Package Designed?

This package was designed for staff of health and development programs in medium-sized organizations. It speaks to staff with varying degrees of experience in planning or implementing SBCC programs.

The learning of the participants depends on facilitators with personal, practical experience in SBCC. Facilitators should tailor each module to the profile of their learners as well as to the time available.

What Does it Aim to Accomplish?

This package aims to increase the number of organizations that effectively apply SBCC. It builds on what organizations already do well and emphasizes areas that need strengthening. The goal is to see more organizations do the following:
- use theory and models to guide decisions (Introduction Module)
- design programs based on evidence and analysis (Modules 1 and 2)
- set clear program targets and communication objectives that may go beyond individual behaviors (Module 2)
PREPARATION

- develop interventions and materials systematically and creatively (Module 3)
- effectively manage implementation and program monitoring (Module 4)
- use research consistently to name, monitor, and measure outcomes (Module 5)

If learners apply the principles and tools offered here, their communication will be of higher quality and more effective.

How to Use this Package

The C-Modules are designed so that the Facilitator’s Guide sessions correspond with the Practitioner’s Handbook sessions. The Facilitator’s Guide provides ideas on how to structure the learning process, while the Handbook provides participants with content on all aspects of SBCC. The Facilitator’s Guide provides ideas on how to convey and facilitate learning among the participants. Although general timelines are given for the workshop, the Facilitator’s Guide does not provide detail on time needed for each activity or session. It is up to the facilitator to determine the appropriate amount of time needed for the participants to grasp the concepts and complete activities based on the level of knowledge and number of participants. In addition, the Facilitator’s Guide provides suggestions for activities based on field tested workshops using participatory facilitation processes. It is up to the facilitator to develop the materials needed for each session and activity.

The Practitioner’s Handbook is designed to be the main source of content/input throughout this course. It is also designed for practitioners to read and use outside of this workshop, and therefore contains more content than will be taught during the workshop. Please tell the participants that the Handbook is divided into modules corresponding to the steps of C-Planning. Continually show participants where they are in the Handbook so that they leave the course intimately familiar with it and more likely to use it as a practical reference in their on-site SBCC efforts.

Tailoring Trainings on the Application of Theory, Social Mobilization, and Advocacy

The C-Modules contain supplemental content for facilitators to focus their training on the application of theory, social mobilization, and advocacy. This content is integrated throughout the Practitioner’s Handbook in the form of “corners.” These corners provide additional information, and the facilitator can tailor the C-Modules training to focus on one or all of these areas. Supplemental facilitator guides are provided on:

- The Application of SBCC Theories and Concepts
- SBCC for Social Mobilization Including Community Mobilization Programs
- SBCC for Advocacy Programs

The supplemental guides are a separate document, containing background, guidance, and additional exercises to help facilitators tailor trainings to these content areas. These are not standalone guides but are intended to complement the Facilitator’s Guide. Facilitators can insert the supplemental activities and content into their training as needed.
The Learning Approach

This package:
- Is built around practical SBCC tools
- Encourages teaching through actual field examples
- Motivates participants to apply what they learn to their own programs
- Assesses participants’ learning as it unfolds so facilitators can make adjustments along the way
- Links workshop-based learning to on-site support and e-learning

This entire course uses an approach in which facilitators and participants contribute in different—but equally important—ways to the learning.

In each session, facilitators are responsible for:
- providing the participants with relevant SBCC content—concepts and examples
- setting up learning exercises that give participants ample time to grapple with ideas, debate the content, and practice new skills

A key feature of the C-Modules’ approach, a dialogue approach, is the 4-A Model.

The model describes a learning cycle with four phases. These ensure participants:
- Explore new ideas or skills through the lens of their previous experiences (Anchor)
- Add new ideas, guidelines, and skills to what they already know (Add)
- Connect new input to their day-to-day work (Apply)
- Bring their learning out the door with them—well beyond the walls of the workshop (Away)

See “More about the Learning Approach” in the Appendix.
Possible Workshop Schedules

The Two-Part Option

This Facilitator’s Guide is based on a two-part workshop schedule in which participants work together for nine to 10 days, return to their sites, and then gather again for three to five days to focus specifically on monitoring and evaluation (M&E). See the next page for a detailed schedule on the first nine days of this option.

<table>
<thead>
<tr>
<th>Modules</th>
<th>Minimum Number of Days Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precourse preparation through emails, telephone, and site visits</td>
<td>Flexible</td>
</tr>
<tr>
<td>Introduction Module</td>
<td>1</td>
</tr>
<tr>
<td>Module 1: Understanding the Situation</td>
<td>2–2 ½</td>
</tr>
<tr>
<td>Module 2: Focusing and Designing</td>
<td>2 ½</td>
</tr>
<tr>
<td>Module 3: Creating</td>
<td>2–2 ½</td>
</tr>
<tr>
<td>Module 4: Implementing and Monitoring</td>
<td>1 ½ (not including monitoring)</td>
</tr>
<tr>
<td>On-site application of Modules 1–4 and preparation for Module 5</td>
<td>9–10 (total from above)</td>
</tr>
<tr>
<td>Module 5: Evaluating and Replanning</td>
<td>4–5 (including monitoring from Module 4 and all of Module 5)</td>
</tr>
<tr>
<td>Post-course on-site support through emails, telephone, and/or site visits</td>
<td>Flexible</td>
</tr>
</tbody>
</table>

The actual time needed for success of the training depends on: the size and experience of the group and the style and input of the facilitator.

Each session revolves around one major concept or skill set and each module ends with a tool that, when applied and completed, turns into product. Please use our time estimates for each session as a rough guide. We recommend no more than two sessions for each morning or afternoon so that the participants can adequately complete each learning tool.
Example Workshop Schedule—The First Workshop of the Two-Part Option

<table>
<thead>
<tr>
<th>DAY ONE</th>
<th>DAY TWO</th>
<th>DAY THREE</th>
<th>DAY FOUR</th>
<th>DAY FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Introduction to SBCC</td>
<td>SBCC Step 1:</td>
<td>Step 1 continued...</td>
<td>Step 2 continued...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Understanding the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td>Introduction continued...</td>
<td>Step 1 continued...</td>
<td></td>
<td>Step 2 continued...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY SIX—half day</th>
<th>DAY SEVEN</th>
<th>DAY EIGHT</th>
<th>DAY NINE</th>
<th>DAY TEN—half day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Team Sharing 2: Communication</td>
<td>SBCC Step 3:</td>
<td>SBCC Step 4:</td>
<td>Closing</td>
</tr>
<tr>
<td></td>
<td>Strategy</td>
<td>Creating</td>
<td>Implementing and Monitoring</td>
<td>Final feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• M&amp;E workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Final assignments for certification</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td>OFF</td>
<td>Step 3 continued...</td>
<td>Team Sharing 3:</td>
<td>Final Team Sharing:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Creative Brief and Storyboard</td>
<td>Draft Work Plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Example Workshop Schedule—Final Workshop of the Two-Part Option

<table>
<thead>
<tr>
<th></th>
<th>DAY ONE</th>
<th>DAY TWO</th>
<th>DAY THREE</th>
<th>DAY FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Highlights of participants’ work from Modules 1 – 4</td>
<td>Step 4 continued...</td>
<td>Step 5 continued...</td>
<td>Team Sharing 5—<em>M&amp;E Plan</em></td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td><strong>Step 4: Monitoring</strong></td>
<td><strong>Step 5: Evaluating and Replanning</strong></td>
<td>Step 5 continued...</td>
<td>Preparation for ongoing on-site work in SBCC</td>
</tr>
</tbody>
</table>

### Integrating M&E across the Modules

You’ll find the bulk of M&E concepts and tools in the end of Module 4 and in Module 5 so that they can be taught in a standalone workshop, if needed. M&E is an area to think about throughout C-Planning. You are encouraged to highlight key M&E concepts throughout the two-part option of this course and refer participants to useful M&E tools throughout the modules. For example, at the end of Module 2, refer participants to tools for designing baseline evaluations; at the end of Module 4, refer participants to tools to monitor your interventions.

- If you are following the two-part option, you should briefly address monitoring at the end of Module 4, but make sure to review it again, and also where it appears in previous modules once participants gather for Module 5.

- If you lead the course using a three-part option, participants can delve into the M&E content in greater depth throughout. For example, you might fully explore issues of baseline research in Module 2 so that participants can return to their sites to design and conduct baseline research before coming back for the next part of the course.
The Three-Part Option

Whenever possible, encourage an additional break between Modules 2 and 3 of this course to allow for data-driven design work by participants on-site. This option is most likely to build competencies by letting learners apply what they are learning over time, in their real settings, and with access to real data. Here’s how it might look:

<table>
<thead>
<tr>
<th>Modules</th>
<th>Minimum Number of Days Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction Module</td>
<td>1</td>
</tr>
<tr>
<td>Module 1: Understanding the Situation</td>
<td>2 ½</td>
</tr>
<tr>
<td>Module 2: Focusing &amp; Designing</td>
<td>2 ½</td>
</tr>
<tr>
<td>Flexible Break: On-site application of what has been learned and collection of data to drive decisions in Modules 3 – 4</td>
<td></td>
</tr>
<tr>
<td>Module 3: Creating</td>
<td>2-2 ½</td>
</tr>
<tr>
<td>Module 4: Implementing &amp; Monitoring</td>
<td>2</td>
</tr>
<tr>
<td>Flexible break: On-site implementation of SBCC efforts and collection of monitoring data to bring into Module 5</td>
<td></td>
</tr>
<tr>
<td>Module 5: Evaluating &amp; Replanning</td>
<td>4-5</td>
</tr>
<tr>
<td>Flexible: On-site support and assessment of learning</td>
<td></td>
</tr>
</tbody>
</table>
Online Learning

C-Change partner, Ohio University, developed a set of online modules to substitute for, or to complement, each workshop module. Online learning may be self-directed or facilitated. Learners who want basic knowledge or a refresher in SBCC may prefer the self-directed online course only. Learners with an interest in studying SBCC issues more in-depth may prefer the facilitated online course.

Please visit http://www.ouwb.ohiou.edu/c-change to obtain more information and directions for accessing the courses. Participants must have access to a reliable Internet connection to successfully complete the online modules.

The e-learning modules parallel the workshop modules so that a facilitator may create a learning package that uses ALL OPTIONS. The following are just three ideas to accomplish that. The possibilities are endless.

Option: Going online from start to finish

<table>
<thead>
<tr>
<th>Precouse exchanges with learners</th>
<th>Introduction Module and Module 1 done online</th>
<th>Modules 2 and 3 done face-to-face</th>
<th>Modules 4 and 5 completed online</th>
</tr>
</thead>
</table>

Option: Going online in the middle

<table>
<thead>
<tr>
<th>Precouse exchanges with learners</th>
<th>Introduction Module and Module 1 workshops</th>
<th>Modules 2–4 done online</th>
<th>Review of Modules 2–4 and Module 5 workshop</th>
</tr>
</thead>
</table>

Option: Closing the course online

| Precouse exchanges with learners | Introduction Module and Module 1 as face-to-face workshops | On-site learning and data collection | Module 2 | Additional modules could be done online and through on-site support. |
Connecting with Participants Before and After the Workshops

Before the Start of the Workshop
Ask all participants to bring research data and examples of materials from their own programs as well as examples of what is and isn’t working in their current SBCC-related work. Explain that they will use the data and examples during the workshop to keep the learning relevant to real-life experiences.

Ask them to complete a short survey of their interests and needs. See the Facilitator’s Guide appendix for a template of a participant preworkshop survey. The better the facilitator understands his/her work before the workshop, the more effectively s/he can tailor the learning to his/her strengths and needs. Use the C-Change SBCC Capacity Assessment Tool for a comprehensive review of the SBCC competencies of an organization: http://c-changeprogram.org/resources/sbcc-capacity-assessment-tool.

After the Final Workshop
Make a plan to support participants in their use of these SBCC tools in their real-world setting. Have all (or some) of the participants send samples of their work at each step of the process. This can be done in the form of assignments that qualify participants for certificates of completion and application of the C-Modules. It usually helps the learners to make direct connections between the course content and their actual work. It also increases the facilitator’s understanding of how SBCC plays out in a range of circumstances and how much learners have grasped.
Evaluating the Workshop

Three levels of evaluation are suggested for this course (Vella 1998):

1. Reaction—participant feedback, such as what they found most useful and why
2. Learning—to what extent participants developed new knowledge and competencies during the course
3. Transfer—to what extent participants use what they’ve learned in their own work settings

**Reaction Level:** In the appendix is a sample checklist to assess participants’ reaction to the Introduction Module of the course. To use the checklist for other modules, the facilitator should substitute the session names in bold, depending on the module. Feel free to edit questions as needed.

**Learning Level:** The most effective way to evaluate learning in this course is to examine the products of participants’ work at the close of each module. In the Facilitator’s Guide, each module closes with a team assignment to show evidence of learning. In addition, C-Change developed the SBCC Capacity Assessment Tool for individuals to help assess the SBCC knowledge and competencies of individuals as well as the success of a specific C-Module training. A final score is broken down by competency to show whether and in what areas an individual has increased his or her SBCC knowledge and skills during training. The score also serves to indicate which competencies require further training or capacity strengthening. A scoring sheet, with a pre- and post-assessment of the individual’s knowledge of SBCC, is used in conjunction with the tool. It can be downloaded at [http://www.c-changeprogram.org/resources/sbcc-capacity-assessment-tool](http://www.c-changeprogram.org/resources/sbcc-capacity-assessment-tool).

In the appendix is a checklist to evaluate the products of each team’s assignments.

**Transfer (Application) Level:** A higher level of evaluation happens after the workshop, when participants are back with their programs—hopefully using what they learned during the course. Facilitators should set up a process to review each participant’s SBCC work after the course as evidence of transfer, possibly as a requirement for a certificate.
### Legend

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Icon 1" /></td>
<td>This <em>Facilitator’s Guide</em> is based on a two-part workshop schedule in which participants work together for nine days, return to their sites, and then gather again for three days to focus specifically on M&amp;E (Module 5). This icon indicates there is additional information for the two-part option.</td>
</tr>
<tr>
<td><img src="image2.png" alt="Icon 2" /></td>
<td>For those who are able, the <em>C-Modules</em> can be conducted in three parts (see facilitator’s preparation for some ideas on scheduling). This option is most likely to build competencies by letting learners apply what they are learning over time, in their real settings, and with access to real data. This icon indicates there is additional information for the three-part option.</td>
</tr>
<tr>
<td><img src="image3.png" alt="Icon 3" /></td>
<td>This icon indicates established project teams should work together. For all other groups, please ensure that the project teams are mixed.</td>
</tr>
</tbody>
</table>

**Bolded Text**: Throughout the *Facilitator’s Guide*, text that is **bold** refers to the name of sections, graphics, or checklists in the *Practitioner’s Handbook*.

**Colored Text**: Throughout the *Facilitator’s Guide*, text that is in **blue** redirects you to the *Supplemental Facilitator Guide for the Application of SBCC Theories and Concepts*. This guide contains additional content and exercises to support the theory corners in the *Practitioner’s Handbook*.
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Overview
This introductory module is the foundation for the rest of the C-Modules (Module 1–5). This introductory module explores concepts and principles referred to throughout this learning package on social and behavior change communication (SBCC). It is therefore an essential starting point.

Sessions
Module 0, Session 1: SBCC Defined.........................................................................................................................2
Module 0, Session 2: This Course.........................................................................................................................4
Module 0, Session 3: Current Projects....................................................................................................................7
Module 0, Session 4: Characteristics of SBCC ........................................................................................................8
Module 0, Session 5: Ten SBCC Principles...........................................................................................................22
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A Note on Formatting
In the C-Modules, the names of theories and models are in **bolded, dark blue text**; concepts are in *dark blue italics.*
Module 0, Session 1: SBCC Defined

What Is Social and Behavior Change Communication (SBCC)?

SBCC is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels. A tipping point refers to the dynamics of social change, where trends rapidly evolve into permanent changes. It can be driven by a naturally occurring event or a strong determinant for change—such as political will that provides the final push to “tip over” barriers to change. Tipping points describe how momentum builds up to a point where change gains strength and becomes unstoppable.

Why the Shift from Behavior Change Communication (BCC) to SBCC?

Over the years, there has been a shift in how health and development programs think about human behaviors. Approaches to behavior change have expanded beyond a focus on the individual in order to emphasize sustainable, social change. (This will be explored in more depth in session 4, starting on page 9). SBCC looks at a problem from multiple sides by analyzing personal, societal, and environmental factors to find the most effective tipping points for sustainable change. While BCC can achieve individual empowerment, SBCC is also using strategies that influence the physical, socio-economic, and cultural environment to facilitate healthy norms and choices and remove barriers to them. In some situations, advocacy or social mobilization for policy change may support stronger and more immediate permanent change than campaigns that target individual behaviors. SBCC methods aim to improve advocacy or mobilization for social action, along with BCC for personal change. BCC is thus part of SBCC, while SBCC builds on BCC.
Below is an example of what SBCC might look like in the real world:

In Albania, young people often have sex without protection against pregnancy or sexually transmitted infections. Modern contraceptive methods (MCMs) are largely available but underused for a number of reasons, including misunderstandings about how they work; limited conversations between young couples; and poor connections between youth and pharmacists, the main providers of modern methods. A recent SBCC effort by C-Change focused simultaneously on different audiences—urban university youth, pharmacists, and journalists—to bring about holistic change. Attention was paid to the behaviors of young men and women and of contraceptive service providers, as well as how contraceptives were portrayed by the media. A mix of communication channels was selected to achieve specific objectives. A mass media campaign complemented peer-to-peer work with young men and women. C-Change geared interpersonal skills-training interventions to pharmacists and reproductive health training to journalists. Implementation focused on maintaining partnerships, selecting the right staff, addressing gender issues, sticking to a realistic budget, planning carefully for materials production, and monitoring quality.

The end-of-project evaluation demonstrated significant improvement in MCM awareness among university students. At endline, 75 percent of respondents could name three or more MCMs, compared to 16 percent at baseline and 54 percent at endline in the comparison site, where no interpersonal communication training of providers or peer education took place. Interpersonal communication also improved significantly, in terms of young people talking with a sexual partner in the past three months about avoiding pregnancy (54 percent in intervention sites versus 24 percent at baseline and 45 percent in the comparison site at endline). Current use of MCMs increased from 31 percent at baseline to 47 percent at endline. The evaluation study findings demonstrate the success of the multi-component SBCC project in meeting its family planning objectives (Nanda, DeNegri, Boci, and Volle 2011).
Module 0, Session 2: This Course

Modules 0 through 5 are designed for practitioners who want to build their own capacity to develop, implement, monitor, and replan quality SBCC programs and contribute to collective learning about SBCC.

By the end of this course, participants will have:

- practiced the five systematic steps of SBCC—from planning through implementation and re-planning
- used C-Change’s Socio-Ecological Model for Change and SBCC theories, models, and approaches to analyze how change happens
- explored how advocacy, social mobilization, and BCC strategies can work together

Modules 1 through 5 each address one of the steps of C-Planning. On the next page is an overview of all the tools in Modules 0 through 5—worksheets, checklists, templates, and graphics—that can help practitioners to gain understanding and apply SBCC concepts in their programmatic work.
### Overview of C-Tools: Worksheets, Checklists, and Graphics Included in Practitioner’s Handbooks

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Module 0, Session 3: Current Projects

**WORKSHEET: Current Projects**

**Directions:** Use this worksheet to briefly describe a recent or current communication project in which you've been involved.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>What’s the challenge or problem addressed by the project?</td>
<td></td>
</tr>
<tr>
<td>What processes have you followed during the development and/or implementation of the project?</td>
<td></td>
</tr>
<tr>
<td>What strategies have you used to implement the project?</td>
<td></td>
</tr>
<tr>
<td>What theories or models, if any, have guided this work?</td>
<td></td>
</tr>
<tr>
<td>What worked well and what’s been a challenge during the development and/or implementation of the project?</td>
<td></td>
</tr>
</tbody>
</table>

As much as possible during this course, apply SBCC concepts and tools to real-life examples like the one completed above.
Module 0, Session 4: Characteristics of SBCC

SBCC has Three Characteristics:

1. **SBCC is a process.**
   - It is interactive, researched, planned, and strategic.
   - It aims to change social conditions and individual behaviors.

2. **SBCC applies a comprehensive, socio-ecological model** to identify effective tipping points for change by examining:
   - individual knowledge, motivation, and other behavior change communication concepts
   - social, cultural, and gender norms, skills, physical and economic access, and legislation that contribute to an enabling environment

3. **SBCC uses three key strategies:**
   - **advocacy**—to raise resources as well as political and social leadership commitment to development actions and goals
   - **social mobilization**—for wider participation, coalition building, and ownership, including community mobilization
   - **behavior change communication**—for changes in knowledge, attitudes, and practices among specific audiences

**Characteristic 1: SBCC Is a Process**

The SBCC process includes five steps shown in the C-Planning graphic:

1. Understanding the Situation
2. Focusing and Designing Your Strategy
3. Creating Interventions and Materials
4. Implementing and Monitoring
5. Evaluating and Replanning

All five steps of C-Planning draw on the previous step and prepare practitioners for subsequent steps. C-Planning provides a structure for Modules 1 through 5.
Characteristic 2: SBCC Uses a Socio-Ecological Model for Change

Theories and models have guided development communication and provide road maps for studying and addressing development issues.1

- A theory is a systematic and organized explanation of events or situations. It tests assumptions. Theories are developed from a set of concepts (or constructs) that explain and predict events and situations and clarify the relationship between different variables. For example, the Agenda-Setting Theory argues that media coverage shapes what audiences think. (More details are in the Appendix that begins on page 25.)
- A model is usually less specific than a theory, and often draws upon multiple theories to try to explain a given phenomenon. For example, the Health Belief Model suggests that individual beliefs affect behaviors. (More details are in the Appendix that begins on page 25.)

Theories and models help practitioners understand a given problem and its possible determinants to identify effective actions to address problems and barriers. They also guide the design and implementation of evidence-based programs and evaluations. It should be noted that adequately addressing an issue may require more than one theory, and that no one theory is suitable for all cases (Glanz, Rimer, and Su 2005).

Theories and models address human behaviors on one of three possible levels of change: individual, interpersonal, or community/social. The chart below describes the level of change, the main level of change processes in human behavior, and what could be modified at each of those levels.

<table>
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<tr>
<th>Level of Change</th>
<th>Change Process</th>
<th>Targets of Change</th>
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<td>Personal behaviors</td>
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<tr>
<td>Interpersonal</td>
<td>Psycho-social</td>
<td>How the person interacts with his or her social network</td>
</tr>
<tr>
<td>Community/social</td>
<td>Socio-cultural</td>
<td>Dominant norms at community and societal levels</td>
</tr>
</tbody>
</table>

* Adapted from McKee, Manoncourt, Yoon, and Carnegie (2000)

Over the years, there has been a shift in thinking about human behavior. For example, early in the HIV and AIDS epidemic, communication practitioners largely believed that giving correct information about HIV transmission and prevention would result in behavior change. While providing correct information is an important part of behavior change, information alone has proved to be insufficient. Practitioners now acknowledge four key facts about human behavior:

1. People give meaning to information based on the context in which they live.
2. Culture and networks influence people’s behavior.
3. People can’t always control the issues that determine their behavior.
4. People’s decisions about health and well-being compete with other priorities.

1 For more information on theory, see the Appendix, “The Theoretical Base of the Socio-Ecological Model” (page 25) and review C-Change's PowerPoint on SBCC Theory in Additional Resources, part of the packet of the C-Modules.
The shift from a focus on the individual to comprehensive approaches that consider social conditions resulted in a model that tries to consolidate conceptual thinking into an ecological perspective that looks at the relationships between individuals and their environments. C-Change’s Socio-Ecological Model for Change views social and behavior change as a product of multiple, overlapping levels of influence—individual, interpersonal, community, and organizational—as well as political and environmental factors (Sallis, Owen, and Fisher 2008). This model helps to combine individual change with the aim to influence the social context in which the individual operates.

Throughout the C-Modules, the Socio-Ecological Model for Change is used to find the strongest tipping point for change. A tipping point can be driven by a naturally occurring event or a strong determinant for change, such as political will that provides the final push to “tip over” barriers to change or provide the sudden energy for change. Tipping points describe how momentum builds up to a point where change gains strength and becomes unstoppable. This model underscores the need to go beyond ad hoc interventions to coordinated social change efforts.

---

**Theory Corner: Ecological Models of Change**

Ecological models of change gained influence when practitioners realized the limitations of existing models that focus exclusively on individuals with the assumption that they are in full control of their behaviors and living conditions. As Glass and McAtee noted (2006): “The study of health behavior in isolation from the broader social and environmental context is incomplete and has contributed to disappointing results from experiments in behavior change.”

An ecological perspective considers:

1. Multiple levels of factors influence social and behavior change.
2. Levels of factors can include individual, interpersonal, community/organizational, and national/political/environmental.
3. Influences interact across levels.
4. Multi-level interventions addressing various influences are more robust and potentially sustainable than individual-level interventions.

(Adapted from Sallis, Owen, and Fisher 2008.)
Examples of Behavioral Theories and Models

By looking at theories and models, practitioners can begin to understand or further reinforce “what, why, and how health problems should be addressed” (Glanz, Rimer, and Su 2005). Below are some selected theories for each level of change that can help practitioners start thinking about how theory can assist their communication work.

Directions: Choose one of the theories listed below that has guided your work in the past.
- What has been useful about this theory for the program?
- How has it fallen short of what was needed to effectively understand and change behaviors?

Individual Level

**Stages of Change Theory** was conceptualized as a five-stage process related to a person’s readiness to change: 1) *pre-contemplation*, 2) *contemplation*, 3) *preparation*, 4) *action*, and 5) *maintenance*. People progress through these stages at varying rates, often moving back and forth along the continuum a number of times before attaining the goal of maintenance. Programs using this theory consider the following questions:
- At which stage is the audience with respect to the desired action—e.g., adoption of hand washing?
- What information, support, or messages do audience members need at that stage?

Interpersonal Level

**Theory of Social Learning** posits that people learn how to behave by: 1) *observing the actions of others*; 2) *observing apparent consequences of those actions*; 3) *checking those consequences for their own lives*; and 4) *rehearsing and trying out those actions themselves*. A communication program using this theory builds on key individuals in the community modeling the desired behaviors. A key concept to measure would be the individual’s level of self-efficacy by answering the following question:
- To what degree do people believe they have the *ability* by their own actions to achieve desired results, e.g., correct condom use?

Community/Social Level

**Diffusion of Innovations Theory** describes how new ideas and practices—innovations or technologies, such as the use of indoor residual spraying for malaria prevention—are spread through social networks over time. This spread depends on the *perceived characteristics* of the innovation and *characteristics of the social network*. Research would try to answer the following questions about existing social networks:
- How connected are different networks?
- How large are the different networks?
- Who are the leaders and innovators in those networks?

Remember, for the **Diffusion of Innovations Theory**, it is important to find out what the target population thinks of the new ideas and behaviors and for programs to include messages that address any concerns about the innovation or technology.
SBCC applies a socio-ecological model that examines several levels of influence to provide insight on the causes of problems and find tipping points for change. C-Change’s Socio-Ecological Model for Change, applied throughout the C-Modules, is a combination of ecological models and sociological and psychological factors that will assist programs engaged in analysis and planning. It has two parts:

1. **Levels of analysis**, the rings of the model, represent both domains of influence as well as the people involved in each level.

2. **Cross-cutting factors** in the triangle influence each of the actors and structures in the rings.

The **levels of analysis** (represented by the rings) are:

- the individual most affected by the issue (or self)
- direct influencers on the individual (represented by two rings):
  - the interpersonal: partners, family, and peers
  - the community: organizations, service structures, providers, as well as products available

Both the interpersonal and community rings shape community and gender norms, access to and demand for community resources, and existing services.

- Indirect influences make up the outer enabling environment. Components may facilitate or hinder change, and include national policies and legislation, political forces, prevailing economic conditions, the private sector, religion, technology, and the natural environment. Actors such as national government, business, and faith and movement leaders are often targets for advocacy and social mobilization activities.
Each level of analysis and the actors/institutions within each level are influenced by several **cross-cutting factors** (the triangle of influence). It is on these cross-cutting factors that SBCC interventions may be able to generate change. These factors may act in isolation or in combination. To help identify them, they are in four large categories: information, motivation, ability to act, and norms.

People need **information** that is timely, accessible, and relevant. When looking at information, SBCC practitioners consider the level of **knowledge** held by a person or group—e.g., about modern contraceptives and their side effects. With such information, some individuals, groups, or communities may be empowered to act. For most people, information is not enough to prompt change.

People require **motivation**, which is often determined by their **attitudes, beliefs, or perceptions of the benefits, risks, or seriousness** of the issues that programs are trying to change—e.g., attitudes toward condom use, beliefs about the benefits of family planning, or risk perceptions of HIV infection. Motivation can be affected by SBCC methods or strategies, such as effective counseling, peer education, entertaining radio broadcasts, or TV programs. If done well, such communication can foster individual attitude and behavior change, as well as social norm change.

However, even motivation may not be enough. For instance, few women and girls in the countries hardest hit by HIV and AIDS have the power to negotiate the time and conditions for having sex, including condom use, or they may lack the funds to buy condoms. They need the **ability to act** in particular circumstances. Practitioners should look at the actual skills self-efficacy (or collective efficacy), and access of the actors.

- **Skills** include psychosocial life skills: problem-solving; decision-making; negotiation; critical and creative thinking; interpersonal communication; and other relationship skills, such as empathy.
- **Self-efficacy** is concerned with the confidence of individuals and groups (**collective-efficacy**) in their own skills to affect change.
- **Access** includes financial, geographical, or transport issues that affect access to services and ability to buy products.

Finally, **norms**—as expressed in perceived, socio-cultural, and/or gender norms—have considerable influence. Norms reflect the values of the group and/or society at large and social expectations about behavior. **Perceived norms** are those that an individual believes others are holding and therefore are expected of him or her. **Socio-cultural norms** are those that the community as a whole follows because of social status or cultural conventions. **Gender norms** shape the social views of expected behaviors of males and females.
Examples of Theories and Models that Contributed to the Socio-Ecological Model for Change

As mentioned earlier, theories and models are essential for program planning because they identify and make clear the assumptions behind the development of interventions and strategies. They can help us to formulate communication objectives for programs and determine how to measure them, as well as clarify the reasons why programs succeed or fail (McKee, Manoncourt, Yoon, and Carnegie 2000).

C-Change’s Socio-Ecological Model for Change is based on existing theories, models, and approaches from several disciplines, including political science, sociology, psychology, and communication. Through a synthesis of the information included in these theories and approaches, the socio-ecological model proposes several levels of influence to find effective tipping points for change. C-Change developed a table to illustrate the theoretical base of this model and how that relates to finding tipping points. The table in the Appendix (page 25) shows how different theories and models contributed to and were synthesized into each ring of this model. The graphic on the next page, “The Theoretical Base of the Socio-Ecological Model,” lists the concepts at each level of analysis.

Theory Corner: Health Belief Model

If findings indicate that many of the audience’s perceptions are not in favor of change (e.g., around buying and using an insecticide-treated mosquito bed net), applying the Health Belief Model to develop SBCC interventions can help identify tipping points for change (Glanz, Rimer, and Su 2005).

The Health Belief Model claims that beliefs about certain issues can be predictors of behaviors. The model explores perceptions about:

- the possibility of acquiring a health problem (e.g., perceived susceptibility or risk perception for acquiring malaria)
- the risk or vulnerability to the disease (e.g., perceived severity of malaria)
- the effectiveness of taking preventive action (e.g., the belief that a malaria net is effective)
- barriers or costs associated with taking action (e.g., accessing or buying a net)
- one’s ability to take action (e.g., self-efficacy in using the net regularly)

The cross-cutting factors in the C-Change’s Socio-Ecological Model for Change synthesized the concepts of the Health Belief Model and other theories and models (as seen in the graphic on the next page). When looking at it, consider the following questions:

- Which of these theories and approaches sound familiar?
- Which application examples can assist the situation analysis? (More detail is provided in Step 1).
- Which ones could help develop a communication strategy? (More detail is provided in Step 2).
The Theoretical Base of the Socio-Ecological Model

1. ENABLING ENVIRONMENT
   - Media Theories
   - Social Movement Theories
   - Network Theories

2. COMMUNITY
   - Community Organization Theories
   - Social Norm Theories
   - Gender Theories
   - Culture Theories

   - Organizational Change Theories
   - Social Marketing Approaches
   - Patient Centered Communication Models

3. INTERPERSONAL
   - Social Learning Theories
   - Dialogue Theories
   - Social Network and Social Support Theories
   - Patient Centered Communication Models

4. SELF
   - Individual Level Theories
   - Theories Highlighting Perceptions

   - Knowledge*
   - Motivation*
   - Attitudes*
   - Beliefs*
   - Values*
   - Past experience
   - Psychosocial and life skills
   - Self-efficacy
   - Accessibility
   - Perceived and subjective norms
   - Cues to action

   * While these concepts were originally developed for the individual level, they can also be applied to groups, organizations, and institutions.

5. Concepts of Selected SBCC Theories

   1. Media Theories
      - Agenda setting
      - Framing
      - Persuasion
      - Media advocacy

   2. Social Movement Theories
      - Collective action
      - Coalition building
      - Policy/legislative change

   3. Community Organization Theories
      - Empowerment
      - Participation
      - Catalyst
      - Dialogue
      - Collective action
      - Critical consciousness
      - Ownership
      - Collective efficacy

   4. Social Norm Theories
      - Social norms
      - Social convention
      - Critical mass
      - Tipping point

   5. Gender Theories
      - Sexual distribution of labor
      - Power & gender inequality as social construct

   6. Culture Theories
      - Links between culture and structure
      - Multiple and shifting contexts
      - Cultural relevance/making meaning
      - Community asset

   7. Organizational Change Theories
      - Organization development
      - Structure of program & services
      - Institutionalization

   8. Social Marketing Approaches
      - Four Ps: Product, Price, Place, Promotion
      - Community based social marketing
      - Patient Centered Communication Models

   9. Dialogue Theories
      - Conscience-raisers
      - Connection
      - See also: Social Network and Social Support Theories
      - See also: Patient Centered Communication Models

   10. Theories Highlighting Perceptions
        - Perceived barriers
        - Risk perception/vulnerability
        - Perceived severity of disease
        - Perceived effectiveness of solution
        - Perceived benefits of action

   * While these concepts were originally developed for the individual level, they can be applied to groups, organizations, and institutions.
ALBANIA EXAMPLE: Using a Socio-Ecological Model to Examine How a Young Woman Relates to Her Environment

Besa is a 21-year-old university student in Albania. She has been in a steady sexual relationship with her boyfriend, Artan, for the past year. For most of their relationship, they have relied on withdrawal, occasionally using condoms that Artan took the initiative to buy. Although the couple hopes to one day start a family, they both agree that now is not the time. They also both agree that they need to find a more reliable and convenient way to prevent Besa from becoming pregnant, as they cannot afford to have a baby. During one of Besa’s recent bus rides home, she noticed an advertisement for an oral contraceptive pill for women. The advertisement said that hormonal contraceptives are safe and reliable. She’s been contemplating bringing up this option with Artan, since it might allow them to have worry-free sex.

What levels and factors of the model might affect Besa’s decision-making process in discussing and pursuing this option with Artan?

<table>
<thead>
<tr>
<th>Self</th>
<th>Partners, Family, Peers</th>
<th>Community, Services, Products</th>
<th>Enabling Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of knowledge about modern contraceptives</td>
<td>Common family structure in Besa’s community (e.g., mostly stable, married, or long-term couples, vs. single-parent or unstable households)</td>
<td>Availability and accessibility of information on modern contraceptives</td>
<td>How religious background affects open discussion about contraception (cultural relevance)</td>
</tr>
<tr>
<td>Ability to discuss consistent contraceptive use with her partner (self-efficacy)</td>
<td>If family discussions on reproductive health take place (social norms)</td>
<td>How and what the pharmacist tells Besa and Artan (client-provider communication)</td>
<td>How gender norms may reflect negatively on young women who appear to know about details about sexuality and contraception</td>
</tr>
<tr>
<td>Perceived barriers to buying modern contraceptives from pharmacies</td>
<td>What Besa’s friends do to prevent accidental pregnancies (social norms)</td>
<td>Structure of services (availability of and openness to consultations with female pharmacists) and pharmacists’ attitudes toward modern contraceptives (positive/negative reinforcement).</td>
<td>Price of modern contraceptives (one of the four Ps of social marketing)</td>
</tr>
<tr>
<td>Self-efficacy in using the contraceptive</td>
<td>If it is common for young Albanian couples to use modern contraceptives (social norms)</td>
<td>Besa’s ability to save enough money to pay for the contraceptives (access to services and products)</td>
<td>Policies that enable or constrain unmarried couples to access modern contraceptives</td>
</tr>
<tr>
<td>Motivation she feels to address the issue</td>
<td>What Besa perceives her friends and relatives think about contraception practices (perceived norms)</td>
<td>Physical ease of access to modern contraceptives (access to services and products)</td>
<td>How print media and internet sources present information on modern contraceptives (framing)</td>
</tr>
<tr>
<td>Attitudes toward modern contraceptives</td>
<td>Besa’s ability to communicate this option to Artan, knowing that he likes to be the dominant person in their relationship (interpersonal communication skills)</td>
<td></td>
<td>How media advertisements promote this method to young couples (agenda setting)</td>
</tr>
<tr>
<td></td>
<td>Besa’s ability to gather feedback from her friends on their experiences with modern contraceptives (skills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social perceptions about the use of modern contraceptives (social norms)</td>
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</tbody>
</table>
**WORKSHEET: A Socio-Ecological Model for Change**

**Reflection Question**

✧ How does your current work address the rings of this model? Use this worksheet to help think this through. More detail and guidance is provided in Step 1 (Module 1, session 3 and 4, pages 8-15).
Characteristic 3: SBCC Operates Through Three Key Strategies

After the situation has been analyzed, the SBCC framework offers an appropriate mix of the following strategies to address change at all levels of analysis. These key strategies are mutually reinforcing:

- **advocacy** to raise resources and political/social leadership commitment for development actions and goals
- **social mobilization** for wider participation, coalition building, and ownership, including community mobilization
- **behavior change communication** for changes in knowledge, attitudes, and practices of specific audiences of programs

Theory Corner: There Is a Planning Continuum Among These Three Key Strategies

Practitioners can begin with any one of the three strategies, depending on such factors as:

- problem being addressed
- policies in place to deal with it
- the organization and/or resource mobilization already addressing the problem

For example, if leadership isn’t ready for advocacy on a certain issue, a program might concentrate instead on building a **critical mass of a social network** or **coalition** that can put pressure on leadership through a well-defined **advocacy strategy**. Or, if resources allow, consideration could be given to working with the community on a broad-scale BCC effort linked with a mass media intervention to **set the public agenda**. This could eventually affect leaders’ perspectives and engage them and others in a **social movement**.

**SBCC should always be linked to services or to products** that people can access. If these are not in place, SBCC efforts remain toothless, and communication activities may not have significant impact. The graphic “Three Key Strategies of Social Behavior Change Communication” on the next page illustrates how strategies can fit together.

Community mobilization is a sub-strategy of social mobilization. While social mobilization involves coalition building on certain issues and usually takes place at a national level among civil society organizations, donors, and parts of government, community mobilization can do the same at a community level with similar techniques. Coalitions can be formed among community leaders, spiritual and traditional leaders, women’s groups, and other organized segments of the community. Techniques used for social and community mobilization include publicity, public discussions, dissemination of information using mass and community media, and training and/or coordination of stakeholders.
Three Key Strategies of Social Behavior Change Communication

Advocacy

Social Mobilization

Behavior Change Communication

Planning Continuum

Individual & Community: Multimedia & Participatory Approaches

Services and Products

National to Community: Partnerships and Alliances

Political and Social Commitment

SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)
WORKSHEET: Key Strategies of SBCC

Directions: Use this worksheet to reflect on the key strategies and how they can contribute to an SBCC program.

Advocacy: To raise resources as well as *political and social leadership commitment* to development actions and goals

- Describe a project you’ve seen or worked on that included advocacy.

- What do you think is the value of advocacy?

Social mobilization: For wider participation, *coalition building, and ownership*, including *community mobilization*

- Describe a project you’ve seen or worked on that included social mobilization.

- What do you think is the value of social mobilization?

Behavior change communication (BCC): For changes in *knowledge, attitudes, and practices* among specific audiences

- Describe a project you’ve seen or worked on that included BCC.

- What do you think is the value of BCC?
SOUTH AFRICA EXAMPLE: Combining Advocacy, Social Mobilization, and Behavior Change Communication

December 1998 saw the birth of one of Africa’s most powerful HIV and AIDS advocacy groups, the South African Treatment Action Campaign (TAC). It started as a small group of concerned individuals with the aim to lobby pharmaceutical companies to drop their prices and put pressure on the government to revise policy and legislation to provide free AIDS treatment at state hospitals.

Between 1998 and 2008, TAC mobilized people and organizations to campaign for the right to health, using a combination of social mobilization techniques, human rights education, HIV-treatment-literacy support, demonstrations, and litigation. As a result of these campaigns, the price of antiretroviral medicines was reduced, HIV-related deaths were prevented, and TAC helped to force significant additional resources into the health system (Heywood 2009). TAC’s advocacy campaign of civil disobedience in 2003 was only suspended after receiving assurances that a treatment plan was forthcoming.

In 2008, TAC had 250 branches across the country and some 16,000 members in its database. Its strategic objective is to “train and develop a representative leadership of people living with HIV/AIDS on the basis of equality and non-discrimination, irrespective of race, gender, sexual orientation, disability, religion, sex, socio-economic status, nationality, marital status, or any other ground” (Treatment Action Campaign website). Although free access to antiretroviral treatment is now official policy in South Africa, implementation has been spotty. TAC continues to protest and sue the government on this issue and to pressure industry to make sure workplaces have proper treatment strategies.

TAC’s treatment-literacy activities and programs are aimed at individual change and the provision of training and public health education on HIV and tuberculosis for patients and partner organizations, including support-materials development. TAC monitors access to essential services at health facilities. Most recently, TAC’s Community Health Advocacy program promotes women’s rights and mobilizes communities with campaigns to end violence against women.

Reflection Questions

✧ What does this example teach you about the three key strategies of SBCC?
✧ What are your questions?
Module 0, Session 5: Ten SBCC Principles

The following principles can keep an SBCC program on the right track, no matter where it is. While working through the steps of C-Planning, these principles can serve as the compass, especially when programs are faced with challenges and tough decisions.

Principle #1: Follow a systematic approach.

Principle #2: Use research (e.g., operations research), not assumptions, to drive the program.

Principle #3: Consider the social context.

Principle #4: Keep the focus on the key audience(s).

Principle #5: Use theories and models to guide decisions.

Principle #6: Involve partners and communities throughout.

Principle #7: Set realistic objectives and consider cost effectiveness.

Principle #8: Use mutually reinforcing materials and activities at many levels.

Principle #9: Choose strategies that are motivational and action-oriented.

Principle #10: Ensure quality at every step.
**WORKSHEET: Ten SBCC Principles**

**Directions:** Use this worksheet to briefly describe and reflect on the ten SBCC principles and where you have seen them in action before.

<table>
<thead>
<tr>
<th>Ten Principles of SBCC</th>
<th>Reflection Question</th>
</tr>
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<tbody>
<tr>
<td><strong>Principle #1:</strong> Follow a systematic approach.</td>
<td>✤ Where have you seen these principles in action?</td>
</tr>
<tr>
<td><strong>Principle #2:</strong> Use research (e.g. operations research), not assumptions, to drive your program.</td>
<td></td>
</tr>
<tr>
<td><strong>Principle #3:</strong> Consider the social context.</td>
<td></td>
</tr>
<tr>
<td><strong>Principle #4:</strong> Keep the focus on your audience(s).</td>
<td></td>
</tr>
<tr>
<td><strong>Principle #5:</strong> Use theories and models to guide decisions.</td>
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</table>
WORKSHEET: Ten SBCC Principles, continued

<table>
<thead>
<tr>
<th>Ten Principles of SBCC</th>
<th>Reflection Question</th>
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</thead>
<tbody>
<tr>
<td><strong>Principle #6</strong>: Involve partners and communities throughout.</td>
<td>✤ Where have you seen these principles in action?</td>
</tr>
<tr>
<td><strong>Principle #7</strong>: Set realistic objectives and consider cost effectiveness.</td>
<td></td>
</tr>
<tr>
<td><strong>Principle #8</strong>: Use mutually reinforcing materials and activities at many levels.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Principle #10</strong>: Ensure quality at every step.</td>
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Module 0, Appendix: The Theoretical Base of the Socio-Ecological Model

C-Change’s Socio-Ecological Model for Change is based on a synthesis of theories and approaches from disciplines such as psychology, sociology, communication, and political science. The model allows practitioners to examine and address several levels of influence to find effective tipping points for change. A tipping point refers to the dynamics of social change, where trends rapidly evolve into permanent changes. It can be driven by a naturally occurring event or a strong determinant for change, such as political will that provides the final push to “tip over” barriers to change. Tipping points describe how momentum builds up to a point where change gains strength and becomes unstoppable. **Tipping points** can be important to governments, opposition groups, or social movements to unite people and organizations behind a certain goal and implement actions to propel change forward. The table on the following pages illustrates the theoretical base of the Socio-Ecological Model for Change and how it relates to finding tipping points for change.

### What is the purpose of the theory table?
1. The table provides information on theories, models, and approaches that support the relationships proposed by the model.
2. It lists some critical questions that practitioners can consider to determine the value of theories in the situation analysis and decide on possible courses of action to promote change.

### How is the table organized?
Each level of analysis (ring) of the Socio-Ecological Model for Change and its theoretical base are represented in the table. For each level of analysis, the following information is provided:
- potential **tipping points** for change and possible key strategies to use at that level of analysis
- selected theories, models, and approaches that apply at each level
- key concepts and foci of the selected theories, models, and approaches
- sample critical questions to guide practitioners’ use of theories, models, and approaches during the situation analysis and the development of potential interventions

### How is the table used?
Practitioners can use the table to become familiar with and understand the theoretical basis of the Socio-Ecological Model for Change and better apply its perspective to problem solving. The selected theories and critical questions provide guidance and clarification on how the theories and approaches supporting the model can be used during the first two steps of C-Planning: situation analysis and strategy development. The table illustrates how to identify potential determinants of **tipping points** for change; how to address them; and how to determine areas of focus for program activities within the three key strategies proposed—advocacy, social and community mobilization, and BCC—as part of the SBCC framework. Just remember: “Today, no single theory or conceptual framework dominates research or practice in health promotion and education. Instead, one can choose from a multitude of theories” (Glanz, Rimer, and Viswanath 2008).
### TABLE: The Theoretical Base of the Socio-Ecological Model for Change

#### 1. Enabling Environment Level

**What:** Policy/legislation, politics/conflict, economic systems and its state, technology, natural environment, institutions  
**Who:** Government, business, faith and movement leaders, media professionals  
**Strategies:** Advocacy, social mobilization

**Possible Tipping Points for Change:** Political will, resource allocation, policy change, organizational/institutional development, national consensus/strategy, social movement pressure, and shaping media agenda

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<thead>
<tr>
<th>Theories/ Models/ Approaches</th>
<th>Focus</th>
<th>Critical Questions</th>
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</thead>
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<tr>
<td><strong>1.1 Media Theories</strong></td>
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<tr>
<td><strong>Key Concepts</strong></td>
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<td></td>
</tr>
</tbody>
</table>
| *Agenda setting* (McCombs and Shaw 1972; Glanz, Rimer, and Viswanath 2008) | The mass media can focus attention on issues, helping to generate public awareness and momentum for change. Research on *agenda setting* has shown that the amount of media coverage of any given issue correlates strongly with public perception about its importance. The media tell people what to think about. *Agenda dynamics* refers to the relationship between the media agenda (what is covered), public agenda (what people think about), and policy agenda (regulatory or legislative actions on issues). *Media advocacy* refers to civic actions to shape media attention on a specific issue. It’s how, through various techniques, groups that promote social change persuade the media to cover their issues. *Framing* is how issues are presented in news coverage. The same issue can be described in different ways, depending on the narratives and sources used. Experimental research shows that news frames strongly influence how people perceive issues and think about possible courses of action. *Persuasion* is a form of communication seeking to influence attitudes or behaviors without the use of force or coercion. | • How can the media influence public opinion?  
• How can the media contribute to changes in the enabling environment?  
• Would increased media coverage of the issue help to change perceptions about its importance among policymakers and the public?  
• How would increased media coverage affect policy discussion?  
• How can media coverage of an issue be expanded and changed?  
• Does it make a difference how the media frames the issue?  
• How should media decision-makers (e.g., reporters, editors, publishers) be engaged to promote change? |

---

2 These key questions coming out of the theories should be considered to help assess the situation and think about possible courses of action to promote change.
### Theories/Models/Approaches: 1.2 Social Movement Theories (Tilly 2004)

#### Key Concepts
- **Collective action**
- **Coalition building**
- **Policy/legislative change**

#### Actions:
campaigns, movement repertoire, WUNC displays

Social movements refer to *collective actions* by citizens to promote social changes in policies, laws, social norms, and values. Social movements promote *legislative and policy changes* to advance their causes and *build coalitions* with allied policymakers. They try to find sympathetic legislators to discuss issues and raise awareness and seek to influence the legislative process through mobilization and financial and voting support for allies.

To promote change, social movements resort to a combination of different forms of action:

1. **Campaigns**: Long-standing activities to demand specific changes from authorities
2. **Movement repertoire**: Combinations of political action such as coalition building, media statements, rallies, demonstrations, online mobilization, and pamphleteering
3. **WUNC displays**: Participants’ concerted public representation of Worthiness, Unity, Numbers, and Commitment

Newer social movements in Africa, Asia, and Latin America include faith-based communities, neighborhood and squatter associations, women’s and human rights groups, peasant cooperatives, and environmental activists.

### Critical Questions
- How do social movements contribute to changing the enabling environment around a specific issue?
- How does a social movement change policy/legislation around the issue? What policy changes might help bring about overall change?
- Is there an existing social movement supporting change related to the issue? What actions has it used? What are its achievements? If there is no social movement, how can one be developed and sustained?
- What promotes people’s participation around the issue? What collective actions are needed to change the environment?
- What collective action strategies have been successful in expressing demands and advancing change in the past?

### Theories/Models/Approaches: 1.3 Social Network and Social Support Theory (also used at community and interpersonal levels) (McKee, Manoncourt, Yoon, and Carnegie 2000; Glanz, Rimer, and Viswanath 2008)

#### Key Concepts
- **Structural network characteristics** (reciprocity, intensity, complexity, formality,

The web of social relationships that surround and influence individuals characterizes this theory. Certain *network characteristics, network functions, and types of social support* make a network effective, e.g., Structure: How extensive is it? Interaction: How strong are the bonds? Density: How well do people know each other? Reciprocity: Are resources and support given and received?

The *structural characteristics* of networks refer to aspects such as the degree of homogeneity among members,

- How do social networks influence an individual’s knowledge, attitudes, and behaviors (KAB) around the issue?
- How might social networks support possible changes?
- How can social networks be influenced?
- What dimensions (knowledge, attitudes, perceptions) of behavior/social change can be promoted through social networks?
### Theories/ Models/ Approaches

<table>
<thead>
<tr>
<th>Focus</th>
<th>Critical Questions</th>
</tr>
</thead>
</table>
| Density, geographic dispersion, directionality)  
- **Functions of social networks**  
- **Types of social support**  
  resource exchange, emotional closeness, formal roles, knowledge, interaction among members, and power and influence among members.  
  The *functions of social networks* refer to social trust, influence, support and criticism, emotional bonds, and aid and assistance.  
  The *types of social support* can be emotional, informational, instrumental, and self-assessment. | - What institutions are adequate platforms to promote change?  
- How might trust among people promote change?  
- Where do people gather to discuss common interests?  
- Who do people trust? Who do they rely on to develop links and engage in different activities? |

### 1.4 Social Capital (Putnam 2000)

**Key Concepts**  
- **Institutions**  
- **Norms and values**  
- **Trust**  
- “**Social” resources** (not financial resources)

Social capital refers to the *institutions, norms, and values* of social networks and their impact on social relationships and institutional resources. The theory argues that groups and societies with higher levels of social cohesion and *trust* are fundamental for communities. Links tie people together with others with similar interests and provide bridges to other groups.  
Social capital refers to the *social resources* that people have and can tap into to engage in economic, social, cultural, and political activities.  

### 1.5 Ecological Models

**Key Concepts**  
- **Ecological systems**  
- **Physical and socio-cultural surroundings**  
- **Direct effects of environment**  
- **Intrapersonal factors**  
- **Interpersonal relations**  
- **Community factors**  
- **Institutional factors**  
- **Public policy**

*Ecological systems* theory suggests that individual behaviors are not only or mainly influenced by psychological factors. They are interdependent with the social context—or anything outside individuals, such as social norms, *interpersonal relations*, culture, and laws and regulations. Individual-level interventions should always take other influencing factors into consideration.  
Programs need to understand how changes at the level of *neighborhood, community, institution, and social/political structure* might affect individual changes.  
The recommendation is to take a multiple-level approach that promotes the same change by tackling various forces of change. For example, an intervention promoting bed net use could include an information campaign stressing benefits with efforts to improve access to low-cost bed nets by improving local production and supply chains or...
### Theories/ Models/ Approaches

**1.6 Theories of Complexity**  
(Waldrop 1992; Lewin 2000; Morin 2008)

**Key Concepts**
- Complex adaptive systems
- Interacting agents
- Diversity of agents
- Self-organization

**Focus**
- Complexity theorists argue that individuals are part of complex systems characterized by many interacting agents.
- Human behavior is non-linear and unpredictable because of the number and diversity of agents and variables in the system. There are therefore no fool-proof recipes for change.
- Interventions and activities designed from a complexity standpoint would include all of the diverse actors that might be involved with a given issue. For example, an infection control intervention in a hospital should not be limited to infection control staff, but rather include representatives of all the hospital units that can contribute, including housekeeping, nursing, security, and orderlies.

**Critical Questions**
- What system components affect individual behavior around the specific issue?
- What system elements can be influenced?
- What is the most likely point of entry into the system?
- How are systems organized and how do they avoid chaos and disorganization?

### Theories of Change
(Kubisch and Auspos 2004)

**Key Concepts**
- Outcome map
- Assumptions
- Pathway of change/action
- Logic model
- Inputs/outputs
- Intermediate outcomes/impacts
- Emergent change
- Transformative change
- Projectible change

**Focus**
- A theory of change is a “concrete statement of plausible, testable pathways of change that can both guide actions and explain their impact” (Kubisch et al. 2002).
- A theory of change is often made visible with a logic model—a visual representation that charts (or maps) a path from the problem to be addressed to the inputs (available resources), then outputs (activities and participation), to finally arrive at outcomes (short, medium, and long-term results) that, ideally, will lead to impact (long-lasting change). A theory of change brings underlying assumptions to the surface so that the reasoning behind an intervention can be assessed and adjusted, if necessary. Note that a sound theory of change needs to be based on a theory of how change actually happens.
- From this perspective, practitioners should identify the most likely change and drivers of change in a given system. Programmers need to assess possible tipping points of change, their likely impact in the overall system,
<table>
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<th>Theories/ Models/ Approaches</th>
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<th>Critical Questions</th>
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</table>
| **1.8 Behavioral Economics** *(Kahneman 2003; Thaler and Sunstein 2008)* | **Rational choice** assumes that people are driven to maximize perceived individual benefits. Yet it has been proven that the way choices are structured can affect people's decisions. If offered choice in the form of an opt-out choice (e.g., routine HIV testing to which patients have to actively say “no”), more people may make certain choices of advantage, e.g., for public health. Such choices raise questions about whether individuals make decisions independently from their environments. These concepts also suggest that people make certain choices because they are interested in maximizing time, costs, or other factors when making a selection. People can be primed (led or stimulated) to make certain choices just by the structure of options. The easier the choice, the more likely it will be chosen. **Choice architecture** is the act of nudging people toward more healthful or socially beneficial behavior by designing available choices in such a way that individuals will be steered toward the “right” choice (e.g., placing vegetables or salad at the beginning of a school lunch display and reducing the availability of competing foods that are fattening; displaying condoms in easily accessible places in kiosks and stores). | - How can environments be affected to facilitate desirable behaviors?  
- What behaviors can be made easier if certain environmental factors are altered (e.g., laws, regulations, presentation, distribution, offerings)?  
- Are there examples of successful choice architecture in a given community? What lessons can be considered for the design of other choices around desirable changes?  
- Are choices based on rational thought, self control, or selfishness? Or are choices based on rules-of-thumb, irrationally seeking satisfaction, or spur-of-the-moment decisions?  
- Is a policy change needed, rather than behavioral appeals?  
- What incentives and regulations can be put in place and/or promoted to make certain behaviors beneficial or mandatory? |
# Module 0

## Introduction

### 2. Community Level (Structures, Organization)

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<thead>
<tr>
<th>Theories/Models/ Approaches</th>
<th>Focus</th>
<th>Critical questions</th>
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</table>
| **2.1 Community Organization**      | Community organization emphasizes social action processes through which communities gain control and decision-making over their lives. Community organization involves empowerment, self-determination, and capacity to perform critical tasks. Empowerment refers to the process by which individuals and communities gain confidence and skills to make decisions over their lives. Self-determination refers to the capacity of individuals and of communities to make decisions without interference or influence from other actors. Capacity to perform critical tasks refers to the ability to execute actions required to improve conditions. | • What community organizations exist? How are communities organized?  
• How is power structured around specific issues?  
• What organizations can be mobilized towards positive change? What organizations may be opposed to change?  
• What local beliefs and practices are or might be linked to change?  
• What has been the role of local organizations in local processes of change? |
| (Glanz, Rimer, and Su 2005)         | The Integrated Model of Communication for Social Change describes how social change can happen through a process of community dialogue, leading to collective action that affects the welfare of communities as a whole and their individual members.  
The model describes a dynamic, iterative process that starts with a catalyst/stimulus that can be external or internal to the community. This catalyst leads to dialogue within the community that, when effective, leads to collective action and the resolution of a common problem. | • Where do people talk about common problems?  
• How can dialogue about specific issues be promoted?  
• What are the barriers to dialogue around specific issues? How can these barriers be addressed?  
• Are there past examples of how local dialogue affects attitudes, opinions, collective action, and/or decisions? What are the lessons that are valuable for future plans? |
| Key Concepts                        | • Empowerment  
• Community capacity to perform critical tasks  
• Participation  
• Self-determination/ relevance | |
| **2.2 Integrated Model of Communication for Social Change** (Reardon 2003) | The Integrated Model of Communication for Social Change describes how social change can happen through a process of community dialogue, leading to collective action that affects the welfare of communities as a whole and their individual members.  
The model describes a dynamic, iterative process that starts with a catalyst/stimulus that can be external or internal to the community. This catalyst leads to dialogue within the community that, when effective, leads to collective action and the resolution of a common problem. | • Where do people talk about common problems?  
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• Are there past examples of how local dialogue affects attitudes, opinions, collective action, and/or decisions? What are the lessons that are valuable for future plans? |
| Key Concepts                        | • Catalyst/stimulus  
• Community dialogue  
• Collective action | |
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<tr>
<td><strong>2.3 Theory of Social Norms</strong> <em>(Jones 1994)</em></td>
<td>The rules that a group uses to discriminate between appropriate and inappropriate values, beliefs, attitudes, and behaviors—the “dos and don’ts” of society (Appelbaum 1970). <em>Social norms</em> may be explicit or implicit. Failure to conform to norms can result in social sanctions and/or social exclusion. <strong>Collective norms</strong> operate at the level of the social system (social network, community, entire society) and represent a collective code of conduct. Collective norms are not measured by aggregating individual beliefs (Lapinski and Rimal 2005). <strong>Perceived norms</strong> are the result of individuals interpreting and perceiving values, norms, and attitudes that others around them hold. Perceived norms are further distinguished into injunctive norms—what ought to be done, similar to subjective norms of the <em>Health Belief Model</em>—and descriptive norms—what is actually done by other individuals in the group and what the perceived prevalence is of the behavior in question (Lapinski and Rimal 2005). <strong>Stigmatization</strong> is a frequent method through which groups establish negative norms, while social norms are reinforced through routine group approval. Social norms vary; they evolve through time and among generations and between social classes and social groups (e.g., acceptable dress, speech, and behaviors).</td>
<td>• What prevalent social norms encourage or discourage proposed changes? • What alternative norms may be emphasized to promote desired changes (e.g., tobacco cessation can be promoted through appealing to social norms about health, economic savings, consideration for the health of relatives, and so on)? • Are there gaps between collective norms and perceived norms (the difference between what individuals perceive to be dominant norms and actual norms)? • Are proposed changes stigmatized? If so, what beliefs underlie stigma? What social norms can be promoted to counter stigma (e.g., real men take care of women)? • Do people have positive or negative views about proposed changes? What are the bases for such beliefs (e.g., religion, culture, economic incentive, policy)? • What do people believe should be the dominant (subjective) norms around proposed changes/issues? • Have there been recent social norm changes in a given community? If so, what are the explanations? Has generational change anything to do with it? What other insights can be drawn from that experience?</td>
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<th><strong>Key Concepts</strong></th>
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<th><strong>Critical questions</strong></th>
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<td><em>Social norms</em></td>
<td><strong>Focus</strong></td>
<td><strong>Critical questions</strong></td>
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<tr>
<td><em>Collective norms</em></td>
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<td><em>Perceived norms</em></td>
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<td><em>Descriptive norms</em></td>
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<tr>
<td><em>Stigma</em></td>
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### Theories/Models/Approaches

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| changes its practices, the social convention will still be in place.  
In the case of female genital cutting (FGC), families may be reluctant to abandon the practice if they think that their daughter will be less marriageable. If the entire community abandons the practice, all daughters will be on a level playing field. For social conventions to change, a **critical mass** of community members needs to agree to the change. The **tipping point** for change occurs when a critical mass of community members adopt the change and make a public commitment.  
In Senegal, the TOSTAN project’s basic human rights education for women resulted in community-organized and public declarations of the commitment of the entire community to abandon the practice of FGC. | about those changes?  
- What factors support social convention? Why do people do it? What would happen if people changed conventions?  
- What might discourage people from practicing the current convention? |

### 2.5 Theory of Gender and Power (Connell 1987)

**Key Concepts**

- **Sexual distribution of labor and power**  
- **Gender inequality as a social construction**  
- **Gender approaches:** neutral, sensitive, transformative, empowering (Gupta 2000)

**Gender inequality** is a **social construction** that results from long-term processes of socialization and education.  
**Distribution of work** according to gender norms as well as **unequal pay** produces economic inequalities for women.  
**Power inequalities** are reflected and perpetuated in conditions that, for example, put women at increased risk for disease (such as HIV and AIDS) because of their inability to negotiate correct and regular use of condoms. Women may also be more vulnerable to illness and death when they cannot access transport to health facilities.  
Gender approaches aim to meet the different needs of men and women in ways that contribute to power balance and equitable practices. These approaches also seek to find ways to empower women through the acquisition of skills, information, services, and technologies. Depending on the level of change aimed for by programs, gender approaches can be **neutral, gender-sensitive, transformative, and empowering** (Gupta 2000).  
- What gender inequalities exist around the specific issues? Who makes decisions? How are those decisions linked to broad gender-power divisions?  
- What factors maintain gender inequalities around specific issues? What factors discourage women from gaining more power?  
- How can gender-equitable decision-making be promoted? What social norms can be tapped to strengthen women’s power?  
- Are there other areas in a given community where men and women have more equitable relationships? If so, why?  
- Are there men who don’t act like most men around specific issue? If so, why?
### Theories/Models/ Approaches

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<tr>
<th>2.6 Culture-Centered Approach</th>
<th>Focus</th>
<th>Critical questions</th>
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| (Airhihenbuwa 1999; Dutta 2007) | **The Culture-Centered Approach** involves designing change interventions and activities that are consistent with a people’s and community’s cultural frameworks or culturally relevant. Local cultural systems are the basis for the development of meanings (or interpretations) about specific social change issues. This approach recognizes the value of local and community expertise and knowledge, and views community members as agents capable of promoting change within their own communities. | • How do communities think about a given issue in terms of their own culture?  
• How does local culture affect people’s beliefs and practices about the issue?  
• How do people talk/communicate about the specific issue? What are the preferred modes of communication?  
• Do people have opportunities to talk about a given issue? If so, where and when? Are there obstacles?  
• What local/traditional values might promote “good” practices and changes? |
| **Key Concepts** | | |
| • **Links between culture and structure** | **A culture-centered approach** involves inquiry into the preferred modes of communication within a given community—oral, written, mixed, visual, traditional, and mediated modes of communication. | |
| • **Multiple and shifting contexts** | A culture-centered approach views local culture as a resource, rather than a barrier to change. When ethical challenges arise, such as domestic violence or the solicitation of sex from young girls by older men (“sugar daddies”), local culture and religious and moral norms can be evoked as a *shaming technique* to appeal emotionally to perpetrators to cease their behavior. | |
| • **Cultural relevance** | | |
| • **Local community has agency and expertise** | | |
| • **Shaming techniques** (Ttofi and Farrington 2008) | | |
| • **Emotional motivators** | | |
| • **Community-led commitment to change** | | |

### 2.7 The Positive Deviance Approach

<table>
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<tr>
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<th>Critical questions</th>
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| (Zeitlin et al. 1990; Pascale and Sternin 2005) | **The Positive Deviance Approach** seeks to understand why a minority in a given community practices healthy behaviors then integrates those insights into effective planning. For example, in a community where most children are malnourished, positive deviance would try to analyze why some children are well nourished—those who deviate from the norm in a positive way. Reasons could be access to economic resources, social capital, religious beliefs, past experiences, and so on. A basic premise of this *asset-based approach* is that change is community-based and community-driven—that is, communities have local expertise, solutions, and resources (e.g., alternative norms, agents) to promote change. | • Are there people who do not conform to the negative norm? Why do they act in that way? Are there common elements among them?  
• Is it possible to spread their unique and/or deviant "norms across the community? Are there barriers? How can these be addressed? What will it entail to mainstream deviant positive behaviors?  
• What resources do communities have to promote desirable changes? How can these resources be mobilized toward positive change?  
• Who (individuals/groups) may be more inclined or disinclined to promote change? What are the reasons? |
<p>| <strong>Key Concepts</strong> | | |
| • <strong>Asset-based approach</strong> | | |
| • <strong>Community ownership of change process</strong> | | |
| • <strong>Community-based and community-driven design and practice</strong> | | |
| • <strong>Local expertise and solutions</strong> | | |</p>
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<th>Theories/Models/Approaches</th>
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| • Community capacity      | The basic steps of the **Positive Deviance Approach** comprise four Ds:  
Step 1. Define the problem and desired outcome.  
Step 2. Determine common practices.  
Step 3. Discover uncommon but successful behaviors and strategies through inquiry and observation.  
Step 4. Design an initiative based on the inquiry findings.  
The results of a **Positive Deviance Approach** never yield a recipe for change, since each community has a different challenge, context, and local expertise. Thus, identifying *community capacity* to promote desirable changes is critical. Capacity refers to *agents* who drive change, *resources* (how), *setting* (where), and *target* (who is the subject of change). | Will informing about examples of positive deviance persuade people who practice undesirable behaviors? |
| • Community as agent, resource, setting, target (McLeroy et al. 2003) | | |
### 2. Community Level (Services, Products)

**What:** Services, products  
**Who:** Service, product, and institutional provider  
**Strategies:** Advocacy, community mobilization, BCC

**Possible Tipping Points for Change:** Product design, access, availability, quality of services, demand, service integration, provider capacity, client satisfaction

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<th>Theories/Models/ Approaches</th>
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</table>
| **2.8 Theory of Organizational Change** (Glanz, Rimer, and Viswanath 2008) | Understanding how to create change in organizations is a critical aspect of health and development promotion. Organizational theories can provide insight into how to manage the adoption of organizational policies or the institutionalization of a particular intervention within an organization, and they can help explain how an organization may discourage certain behaviors with its structure of programs and services. It is important to understand what drives an organization to change, what demands and leads change, and how change is implemented. The interest of organizations in stability, hierarchy, and predictability may discourage change. The need for renewal, survival, and consolidation may encourage change. | • What organizations are responsible or exercise influence over specific issues (e.g., quality of health services)?  
• What organizational practices and rules affect a given issue (e.g., service provision quality and hours)?  
• What organizational policies and dynamics negatively affect a given issue?  
• How is change possible in a specific organization? Is there a previous example of change? If so, how did it happen? Was it gradual or sudden? What parts of the organization are more likely to be changed?  
• What may motivate organization members to support change? Who has power over change?  
• How can changes be institutionalized in the organization? |
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| **2.9 Diffusion of Innovations**  
(Rogers 2003; for a concise and thorough summary, see Robinson 2009) | Diffusion of Innovations is a process by which an innovation is spread in a given population over time. Under the right conditions, innovations (new services, products, best practices) can be successfully introduced, communicated, and adapted at individual, community, and organizational levels For diffusion of innovation to be successful it must have a relative advantage or be better than an existing service, product, or practice; compatible with existing values (perceived social acceptability); easy to implement and not too complex; possible to try (triability); and have observable benefits. Not everyone in a given community is similarly predisposed vis-à-vis specific changes; people have different attitudes, beliefs, and experiences that affect their disposition to change. When opinion leaders in the community support the innovation and communicate their approval, the likelihood and pace of adoption is increased. Individuals often improve, adapt, or re-invent an innovation to fit their needs and context. Innovations are more likely to be incorporated if they fit into preexisting needs. | - What attitudes exist toward specific innovations?  
- Who (individuals, groups) is more likely to adapt the innovation? Who is less likely? Why?  
- What are the advantages of the given innovation over current practices or uses?  
- Which opinion leaders strongly support innovations and might be mobilized to provide public support?  
- Have people already experienced the innovation? If so, what happened? Do people have easy access to try the innovation?  
- What might be the benefits of adopting the innovation for different groups of people? |

<table>
<thead>
<tr>
<th>Key Concepts</th>
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</table>
| **Social system**  
**Communication channels**  
**Opinion leaders**  
**Relative advantage**  
**Compatibility with existing values**  
**Complexity**  
**Triability**  
**Observability**  
**Re-invention** | | |
| | | |
| **2.10 Social Marketing Approach**  
(Andreasen 1995; McKenzie-Mohr 2011). | “Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society” (Andreasen 1995). Product/practice is what is being promoted. Price/cost is the ease of access and barriers to using the product or practice. Perceived cost may not be identical to actual cost, as people may have the wrong impression about how easy or difficult it is to access the product. Places/access points refer to where people might have access to the product—where the product is distributed and made available. | - What are the benefits of a given product?  
- Why would people try, using, and continuing to use a new product?  
- What is the cost/price for people to access the product?  
- How can the product be effectively distributed in the population? Where will people access it?  
- How can the product be promoted? What appeals, format, and content will attract people’s attention and reach them most effectively? |
## Module 0

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<tr>
<td><strong>Promotion</strong> refers to the information/activities to let people know about products and their characteristics.</td>
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<tr>
<td><strong>Community-based social marketing</strong> (CBSM) relies on formative research conducted in the community to ensure that existing and perceived benefits and barriers are understood prior to the design of an intervention, campaign, or activity. CBSM involves the promotion of both actions and/or products.</td>
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| **2.11 Models of Patient-Centered Communication Functions** (Reeder 1972; Holman and Lorig 2000; Glanz, Rimer, and Viswanath 2008) | **Paternalistic physician-patient relationships** with professional distance or consumerist (patient as consumer) approaches to physician-patient relationships make a big difference for the patient. The paternalistic idea of a hierarchical relationship is still the norm in big parts of the world. By comparison, patient-centered relationships encourage clients to see themselves as consumers of health care, while providers are trained to expect more assertive and responsible patients. **Health literacy** is an individual's capacity to obtain, process, and communicate information about health. It is needed for patient self-management (e.g., health information-seeking, coping with treatment effects, disease monitoring, navigating referrals). **Social distance** is the number and importance of dissimilarities between providers and clients. It may be based on perceptions or objective indicators that do not necessarily have to match. The concept of **patient preferences** speaks to the fact that patients have varying expectations about their own roles and that of providers, often associated with socio-demographic and cultural characteristics. | *What difference does it make to call patients clients?*  
*What advantages do more assertive patients provide for physicians?*  
*How can physicians encourage patient self-management?*  
*What difference would social distance make to the client-provider relationship?*  
*And what difference does a good client-provider relationship make for health outcomes (e.g., adherence to HIV treatment)?*  
*What decisions should be made by the provider, and what decisions can a client make?* |
### 3. Interpersonal Level

**What:** Relationships, interpersonal communication, perceived norms  
**Who:** Partners, family, peers, neighbors  
**Strategies:** Community mobilization, interpersonal communication, BCC

#### Possible Tipping Points for Change:
Social norms, perceived norms, self-efficacy and collective efficacy, network, participation, ownership

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<tr>
<th>Theories/Models/ Approaches</th>
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| **3.1 Social Learning Theory/Social Cognitive Theory** (Bandura 1977, 1997, 2001, 2004; Glanz, Rimer, and Su 2005) | These theories describe the dynamic interaction of the person, behavior, and the environment in which the behavior is performed. Five key factors can affect the likelihood that a person changes a health behavior: 1) knowledge of health risks and benefits; 2) self-efficacy (confidence in one's ability to take action and overcome barriers); 3) outcome expectations (the cost and benefits of adopting a behavior); 4) goals people set (and strategies for realizing them), 5) perceived social and structural facilitators and/or impediments/barriers to the desired change.  
The concept of reinforcement suggests that responses to a behavior decrease or increase the likelihood of its reoccurrence.  
In addition, the theories suggest that people learn not only from their own experiences, but by observing others performing actions and the benefits they gain through those actions. This concept of modeling has been influential in developing entertainment-education programs. | • How do people come to know about a given issue?  
• How do people feel about their ability to practice certain actions? Is self-efficacy high or low?  
• Who influences people's knowledge, attitudes, and behaviors?  
• What barriers discourage practicing certain behaviors?  
• How can specific practices be reinforced/reminded/maintained?  
• Who are credible role models who perform the targeted behavior?  
• How can collective-efficacy about specific issues be promoted? |

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<thead>
<tr>
<th><strong>Key Concepts</strong></th>
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<tbody>
<tr>
<td>Environment</td>
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<tr>
<td>Behavioral capability</td>
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<tr>
<td>Perceived facilitators and barriers to change</td>
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<tr>
<td>Self-efficacy³</td>
<td></td>
</tr>
<tr>
<td>Reinforcements</td>
<td></td>
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<tr>
<td>Observational learning (modeling)</td>
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| **3.2 Diffusion of Innovations** (Rogers 2003) | Since they are recognized as opinion leaders in a given issue, specific members of a community may lead by example. Their opinions and behaviors may encourage people to try new behaviors and continue to maintain | • Who are opinion leaders on specific issues in a community or group?  
• Why are they trusted and followed? |

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³ Social Learning Theory and Health Belief Model both use this concept.
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<tbody>
<tr>
<td>• <em>Opinion leaders</em></td>
<td>Imitation of positive behavior may be the result of people following opinion leaders who are admired and trusted around specific issues. Opinion leaders in one area (e.g., breastfeeding, sanitation practices) are not necessarily influential around other issues.</td>
<td>• Have they introduced new behaviors? If so, what happened?</td>
</tr>
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### 3.3 Theories of Dialogue *(Freire 1993; Walton 1998)*

**Key Concepts**

- *Consciousness-raising*
- *Connection*

Dialogue can be more than conversation—it can be conceived of as a respectful orientation toward others and as a way of *raising consciousness* about social realities (including inequality in power and economic relations). A “dialogic” approach of raising awareness through interpersonal contact is the opposite of a one-way education, whereby an expert transmits information to an empty/ignorant receiver/audience (banking model). Dialogic communication aims to achieve empathy and a *connection* that invites reflection and potential action.

- What might a dialogic communication strategy look like?
- What should the role of the expert be in communication for social and behavior change?
- What activities and processes can facilitate consciousness-raising and connection?

See also 1.4—*Social Network and Social Support Theory* used at environmental and community levels (McKee Manoncourt, Yoon, and Carnegie 2000; Glanz, Rimer, and Viswanath 2008)

See also 2.11—*Models of Patient-Centered Communication Functions* used at the community level (Reeder 1972; Holman and Lorig 2000)
### 4. Individual Level

**What**: Identity, perception of self, locus of control  
**Who**: Individuals  
**Strategies**: BCC

**Possible Tipping Points for Change**: Knowledge, beliefs, values, attitudes, perceived risks, self-efficacy, social support/stigma, personal advocacy, life and other skills

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| 4.1 Hierarchy of Effects Model (Chaffee and Roser 1986) | Considers the effects of communication and is based in the practice of advertising. Together, these variables are referred to as KAB (knowledge, attitude, and behavior) by many researchers. Different hierarchies involving these KAB variables are a product of different levels of involvement and the range of choices available. | • What knowledge and attitudes might lead to desirable behaviors?  
• How do we know that specific behaviors might be changed if specific knowledge and attitudes are changed? |
| Key Concepts               |                                                                      |                                                                                  |
| • Knowledge                |                                                                      |                                                                                  |
| • Attitudes                |                                                                      |                                                                                  |
| • Behaviors                |                                                                      |                                                                                  |
| 4.2 Theory of Self-determination (Osbaldiston and Sheldon 2002) | Motivation to change behaviors happens along a continuum from being controlled by others (external motivation) to being able to self-determine (internal motivation). Internal motivation leads not only to more enjoyment of a behavior change, but also more persistence to maintain a new behavior. | • Do people feel that they or others control decisions about specific behaviors?  
• Do people believe they can change or promote changes? What is the basis for those beliefs?  
• Do people hold fatalistic beliefs about change or do they think that change is possible?  
• Have people effectively promoted and achieved positive change? If so, which ones? |
| Key Concepts               |                                                                      |                                                                                  |
| • External motivation      |                                                                      |                                                                                  |
| • Internal motivation      |                                                                      |                                                                                  |
| 4.3 Theory of Human Motivation (Maslow 1943) | Humans must first meet basic physiological and safety needs (food, water, shelter, etc.) before addressing higher needs such as social relations, esteem, or self-actualization (e.g., a fulfilling career). In relation to behavior change, Maslow’s hierarchy of needs provides some reference to understand the barriers to change for any behavior. The theory suggests that we need to consider whether people have basic needs met when planning and designing | • What are people’s perceived priority needs? What are their most urgent needs around specific issues (e.g., health, education)?  
• Do people perceive that the promoted change is important?  
• Is it possible to present the promoted change in terms of existing perceived priorities? |
| Key Concepts               |                                                                      |                                                                                  |
| • Hierarchy of needs: physiological safety, social, esteem, self-actualization |                                                                      |                                                                                  |
### Module 0

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<tr>
<td><strong>4.4 Stages of Change/ Transtheoretical Model</strong>&lt;br&gt;(Proschaska and DiClemente 1986; Glanz, Rimer, and Su 2005; Glanz, Rimer, and Viswanath 2008)</td>
<td>This model focuses on stages of individual motivation and readiness to change behaviors.&lt;br&gt;1. <em>Pre-contemplation</em>: Individual has no intention of taking action within the next six months.&lt;br&gt;2. <em>Contemplation</em>: Individual intends to take action in the next six months.&lt;br&gt;3. <em>Preparation</em>: Individual intends to take action within the next 30 days and has taken some behavioral steps in this direction.&lt;br&gt;4. <em>Action</em>: Individual has changed behavior for less than six months.&lt;br&gt;5. <em>Maintenance</em>: Individual has changed behavior for more than six months.</td>
<td>• What are the different stages across several groups in a community vis-à-vis proposed changes/issues?&lt;br&gt;• Are there any obvious explanations to understand such differences across groups? Why do groups hold different attitudes or why are they in different stages?&lt;br&gt;• How can stage transition be promoted?&lt;br&gt;• What appeals can be mobilized to promote stage change?&lt;br&gt;• What motivates people to act and maintain behavior change? Can those factors be tapped into to promote changes among peoples in other, previous stages?</td>
</tr>
<tr>
<td><strong>4.5 Theory of Planned Behavior</strong>&lt;br&gt;(Ajzen 1985)</td>
<td>This theory posits that <em>behavioral intention</em> is the most important determinant of behavior. Behaviors are more likely to be influenced when individuals have a positive attitudes about the behavior; the behavior is viewed positively by key people who influence the individual (<em>subjective norm</em>); and the individual has a sense that he or she can control the behavior (<em>perceived behavioral control</em>).</td>
<td>• Do individuals want to perform the behavior? How likely are individuals to perform behavior?&lt;br&gt;• Are individuals opposed to the behavior?&lt;br&gt;• Why do some individuals have positive or negative intentions?&lt;br&gt;• Do people feel they can control behaviors?&lt;br&gt;• What might motivate people to have positive attitudes?</td>
</tr>
<tr>
<td><strong>4.6 Health Belief Model</strong>&lt;br&gt;(Rosenstock 1974; Glanz, Rimer, and Su 2005; King 1999)</td>
<td>This model highlights individuals' perceptions of: 1) their vulnerability (<em>perceived susceptibility</em>) to a health condition; 2) the <em>perceived severity</em> of the health condition; 3) the <em>perceived benefits</em> of reducing or avoiding risk; 4) the <em>perceived barriers</em> or costs associated with the condition; 5) <em>cues to action</em> that activate a <em>readiness to</em></td>
<td>• What populations are at risk? What are their levels of risk?&lt;br&gt;• How can risk perceptions be changed or maintained?&lt;br&gt;• Why do people believe that they are at risk? Why do</td>
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4 The **Theory of Planned Behavior** is a later and more robust version of the **Theory of Reasoned Action** (Fishbein and Ajzen 1975, 1980).
### Theories/Models/Approaches
- Perceived severity
- Perceived benefits
- Perceived barriers
- Readiness to act
- Cues to action
- Self-efficacy

### Focus

| change; and 6) confidence in ability to take action (self-efficacy). |
| In the case of HIV prevention, individuals must |
| - believe they are at risk for HIV and AIDS |
| - believe that HIV and AIDS are serious and deadly |
| - believe that avoiding HIV and AIDS is both worthwhile and possible |
| - feel and be able to take preventative measures |

### Critical questions

| some people believe they are not at risk? |
| How do risk perceptions match objective risk (the statistical probability of being at risk)? |
| What perceived barriers and perceived benefits for practicing specific behaviors exist? |
| What actions can be promoted to reduce risk and risk perception? |
| Are there groups who seem ready to change/practice new behaviors? |
| Do people feel they are capable of changing behaviors? |
| Do people understand how change is possible—what needs to happen? |
References Cited in the Table “The Theoretical Base of the Socio-Ecological Model for Change”


**Additional Reading**

These references provide additional information for SBCC practitioners. The entire SBCC curriculum, references cited below, and additional resources are available at [http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules](http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules). For more resources and opportunities to strengthen capacity in SBCC, visit C-Change's Capacity Strengthening Online Resource Center at [http://www.comminit.com/c-change-orc](http://www.comminit.com/c-change-orc). Graphics in the C-Modules can be accessed online, expanded, and shown to participants on a large poster board or through a PowerPoint presentation.

**Background Reading**

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<th>Topic</th>
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<tr>
<td><strong>SBCC</strong></td>
<td><em>Sexual Behavioral Change for HIV: Where Have Theories Taken Us?</em> Provides a brief overview of theoretical models of behavioral change, a review of key approaches used to stem sexual transmission of HIV, a summary of successful interventions targeting specific populations at risk, and a discussion of remaining challenges.</td>
</tr>
<tr>
<td><strong>Advocacy and/or Social Mobilization</strong></td>
<td><em>Theory at a Glance: A Guide for Health Promotion Practice.</em> Provides information and examples of influential theories of health-related behaviors, the processes of shaping behaviors, and the effects of community and environmental factors on behavior.</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td><em>Moments in Time: HIV/AIDS Advocacy Series.</em> Highlights some advocacy moments of many HIV and AIDS global efforts from the perspectives of those involved. Intended to be used as a companion to other trainings</td>
</tr>
<tr>
<td><strong>Curricula/Training Materials</strong></td>
<td><em>Inner Spaces Outer Faces Initiative (ISOFI) Toolkit: Tools for Learning and Action on Gender and Sexuality.</em> Provides guidance based on the experiences of CARE staff under the ISOFI project in a toolkit that aims to help health and development staff and organizations understand gender and sexuality and their relationship to reproductive health.</td>
</tr>
<tr>
<td><strong>A Field Guide to Designing a Health Communication Strategy.</strong> Provides practical guidance on designing, implementing, or supporting a strategic health communication effort, with an emphasis on developing a comprehensive, long-term strategy that responds appropriately to audience needs.</td>
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<tr>
<td><strong>Behaviour Change Interventions and Communications: A Learner-Driven Training Programme Piloted in Botswana.</strong> Offers assignments, readings, and worksheets in a 10-module course on a full range of behavior change interventions and communications subtopics, including assignments on gender and explanations of key concepts in gender education, gender analysis, and equity promotion. Participants work through issues such as HIV and AIDS and the national response, research tools, communication strategies, and monitoring plans.</td>
<td></td>
</tr>
</tbody>
</table>
References Cited


Credits for Graphics

*C-Planning* (page 8)


*The Socio-Ecological Model for Change* (page 12); *The Theoretical Base of the Socio-Ecological Model* (page 15)


*Three Key Strategies of Social Behavior Change Communication* (pages 19-20)

UNDERSTANDING THE SITUATION

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK
C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)

Communication for Change (C-Change) Project
Version 3

May 2012

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Overview

The C-Modules are designed for the use of research and implementing staff with previous experience in communication theory and programs. Module 1 covers Step 1 of C-Planning—Understanding the Situation—and builds on the information and guidance provided in the introductory module, Module 0. This module illustrates how a full analysis of the situation can help build a program around evidence, instead of assumptions and explains how behavior change communication, social mobilization, and/or advocacy can bring about a positive change.

Sessions

Module 1, Session 1: What is Meant by “Understanding the Situation”? .................................................2
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Module 1, Session 3: People Analysis .........................................................................................................8
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A Note on Formatting

In the C-Modules, the names of theories and models are in **bolded, dark blue text**; concepts are in *dark blue italics.*
Module 1, Session 1: What is Meant by “Understanding the Situation”?

Understanding the situation is the first step of a systematic SBCC effort in C-Planning. This is essential preparation for program design, since it provides:

- insight into the issue the program is trying to address from many perspectives
- guidance for decisions to be made in Step 2 and for focusing energies and resources

Once the situation is fully understood, it is possible to decide how to:

- focus a program effectively on different groups of people—those affected and those influencing the situation
- address the problem identified and its context through complementary SBCC strategies—advocacy, social mobilization, and/or behavior change communication
- work with partners, allies, and/or gatekeepers

Below is an example of how insights gathered during Step 1 can influence SBCC program design.

Practitioners may initially assume that high rates of HIV among sex workers should be addressed through condom promotion geared toward the sex workers. However, an analysis may reveal that most sex workers are already using condoms, and that security and police are raping sex workers at night, without using condoms because sex work is illegal. This insight and others might lead practitioners to use advocacy to address policy issues. On the other hand, the analysis might reveal that clients of sex workers try to get around using condoms by paying more for unprotected sex. Such findings might lead practitioners to address condom use among male clients and to launch a policy effort urging brothel owners to have a condom rule in their establishments.

Completing four tasks will help to understand the situation, before focusing or designing an SBCC program.

1. Organize and summarize what is already known about the situation.
2. Check assumptions by looking at existing research.
3. Review relevant SBCC theories for concepts that can inform and/or guide research.
4. Identify gaps and plan and conduct formative research, if needed.
GRAPHIC: The First Step of a Planning Process for SBCC—Understanding the Situation

SOUTH AFRICA EXAMPLE: Using a Situation Analysis to Determine SBCC Strategies

Please refer to the example in the Introduction (Module 0, session 4, page 21), "Combining Advocacy, Social Mobilization, and Behavior Change Communication," for an overview of the work of the Treatment Action Campaign (TAC) in South Africa.

At the time when access to AIDS treatment in South Africa became a serious problem, TAC recognized the absence of a national HIV and AIDS treatment policy, as well as low levels of awareness and readiness for change among decision-makers. TAC advocated for necessary services that were unavailable, such as treatment for people living with HIV (PLHIV), including prisoners. It was clear that the problem was not simply at the individual behavior level (i.e., individuals choosing not to access treatment), but more of a policy and service-related issue—one requiring a strong advocacy and social mobilization approach.

Theory Corner: Social Movement Theories and Agenda Setting

The TAC example is a good illustration of how an organization can use agenda-setting concepts through policy and media advocacy, along with tactics from social movement theories. Agenda setting includes setting the media agenda (what is covered), the public agenda (what people think about), and the policy agenda (regulatory or legislative actions on issues). TAC continues to issue press releases, send messages via social media such as Facebook and Twitter, and put public pressure on legislators and policymakers to recognize and prioritize the issue of access to treatment for PLHIV.

TAC employs mobilization tactics called WUNC displays—concerted public representations of:
- worthiness (of the attention to the issue)
- unity (of the movement members in their concern)
- numbers (of the people concerned)
- commitments (to change the issue)

WUNC displays are common in social movements. They simultaneously express the goals of an organization, while garnering visibility through public actions and (ideally) press coverage of the actions. According to TAC’s website, its mission is to inform and support national advocacy efforts through its branches, thereby providing a platform for people mobilizing and organizing around HIV and related health rights (Treatment Action Campaign 2012). For more information, see: http://www.tac.org.za/community/
Module 1, Session 2: Layers of Causes and Effects

A problem tree is a useful tool for analyzing a situation. The problem tree is one way to document:
- what SBCC practitioners think they know about the situation
- what they need to find out from evidence for the analysis to be complete

Using a problem tree encourages practitioners to take a deeper look at causes, along with a broader view of possible effects and ways to address the problem or situation most effectively. The trunk of the tree is used to state the core problem. The roots and branches exhibit the basic or underlying causes of the problem, and the top of the tree states the effects of the problem.

The trunk and the top of the tree often correspond to the levels of analysis in the socio-ecological model: individual, interpersonal, community/organizational, and the enabling environment.

Cross-cutting factors, noted in the branches of the problem tree, serve as the bridge between the different levels. These include:
- direct causes, such as knowledge, motivation, and skills
- indirect causes, such as access to materials and services
- underlying causes, such as perceived norms and actual social norms

Often, programs fail to do a full, evidence-based analysis and arrive at approaches that tend to address perceived effects of the core problem or assumptions about it, rather than its more fundamental causes. In other words, a limited analysis leads to a limited set of program strategies and interventions.

The best start to an SBCC effort and a situation analysis is to consult people who offer different perspectives, including affected individuals, community members, and decision-makers. This will make it possible to produce a deeper and more accurate picture of the situation—or what's going on.
Example Problem Tree: HIV and AIDS in Southern Africa

**Effects**
No incentive for prevention, increasing stigma, more HIV infections

**Core Problem**
Increasing mortality from HIV/AIDS due to lack of treatment

**Direct Causes**
- Lack of knowledge on effectiveness of treatment, motivation hampered by perceived stigma to advocate for treatment
- Lack of skills among providers with regard to HIV care, lack of services and/or access to services, ART too expensive

**Indirect Causes**
Lack of political will from South African government to provide access to treatment, unwillingness of multinational pharmaceutical companies to reduce prices

**Underlying Causes**
Stigma against PLHIV, blaming them for their infection and perception that they are not worthy of receiving treatment

* Including gender and other social & cultural factors.
WORKSHEET: Problem Tree

Directions: Use this worksheet to do your own analysis with the problem tree.

Tip: Information, knowledge, and motivational issues often go in the section under “direct causes” on the left, while ability to act and skills-related issues go in the section by the same name on the right. The “indirect causes” section is often used to note issues relating to political will, while norms (perceived and actual) and related issues are often represented in the section under “underlying causes.”
Module 1, Session 3: People Analysis

It’s time to step back and take a good look at either the people who are directly affected by the health or development problem or the people who are involved with and influence in some way those directly affected. C-Change’s Socio-Ecological Model for Change can be a useful tool for this analysis.

In the center (the self) are listed the people most affected by the problem. Examples might include:
- university students who engage in unprotected sex
- school children suffering from water-borne illnesses
- women living with HIV

In the two intermediate rings (interpersonal and community levels) are persons, community organizations, services, or products that directly influence those most affected (self). Examples might include:
- peers of students who engage in unprotected sex and might get pregnant or cause pregnancy
- school teachers in places with high rates of water-borne illnesses
- partners and friends of women living with HIV and their support groups
- service providers at local clinics who may be overworked and thus unfriendly to clients
- local clinics that regularly experience medicine shortages
- faith leaders who do not support condom promotion for prevention of HIV

In the outermost ring (the enabling environment) are persons, groups, and/or institutions that indirectly influence people in the center (self) and all those in the other rings. Examples might include:
- university authorities who decide how to provide contraceptives around campuses
- national or district school administrators and decision-makers
- officials who determine policies around access to antiretroviral therapy
- legislators and policymakers who make decisions that indirectly but strongly affect others

Gender often goes unaddressed, though it is a key part of any analysis and plays a key role in many situations. For example, women are disproportionately infected by HIV and affected by AIDS; in some cases, married women are infected by husbands. Gender norms in many societies give men more sexual freedom to engage with multiple concurrent partners, and unequal power relations make it difficult for women to propose condom use to their husbands.
Theory Corner: Culture-Centered and Positive Deviance Approaches

A major concept included in the Culture-Centered Approach is that traditional cultural beliefs do not need to be perceived as barriers to social change. Instead, these beliefs can be viewed as assets—resources to be harnessed in change efforts.

Along similar lines, the Positive Deviance Approach begins with the idea that the solution to existing challenges most likely already exists within the community. In other words, in any given community, there are often individuals and families who deviate from the norm in a positive way. For example, if a village has a 95 percent malnutrition rate for children under age 5, a Positive Deviance Approach would begin with the 5 percent who are not malnourished and attempt to identify promising practices that can be used by the entire community. However, if deviating community members have access to additional resources (such as extra farmland), that solution is not applicable. Only practices that can be replicated by everyone in the community are selected and incorporated into programs. In this approach, the deviating community members are the experts; it is they (not an external expert) who are called upon to share their successful practices with other community members.

It is important to keep in mind during Step 1 that the goal is to identify people involved in the situation, not to make decisions about which group or groups will be the focus of the SBCC program. Step 2, covered in Module 2, is Focusing & Designing—the process of making strategic decisions about audiences, including segmentation and prioritization. For now, try to name and understand all the people involved, without deciding on specific audiences for the SBCC effort. The following pages offer an example of people analysis and a blank worksheet to be filled out that can help to guide the analysis.
Example People Analysis: HIV and AIDS in Southern Africa

MOST AFFECTED
- PLHIV in need of treatment

DIRECTLY INFLUENCING
- Sexual partners of PLHIV
- Supportive family members
- Support group members
- Health care providers
- Local chiefs

INDIRECTLY INFLUENCING
- South African government
- Ministry of Health
- Multinational pharmaceutical companies
- National faith leaders
- Treatment Action Campaign leaders

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)
WORKSHEET: People Analysis

Directions:

- In the center is an individual (self). Ask, "Who are the people most affected by the health or development issue?" For example, they might be university students at risk of HIV.

- For the ring next to the center, ask, "Who are the people who have contact with the individuals in the center ring and directly influence them?" These people may also be directly affected by the problem, and could include sexual partners, and friends of the people in the center.

- In the next ring (third from the center), ask, "Who in the community allows for certain activities and controls resources, access to, demand for, and quality of services and products?" These could include clinic workers or community leaders.

- In the outermost, enabling environment ring, ask, "Who are the people, institutions, or organizations that indirectly influence those in the other rings?" These could include churches and religious leaders, business leaders, journalists, policymakers, and officials in the Ministry of Health.
**WORKSHEET: A Gender Perspective**

Gender has been referred to as “the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women” (WHO 2010). Consider the full definition of a gender perspective. Often, gender and sex are understood to be one and the same. In reality, they are quite different. Sex refers to the biological and physiological characteristics that define what men’s and women’s bodies are physically able to do, while gender refers to what society expects us to do. The result of traditional gender norms and roles is that people are often unable to reach their full potential. Both men and women would benefit from a perspective that does not limit what individuals should or should not do (CARE and ICRW 2007).

Respond to the following questions while holding onto a gender perspective and thinking about the cross-cutting factors shown in C-Change’s Socio-Ecological Model for Change:

Consider the **people most affected** by the health or development issue (the self).
- In what ways might gender make them more likely to be affected?
- In what ways might gender play into their view of the issue?
- How does gender affect their ability to act and address the issue?

Consider the people who **directly influence** and are in contact with the self—those most affected.
- What is the effect of gender on their sexual partners, family members, coworkers, and friends?
- How does gender affect their relationships?
- How might gender make them more or less likely to support change?

Consider the people who **indirectly influence** the self or those most affected, such as journalists, policymakers, religious leaders, and health center directors.
- How does gender affect their roles or influence?
- How does gender affect how they see the situation or how involved they might become with it?
Module 1, Session 4: Context Analysis

Once the key people affected and involved are identified, the rest of the Socio-Ecological Model for Change, including the cross-cutting factors, can be used to check what is known and not known about each group. Here are some questions to ask:

**Community, Services, and Products**
- What community assets can support or impede change? What services and products are accessible at the community level? What is their quality? Do people like them? Is transport available to access services? Are transport services and products subsidized so people can access them?

**Enabling Environment**
- What policies exist that support or impede change? How do political and religious conventions and norms influence these policies? Is there a social movement supporting this change? Are there any opinion leaders who can support or impede the change? How can the program work with them? What is the condition of the economic, technological, and natural environment?

**Information**
- What information does each group receive about the health issue? How timely, accessible, or relevant is it? Through what channels? How do they react to it? What knowledge do they need?

**Motivation**
- What motivates people in each group to act? What are their attitudes and beliefs? What appeals to them? What do they want? How do gender norms make them more or less motivated? What key or additional information is missing that could help motivate them?

**Ability to Act**
- What life skills do people in each group have? What assets, strengths, resources, or access to services or products do they have? How confident are they in their ability to create change (self-efficacy)? How do gender norms contribute to or constrain their ability to act? Why?

**Norms**
- What are the deep, underlying values of each group, as reflected in gender norms and other social and cultural norms? How do these norms affect people’s knowledge, attitudes, beliefs, ability to act, and, ultimately, their behaviors? How do these values and norms influence the health or development problem? Do all the people most affected and those who influence them have the same or different norms? What are the norms?

Answers to these and other questions can often be supplied through existing research, and practitioners should look to those sources first. If there isn’t enough information, then they need to consider the best ways to get their own answers to these questions. How to do this and the use of formative research methods will be explored in session 5.
WORKSHEET: Context Analysis

Directions:
- Consider one at a time each of the groups mentioned in the people analysis.
- Use this table to write down what is known about each group. Not every box applies. It might be helpful to indicate where more information is needed.

<table>
<thead>
<tr>
<th>What Is Known about People’s Context</th>
<th>People most affected</th>
<th>People directly influencing them</th>
<th>People indirectly influencing them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience (groups of people from the analysis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community: Organization, Services, and Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabling Environment: Policy/Legislation, Politics/Conflict, Economics, Religion, Technology, Natural Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information (knowledge)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation (attitudes, beliefs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Act (skills, self-efficacy, access)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norms (perceived, socio-cultural, gender)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GRAPHIC: Unpacking the Socio-Ecological Model for Change

Review this graphic to see whether people and context analyses are based on the Socio-Ecological Model for Change. Reviewing the table in the Introduction (Module 0, page 25), “The Theoretical Base of the Socio-Ecological Model,” may provide some inspiration on how theories can support these analyses.

*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)
Module 1, Session 5: Formative Research Gaps and How to Fill Them

As noted in previous sessions, formative research should always be grounded in data so programs are not based on assumptions.

Few issues remain un-researched, so practitioners can save themselves (and communities they work in) significant time and energy by thoroughly reviewing existing sources of data before considering new research.

Look at what has already been written about the health or development issue in the region, and consult relevant sources such as the Demographic and Health Survey (DHS), the Behavioral Surveillance Survey, and other kinds of special studies. Large and small organizations and universities often do research for their own purposes, and much of it is never published. Consider those organizations or government ministries that may have data of interest. Contact them and request available data, some of which could be analyzed further to answer questions about challenges the program is addressing.

At the same time, it is a good idea to find out about any research being planned in the community and explore whether some of the program’s research questions could be added. This could help gain a fuller understanding of the situation that the SBCC program aims to address.

Where the research is insufficient or not forthcoming, it may be necessary to conduct formative research, using methods outlined on pages 22–23.
**ModuleName: Understanding the Situation**

**ALBANIA EXAMPLE: Formative Research Gaps and How to Fill Them**

Please refer to the Introduction (Module 0, session 1, page 3 and session 4, page 16) for information on C-Change's family planning program in Albania. In the example below, only two audiences—university students and pharmacists—were selected to illustrate formative research needs. For SBCC projects, all audiences need to be considered in the people analysis to obtain a complete picture.

### Formative research needs
- Information, motivation, ability to act, and norms for university students around the use of modern contraception in Albania
- Availability of and access to modern contraceptives in Albania
- Quality of interpersonal communication at the point of service (where contraceptives are obtained)

### Sample questions for university students:
- How many men and women are aware of different modern methods of contraception?
- What are their beliefs about the effectiveness of modern and traditional methods?
- What prevents them from using modern methods?
- How many students discuss contraception with their sexual partners?
- How many students discuss contraception with a pharmacist or physician?

### Sample questions for local pharmacists:
- What are pharmacists telling women about modern contraception?
- How accurate is this information?
- What misperceptions do pharmacists have about modern contraception?
- What misinformation are pharmacists giving their clients?
- What biases exist among pharmacists when it comes to contraception and family planning?

### Existing research from the inventory

### Formative research to be designed, as needed

#### Qualitative research
- Ten free-flowing focus groups with female university students led by a trained facilitator; use of the pile-sort method to rank contraception methods on various criteria

#### Quantitative and qualitative research
- Surveys with university students at two intervention and two comparison sites; trained interviewers use handheld PDAs (personal digital assistants) to collect data from a sample of students
- Face-to-face, quantitative surveys with pharmacists within 200 meters of the university sites; qualitative research with “mystery clients”—trained participants playing the role of women with little or no knowledge about contraception who ask pharmacists open questions about modern contraceptives; use of standardized checklist to address pharmacists’ attitudes and style—whether they provide vital and accurate information and referrals to an appropriate physician
WORKSHEET: Existing Research Inventory

**Directions:** Fill in the left column of this worksheet with information about existing research and data on the situation. This will inform what goes into the right column and the worksheet on page 19.

<table>
<thead>
<tr>
<th>Sources of Existing Research</th>
<th>Research Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Census data</strong></td>
<td></td>
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<tr>
<td>•</td>
<td></td>
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<tr>
<td>•</td>
<td></td>
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<tr>
<td><strong>Large surveys</strong></td>
<td></td>
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<tr>
<td>•</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
</tr>
<tr>
<td><strong>Research by government or other large organizations</strong></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
</tr>
<tr>
<td><strong>Research by local or small-scale organizations or programs</strong></td>
<td></td>
</tr>
<tr>
<td>(often unpublished)</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
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<td>•</td>
<td></td>
</tr>
</tbody>
</table>
WORKSHEET: Formative Research Gaps and How to Fill Them

Directions:
1. Enter the main formative research needs that emerged from problem tree, people analysis, and context analysis—in other words, what is not known?
2. Write down questions that need to be answered through research about the audiences identified in the people analysis.
3. Write down inventory of research conducted to address questions on the situation.
4. Review unanswered questions, then outline the formative research that needs to be designed and implemented to fully understand the situation.

<table>
<thead>
<tr>
<th>1. Formative research needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Questions for _______ (audience)</th>
<th>2. Questions for _______ (audience)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Existing research from the inventory</th>
<th>4. Formative research to be designed, as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Qualitative research</td>
</tr>
<tr>
<td></td>
<td>Quantitative research</td>
</tr>
</tbody>
</table>

Qualitative research
Quantitative research
Conducting Formative Research

Having carefully reviewed existing data and research, it is time to explore the need for formative research. Such research begins by listing the questions the SBCC program hopes to answer through formative research:

- What programs already exist?
- How feasible is the program we have in mind? How sustainable is it?
- What don’t we know about the audience’s knowledge, attitudes, skills, and behaviors?
- How do gender norms influence the program’s content and the possible interventions?
- How do other social norms influence the situation?

Some research questions call for quantitative data (such as the percentage of people who report x and the rate of y). Other research questions call for qualitative data, such as the kinds of concerns leaders have and what kind of events people enjoy.

The next few pages provide information on data methods and samples of research methods that might be useful to help understand the situation before designing an SBCC effort, including:

- key informant interviews
- observation or context immersion
- public forum
- focus group discussions
- mapping
- population surveys
GRAPHIC: Where Formative Research Fits into SBCC
As this graphic illustrates, formative research is distinct from baseline research. Baseline research is addressed in Step 2.

Data Methods

**Quantitative methods** generally rely on standardized approaches to collect and analyze numerical data. Almost any assessment question can be investigated using quantitative methods because most phenomena can be measured numerically. For example, quantitative methods may be used to find out how many women have come to a clinic for an HIV test in the past month or how many phone calls a hotline received over the past week. Quantitative methods tell us who, what, when, where, and how much, as well as how often something is taking place. To understand the “why,” qualitative methods are typically needed.

**Qualitative methods** generally involve asking semi-structured or open-ended questions whose answers produce in-depth, descriptive information. Qualitative results help guide understanding, rather than being used to generalize about an entire population. For example, qualitative data indicate why something might be taking place or the underlying issues with which individuals and communities are dealing. Quantitative methods allow us to identify who is doing what, while qualitative methods allow us to dig deeper and understand why those people are doing what they do.

<table>
<thead>
<tr>
<th>Data collection method</th>
<th>Method type</th>
<th>Information gathered</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Secondary data analysis | Qualitative or quantitative | The scope and severity of specific health, social, cultural, and economic issues supporting or blocking social and behavior change; individuals’ knowledge, attitudes, perceived skills, and behaviors; social networks, socio-cultural norms, collective-efficacy, and community dynamics | • Contact researchers to see if secondary analysis is possible.  
• Work to include the program’s issues and questions into ongoing surveys.  
• Take what is already done and build from it. (For example, use an old services-mapping study and shorten the research time to conduct an updated mapping.) |
| Key informant interviews | Primarily qualitative | Deep and rich views into behaviors, reasoning, and lives of people and policies that support or obstruct change; public opinions; socio-cultural norms and values; identification of existing players; suggestions for segmenting the population | • Develop an interview guide that will help obtain all the information needed from informants.  
• Test the guide and train interviewers to allow and encourage open-ended and free-flowing dialogue.  
• Identify informants by relying on existing committees or organizations in the community. |
| Public forum | Qualitative | Public opinion about the health or development issue (how important it is, how much of a problem it is believed to be, and causes of concerns); public perspective on the response of NGOs and the Ministry of Health to the issue; public opinion on current communication activities; generally accepted community norms and values | • Develop a discussion guide and prepare all logistics.  
• Focus on issues that are general in scope.  
• Be aware that many underlying causes may not come out in a public forum; they may be rarely spoken about in public and embarrassing to some participants. |
<table>
<thead>
<tr>
<th><strong>Data collection method</strong></th>
<th><strong>Method type</strong></th>
<th><strong>Information gathered</strong></th>
<th><strong>Comments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus group discussions</strong></td>
<td>Qualitative</td>
<td>Good for general (social, cultural, and economic) community issues and norms and general opinions on the health or development issue and underlying causes; perceptions of the quality of communication programs serving community members and their social networks; leadership dynamics and patterns; overall community strengths and weaknesses</td>
<td>• Use a tested field guide (if one exists) with open-ended questions or engage an experienced qualitative researcher to help design the guide. • Ensure that groups are homogeneous—same sex, age, etc. • Keep the group size between 6 and 10 participants. • Hold at least two groups per demographic criteria as one may not work out. • Record the discussions, then transcribe for analysis. • Use a trained facilitator and trained note-taker.</td>
</tr>
<tr>
<td><strong>Mapping</strong></td>
<td>Quantitative, with some measure of quality of services</td>
<td>Information about service locations, target populations, number of people reached per month, geographic coverage, types of communication services offered; quantity and quality of communication materials on hand, the number of staff members dedicated to working on communication and change strategies; staff training experiences and needs; agency opinion and perceptions on the health or development issue including its underlying causes, social norms, community dynamics; identification of community leaders and gatekeepers; perceptions of governmental policies that hinder or support possible interventions; other action groups that exist; relationships with and access to media; communication practices; current resource gaps and needs</td>
<td>• Look for existing mapping and update if possible. • Start with a community assessment committee for the initial list of service providers. • Talk with as many of the service providers as possible. • Gather at least the basic information on services, population served, and geographic coverage. • Work to obtain additional information on the environment, services, and barriers to change and their causes.</td>
</tr>
<tr>
<td><strong>Population and sub-population level surveys</strong></td>
<td>Quantitative</td>
<td>Representative population- and sub-population-level perceptions of the health or development issue; community norms and values; individual beliefs, perceptions, knowledge, and behaviors; underlying factors that may influence health or development issues; skills; social networks; community dynamics; communication patterns, access to and use of various communication channels; general public opinion on topics related to the health or development issue</td>
<td>• Address gaps in data with own survey. • Ensure calculations are made for necessary sample size. • Develop a sample frame. • Train interviewer staff well. • Pretest all data collection instruments. • Develop an analysis plan ahead of time. • Ensure planners have the skills for data entry and analysis.</td>
</tr>
</tbody>
</table>
WORKSHEET: Draft Research Plan

Before beginning formative research, it is wise to plan out all the steps and activities. This worksheet includes an outline of a research plan that you can use as a guide. A number of issues will influence the final choice of research methods, such as time, cost, the willingness and accessibility of the people who would participate in the research, and the availability of skilled staff to conduct it. This draft research plan outlines each of these issues and could help you decide how the research data might be used.

Directions: Use this worksheet to think through what the research will look like, and then start to draft the research plan.

<table>
<thead>
<tr>
<th>Steps for a research plan</th>
<th>What are the estimated dates?</th>
<th>What are the costs of each step?</th>
<th>Who or which team member would do this work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consider forming a community needs assessment committee.¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Decide what specific information you will need to collect—what questions need answering—to better understand the situation you are addressing.</td>
<td></td>
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<tr>
<td>3. Decide from whom you want to collect data directly. Who do you need to talk to, and where are they located?</td>
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<tr>
<td>4. Decide on the research method that best fit the situation and available resources. Draft tools for data collection.</td>
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<tr>
<td>5. Decide on the timetable for data collection so that the information gathered is current (or gathered in a timely manner) and relevant to the program design.</td>
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<tr>
<td>6. Collect the data using the selected tool(s).</td>
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<tr>
<td>7. Analyze and share findings with those who can use these data to focus and design the next step of your planning process.</td>
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</tbody>
</table>

¹ This committee should be made up of key stakeholders and gatekeepers who can guide the research process. It is best if potential, intended beneficiaries are included. Committee members will help with the development of the formative assessment and assist in ensuring that the most relevant information is collected. In short, they will help guide and be a part of the formative research process throughout its duration, and will help you understand and interpret the results. Committee members will also help to ensure that your program is appropriate for their community and is accepted.
**WORKSHEET: Draft Research Plan (continued)**

<table>
<thead>
<tr>
<th>A) Community needs assessment committee: Who might be invited to form this committee?</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<p>| B) Sample of questions to be answered through the research |
| C) Who might be suitable informants? Where can they be interviewed? |</p>
<table>
<thead>
<tr>
<th>D) Proposed research methods to best fit the situation and available resources</th>
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<td></td>
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<td></td>
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</tbody>
</table>

<p>| E) A draft timetable so that the information gathered is current (or gathered in a timely manner) and relevant to the program design |
| Activity to carry out |
| Deadline for completion |</p>
<table>
<thead>
<tr>
<th>Who is responsible?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
EXAMPLE: Using the Results of Research

Here are some example highlights of results from research conducted prior to the design of an SBCC program on male circumcision for HIV prevention in X country.

1. Male circumcision at birth or adolescence is part of the traditional beliefs and practices of about half of the people in X country. In the last five years, two clinics in the capital started offering clinic-based circumcision for adult males. They each see about 50 men a year. No program has created a communication program specifically on the public health aspects of clinic-based circumcision. Most HIV-prevention programs include a message on circumcision in their day-to-day activities with the community and provide referrals to the clinics that offer circumcision.

2. Ninety-eight percent of men and women know the main ways to prevent the spread of HIV (e.g., having one uninfected, faithful partner; using condoms with all partners; reducing the number of sexual partners). Twenty-five percent are aware that circumcision reduces the risk of contracting HIV. Forty-five percent are aware that having another STI increases their risk of contracting HIV (risk perception). Twenty percent know where they can get an HIV test.

3. Through interviews and focus groups, the research team found that members of this community have mixed beliefs about circumcision. Some people believe that today all men should be circumcised. At the same time, many men believe that having intact foreskin is a proof of their manhood. Among those who do believe in circumcision, some see it as a religious act (social norm) that has nothing to do with health, while others think of it as the “modern” thing to do. Many community leaders stated that the circumcision ritual is sacred and should not be tampered with (social norm). Some men said that they are afraid of pain, infections, and negative consequences from circumcision, including reduced sexual pleasure. Some women told researchers that they prefer uncircumcised men.

4. Discussions with the traditional leaders made it clear that some traditional circumcision at adolescence leaves a good bit of the foreskin and is not full circumcision. This led researchers to wonder whether or not this form of circumcision will provide protection. Approximately 50 percent of all males are circumcised. Thirty-five percent of all males used a condom the last time they had sex. Twenty-five percent of all males stated that they had more than one concurrent sexual partner.

Reflection Questions

What insights does the information gathered provide into:

❖ the problem or issue?
❖ the people affected and those influencing them?
❖ the context of the problem or issue and cross-cutting factors that affect current and potential behaviors: information, motivation, ability to act, norms, community organization, services and products, and the enabling environment

In Step 2, research findings are used to segment and prioritize the SBCC program’s audiences, craft communication objectives, and decide on a strategic approach, positioning, channel mix, and more.
Module 1, Session 6: Partners, Allies, and Gatekeepers

At this point, a lot has been done to understand the situation being faced, and it’s time to map out a plan to find out what is still unknown. It is also time to consider all individuals or groups who might support or hinder efforts to fully address the issue addressed by the project, along with all those whose perspectives or cooperation will be important—partners, allies, and gatekeepers.

**Partners** are those who collaborate with the project and provide hands-on support. For example, the National AIDS Hotline might be a good partner for an HIV-prevention effort for young people. It could provide materials and training for project staff, and its phone number could be included in all project materials.

**Allies** are those whose own efforts support the project’s work. For example, an international organization researching HIV risk on university campuses and working toward better campus-wide **policies** would be an ally in your efforts.

**Gatekeepers** are individuals or groups who either open or close the gate to effective work. For example, the Ministry of Religious Affairs could hinder work or could clear the path toward progress.

Distinctions between these groups are less important than the idea that there are people who can either block or facilitate the change being sought.

Gatekeepers are critical to the success of projects. They can be involved and turned into supporters by:
- asking for their input into the analysis
- hearing their concerns and ambitions
- offering them a summary of the analysis and its findings
- finding ways for the SBCC effort to be beneficial to them in some way

By ensuring that appropriate partners, allies, and gatekeepers on board, practitioners can:
- work with them to **advocate** for the cause or the program
- build a **network or coalition** of supporters for the cause or program
- **mobilize resources** for the cause or program
**ALBANIA EXAMPLE: Matrix of Partners, Allies, and Gatekeepers**

Please refer to the Introduction (Module 0, session 1, page 3 and session 4, page 16) for information on C-Change's family planning program in Albania.

<table>
<thead>
<tr>
<th>Potential Partners, Allies, and Gatekeepers</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partners</strong></td>
<td></td>
</tr>
<tr>
<td>• Pepsi-Cola/Shark</td>
<td>Long-term</td>
</tr>
<tr>
<td>• Bayer Schering</td>
<td>• Professionals provided training for journalists, pharmacists, and C-Change peer educators</td>
</tr>
<tr>
<td>• Nesmark</td>
<td>Short-term (support for single, outdoor events for peer educators)</td>
</tr>
<tr>
<td>• OES Distrimed</td>
<td>• Pepsi-Cola/Shark provided refreshments; Bayer Schering provided materials and products (cost share); Nesmark provided an informational display and condoms (cost share); OES Distrimed provided condoms</td>
</tr>
<tr>
<td>• Professor of journalism; trainer at the Albania Institute of Media; obstetrician/gynecologist</td>
<td></td>
</tr>
<tr>
<td><strong>Allies</strong></td>
<td></td>
</tr>
<tr>
<td>• Technical advisory group (TAG):</td>
<td>TAG members provided technical input and direction for the mass media campaign and other interventions. In many countries, these institutions may be natural, full-scale operational partners.</td>
</tr>
<tr>
<td>Representatives from the Ministry of</td>
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<tr>
<td>Health, Institute of Public Health,</td>
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<tr>
<td>USAID, UNFPA, and UNICEF; media and</td>
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<tr>
<td>health professionals; faculty and</td>
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<tr>
<td>students from the University of Tirana</td>
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<tr>
<td><strong>Gatekeepers</strong></td>
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<tr>
<td>• Local pharmacists’ association</td>
<td></td>
</tr>
<tr>
<td>• Mayors of towns where program worked</td>
<td></td>
</tr>
<tr>
<td>• Local pharmacists’ association could</td>
<td></td>
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<tr>
<td>provide support and become allies, or</td>
<td></td>
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<tr>
<td>it could make it difficult for members</td>
<td></td>
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<tr>
<td>to attend the training.</td>
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<tr>
<td>• City mayors could become allies and</td>
<td></td>
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<tr>
<td>providing support or they could block</td>
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<tr>
<td>public health events.</td>
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</table>
WORKSHEET: Matrix of Partners, Allies, and Gatekeepers

**Directions:** On this sheet, note key individuals or groups who could influence the SBCC program’s success. Partners actively support (or might support) the work and collaborate; allies are like-minded groups or individuals who support the work; and gatekeepers are organizations or individuals who could either provide support or interfere with the program’s work.

<table>
<thead>
<tr>
<th>Potential Partners, Allies, and Gatekeepers</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Partners</td>
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</tr>
<tr>
<td>Allies</td>
<td></td>
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<tr>
<td>Gatekeepers</td>
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</table>
Module 1, Session 7: Summary of Analysis

A problem statement is a succinct summary of what was discovered during Step 1 of C-Planning. Such a statement helps programmers see clearly what is happening so they can begin to focus attention where it will make a difference. A good problem statement is just one sentence, with several paragraphs for elaboration.

When writing a problem statement, it helps to use the headings below:

- What is happening?
- Where and to whom?
- With what effect?
- Who and what is influencing the situation and with what effect?
- And as a result of what causes?

Once the problem statement is drafted, consider what kinds of changes the problem calls for.

- Where might be the possible tipping points for change?
- What will improve the situation? Consider information, motivation, ability to act, and norms.
- What are the desired changes in the environment? Consider political will, resource allocation, policy change, institutional development, national consensus, and coalition building.
- What are the desired changes in the social scene? Consider social movements, community leadership, network participation, ownership, access to services.
- What are the desired changes in individual behaviors? Consider knowledge, attitudes, beliefs, skills, self-efficacy, perceived social norms.

Change doesn’t happen solely by working on individual behaviors. Consider this example of the change at multiple levels that might be required in response to a problem:

- Students on a college campus begin to get HIV tests because free services are publicized nearby, admired students speak out about the value of getting the test, counseling around the test is of high quality, and a telephone hotline allows callers to get anonymous advice about getting tested.

The problem statement should be backed up by data. It is advisable for the program team, partners, and allies to debate and agree on the problem statement and cite evidence that supports it. As the statement is drafted, some unanswered research questions might be identified. It is important to continue to note what else would be helpful to know about the situation in order to build the strategy on data, rather than on assumptions.
ALBANIA EXAMPLE: Summary of Analysis and SBCC Problem Statement

1. What's happening? (from problem tree) Withdrawal is being used as a family planning (FP) method

2. Where and to whom? (from people analysis) In Albania, young men and women are using this method

3. With what effect? (from problem tree) The method is contributing to unwanted pregnancies, abortions, and high healthcare costs

4. Who and what is influencing the situation and with what effect? (people analysis and problem tree) Mass media are contributing to general misinformation, and pharmacists don't have skills or the right motivation to advise and interact with young people. As a result, young people lack the knowledge, motivation, and skills to switch to safer FP methods.

5. And as a result of what causes? (problem tree and context analysis) Deep gender norms and power relations are contributing to the lack of motivation to stop using withdrawal as an FP method.

Final SBCC Problem Statement: The use of withdrawal as an FP method among young men and women in Albania is contributing to unwanted pregnancies, abortions, and high healthcare costs. The mass media contribute to general misinformation, and pharmacists don't have the skills or the right motivation to advise and interact with young people. As a result, young people lack the knowledge, motivation, and skills to switch to safer FP methods. Deep gender norms and power relations discourage actions to stop using withdrawal as an FP method.

Changes This Problem Calls For: The people most affected are young men and women in Albania who need to be motivated to use safer FP methods, while addressing gender power relations and peer pressure. People directly influencing the young men and women are pharmacists who need to learn how to offer them services and become a trusted source of advice on contraception. The mass media are among indirect influencers, and need to be trained to do better reporting on FP and modern contraceptives.

Theory of Change: One could argue that a tipping point for change will be the result of a combination of the following: increased individual self-efficacy to use and negotiate FP methods among couples; increased ease of access to methods through better training for pharmacists; and agenda setting by increasing the frequency and correct reporting about FP in the media, which can also provide a better enabling environment for norm change with regard to FP use. These concepts are based on assumptions of the Health Belief Model, Social Learning Theory, Consumerist Model for service providers, and Agenda Setting Media Theory.
WORKSHEET: Summary of Analysis

Directions: After considering all that came from the analysis so far, write a concise problem statement, noting whether it might require further research. Add a statement about the changes that need to come about for the problem to be solved. As you do this, remember to think about the tipping point for change. Guidance that will help fill-out the last section—your theory of change—is in the next session.

Using this formula helps to summarize the situation, people, and context analysis into one paragraph. (This usually takes up a couple of pages in the strategy’s background section.)

1. **What’s happening?** (from problem tree)
2. **Where and to whom?** (from people analysis)
3. **With what effect?** (from problem tree)
4. **Who and what is influencing the situation and with what effect?** (people analysis and problem tree)
5. **And as a result of what causes?** (problem tree and context analysis)

**Final Problem Statement**

**Changes the Problem Calls For (and the Tipping Point for Change)**

**Your Theory of Change (guidance in next session)**
Module 1, Session 8: What Is the Theory of Change?

Most people have an idea of how the world and people operate, based on *personal experiences, values, and beliefs*. In a very general and simplistic way, this is also how theory formulation starts, with personal observations, analyses, and conclusions of people’s life experiences. From these observations and conclusions, a model explaining why things happen can take shape.

Academics often take these models and further develop and test them to determine how well they hold up under different conditions. This is because *a real theory or model must be replicable in a variety of settings and with many individuals or groups* (National STD/HIV Prevention Training Centers 2005). A theory provides predictions about the causal relation between two or more phenomena.

This beginning of thinking about theory can be called the *theory of change*. It will serve as a tool to support the change that practitioners think is needed and how this change should be addressed more explicitly. A complete theory of change incorporates the perspectives of all constituents. It is important to reconsider all assumptions that shape beliefs and check them against various data sources and SBCC theories—on what will work and why, and what strategies are likely to be most effective in the short, medium, and long term (Keystone Accountability 2012).

There are two stages to developing a theory of change (Walters 2007):
1. Clarify what assumptions are forming during the analysis in Step 1.
2. Seek help from SBCC theories and concepts to identify an effective *tipping point* for change (Module 0, Appendix, “The Theoretical Base of the Socio-Ecological Model,” page 25).

Try to follow the example in the flowchart and worksheet on the next pages to lay out assumptions on how interventions being considered will affect identified barriers to change.
MALE CIRCUMCISION EXAMPLE: Theory of Change for C-Change's Voluntary Medical Male Circumcision Program in Nyanza Province, Kenya, 2012

1. **Name the changes needed to address the problem.** The changes needed are increased awareness, support, and demand for voluntary medical male circumcision (VMMC) as a method to reduce HIV infection in Nyanza Province.

2. **Name the key barriers to change or facilitating factors for change.** Nyanza Province has the lowest circumcision rate in Kenya, though rates vary widely by ethnic community. Among the Luo, the ethnic majority in province, the rate is 17 percent. There is tension between communities who circumcise and those who do not. In addition, some uncircumcised men fear pain associated with the procedure, and there is a growing perception that circumcised men and their sexual partners are fully protected from HIV infection.

3. **Clarify assumptions.** The VMMC communication intervention will contribute to addressing barriers to trust and barriers to accepting VMMC at the community level.

---

**Problem Statement**

Lack of awareness, support, and demand for VMMC as a method to reduce HIV infection in Nyanza Province.

**Impact/Overall Health Outcome**

HIV infections averted due to increased VMMC.

**Barriers/facilitating factors**

- Non-circumcising tradition of Luo
- Political tension between non-circumcising and circumcising ethnic groups
- Fear of pain
- Distrust of VMMC as a prevention method
- False perception that circumcised men and their sexual partners are fully protected from HIV

**Input**

- Develop VMMC communication guide to assist partners to implement the national communication strategy that focuses on the health benefits of VMMC.
- Develop interventions with clear messages and discussion on roles and responsibilities of decision-makers (community, faith, and business leaders) for the success of VMMC in Nyanza.
- Develop support materials for partners that address barriers to VMMC and the need to maintain HIV-preventive behavior after circumcision.

**Outcome**

- Increased flow of sufficient and accurate information about VMMC as an effective HIV risk-reduction method
- Raised awareness of VMMC as a strategy in HIV prevention
- Increased demand for VMMC as a medical method for HIV prevention

**Output**

- Community, faith, and business leaders aware of their roles in promoting VMMC
- Health benefits of VMMC understood by Luo
- Barriers being perpetuated relating to VMMC are understood
4. **Name SBCC concepts to help find the tipping point for change:** One could argue that the tipping point for change will be community, business, and faith leaders starting to discuss VMMC as an intervention in their community, based on information tailored for VMMC services. The leaders need to be convinced they would thereby be serving as a *catalyst* to increase *dialogue, develop collective action, and mobilize* more community members to become engaged with VMMC. These individuals are in a key position to mobilize their community members to demand VMMC services and help incorporate the procedure into broader healthy *social norms* and attitudes relating to HIV prevention and gender. These concepts are based on assumptions used in *community organization and advocacy theories*, such as *agenda setting and framing, Diffusion of Innovation* to see VMMC as innovation, and *coalition building* between services and community leaders.

5. **Summarize:** If community, business, and faith leaders are provided with information on VMMC and its benefits in preventing HIV infection, and they are convinced of its benefits, then they may become *catalysts* to advocate and shape how their communities view VMMC. Mobilization efforts with community leaders will lead to open discussion about male circumcision traditions, and will increase acceptability and support for VMMC by associating the procedure with HIV prevention and hygiene. Community leaders can shape an intervention in their communities and address relationships with service providers on VMMC.
WORKSHEET: What Is Your Theory of Change?

Directions: Fill in each part of this worksheet to develop your theory of change.

1. **Name the changes needed to address the problem** (from your problem statement #1, 2, 3).

2. **Name the key barriers to or facilitating factors for the changes you identified** (from your problem statement #4, 5).

3. **Clarify assumptions by filling in the blanks:** This ________________ intervention will contribute to ________________ addressing the barriers of ________________ through......
4. **Name SBCC concepts to help find the tipping point for change.** Name the SBCC concepts and theories you consulted to make sure what you are planning will work.

5. **Based on the problem statement, summarize the expected change sequence.**
(If we do X, then we should expect Y will happen).

**Reflection Questions**

After completing the worksheet, review your theory of change and think about the following:
- How do you know what is in the theory of change? How confident are you?
- Why are you confident that the change sequence will be as predicted?
- What data and theoretical models suggest that this might happen?
- Are there previous examples that provide evidence for the proposed change sequence?
Additional Reading

These references provide additional information for SBCC practitioners. The entire SBCC curriculum, references cited below, and additional resources are available at [http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules](http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules). For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at [http://www.comminit.com/c-change-orc](http://www.comminit.com/c-change-orc). Graphics in the C-Modules can be accessed online, expanded, and shown to participants on a large poster board or through a PowerPoint presentation.

### Background Reading

<table>
<thead>
<tr>
<th>Topic</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBCC</td>
<td><strong>Involving People, Evolving Behavior.</strong> Provides a model for behavior change involving information, motivation through communication, the ability to act through life skills and an enabling environment by addressing policy and legislation, service provision, education systems, cultural factors, religion, socio-political factors.</td>
</tr>
<tr>
<td>Advocacy/Community Mobilization</td>
<td><strong>Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS.</strong> Helps staff of NGOs and CBOs to gain a clear understanding of what advocacy is and how it might support their work and provides practical assistance on how to undertake advocacy.</td>
</tr>
<tr>
<td></td>
<td><strong>Participatory Rural Communication Appraisal (PCRA): A Handbook.</strong> Describes the procedure for planning and conducting PRCA as the first step in the design of cost-effective and appropriate communication programs, strategies, and materials for development projects and the community level.</td>
</tr>
<tr>
<td>Gender</td>
<td><strong>Inter-Linkages Between Culture, GBV, HIV and AIDS and Women’s Rights.</strong> Explores theories on culture and the relationship between culture and gender-based violence (GBV) and provides an analytical model to use when considering interventions related to culture, GBV, women's rights, and HIV and AIDS.</td>
</tr>
<tr>
<td>Research Skills/Tools</td>
<td><strong>Qualitative Target Audience Formative Research for Health and Development Communication: Soul City Fieldworker Training Manual 1—Qualitative Interviewing.</strong> Supports skills-training in qualitative interviewing and provides instruction on conducting qualitative, formative audience research.</td>
</tr>
<tr>
<td></td>
<td><strong>HIV/AIDS Rapid Assessment Guide.</strong> Provides guidance on rapid behavioral surveys and HIV-prevention tools whose data provide a spatial, quantitative, and qualitative overview of a project area, including a mapping guide; a site inventory; an ethnographic guide; a focus group guide.</td>
</tr>
<tr>
<td>Curricula/Training Materials</td>
<td><strong>Mainstreaming HIV, AIDS, and Gender into Culture: A Community Education Handbook.</strong> Supports and encourages discussion about how people behave and collectively cope with HIV and how culture can affect the spread of HIV. Part 2 looks at how culture, gender, and HIV are connected.</td>
</tr>
</tbody>
</table>
References Cited


Credits for Graphics

**C-Planning** (page 3); *Where Formative Research Fits into SBCC* (page 21)


**People Analysis** (pages 10 and 11); *Unpacking the Socio-Ecological Model* (page 15)

C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)

Communication for Change (C-Change) Project
Version 3

May 2012

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Overview

The C-Modules are designed for the use of research and implementing staff with previous experience in communication theory and programs. Module 3 covers Step 3 of C-Planning: Creating. Those starting to use this module should have covered the basic SBCC principles and framework presented in Module 0, the introductory module in this series. Module 3 builds on the strategy outlines developed in Step 2: Focusing & Designing. It could be a stand-alone module if participants are clear about their own SBCC strategies. By the end of Step 3, practitioners will have practiced key steps in creating effective communication activities and materials.

Sessions

Module 3, Session 1: Getting Ready to Create ........................................................................................................................... 2
Module 3, Session 2: The Creative Brief ................................................................................................................................. 6
Module 3, Session 3: Effective Messages ................................................................................................................................. 17
Module 3, Session 4: Drafting Stories for Materials .................................................................................................................... 21
Module 3, Session 5: Concept Testing, Stakeholder Reviews, and Pretesting ........................................................................... 24
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A Note on Formatting

In the C-Modules, the names of theories and models are in bolded, dark blue text; concepts are in dark blue italics.
Module 3, Session 1: Getting Ready to Create

Once SBCC practitioners are confident about their strategy (developed in Step 2), including their theory of change, it’s time for them to get creative with activities and materials. Careful planning of communication activities and materials is necessary for achieving goals. Step 3, Creating, helps practitioners to find their way through creating and testing effective communication products: toolkits, facilitation manuals for group interaction, training manuals for counseling, job aids for service providers, websites, an interactive web-based process, TV or radio scripts, comic book or drama scripts, posters, brochures, and much more.

Remember that most materials do not stand alone; they support certain interventions or activities. For example, posters and billboards normally work as reminders of the messages and content of more intense or interactive communication activities. Activities can also support materials. For example, peer education sessions can engage audiences around messages of a television or radio campaign. It is important to think about how activities and materials support each other during the process of creating.

Developing communication products combines science and art:

- There is science to creating concepts, visuals, and text that is based on evidence and situation analysis (Step 1)—e.g. the people, their context and culture, existing policies and programs, active organizations, and available communication channels.
- There is art to creating products that evoke emotion, motivate audiences, and fit within the communication strategy (Step 2).

The worksheet “What Is the New Material or Activity Based On?” on page 4 will help practitioners track gaps in earlier research, back up assumptions of their theory of change, and note what would be useful to find out before moving ahead.

Before creating anything new, practitioners should see what already exists and make an inventory of the materials. Most issues being addressed by SBCC programs have been around for a long time. For example, HIV was identified in 1983, and reproductive health problems and malaria have been addressed by programs for much longer than that!

Practitioners searching for communication products made or being created by others may want to ask the following questions: How might the product be complemented with something new? Adapt it? Build on it? Improve on it? The worksheet “Inventory of Existing Materials and Activities” on page 5 provides some guidance.

Once practitioners are confident about everything they have done so far—their analysis (completed in Step 1), the strategy and draft implementation plan listing interventions (completed in Step 2), and their inventory of existing products, they are ready to create. For Step 3, this module explains how to develop drafts with audience members and design with professionals. Quality pays off! It also explains the value of using a few tools, such as a creative brief, to organize creative ideas and create consensus around them.
GRAPHIC: The Third Step of a Planning Process for SBCC—Creating

WORKSHEET: What Is the New Material or Activity Based On?

Effective SBCC activities and materials are based on analysis and strategic design. Use this worksheet to ensure you are comfortable with your analysis before moving ahead, reflecting back on your theory of change and your strategy.

1. Take a moment now to reflect back on:
   - your situation analysis, including your theory of change (guidelines and tools are in Step 1)
   - your strategic design (guidelines and tools are in Step 2)

2. Consider your answers to the following questions:
   - What else do you need to know to create effective activities and materials now?
   - Are all assumptions outlined in your theory of change backed up by data?
   - Have you changed assumptions, based on formative research?

3. Check your understanding of the audience or audiences:
   - what they already know about the issue
   - what could motivate them to act
   - skills they needs to act
   - prevailing norms, attitudes, and beliefs that place them at risk
   - barriers to achieving the desired change—in their knowledge and attitudes as well as present practices that inhibit action
   - issues that inhibit action
   - learning styles and media preferences
   - literacy and language abilities

Reflection Question

◇ What else do you need to ask, based on the theory of change you are using in your strategy?

The process of creating is informed by qualitative research methods, such as in-depth individual interviews, informal group discussions, focus group discussions, and other methodologies to develop material with full audience participation.
**WORKSHEET: Inventory of Existing Materials and Activities**

Arguably, one of the greatest inefficiencies in the world of SBCC is the time and money invested in developing activities and materials that have already been developed by other programs. Starting with an inventory of existing activities and materials can save enormous amounts of time. Our own resources are put to good use by complementing and/or adapting rather than recreating what is already out there.

**Directions**

1. Refer to the table “Deciding on the Right Channel and Material Mix” in Step 2 (Module 2, session 6, page 36) and two worksheets: “Draft List of Activities with Matching Channels and Materials by Audience” and “Activity, Channel, and Material Mix.”

2. In the space below, write down the names or sources of materials and activities you’ve heard about or are familiar with. Also write down a brief plan for searching for other relevant materials or activities (e.g., via the phone, internet, or personal connections).

3. Consider the ways in which you might adapt or complement what you find.

<table>
<thead>
<tr>
<th>Activities and materials developed in the past</th>
<th>Ways to complement or adapt activities and materials already developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td></td>
</tr>
<tr>
<td>Community-based</td>
<td></td>
</tr>
<tr>
<td>Mass media or social media</td>
<td></td>
</tr>
</tbody>
</table>
Module 3, Session 2: The Creative Brief

A creative brief is a short (one- or two-page) tool to guide the development of SBCC activities and materials. In general, each material or activity should have its own creative brief, though a single brief may suffice for a set of activities or materials designed for the same audience(s) and with the same communication objective(s).

A creative brief is based on the communication strategy agreed upon in Step 2. In fact, each creative brief repeats some key information from the communication strategy to ensure that each activity and material is in line with the strategy. Using a creative brief is a very helpful practice, especially when there is no strategy to fall back on and the information has to be created from scratch.

A creative brief is used by many advertising agencies as a prerequisite for starting to develop materials for a client. Creative (material development) people need the content to be able to design the materials. Creative briefs are also often used in experiential marketing, and they can even be used to design and brand activities, such as product-related rallies or game shows. Creative briefs give those developing materials everything they need in one place. They are also used to help create consensus among the SBCC team and stakeholders on the activity or material being developed.

There are often five broad categories to a creative brief:
1. Goal and selected audience(s) for the activity or material(s)
2. Desired changes, barriers, and communication objectives
3. Message brief
4. Key content and tone
5. Media mix and other creative considerations

Tools that follow related to creative brief and the process of creating include:
- a graphic that shows the relationship between the strategy and the creative brief (page 7)
- a description of each of the five parts of a creative brief (page 8)
- an example of a completed creative brief using the proposed outline (pages 9-12)
- a worksheet used to review sample SBCC materials and learn from them by analyzing finalized materials (page 13)

The creative brief example that follows refers to the strategy example in Step 2 (Module 2, session 1, pages 5–9). The brief was designed to guide the development of a set of materials geared to the audience identified and with the same communication objective.
### Overview of the Strategy (Step 2)

1. **Summary of the Analysis**
   - Problem statement
   - Changes the problem calls for
   - The theory of change

2. **Communication Strategy**
   - Final audience segmentation
   - Barriers (per audience)
   - Communication objectives (per audience)
   - Strategic approach
   - Positioning
   - Key content
   - Channels (per audience), activities, and materials

3. **Draft Implementation Plan**
   - List of activities and materials, by communication objective, with resources and timeline

4. **Draft Evaluation Plan**
   - Plan, including draft of indicators, methods, and tools

---

### Overview of the Creative Brief

(Developed for each material or activity named in the strategy)

- **Goal and Audience(s)**
- **Changes, Barriers, and Communication Objectives**
- **Message Brief**
- **Key Content and Tone**
- **Media Mix and Other Creative Considerations**
  (How the material or activity fits in)
Overview of Creative Brief Template

This overview explains the five broad categories of the creative brief. The essence of a new material or activity is captured under these headings.

| 1. Goal and Audience          | • Overall aim of the activity or material  
|                              | • Selected audience(s)                     |
| 2. Changes, Barriers, and Communication Objectives | • Desired changes  
|                              | • Barriers  
|                              | • Communication objectives                |
| 3. Message Brief*             | • Key promise  
|                              | • Support statement  
|                              | • Call to action  
|                              | • Lasting impression  
|                              | • Perception of someone involved in the change |
| 4. Key Content and Tone       | • Key content to communicate in this activity or material  
|                              | • Tone for this activity or material       |
| 5. Media Mix and Other Considerations | • How this material complements or is supported by other activities or materials in the mix  
|                              | • Other creative considerations  
|                              | • Timing and cost                         |

*Within the broad category “Message Brief,” the key promise selects one single, subjective promise or benefit that the audience will experience by hearing, seeing, or reading the objectives the program has set. The support statement includes the reasons the key promise outweighs the key barriers and why what is promised or being promoted is beneficial. These often become the key messages. The lasting impression is what an audience should have, after hearing or seeing the message. And the perception of someone involved in the change describes how the audience perceives someone who is part of the change or who uses the product or service being promoted.
ETIOPIA Example: Creative Brief for Client Self-Management Materials

This example of a creative brief builds on the example of the communication strategy of the Beye Kenu Le Hiwot (Everyday for Life) project to support communication on ART self-management in Step 2 (Module 2, session 1, pages 5–9).

<table>
<thead>
<tr>
<th>Creative Brief for Client Self-Management Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Aim of the Communication: To support adherence and rollout of antiretroviral treatment (ART) in Ethiopia through improved client–provider communication and community support</td>
</tr>
</tbody>
</table>

| Selected Audiences | Men and women who are directly affected: those ages 30–50 already on ART in urban and rural areas |

<table>
<thead>
<tr>
<th>2. Communication Objectives</th>
</tr>
</thead>
</table>
| Desired Changes | • Know how to manage ART—i.e., adherence; side-effect management; regular clinic visits; positive living, including positive prevention and disclosure to sexual partners, friends, and family  
• Feel confident and come prepared to ask providers for needed services and information  
• Practice positive living, adherence to ART, and seek treatment for opportunistic infections, understanding that this will improve their health |

| Obstacles/Barriers | • Lack of relevant and trusted information  
• Stigma directed at people who are openly HIV-positive  
• Poverty-related hurdles such as food insecurity  
• Service providers who do not have enough time for intense counseling and are not used to assertive clients  
• Lack of social support services |

| Communication Objective | By the end of the project, there will be an increase in the proportion of men and women ages 30–50 on ART who become self-managed clients and see the benefit of managing their life and their ART actively |

<table>
<thead>
<tr>
<th>3. Message Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Key Promise</td>
</tr>
</tbody>
</table>

| The Support Statement | Because engaged clients get better services. |
### Creative Brief for Client Self-Management Materials

<table>
<thead>
<tr>
<th>Barriers and the reasons why what is promised or promoted is beneficial. These often become the key messages.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Action</td>
</tr>
<tr>
<td>Lasting Impression</td>
</tr>
<tr>
<td>Perception of Someone Involved in the Change</td>
</tr>
</tbody>
</table>

### 4. Key Content and Tone

<table>
<thead>
<tr>
<th>Key Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Show up for your appointments (with your partner, if you have one).</strong></td>
</tr>
<tr>
<td>o Be punctual and come prepared.</td>
</tr>
<tr>
<td>o Schedule and keep follow-up visits.</td>
</tr>
</tbody>
</table>

| **Monitor your own health.** |
| o Keep a diary to document how you take your medication, side effects, or (if you’re female) your menstrual periods. |
| o Monitor your weight and write down everything you eat for two days a month. |

| **Ask questions if you don’t understand something.** |
| o Ask the doctor what she or he finds when examining you and to explain all results from special tests. |
| o Ask why you are being referred, how quickly you need to go, and how much it will cost. |

| **Request quality care.** |
| o Request that confidentiality and informed consent guidelines be explained to you. |
| o Insist on privacy if you feel that other people are listening. |

| **Treat your doctor well.** |
| o Give him or her honesty and respect, and expect the same in return. |
### Creative Brief for Client Self-Management Materials

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| o Be open and tell your doctor exactly what you feel. | o Expect to discuss adherence.  
| • | •  
| o Know what medicines you are taking, when and how to take them, and what not to take. | o People will treat you with more respect if you do, and it will show.  
| o Come with your diary. Your doctor will notice you care for your health, which will encourage her or him to explain more. | o Learn to see yourself as a person living with HIV, not as a victim or sufferer. You are a person, not a condition.  
| • | o Trust your own instincts. Other people cannot know what is best for you without your input. |

#### Tone or Appeal
Supportive, reassuring, realistic

### 5. Creative Considerations:

#### Media Mix/Activities
- Waiting room poster (for 300 clinics in and around Amhara region)
- Content integrated into existing adherence diary (about 20,000 prints)
- Addendum for hotline counseling curriculum and binder (one-off, counselors’ briefing needed)
- Center of PLHIV client diary radio show on engaged clients (collaboration with existing diary radio show)
- Slide video on client-provider interaction, applying all points (needs extra script and creative brief)

#### Openings and Creative Consideration, Cost and Timing
- **Opening:** Targeted print-support materials distributed in provider settings and throughout PLHIV network for clients already enrolled in ART.  
- **Creative Considerations:** Materials and activities developed from Amharic; English translation needed for donors, and text needs to comply with low-literacy guidelines. Images used will be realistic drawings instead of photos. This is preferred by PLHIV network because previous HIV-positive photography models were exposed to increased stigma.
**WORKSHEET: Analyzing Examples of SBCC Materials**

**Directions:** Review a sample communication material and consider the following questions:
- What do you see in the sample material?
- What would you guess is in the creative brief for this material?

<table>
<thead>
<tr>
<th>Section of Creative Brief</th>
<th>Guiding Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Audience</td>
<td>Who is this material intended for?</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Changes, Barriers, and Communication Objective(s) | Desired Change: What change is this material asking for?  
Barriers: Why is the change not happening? Can you see the barriers that this material addresses?  
Communication Objective(s): What is the objective/aim of this material? |           |
| 3. Message Brief          | Key Promise/Benefit: If the viewer does what, what will happen? What is the benefit?  
Call to Action: What is the material asking a person to do? |           |
| 4. Key Content and Tone   | What is the tone?  
What key information is in this material? |           |
| 5. Other Creative Considerations | Are there any other creative considerations—such as literacy levels, graphics, and languages? |           |
**WORKSHEET: Creative Brief for Your Activity or Material**

This template is for training purposes. You may amend or simplify it as needed, as long as main categories stay intact.

<table>
<thead>
<tr>
<th>Category</th>
<th>Guidance on Completing the Categories</th>
<th>Your Creative Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Aim of the Communication: What are you trying to achieve with this activity or material?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Selected Audiences</strong></td>
<td>• <em>Primary:</em> People most affected by the problem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• <em>Secondary:</em> People who directly influence the primary audience, either positively or negatively</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• <em>Tertiary:</em> People who indirectly influence the primary and secondary audience—e.g., by shaping</td>
<td></td>
</tr>
<tr>
<td></td>
<td>social norms, influencing policy, or offering financial and logistical support (access)</td>
<td></td>
</tr>
<tr>
<td><strong>2. Communication Objectives:</strong></td>
<td>Directly address barriers to change</td>
<td></td>
</tr>
<tr>
<td><strong>Desired Changes</strong></td>
<td>What changes do you want the audience to make (e.g., what do you want them to know, feel confident about, discuss, learn skills for, or do after experiencing your communication product)?</td>
<td></td>
</tr>
<tr>
<td><strong>Obstacles/Barriers</strong></td>
<td>Why are people not doing what they should be doing? Would knowledge alone lead to their change in behavior or is something else missing? Select a key barrier to adopting the desired change.</td>
<td></td>
</tr>
</tbody>
</table>
# Module 3

## Creating

<table>
<thead>
<tr>
<th>Category</th>
<th>Guidance on Completing the Categories</th>
<th>Your Creative Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Objective</td>
<td>Addresses the key barrier to the desired change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: After the next VCT day, there will be an increase in the number of ________ (audience) who ________ (know, feel, do, etc.).</td>
<td></td>
</tr>
<tr>
<td><strong>3. Message Brief:</strong></td>
<td>Formulated from an audience's point of view to guide writers, designers, and producers in designing and developing messages</td>
<td></td>
</tr>
<tr>
<td>The Key Promise</td>
<td>Provides a compelling, truthful, and relevant benefit that the audience anticipates receiving by taking the desired action</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Examples</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you feel confident using condoms, you will be considered a good lover.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you brush your teeth, you will have fresh breath and a great smile. (Preventing cavities is usually a concern for public health people).</td>
<td></td>
</tr>
<tr>
<td>The Support Statement</td>
<td>Convinces the audience they will actually experience the benefit; provides reasons why the key promise outweighs key barriers or alternative behaviors; often becomes the message</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Examples</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Because a good lover knows his equipment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Because fresh breath is attractive.</td>
<td></td>
</tr>
<tr>
<td>Call to Action</td>
<td>Tells your audience what you want people to do or where to go to use the new product</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Example</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For more information, call the hotline at...</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Guidance on Completing the Categories</td>
<td>Your Creative Brief</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Lasting Impression                           | Focuses on what the audience will remember most after hearing or seeing the message and usually helps keep the message ideas on track.  
Examples  
Condoms make for a good lover.  
Brushing your teeth makes you feel pretty and fresh. |                                                                  |
| Perception of Someone Involved in the Change | Describes what the audience thinks or believes about someone who is part of the change or who uses the product or service promoted.  
Examples  
A good lover is smart and trustworthy because he cares about his partner and himself!  
A person with clean teeth is someone who takes care of him or herself. |                                                                  |
| 4. Key Content and Tone:                     | Should come from the national communication strategy. If the strategy does not provide this detail, it is important to develop it here.                                                                                                                                                                                                                       |                     |
| Key Content                                  | May be bullet points, grouped in the order they should appear in the material.  
Ask yourself: What is relevant to your audience in order to achieve the communication objective you formulated to bring about change?                                                                                                                   |                     |
| Tone or Appeal                               | Helps convey the key promise. Content can be presented in different ways. What feeling or personality should your communication have, based on your key promise (e.g., humorous, logical, emotional, twisting, contrasting, ridiculous, visual, surprising, positive, or comic, or a combination thereof)? |                     |
### Module 3

<table>
<thead>
<tr>
<th>Category</th>
<th>Guidance on Completing the Categories</th>
<th>Your Creative Brief</th>
</tr>
</thead>
</table>

#### 5. Creative Considerations:
Describes how this activity or material relates to others you are creating and anything else you feel is important to keep in mind when creating, producing, or distributing this communication product.

- **Media Mix/Activities**
  - Details on the campaign or series of activities to which this activity or material contributes.

- **Openings, Creative Consideration, Cost and Timing**
  - *Openings*: What opportunities (times and places) exist for reaching the audiences (e.g., market day, World AIDS Day)?
  - *Creative considerations*: Is there anything else the creative people need to know? Will the material or activity be in more than one language? What style and illustration type is preferred? How many local languages are needed? What are the reading levels of your audiences? Is there anything particular regarding style, layout, or visuals? What logos need to be used? How is this material branded? (See tips in Session 5.)
  - *Cost and timing*: How much will the activities or materials cost, and when do they need to be ready? Do you have adequate funds to create everything? What could you cut, if necessary?
Module 3, Session 3: Effective Messages

So far, the creative brief contains raw material for messages and a draft of the key content. It identifies the key promise and support points, the call to action, the lasting impression, and perceptions of someone taking part in the change process. This is sometimes referred to as the message brief because it provides creative direction on specific messages for activities and materials. If programs do not have access to creative people who develop this content into compelling messages and slogans, this session offers guidelines and worksheets that can help practitioners to develop messages or judge the quality of those they review.

_A message_ is a brief, value-based statement that captures a positive concept and is aimed at an audience. Effective message development need not be complicated, but it does require strategic thinking and nuanced insights about key populations. It’s a matter of matching the intended audience’s needs and motivations with the most compelling solution, which can outweigh (or at least address) the barriers the audience faces. Messages must be personally appealing and discuss only one or two key points. The information should be new, clear, accurate, complete, and culturally appropriate. Messages should include specific suggestions on actions people can take, and they should communicate key parts of an intervention. The messages that are most effective are not treated as “stand-alones.” Instead, they are incorporated into stories or multi-component SBCC programs whose materials address different audiences. Messages can be threads woven throughout materials and activities. As messages are drafted, it is important to keep tone or appeal in mind. The tips on message appeal below will not apply to every situation (National Cancer Institute 2008). Instead, practitioners need to use their judgment, know their audiences, and reflect on their communication objectives.

1. _Positive emotional appeals_ tend to work well when presenting positive benefits of an action and when audience members are already in favor of an idea or practice. For people who are more indifferent toward a topic, messages should combine a benefit with major drawbacks of the action.
2. _Humorous appeals_ work better for simple messages and have the ability to stand out. If humor is not appropriate for conveying the main message, the joke tends to be remembered, rather than the message. Humorous messages may become irritating if repeated too often.
3. _Threat or fear appeals_ tend to be most effective with people who seek out risks or are coping with a situation, rather than those anxious about it. Exposure should be voluntary, such as by picking up a brochure. In general, however, the effectiveness of threat appeals is widely debated. (More information is in the theory corner below.)

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**Theory Corner on Messaging**

Communicators often seek to develop messages to influence people’s _behaviors or social norms_. Theory-based message design links theory and practice by explaining how psycho-social theories of change can be used to design effective messages. For example, _Social Cognitive_ or _Social Learning Theory_ suggests that audience members who can identify with a character—e.g., one in a TV or radio soap opera—are more likely to adopt behaviors that the character has _modeled_ for them. Effective messaging that is audience-centered could be based on the _culture-centered approach_, which helps to clarify how the cultures, beliefs, barriers, assets, and needs of diverse audiences can be addressed. The table in the worksheet on page 18 shows how other messaging principles are based on SBCC theory.
Worksheet: Effective Messages and Guidelines for Effective Communication

This list, referred to as the Seven Cs of Communication, is a valuable reminder of what to keep in mind when developing effective materials (Piotrow, et al 1997). The Additional Resources packet of the C-Modules contains definitions of theoretical concepts, presented in blue italics.

<table>
<thead>
<tr>
<th>The Seven Cs of Communication</th>
<th>Questions to Ask and Things to Remember</th>
<th>A Sample of Contributing SBCC Theories, Models, and Approaches</th>
</tr>
</thead>
</table>
| 1. Command attention          | • Does the message stand out? Does your audience think it does?  
                                • Remember to give thought to the following details: colors and fonts; images and graphics; sound effects; music; slogans; choosing innovative channel. | • Media theories (framing)                                    |
| 2. Clarify the message        | • Is the message simple and direct?  
                                • Remember, less is more! Stay focused only on what the audience needs to know. | • Diffusion of Innovations (easy to implement)                |
| 3. Communicate a benefit      | • What will the audience get in return for taking action?  
                                • A key benefit may not necessarily be a health benefit. Choosing an immediate benefit (instead of a long-term benefit) is typically more effective in bringing about immediate change. | • Health Belief Model (perceived benefits)  
                                • Health Belief Model (observable benefits) |
| 4. Consistency counts         | • Activities and materials convey the same message and become mutually supportive in creating recall and change.  
                                • “One sight, one sound” is a good motto. Pay attention to your use of logos, colors, words, sounds, themes, images, and models. | • Diffusion of Innovations (repetition)                     |
| 5. Cater to the heart and the head | • Is it better to appeal to the audience’s emotions, intellect, or both? Emotional appeals are often more convincing than facts. | • Social Cognitive/Social Learning (modeling and vicariously living through; identification) |
| 6. Create trust               | • Does your information come from a credible source? Who does the target audience consider to be credible? Ask them. Is it still the male medical doctor, or has that changed? Is the source considered to be credible the same for men and women and for different age groups? Is there a celebrity who would impress your audience? | • Culture-centered approach (relevance); Social Learning (modeling, identification) |
| 7. Call to action             | • What do you want the audience to do after seeing the communication? What action is realistic as a result of the communication?  
                                • The call to action should focus on a concrete and realistic action and help achieve your objectives. | • Health Belief Model (call to action, self-efficacy — recommended action must be perceived as possible) |
Consider and discuss this example of a radio spot that has the “bare bones” a message needs:

<table>
<thead>
<tr>
<th>Element</th>
<th>Message Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Key Promises</td>
<td>Using condoms takes the fear out of sex.</td>
</tr>
<tr>
<td>Message Support Statement</td>
<td>Because only condoms protect you from pregnancy and HIV and other STDs.</td>
</tr>
<tr>
<td>Call to Action</td>
<td>Make your love life easier—use a condom every time.</td>
</tr>
<tr>
<td>Link to Services</td>
<td>For more information call the AIDS Helpline at 0-800-0120322.</td>
</tr>
<tr>
<td>Umbrella Message</td>
<td>This is Pirate Radio; we care about you.</td>
</tr>
</tbody>
</table>

Theory Corner: Using Fear in Messaging

The question of using fear in messaging to change behaviors has prompted heated discussions. Based on the newest theory research on how fear works, the Extended Parallel Process Model states that people make decisions based on two considerations: 1) analyzing a threat or fear, then 2) deciding whether they have the ability to deal with the threat. (For example, people first analyze whether malaria is a serious threat that can happen to them. They then ask themselves if malaria nets work as a response to the threat, whether they can use them every night (self-efficacy,) and what barriers keep them from responding to the threat.

Once people have analyzed the situation, they act defensively by doing one of two things: 1) controlling the fear, e.g., by being in denial about it and not acting on it; or 2) controlling the danger and using preventive behaviors to reduce the fear. For the preventive action to take place, individuals must consider the preventive action to be effective and believe they are capable of performing the action (e.g., they consider bed nets to be effective in preventing malaria and believe they can use them effectively).

SBCC practitioners have a number of options that encourage audiences to control the danger (and not their fear of the changes) by taking preventive action (Witte and Allen 2000). For the malaria example, practitioners can increase the perceived seriousness of malaria; increase the audience’s risk perception of getting malaria (threat); increase their knowledge of effective solutions, such as malaria nets; model response behaviors (show them how to use a bed net); and/or show them how others have overcome barriers to using nets (response). Which option is chosen depends on the results of formative research and audience consultations.
CHECKLIST: Basic Principles of Message Development

As you draft messages, review this checklist developed by the Advocacy and Leadership Center (2010).

1. **Keep it simple.**
   - Make it easy to grasp.
   - Make it short and uncluttered.
   - Define key terms that may sound like jargon (e.g., sustainable development).

2. **Know your audience and involve them early on.**
   - Addresses audience's level of *knowledge*—Is there a startling fact that might cause the audience to rethink their position or move to action?
   - Addresses their *values, norms, and beliefs*—Does the message address the values that are most important to the audience?
   - Addresses their needs and priorities—What does your audience care deeply about or fear?

3. **Invite the audience to “fill in the blanks” and reach conclusions on their own.**
   - Hold back from including every detail.
   - Allow the audience to use their own thought processes to take ownership of the message.

4. **Present a doable solution.**
   - Focus on local solutions, rather than the cause or causes of the problem.

---

**Theory Corner:** Human behaviors are complex and usually very hard to predict. Some behavioral theories and models are refined to predict certain behaviors (e.g., the **Health Belief Model**). Most theories and models have been tested on individuals in western countries, notably in the United States (Burke, Joseph, Pasick, and Barker 2009). Reactions in Africa to HIV-prevention messaging based on these theories and models are not always the same (King 1999). Although these theories have helped identify key beliefs and underlying intentions to change at the individual level, more research on how messaging works (**communication theory**) is needed to increase the ability to change underlying beliefs, rather than just identifying them (Fishbein and Capella 2006). Many tips in this module are derived from communication theory and practice.
Module 3, Session 4: Drafting Stories for Materials

One way people communicate with each other is through storytelling and narratives. Stories are used to explain the world—in literature, theatre, movies, radio serials, and the media. Social and political institutions and commercial advertisements use stories to inform or persuade people about things they need to know or do. Narratives can include good stories, gripping drama, oral history, personal experience, the experience of others, and fables or fairy tales. Narratives can be factual or fictional, told in the first, second, or third person. They can take different forms (e.g., conversations and dramas); they can be more or less interactive; and they can provide greater or lesser amounts of text versus pictures. Stories usually have a meaning. They offer learnings from the experience of the narrator or others, and these learnings are the message they promote.

The following steps are needed to get to the first draft of a material or activity that incorporates a story:
1. Write the script or text, keeping literacy levels in mind.
2. Select images for a storyboard—a series of photos or illustrations that represent, scene-by-scene, what will appear on the screen or page. The words for each scene are written under each picture, as in the storyboard worksheet and example on page 22.

The following tips came from guidance on clear and simple print publications by the National Cancer Institute (2003).
- Limit the number of ideas per illustration. Each should communicate a single distinct situation or support a key event in the storyline.
- Limit the number of concepts per material. Too many messages may not be remembered.
- Make materials interactive whenever possible so that they stimulate dialogue within and with the audience.
- Leave plenty of empty space. This makes the material more pleasing to the eye, text easier to read, and illustrations easier to follow and understand.
- Arrange the story in the sequence that is most logical to the audience.
- Use appropriate colors and familiar images and symbols in illustrations that supplement text. The audience may be confused by images and drawings of things that do not resemble what they normally see, including enlargements and views of parts of things or people.
- Choose lettering that is clear and easy to read. Use a combination of uppercase and lowercase letters. Text entirely in uppercase is more difficult to read.

The Storyteller Group in South Africa developed *Heart to Heart*, a comic story with two endings. It presents the woman's perspective for readers who begin on page 1 and the male's perspective for readers who start at the back. Both stories meet in the middle and motivate readers to find a solution. The graphic story resulted from a collaboration with rural secondary school students, who used workshop performances to reenact and revise a story about lives similar to their own (Kruger and Shariff 2011).
WORKSHEET: Storyboard Outline

**Directions:** This worksheet will help you think through and sketch out the flow of a story for one of your communication products—perhaps your ideas for a television show or a print material. You can use photos or simple sketches to show what happens each step of the way. This storyboard can be reviewed or pretested so that you get input on your ideas before investing any more time or money. Begin by capturing the essence of the story in three pictures. When developing a storyboard for program materials, it is likely more than three boards will be needed.

**Beginning**

**Climax**

**Resolution**

Describe in a few words what happens under each picture.

---

*Sample storyboard*

---
CHECKLIST: Drafting Print Materials

Directions: As materials are drafted, review this checklist for clear and simple print materials developed by the National Cancer Institute (2003):

Organize copy
☐ Organize important points first to last.
☐ Organize information into chunks in a clear format.
☐ Sequence material chronologically or by topic.
☐ Conclude with a summary or action steps.

Cut back on copy
☐ Focus on communication objective(s) when in doubt.
☐ Minimize the number of words. Ask whether the reader need this statement or fact to understand, accept, and take the desired action.
☐ Pretest to make final decisions on words used.

Check reading levels
☐ Count the syllables. The longer the word, the more difficult it is to understand (For example, use “distinguish” instead of “differentiate.”)
☐ Cut back on longer sentences. They are harder to understand.
☐ Use active voice. Passive voice may be difficult to understand.
☐ Review the literacy level. Some people may try to impress their audience with their command of the language. Ask if this is necessary?
☐ Pretest. (More on this topic is coming up!)
Module 3, Session 5: Concept Testing, Stakeholder Reviews, and Pretesting

Ideally, and as much as possible, practitioners should develop materials together with their audiences to understand how they make use of certain information and what motivates them to change.

Three kinds of testing happen during the process of creating SBCC products:
1. Concept testing happens before time is invested in fully drafting materials.
2. A review by partners and gatekeepers occurs after materials have been drafted.
3. Pretests and field tests with audience members happen after drafts of materials are in hand.

Concept testing concerns "big ideas" or creative concepts that capture the essence of what is to be communicated. During concept testing, the main issues to be communicated are explored with members of intended audiences. Practitioners learn from them how they understand and speak about problems; the words and phrases they use and what is behind them; what moves, motivates, and interests them; and which creative ideas work for them. Before a material or activity is drafted, concept testing asks audience members what formats they prefer or what information they would like to see. After a material is drafted, concept testing explores which concept has the strongest appeal and potential for effect. At this point, concept testing also identifies confusing terms or concepts, language used by the intended audience, weaker concepts to be eliminated, and new concepts that should be developed. Draft concepts can be presented in drawings, mock-ups, skits that are acted out, and in other ways.

Pretesting and field testing helps to confirm whether the intended audience understood or liked the materials. In pretesting, a facilitator shows the draft materials to the intended audience and asks open-ended questions to learn if the story, message, or concept is well understood and acceptable. This process is important to the success of SBCC because elements such as illustrations, text, photographs, dialogue, sounds, music, graphics, and moving images can be misinterpreted. If audience members cannot understand the materials or do not like them, the message is lost. It is easier to revise materials then, before they are produced, rather than finding out that the materials are inappropriate after investing a large amount of time and resources. Field testing goes one step further than pretesting: it tests how a material works in the context in which it will be used. For example, a pretest for a job aid for reproductive health counselors gets their reactions to the new tool, while a field test would record how the tool works in their hands with real clients.

1 For more on concept testing, see http://www.orau.gov/cdcynergy/web/ba/Content/activeinformation/about.htm
A review by stakeholders (partners and gatekeepers such as the Ministry of Health or the funder) is very important, as it can prevent costly mistakes in the content of materials and messages. Such a review can take place before pretesting to ensure statements coincide with existing policies. It can also take place after pretesting. What audience members said is shared, especially if gatekeepers do not agree with the contents of a material or activity. Stakeholders can also be informally involved in individual meetings prior to a review. This way, they are kept up to date on materials and not surprised when they come to the review.

Testing Guidelines

Ideally, materials are developed by collaborating with audiences as much as possible. This allows SBCC practitioners to understand how their audiences make meaning of the information that is to be communicated (Parker 2009). At a minimum, and depending on the budget, this calls for the following tests and reviews:

- a concept test to decide on the big ideas
- a stakeholder review to assure accuracy and acceptance by decision-makers
- repeated pretesting to assess the effectiveness of the material, which is further revised or refined until the audience understands, accepts, and is very interested in or motivated by it

Testing allows planners to avoid costly mistakes while building social support for the communication intervention. This applies not only among the intended audience, but to authorities responsible for approving use of resources. This is not a step to be overlooked or taken lightly.

Testing focuses on five areas of assessment:
- **Comprehension:** Is the content of the material clearly understood by the audience? Is the visual presentation clear?
- **Attractiveness:** Does the material capture the audience's attention in a positive way?
- **Acceptance:** Is the content and presentation accepted as relevant to the audience?
- **Involvement:** Does the audience identify with the material? Do they feel it speaks to them and their experiences?
- **Relevance:** Does the material make the audience think and talk to others about change? Does it induce them to find more information or services and seek solutions?
- **Improvement:** Is there anything that can be done to improve the materials?
Testing Tips

The following tips are taken from the publication on clear and simple print materials by the National Cancer Institute (2003).

How to Conduct Tests

- Before beginning, develop a testing design, including how many audience members are to be interviewed and in which geographic areas, or how many focus group discussions are to be held. Develop an outline of questions to ask and how information will be captured. Ensure a skilled moderator and a note-taker are used for each group.
- Individual interviews are recommended for low-literacy audiences. Focus group discussions are only recommended for people who are not likely to be influenced by other members of the group (e.g., women are often influenced by men, therefore keep groups homogeneous by gender). Very personal issues may not be openly discussed in a focus group.
- Assure participants their honest assessments are wanted. Make sure participants understand that they are not being tested; this is especially important for low-literacy audiences.
- Choose people who are culturally sensitive and have good social skills to recruit and interview pretest participants. Unless potential participants feel at ease with the interviewing staff, they may not give their real opinions.

How to Interpret Testing Results

- Testing participants are experts in what they understand and accept in a material, but not in material design. Not all suggestions should be followed; this requires professional judgment.
- Most of the time, simple revisions can fix problems uncovered. Consider starting over when the majority of responses reveal fundamental problems with the design or format.
- Gauge the importance of making changes by the number of times participants point out problems with materials. However, counting the number of people for or against a change is not recommended, since focus group discussions are not a quantitative method.
- Rather than rely on the testing reports only, it often helps to get involved in the testing design or in the test exercise itself to better understand what needs to change.
**TIPS: Concept Testing**

Concept testing will help save an SBCC program time and money because it identifies the material ideas, images, and messages that work best for intended audiences. Concept testing is used to identify:

- which concept has the strongest appeal and potential for effect
- confusing terms or concepts
- language used by the intended audience
- weaker concepts that should be eliminated
- new concepts

Concepts can be presented in a number of ways. The key is to convey the major characteristics of the appeal, along with the action the SBCC program wants members of the intended audience to take and the benefit they will receive as a result. Focus groups or in-depth interviews are most appropriate for concept testing because they permit SBCC practitioners to discover how audience members think about an issue, how they react to different appeals or aspects of a message concept, and why they react that way.

During concept testing, a sentence or brief paragraph is often used to describe a concept to participants. They are often asked to rank a group of concepts from most to least compelling, explain their rankings, and discuss benefits and problems associated with each concept.

**TIPS: Audience Pretests**

- Make sure pretest respondents are representative of the audience to be reached and that these respondents have not been involved in the development of the message or material being tested. This means that pretests and concept tests should not be conducted in the same community.
- Decide whether group discussions or individual interviews are best.
- Take special care to “distance” the SBCC program and staff from what is being tested to avoid respondents being concerned about negative reactions giving offense.
- Show only one message or portion of the material at a time, so respondents can focus their attention. However, several drafts can be tested in several sessions on the same day.
- Try to set aside all expectations when listening to audience members or reviewing pretest findings. Hear what they are really saying and decide what it means for the final materials.
- Remember that pretest results are not an exact blueprint for revisions, especially if changes are requested by only a few audience members. The solutions are up to practitioners and the SBCC program.

In many countries, health materials require the approval of Ministry of Health (MOH) representatives and funders. This is the time to clarify where the MOH logo and funders’ logos need to appear and where to get a high-resolution file of these logos to share (e.g., with the printer). For radio program or spots, there is a need to find out how to credit to these agencies and in which order.
TIPS: Stakeholder Reviews

- Involve reviewers at the concept development stage to avoid surprises. They can be given the creative brief and told when they can see drafts.
- Educate reviewers about the purpose of the material or activity, using the creative brief.
- Make sure that all simplified explanations are accurate.
- If the review occurs before the pretest, be careful not to make too many changes before intended audience can give their input.
- If the review occurs after the pretest, share its results and the audience’s perspective before making any changes.
- Ask stakeholders to check the technical content of materials and alignment with national priorities.
- If reviewers suggest a change that is inappropriate, work with them, discussing all their concerns and working toward a solution.
EXAMPLE: Concept Testing Questions for Billboards for Youth in Ethiopia

This example and the next two were adapted from work by the AIDS Resource Center in Ethiopia under guidance of CCP. Billboard concepts promoted HIV testing for youth on VCT Day. They were laid out in the room face down for the first step, then face up for the rest of the concept test.

**Step 1: Youth perceptions of their lives and key motivators—15 minutes**
1. What do you like in your life?
2. What do you and people like you want for your lives?
3. How do you see the future?
4. What draws people like you to action?
5. What would make you want to go for HIV testing?
6. What did you always want to know about HIV testing?
7. What do you think is the greatest contribution that youth can make to the community?

**Step 2: Reactions to pictures, words, and messages —20 minutes**
1. What do you see in the picture? Can you describe it?
2. What is the main message(s) on the billboard?
3. Who do you think this billboard is meant for? Please describe the kind of people who would be most interested in this material.
4. What’s your general reaction to this draft?
5. Is there anything you especially like about it?
6. Is there anything you especially dislike?
7. Is anything confusing? Are there any words, sentences, or ideas that you did not understand or would not use? Which ones? (If so, explain the meaning and then ask respondents to suggest other words that would convey the meaning.)
8. Is anything missing that you would like to see included?
9. What can be done to improve this material?

**Step 3: Rating of the best concept: format, design, and layout—10 minutes**
1. Which of the concepts do you find most attractive and/or appealing?
2. Which one do you think shows a situation closest to your life?
3. Which one is the easiest to understand?
4. Which one gets your attention the best?
5. Which one presents the *most believable message*? (Very important!!)
6. Which ones are appropriate for the culture?
EXAMPLE: Concept Test Guide for a First Draft of a Brochure for an ART Adherence Diary in Ethiopia

Preparation and Introduction
- Make a flip chart page with the learning objectives of the material.
- Make a flip chart with the outline of the brochure (table of contents).
- Print enough copies of the material for participants to look at.

Welcome. My name is ____________________, and my colleague’s name is ____________________. We are coming from [organization].

We are here today to ask for your help in developing an adherence diary for people to monitor on their own how they take antiretroviral medicine. This brochure is our first draft. We need your help in telling us what type of information should be included in this diary and what format would make it easier to use. We would like you to be as honest and frank as possible so that the materials will be best for your community. We thank you in advance for your willingness to participate in the production of this material.

Questions for Participants (30 minutes) and Concluding Remarks
Please tell us what should go into an adherence diary on ART. What kind of information would you like to see? (List the suggested information on a flipchart.) Probe: Is there anything else that should be covered in the diary? What are some ways to note adherence to ART and other issues around it?

Now I’d like to show you a draft of our adherence diary and get your reactions. (Pass out draft of the diary.)
- What’s your general reaction to this draft?
- Is there anything you especially like about it?
- Is there anything you especially dislike?
- Is anything confusing?
- Was anything missing that you would have liked to see included?
- Which parts would be most useful to you?
- What would you do with a diary like this?

We’ve come to the end of our discussion. Do you have any additional comments you would like to make on today’s topics? On behalf of [organization], I want to thank you for your participation. Your opinions today will very valuable for the development of the adherence diary. We will now come back to the group and summarize what we came up with and explain how we will finalize this material with you.
EXAMPLE: Pretest Brief and Question Guide for a Series of Materials on ART Adherence in Ethiopia

Background
A number of ART materials are being developed in the Oromia region, some under great time pressure. A pretest exercise is planned with the intended audiences to gather their views on and suggestions for improvement for each of the materials.

Pretest Objective
To find out from male and female PLHIV on ART who represent the intended audiences:
- whether the language used in brochures is understandable and appropriate
- whether the contents are relevant, believable, convincing, and appealing
- whether they think the brochures will influence positive health changes in their communities
- what format and content for the planned ART adherence diary are considered to be appropriate and relevant

Materials for Pretest
- four mini-brochures
- ART adherence diary
- flipcharts
- markers

Issues to Probe
- **Comprehension**: Establish the extent to which the respondents understand the materials and find out whether anything is unclear, confusing, or hard to believe.
- **Attractiveness**: Find out whether the audience finds the materials attractive and relevant.
- **Acceptance**: Establish whether the materials are compatible with local culture or if they include offensive or unfamiliar language.
- **Involvement**: Find out whether the audience can identify with the materials.
- **Relevance**: Find out if the materials are considered relevant to the issues faced by the audiences and barriers to the desired behavior change.
- **Improvement**: Gather suggestions, if any, on how to improve the materials.

Proposed Pretest Methodology
Three focus group discussions will be conducted in Amharic (the local language) with audiences in urban and peri-urban areas of Addis Ababa. Separate male and female discussion groups will be conducted by research assistants of that gender.

Pre-test Audience and Mobilization
The target audience will be mobilized with the help of a hospital, a women’s PLHIV association, and volunteers working with PLHIV. All members of the groups are literate. Although members of the women’s PLHIV association are all women, the remaining audiences will be mixed in terms of
gender and age. The most relevant selection criterion is that all participants are on ART. Gender-specific perspectives will be collected from the all-female group.

<table>
<thead>
<tr>
<th>Materials</th>
<th>Language</th>
<th>Audience</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART mini-books</td>
<td>Oromia</td>
<td>10 literate women on ART</td>
<td>xxx</td>
<td>PLHIV women’s association</td>
</tr>
<tr>
<td>PLHIV note-book</td>
<td></td>
<td>10 randomly selected men and women on ART</td>
<td>xxx</td>
<td>ART clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 randomly selected men and women on ART</td>
<td>xxx</td>
<td>A volunteer’s residence</td>
</tr>
</tbody>
</table>

Note: For the all women’s groups, the facilitator will be Ms. [name]. All other groups will be facilitated by [name].

**Introduction**
Welcome. My name is ________________, and my colleague’s name is __________________________. We have come from [organization]. We are here today to ask your help in developing materials that are intended for your use and your community’s. These materials are not finished because we want to incorporate your opinion and thoughts into them first. We would like to ask you to be as honest and frank as possible so that the materials will be best for the community. We thank you in advance for your willingness to review these materials together with us.

**Proposed Questions for Each Mini-Brochure—30 minutes**
1. What do you see on the cover? Can you describe it to us?
2. What is the main message(s) in the brochure?
3. Is the brochure telling you to do something? If so, what is it?
4. Does the picture on the front match the words or messages inside? Why or why not?
5. Who do you think this brochure is meant for? Please describe the kind of people who would be most interested in this material.
6. Is anything unclear in the brochure? Are there any words, sentences, or ideas that you did not understand? Which ones? [If so, explain the meaning and then ask respondents to suggest other words that would convey the meaning.]
7. What do you like or dislike about this brochure? Why? [If necessary, probe by asking specifically about the format, picture, colors, general layout]
8. Is anything about the pictures or writing confusing, offensive, or might embarrass you or someone like you? What in particular? [Ask for alternatives]
9. Is there anything missing that you would like to see included?
10. What can be done to improve this material?
11. Do you have any other comments or questions for us?

Thank you for coming to work with us!
Module 3, Session 6: Finalizing Designs and Getting Ready for Production

Once materials are reviewed, pretested, and revised, it is time for final approval by national institutions and funders—then on to production. This often takes more time than expected, whether printing materials, recording radio spots, or crafting stop-and-go street theater with a facilitated discussion.

Print Materials
To get print material ready for production, practitioners need to make sure that the creative files have been saved in a compatible computer format. There may be a need to sit with the printer and decide on the preferred quality of paper as well as the colors. Order a color proof and approve it before printing. The printer goes into a lengthy process of making the page breaks for your materials, which is then followed by color mixing and printing. Often it is a good idea to have someone monitor the entire print process to make sure that this last step results in quality materials. Some common pitfalls when printing include the color being not well mixed or that it runs thin over time. These are things that can be corrected during the process if properly monitored, but they can be costly to fix after the fact.

Radio Spot Recording
After pretesting and revising radio spots, the final version needs to be signed off. Discussions with the producer may address preferred types of voices, music, and sound effects. The spots may need to be fully produced and copied on CDs or digitally. They need to be distributed to the intended radio stations on time. A broadcasting plan can be developed to either run the spot through an advertising agency or to the radio stations directly.

For more information on developing and adapting materials and activities for audiences with lower literacy skills, please refer to C-Change's Communication Bulletins (or C-Bulletins for short), available on the C-Change website and C-Hub. C-Bulletins respond to gaps around material development and adaptation for audiences who have difficulty reading, and were inspired by issues experienced in developing and adapting materials for this audience. Each bulletin offers practical, how-to assistance, real-life examples, and experience from the field, along with a list of additional resources with more information.
**CHECKLIST: Quality Messages and Materials**

**Directions:** This checklist can help practitioners gauge whether audiences will understand, accept, and respond to proposed messages and materials (Kols 2007; National Cancer Institute 2001; Population Communication Services 2003; Younger et al. 2001). A stakeholder review and pretesting with audiences will provide answers to many of the questions in the checklist.

<table>
<thead>
<tr>
<th>Are messages accurate?</th>
<th>Are communication channels credible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Experts reviewed program messages to ensure they are scientifically accurate.</td>
<td>□ The source of information is credible with the audience—for example, physicians or opinion leaders.</td>
</tr>
<tr>
<td></td>
<td>□ Celebrity spokespeople are carefully selected. They are directly associated with the message and practice the desired health habit—for example, an athlete promotes exercise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are messages and materials consistent?</th>
<th>Are messages and materials appealing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ All messages in all activities and materials reinforce each other and follow the strategy outline.</td>
<td>□ Messages stand out and draw the audience’s attention.</td>
</tr>
<tr>
<td>□ There is a single graphic identity. Print materials use the same or compatible colors, types of illustrations, and typefaces. All materials include the program’s logo or theme, if applicable.</td>
<td>□ Activities and materials are of high quality.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are messages clear?</th>
<th>Are messages and materials sensitive to gender differences?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Messages are simple and contain as few scientific and technical terms as possible.</td>
<td>□ Messages do not reinforce inequitable gender roles or stereotypes.</td>
</tr>
<tr>
<td>□ Messages state explicitly the action that audiences should take.</td>
<td>□ Messages and materials include positive role models.</td>
</tr>
<tr>
<td>□ Visual aids such as photographs reinforce messages to help the audience understand and remember the messages.</td>
<td>□ Messages, materials, and activities are appropriate for the needs and circumstances of both women and men. In particular, they consider differences in workload, access to information and services, and mobility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are messages and materials relevant to the audience?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Messages state benefits of the recommended behavior that the audience will value. For example, benefits are psychological (“you will feel more in control”); altruistic (“spacing pregnancies is healthier for your wife and children”); economic (“have just a few children, and you can educate them all”); and social (“condom users are cool”).</td>
</tr>
<tr>
<td>□ Presentation style of messages is appropriate to the audience’s preferences—for example, a rational versus emotional approach or a serious versus a light tone.</td>
</tr>
<tr>
<td>□ Messages keep in mind regional differences, which range from the language and dress of people portrayed in materials to the organization of healthcare delivery.</td>
</tr>
</tbody>
</table>
### EXAMPLE: Draft Production Timeline

<table>
<thead>
<tr>
<th>Steps</th>
<th>Sample Number of Days Needed</th>
<th>Your Draft Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative brief</td>
<td>3 days (including review)</td>
<td></td>
</tr>
<tr>
<td>Draft concept development</td>
<td>7 days (audience participation)</td>
<td></td>
</tr>
<tr>
<td>Concept testing</td>
<td>2 days (audience participation)</td>
<td></td>
</tr>
<tr>
<td>Text drafting</td>
<td>5 days</td>
<td></td>
</tr>
<tr>
<td>Visual/sound drafting</td>
<td>4 days</td>
<td></td>
</tr>
<tr>
<td>Stakeholder review</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td>Pretesting</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td>Final revisions</td>
<td>3 days</td>
<td></td>
</tr>
<tr>
<td>Approvals</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td>Competitive bidding process</td>
<td>5 days</td>
<td></td>
</tr>
<tr>
<td>Discussions with producer</td>
<td>2 days</td>
<td></td>
</tr>
<tr>
<td>Check of print proofs</td>
<td>1 day</td>
<td></td>
</tr>
<tr>
<td>Monitoring of production</td>
<td>2 days (Printers may request a 2-week period to complete their work.)</td>
<td></td>
</tr>
<tr>
<td>Development of Distribution/broadcasting plan</td>
<td>1 day</td>
<td></td>
</tr>
<tr>
<td>Monitoring distribution</td>
<td>throughout activity</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61 days or 2 months</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Additional Readings

These references provide additional information for SBCC practitioners. The entire SBCC curriculum, references cited below, and additional resources are available at [http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules](http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules). For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at [http://www.comminit.com/c-change-orc](http://www.comminit.com/c-change-orc). Graphics in the C-Modules can be accessed online, expanded, and shown to participants on a large poster board or through a PowerPoint presentation.

### Background Reading

<table>
<thead>
<tr>
<th>Topic</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBCC</td>
<td><strong>Making Health Communication Programs Work.</strong> This guide offers a practical overview on the health communication process and delves into four stages: planning and strategy development; developing and pretesting concepts, messages, and materials; implementing the program; and assessing effectiveness and making refinements.</td>
</tr>
<tr>
<td></td>
<td><strong>Tools for Behavior Change Communication.</strong> This publication is a companion piece to Communication for Better Health, Series J, No. 56. It has a series of tools to assist with planning and developing a BCC component in family planning programs.</td>
</tr>
<tr>
<td></td>
<td><strong>Communication for Better Health, Series J, No. 56.</strong> This publication discusses how managers of family planning programs can build effective BCC programs.</td>
</tr>
<tr>
<td>Advocacy and/or Social Mobilization</td>
<td><strong>Networking for Policy Change: An Advocacy Training Manual.</strong> This manual was prepared to assist NGOs and other organizations that are considering work in advocacy to develop effective advocacy skills, especially in family planning and reproductive health.</td>
</tr>
<tr>
<td>Gender</td>
<td><strong>Mainstreaming Gender in the Response to AIDS in Southern Africa: A Guide for the Integration of Gender Issues into the Work of AIDS Service Organizations.</strong> This guide provides tools and information for integrating gender concerns when planning, implementing, and evaluating HIV and AIDS programs.</td>
</tr>
<tr>
<td>Research Skills/Tools</td>
<td><strong>How to Conduct Effective Pretests.</strong> The goal of this handbook is to assist field-level planners and implementers in designing and conducting simple and effective pretests of BCC materials for HIV prevention.</td>
</tr>
</tbody>
</table>

### Existing Curricula/Training Materials

**Clear & Simple: Developing Effective Print Materials for Low-Literate Readers.** This publication provides tools and guidance to develop print materials for low-literacy readers. It provides step-by-step guidance for concept development, materials development, and pretesting.
References Cited


Goodman, Andy. 2002. *Why bad ads happen to good causes: And how to ensure they won’t happen to yours*. Santa Monica, Ca.: Cause Communications.


Credits for Graphics

The Third Step of a Planning Process for SBCC—Creating (page 3)


IMPLEMENTING & MONITORING

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER’S HANDBOOK
C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)

Communication for Change (C-Change) Project
Version 3

May 2012

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The six modules can be freely adapted and used, provided full credit is given to C-Change. Recommended citation: C-Change. 2012. *C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)*. Washington, DC: C-Change/FHI 360.

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Overview

The C-Modules are designed for the use of research and implementing staff with previous experience in communication theory and programs. Module 4 covers Step 4 of C-Planning: Implementing and Monitoring. Before beginning Module 4, it is best if practitioners have completed Module 0, the introductory module, in either a face-to-face or online course. Ideally, before starting Step 4, practitioners also have a pretested set of materials and activities, as described in Step 3.

Sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>1</td>
</tr>
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<td>Module 4, Session 1: Turning Plans into Action</td>
<td>2</td>
</tr>
<tr>
<td>Module 4, Session 4: Workplan—When? Sequence, Timing, and Synergy</td>
<td>15</td>
</tr>
<tr>
<td>Module 4, Session 5: Putting it All Together</td>
<td>18</td>
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<tr>
<td>Module 4, Session 6: Monitoring Process and Quality</td>
<td>22</td>
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<tr>
<td>Module 4, Session 7: Using and Sharing Monitoring Data</td>
<td>28</td>
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<tr>
<td>Additional Readings</td>
<td>30</td>
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<tr>
<td>References Cited</td>
<td>31</td>
</tr>
<tr>
<td>Credits for Graphics</td>
<td>32</td>
</tr>
</tbody>
</table>

A Note on Formatting

In the C-Modules, the names of theories and models are in **bolded, dark blue text**; concepts are in *dark blue italics*. 
Module 4, Session 1: Turning Plans into Action

Clarity and confidence in plans are key elements in effective SBCC implementation. Program teams need clarity of vision and confidence that their plans will make a significant difference before they begin to implement activities. There is no room for sloppiness—the costs are too high. Implementation calls for rigorous attention to timely delivery, cost-effectiveness, and quality production.

During the fourth step of C-Planning, plans turn into action! The next few pages present and explain a draft workplan. In the worksheet titled “Detailed Workplan” on page 3, workplan activities are tied to communication objectives, a timeframe is given, a budget is developed, and responsibilities are allocated. As with all tools in this course, practitioners can experiment with the format and see what works best.

The Fourth Step of a Planning Process for SBCC—Implementing & Monitoring
**WORKSHEET: Detailed Workplan**

This detailed workplan builds on the implementation plan drafted in *Step 2: Focusing and Designing*. It differs from other workplans in that it is organized around communication objectives set in Step 2 (Module 2, session 4), as well as around related interventions or activities and the supporting channels and materials planned for in Steps 2 and 3. Step 4 involves a more detailed production and distribution plan.

**Directions:** Use this worksheet to develop your workplan. Review decisions made in Step 2 and 3, then fill in the left column with your communication objectives and supporting activities or materials now. You will fill in the other columns during later sessions.

<table>
<thead>
<tr>
<th>SBCC Intervention</th>
<th>Implementers: Lead Staff, Consultants, Volunteers, and/or Partners</th>
<th>Resources and Budget</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Objective #1</td>
<td></td>
<td></td>
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<td>Activity or Material</td>
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<td>Activity or Material</td>
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<td>Activity or Material</td>
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<tr>
<td>Communication Objective #2</td>
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<tr>
<td>Activity or Material</td>
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<td>Activity or Material</td>
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<td>Activity or Material</td>
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<tr>
<td>Communication Objective #3</td>
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<td>Activity or Material</td>
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<td>Activity or Material</td>
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<td>Activity or Material</td>
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</tbody>
</table>
Theory Corner: Concepts of Social Norms, Gender, and Sex.

*Social norms* are the rules that a group uses to discriminate between appropriate and inappropriate values, beliefs, attitudes, and behaviors—the “dos and don’ts” of society (Appelbaum 1970). *Social norms* may be explicit or implicit. Failure to conform to *norms* can result in social sanctions and/or social exclusion. A gender perspective as an example of *norms* was discussed in Step 1, during the situation analysis (Module 1, session 3, page 12). As you develop your detailed workplan, read the following definitions of gender and reflect on how it compares to your own understanding of gender and sexuality.

*Gender* is a culture-specific construct. It refers to widely shared expectations and norms within a society about male and female behavior, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other.

There are significant differences in what women and men can or cannot do in one society, when compared to another. However, the roles of men and women are distinct in all cultures, as is their access to productive resources and their authority to make decisions. Typically, men are held responsible for productive activities outside the home, while domains for women are reproductive and productive activities within the home. In most societies, women have limited access to and control over income, land, credit, and education (Southern African AIDS Trust 2011).
CHECKLIST: Gender Issues in Planning, Implementation, and Evaluation

**Directions:** Use the checklist developed by South African AIDS Trust (2011) to continue thinking about gender issues in the context of plans for implementation. Consider how to address gender in planning, designing, implementing, monitoring, and evaluating an SBCC effort.

**Planning and Design**
There are opportunities to address gender issues during the planning and design phase of any SBCC program. For example, the program’s objectives should aim to achieve greater gender equality and address the needs and priorities of both men and women. Make sure that objectives with the greatest impact on gender equality are not relegated to the bottom of the list. Examples of ways to address gender in setting goals and objectives include:

- better and more equal access to and control over health services by women and men
- better and more equal access to and control over community and social support services by women and men
- images of women and men that encourage more equitable relationships

Gender can also be addressed by asking questions about a program’s own resources, including whether it has an equal number of male and female technical advisors. Gender considerations might also influence the identification of partners, allies, and gatekeepers. One question to ask is whether partners and allies represent a diverse set of voices and viewpoints.

**Implementation**
This involves implementing activities as well as managing the overall program. In both endeavors, a gender-focused framework can be used. Here are three strategies to promote the equal participation of women and men:

- Make sure the timing, location, and duration of implementation allow both men and women to participate equally.
- If women cannot speak freely in mixed groups, organize separate meetings or make sure female staff are available after meetings.
- Organize suitable travel and childcare arrangements for women.

Other ways to address gender in implementation include making sure that the workplan raises the visibility of gender issues at community, institutional, and policy levels and that activities support ongoing advocacy work on gender issues.

**Monitoring and Evaluation (M&E)**
A gender-focused M&E plan compares a program’s anticipated and actual outcomes from a gender perspective and accounts for differences between men and women in baseline, midline, and endline data. There are several ways to ensure a gender perspective within M&E:

- Develop a systematic monitoring plan that can trace the process and quality of activities for both men and women.
- Review M&E tools to make sure that they invite and document gender differences.
- Ensure that there are verifiable indicators that focus on the benefits of the program for women, men, young people, and children. (The indicators could include changes related to gender-based initiatives or gender roles that contribute to better health).
Module 4, Session 2: Workplan: Who? Partnerships and Staffing

An essential part of any workplan names the individuals who will do the work. Strong SBCC programs come from strong teams of staff, consultants, volunteers, and partners. The key is to share ownership and involvement, while being clear about who gets the final word and holds ultimate accountability for each piece.

If this hasn’t been done already, this is a good time for an SBCC team to make sure it includes the right mix of people to turn plans into action. Asking these questions may be helpful:
What specific qualifications and competencies are needed for the strategic approach (e.g., mass media, community mobilization, and advocacy)?
How well trained are staff in the various aspects of their work, and in what areas do they have practical experience?
In what areas might there be a need to call on consultants and/or partners?

The checklists and worksheets on the next pages can assist practitioners who are responsible for project staffing (page 7) and SBCC coordination (page 8) to make decisions about who will do the work.

Some SBCC efforts have found strength in the careful selection and management of volunteer networks. One of the greatest challenges to the effective use of volunteers is their supervision. The sample supervisory tool on page 9 has proved useful in SBCC efforts in one country.

Even the strongest of teams—staff, consultants, and volunteers—depend on others to implement a powerful program. This is particularly true for organizations that cannot address, on their own, all three key strategies: advocacy, social mobilization, and BCC. SBCC programs can’t work in isolation, and require partner participation in program design, development, implementation, and M&E. SBCC teams who set up formal partnerships need to work hard to maintain good relationships. Frequent, two-way communication is essential. If communication only takes place when something is needed or if problems arise, the relationship will suffer and will not be productive. This session has a checklist with guidelines for managing SBCC programs and building and maintaining successful partnerships and relationships with donors (page 10).

Theory Corner: Community organization models emphasize the active involvement of community members from a wide range of sectors. Community organization activities are implemented with communities rather than for them. Among the key guiding questions: Who else can we invite to join us to make this activity more successful? Whose collaboration and/or assistance can we seek?
**CHECKLIST: Project Staffing Plan**

**Directions:** Use this worksheet to start thinking about what your project team looks like now and whether you have the staff and skills needed to implement the SBCC program. This can help you to plan for your staffing needs.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Partially</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the project team include people with previous experience with this type of program? (Do you have staff members who have been trained on SBCC?)</td>
<td></td>
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</tr>
<tr>
<td>Have team roles been assigned effectively, relative to the size of the project? (On a large project, roles should be staffed on a full-time basis. On a small project, team members should be flexible, responsive, and have the right mix of skills to perform several roles.)</td>
<td></td>
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</tr>
<tr>
<td>Does the project have adequately skilled staff for the chosen strategic approach of the project? (If you focus on community mobilization or advocacy, do you have the right skill set in your team?)</td>
<td></td>
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</tr>
<tr>
<td>Is there a good mix of experienced and more junior skills?</td>
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</tr>
<tr>
<td>Were the skill requirements for the project mapped and compared with the actual skill-levels of staff to identify shortfalls and training needs? (Is the mix between experience and junior skills appropriate? Is there backup support for key personnel? Are people with the right skills brought in at the right time?)</td>
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<tr>
<td>Has adequate attention been given to whether the gender balance within the work team reflects the gender balance of the SBCC audience or audiences?</td>
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<tr>
<td>Are there any partners who can help support activities?</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Adapted from Borysowich 2008.
WORKSHEET: SBCC Coordination

Often SBCC programs have a specific person in charge of coordination—perhaps a member of the technical staff or an SBCC programmer or officer. This person is responsible for coordinating and facilitating all things SBCC. Sample tasks of the SBCC coordinator are listed below. You can modify these tasks to clarify your team’s vision of what is needed for effective SBCC coordination. Review the table to see tasks for which the SBCC coordinator will be responsible.

<table>
<thead>
<tr>
<th>Task</th>
<th>Essential</th>
<th>Partially Essential</th>
<th>Not Essential</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link with SBCC process partners: government organizations, NGOs, and vendors</td>
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</tr>
<tr>
<td>Oversee the steps of the SBCC process</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Report on the progress and challenges faced in the SBCC process</td>
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</tr>
<tr>
<td>Select and oversee researcher(s) at various stages of the SBCC process</td>
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</tr>
<tr>
<td>Ensure that the communication strategy outline is used to guide strategic decisions</td>
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<tr>
<td>Prepare preliminary and final creative briefs for communication experts</td>
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<tr>
<td>Select and oversee local communication experts (e.g., graphic designers, writers, advertising/marketing/PR agencies, theater directors)</td>
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<tr>
<td>Identify and organize capacity-strengthening events and training, as needed</td>
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<tr>
<td>Oversee the development of SBCC materials and activities, and ensure these are in line with the overall strategy</td>
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<tr>
<td>Identify and stay connected to stakeholders who can support the program</td>
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<tr>
<td>Oversee all M&amp;E activities</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Qualities of the SBCC Coordinator

The SBCC coordinator should understand and preferably have gone through the entire SBCC planning process at least once. The person may be a communication generalist or someone with specific experience in some areas. Either way, the coordinator should understand “the big picture” of SBCC strategy development and implementation. He or she should also be effective at facilitating consensus and liaising, supporting, and (at times) directing the variety of players involved—from stakeholders to communication experts, researchers, implementing partners, clinical providers, and commodity specialists.
**EXAMPLE: A Supervisory Tool**

<table>
<thead>
<tr>
<th>Desired Performance (from scope of work)</th>
<th>Actual Performance</th>
<th>Why? Gaps**</th>
<th>Possible Solutions</th>
</tr>
</thead>
</table>
| Example: Hold two peer group meetings a month | Observation/interviews | Many members not attending both meetings per month | No time for meetings No notice given Location not known Time not known No regularly scheduled meetings | Work with peer educator to ensure that the meetings are scheduled on a regular basis and that this is communicated to the peer group. **To determine the Why? Gaps, please use the Why? Gap Analysis to the right.**

**SOURCE:** FHI Y-PEER (2006)
CHECKLIST: Successful Partnerships in SBCC

Think about exploring whether partners can help. Are any already working on similar issues? What roles and responsibilities could they have? What coordination mechanisms should exist? What institutions work in the communities and on these issues? Once partners are identified, it is important to think about maintaining relationships with them. Below are strategies developed by the National Cancer Institute (2008) for keeping partners and donors involved during implementation.

- Periodically communicated with partners to find out how their work is progressing. Offered to help when appropriate, and showed an interest in them that mirrors the interest that you hope they take in your program.
- Involved them whenever it is reasonable and when they are interested in activities like work-planning, special events, or process evaluations. (A campaign launch is a great opportunity to work with partners to mobilize press and political attention.)
- Compensated and gave appropriate recognition to partners’ work, including that of community leaders and activists, to improve morale and performance. (One way is to give partners credit in news releases and other forms of publicity and send them copies of stories that mention them and their work.)
- Provided regular program updates through formal newsletters and reports or informal calls, meetings, or emails.
- Informed partners about any changes in program activities that may have an impact on their organizations.
- Shared new materials and information (e.g., about breaking stories relevant to their organizations).
- Decided together how to measure accomplishments and notified partners of positive and negative program results, including feedback from process evaluations.
- Explored opportunities for further collaboration and continually checked on mechanisms for working together and communicating with them.
- Set criteria or guidelines to indicate when it is time to end a partnership or move to a new relationship.

Theory Corner: Social Capital and Social Network Theories.

Social capital means the social resources that people, partners, and networks have; these can be tapped into by SBCC programs. Identifying existing social networks in a community is a useful first step in planning SBCC activities. Many communities have women’s groups that meet regularly and are deeply involved in community organizing and mobilizing on issues of priority. Programmers should also consider their implementation partners as part of an existing social network to be cultivated and nurtured. Consistent communication and collaboration among partners help to strengthen social networks, and social networks require reciprocal give-and-take relationships.
Module 4, Session 3: Workplan: With What?

Resources Needed for SBCC

Hopefully, cost has been kept in mind while sketching out plans for materials and activities in Steps 2 and 3. Detailed and accurate costing must happen now, before any final material production or activities begin. The template on page 12, “SBCC Budgeting Tool,” identifies major costs for typical programs. These will vary a great deal over time and across locations. While the template does not provide estimates, it can help practitioners to think through the array of possible costs associated with an SBCC program and compare these to the line items in a budget.

Following these tips will contribute to detailed and accurate costing for the implementation strategy:

- **M&E**
  - Budget for baseline and follow-up evaluations.
  - Consider all costs associated with monitoring the processes and quality of the work.

- **Distribution of materials**
  - A clear plan and budget are needed.
  - Double-check that costs of distribution have not been underestimated; this is a common occurrence.

- **Quantity**
  - Brief stakeholders and funders on the quantity of communication materials to be produced and plans for events, mass media broadcasts, and so on. Requests made later for wider distribution or broadcasting could have an impact on the budget.

- **Subcontractor agreements**
  - Make sure subcontractors clearly understand the benefits and limitations of their contracts. For example, a fixed-price contract means that the prices negotiated are fixed and cannot be changed if production costs suddenly change.
  - Make sure to communicate with subcontractors about payment expectations. For example, an agency may expect a large down payment that cannot be provided because of the limitations imposed by the procurement rules of the program or a funder.

- **Unexpected incentives**
  - Make sure to clarify with field workers (such as peer educators) exactly what incentives are available to them and avoid requests for incentives that are not in the plan.

The key is to make sure that sufficient funding is available for all elements of a strategy before beginning implementation. If additional funding is pursued, it may be helpful to use the worksheet “Plan to Organize and Approach Potential Resource Providers” on page 14. Use of this worksheet may also help decide how to scale back strategies and spend available resources in the most efficient and effective ways possible.
### WORKSHEET: SBCC Budgeting Tool

<table>
<thead>
<tr>
<th>SBCC Expenses</th>
<th>Costs</th>
<th>SBCC Expenses</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication Research and Planning</strong></td>
<td></td>
<td><strong>Production of Broadcast Materials</strong></td>
<td></td>
</tr>
<tr>
<td>• Personnel salaries and benefits</td>
<td></td>
<td>• Fees or salaries for artists, scriptwriters, producers, videographers,</td>
<td></td>
</tr>
<tr>
<td>• Consultant fees</td>
<td></td>
<td>and technicians</td>
<td></td>
</tr>
<tr>
<td>• Training for data collection</td>
<td></td>
<td>• Copywriting</td>
<td></td>
</tr>
<tr>
<td>• Travel allowances for field work</td>
<td></td>
<td>• Studio and equipment rental</td>
<td></td>
</tr>
<tr>
<td>• Supplies</td>
<td></td>
<td>• Technical content reviewers</td>
<td></td>
</tr>
<tr>
<td>• Data processing and analysis</td>
<td></td>
<td>• Pretesting of broadcast materials</td>
<td></td>
</tr>
<tr>
<td>• Report writing</td>
<td></td>
<td>• Airtime</td>
<td></td>
</tr>
<tr>
<td>• Meetings for planning</td>
<td></td>
<td>• Distribution</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td>• Other</td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring and Evaluation</strong></td>
<td></td>
<td><strong>Production of Print Materials</strong></td>
<td></td>
</tr>
<tr>
<td>• Development, distribution, and collection of M&amp;E data</td>
<td></td>
<td>• Fees or salaries for writers, artists, and designers</td>
<td></td>
</tr>
<tr>
<td>• Questionnaires</td>
<td></td>
<td>• Copywriting and editing</td>
<td></td>
</tr>
<tr>
<td>• Orientation of trainers and training of field workers</td>
<td></td>
<td>• Typesetting</td>
<td></td>
</tr>
<tr>
<td>• Travel allowance for supervision and/or quality assurance of data collection</td>
<td></td>
<td>• Pretesting of print materials (e.g., posters, brochures, and curricula)</td>
<td></td>
</tr>
<tr>
<td>• Compilation and analysis of data</td>
<td></td>
<td>• Printing and distribution</td>
<td></td>
</tr>
<tr>
<td>• Organization of feedback session(s)</td>
<td></td>
<td>• Other</td>
<td></td>
</tr>
<tr>
<td>• Fees or salaries for evaluators</td>
<td></td>
<td><strong>Special Events</strong></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td>• Giveaways (e.g., stickers and t-shirts)</td>
<td></td>
</tr>
<tr>
<td><strong>Ongoing Training and Capacity Development</strong></td>
<td></td>
<td>• Press conferences and kick-off events</td>
<td></td>
</tr>
<tr>
<td>• Curriculum development</td>
<td></td>
<td>• Honoraria for dignitaries and celebrities</td>
<td></td>
</tr>
<tr>
<td>• Consultant and trainer fees</td>
<td></td>
<td>• Rental of sites, public address systems, other equipment</td>
<td></td>
</tr>
<tr>
<td>• Per diem and accommodation for participants</td>
<td></td>
<td>• Other</td>
<td></td>
</tr>
<tr>
<td>• Training materials</td>
<td></td>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>• Rental of training site, equipment purchase or rental</td>
<td></td>
<td>• Communication (e.g. telephone, internet, fax, postage)</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td>• Administrative and overhead costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Other transportation</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Cabañero-Verzosa (2003).
WORKSHEET: How to Make Team Decisions on Budget Priorities

Directions: Deciding on costs and a budget for an SBCC program can be a daunting task for one person. Consider working as a team to make these decisions. Following the directions below will help teams work together and make decisions on budget priorities.

First
- Review the worksheet “SBCC Budgeting Tool” (page 12) and each category of expenses.
- Focus on one category of expenses at a time, or divide up the work so that each team member focuses on one category.

Second
- Cross out any expenses that do not apply to the SBCC effort.
- Add any anticipated expenses not shown in the worksheet.

Third
- Estimate the actual cost for each anticipated expense. If exact amounts are available, all the better! Consult with other team members and members of other teams if the cost of something is not known. When in doubt, estimate on the high side.

Fourth
- Total the expenses for each category. Put a mark or star next to expenses in each of the categories considered to be the most critical.

Fifth
- Total the expenses across categories and compare the amounts to funds currently available for the project. If the budget is tight, continue to number six.

Sixth
- If the budget is tight, prioritize expenses, while keeping the overall strategy intact. Recalculate and see how the anticipated expenses compare to the budget.

Here’s where flexibility comes into play. The costs calculated influence workplans, and workplans influence anticipated costs. The only way to get workplans and budgets in sync with each other is to draft and revise them simultaneously.
WORKSHEET: Plan to Identify and Approach Resource Providers

**Directions:** If additional funding is needed, it is important to start mapping out organizations to be approached and the roles and responsibilities of the team in this effort. This worksheet may help to guide planning and decision-making and get the team on the same page.

<table>
<thead>
<tr>
<th>Resource gaps</th>
<th>Potential resource provider</th>
<th>Provider priorities and geographic area(s) of support</th>
<th>Why the provider should participate in or fund the program</th>
<th>Maximum level of support</th>
<th>Application needs and deadlines</th>
<th>Person responsible for this resource mobilization activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from International HIV/AIDS Alliance (2002).
Module 4, Session 4: Workplan—When? Sequence, Timing, and Synergy

Four aspects of implementation are critical to the success of SBCC programs: 1) sequencing and scheduling program elements; 2) timing against other events; 3) making activities mutually supportive; 4) integrating complementary programs.

**Sequencing** is the order in which activities are implemented or scheduled within a program. The job is similar to that of a cook who has to make sure all parts of a meal are ready to be served at the right time. For example, it requires asking this kind of question: will planned interpersonal support materials be ready in time for the campaign launch?

**Timing** is the scheduling of program activities in relation to events outside of the program that are happening in the community, region, or country. No program is implemented in a vacuum. Ahead of time, think about unrelated events, such as holidays, celebrations, school or university schedules, and political events that could compete for time and the attention of audience(s), broadcast space, or facilities.

**Synergy** is the added benefit obtained from bringing together activities and/or materials that enhance each other. For example, if a program has worked with faculty and administrators to mobilize a campus against the spread of HIV, then a peer education program with first-year female students on HIV prevention is likely to get more attention and support. It is best if programs look for efforts that can reinforce each other, anticipate the best schedule for each, and check that the channels selected promote the same messages in a concerted fashion. The Integrated Model for Social Change in Step 2, (Module 2, Appendix, page 54) advocates synergy. It suggests that complementary and coordinated activities can serve as a catalyst or stimulus for community dialogue and lead to collective action.

Another form of synergy occurs when a program’s SBCC efforts support those of other programs underway or planned. Here are two examples: A program might provide commodities such as rapid HIV test kits that support another program’s activities on National VCT Day. On National VCT Day, another program might provide staff to ensure that counseling services meet the demand and are of the needed quality. In this way, more potential clients will be seen who are more likely to access services in the future.
GRAPHIC: Three Key Strategies of SBCC

The graphic illustrates the importance of planning to ensure availability of necessary products and services. **SBCC should always be linked to services or to products** that people can access. If these are not in place, SBCC efforts remain toothless and communication activities may not have significant impact. For more information on these key SBCC strategies, review Module 0, session 4, page 18.

SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)
WORKSHEET: How to Make Team Decisions on Sequence, Timing, and Synergy

Directions:
Create separate cards to represent each of your program's key SBCC activities or materials.
Spread these cards out on a clear space so that all team members can easily reach them.
Sort the cards representing activities and materials in the sequence that makes most sense.
Create cards to represent important events or dates that would influence the timing of implementation.
Create cards for commodities or services that must be available for an activity or material to be successful.
As a full team, discuss what you see in terms of sequence, timing, and synergy.

<table>
<thead>
<tr>
<th>SBCC Activity/Material</th>
<th>SBCC Activity/Material</th>
<th>SBCC Activity/Material</th>
<th>SBCC Activity/Material</th>
<th>SBCC Activity/Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important Event/Date</td>
<td>Important Event/Date</td>
<td>Supportive Commodity or Service</td>
<td>Supportive Commodity or Service</td>
<td></td>
</tr>
</tbody>
</table>

Reflection Questions

- What do you see now, in terms of sequence, timing, and synergy across the materials or activities of your SBCC effort?
- What would you like to do or find out before finalizing this workplan?
Module 4, Session 5: Putting it All Together

A workplan—a map of everything a program plans to do during implementation—can provide guidance for the whole team and the program’s partners. The strongest SBCC workplans are developed jointly by team members and representatives of partner organizations and donors. Ideally, all program staff is involved in the process, since they are expected to carry out the workplan and often have valuable contributions to make.

With realistic cost estimates and complete workplans in hand, SBCC programs are ready to produce the materials that have been pretested and revised. The worksheet “Template to Track Distribution Points and Production Needs” on page 19 can be used to help finalize production costs and determine how many materials to produce.

Ultimately, indicators are added to the workplan as a basis for monitoring and evaluating progress. Sessions 6 and 7, pages 22-29 offers more information on monitoring.

The following should be kept in mind during the creation of all workplans:
- Implementation of a vision requires leadership.
- Leadership involves great flexibility.

In short, SBCC programs should be ready to change plans and stop unproductive activities when necessary. Having the courage to change course because of the results of monitoring and midterm evaluation is essential.
**WORKSHEET: Template to Track Distribution Points and Production Needs (per Material or Activity)**

**Directions:** Knowing how many materials to produce and distribute, their cost, and where they will go is key. Use the following worksheet to plan distribution and start setting up a system to monitor it and the cost and quality of materials and activities.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Name of Material: Positive Living brochure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution points</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>1. Clinic waiting rooms</td>
</tr>
<tr>
<td>2. PLHIV networks</td>
</tr>
<tr>
<td>3. Community events</td>
</tr>
</tbody>
</table>

Total number for distribution at this phase = 6,400
Total cost to produce this number = US$3,200 (.10/page x 5 pages x 6,400)

**YOUR EXAMPLE**

<table>
<thead>
<tr>
<th>Material Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution points</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

Total number for distribution at this phase =
Total cost to produce this number =
# ALBANIA EXAMPLE: Detailed Workplan on SBCC on Modern Contraceptive Methods

At this point, you will have filled in the columns of the workplan on page 3 of this module. It is time to go back and review and refine the draft. The example below may provide some inspiration. Background on C-Change’s family planning program in Albania can be found in the Introduction (Module 0, session 1, page 3 and session 4, page 16).

<table>
<thead>
<tr>
<th>List of Activities</th>
<th>Implementers (including Partners)</th>
<th>Resources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Technical Advisory Group members</td>
<td>C-Change</td>
<td></td>
<td>Jan 2009</td>
</tr>
</tbody>
</table>

**Communication Objective:** By the end of the program, there will be increased support for the use of modern contraceptive methods (MCMs) in a greater number of family planning corners and private counseling rooms at university clinics.

<table>
<thead>
<tr>
<th>List of Activities</th>
<th>Implementers (including Partners)</th>
<th>Resources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest communication materials</td>
<td>C-Change; SRC&amp;IT (sub-contractor)</td>
<td></td>
<td>Jan–Feb 2009</td>
</tr>
<tr>
<td>Develop and produce final communication materials</td>
<td>C-Change; New Moment (creative firm)</td>
<td></td>
<td>Mar 2009</td>
</tr>
<tr>
<td>Develop and implement program launch</td>
<td>C-Change; New Moment</td>
<td></td>
<td>Mar 2009</td>
</tr>
<tr>
<td>Implement public relations activities after launch of campaign</td>
<td>C-Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor advertising campaign on mass media</td>
<td>C-Change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity 1: Develop, launch, and sustain integrated BCC mass media campaign**

**Communication Objectives:** By the end of the program, there will be:
- an increase in the number of university students who have learned about MCMs and the benefits of their use
- an increase in the use of MCMs among women and men ages 18–35, from 20 percent in 2005 to 30 percent by 2010
- an increase in the number of young women who discuss MCMs with their partners
- a decrease in fear and misconceptions about MCM use among women of reproductive age and men ages 18–35 from 84 percent in 2002 to 47 percent by 2010

<table>
<thead>
<tr>
<th>Activity 2: FP/MCM peer education program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Train peer educator trainers</td>
<td>C-Change; UNFPA; two local consultants</td>
</tr>
<tr>
<td>Orient peer educators</td>
<td>C-Change; peer educator trainers</td>
</tr>
<tr>
<td>Conduct peer education session</td>
<td>C-Change</td>
</tr>
</tbody>
</table>

**Communication Objective:** By the end of the program, there will be an increase in the number of editors of prominent print products in Albania who consider FP and reproductive health to be topics worth reporting under various sections (e.g., politics, health, sports, and culture).

<table>
<thead>
<tr>
<th>List of Activities</th>
<th>Implementers (including Partners)</th>
<th>Resources</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select media organization or consultant to work with journalists</td>
<td>C-Change</td>
<td></td>
<td>Early Mar 2009</td>
</tr>
<tr>
<td>Develop advocacy and media relations plans</td>
<td>C-Change with 10 select journalists</td>
<td></td>
<td>Mid-Mar 2009</td>
</tr>
<tr>
<td>Develop and implement the Champion Journalists Initiative</td>
<td>C-Change media consultant and a media co-trainer; expert journalist on ethical reporting; obstetrics and gynecology specialists</td>
<td></td>
<td>Mar 2009 (2.5 days)</td>
</tr>
<tr>
<td>Produce media relations materials</td>
<td>C-Change with 10 select journalists</td>
<td></td>
<td>Mar 2009</td>
</tr>
</tbody>
</table>
WORKSHEET: Quality in SBCC

As you finalize workplans, review the tips below (adapted from Mosley and Lozare 2008).

**Five Tips to Strengthen the Implementation of SBCC Programs**

- Involve audience members and encourage them to participate at every step.
- Learn from others currently doing the work.
- Encourage staff to take initiative and be resourceful.
- Demonstrate a commitment to excellence—in design, production processes, and services, and not just in products.
- Consistently seek affordable, quality solutions. These may not be the cheapest option, but quality pays in the end.

**Four Tips to Improve Work Systems**

To build quality into SBCC program implementation, do the following things:

- Critically review the tasks at hand and how the team tries to accomplish them.
- Assess how tasks and work systems fit together.
- Clarify responsibilities and strengthen links across teams.
- Focus on increasing capacity, not only on increasing results.

Improving performance by improving work systems will help to establish a good organizational climate. It has been estimated that 85 percent of errors are systems-related and only 15 percent are worker-related. It is more important to build good quality into processes than to inspect for bad quality. When managers and staff design work systems together (or if there is at least broad consultation), there is a better chance that new systems will be adhered to and be effective.
Module 4, Session 6: Monitoring Process and Quality

Many organizations work hard to improve the lives of the people they serve. Most do not feel they have the time, resources, or skills to measure the process and outcome of their efforts. However, funding increasingly depends on these measures. Today, stakeholders expect SBCC programs to track the day-to-day delivery of services, use data for continuous improvement, and document the effect they have on audiences. More importantly, organizations themselves want some measure of the quality and results of their hard work. Before implementation, programs must map out how they will monitor the process and quality of their work and conduct a midline and/or endline evaluation to document the outcome of this work on various audiences.

Monitoring is the routine process of data collection and measurement of progress towards a program’s objectives. It is used to count how often, how much, and how frequently activities are carried out, as well as how many participants are involved. It often involves routinely assessing service quality.

Monitoring data are used to describe how things happened and tell the “plot of the story” that is the SBCC program. Monitoring allows practitioners to see what is and what is not working. Without monitoring data, it is difficult to make sense of evaluation data. If outcomes appear to have been achieved, the process needs to be explained so its success can be replicated. If achievements were less than intended, there is a need to study what might have been missing during implementation.

Module 5 includes 10 sessions that can help practitioners think through plans to monitor implementation and conduct midline and endline evaluations to assess and replan programs:
- Session 1: M&E’s Place in SBCC
- Session 2: What is Monitoring? What is Evaluation?
- Session 3: Key Decisions before Data Collection
- Session 4: M&E Questions
- Session 5: M&E Indicators and Targets
- Session 6: Evaluation Research Design
- Session 7: Evaluation Methods and Tools
- Session 8: M&E Data Quality, Analysis, and Interpretation
- Session 9: Using Data to Replan
- Session 10: Developing an M&E Plan
**Types of Evaluation: Purpose, Questions Answered, and Sample Indicators**

**Uses of evaluation**
Evaluation spans the life of any program. It begins with formative research and a situation analysis, progresses to monitoring, and closes or moves to a new phase with evaluation. Findings help guide program design, determine whether implementation is occurring as planned, and suggest midcourse improvements. Evaluation also provides evidence that the program achieved its communication objectives. It helps to guide the design of future programs and demonstrates accountability to partners and funding agencies. The table below adapted from Cabañero-Verzosa (2008) can help SBCC practitioners consider how to measure progress toward objectives and decide which quantitative indicators to use. Ideally, program managers work hand-in-hand with researchers and evaluators to identify appropriate measures and assist with quantitative and qualitative measurement.

<table>
<thead>
<tr>
<th>Types</th>
<th>Broad Purpose</th>
<th>Main Questions Answered</th>
<th>Sample Quantitative Indicators</th>
</tr>
</thead>
</table>
| **Formative Research/Situation Analysis** | • Learn more about all aspects of the health issue and its context  
• Help guide program design  
• Establish the baseline status of the health behaviors  
• Pretest materials | • What is the current situation in the country and/or region regarding the issue?  
• What groups of people are most affected? Why?  
• What current behaviors influence this aspect of health?  
• What are the barriers to improvements in behavior?  
• Is development of materials on the right track? | • Prevalence or incidence data for the problem  
• Percentage of audience with access to services  
• Percentage of audience with exposure to various media, by type  
• Percentage of audience with favorable or unfavorable attitudes toward materials  
• Sample indicators listed under “evaluation.” |
| **Monitoring** | • Quantify what has been done—when, where, how, and who was reached  
• Identify how the audience is reacting to the messages  
• Identify problems and areas for adjustment as implementation proceeds  
• Help to explain why the expected change did or did not occur | • Are activities being implemented according to schedule or as planned?  
• What problems have arisen during implementation?  
• Which components of the program are or are not working?  
• What is the audience’s reaction? | • Number of times messages aired on radio or television in a reference period  
• Number of materials disseminated by type in a reference period  
• Number of audience members participating in community mobilization events  
• Percentage of audience members who recall hearing or seeing a specific message |
| **Evaluation** | • Measures change in outcomes (e.g., skills, knowledge, self-efficacy, attitudes, and behaviors) against communication objectives, though changes may or may not be due to the program | • Did the desired changes in outcomes take place?  
• How much did knowledge, attitude, and behavior change? | • Percentage of audience who know the recommended behavior  
• Percentage of the audience with a specific attitude (favorable or unfavorable) toward the recommended behavior |
<table>
<thead>
<tr>
<th>Types</th>
<th>Broad Purpose</th>
<th>Main Questions Answered</th>
<th>Sample Quantitative Indicators</th>
</tr>
</thead>
</table>
| Impact Evaluation  | • Measures the extent to which program activities changed outcomes (consistent with communication objectives) | • Are changes in outcomes due to the program?  
• Did communities with the program have better results than the communities without the program?  
• Did people with greater exposure experience better results than people with little or no exposure? | • Percentage of the audience who are confident they can perform the recommended behavior  
• Percentage of the audience who practice the recommended behavior                                                                                       |
**EXAMPLE: Health Matters Monitoring Questionnaire**

This tool was developed by Straight Talk Uganda (2007) to monitor receipt, use, and distribution of its *Health Matters* newspaper.

| District: ___________________________ County: ___________________________ Sub-county: ___________________________ |
| Name of health facility/organization: ___________________________ Designation of respondent: ___________________________ |

### Receipt of *Health Matters* Newspapers

1. Have you ever received *Health Matters* newspaper(s)?
   - 1. Yes___ 2. No___ (Go to Q13) 3. Not sure___
2. Have you ever received *Health Matters* in the following versions? (Write yes or no)
   - a) English_____ b) Local language______
3. How do you receive *Health Matters* for your health facility/organization?
4. Who is in charge of such materials here?
5. How many times have you received *Health Matters*? (Ask according to response to Q2.) Write the number of times or “can't tell” for those who don't recall
   - a) English_____ b) Local language______
6. When did you last receive the *Health Matters* newspaper?
   - a) Month______ Year______
   - b) Can't recall
7. What were topics of the *Health Matters* newspapers you received?
   - 1. Family planning
   - 2. Malaria
8. How many copies of *Health Matters* do you receive?
   - a) English_____ b) Local language______

### Utilization/Distribution of *Health Matters* Newspapers

9. How do you use the copies of *Health Matters* you receive here?
10. Do you use them in any of your activities? If yes, mention the activities and how the papers are used.
11. How long does it take you to distribute these copies to the target beneficiaries?
12. Do you face any challenges when distributing or utilizing these papers?
   - 1. Yes___ 2. No___
13. If yes, what challenges do you face?
14. What do you think is the best channel or system to distribute *Health Matters* newspapers to reach its target audience?
15. Do you have any suggestions to improve on the *Health Matters* newspaper? (Probe for content, language used, paper layout, etc.)
**EXAMPLE: Materials Distribution Monitoring List**

This tool was used to track the distribution of materials.

| Name of Partner, Site, and Region: | ________________________________ |
| Data Collector's Name and Title: | ________________________________ |
| Date: | ________________________________ |

<table>
<thead>
<tr>
<th>Material</th>
<th>Type</th>
<th>Language</th>
<th>Number received</th>
<th>Date received</th>
<th>Number of copies still available</th>
<th>Location of material at site?</th>
<th>Used by (client or provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> Positive Living</td>
<td>Brochure</td>
<td>Portuguese</td>
<td>500</td>
<td>September 2009-200</td>
<td>200</td>
<td>Waiting room table</td>
<td>Client</td>
</tr>
</tbody>
</table>

A: Audience: Health Service Providers

- A2 Adult ART Reference Laminated sheet
- A3 Pediatric ART Reference Laminated sheet

B: Audience: People Living with HIV

- B1 ART Booklet
- B2 Positive Living Booklet
- B3 Opportunistic Infections Booklet
- B4 Stages of HIV Leaflet
- B5 CD4 Counts Leaflet
- B6 Risk Behaviors Brochure
- B7 Drug Information Booklet
- B8 ART Overview Pocket-size booklets

C: Audience: Community and Family Members

- C1 Caregivers’ Booklet Booklet
**WORKSHEET: Plan to Monitor the Process and Quality of All SBCC Materials and Activities**

**Directions:** Now that you have seen some examples of how to monitor and track materials and activities, it is time to develop a tool for your program.

**Material Name:**

<table>
<thead>
<tr>
<th>Distribution Points</th>
<th>Target (Number to be distributed)</th>
<th>Monitoring Indicators</th>
<th>Monitoring Methods and Tools</th>
<th>Implementer (Who is responsible for ensuring the monitoring is done and data are used?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity Name:**

<table>
<thead>
<tr>
<th>Implementation Points</th>
<th>Target (Number to be implemented)</th>
<th>Monitoring Indicators</th>
<th>Monitoring Methods and Tools</th>
<th>Implementer (Who is responsible for ensuring the monitoring is done and data are used?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 4, Session 7: Using and Sharing Monitoring Data

Careful monitoring during implementation will yield valuable pointers about what parts of the program could be improved to increase access, use, and impact. Practitioners may also get informal feedback that something is not working properly, but more information is needed to make a change. Here are ideas on how to gather more information:

- Use group discussions to ask for more feedback if materials are not being used or activities are not well attended.
- Review promotional activities to see if they are strong enough to get the word out.
- Build informal feedback loops into activities, such as letters, phone calls, emails, or SMS feedback, with incentives to participate.

Try to establish ways for the audience to provide regular feedback on activities. For example, start a game or quiz related to the program on a radio station and have listeners call or write in with answers and comments. This will indicate the extent to which listeners are willing to be engaged and how much they have learned from the program thus far. Remaining questions can then be addressed in new program content.

Sometimes monitoring suggests the need for drastic changes to bring a program back on track. If so, the following actions are recommended:

- Communicate the observation or monitoring data to the whole team.
- Review the strategic design and search for the source of the problems.
- Communicate with the funder, build consensus, and see whether any support is available for reorganizing or adjusting the program.

The programs with the greatest impact and sustainability over time are often those that have been able to adjust to changing circumstances and needs of their audiences. If resources allow, a midline evaluation can be used to document outcomes to date and synthesize monitoring data on process and quality.

Many donors like to be kept informed about the activities they are funding. This requires timely delivery on workplans and reports. It is a good idea to ask donors for sample formats and examples of periodic reports and to give them reports that describe how challenges were resolved in the form of lessons learned. A good way to keep funders and partners involved is to invite them to field activities, send copies of draft materials for technical review early on, and present pretesting results and changes for materials at the same time. If the data suggest problems, invite partners and funders to react to creative and realistic ideas for making improvements.
GRAPHIC: Where Monitoring Fits into SBCC

# Additional Readings

These references provide additional information for SBCC practitioners. The entire SBCC curriculum, references cited below, and additional resources are available at [http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules](http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules). For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at [http://www.comminit.com/c-change-orc](http://www.comminit.com/c-change-orc). Graphics in the *C-Modules* can be accessed online, expanded, and shown to participants on a large poster board or through a PowerPoint presentation.

## Background Reading

<table>
<thead>
<tr>
<th>Topic</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBCC</td>
<td><strong>Igniting Change: Capacity Building Tools For Safe Motherhood Alliance.</strong> Fosters communication and collaboration among all safe-motherhood stakeholders and emphasizes the strengthening of group processes, building capacity for linkages among diverse stakeholders, and helping stakeholders work as a team to advocate for safe motherhood.</td>
</tr>
<tr>
<td></td>
<td><strong>Performance Improvement: A Resource for Youth Peer Education Managers.</strong> Guidance on managing and monitoring peer educators, who should be regularly updated to do their best work, as should the systems that support them.</td>
</tr>
<tr>
<td>Advocacy and/or Social Mobilization</td>
<td><strong>Raising Funds and Mobilizing Resources for HIV/AIDS Work—Module 5.</strong> Introduces an approach to planning and carrying out resource mobilization strategically and systematically to ensure that maximum returns are gained for the least amount of effort and that NGOs and CBOs remain true to their missions.</td>
</tr>
<tr>
<td>Gender</td>
<td><strong>ISOFI Toolkit: Tools for Learning and Action on Gender and Sexuality.</strong> Based on CARE staff experiences under the ISOFI project, guidance for staff and organizations involved in development and health that helps them understand gender and sexuality and its relationship to reproductive health.</td>
</tr>
<tr>
<td>Research Skills/Tools</td>
<td><strong>A Guide for Monitoring and Evaluating Population–Health–Environment Programs.</strong> Encourages monitoring and evaluation (M&amp;E) and improvements in the quality of work for population–health–environment programs, including by providing a comprehensive list of the most widely used M&amp;E indicators for programs in these areas.</td>
</tr>
<tr>
<td></td>
<td><strong>Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators.</strong> Provides essential information on core indicators that measure the effectiveness of the national response for key constituents involved in an individual country’s response to HIV and AIDS.</td>
</tr>
</tbody>
</table>

## Existing Curricula/Training Materials

**Monitoring HIV/AIDS Programs: A Facilitator’s Training Guide. Modules 1, 2, and 6.** Designed to build skills for conducting M&E activities in a course with three core modules: Introduction to M&E; Collecting, Analyzing, and Using Monitoring Data; and Developing an M&E Workplan. Additional modules are designed for specific contexts, including a module on behavior change communication.
References Cited


Credits for Graphics

Step 4 of the C-Planning Process for SBCC—Implementing & Monitoring (page 2); Where Monitoring Research Fits into SBCC (page 29)


Three Key Strategies of Social Behavior Change Communication (page 17)


Why? Gap Analysis (page 10)

EVALUATING & REPLANNING

MODULE

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK
C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)

Communication for Change (C-Change) Project
Version 3

May 2012

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The six modules can be freely adapted and used, provided full credit is given to C-Change. Recommended citation:
Overview

The C-Modules are designed for the use of research and implementing staff with previous experience in communication theory and programs. Module 5, the last in the series, teaches fundamental concepts and skills around monitoring and evaluation (M&E) and replanning for SBCC programs. The guidance also reinforces key concepts related to formative research, situation analysis, and baseline assessment and shows how these early phases form the foundation for M&E. Though Module 5 can be used on its own as a guide to M&E and evaluation research for SBCC programs, it is best if practitioners have completed Module 0, the introductory module, which lays out the basic concepts and principles of SBCC.

Sessions

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A Note on Formatting

In the C-Modules, the names of theories and models are in **bolded, dark blue text**; concepts are in `dark blue italics`. 
Module 5, Session 1: M&E's Place in SBCC and a Simplified M&E Framework

Research and M&E happen at many points during the SBCC process to supply data needed to make good decisions along the way.

- In Step 1 of C-Planning and during the situation analysis, SBCC programs might conduct formative research or gather research results from other sources to fully understand the situation and make good strategic decisions.
- In Step 2, programs outline their M&E plans early—prior to creating or starting any interventions or materials—so baseline data are gathered and objectives can be adjusted as needed.
- In Step 3, SBCC programs can conduct formative research again, focusing on material and activity development.
- In Step 4, during implementation, practitioners monitor programs so they know what is happening on the ground and whether progress is being made.
- In Step 5, M&E plans are finalized. Throughout this step, components of the M&E plan are developed, and a template is completed by the end.

The place of research and M&E in SBCC is summarized in the C-Planning graphic on page 3. For SBCC programs, the approach to M&E focuses on monitoring workplan activities, as well as evaluating whether communication objectives are reached and barriers identified are reduced. While the focus of the evaluation is the program’s communication objectives, other objectives may need to be addressed.

The “Simplified M&E Framework” on page 5 shows the roles of baseline, monitoring, midline, and endline evaluations for SBCC programs. Sustainability issues may be addressed via a follow-up evaluation 6 to 12 months after a program ends, but this is beyond the scope of this module.

Theory Corner: SBCC theory was applied during earlier C-Planning steps and research provided the evidence to make strategic decisions. In Step 1, practitioners formulated assumptions related to the theory of change and chose certain theories to help find potential tipping points for change. In Step 2, strategic decisions were made, based on SBCC concepts about how to approach the audience, then communication objectives were formulated accordingly. In Step 3, theory-based messaging tips helped craft effective materials. In Step 4, SBCC theory helped to show the importance of implementing programs with communities, partners, and networks to have broad effects. Now, in Step 5, SBCC theory can help measure these effects, determine if assumptions from the theory of change were accurate, and assess whether the program was successful.
GRAPHIC: Where Research Fits into SBCC

The C-Planning graphic shows when research can help to plan, monitor, and evaluate SBCC efforts. A program’s particular approach to M&E will be based on factors such as funding, staff resources, and timeline. Regardless, it is always wise to:

- think through M&E plans before moving too far along in C-Planning
- make sure data being collected can be used to help make decisions every step of the way

ALBANIA EXAMPLE: The Role of M&E in SBCC

Please refer to Module 0, session 1, page 3, and session 4, page 16, for background information on C-Change’s family planning program in Albania.

C-Change’s mass media campaign in Albania included trainings for select journalists on how to cover stories related to family planning (FP) and reproductive health. In April 2009, during the first four weeks of the campaign, C-Change assessed the impact of the trainings by monitoring the frequency and content of print and visual media stories on FP and reproductive health. (published during the first four weeks of the campaign. Keywords used were family planning, reproductive health, abortion, contraception, and condom.) Thirty-two articles were identified: 24 covered FP mass media events organized by C-Change, and 21 mentioned the project. All of the journalists who participated in the training wrote or reported on FP issues at least once.

Despite the measurable progress in the media coverage of FP themes, some articles had misleading titles or reported false information. These findings indicated that more work was needed to improve the capacity of journalists and editors to accurately cover FP. An ongoing training program needed to be organized, one included and involved decision-makers and supervisors—the editors and directors of media outlets.

In addition, C-Change heard from members of the technical advisory group that the font of the tagline on campaign billboards and posters was too small and difficult to read. The project made minor changes to the materials at minimal cost to improve the visibility and readability of FP messages on posters, billboards, and buses.
GRAPHIC: A Simplified M&E Framework
It is a good idea to keep this graphic in mind when developing an M&E plan.

- Programs have many options for conducting a baseline evaluation. One option is to use secondary data that was gathered before the start of the SBCC program. These data need to address the variables that the program is measuring, along with the same geographic coverage and target population. The program also needs to have sufficient funds to use a similar methodology to gather the data needed at midline and/or endline.
- Inputs and outputs are monitored simultaneously to describe the program fully.
- When resources allow, large-scale M&E efforts go beyond outcomes and evaluate impact.

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Baseline, Midline, and Endline Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect data over time <em>during implementation</em> on:</td>
<td></td>
</tr>
<tr>
<td>- program process (what the program did and what the population did)</td>
<td></td>
</tr>
<tr>
<td>- the quality of the interventions and materials</td>
<td></td>
</tr>
<tr>
<td>Collect data at discrete points in time <em>before, during, and after implementation</em> to:</td>
<td></td>
</tr>
<tr>
<td>- compare with the baseline</td>
<td></td>
</tr>
<tr>
<td>- document outcomes and changes in the population</td>
<td></td>
</tr>
<tr>
<td>- verify whether the data support assumptions made in the theory of change</td>
<td></td>
</tr>
</tbody>
</table>

Monitoring
Monitoring tracks and measures a program’s activities—what it is doing, where, with whom, how much, and when. For an SBCC program, monitoring tracks and measures progress being made toward achieving communication objectives.

Two elements are monitored: the program process, or the scope of activities that use resources to achieve expected results—e.g., the number of training sessions and/or focus group discussions conducted and the number of outreach activities initiated. This monitoring includes the quality of activities—e.g., whether all training objectives were met and focus groups were accessible to the target audience. The second element monitored is program outputs, or the results obtained through these activities—e.g., the number of participants trained, condoms distributed, or outreach contacts made.

Monitoring involves routine data collection to check process and outputs and asking the following questions:

- How well are activities implemented?
- To what extent are planned activities realized?

Evaluation
Evaluation is data collection at discrete points in time to investigate systematically an SBCC program’s effectiveness in bringing about desired change in an intended population or community. Evaluation enables an SBCC program to determine whether its theory of change was accurate and whether the communication strategy and activities were effective.

*Evaluation requires a comparison of variables and the measurement of changes in them over time.* It measures what has happened among intended audiences as a result of program activities and allows SBCC practitioners to answer questions such as these:

- Were barriers to social and behavior change reduced by our efforts?
- Were these changes meaningful for our program?
- How good a predictor is our theory of change?
- Have we achieved our communication objectives?

Some SBCC programs evaluate both outcome and impact.

- **Outcome**—short-term or intermediate results obtained by executing program activities
- **Impact**—long-term effects (e.g., change in health status) measured through special studies with wide district, regional, or national coverage

While effective SBCC programs have the potential of contributing to improved health outcomes for the population, such as reductions in HIV incidence and prevalence, it may not be possible to attribute them entirely to an individual program. The C-Modules thus focus on outcomes: the more short-term or intermediate results that most individual SBCC programs can feasibly achieve.
**WORKSHEET: Users and Uses of M&E Data**

**Directions:** You may have used this worksheet during Step 2 (Module 2, session 8, page 47). The information you entered can be updated here, based on what you have learned about the users and uses of M&E data.

- **Baseline Evaluation**
- **Monitoring**
- **Midline Evaluation**
- **Endline Evaluation**

<table>
<thead>
<tr>
<th>Baseline Evaluation</th>
<th>Monitoring</th>
<th>Midline and Endline Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you plan to collect or gather baseline data...</td>
<td>If you plan to monitor your program...</td>
<td>If you plan to evaluate your program....</td>
</tr>
<tr>
<td>Who will use the baseline data and how?</td>
<td>Who will use data about program processes and how?</td>
<td>Who will use outcome data and how?</td>
</tr>
<tr>
<td></td>
<td>Who will use data about program quality and how?</td>
<td></td>
</tr>
</tbody>
</table>

* Please review *Step 1: Understanding the Situation* for more information on formative research and situation analysis.

**PEPFAR funding requires process and quality monitoring.**
Module 5, Session 3: Key Decisions before Data Collection

The bulk of M&E work happens well before data collection begins. The tool on the next page outlines key decisions to be made prior to collecting any data. Once complete, the various parts of this tool comprise the M&E plan developed in Step 5.

After defining data uses and users, practitioners finalize communication objectives that are SMART—specific, measurable, attainable, realistic, and time bound. This is an example of a SMART objective: “By the end of the project, there will be an increase of xx percent in the number of men in rural areas of three provinces in Kenya who feel confident talking about condoms with their peers.” (Module 2 session 4, pages 25–28, for more information on SMART communication objectives.

Once these objectives are finalized, SBCC practitioners can decide on:
- M&E questions that are linked to activities in the workplan and each SMART communication objective
- indicators and targets
- evaluation research design, if an outcome evaluation is being conducted
- evaluation research methods and tools
- steps to ensure quality of data
- ways to analyze the data
- how to report M&E results to community, partners, and donors

**After all this work is done, data collection can begin.**

Information on the next pages will help practitioners to make these key decisions.
## WORKSHEET: Key Decisions Before Data Collection

**Directions:** This worksheet will guide you through the process of developing your M&E Plan and allow you to capture your work as you complete Step 5. You will have already answered some of the questions below; some answers will emerge during Step 5.

<table>
<thead>
<tr>
<th>Questions to Answer Before Beginning Data Collection</th>
<th>Baseline</th>
<th>Routine Monitoring</th>
<th>Midline/Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who will use the data and how? (Session 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the final set of SMART communication objectives—specific, measurable, attainable, realistic, time-bound? (Session 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What M&amp;E questions are linked to the activities in the workplan and each SMART objective? (Session 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the indicators and targets that tell you how close the program is to the path and how things are changing? (Session 5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If evaluating the program, what type of evaluation design will be used? (Session 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What evaluation research methods best suit the indicators? (Session 5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What tools should be used to collect the data? (Session 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How will the quality of the data collected be ensured? (Session 8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who will analyze the findings and how? (Session 8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 5, Session 4: M&E Questions

After developing communications objectives (Step 2) and the workplan (Step 4), the next step is to develop questions that help to:

- focus M&E activities (on the questions that need to be answered)
- guide the M&E planning process (or decide how it will be done)
- facilitate decision-making about what data need to be gathered (by determining what information is needed)
- provide a basis for informed decision-making (about using M&E results to improve the SBCC program)

A list of M&E questions can be brainstormed with stakeholders. These are prioritized to arrive at the final set of questions—those that will be the most useful for M&E and can be answered with available resources.

**Monitoring questions** ask whether the activities in the workplan were implemented—did the program do what it said it would do—and whether implementation was of high quality. For example, if a workplan states, “Conduct five trainings with 50 journalists on media messaging related to family planning,” these monitoring questions could be asked:

- How many trainings on media messaging were conducted?
- How many journalists were trained?
- Did the facilitators cover all topics in the training curriculum?
- How satisfied were the journalists with the training?
- Were any barriers confronted during the delivery of the trainings? If so, what were they? How did they affect the trainings? How were they addressed?

**Evaluation questions** are related to whether communication objectives were achieved and reasons for not achieving them. If the communication objective states, “By the end of the program there will be an increase of X percent in the number of young people ages 13–18 in (location) who know in the benefits of delaying sexual debut,” the following evaluation questions could be asked to determine if the objective was achieved:

- Did young people who were exposed to the SBCC program increase their knowledge concerning the benefits of delaying sexual debut?
- If the expected increase in knowledge was not achieved, why did this happen?
- Do young people still feel that there are advantages to early sexual debut? What are they? How could the communications strategy be improved to address these misconceptions?
**MODULE 5**

**EVALUATING & REPLANNING**

**WORKSHEET: Selecting M&E Questions**

**Directions:** Review the sample M&E questions and develop some of your own for your program. Think about the monitoring questions you want answered and the evaluation questions you want to ask.

<table>
<thead>
<tr>
<th>Examples of workplan activities</th>
<th>Examples of monitoring questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop a low-literacy pamphlet for MSM.</td>
<td>• Was the pamphlet developed according to its creative brief?</td>
</tr>
<tr>
<td>• Conduct three focus group discussions with urban MSM to obtain feedback on pamphlet.</td>
<td>• How many focus groups were conducted?</td>
</tr>
<tr>
<td></td>
<td>• How many MSM participated in the focus group discussions?</td>
</tr>
<tr>
<td></td>
<td>• How did the MSM react to the pamphlet?</td>
</tr>
<tr>
<td></td>
<td>• What MSM feedback was provided on the value of the pamphlet and/or suggestions for improvement?</td>
</tr>
<tr>
<td></td>
<td>• What was the uptake of the pamphlet at organized activities?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example of a communication objective</th>
<th>Examples of evaluation questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• By the end of the program, there will be an increase of X percent among</td>
<td>• Did MSM exposed to the SBCC program gain condom-negotiation skills?</td>
</tr>
<tr>
<td>MSM in (location) who learn condom-negotiation skills with partners.</td>
<td>• If the expected increase in MSM condom-negotiation skills was not achieved, what are the reasons for this?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities from your workplan</th>
<th>Monitoring questions to be addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication objective</th>
<th>Evaluation questions to be addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 5, Session 5: M&E Indicators and Targets

Indicators are data points that are used to measure how close a program is to its path and how much things are changing. For example, if a car’s gas or petrol gauge shows low, it is an indicator of the amount of gas in the tank, rather than the gas itself.

Indicators are defined by the objectives of the program and questions that need to be answered. The process of selecting indicators can be fairly straightforward if objectives are presented clearly—in terms that define the quantity, quality, and timeframe of a particular program activity. (Examples of indicators for SMART objectives can be found on page 14.)

Step 5 focuses on two types of monitoring indicators: process and output. **Process indicators** provide signals regarding the scope of activities in the workplan to be implemented, as well as the quality of implemented activities. **Output indicators** provide signals related to the results of implementing program activities. It is best to set these monitoring indicators prior to implementation, when the workplan is completed (Step 4).

Step 5 focuses on one type of evaluation indicator. **Outcome indicators** provide signals related to the outcomes that an SBCC program hopes to achieve, which are embedded in communication objectives. It is best to set these evaluation indicators during program planning (Step 2) so that they can guide baseline data collection.

M&E questions can be helpful in developing appropriate indicators, as shown in the examples below.

<table>
<thead>
<tr>
<th>Workplan Activity</th>
<th>Monitoring Question</th>
<th>Monitoring (Process/Output) Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air a radio spot in three communities</td>
<td>• Was the radio spot aired?</td>
<td>• Process indicator: Radio spot aired</td>
</tr>
<tr>
<td></td>
<td>• In how many communities was the spot aired?</td>
<td>• Output indicator: Number of communities reached by the broadcast of the radio spot</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Evaluation Question</th>
<th>Evaluation (Outcome) Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>By end of project, there will be an X percent increase in the number of women attending university who are aware of the benefits of family planning.</td>
<td>Did women become more aware of the benefits of family planning?</td>
<td>• Percentage of women aware of benefits at baseline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Once these indicators are developed, SBCC practitioners need to set realistic targets. **Indicator targets** or benchmarks are set soon after a program begins. Doing this will not only provide clarity about achievements expected, but enables programs to plan ahead for these achievements.

<table>
<thead>
<tr>
<th>Sample Activity and Communication Objective</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity: Conduct three trainings</td>
<td>Process indicator: Number of trainings conducted</td>
<td>Three trainings</td>
</tr>
<tr>
<td>Objective: By end of project, there will be an X percent increase in the number of women attending university who are aware of the benefits of family planning.</td>
<td>Outcome indicator: Percentage of target population aware of the benefits at baseline and percentage who are aware at endline</td>
<td>X percent at baseline; Y percent at endline</td>
</tr>
</tbody>
</table>

Targets are generally set in the beginning of a project to provide clarity about what will be achieved by the program. The best way for a program to create realistic targets for indicators is to use past monitoring data. A program that is just starting may be able to use data from a similar program that has been implemented.

**Theory Corner: Theories of Change**

A theory of change is “a concrete statement of plausible, testable pathways of change that can both guide actions and explain their impact” (Kubisch, Auspos, Brown, and Dewar 2002). A theory of change is laid out with a logic model, a visual representation that charts or maps a path from the problem to be addressed to the inputs (available resources); then outputs (activities and participation); to finally arrive at outcomes (short-, medium-, and long-term results) that ideally will lead to impact (long-lasting change). A theory of change brings underlying assumptions to the surface so that the reasoning behind an intervention can be assessed and adjusted, if necessary.

Refer back to your theory of change developed in Step 1 (Module 1, session 8, page 36). A communication log frame can link your theory of change to your inputs, process indicators, output indicators, and outcome indicators. A log frame showing the application of your theory of change is part of the M&E plan at the end of this module. Remember to make sure that the indicators used to measure communication objectives match your theory of change from Step 2.

**What is the input and the output of each intervention and what is the expected outcome?** How do you know this outcome has been achieved?
EXAMPLE: Selecting Indicators for *SMART* Communication Objectives

**SMART Objective**
By the end of project, there will be an increase of X percent in the number of married women in two provinces in X country who start to negotiate the use of some form of modern contraception with their husbands.¹

Examples of data points or indicators to measure the success of this objective appear below. These are collected before the program begins (baseline) and when it is drawing to a close or has ended (endline). Two sets of data are needed to evaluate programs and measure the percentage of change.

**Key Indicator to Measure the SMART objective**
- The percentage of married women in the program area who can negotiate the use of a modern contraceptive method with their husbands before the program begins and the percentage who can do this at the end of the program

**Related Indicators to Help Explain the Results of the Key Indicator**
- The percentage of married women who are aware of various forms of modern contraceptive methods that are available in the program area
- The percentage of married women with positive attitudes toward the use of modern contraceptives
- The percentage of married women who believe that modern contraceptives are safe for them to use
- The percentage of married women who believe that modern contraceptives are effective for avoiding an unwanted pregnancy

¹ Measuring a percentage increase for outcome indicators requires baseline or other data. To quantify the increase and measure a percentage change, practitioners must know what the level was before the program began. Practitioners who have no baseline data can explore some options later in this step.
### EXAMPLE: M&E Indicators for SBCC

**Baseline Evaluation**

**Monitoring**

**Midline and Endline Evaluation**

<table>
<thead>
<tr>
<th>Monitoring Indicators*</th>
<th>Evaluation Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process</strong> indicators provide information on what the program did and how well it did it.</td>
<td>Comparable data are collected at baseline, midline, and/or endline. The baseline thus uses the same outcome indicators as those used at the end of the program.</td>
</tr>
<tr>
<td>Examples:</td>
<td>Examples of <strong>outcome</strong> indicators measured at baseline and endline:</td>
</tr>
<tr>
<td>• Number of public events conducted, by type</td>
<td>• Percentage of women reporting that they have the right to use a modern contraceptive method</td>
</tr>
<tr>
<td>• Number of trainings for peer educators conducted</td>
<td>• Percentage of women under age 25 who engage in sex with partners more than 10 years older</td>
</tr>
<tr>
<td>• Percentage of trained peer educators providing accurate information six months after training</td>
<td>• Percentage of men who have sex with men who report condom use at last sex</td>
</tr>
<tr>
<td>• Percentage of the audience who comprehend the messages on flyers and posters</td>
<td></td>
</tr>
<tr>
<td><strong>Output</strong> indicators provide signals related to the results of implementing program activities.</td>
<td></td>
</tr>
<tr>
<td>Examples:</td>
<td></td>
</tr>
<tr>
<td>• Number of peer educators trained</td>
<td></td>
</tr>
<tr>
<td>• Percentage of population reporting participation in public events, by type</td>
<td></td>
</tr>
<tr>
<td>• Percentage of population who have seen, heard, or read program materials</td>
<td></td>
</tr>
</tbody>
</table>

*Programs monitor inputs and outputs. Such indicators provide a more thorough look at what it would take to replicate the program in the future.
## WORKSHEET: Selecting Monitoring Indicators

**Directions:** Consider these examples of monitoring questions and indicators from an FP program and develop some of your own.

<table>
<thead>
<tr>
<th>Sample Monitoring Questions</th>
<th>Sample Process Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Were the projected trainings with physicians conducted?</td>
<td>• Number of physician trainings conducted</td>
</tr>
<tr>
<td>• How many clinic-based physicians were trained? Did they provide accurate information on three types of modern contraceptive methods?</td>
<td>• Percentage of trained physicians able to provide accurate information six months after training on at least three modern contraceptive methods</td>
</tr>
<tr>
<td>• How many different types of contraceptive methods were sold and/or distributed?</td>
<td>• Extent to which developed materials conveyed accurate information</td>
</tr>
<tr>
<td>• How many educational materials were distributed? Did the developed materials convey accurate information?</td>
<td>• Number of radio spots aired</td>
</tr>
<tr>
<td>• How many radio spots were aired that focused on modern contraceptive choice? How many people were reached? Did the radio spots convey accurate information?</td>
<td>• Percentage of radio spots conveying accurate information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Output Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Number of physicians trained</td>
</tr>
<tr>
<td>• Number of contraceptives sold and/or distributed by type</td>
</tr>
<tr>
<td>• Number of educational materials distributed</td>
</tr>
<tr>
<td>• Number of people reached with radio spots</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring Questions</th>
<th>Monitoring Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Output:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring Questions</th>
<th>Monitoring Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Output:</strong></td>
<td></td>
</tr>
</tbody>
</table>
**MODULE 5**

**EVALUATING & REPLANNING**

**WORKSHEET: Selecting Evaluation Indicators**

**Directions:** Consider the sample SMART communication objective and the related evaluation question and outcome indicator, then develop some of your own.

<table>
<thead>
<tr>
<th>SMART Communication Objective:</th>
<th>Example of an Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase by 10 percent in the next two years the percentage of sexually active adolescents in X community who perceive condom use as part of being a good lover</td>
<td>(collected at baseline and endline)</td>
</tr>
<tr>
<td>Evaluation Question:</td>
<td>Percentage of sexually active adolescents at baseline and endline who state that they perceive that condom use is part of being a good lover.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Objectives and Related Evaluation Questions</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Objective:</td>
<td>Outcome:</td>
</tr>
<tr>
<td>Evaluation Question:</td>
<td></td>
</tr>
<tr>
<td>Communication Objective:</td>
<td>Outcome:</td>
</tr>
<tr>
<td>Evaluation Question:</td>
<td></td>
</tr>
<tr>
<td>Communication Objective:</td>
<td>Outcome:</td>
</tr>
<tr>
<td>Evaluation Question:</td>
<td></td>
</tr>
</tbody>
</table>
Module 5, Session 6: Evaluation Research Design

Evaluation is about measuring change. The best approach to measuring change is to do a solid baseline and follow-up data collection. The diagram below shows a standard evaluation research design. Data are collected at three points in the communities involved in the intervention. The same data are collected each and every time. The results of such an evaluation research design allow practitioners to determine changes that have taken place over time in communities where the SBCC program operates.

<table>
<thead>
<tr>
<th>Baseline data collection</th>
<th>Midline data collection</th>
<th>Endline data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

One of the major challenges that all programs encounter with evaluation research design is that they cannot clearly show that changes are a result of their specific programs. Such conclusions are more readily drawn if comparisons can be made with a group or community outside the reach of the program. The comparison group should be very similar in demographic characteristics, but NOT exposed to program activities. The next diagram shows data collection in the comparison community. Data change overtime and differences between the two groups are analyzed to assess whether a program contributed to changes within the intervention community, but not in the comparison community. Notwithstanding, it is important to keep in mind that there may be other influences or multiple programs that have been working together to bring about the observed changes.

<table>
<thead>
<tr>
<th>Baseline data collection</th>
<th>Midline data collection</th>
<th>Endline data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention sites</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comparison sites</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

A slight variation of the above comparison group design embeds a comparison group within the intervention community. At each data point, exposure to the intervention is measured (e.g., “Did you hear the radio spot that discussed...?”). Respondents are then grouped into two categories—those exposed to the program and those not exposed. Statistically significant differences between the two groups may suggest that the program has had some success in bringing about change.
EXAMPLE: Evaluation Research Design Options

Comparison Group
The ideal situation is to have a comparison group that is measured at baseline, midline, and/or endline. This allows programs to see how people involved with the program are affected over time, compared to people who are not involved. It can be difficult to find a comparison group that is identical in all important ways relating to the particular development issue—socio-economic status, education, employment, gender, ethnicity, degree of access to services, etc. If key variables do not match, the group or community will not serve as a good point of comparison. It is also important to find the kinds of services that people in the comparison group have already been exposed to so changes recorded are understandable.

Existing Data Sources
If a baseline can’t be collected or it is too late to collect it because interventions have already started, an existing source of relevant data may be useful. If another organization has already collected data in the community where interventions are planned, these data can be examined to see if any key variables or indicators match the new program’s SMART objectives. If there are matching indicators, these can be used as the baseline, as long as all the following criteria are met with respect to the earlier data:

- They were collected before the new program began any interventions.
- They cover the same geographic area as the new program.
- They cover the same population as the one targeted by the new program.
- The methodology used to collect the data can be replicated by the new program’s staff and with current financial resources. Alternatively, the data will be replicated by the original program at a convenient time, and these will be available for the midline or endline evaluation.

If all these criteria are met, the program will have a source of baseline data. If even one of them cannot be met, the data source is eliminated.

SBCC Program Example: In Albania, a national Demographic and Health Survey (DHS) was used as the baseline for an evaluation of a national media campaign to increase modern contraceptive use. The DHS was conducted one month before C-Change’s national media campaign started. Because the DHS was a national survey and C-Change’s media campaign was a national activity, the geographic coverage and target populations were the same. The DHS also employed a methodology that the evaluation research team could replicate with the program’s resources. The DHS was thus a perfect baseline for the evaluation.
Evaluation Research Design: Alternative Ideas

For the baseline, small surveys can be conducted with people as they enter the program. These responses are compared to surveys conducted after the program comes to an end. This approach has some limitations.

- Results cannot be generalized to anyone not in the program, since those surveyed were not a random sample.
- There is no comparison group, thus no assurance that the results found would not have occurred on their own.
- The small sample size does not allow changes to be described as significant.

Small surveys will, however, allow practitioners to assess whether people involved with the program seem to be at least moving in the direction of changes being promoted. Ideally, the small surveys should be conducted at least 9 to 12 months after the program has been operational to allow sufficient time for changes to take place.

A baseline can also use *qualitative approaches*, which allow opportunities for practitioners to understand underlying causes, meanings, and issues that affect behaviors and decision-making. Underlying causes and issues are often the main focus of SBCC programs because behaviors cannot change without shifts in these very important variables. Qualitative methods can help programs measure these shifts. A qualitative data-collection approach could include in-depth interviews with program participants and questions such as: “What, if any, effect has the program had on you and your life?” or “What is the most significant change that has occurred in the community as a result of the program?”

Measuring exposure to interventions is another alternative for practitioners who want to have a survey but have no comparison group and no baseline, and cannot find another source to use as a baseline. In this case, a very specific set of questions is asked to find out who has and has not been exposed to the interventions. The answers given will allow comparisons to be made between those exposed to the intervention and those never exposed, including how these groups differ on key variables of interest.

---

2 The “most significant change” line of questioning is associated by an evaluation and analysis method of the same name. For more information, see Davies and Dart (2005).
WORKSHEET: Evaluation Research Design Sketch

Consider evaluation research design options described here, along with examples of how a few SBCC efforts designed their M&E evaluation research. Also consider your own resources—money, time, and staff—and keep in mind the rule of thumb that SBCC programs should spend an estimated 10 percent of their total budget on M&E.

Remember, if you do not have baseline data, you can measure change by comparing those exposed to the intervention to those not exposed. But this is difficult for several reasons. Not only is it hard to define accurately who was and who was not exposed, different interventions are often similar and can be easily mixed up in the minds of respondents. If an intervention reached almost everyone, there will be too few people not exposed to measure any differences.

Using the box below, sketch out your intended evaluation research design and respond to these questions:

- Will the evaluation research include data collection at the baseline, midline, and endline?
- Will it include an external or internal comparison group?

<table>
<thead>
<tr>
<th>Baseline data collection</th>
<th>Midline data collection</th>
<th>Endline data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention sites</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comparison sites</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baseline data collection</th>
<th>Midline data collection</th>
<th>Endline data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 5, Session 7: Evaluation Methods and Tools

Step 1: Understanding the Situation, examined the differences between qualitative and quantitative formative research and looked at the relative advantages and disadvantages of each.

Most monitoring needs are met through the use of quantitative methods and tools. These allow programs to collect numerical data on monitoring indicators that can be combined and summed up for any given time period. Examples of quantitative monitoring methods and tools include:
- attendance sheets or intake forms to count the number of persons who attended
- program logs to document radio-spot coverage statistics
- routine activity tally forms to count the number and type of activities implemented

Qualitative methods produce in-depth, descriptive information. Qualitative monitoring methods collect data on how well things are being implemented. They are necessary for learning, replanning, and addressing the quality of a program, as well as providing insight into why participants do what they do. Two examples of qualitative monitoring tools are:
- notebooks used to record observations from supervisory site visits
- journals that record entries by outreach workers

Data collection for evaluation involves gathering data on outcomes. Quantitative and quantitative methods can be used. Common quantitative evaluation methods and tools include:
- population-based surveys, such as those used in the census
- provider or client interviews and client knowledge, attitude, and behavior (KAB) surveys

Examples of qualitative methods and tools that can be used for evaluation data collection include:
- focus group discussions and their protocols
- observation and use of observation tools to record information on client outcomes

Keep in mind that all evaluation methods used to ascertain whether or not there has been any change must be able to compare pre-intervention with post-intervention data, or people exposed to the intervention with those not exposed. An important step in determining which method (or methods) to use is to link the method to the indicators selected. Some methods will be more appropriate than others, based on what practitioners want to measure and the change being promoted. A number of examples are on pages 24–25.
CHECKLIST: Designing M&E Tools

M&E tools may be administered by program staff, or program participants or clients may fill in survey answers and self-administer the tool. (The names of tools don’t matter as much as a common understanding of their characteristics and how each one should be used.)

The checklist below indicates the key elements involved in designing good M&E tools:

☐ Program staff, clients, and others who will use the tools were involved in the design.

☐ Tools are as simple and clear as possible. They are concise and collect only information that will be used.

☐ Tools were pretested to ensure that program staff can easily administer them to clients. Participants or clients were involved in pretesting self-administered tools, and their feedback on reading levels, cultural appropriateness, and problematic wording was taken into account. Finalized tools respect the privacy and confidentiality of participants or clients.

☐ Tools were explained to program staff, who understand the reasons for collecting the data and can communicate them clearly to participants or clients.

☐ Program staff are well trained to use data collection tools or to explain and review self-administered data collection tools. Role-play exercises may help build the communication skills of staff to improve data collection.
## EXAMPLE: Quantitative and Qualitative Indicators, Methods, and M&E Tools

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Possible Quantitative Methods &amp; Tools</th>
<th>Possible Qualitative Method &amp; Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample Output Monitoring Indicators</strong></td>
<td>Method: Count the number of people who attend each training.</td>
<td>Note: If the indicator measures numbers and percentages, qualitative methods cannot be used. Qualitative methods are used to examine the quality of the activities counted, as in the examples below.</td>
</tr>
<tr>
<td>Number of people trained as peer educators</td>
<td>Tool: Training attendance sheet</td>
<td></td>
</tr>
<tr>
<td>Number of people receiving literature</td>
<td>Method: Count the number of pamphlets that outreach workers hand out each day.</td>
<td></td>
</tr>
<tr>
<td>Tool: Outreach worker log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated number of people reached by radio</td>
<td>Method: Capture approximate reach of radio campaign from data provided by radio stations.</td>
<td></td>
</tr>
<tr>
<td>Tool: Radio campaign documentation form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Process Monitoring Indicators</th>
<th>Possible Quantitative Methods &amp; Tools</th>
<th>Possible Qualitative Methods &amp; Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio spots are clearly understood by target population.</td>
<td>Method: Survey the population and ask them what the radio spots mean.</td>
<td>Method: Focus group discussions and/or in-depth interviews</td>
</tr>
<tr>
<td>Tool: Communication campaign survey</td>
<td>Tool: Protocols for focus group discussion and in-depth interview</td>
<td></td>
</tr>
<tr>
<td>Peer educators are able to provide accurate information six months after training.</td>
<td>Method: Administer a six-month post-training survey on knowledge and messages.</td>
<td>Method: Observation of peer educators; periodic interviews conducted with members of the target population</td>
</tr>
<tr>
<td>Tool: Peer educator questionnaire</td>
<td>Tool: Supervisory notebook, observation form, and/or interview protocols</td>
<td></td>
</tr>
<tr>
<td>Key community leaders and gatekeepers are involved.</td>
<td>Method: Count the number of leaders and gatekeepers who attend meetings and program activities.</td>
<td>Method: Key informant interviews with gatekeepers and community leaders</td>
</tr>
<tr>
<td>Tool: Meeting or activity log</td>
<td>Tool: Gatekeeper and community leader interview protocols</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>Sample Outcome Indicators</td>
<td>Possible Quantitative Methods &amp; Tools</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Number of young women ages 15–19 who have talked with a peer educator about transactional sex</td>
<td>Method: Compare data to program targets, based on reports from peer educators and women.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tool: Peer educator reporting form; questionnaire for young women</td>
</tr>
<tr>
<td></td>
<td>Percentage of young women who correctly identify a radio slogan related to transactional sex</td>
<td>Method: Conduct a follow-up, population-based survey and compare data to program targets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tool: Questionnaire for young women</td>
</tr>
<tr>
<td></td>
<td>Percentage of young women who believe transactional sex is a safe way to earn a living</td>
<td>Method: Conduct a population-based survey at baseline and follow-up, then compare baseline to follow-up. Alternatively, compare those exposed and not exposed to the intervention.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tool: Questionnaire for young women</td>
</tr>
</tbody>
</table>
WORKSHEET: Putting It All Together—Scenarios

Directions: Fill out the table below for each scenario listed.

<table>
<thead>
<tr>
<th>A SMART Objective:</th>
<th>Indicator 1:</th>
<th>Indicator 2:</th>
<th>Indicator 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology:</td>
<td>Methodology:</td>
<td>Methodology:</td>
<td>Methodology:</td>
</tr>
<tr>
<td>Tools:</td>
<td>Tools:</td>
<td>Tools:</td>
<td>Methodology:</td>
</tr>
</tbody>
</table>

Project A
In country X, your NGO has been asked to create an SBCC program focused on injection drug users (IDUs). The recent bio-behavioral surveillance survey found that HIV infection among injecting drug users (IDUs) is 4 percent. Your program plans to start a peer education program to promote condom use in detoxification camps.

Project B
In country XX, your NGO is going to start up an SBCC program focused on sex workers. Currently, there are many programs in that country for sex workers that focus on condom promotion through peer education. Some preliminary evaluation research found that a large number of sex workers are unable to access condoms in establishments. Your program plans to start a program that complements others to increase support for a policy requiring condoms to be available within sex-work establishments.

Project C
An NGO in country Y conducted an SBCC formative assessment on three groups considered at high risk of HIV infection. One was long-distance truck drivers, a group said to experience high HIV prevalence. The SBCC assessment revealed that truck drivers’ knowledge of HIV and AIDS is low, as is their perception of their own HIV risk. The NGO now intends to start an SBCC program that targets truck drivers.

Project D
An NGO in country YY conducted an SBCC formative assessment on out-of-school youth, a group considered at high risk of HIV infection. The assessment revealed that members of this group tend to have multiple sexual partners. In addition, their knowledge of HIV and AIDS and perception of their own HIV risk are both low. The NGO intends to start an SBCC program that targets out-of-school youth.
WORKSHEET: Selecting the Best M&E Methods and Tools for Your Program

Directions: For your program, complete the tables below to develop the M&E methods.

<table>
<thead>
<tr>
<th>Monitoring Methods</th>
<th>Monitoring Indicators</th>
<th>Monitoring Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Quantitative Methods and Tools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Methods</th>
<th>Evaluation Indicators</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Quantitative Methods and Tools</td>
</tr>
</tbody>
</table>

All methods for data collection have advantages and disadvantages. It is important to look at these issues carefully to determine which methods meet your needs, staff skills, resources, and objectives. The method comparison chart in Module 1, session 5, pages 22-23, might help you decide which method meets your data collection needs.
Module 5, Session 8: M&E Data Quality, Analysis, and Interpretation

Once SBCC practitioners have defined the use and users of their M&E data, set SMART objectives and selected indicators, and decided on methods and tools, they are ready to:

- ensure the quality of the data
- analyze the data
- interpret the findings to feed back into planning or replanning

**Data quality:** The data that are collected are meaningful only if they are of the highest possible quality. There are many ways to ensure this; most rely on good planning and supervision. The checklist on page 29 offers tips on how to ensure data quality. Once high-quality data are ensured, the analysis can begin.

**Analysis:** Data collected are reviewed to see if they provide answers to the M&E questions developed in the planning phase. (For example, a monitoring question may ask how many focus group discussions were held with young women, based on a target of 10 set by the program.) Monitoring data are also analyzed to determine progress. How this is analyzed will depend on the type of data collected, i.e., quantitative data and/or qualitative data. For each type of data, different analysis techniques will apply. An example of a data analysis plan is provided later in the session.

The following tips may be helpful when analyzing qualitative and quantitative data.

**Qualitative data analysis**
- Review the information thoroughly.
- Categorize the information into groups or themes.
- Determine if there are any patterns in the data.

**Quantitative data analysis**
- Sometimes counting the numbers manually is all that is needed, especially if there is not a lot of data.
- With a larger amount of data, a computer database or spreadsheet can make analysis more accurate.
- Data entry on the computer should be done with accuracy, precision, and cross-checks.
- Once the data are entered in the computer, a simple analysis can be performed (sum/division), along with determinations of frequency. If more advanced procedures are required for the analysis, more advanced skills and software may be needed.

**Interpretation of data**
This is the next step to help answer M&E questions developed in the planning phase. If the analysis finds that a program achieved only 10 percent of its target, the task is to figure out why. The checklist on page 29 has tips for interpreting these data. There is also a quick data interpretation exercise at the end of this session. Interpretation is essential for the last part of Step 5: *Replanning.*
CHECKLIST: Data Quality

Directions: This checklist can be used to ensure high-quality data when planning and setting up data collection, entering data into computer programs, and analyzing findings.

Setting Up SBCC Programs For High-Quality Data
- Developed clear goals, objectives, indicators, and evaluation research questions
- Have a detailed plan for data collection and analysis (e.g., who, when, how)
- Pretested methods and tools
- Trained staff in data collection for M&E
- Created ownership and belief in data collection among responsible staff
- Incorporated data quality checks at all stages
- Supervised the work: Reviewed all forms for completeness, checked that all answers are clearly written and consistent; checked that all figures are tallied correctly.
- Took steps to correct errors right away
- Documented any changes and improved the data collection system, as necessary
- Other: ____________________________

Checking for Common Errors in Data Entry
- Checked for typing mistakes and transposition (e.g., 39 entered as 93).
- Checked for copying errors (e.g., 1 entered as 7 or 0 entered as the letter O).
- Checked for coding errors (e.g., interview subject circled 1, meaning yes, but the coder copied 2, meaning no).
- Checked for routing errors (e.g., a number was placed in the wrong part of a form or the wrong order).
- Checked for contradictory responses and consistency errors on the same questionnaire (e.g., birth date and age).
- Checked for range errors (e.g., numbers that lie outside the range of probable or possible values).

Addressing Mistakes or Inconsistencies
- Determined the source of the error.
- Resolved the error in the office if it arose from a data coding or entry error.
- Considered asking for correction or verification from field staff if the entry was unclear, missing, or otherwise suspicious.
WORKSHEET: Data Quality Scenarios

Directions: The scenarios below are similar, but each of them is missing one key element of quality assurance. As you review them, discuss your answers to the following questions:

- At what point(s) did something go wrong in maintaining data quality?
- What was missing? What could have been in place to avoid the problem?

Background for all scenarios: Your NGO is developing a comprehensive voluntary counseling and testing (VCT) program that incorporates pre- and post-counseling, voluntary testing, promotion of VCT activities to the community, and referral to home-based and community care services. You are the M&E officer responsible for monitoring the quality of this program, and have developed a number of tools and methods for doing so.

Scenario #1: Staff developed and pretested their monitoring tools in the field and adjusted them according to findings. Training was conducted for data collectors and their supervisors. Periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools. Can you identify what step may have been missing?

Scenario #2: Before program start-up, staff and beneficiaries developed clear program goals and objectives, as well as measurable indicators and questions to be answered by the monitoring system. After setting indicators and identifying questions, the program manager developed the monitoring tools. Training was conducted for data collectors and their supervisors. Periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools. Staff responsible for collecting the data were thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. A staff person in the country office was assigned to provide consistent monitoring of data quality, checking and providing feedback on the results to implementing agencies. Staff and implementing agencies felt that the materials were confusing and did not address the data collection needs in the field. Staff felt that a key element of ensuring data quality was missing in their process. Can you identify what step may have been missing?

Scenario #3: Before program start-up, staff and beneficiaries developed clear program goals and objectives, as well as measurable indicators and questions to be answered by the monitoring system. Staff developed and pretested their monitoring tools in the field, adjusted them according to their findings, and gave them to the staff responsible for data collection. Staff responsible for collecting the data were thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. Although the responsible staff felt that the materials were strong and understood the objectives of the monitoring system, they were unclear about exactly how to use the different tools in the field. Staff felt that a key element of ensuring data quality was missing. Can you identify what step may have been missing?
**EXAMPLE: Simplified Data Analysis Plan**

The table with examples of M&E questions to be answered shows how they are linked to relevant indicators and targets, data collection methods and tools, and corresponding data analysis techniques. A full data analysis plan would include a timeline for analysis and information on who will receive the results.

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>M&amp;E Questions (Session 4)</th>
<th>Indicators and Targets (Session 5)</th>
<th>Data Methods and Tools (Session 7)</th>
<th>Data Analysis Techniques (Session 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Were the number of trainings completed according to plans?</td>
<td>Number of trainings completed: 5</td>
<td>Training log used for counting</td>
<td>• Compare actual performance against targets: quantitative analysis</td>
</tr>
<tr>
<td></td>
<td>Is the target population being adequately reached?</td>
<td>Number of MSM reached: 500 per month</td>
<td>Counselor hotline documentation form used for counting</td>
<td>• Compare actual number of hotline callers against targets: quantitative analysis</td>
</tr>
<tr>
<td></td>
<td>Are hotline counselors delivering scripted messages on how to talk about and negotiate condom use with partners?</td>
<td>Percentage of counselors who utilize scripted messages on hotline calls</td>
<td>A sample of hotline calls monitored by supervisors and use of a hotline supervisory monitoring form</td>
<td>• Compare hotline counselor messages with those in script: qualitative analysis</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Did the target population become more knowledgeable about how to talk about and negotiate condom use with partners?</td>
<td>Percentage of MSM who are knowledgeable about how to negotiate condom use with partners; XX percent at baseline; YY percent at endline</td>
<td>Focus group discussions with MSM—those exposed versus not exposed to a hotline message</td>
<td>• Compare responses of focus group participants exposed to a hotline message versus unexposed: qualitative analysis</td>
</tr>
<tr>
<td></td>
<td>Did the target population become more confident about how to negotiate condom use with partners?</td>
<td>Percentage of MSM who are confident about negotiating condom use with partners; XX percent at baseline; YY percent at endline</td>
<td>Structured interview with MSM hotline participants before and after counseling</td>
<td>• Compare interview responses before and after counseling: quantitative analysis</td>
</tr>
</tbody>
</table>
### WORKSHEET: Your Simplified Data Analysis Plan

**Directions:** Fill in this grid, modeled on the example on the previous page. You have completed some of the columns already.

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>M&amp;E Questions to be Answered (Session 4)</th>
<th>Indicators and Targets (Session 5)</th>
<th>Data Methods and Tools (Session 7)</th>
<th>Data Analysis Techniques (Session 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analyses of outcome data are most useful when done hand-in-hand with analyses of monitoring data.

- Process information can help an evaluator understand *how* and *why* interventions have been effective and, perhaps, what specifically is making the difference.
- An examination of outcome data without assessing program implementation might lead to erroneous conclusions about the effectiveness of the interventions.
ACTIVITY: Data Interpretation and Presentation Exercise

The goal of this exercise is to develop and practice a variety of ways to present information on the same results to different audiences. There is no right or wrong way to do this.

In a hypothetical country, there are two agencies carrying out a comprehensive intervention for men at high risk of HIV that includes STI diagnosis and management, condom distribution, and behavior change support through peer educators. Two hypothetical M&E data sets emerged from two different programs over two years. Look at the data below and think about what they convey. What information might interest a donor? What might interest a community member?

<table>
<thead>
<tr>
<th>Implementing Agency 1</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of condoms distributed</td>
<td>100,000</td>
<td>120,000</td>
</tr>
<tr>
<td>Proportion of condoms distributed through social marketing</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Number of peer educators trained</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Proportion of peer educators participating in intervention for six months or more</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Percentage who know that having more than one sex partner during the same time period increases HIV risk</td>
<td>25%</td>
<td>40%</td>
</tr>
<tr>
<td>Percentage of adult population with more than one current sexual partner</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Number of men at greater risk of infection reached by peer educators</td>
<td>200</td>
<td>230</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementing Agency 2</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of condoms distributed</td>
<td>80,000</td>
<td>210,000</td>
</tr>
<tr>
<td>Proportion of condoms distributed through social marketing</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Number of peer educators trained</td>
<td>35</td>
<td>55</td>
</tr>
<tr>
<td>Proportion of peer educators participating in intervention for six months or more</td>
<td>85%</td>
<td>80%</td>
</tr>
<tr>
<td>Percentage who know that having more than one sex partner in a given time period increases HIV risk</td>
<td>25%</td>
<td>80%</td>
</tr>
<tr>
<td>Percentage of adult population with more than one current sexual partner</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Number of men at greater risk of infection reached by peer educators</td>
<td>800</td>
<td>1,400</td>
</tr>
</tbody>
</table>
Module 5, Session 9: Developing an M&E Plan

At this point in the course, all the essential elements for the M&E plan have been covered. The plan developed can be a stand-alone document or it can be a subset of the program’s workplan. Either way, the plan provides guidance on planned M&E activities—for program managers, M&E team members, and all stakeholders.

Why develop an M&E workplan?
- Show how goals/objectives relate to results.
- Describe how objectives will be achieved and measured.
- Identify data needs.
- Define how the data will be collected, analyzed, and used.
- Anticipate resources needed for M&E.
- Show stakeholders how the program will be accountable.

Now it is time to refine and synthesize into one document—the M&E Plan—the work completed so far in Step 5.

Steps in developing an M&E plan
- Develop a description of the SBCC program.
- Outline the workplan activities and communication objectives, ensuring objectives are SMART.
- Identify roles and responsibilities of staff, volunteers, or others for developing the monitoring plan, data collection, analysis, and report writing.
- Develop M&E questions that need to be answered.
- Select indicators and develop realistic targets.
- Develop a communication log frame linking the theory of change (Module 1) to inputs and process, output, and outcome indicators.
- Determine data management, reporting, and use:
  - Decide on methods for data collection.
  - Decide what existing data collection tools will be used or developed.
  - Design data flow and quality assurance systems.
  - Develop a timetable for data collection, analysis, and reporting.
  - Develop a data analysis plan.
  - Plan for dissemination, use of results, and replanning.
- Develop an M&E matrix:
  - List workplan activities and communication objectives.
  - List M&E questions by workplan activity and objectives.
  - List indicators linked to M&E questions, evaluation methods, and tools.
  - Determine the frequency of data collection.
WORKSHEET: M&E Plan Template

M&E Plan for: ____________________________________________

Date of this draft: _______________________________    Name: ______________________________________________________

1. **Description of Program** (Provide a brief overview of the program to be monitored.)

2. **Workplan Activities and SMART Objectives** (List all workplan activities and communication objectives that will be monitored to evaluate the program.)

3. **Communication Log Frame**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Process Indicators</th>
<th>Output Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Responsibility and Roles** (Assign who will be responsible for each step of the M&E process—i.e., who will collect the data, who will analyze the data, who will coordinate the process.)

5. **Data Flow** (Provide information on the flow of data from collection to analysis. From what person or organization will the data start, where will the data go next, and what is the final destination.)

6. **Data Analysis Plan** (See session 8.)

7. **How Data Will be Used**

8. **Time Table** (Provide information on each step of the process and how long each will take.)

9. **M&E Plan Matrix** (Summarize all the information so far in the table on page 36 for quick reference.)
<table>
<thead>
<tr>
<th>Objectives</th>
<th>M&amp;E Questions</th>
<th>Indicators/Targets</th>
<th>Program Evaluation Method/Tools</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Module 2 and Module 5, session 3)</td>
<td>(Module 5, session 3)</td>
<td>(Module 5, session 4)</td>
<td>(Module 5, session 7)</td>
<td></td>
</tr>
</tbody>
</table>
Module 5, Session 10: Using Data for Replanning

At this point, M&E activities have been conducted and data analyzed and interpreted. Now the task is to see if the results can be used to improve the SBCC program. This is a critical point in M&E efforts. After all this work, findings should be used! M&E data can be shared in any number of ways to benefit the current program, future programs, and the lives of program beneficiaries. Once analyzed and interpreted, the results should reach those who can make good use of them and be shared.

The monitoring data can inform practitioners about how well they implemented the program and provide reasons why it may have gone off course. These findings can be used to:

- modify approaches to serving the intended audience(s)
- increase access to program activities and services
- improve program delivery and reallocation of resources

Understanding the adequacy of staffing patterns and resource allocation can provide useful information for current and future SBCC planning.

The evaluation data convey an idea of whether the program was effective and how well it addressed barriers to social and behavior change.

- If there have been no changes in any identified barriers, the wrong ones may have been chosen. The barriers identified in Step 2 (Module 2, session 3, page 20) may need to be revisited.
- If no targets have been reached, Step 1 may need to be revisited. The wrong strategy (BCC, social mobilization, advocacy) have been used, the wrong barriers identified, and more research may need to be conducted with the target population.
- If there are static results (where change was achieved quickly but not maintained), a new communication strategy may need to be considered.
- If the entire target population is being reached but only one group within it is changing, there may be a need to review how well the communication material appeals to other sub-populations or groups.

Remember, replanning is about asking questions to determine what the data means. Once an issue is identified, one of the first steps is to ask why it is an issue. This can be investigated through small group discussions or questionnaires with stakeholders and implementers. Once practitioners figure out why things are happening, they can start to replan.
**EXAMPLE: Replanning of Project Connect**

| Audience Segmentation | • Male and female youth in secondary schools  
|                       | School administrators of secondary schools |
| Desired Changes       | • Increased self-efficacy in condom negotiation  
|                       | • Increased knowledge of where to access condoms  
|                       | • Increased HIV risk perception relating to engaging in sex without a condom  
|                       | • Implemented school policies related to condom information |
| Barriers              | • Lack of skills to negotiate condom use  
|                       | • Lack of knowledge on condom availability  
|                       | • Low risk perception of HIV infection  
|                       | • Lack of school policies around disseminating information on condom use |
| Communication Objectives | • By the end of the program, there will be a 30 percent increase in the number of male and female youth in secondary schools who report increased skills in condom negotiation.  
|                       | • By the end of the program, there will be a 40 percent increase in the number of male and female youth in secondary schools who know where to access condoms.  
|                       | • By the end of the program, there will be a 40 percent increase in the number of male and female youth in secondary schools who perceive themselves at risk for HIV when engaging in sex without a condom.  
|                       | • By the end of the program, three policies on providing information on condoms will be implemented in schools. |
| Channels, Activities, and Materials | • Peer education program with interactive sessions for male and female youth in secondary schools  
|                       | Advocacy campaign to school administrators |

After two years of implementing the program, M&E findings by Project Connect were as follows:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Monitoring</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of peer educators trained</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Number of interactive sessions conducted with youth in secondary schools</td>
<td>60</td>
<td>80</td>
</tr>
<tr>
<td>Percentage of youth in secondary schools participating in sessions</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Percentage of school administrators participating in the project</td>
<td>100%</td>
<td>60%</td>
</tr>
</tbody>
</table>

These monitoring results show that program met its target on the number of trained peer educators, but did not meet targets relating to the percentage of youth participating in sessions and how many sessions were interactive.
Replanning with Monitoring Data

The program investigated the reason for not achieving the target for interactive sessions and did a little more research to answer the following questions:

- Were sessions not held according to the implementation plan because of timing issues? Did the peer educators have enough time to do the targeted number of sessions? Were there any competing activities? Was the target too ambitious?
- Were students not attending the sessions because of other competing activities, lack of interest in the content or format, or other reasons? Answers to these questions may allow the program to replan activities and achieve goals in the years that remain.

After three years of program implementation, Project Connect reviewed the following evaluation findings:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Endline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom use at last sex</td>
<td>40%</td>
<td>45%</td>
<td>60%</td>
</tr>
<tr>
<td>Self-efficacy for negotiating condom use</td>
<td>30%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Knowledge about places to obtain condoms</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
</tr>
<tr>
<td>Perceived risk of becoming infected with HIV</td>
<td>25%</td>
<td>40%</td>
<td>65%</td>
</tr>
<tr>
<td>Policy changes related to providing information about condoms in the schools</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Evaluation results showed that targets were not met for all outcome indicators. Stakeholders concluded that this could have been due to either the limitations of program delivery, the limitations of the communication strategy and the barriers addressed, or both.

Replanning with Evaluation Data

With these findings, stakeholders considered the following actions to replan the SBCC program:

- Review the appropriateness of program strategies (peer education program and advocacy to school administrators) and perhaps redesign and implement enhanced outreach strategies.
- Redesign the communication strategy to include a community mobilization program to involve additional audiences, such as parents and religious and community leaders.
- Conduct more research with youth to obtain feedback on existing interventions and explore other barriers that may be inhibiting condom use and social norms.
WORKSHEET: Replanning Exercise

The goal of this exercise is to review the results of a hypothetical SBCC program, interpret these data, and determine how the program can replan its activities. There is no specific way to replan. It depends on both the creativity of program stakeholders and the human and fiscal resources available to conduct replanning activities.

Directions: Discuss how M&E data could be used for replanning by reviewing the four scenarios below and answering these questions:

- At what point(s) did something go wrong in the program?
- What should the project do now in replanning? Are there implementation issues such as timing and sequencing (Step 4 of C-Planning)? Or are the problems more fundamental, such as misidentified barriers or inappropriate strategies, materials, and audiences (Steps 1–3)?

Background for scenarios 1–4 (hypothetical activities)

Goal: The project goal is to contribute to an increase in the use of modern contraceptive methods (MCMs) in X district among female university students

| Audience Segmentation | • Female students at universities in Albania
| • Journalists who write or broadcast on health issues at the national level in Albania |

| Desired Changes | • Reduce fears and misconceptions as barriers to the use of MCMs among women of reproductive age
| • Increase the use of modern methods of contraception among women of reproductive age |

| Barriers | • Persistent misconceptions and fears about MCMs; use of a traditional method (withdrawal) by a majority of Albanians |

| Communication Objectives | • By the end of the program, there will be an increase in the number of university students who have learned about MCMs and the benefits of their use.
| • By the end of the program, there will be an increase in the number of young women who discuss MCMs with their partners.
| • By the end of the program, there will be reduced fear and misconception about the use of MCMs among women of reproductive age and men ages 18–35—from 84 percent in 2002 to 47 percent by 2010.
| • By the end of the program, there will be an increase in the number of editors of prominent print publications who consider FP and RH a topic worth reporting within their coverage of politics, health, sports, culture, and other topics. |

| Channels, Activities, and Materials | • Interactive peer education sessions for female university students
| • Training and mentoring of journalists, editors, producers, and other media personnel on family planning |

Scenario 1: After one year of implementation, the program noticed that it is reaching the targeted number of peer educators trained, but not the number of interactive sessions. There are 20 peer educators, but only 60 interactive sessions have been conducted in the past year, instead of 80 planned. The number of participants in the sessions is also less than targeted—60 percent instead of 80 percent. What should the implementers think about doing to increase the session attendance rate during the last two years of the program? Try to formulate some guiding questions for the implementers.
**Scenario 2:** After one year, program implementers noted that journalists were involved and attending all trainings and these targets had been reached, but editors and producers who make decisions about media coverage were not participating in the program. What changes should be made with two more years to go for the program?

**Scenario 3:** After implementing the program for two years, the midline data revealed that fears and misconceptions around the use of MCMs were reduced, but women were not accessing and using them. With two more years to go in the program, what should the implementers consider doing to encourage women to use MCMs?

**Scenario 4:** After collecting and analyzing evaluation data, it is clear that the program did not meet any of its outcome indicators and targets. Though monitoring indicators and targets were achieved and the program was implemented as planned, its activities did not influence the outcome indicators. What should implementers consider for the program's replanning strategy?
Module 5, Optional Closing: The Challenges and Possibilities of Monitoring and Evaluation

Many different aspects of M&E have been examined in Step 5, together with some challenges inherent in applying M&E to SBCC programs. Experience shows that challenges can be overcome and rewards great. Some M&E challenges and lessons learned are summarized below.

Challenge: A rigorous study design requires a comparison or control group.
Finding a group comparable to the study group may be a challenge, and collecting data among two populations is costly. In addition, the control or comparison group may have been exposed to the SBCC intervention, since these often have considerable geographic reach. It may also be unethical to withhold the interventions from the control population while collecting data on them.

How the challenge can be addressed: Matching can be a real challenge for field programs. One way to meet it is to identify a community near enough to the SBCC program to make data collection cost-effective, but beyond the reach of its interventions and personal connections to the control group. (Further details are provided when addressing the next challenge). While the randomized control trials that evaluate the effectiveness of medical treatment or technologies cannot be applied to SBCC programs, they can make use of random sampling principles for their evaluations.

Challenge: The project’s effects must be separated from those of other projects working with the same audiences or in the same geographic area (attribution).
Many times, multiple programs operate in a community at various levels, and they are not always aligned in what they communicate. The challenge for practitioners is to measure the effect of their own programs in the midst of all the “noise” from the different interventions.

How the challenge can be addressed: Methodologies are available to communication programs that allow them to predict what would have happened without the intervention and attribute change with confidence. Propensity score matching (PSM) is one methodology used to evaluate exposure to programs. It attempts to predict what would have happened without the intervention by attempting to reduce the effect of confounding co-variates (variables that may influence the response or change). Instead of matching groups on one variable, PSM predicts the probability of group membership (e.g., a treatment versus a control group), based on several observed predictors. Usually, a logistical regression is run to create a counterfactual group— or a control group used to measure what would have happened in the absence of the intervention. PSM was used to evaluate the Tsha Tsha radio series in South Africa, and the report has detailed information on its use to form the control group (Gavshon, Jammy, and Parker 2005, 18).

Challenge: There is a need to conduct panel or longitudinal studies for data collection over time.
Any evaluation of the outcomes and effects of a program need to have data collected over time—before the program launches interventions and at different times over its duration. The challenge is to use the same methodology a second and third time.
How the challenge can be addressed: Programs can use panel or longitudinal studies to observe and evaluate changes in the population through repeat observations over time. A cohort study is one type of longitudinal study. Using a cohort sample, the same people are studied at certain intervals over time. If it is difficult to find the same people to participate in the research over a period, a program can use panel studies, another form of longitudinal study. For these, a cross-section of the same population—potentially different people—are studied at intervals over time. This is the method used by Demographic Health Surveys. C-Change Albania used a panel study to evaluate its promotion of modern family planning.

Challenge: The program does not have enough staff who are trained in M&E.
Many organizations do not have trained staff who can conduct an evaluation, including staff with skills and training in evaluation design, quantitative and qualitative data-collection methods, data analysis, reporting, and dissemination.

How the challenge can be addressed: Programs lacking qualified staff to oversee and manage the evaluation process may find it is best to hire local consultants as their evaluation team. The risk of bias that ‘insiders’ bring to M&E needs to be considered, along with the need for honest feedback and answers. Managers are responsible for ensuring that data are gathered in a neutral setting and that staff have sufficient M&E skills. Their capacity can be strengthened through M&E trainings, which are available online and from WHO, UNAIDS, and other funders.

Challenge: The program’s financial resources are insufficient for M&E.
In the face of many pressing priorities, many NGOs feel they cannot spare or raise the extra money for M&E.

How the challenge can be addressed: With concurrence from funders, a program should commit at least 10 percent of its funding to M&E. Another option is to ask the funder to carry out the external evaluation; another is to pool M&E resources with a sister organization in the same area. By working together, programs may be able to pull together enough funding, staff, and resources to develop and conduct a rigorous evaluation.

These challenges are real and have no simple solutions. The strategies and solutions outlined are only a few options. It is a good idea for practitioners to explore how other programs have overcome evaluation challenges and what resources and information they used to do so. A relatively small investment may produce great insights, including into what works and could work better.

**Theory Corner:** Socio-ecological models integrate multiple levels of influence on health behaviors and norms and are noted for emphasizing the interdependence of environmental settings and actual life experiences of people. However, trying to develop more complex programs to affect social and behavioral change also increases the complexity of the indicators measuring the different influences on the assumed change. This last module of the C-Modules aimed to help programs monitor, evaluate, and check to see if their theory-based assumptions have come true and to keep trying and searching if they haven’t.
Additional Readings

These references provide additional information for SBCC practitioners. The entire SBCC curriculum, references cited below, and additional resources are available at [http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules](http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules). For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at [http://www.comminit.com/c-change-orc](http://www.comminit.com/c-change-orc). Graphics in the C-Modules can be accessed online, expanded, and shown to participants on a large poster board or through a PowerPoint presentation.

### Background Reading

<table>
<thead>
<tr>
<th>Topic</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBCC</td>
<td><strong>Monitoring HIV/AIDS Programs: A Facilitator’s Training Guide and Participant Resources.</strong> Designed to build skills for conducting M&amp;E activities with three core modules that anchor the course: Introduction to M&amp;E; Collecting, Analyzing and Using Monitoring Data; and Developing an M&amp;E Workplan. The course features seven program-specific modules, including one on behavior change communication.</td>
</tr>
<tr>
<td>Advocacy and/or Social Mobilization</td>
<td><strong>Monitoring and Evaluating Advocacy: A Scoping Study.</strong> Sets out to document the various frameworks and approaches that international agencies use to assess the value of their advocacy work.</td>
</tr>
<tr>
<td>Evaluation Research Skills/Tools</td>
<td><strong>Horizons Operations Research on HIV/AIDS Toolkit (Population Council).</strong> Contains an online toolkit: tools and information needed to design a successful operations research study related to HIV prevention, from developing the research protocol to analyzing and reporting results.</td>
</tr>
<tr>
<td></td>
<td><strong>Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health.</strong> Covers theory, research design and methodology, data collection, data analysis, report writing, and research dissemination. A practical, hands-on guide designed for social scientists, public health specialists, and research teams interested in using qualitative methods to study sexual and reproductive health.</td>
</tr>
<tr>
<td>Gender</td>
<td><strong>Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale.</strong> Describes the development and psychometric evaluation of the Gender-Equitable Men (GEM) Scale, a 24-item scale used to measure attitudes toward gender norms among young men.</td>
</tr>
</tbody>
</table>

### Existing Curricula/Training Materials

**Training in Qualitative Research Methods: Building the Capacity of PVOs, NGOs, and MOH Partners.** Developed as a training manual for an eight-day training workshop to help PVOs improve their qualitative research and make informed programming decisions for child survival projects.
References Cited


Credits for Graphics

Where Research Fits into SBCC (page 3)


