



Social and Behavior Change Communication (SBCC) CAPACITY ASSESSMENT TOOL

September 2009



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Social and Behavior Change Communication (SBCC) CAPACITY ASSESSMENT TOOL

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Contact information:

C-Change
Academy for Educational Development
1825 Connecticut Ave., NW, Ste. 800
Washington, DC 20009 USA
Tel: +1.202.884.8000
Fax: +1.202.464.3799
Email: cchange@aed.org
Website: <http://www.c-changeprogram.org>

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BACKGROUND

C-Change developed the Social and Behavior Change Communication (SBCC) Capacity Assessment Tool (CAT) to help organizations that work in health and development communication measure their technical capacity and needs in social and behavior change communication. Social and behavior change communication is an interactive, researched, and planned process aimed at changing social conditions and individual behaviors. SBCC uses advocacy, social mobilization, and behavior change communication to achieve its desired goal: to provide an enabling environment in which to achieve positive changes in behaviors and society overall.

Successful SBCC hinges on meeting certain standards in each of the following three core SBCC program components:

- **Planning and Design** – This includes using communication and behavior theories and models in planning, designing and implementing health and development programs.
- **Program Implementation** – This includes successfully managing and supervising communications activities, developing materials and activities, and working with media and local organizations in support of SBCC efforts.
- **Research, Monitoring and Evaluation** – This includes using appropriate quantitative, qualitative or group participatory methods to measure the targeted social or behavioral outcomes (or impacts) of SBCC interventions.

By using this Tool, program planners can identify the strengths and weaknesses of current programs – where they are meeting these basic standards and where they are not – and define activities to strengthen and refocus programs to improve the overall quality of their SBCC efforts.

WHO SHOULD USE THIS TOOL?

This Tool can be used by any organization interested in improving the design, implementation and M&E of its health and development communication programs. The Tool should be administered by a facilitator, who, ideally, would not be part of the organization. This is to create an environment that is participatory and equitable, where all participants feel comfortable contributing their opinions without feeling like they are being steered toward a certain score or outcome. It is helpful if this facilitator is familiar with SBCC concepts and has experience in the planning, implementation and evaluation of SBCC programs and interventions.

HOW SHOULD THIS TOOL BE USED?

The Tool can be administered in a 3-4 hour session, possibly over two days to allow time for reflection. The group involved in the assessment should include a mix of staff involved in the SBCC program including management, technical and implementation staff (e.g. project directors, program managers, or evaluation officers). The group should be limited to 10 people, as more people may take longer to come to a consensus on the scoring for each question. Alternatively, the Tool can be administered by a skilled facilitator with teams from various organizations simultaneously, although this does not allow for in-depth discussions with individual teams.

The principal steps in the assessment process are as follows:

1. Once the organizational team has assembled, the facilitator provides a brief introduction on the purpose of the assessment, which is to assist the organization to identify strengths and weaknesses in the quality of SBCC efforts within their existing program. The assessment is not intended as criticism of the current program(s), but rather a participatory method that can assist the organization in discussing SBCC standards and in identifying areas for strengthening. Participants should understand what there is to gain by participating in this process.

Throughout the assessment process, it is helpful for the facilitator to create an environment where all opinions are valued – even if they differ – and where everyone has an opportunity to speak. One-way communication or long lectures should be avoided, and the facilitator should avoid being too directive.

2. If the assessment is conducted with one organization rather than a group of organizations, the facilitator explains his/her need to understand the program. The facilitator asks the local team leader to describe the structure and methods of the current program, noting the discussion on a flip chart.
3. After that, the facilitator reviews the Tool with the team and explain the assessment process prior to asking assessment questions.
4. Once the team understands and agrees with the process, the facilitator takes the team through each of the three core program components. In each of these three areas, there is a set of questions intended to gauge how the organization’s program follows basic SBCC processes and criteria. The facilitator should assure the group that assessment scoring will only be used to plan for internal capacity strengthening activities and has no other effects on funding.
5. In response to each question, the team comes to a consensus and assigns themselves a score ranging from 1 to 4, with 1 being “no” or “never”, 2 being “some” or “sometimes”, 3 being “most” or “frequently”, and 4 being “yes” or “always.” The facilitator should resist the temptation to lead responses or suggest scores, but rather request a consensus from the group on the score by using the questions to initiate discussion rather than a “correct” value.

The average score for all of the questions in the section constitutes a final, overall score for the corresponding standard within that program component. In some cases, there may be questions that are not applicable to a particular organization or program. If a question is skipped, remember to take into account the change in the number of questions when calculating the average.

6. The results from the first application of the Tool are intended to represent the partner organization’s SBCC capacity baseline and can be used by the facilitator and team to identify gaps and areas for strengthening. The results of the first assessment can be used for SBCC strategic planning or for creating a list of steps that should be taken to improve program quality. The Tool can be used again after six months or a year (or later) to determine if the quality of SBCC activities within the assessed programs have improved.

ADAPTING THE SBCC ASSESSMENT TO THE NEEDS OF THE ORGANIZATION

The Tool is flexible enough to be used by a wide variety of organizations that focus on a spectrum of health and development issues, including all technical areas within HIV and AIDS, malaria, family planning and sexual and reproductive health, and child health. The basic standards of quality SBCC programming are cross-cutting and therefore lend themselves to use by most types of programs in a clinical, workplace or community setting.

Participants may use the entire Tool or choose to focus on a particular program component that addresses their own particular needs (e.g., M&E). Although the primary use of the Tool to date has been to assess capacities of organizations implementing SBCC programs related to HIV and AIDS programming, the Tool can also be used to help organizations assess SBCC efforts within programs related to family planning/reproductive health, malaria and other health areas.

Additionally, the Tool can be used as a training resource for organizations interested in developing a systematic approach to improving their technical capacity in SBCC, or as an advocacy tool to highlight the need for additional resources or attention.

As the SBCC Capacity Assessment Tool has not yet been formally evaluated, it currently represents a dynamic and evolving resource that will be refined as experience with it unfolds. Organizations are invited to explore its various uses depending upon their specific needs, and to share experiences and provide suggestions for further enhancements to the Tool.

C-CHANGE SBCC CAPACITY ASSESSMENT TOOL: SECTION-BY-SECTION

The following is an explanation of each program component of the Tool and its corresponding SBCC standards to measure competence. A full copy of the Tool can be found later in this document, and can also be accessed at the C-Change website: www.c-changeprogram.org

COMPONENT 1: SBCC PLANNING AND DESIGN

Theory or Model-Driven Planning and Design.

1. THEORY-DRIVEN PLANNING AND DESIGN		Question Score
Answer the questions below with a number score from 1 to 4 (1=not/never, 2=sometimes, 3=often/frequently, 4=always).		
Questions	<p>1.1 – Do you analyze information on issues supporting or blocking social structure norms, structures and behaviors during design and planning (e.g., institutional norms, economic, policy or demographic factors, risk perception, stigma, etc.)?</p> <p>1.2 – Are you aware of any formal behavior change and health communication theories or models such as the Theory of Stages of Change, Ecological Model, etc., and are these used to guide program and communication design? (If so, which models or theories are you using [check list here]?)</p>	<p>A</p> <p>B</p>
Scoring Guide	<p>Yes/Always (4) – Analysis of social and behavioral data and SBCC theories/models are always used to drive design.</p> <p>Most/Frequently (3) – Analysis of social and behavioral data and SBCC theories/models are frequently used to drive design.</p> <p>Sometimes (2) – Analysis of social and behavioral data and SBCC theories/models are sometimes used to drive design.</p> <p>No/Never (1) – Analysis of social and behavioral data and SBCC theories/models are never used to drive design.</p>	<p>Overall Assessment Score for Theory-driven planning and design</p> <p>(Add values A+B, then divide this sum by 2. Enter number in box below.)</p>

Over the years, as SBCC has developed and matured, numerous social and behavioral theories and models have been developed to motivate individual and collective change. The range of basic SBCC theories can be represented by the Stages of Change theory and the Social Ecological Model, among many others. It is important for program planners to understand the underlying reasons why people and social norms and structures do or do not change, and how that change can be realized. There are also effective models for planning and implementing programs that exist. Each program and audience is different and so are the theories and models that can be applied. This section uncovers the underlying “thinking” behind program activities.

Collection and Use of Data.

2. COLLECTION AND USE OF DATA		Question Score
Answer the questions below with a number score from 1 to 4 (1=not/never, 2=sometimes, 3=often/frequently, 4=always).		
Questions	<p>2.1 – Do you gather and analyze secondary data (e.g., desk and literature reviews of social, behavioral or epidemiological data, studies)?</p> <p>2.2 – Do you collect and analyze your own qualitative data (e.g., focus groups, interviews, observations)?</p> <p>2.3 – Do you collect and analyze your own quantitative data (e.g., surveys and key informant studies)?</p> <p>2.4 – Do you collect and analyze your own data using participatory methods (e.g., social and community mapping, participatory learning for action methodologies, etc.)?</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p>
Scoring Guide	<p>Yes/Always (4) – Data routinely used to inform SBCC strategies and plans.</p> <p>Most/Frequently (3) – Data used frequently to inform SBCC strategies and plans.</p> <p>Sometimes (2) – Some data used to inform SBCC strategies and plans.</p> <p>No/Never (1) – Data never used to inform SBCC strategies and plans.</p>	<p>Overall Assessment Score for Collection and use of data</p> <p>(Add values A+B+C+D, then divide this sum by 4. Enter number in box below.)</p>

The second standard involves collecting and using data (secondary, quantitative, qualitative or participatory) to inform the situation analysis, strategies and plans rather than simply making assumptions. As part of the assessment, it is important to ascertain whether an organization uses existing data and methods of data collection such as focus group discussion, interviews, observation or surveys for analysis and planning purposes, and that these data shape program design and decision making.

Negotiation and Strategic Partnerships.

3. NEGOTIATION AND STRATEGIC PARTNERSHIPS		Question Score
Answer the questions below with a number score from 1 to 4 (1=not/never, 2=sometimes, 3=often/frequently, 4=always).		
Questions	<p>3.1 – Are relevant roles and relationships identified (e.g., MOU, MOU, SBCC, other donor programs) for your programs clearly identified, and their activities reviewed for overlap during planning and design?</p> <p>3.2 – Do you collaborate and establish partnerships with these stakeholders during planning and design?</p> <p>3.3 – Are relationships with these stakeholders continued and nurtured over the course of the program?</p>	<p>A</p> <p>B</p> <p>C</p>
Scoring Guide	<p>Yes/Always (4) – Stakeholders are always identified or mapped during planning and design and partnerships established. Ongoing relationships are nurtured.</p> <p>Most/Frequently (3) – Stakeholders frequently identified or mapped and partnerships established during planning and design, and relationships frequently nurtured.</p> <p>Sometimes (2) – Stakeholders sometimes identified or mapped and partnerships established during planning and design, relationships sometimes nurtured.</p> <p>No/Never (1) – Stakeholders not identified or mapped during planning and design, no formation of strategic partnerships or nurturing of relationships.</p>	<p>Overall Assessment Score for Negotiation and partnerships</p> <p>(Add values A+B+C, then divide this sum by 3. Enter number in box below.)</p>

The third standard in this section involves negotiating and nurturing strategic partnerships. Identifying key stakeholders and linking with them is important to ensure local coordination of activities, improve target audience access to complementary services and take advantage of synergies with other organizations whenever possible. Equally as important as identifying partners is continuing to nurture these relationships over time to ensure long-lasting support and assistance.

Development of Strategies.

4. DEVELOPMENT OF STRATEGIES		Question Score
Answer the questions below with a number score from 1 to 4 (1=not/never, 2=sometimes, 3=often/frequently, 4=always).		
Questions	<p>4.1 – Do you set clear social or behavioral targets during planning and design?</p> <p>4.2 – Do you select your intended audience and conduct audience segmentation?</p> <p>4.3 – Do you include plans for engaged materials and dissemination channels as part of strategic planning? Do these plans reflect your communication objectives and do they address obstacles to change and how to communicate key benefits?</p>	<p>A</p> <p>B</p> <p>C</p>
Scoring Guide	<p>Yes/Always (4) – The organization always conducts SBCC strategic planning and includes all steps listed above.</p> <p>Most/Frequently (3) – The organization frequently conducts SBCC strategic planning and includes most of the steps listed above.</p> <p>Sometimes (2) – Some SBCC strategic planning is conducted, but does not include all the steps listed above.</p> <p>No/Never (1) – No SBCC strategic planning is conducted.</p>	<p>Overall Assessment Score for Development of strategies</p> <p>(Add values A+B+C, then divide this sum by 3. Enter number in box below.)</p>

The fourth standard involves conducting strategic planning as part of SBCC program design. Developing an SBCC strategy for each program is critical to program success, as it helps to establish clear goals and objectives. SBCC strategic planning should include selecting and segmenting intended audiences, selecting target social or behavioral norms and outcomes, using key elements of SBCC to design messages, and selecting channels of communication in conjunction with the intended audiences to take access and preference into account.

COMPONENT 2: SBCC PROGRAM IMPLEMENTATION

Implementation of Communication Strategies.

4. SUPERVISION OF THE QUALITY OF SBCC SERVICE DELIVERY	
Answer the questions below with a number score from 1 to 4 (1=Never, 2=Rarely/occasionally, 3=Sometimes/regularly, 4=Always)	
Questions	Question Score
4.1. Does the program structure allow technical supervisors to visit SBCC implementers at least once a month to identify strengths or needs for further support?	A
4.2. Do the supervisory visits include visits to the SBCC implementation at the site or home visits and observation of SBCC service delivery?	B
4.3. Is there a supervisory checklist to guide supervisory visits? Does it include indicators related to the observation of SBCC service delivery?	C
Scoring Guide	Overall Assessment Score for Supervision of the quality of SBCC service delivery
<p>Yes/Always (4) – SBCC implementers are routinely supervised at least monthly using a supervisory checklist with SBCC indicators, implementers are visited at their sites and SBCC service delivery is observed to ensure a quality.</p> <p>Mostly/Frequently (3) – SBCC implementers are routinely supervised at least monthly and a supervisory checklist is used and include SBCC indicators, forms, and observations are being given.</p> <p>Sometimes/Regularly (2) – There is some supervision of SBCC implementers, but there is no checklist and guidelines are only used in some settings/visiting on-site.</p> <p>No/Never (1) – No supervision of SBCC implementers is taking place.</p>	<p>(Add values A+B+C, and then divide this sum by 3. Enter number in box below.)</p> <input type="text"/>

The first standard in this program area refers to the quality implementation of communication strategies. An organization should use multiple mutually reinforcing SBCC channels in its programs and seek to influence different societal levels (e.g., regional, clinic, workplace or community, group, family, or individual). Competency in this area also entails ensuring effective management techniques and that approaches and materials are developed effectively and are relevant to the context; it is also important that SBCC implementers have the appropriate SBCC/IEC tools they need to support communication interventions.

Strengthening of Staff Competencies.

5. STRENGTHENING OF COMMUNICATION STRATEGIES	
Answer the questions below with a number score from 1 to 4 (1=Never, 2=Rarely/occasionally, 3=Sometimes/regularly, 4=Always)	
Questions	Question Score
5.1. Do you use multiple communication channels in your program (e.g. interpersonal communication, group approaches, mass media, etc.) to reach the target audience?	A
5.2. Do your communication interventions seek to influence different sectors (individual, family, group, community, and workplace, religious, voluntary)?	B
5.3. If you develop your own materials, are you aware of key elements of SBCC material and message design (e.g., communication objectives, communication objectives, addressing obstacles to change, communicating key benefits, choosing key role models, and do you use those in the design of your materials? If you use materials from other organizations, do you think these elements are addressed in the products?	C
5.4. If you develop your own materials and materials, are they reviewed by technical staff or other stakeholders to ensure accuracy of health information? If you use materials from other organizations, have you reviewed them for accuracy?	D
5.5. If you develop your own materials, are they developed and presented in the target language? If you use materials from other organizations, are they printed from individuals of your target audience?	E
5.6. Are material formats and channels of communication (individual, group, radio, drama, etc.) in your program selected with regard to target audiences, and are their preferences and access taken into account?	F
5.7. Do you conduct periodic (e.g., semi-annual) reviews of your communication approaches and materials to ensure they are up to date and relevant to the context and audience?	G
5.8. Are job aids and tools (e.g., manuals, activity guides, flip charts, G cards, counseling cards, drama scripts) available to SBCC implementers to support communication interventions for the target audience?	H
Scoring Guide	Overall Assessment Score for Strengthening of staff competencies
<p>Yes/Always (4) – Staff of all levels, including volunteers, has been trained in SBCC training, on-site training, and a strengthening plan is in place and is being implemented.</p> <p>Mostly/Frequently (3) – Most staff has been trained in SBCC and there is a frequent assessment of competencies and planning for strengthening.</p> <p>Sometimes/Regularly (2) – Some staff has received training in SBCC, limited assessment of SBCC competencies and plan for strengthening.</p> <p>No/Never (1) – No staff has received training in SBCC, there has been no assessment of staff competencies and there is no strengthening plan.</p>	<p>(Add values A+B+C+D, then divide this sum by 4. Enter number in the box below.)</p> <input type="text"/>

The second standard in program implementation refers to staff competencies in SBCC. This includes training of key organization management, technical supervisors, and SBCC implementers in basic SBCC theory and methods, and periodically checking to make sure all are trained and applying what they have learned. If there are deficiencies in training or capacities, there should be a SBCC strengthening plan in place. *Annex 3 provides guidance on developing an Action Plan for Training.*

Implementation Structure.

6. IMPLEMENTATION STRUCTURE	
Answer the questions below with a number score from 1 to 4 (1=Never, 2=Rarely/occasionally, 3=Sometimes/regularly, 4=Always)	
Questions	Question Score
6.1. Has management staff been trained in SBCC?	A
6.2. Has technical supervisory staff been trained in SBCC?	B
6.3. Have SBCC implementers or volunteers been trained in SBCC? (The terms "implementers" or "volunteers" refer to any person operating and SBCC activities, either formal or informal, peer education, prevention officers, or community health workers.)	C
6.4. Do you conduct an ongoing assessment of staff SBCC competencies?	D
6.5. Is there a plan to strengthen SBCC competencies of staff? (Does SBCC training, on-site training, and a strengthening plan being implemented?)	E
Scoring Guide	Overall Assessment Score for Implementation Structure
<p>Yes/Always (4) – All SBCC implementers selected according to criteria with clear descriptions, structure allows frequent client contact (at least monthly). Adequate incentives for retention.</p> <p>Mostly/Frequently (3) – Most SBCC implementers selected according to criteria with job descriptions, structure allows for more frequent contact with clients (once a quarter or less). Some incentives for retention.</p> <p>Sometimes/Regularly (2) – Some SBCC implementers selected according to criteria with job descriptions, structure allows for occasional contact (once a year or less). Some incentives for retention.</p> <p>No/Never (1) – SBCC implementers not selected according to clear criteria, no job descriptions, no regular client contact, no incentives for retention.</p>	<p>(Add values A+B+C+D, then divide this sum by 5. Enter number in the box below.)</p> <input type="text"/>

The third SBCC standard in this section refers to the quality of the SBCC service delivery structure. SBCC implementers (e.g., peer educators or community health workers), including volunteers, should be selected according to written criteria (or per a written job description for each cadre). In order to effect changes in social norms and behaviors, the SBCC service delivery structure should allow each individual SBCC provider to have repeated contact with members of the intended audience frequently (intensity) and over a period of time (duration) to reinforce activities and messages. Part of this capability is providing sufficient incentives to ensure that there are acceptably low turnover rates among volunteers. Volunteer incentives can be monetary but also include supportive supervision, SBCC/IEC materials, training, and transport.

Supervision of the Quality of SBCC Service Delivery.

7. SUPERVISION OF THE QUALITY OF SBCC SERVICE DELIVERY	
Answer the questions below with a number score from 1 to 4 (1=Never, 2=Rarely/occasionally, 3=Sometimes/regularly, 4=Always)	
Questions	Question Score
7.1. Are SBCC implementers or volunteers selected according to clear criteria? Do volunteers have experience with or are they members of the target audience? (The terms "implementers" or "volunteers" refer to any person operating and SBCC activities, either formal or informal, peer education, prevention officers, or community health workers.)	A
7.2. Is there a written job description for SBCC implementers or volunteers?	B
7.3. Is it important that SBCC implementers or volunteers have regular contact (frequency with the same clients/frequency (duration) to reinforce messages) in the program structure in a way that allows for this depth of client contact?	C
7.4. Is there a problem with turnover among SBCC implementers or volunteers? Are there incentives for them to encourage retention (financial, SBCC materials, training, staff incentives, supportive supervision, etc.)?	D
Scoring Guide	Overall Assessment Score for Supervision of the quality of SBCC service delivery
<p>Yes/Always (4) – All SBCC implementers selected according to criteria with clear descriptions, structure allows frequent client contact (at least monthly). Adequate incentives for retention.</p> <p>Mostly/Frequently (3) – Most SBCC implementers selected according to criteria with job descriptions, structure allows for more frequent contact with clients (once a quarter or less). Some incentives for retention.</p> <p>Sometimes/Regularly (2) – Some SBCC implementers selected according to criteria with job descriptions, structure allows for occasional contact (once a year or less). Some incentives for retention.</p> <p>No/Never (1) – SBCC implementers not selected according to clear criteria, no job descriptions, no regular client contact, no incentives for retention.</p>	<p>(Add values A+B+C+D, then divide this sum by 4. Enter number in the box below.)</p> <input type="text"/>

The fourth standard refers to supportive supervision. It is important for an organization to supervise the quality of the SBCC service delivery. Program structure should allow for at least monthly supervision of SBCC implementers. Supervisory visits should not just consist of group meetings or data collection, but also include direct observation of their activities and services to the intended audiences to identify strengths and weaknesses and areas for further training. The organization should have a supervisory checklist to systematize supervision. The checklist should include indicators related to the quality of SBCC service delivery.

COMPONENT 3: SBCC MONITORING AND EVALUATION (M&E)

Frameworks and Mechanisms.

4. FRAMEWORKS AND MECHANISMS		Question Score
Answer the questions below with a number score from 1 to 4 (1=No/never, 2=some/sometimes, 3=some/frequently, 4=always/always)		
Questions	<p>1.1. Does your program have process indicators for SBCC activities that are clearly defined (e.g., number of people trained by the program, etc.) tracked?</p> <p>1.2. Are there monitoring tools used to track program process and impact?</p> <p>1.3. Do you have indicators to measure changes in your program reach (e.g., number of clients who are using a long-lasting and approved family planning method, numbers who attend under bed nets every night, numbers who use condoms correctly and consistently)?</p> <p>1.4. Is there a system in place to collect impact data (i.e., changes in program outcomes)?</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p>
Scoring Guide	<p>Yes/Always (4) – SBCC process and impact indicators are defined and tools are used to track both.</p> <p>Most/Frequently (3) – Frequently SBCC process and impact indicators are defined and frequently tools are used to track outputs or outcomes.</p> <p>Some/Sometimes (2) – Some SBCC process and impact indicators are defined and some tools are used to track outputs or outcomes.</p> <p>No/Never (1) – No system is in place to collect SBCC process and impact data.</p>	<p>Overall Assessment Score for Frameworks and Mechanisms</p> <p>(Add values A+B+C+D, then divide this sum by 4. Enter number in box below.)</p> <input type="text"/>

The first standard refers to the collection and use of data for process and impact (or outcome)-related monitoring and evaluation. This section of the tool assesses organizational competency in the use of quantitative, qualitative, and participatory research methods to introduce corrections throughout program implementation, and to determine the contribution of communication efforts to social and behavioral objectives. Because research and evaluation have limited utility if they are not reported, this section also includes an assessment of the utilization and communication of research and evaluation results. An organization should have process indicators (e.g., the number of individuals who were trained in SBCC) and have monitoring tools to measure them, and should also have specific social and behavior-related impact (outcome) indicators to measure changes in target behaviors, and a system in place to collect this information.

Use of Research/Program Assessments to Measure Social and Behavioral Outcomes.

5. USE OF RESEARCH TO MEASURE IMPACT		Question Score
Answer the questions below with a number score from 1 to 4 (1=No/never, 2=some/sometimes, 3=some/frequently, 4=always/always)		
Questions	<p>2.1. Are quantitative research methods (e.g., surveys) used to measure the social or behavioral outcomes of SBCC interventions?</p> <p>2.2. Are qualitative research methods (e.g., focus groups, interviews, observations) used to measure the social or behavioral outcomes of SBCC interventions?</p> <p>2.3. Are participatory research methods (e.g., diagramming, community dialogues, participatory learning for action, methodologies) used to measure the social or behavioral outcomes of SBCC interventions? (e.g., community involvement)</p>	<p>A</p> <p>B</p> <p>C</p>
Scoring Guide	<p>Yes/Always (4) – Data are routinely collected to measure the behavioral outcomes of interventions using quantitative, qualitative or participatory methods.</p> <p>Most/Frequently (3) – Data are frequently collected to measure the behavioral outcomes of interventions using quantitative, qualitative or participatory methods.</p> <p>Some/Sometimes (2) – Data are sometimes collected to measure the behavioral outcomes of interventions using quantitative, qualitative or participatory methods.</p> <p>No/Never (1) – No data is collected to measure the behavioral outcomes of interventions.</p>	<p>Overall Assessment Score for Use of Research to Measure Impact</p> <p>(Add values A+B+C, then divide this sum by 3. Enter number in box below.)</p> <input type="text"/>

The second standard in this section refers to the use of appropriate quantitative, qualitative or group participatory methods to assess and measure the desired social behavioral impact (outcomes) of the program’s SBCC interventions.

Utilizing and Communicating Results.

6. UTILIZING AND COMMUNICATING RESULTS		Question Score
Answer the questions below with a number score from 1 to 4 (1=No/never, 2=some/sometimes, 3=some/frequently, 4=always/always)		
Questions	<p>3.1. Are the data generated by M&E analyzed and fed back to the SBCC implementers?</p> <p>3.2. Are the data generated by M&E used to improve program interventions?</p> <p>3.3. Are project results communicated to key stakeholders, donors and partners?</p> <p>3.4. Are lessons learned and best practices systematically documented and disseminated?</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p>
Scoring Guide	<p>Yes/Always (4) M&E data are routinely analyzed, fed back to SBCC implementers and used to improve interventions. Results, lessons learned and best practices are routinely documented or disseminated.</p> <p>Most/Frequently (3) M&E data are frequently analyzed, fed back to SBCC implementers and used to improve interventions. Results, lessons learned and best practices are frequently documented or disseminated.</p> <p>Some/Sometimes (2) Sometimes M&E data are analyzed, fed back to SBCC implementers, or used to improve interventions. Sometimes results, lessons learned and best practices are documented or disseminated.</p> <p>No/Never (1) M&E data are not analyzed, fed back to SBCC implementers or used to improve interventions. Results, lessons learned and best practices are not documented or disseminated.</p>	<p>Overall Assessment Score for Utilizing and Communicating Results</p> <p>(Add values A+B+C+D, then divide this sum by 4. Enter number in box below.)</p> <input type="text"/>

The third and last standard in evaluation and M&E refers to the analysis and use of the data collected – and feeding results back to SBCC implementers and the target population where appropriate. Data should be used to improve SBCC interventions. Organizations should document and disseminate their results and lessons learned to key stakeholders, donors and partners in an understandable, efficient way.

POST-ASSESSMENT

After tallying and averaging all of the scores in each section, an organization has a baseline from which to build and begin planning for improvements to the program. Logical next steps are a strategy session to determine priorities, and then the creation of a work plan or training action plan. *(A real-life example of this can be found in the Namibia Case Study in Annex 1.)* The SBCC-CAT provides a list of questions that can help to guide this process.

Social and Behavior Change Communication (SBCC) Capacity Assessment Tool

ORGANIZATIONAL PROFILE

Date of Assessment (day/month/year): _____

Assessment Facilitator (name, title, contact details): _____

Name of Organization: _____

Contact person (job title, phone, e-mail): _____

Program to be assessed: _____

Organization works in the following technical areas:

HIV and AIDS
Family Planning
Malaria
Tuberculosis

Sexual and Reproductive Health
Child Health
Other health area

Specify: _____

Type of organization:

Implementer
Intermediary
Network

Intended audiences:

General Community
Youth
Young Children

Adult Males
Adult Females
Other

Specify: _____

Locations:

Rural
Urban
Semi-urban

Regions: _____

COMPONENT 1: SBCC PLANNING AND DESIGN

1. THEORY-DRIVEN PLANNING AND DESIGN		
Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	1.1 Do you do a problem analysis to understand what social and behavioral issues can support or block your communication interventions during design and planning? (e.g. social norms, behavioral patterns, policy, legislative or economic factors)	A
	1.2 Are you aware of any formal behavior change and health communication theories or models such as the Theory of Stages of Change, Ecological Model, etc.	B
	1.3 Are these theories or models used to guide program and intervention design? If so, which models or theories are you using (please list here):	C
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- Analysis of social and behavioral data and SBCC theories/models are always used to drive design.	Overall Assessment Score for Theory-driven Planning and Design (Add values A+B+C, then divide this sum by 3. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) -- Analysis of social and behavioral data and SBCC theories/models are frequently used to drive design.	
	Some/Sometimes (2) -- Analysis of social and behavioral data and SBCC theories/models are sometimes used to drive design.	
	No/Never (1) -- Analysis of social and behavioral data and SBCC theories/models are never used to drive design.	

COMPONENT 1: SBCC PLANNING AND DESIGN

2. COLLECTION AND USE OF DATA

Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	2.1 Do you gather and analyze secondary data (e.g., desk and documentation reviews of social, behavioral or epidemiological data, studies)?	A
	2.2 Do you collect and analyze your own qualitative data (e.g., focus groups, interviews, observation or other participatory methods such as social and community mapping, participatory learning for action methodologies)?	B
	2.3 Do you collect and analyze your own quantitative data (e.g., surveys and large baseline studies) using participatory methods (e.g. social and community mapping, participatory learning for action methodologies, etc.)	C
	2.4 Are you usually satisfied with the collection and analysis of qualitative and quantitative data?	D
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- Data routinely used to inform SBCC strategies and plans.	Overall Assessment Score for Collection and Use of Data (Add values A+B+C+D, then divide this sum by 4. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) -- Data used frequently to inform SBCC strategies and plans.	
	Some/Sometimes (2) -- Some data used to inform SBCC strategies and plans.	
	No/Never (1) -- Data never used to inform SBCC strategies and plans.	

COMPONENT 1: SBCC PLANNING AND DESIGN

3. NEGOTIATION AND STRATEGIC PARTNERSHIPS		
Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	3.1 Are relevant local and national stakeholders (e.g., MOH, NGOs, CBOs, other donor programs) for your programs clearly identified, and their activities reviewed for overlap during planning and design?	A
	3.2 Do you collaborate and establish partnerships with these stakeholders during planning and design?	B
	3.3 Are relationships with these stakeholders continued and nurtured over the course of the program?	C
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- Stakeholders are always identified or mapped during planning and design and partnerships established. Ongoing relationships are nurtured.	Overall Assessment Score for Negotiation and Strategic Partnerships (Add values A+B+C, then divide this sum by 3. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) -- Stakeholders frequently identified or mapped and partnerships established during planning and design, and relationships frequently nurtured.	
	Some/Sometimes (2) -- Stakeholders sometimes identified or mapped and partnerships established during planning and design, relationships sometimes nurtured.	
	No/Never (1) -- Stakeholders not identified or mapped during planning and design. No formation of strategic partnerships or nurturing of relationships.	

COMPONENT 1: SBCC PLANNING AND DESIGN

4. DEVELOPMENT OF STRATEGIES		
Answer the 5 questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	4.1 Do you set clear social or behavioral targets during planning and design?	A
	4.2 Do you select your intended audiences and conduct audience segmentation?	B
	4.3 Do you include plans for materials and dissemination channels as part of strategic planning?	C
	4.4 Do these plans reflect your communication objectives and do they address obstacles to change and how to communicate key benefits?	D
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- The organization always conducts SBCC strategic planning and includes all steps listed above.	Overall Assessment Score for Development of Strategies (Add Values A+B+C+D, then divide this sum by 4. Enter number in box below.) <input style="width: 80px; height: 30px;" type="text"/>
	Most/Frequently (3) -- The organization frequently conducts SBCC strategic planning and includes most of the steps listed above.	
	Some/Sometimes (2) -- Some SBCC strategic planning is conducted, but does not include all the steps listed above.	
	No/Never (1) -- No SBCC strategic planning is conducted.	

OVERALL SCORE FOR COMPONENT 1: SBCC PLANNING AND DESIGN

Calculate an overall score for this section by entering the average scores from the boxes on the previous pages.

STANDARD	SCORE
1. Theory or Model-driven Planning and Design	A
2. Collection and Use of Data	B
3. Negotiation and Strategic Partnerships	C
4. Development of Strategies	D
Add values A+B+C+D and divide this by 4. Enter the number in the box to the right.	OVERALL SCORE FOR SBCC PLANNING AND DESIGN <input data-bbox="1233 768 1370 850" type="text"/>

CAPACITY-STRENGTHENING NEEDS IN PLANNING AND DESIGN
PLANS FOR ACTION OR CHANGE IN PLANNING AND DESIGN
SUGGESTIONS FOR TECHNICAL SUPPORT IN PLANNING AND DESIGN

COMPONENT 2: SBCC PROGRAM IMPLEMENTATION

1. IMPLEMENTATION OF COMMUNICATION STRATEGIES

Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	1.1. Do you use multiple communication channels in your programs (e.g., interpersonal communication, group approaches, mass media, etc.) to reach the target audience?	A
	1.2. Do your communication interventions seek to influence different societal levels (e.g. individual, family, group, community, and workplace, regional, national)?	B
	1.3. If you develop your own materials, do you use key elements of SBCC materials and message development (e.g. creative briefs, communication objectives addressing obstacles to change, communicating key benefits, observing literacy levels, etc.) and do you use those in the design of your materials? If you use materials from other organizations, do you use SBCC materials and message development elements to check whether these materials are appropriate for your needs?	C
	1.4. If you develop your own messages and materials, are they reviewed by technical staff and stakeholders to ensure accuracy of health information? If you use materials from other organizations, have you reviewed them for accuracy?	D
	1.5. If you develop your own materials, are they developed and pretested with members of the target audience and feedback incorporated into final messages and materials? If you use materials from other organizations, did you pretest them with members of your target audience?	E
	1.6. Are material formats and channels of communication (individual, group, radio, drama, etc.) in your program selected with input from target audiences, and are their preferences and access taken into account?	F
	1.7. Do you conduct periodic (e.g., yearly) reviews of your communication approaches and materials to ensure they are up to date and relevant to the context and realities?	G
	1.8. Are job aids and tools (e.g., manuals, activity guides, flip charts, counseling cards, drama scripts) used by SBCC implementers to support communication interventions?	H

1. IMPLEMENTATION OF COMMUNICATION STRATEGIES (CONTINUED)

<p>Scoring Guide Consider: How often does this occur?</p>	<p>Yes/Always (4) -- Routine use of multiple channels, selected with input from audiences, and influence on multiple levels. Materials used are developed using key SBCC principles. Routine updating of approaches or materials. SBCC implementers with all necessary and appropriate materials/tools.</p>	<p>Overall Assessment Score for Implementation of Communication Strategies</p> <p>(Add values A+B+C+D+E+F+G+H, then divide this sum by 8. Enter number in box below.)</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>
	<p>Most/Frequently (3) -- Frequent use of multiple channels selected with input from audiences and influence on multiple levels. Materials used are developed using key SBCC principles. Frequent updating of approaches or materials. SBCC implementers with most appropriate materials/tools.</p>	
	<p>Some/Sometimes (2) -- Some use of multiple channels selected with input from audiences, and influence on multiple levels. Materials used are developed using key SBCC principles. Routine updating of approaches or materials. SBCC implementers with all necessary and appropriate materials/tools.</p>	
	<p>No/Never (1) -- No use of multiple channels or influence on different levels. Materials used not developed according to key SBCC principles. No updating of approaches or materials. SBCC implementers do not have appropriate supporting materials/tools.</p>	

COMPONENT 2: SBCC PROGRAM IMPLEMENTATION

2. STRENGTHENING OF STAFF COMPETENCIES

Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	2.1 Does management staff have the capacity to implement SBCC, either through training or previous experience?	A
	2.2 Does technical supervisory staff have the capacity to implement SBCC, either through training or previous experience?	B
	2.3 Have SBCC implementers or volunteers been trained in SBCC? <i>(Note: The terms 'implementers' or 'volunteers' refer to any person carrying out SBCC activities; similar terms used include peer educators, prevention officers, or community health workers.)</i>	C
	2.4 Do you conduct an ongoing assessment of staff SBCC competencies?	D
	2.5 Is there a plan to strengthen SBCC competencies of staff (basic SBCC training, on-the-job training, etc.). Is the capacity strengthening plan being implemented?	E
Scoring Guide Consider: How often does this occur?	<p>Yes/Always (4) -- Staff at all levels, including volunteers, has been trained in SBCC, competencies have been assessed, and a strengthening plan is in place and is being implemented.</p> <p>Most/Frequently (3) -- Most staff has been trained in SBCC and there is a frequent assessment of competencies and planning for strengthening.</p> <p>Some/Sometimes (2) -- Some staff has received training in SBCC. Limited assessment of SBCC competencies and plan for strengthening.</p> <p>No/Never (1) -- No staff has received training in SBCC. There have been no assessments of staff competencies and there is no strengthening plan.</p>	<p>Overall Assessment Score for Strengthening of Staff Competencies</p> <p>(Add values A+B+C+D+E, then divide this sum by 5. Enter number in the box below.)</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>

COMPONENT 2: SBCC PROGRAM IMPLEMENTATION

3. IMPLEMENTATION STRUCTURE

Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	3.1 Are SBCC implementers or volunteers selected according to clear criteria? Do volunteers have experience with or are they members of the target audience? <i>(Note: The terms 'implementers' or 'volunteers' refer to any person carrying out SBCC activities; similar terms used include peer educators, prevention officers, or community health workers.)</i>	A
	3.2 Is there a written job description for SBCC implementers or volunteers?	B
	3.3 Is the program structured in a way that allows for SBCC implementers or volunteers to have repeated contact with the same clients to reinforce messages?	C
	3.4 Are there incentives for SBCC implementers or volunteers to encourage them to stay in the program (e.g. transport, SBCC/IEC materials, training, cash incentives, supportive supervision, etc.)?	D
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- All SBCC implementers selected according to criteria with job descriptions. Structure allows frequent client contact (at least monthly). Adequate incentives for retention.	Overall Assessment Score for Implementation Structure (Add values A+B+C+D, then divide this sum by 4. Enter number in the box below). <input type="text"/>
	Most/Frequently (3) -- Most SBCC implementers selected according to criteria with job descriptions. Structure allows for more frequent contact with clients (once a quarter or less). Some incentives for retention.	
	Some/Sometimes (2) -- Some SBCC implementers selected according to criteria with a job description. Structure allows for infrequent repeat client contact (twice a year or less). Some incentives for retention.	
	No/Never (1) -- SBCC implementers not selected according to clear criteria, no job description. No repeat client contact. No incentives for retention.	

COMPONENT 2: SBCC PROGRAM IMPLEMENTATION

4. SUPERVISION OF THE QUALITY OF SBCC SERVICE DELIVERY		
Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	4.1 Does the program structure allow technical advisors or supervisors to visit SBCC implementers regularly to identify strengths or needs for further support?	A
	4.2 Do the advisors' visits include visits to the SBCC implementer at his or her site and observation of SBCC services delivery?	B
	4.3 Is there a checklist to guide advisor visits? Does it include indicators related to the observation of SBCC service delivery?	C
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- SBCC implementers are routinely supervised at least monthly using a supervisory checklist with SBCC indicators. Implementers are visited at their sites and SBCC service delivery is observed to ensure quality.	Overall Assessment Score for Supervision of the Quality of SBCC Service Delivery (Add values A+B+C, and then divide this sum by 3. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) -- SBCC implementers are routinely supervised at least monthly and a supervisory checklist is used that includes SBCC indicators. Some site visits and observations are taking place.	
	Some/Sometimes (2) -- There is some supervision of SBCC implementers, but there is no checklist and providers are only seen in group meetings monthly or less.	
	No/Never (1) -- No supervision of SBCC implementers is taking place.	

OVERALL SCORE FOR COMPONENT 2: SBCC PROGRAM IMPLEMENTATION

Calculate an overall score for this section by entering the average scores from the boxes on the previous pages.

STANDARD	SCORE
1. Implementation of Communication Strategies	A
2. Strengthening of Staff Competencies	B
3. Implementation Structure	C
4. Supervision of the Quality of SBCC Service Delivery	D
Add values A+B+C+D and divide this by 4. Enter the number in the box to the right.	OVERALL SCORE FOR SBCC PROGRAM IMPLEMENTATION <input data-bbox="1225 737 1362 816" type="text"/>

<p>CAPACITY-STRENGTHENING NEEDS IN PROGRAM IMPLEMENTATION</p>
<p>PLANS FOR ACTION OR CHANGE IN PROGRAM IMPLEMENTATION</p>
<p>SUGGESTIONS FOR TECHNICAL SUPPORT IN PROGRAM IMPLEMENTATION</p>

COMPONENT 3: SBCC MONITORING AND EVALUATION (M&E)

1. FRAMEWORKS AND MECHANISMS		
Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	1.1. Does your program have process indicators for SBCC activities that are clearly defined (e.g., numbers of people reached by the program, numbers trained)?	A
	1.2. Are there monitoring tools used to track program process and impact?	B
	1.3. Do you have indicators to measure changes in SBCC outcomes (e.g., number of clients who are using a long-lasting and permanent family planning method, numbers who sleep under bed nets every night, numbers who use condoms correctly and consistently)?	C
	1.4. Is there a system in place to collect outcome data (i.e., short-term or intermediate results of the program through execution of its activities)?	D
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- SBCC process and impact indicators are defined and tools are used to track both.	Overall Assessment Score for Frameworks and Mechanisms (Add Values A+B+C+D, then divide this sum by 4. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) -- Frequently SBCC process and impact indicators are defined and frequently tools are used to track outputs or outcomes.	
	Some/Sometimes (2) -- Some SBCC process and impact indicators are defined and some tools are used to track outputs or outcomes.	
	No/Never (1) -- No system is in place to collect SBCC process and impact data.	

COMPONENT 3: SBCC MONITORING AND EVALUATION (M&E)

2. USE OF RESEARCH TO MEASURE IMPACT		
Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	2.1 Are quantitative research methods (e.g., surveys) used to measure the social or behavioral outcomes of SBCC interventions?	A
	2.2 Are qualitative research methods (e.g., focus groups, interviews, observations) or participatory research methods (e.g., diagramming, community dialogue, participatory learning for action methodologies) used to measure the social or behavioral outcomes of SBCC interventions e.g. community involvement)?	B
	2.3 Are you usually satisfied with the quality (e.g., collection and analysis) of your qualitative and quantitative data that measure outcomes?	C
Scoring Guide Consider: How often does this occur?	Yes/Always (4) -- Data are routinely collected to measure the behavioral outcomes of interventions using quantitative, qualitative or participatory methods.	Overall Assessment Score for Use of Research to Measure Impact (Add values A+B+C, then divide this sum by 3. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) -- Data are frequently collected to measure the behavioral outcomes of interventions using quantitative, qualitative or participatory methods.	
	Some/Sometimes (2) -- Data are sometimes collected to measure the behavioral outcomes of interventions using quantitative, qualitative or participatory methods.	
	No/Never (1) -- No data are collected to measure the behavioral outcomes of interventions.	

COMPONENT 3: SBCC MONITORING AND EVALUATION (M&E)

3. UTILIZING AND COMMUNICATING RESULTS		
Answer the questions below with a number score from 1 to 4 (1=no/never, 2=some/sometimes, 3=most/frequently, 4=yes/always)		Question Score
Questions	3.1 Are the data generated by M&E analyzed and fed back to the SBCC implementers?	A
	3.2 Are the data generated by M&E used to improve program interventions?	B
	3.3 Are project results communicated to key stakeholders, donors and partners?	C
	3.4 Are lessons learned and best practices systematically documented and disseminated?	D
Scoring Guide Consider: How often does this occur?	Yes/Always (4) M&E data are routinely analyzed, fed back to SBCC implementers and used to improve interventions. Results, lessons learned and best practices are routinely documented or disseminated.	Overall Assessment Score for Utilizing and Communicating Results (Add values A+B+C+D, then divide this sum by 4. Enter number in box below.) <input type="text"/>
	Most/Frequently (3) M&E data are frequently analyzed, fed back to SBCC implementers and used to improve interventions. Results, lessons learned and best practices are frequently documented or disseminated.	
	Some/Sometimes (2) Sometimes M&E data are analyzed, fed back to SBCC implementers, or used to improve interventions. Sometimes results, lessons learned and best practices are documented or disseminated.	
	No/Never (1) M&E data are not analyzed, fed back to SBCC implementers or used to improve interventions. Results, lessons learned and best practices are not documented or disseminated.	

OVERALL SCORE FOR COMPONENT 3: SBCC MONITORING AND EVALUATION (M&E)

Calculate an overall score for this section by entering the average scores from the boxes on the previous pages.

STANDARD	SCORE
1. Frameworks and Mechanisms	A
2. Use of Research/Program Assessments to Measure Behavioral Outcomes	B
3. Utilizing and Communicating Results	C
Add values A+B+C and divide this by 3. Enter the number in the box to the right.	OVERALL SCORE FOR SBCC MONITORING AND EVALUATION (M&E) <input type="text"/>

CAPACITY-STRENGTHENING NEEDS IN MONITORING AND EVALUATION
PLANS FOR ACTION OR CHANGE IN MONITORING AND EVALUATION
SUGGESTIONS FOR TECHNICAL SUPPORT IN MONITORING AND EVALUATION

OVERALL ASSESSMENT SCORES

STANDARD	SCORE	COMMENTS AND RECOMMENDATIONS
SBCC PLANNING AND DESIGN		
1. Theory or Model-driven Planning and Design	A	
2. Collection and Use of Data	B	
3. Negotiation and Strategic Partnerships	C	
4. Development of Strategies	D	
SBCC PROGRAM IMPLEMENTATION		
1. Implementation of Communication Strategies	E	
2. Strengthening of Staff Competencies	F	
3. Implementation Structure	G	
4. Supervision of the Quality of SBCC Service Delivery	H	
SBCC MONITORING AND EVALUATION		
1. Frameworks and Mechanisms	I	
2. Use of Research/Program Assessments to Measure Behavioral Outcomes	J	
3. Utilizing and Communicating Results	K	
Based on scores for each standard in the sections above, calculate the overall rating. Add values A+B+C+D+E+F+G+H+I+J+K, then divide this sum by 11. Enter the number in the box to the right.	OVERALL ASSESSMENT SCORE <input type="text"/>	

To assist with an overall analysis of the assessment's results, an accompanying Excel workbook has been designed so that users can enter the scores from each section and can view overall results in graph form.

The workbook also allows users to enter scores from follow-up assessments and compare them to initial, baseline results.

This electronic workbook and associated tools can be found on the C-Change web site:
www.c-changeprogram.org/resources.

NEXT STEPS

Congratulations! Now that the SBCC-CAT has been used to assess the capacity of your organization, you can begin planning how to address the findings of the assessment. Below are a few questions that can help to narrow down an organization's areas of interest related to SBCC training.

- 1) What is the summary of your capacity-strengthening needs? Please discuss priorities.
- 2) How can these needs be turned in to action plans for change? (e.g., what are your future SBCC plans? What timeline are you looking at?)
- 3) What type of technical support do you need to turn these action plans into reality? Who can provide this support?
- 4) If you consider an SBCC training, what would you most like to gain from such a training?

For additional SBCC tools and resources that can be used to help guide next steps, please visit the C-Change web site at: <http://www.c-changeprogram.org/resources>.

For specific guidance, send an email to: cchange@aed.org.

ANNEX 1: CASE STUDY—DEVELOPMENT AND USE OF THE SBCC-CAT IN NAMIBIA

The SBCC Capacity Assessment Tool was developed in 2008 by C-Change/Namibia in collaboration with C-Change Partner Ohio University. It was developed in response to the need for a set of standards in SBCC programming that could be used to assess the quality of existing HIV and AIDS programs, and identify gaps and areas for strengthening.

Once it was developed, the SBCC Capacity Assessment Tool was applied in a 4-5 hour participatory session led by a C-Change facilitator with a team of managers, technical staff and volunteers from each of the key implementing organizations in Namibia that were working in HIV. The first application of the Tool resulted in the participatory ranking of organizational capacities and the quality of SBCC programs by partner teams. C-Change/Namibia then developed a data entry worksheet linked to graphs that was used to enter partner scores and create graphs to visually illustrate results. Baseline reports were written for each organization to describe the results of the baseline assessments and recommend areas for strengthening.

Use of SBCC-CAT Results to Strengthen Partner Programs

SBCC Strategy Development: Following the baseline assessments, C-Change/Namibia developed a standard SBCC-CAT Strategy Template and conducted multiple training workshops on SBCC strategy development for all partners. This was followed by individualized technical assistance. This process led to the development of SBCC strategies for each of the partners' multiple prevention programs and a re-design of existing programs to ensure quality, strengthen implementation, and focus programs on the principal drivers of the HIV epidemic, including a plan for behavior-related M&E.

SBCC Program Implementation: C-Change/Namibia then worked with partners to identify SBCC/IEC materials related to each driver of the epidemic, and held a series of workshops to train partners in their use. Partners reproduced sufficient materials for field use, trained their volunteers and field staff, developed supervisory checklists with C-Change assistance and began field-level implementation.

SBCC-Related Monitoring and Evaluation: To implement the new behavior-related M&E plans outlined in the SBCC Strategies, C-Change/Namibia held a series of workshops to develop outcome indicators and sampling plans, and to develop, review, field test, and finalize three questionnaires. Questionnaires were designed to collect knowledge, attitudinal and behavioral information related to the drivers of the HIV and AIDS epidemics. A Microsoft Access database was also developed for each of the three questionnaires, installed in partner computers, and partner M&E staff was trained in data collection and data entry. Prior to program implementation, partners trained their volunteers and other field staff and collected baseline data, which was entered and analyzed. Follow-up data collection will be repeated after one year of implementation to determine progress.

ANNEX 2: RESOURCES

Resources

Following are useful resources and documents used in the development of the SBCC-CAT.

Association of Schools of Public Health. 2006. *Master's Degree in Public Health Core Competency Development Project Report*, version 2.3, October 2004–August 2006. Available at: <http://www.asph.org/userfiles/Version2.3.pdf>

Batwana Institute. 2007. *Community Assessment Tool: Providing Comprehensive OVC Care in Resource Limited Settings*. John Snow, Inc, World Education and the Batwana Initiative.

Calhoun, J. et al. 2008. "Development of a Core Competency Model for the Master of Public Health Degree". *American Journal of Public Health*, Vol 98, No. 9, 1598-1607.

Castro, A. Coe, G. Waisbord, S. (Eds.) 2003. *Comunicación en Salud: Lecciones Aprendidas y Desafíos en el Desarrollo Curricular*. Preparado por la Organización Panamericana de la Salud y el Proyecto CHANGE (AED/Grupo Manoff). Washington, DC.

College of Nurses, Ontario, Canada. 2006. *Competency Review Tool*, College of Nurses, Ontario, CA.

Irigoin, M., Tarnapol, P., Faulkner, D. and Coe, G. 2002. *Mapping Competencies for Communication for Development and Social Change: Turning Knowledge, Skills, and Attitudes Into Action*. Rockefeller Foundation/Pan American Health Organization/The Change Project/US Agency for International Development.

United Nations Development Program. 1997. *A synopsis of general guidelines for capacity assessment and development*. New York, NY: UNDP.

United Nations Population Fund. 2001. *Communication for Development Roundtable Report: Focus on HIV/AIDS Communication and Evaluation*. New York, NY: UNFPA.