

C-Change Namibia's Approach to SBCC Capacity Strengthening

A Participatory Quality Improvement Process for SBCC Programs
and Group Sessions on HIV Prevention

September 2011



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C-Change Namibia’s Participatory QI Process for SBCC Programs and Group Sessions in HIV Prevention

The participatory quality improvement (QI) approach outlined in this document assists C-Change’s partners in Namibia to improve the quality of their social and behavior change communication (SBCC) programs and group sessions conducted by field staff and volunteers to promote HIV prevention. Through the participatory process, C-Change civil society partners craft their own set of quality performance standards and indicators for the planning and design, implementation, and monitoring and evaluation (M&E) of their SBCC programs and group session, then apply them to improve their quality.

The minimum quality standards and indicators that are developed are grounded in accepted national guidelines and standards for SBCC programs that promote HIV prevention in Namibia. These were developed during a series of workshops that C-Change conducted for the Directorate for Special Programmes/National HIV Prevention Technical Advisory Committee of the Ministry of Health and Social Services (MOHSS). Participants included representatives from the MOHSS and other line ministries, as well as a wide range of civil society and development partners.

Namibia’s national SBCC standards and guidelines are expressed in the three tools that follow, which encompass two checklists and a template for actionable recommendations. These tools are specific to SBCC programs in HIV prevention. A companion document contains tools for SBCC programs and group sessions in any health area.

The checklists and the recommendation form are used by a QI team, which is formed once an SBCC program has been strengthened through training and technical assistance. The team, comprising staff of the civil society partner and C-Change, develops agreed-upon QI indicators to measure the quality of the SBCC program—its planning and design, implementation, and M&E—and, particularly, group sessions conducted by field staff and volunteers.

The QI team uses the checklists during its office visits and its observational, supportive visits to group sessions in the field. With these tools, team members can systematically assess the program’s strengths and weaknesses and whether quality performance standards are being met. The team then reaches consensus on actionable recommendations that define how the program should be strengthened further. After three to six months, the QI process is repeated to determine progress made. QI is thus a continuous feedback process, with periodic team-based reviews.

Three Tools for QI Teams

A. Checklist of Minimum Quality Standards for SBCC Planning and Design, Implementation, and M&E

A QI team uses this checklist to measure the SBCC program against the standards in three areas: design and planning; implementation of group sessions and other activities; and M&E. During office visits, each team member asks questions of program staff, then fills out a copy of the checklist based on their responses. When checklists are complete, the QI team discusses findings and notes potential recommendations for further strengthening the SBCC program.

B. Checklist for Support and Observational Visits to Group Sessions

This checklist is used in the field by the same QI team during its direct observation of SBCC group sessions. Each team member observes the session, fills out the checklist, and makes notes. The team meets at the end of the observational visit to discuss the strengths and weaknesses each of them identified and the program's potential strengthening needs. Field workers or volunteers who conducted the group sessions the team observed should participate in the discussion and receive positive feedback and constructive ideas for improvement.

C. Template for Recording Actionable Recommendations

Following the office and field reviews, the QI team meets to discuss findings and agree on a limited set of actionable recommendations—perhaps a total of five or six. Program staff need to feel comfortable about speaking openly during this review. Recommendations should be realistic and doable, and the process should be a positive experience. All members of the QI team sign the document. When implemented, the actions should strengthen the SBCC program and lead to concrete improvements.

A. Checklist of Minimum Quality Standards for SBCC Programs in HIV Prevention: Planning and Design

QI Planning and Design Standards	No	Partial	Yes	Comments
Strategy or plan				
1. The program has a written strategy or plan for implementation and M&E.				
Use of evidence				
1. To select geographical areas, the program used evidence/current relevant information—e.g., from DHS, surveillance data, current policies such as the National Strategic Framework (NSF), and lessons learned from past programs.				
2. To select target audiences, the program used evidence/current relevant information—e.g., from DHS, surveillance data, current policies such as the NSF, and lessons learned.				
3. To select targeted knowledge, attitudes, and behaviors, the program used evidence/current relevant information—e.g., from DHS, surveillance data, current policies such as the NSF, and lessons learned.				
4. To identify underlying structural barriers to the targeted behaviors—e.g., social/cultural norms, risk perception, problems with access to biomedical services—the program used evidence/current relevant information from qualitative studies or program experience.				
Community involvement				
1. The program used group participatory methods to involve the community, its leaders, and target audiences in planning and design—e.g., mapping, community planning, community dialogue, participatory learning methods, key informants.				

QI Planning and Design Standards	No	Partial	Yes	Comments
Community involvement (cont'd)				
2. The program has specific and written criteria for the selection of field workers or volunteers.				
3. The program has a written and transparent selection process for field workers and volunteers.				
4. The program's field worker and volunteer selection process involves the community or community leaders.				
5. The program has written terms of reference for field workers and volunteers.				
6. There are established pay levels/incentives for field workers and volunteers.				
7. The program is structured to allow for field worker or volunteer capacity development and sustainability.				
Multi-level, multi-channel programming				
1. The program plan includes activities that address the targeted behaviors.				
2. SBCC HIV prevention messages will be delivered through multiple channels and target the wider context within which an individual functions—e.g., household, community groups, the community.				
3. Communication channels were selected with input from the community, its leaders, and target audiences.				

QI Planning and Design Standards	No	Partial	Yes	Comments
Capacity development of staff and field workers/volunteers				
1. The program has a plan for the basic training of management and technical/supervisory staff in SBCC and HIV prevention.				
2. The program has a curriculum for the pre-service and in-service training of management and technical/supervisory staff in SBCC and HIV prevention.				
3. The content of the pre-service and in-service training curriculum for management and technical/supervisory staff is relevant to the program and its targeted behaviors.				
4. The program has a plan for building the capacity of field workers and volunteers in SBCC and HIV prevention.				
5. The program has a curriculum for the pre-service and in-service training of field workers and volunteers in SBCC and HIV prevention.				
6. The content of the pre-service and in-service training curriculum for field workers and volunteers is relevant to the program and its targeted behaviors.				
Dosage				
1. The program is designed to ensure adequate message dosage—i.e., the number of persons each field worker or volunteer will work with and over what period of time.				

QI Planning and Design Standards	No	Partial	Yes	Comments
Supportive supervision or mentoring				
1. The program plan includes training of technical/supervisory staff in supportive supervision techniques and the use of the support-visit supervisory tool.				
2. The program plan includes at least quarterly meetings with field staff and volunteers to gather M&E data, address program issues, and provide in-service training.				
3. The program plan includes regular supportive supervisory visits to field workers and volunteers at their sites to observe them conducting group sessions and implementing other SBCC activities.				
4. The program has budgeted for frequent field visits to field workers and volunteers to observe their group sessions and other SBCC activities.				
5. The program has a supervisory tool for supervisory field visits that includes national quality standards for SBCC in HIV prevention.				
6. The program has a plan to address gaps identified during supervisory field visits.				
Links for combined prevention				
1. Local partners who provide complementary structural and biomedical services have been clearly identified and mapped—e.g., NGOs, the Ministry of Health and Social Services.				
2. Partnerships have been established with identified local partners.				
3. The program has worked with local partners to develop a strategy for the provision of combined prevention services in targeted communities.				

A. Checklist of Minimum Quality Standards for SBCC Programs in HIV Prevention: Implementation

QI Implementation Standards	No	Partial	Yes	Comments
Reproduction of materials for field workers and volunteers				
1. All field workers and volunteers have copies of the community curriculum and the IEC materials they need to use with the target audience.				
Capacity building of staff, field workers, and volunteers				
1. All management and technical/supervisory staff have been trained in SBCC and HIV prevention, including in the use of the community curriculum and IEC materials.				
2. All field workers and volunteers have been trained in SBCC and HIV prevention, including in the use of the community curriculum and IEC materials.				
3. An ongoing assessment is conducted of staff and volunteers' knowledge of SBCC and HIV prevention and their training needs are addressed.				
Selection of field workers and volunteers				
1. Field workers and volunteers have been selected using the program's selection criteria.				
2. Field workers and volunteers have been selected using a transparent selection process.				
3. The community, its key leaders, or target audiences have been involved in the selection of field workers and volunteers.				

QI Implementation Standards	No	Partial	Yes	Comments
Multi-level, multi-channel activities				
1. Planned activities are being implemented through multiple communication channels that influence individuals at different levels—e.g., individual, household, group, community, nation.				
Community-wide activities to address structural problems				
1. Community-wide interventions are addressing underlying structural factors, such as social norms, access to services, and legal actions on alcohol use or gender-based violence.				
Adequate dosage and discussion for behavior change				
1. Field workers and volunteers hold frequent, repeated sessions with the same members of the target audience over a period of time (dosage) to reinforce behavior change messages.				
2. The program’s community curriculum and IEC materials are generating discussion for behavior change.				
Supportive supervision of SBCC and HIV prevention activities to identify gaps				
1. Frequent supportive supervisory visits to field workers and volunteers are being conducted onsite and a supervisory checklist is used when observing SBCC group sessions and other activities.				
2. Gaps identified during supportive supervision are being addressed through technical assistance, in-service training for field workers and volunteers, or other methods.				

QI Implementation Standards	No	Partial	Yes	Comments
Strategic partnerships for combined prevention				
1. Strategic partners are identified, and a combined preventions strategy developed.				
2. Regular coordination meetings are held with strategic partners to ensure that the agreed combined prevention strategy is functioning well.				
3. The program has been or is working with the Regional AIDS Coordinating Committee (RACOC) to advocate for or develop a regional plan for combined HIV prevention that clearly defines roles and responsibilities and avoids duplication.				

A. Checklist of Minimum Quality Standards for SBCC Programs in HIV Prevention: M&E

QI M&E Standards	No	Partial	Yes	Comments
Capacity building in M&E for management and staff				
1. All management and supervisory staff have been trained in behavioral M&E, including in measuring outputs, the quality of interventions, and outcomes.				
Measurement of outputs				
1. The program has clearly defined output indicators—e.g., number of people reached, number trained, number of group sessions conducted.				
2. The program has monitoring tools and is using a system to track program outputs.				
Measurement of the quality of SBCC group sessions and other activities				
1. The program has clearly defined standards of quality for SBCC group sessions and other interventions.				
2. The program has a supervisory checklist that is being used to measure the quality of SBCC group sessions and other interventions of field workers and volunteers.				
Measurement of outcomes				
1. The program has identified its desired behavioral outcomes.				
2. The program has defined indicators for each of its desired behavioral outcomes.				

QI M&E Standards	No	Partial	Yes	Comments
Measurement of outcomes (cont'd)				
3. The program has a baseline measure of each of its targeted behavioral outcomes, compiled either from external sources such as the DHS or information gathered by the program.				
4. The program has defined targets for each of its desired behavioral outcomes.				
5. The program has a plan for measuring changes in desired behavioral outcomes over time.				
Use of M&E results				
1. M&E results are communicated to program management, supervisory staff, field workers, volunteers, and communities.				
2. M&E results are being used by staff, field workers, volunteers, and communities to improve program interventions.				
3. Program results are communicated to key stakeholders, donors, and partners.				
4. Lessons learned/best practices are documented and disseminated systematically.				

B. Checklist for Support and Observational Visits to SBCC Group Sessions in HIV Prevention

Date of visit: _____

Name of organization: _____

Program observed: _____ Location of visit: _____

Facilitator observed: _____ Observer: _____

Duration: _____ Group size: _____

QI Questions for Visits to Group Sessions	No	Partial	Yes	Comments
Preparation for the session				
1. Did the field worker or volunteer arrive early?				
2. If not from the community, did the field worker or volunteer introduce himself or herself to community leaders and explain the purpose of the visits?				
3. Was the field worker or volunteer prepared with the necessary tools for the session?				

QI Questions for Visits to Group Sessions	No	Partial	Yes	Comments
Environment or venue of the session				
1. Was the venue well lighted so everyone could see?				
2. Did participants have comfortable seating so they could relax?				
3. Was the seating arranged so everyone could hear and see?				
Introduction to the session				
Did the field worker or volunteer:				
1. Greet participants warmly to put them at ease?				
2. Introduce him or herself if not from the community or not yet known?				
3. Review the previous session with participants before beginning a new session?				
4. Explain the objectives of the current session before beginning?				
5. Set ground rules, such as respect for each other's responses?				
6. Explain the importance of full participation?				
7. Conduct a short energizer or icebreaker to put people at ease when needed?				

QI Questions for Visits to Group Sessions	No	Partial	Yes	Comments
Facilitation knowledge of field worker or volunteer				
Was the field worker or volunteer:				
1. Fully prepared and knowledgeable on the topic?				
2. Familiar and comfortable with the session or IEC material being used?				
3. Able to give correct factual information in response to questions?				
4. If the answer to a question was not known, able to say he or she would find out the answer and provide it at the next meeting?				
5. Informed about other partners and services in the area and able to refer participants to them when appropriate?				
Facilitation skills of the field worker or volunteer				
Did the field worker or volunteer:				
1. Talk loudly enough for everyone to hear?				
2. Not talk too much?				
3. Encourage participation?				
4. Make sure everyone had a chance to speak?				

QI Questions for Visits to Group Sessions	No	Partial	Yes	Comments
Facilitation skills of the field worker or volunteer (cont'd)				
5. Allow participants to finish speaking?				
6. Ask questions and probe to generate discussion?				
7. Avoid following a lecture approach or just reading the information?				
8. Control the session to keep questions and discussion on the topic?				
9. Use open-ended questions, rather than closed-ended questions that generate single-word responses like “yes” or “no”?				
10. Use “we” instead of “you” or “you people” when giving examples or asking questions in the session?				
11. Use examples that were relevant to the local situation when presenting?				
12. Avoid personalizing the examples given?				
Facilitation attitude of the field worker or volunteer				
Did the field worker or volunteer:				
1. Listen carefully to participants’ comments and respond appropriately?				
2. Demonstrate warmth and sensitivity?				

QI Questions for Visits to Group Sessions	No	Partial	Yes	Comments
Facilitation attitude of the field worker or volunteer (cont'd)				
3. Avoid being judgmental and showing negative facial or other reactions to participants' comments?				
4. Demonstrate support for participants' comments so they felt comfortable saying what they want to say?				
5. Use and respond to participants' non-verbal communication?				
6. Communicate at the group's level of understanding and avoid use of big or complex words?				
7. Show sensitivity to local cultural and social norms?				
Closing the group session				
Did the field worker or volunteer:				
1. Summarize the main points of the discussion so everyone understood?				
2. Ask if there were any final questions and answer those appropriately?				
3. Agree with participants about when and where the next session will take place and what it will cover?				
4. Thank the group for their participation?				

C. Form for Agreed Actionable Recommendations

Date: _____

Name of organization: _____

Program: _____

Way forward	
Agreed actionable recommendation	Responsible person/organization
1.	
2.	
3.	
4.	
5.	
6.	

Names and signatures of QI team members

From C-Change

From partner organization(s)



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