

# UNDERSTANDING THE SITUATION

MODULE

012345

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK

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

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Version 2**

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# Overview

This module builds on the Introduction Module to social and behavior change communication (SBCC). The module is designed for use with research and implementing staff with a range of previous experience in communication theory and programs. This session illustrates how a full analysis of the situation can help build a program around evidence, instead of assumptions, and will reveal ways in which behavior change communication, social mobilization and/ or advocacy can bring about a positive change.

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# Session 1-1: What is Meant by “Understanding the Situation”?

“Understanding the Situation” is the first step of a systematic SBCC effort in C-Planning. This step is essential preparation for program design. It:

- gives you insight into the issue you are going to address from many perspectives
- guides your decisions on how you will focus energies and resources (in Step 2)

Once you fully understand the situation, you will be ready to decide how to:

- address the problem through complementary SBCC strategies: advocacy, social mobilization, and/or behavior change communication
- focus your program effectively on different groups of people affected and involved
- build a strategy that makes sense given the context of the problem
- work through with partners, allies, and/or gatekeepers

We suggest that three things happen to help Understand the Situation before focusing or designing your SBCC program:

1. Organize what you already know about the situation.
2. Check your assumptions by looking at existing research.
3. Plan and conduct your own research, if needed.

For example, you might assume that high rates of HIV among sex workers should be addressed through condom promotion geared toward the workers. However, an analysis might reveal that most sex workers are already using condoms and that a major HIV-driver turns out to be rape by security and police at night because sex work is illegal. Such insights might lead you to use advocacy to address policy issues. On the other hand, your analysis might reveal that clients of sex workers try to get around condom use by paying more for unprotected sex. Such findings might lead you to address condom use among male clients and to launch a policy effort urging brothel owners to have a condom rule in their establishments.

## STEP 1: UNDERSTANDING THE SITUATION

### GRAPHIC: The First Step of a Planning Process for SBCC – Understanding the Situation



**SOURCE:** Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

## STEP 1: UNDERSTANDING THE SITUATION

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

Please refer to the Introduction Module, Session 4 for an overview of the Treatment Action Campaign's work on HIV and AIDS in South Africa.

At the time when the access to AIDS treatment for the general population became a serious problem, the Treatment Action Campaign (TAC) recognized the absence of any kind of national HIV and AIDS treatment policy. TAC also realized the low level of awareness and willingness among decision makers regarding the need to address this public health issue; for example, AIDS treatment services, a plan to roll out those services to people living with AIDS, and making treatment accessible did not exist yet. It was clear that the problem simply was not an individual behavior problem (i.e., individuals choosing not to access treatment), but a greater policy and service-related issue, which, therefore, required a different solution and communication approach. As a result, TAC adopted a strong advocacy and social mobilization approach.

## Session 1-2: Layers of Causes and Effects

A **Problem Tree** is a useful tool for analyzing a situation. We will define the trunk of the tree as the core problem, the branches as the effects of the problem, and the roots as the basic or underlying causes of the problem.

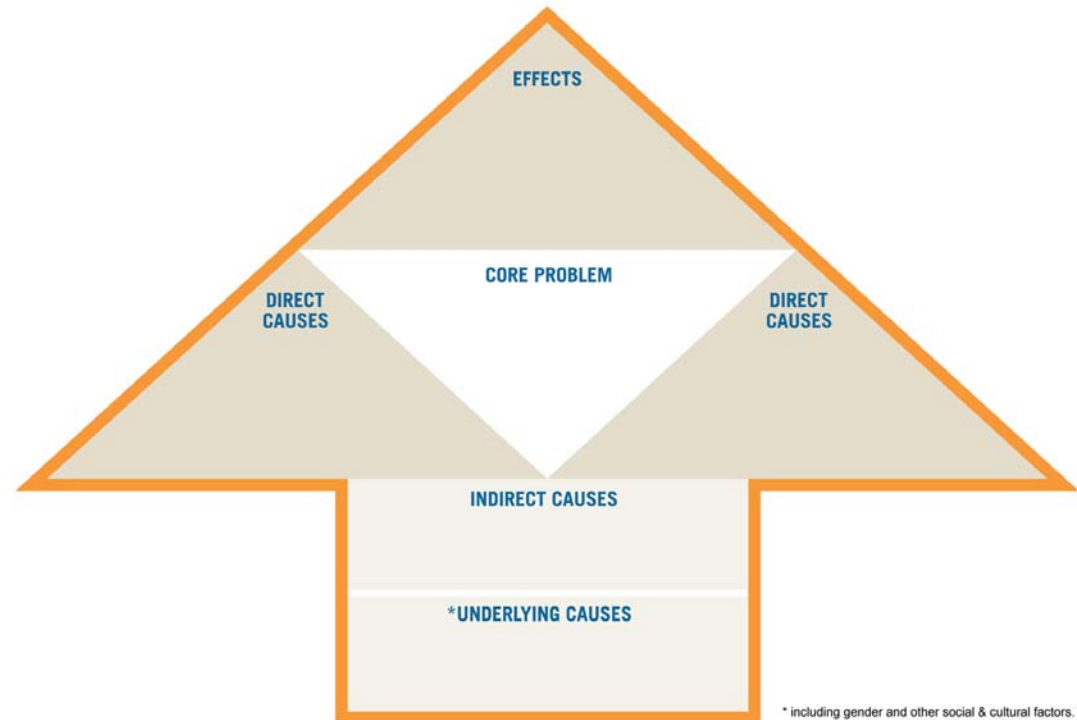
The Problem Tree provides us with a deeper look at causes and a broader view of possible effects. As a result, it broadens our thinking about how to address the problem or situation most effectively.

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

The problem tree is one way to document:

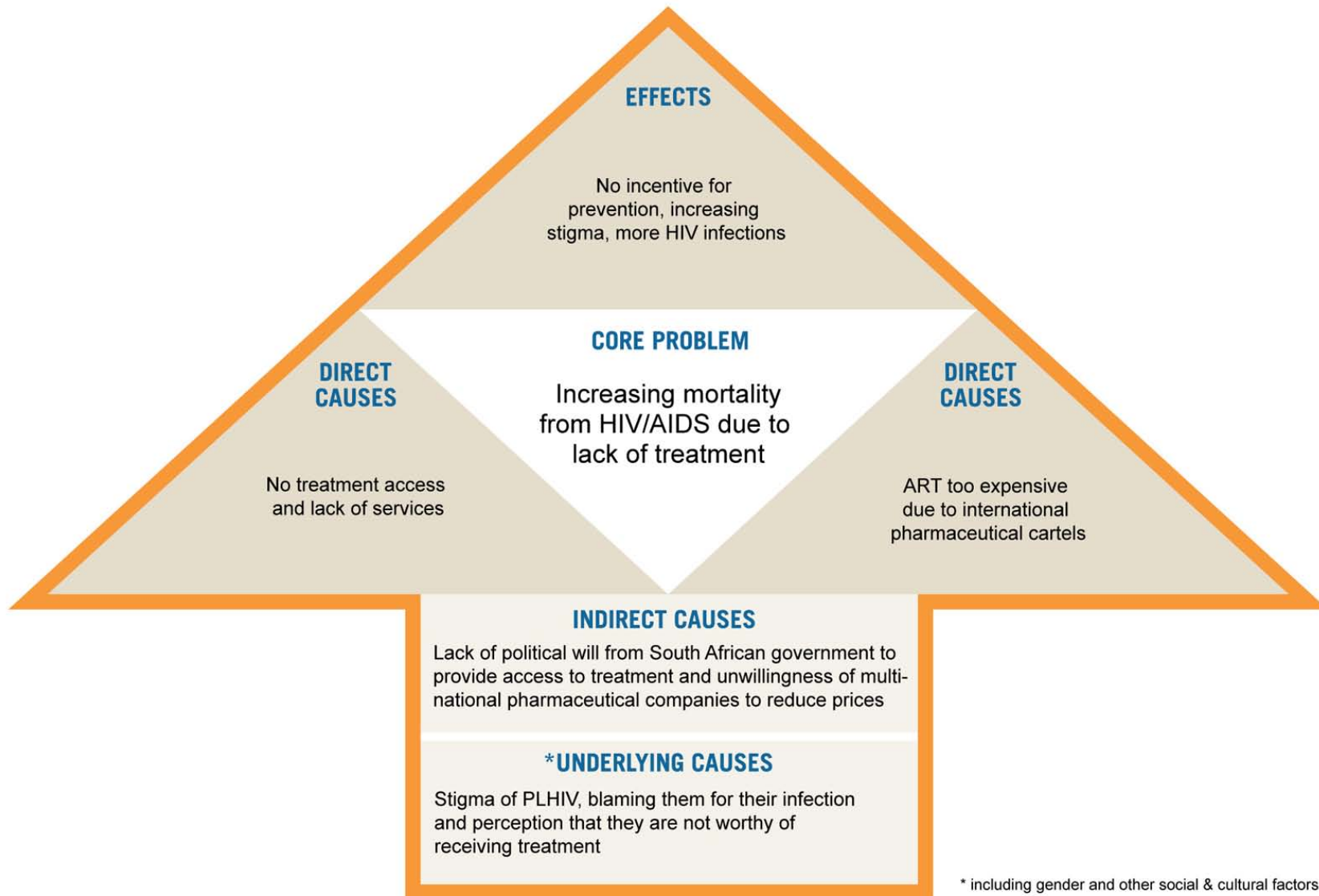
- what *we think we know* about the situation
- what we *need to find out* in order for our analysis to be complete

For the best start to your SBCC effort, gather together people to do the analysis who can offer different perspectives, including affected individuals, members of the community, and decision-makers. In sum, you will arrive at a deeper—and more accurate—picture of what’s going on.



\* including gender and other social & cultural factors.

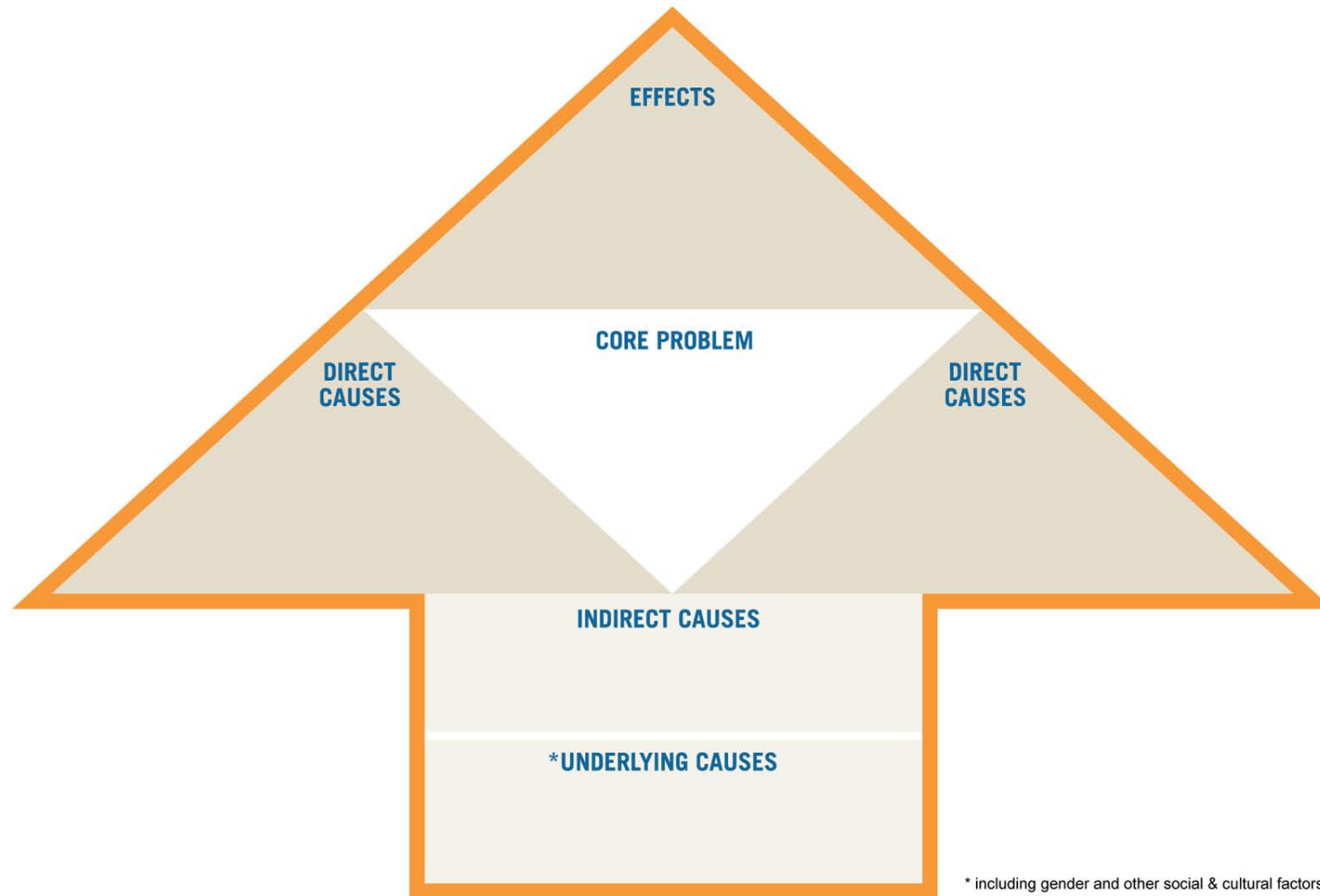
**SOUTH AFRICA EXAMPLE: Problem Tree**



## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Problem Tree

**Directions:** Use this worksheet to do your own analysis with the Problem Tree.



### Session 1-3: People Analysis

It's time to step back and take a good look at the people who are either directly affected by the health or development problem or involved with them in some way.

The Socio-Ecological Model can be a useful model for this analysis. Notice how the center of the model names the people most directly affected by the problem. Examples of people most affected might be:

- university students who are having unprotected sex
- school children suffering from water-borne illnesses
- women with HIV

In the two immediate rings are those individuals directly influencing these people. Examples might include:

- peers of students having unprotected sex,
- partners and friends of women with HIV, support groups
- service providers at the local clinic who are unfriendly to clients because they are overworked
- school teachers in places where water-borne illnesses are high,
- faith leaders who do not support condom promotion

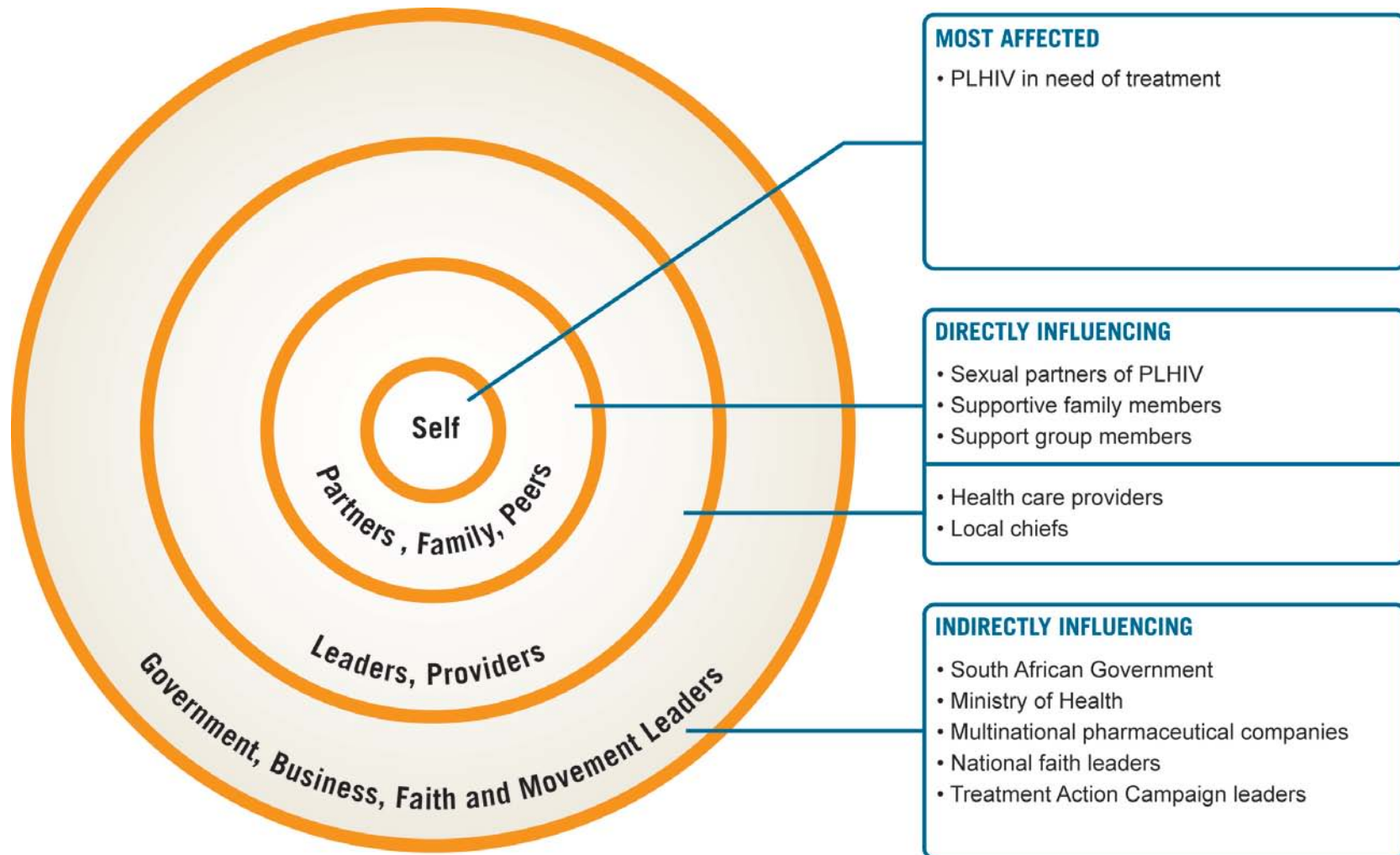
In the outermost ring are those persons who indirectly influence these people. Examples could include:

- university deans deciding how to provide contraceptives around campuses
- national or district school administrators and decision-makers
- officials who determine policies around access to ART

Keep in mind that at this step you are identifying people involved in the situation, but you are not making any decision yet about which group or groups you will focus on in our SBCC program. In the next module (Module Two: Focusing & Designing) you'll make strategic decisions about the "audiences" for your SBCC work. We will segment and prioritize them. For now, try to name and understand all the people involved without deciding on specific audiences for your SBCC effort. The following pages offer an example of a people analysis and a worksheet to do on your own.

Although it often goes unaddressed, gender plays a key role in many situations and is a key part of any analysis. For example, women are disproportionately infected and affected by HIV and AIDS, but married women are often infected by husbands. Gender norms give men more sexual freedom to engage in Multiple Concurrent Partners (MCP) and make it difficult for women to propose condom use to their husbands.

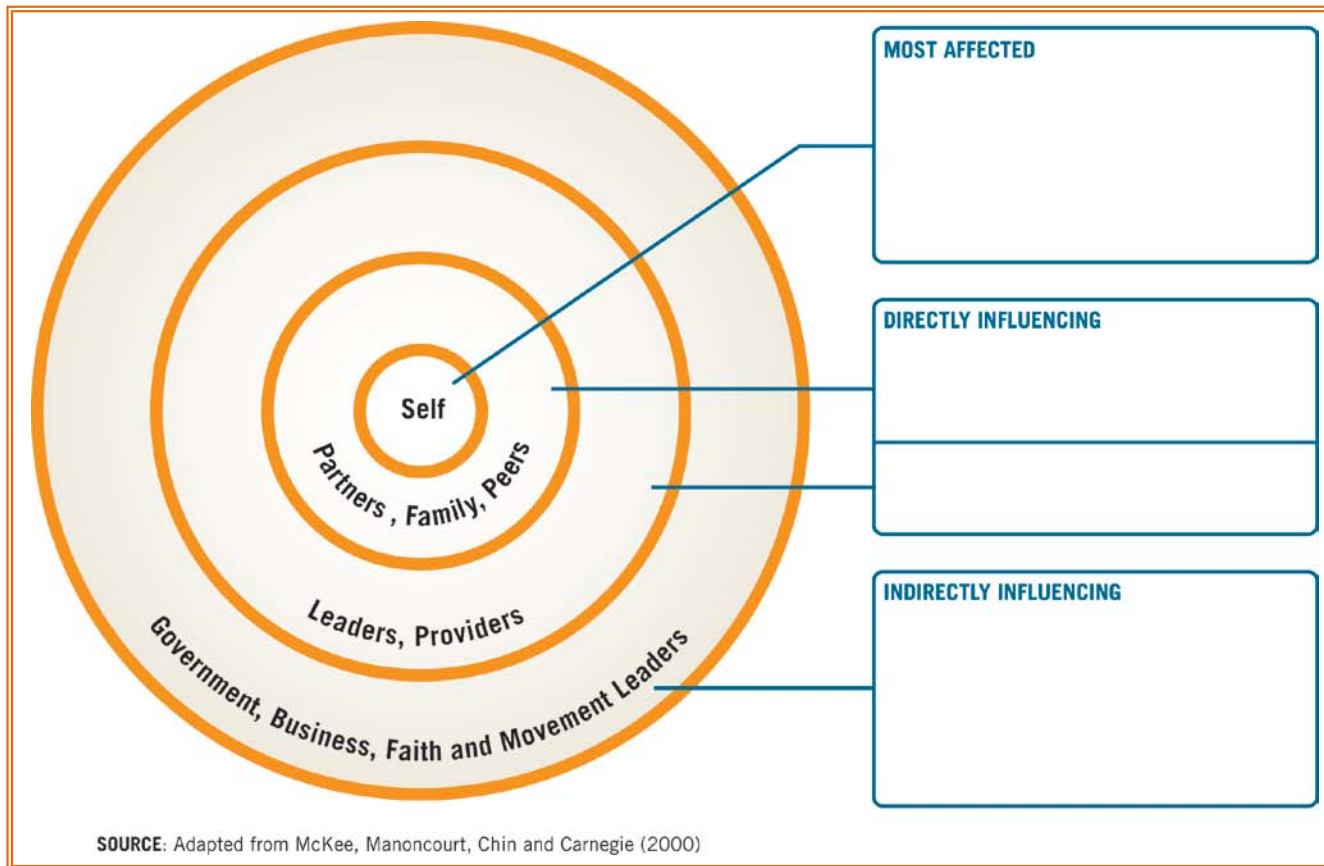
**SOUTH AFRICA EXAMPLE: People Analysis**



**SOURCE:** Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: People Analysis



**Directions** for your own people analysis:

- In the **center** is an individual (self). Ask yourself, “Who are the people most affected by the health, environment, or development issue?” For example, this might be young university women at risk of HIV.
- In the **next ring**, ask yourself, “Who are the people who have contact with the individuals in the center ring and directly influence them?” They may also be directly affected by the problem. This could include sexual partners, health workers, and friends.
- In the **next ring**, ask yourself, “Who in the community allows for certain activities, and controls resources, access to, demand for and quality of services and products?”
- In the **last “environmental” ring**, ask yourself, “Who are the people who indirectly influence the affected individual (at the center ring)?” This could include journalists, policy makers, business or religious leaders, or Ministers of Health at the national or district level.

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: A Gender Perspective

Consider the full definition of what we mean by “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.”<sup>1</sup>

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 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. <sup>2</sup>

Respond to the following questions while holding onto that perspective:

Consider the **people most affected by the health, environment, or development issue.**

- *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 address the issue?*

Consider the **people who have contact with the “self” and directly influence them.**

- *What is the effect of gender on the 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.”** This could include journalists or policy makers, religious leaders, or health center directors.

- *How does gender affect the role or influence of these policymakers, leaders, or journalists?*
- *How does gender affect how they see the situation or how involved they might become with it?*

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<sup>1</sup> World Health Organization, “Gender,” World Health Organization, <http://www.who.int/topics/gender/en/>. Accessed on March 1, 2010.

<sup>2</sup> CARE. 2007. *Inner spaces outer faces initiative (ISOFI) toolkit: Tools for learning and action on gender and sexuality*. Washington, DC: CARE/ICRW. Available at <http://www.careacademy.org/health/isofi/Welcome/Welcome%20to%20ISOFI.pdf>

# Session 1-4: Context Analysis

Once you have named the key people affected and involved, the rest of a Socio-Ecological Model for change helps to check what you do and don't know about each group. Ask yourself:

### **Local Community, Services, and Products**

- *What community assets can support change or impede it? What services and products are accessible at community level? What is their quality? Do people like them? Is transport available to access services? Are they subsidized so people can take transport or buy products?*

### **National Enabling Environmental**

- *What policies exist that support change or impede it? How does political and religious atmosphere influence these policies? Is there a social movement supporting this change? Are there any leaders who can support or impede the change? How can you work with them? What is the economic, technological and natural environment like?*

### **Information**

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

### **Motivation**

- *What motivates people 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? Has key information been motivational to them?*

### **Ability to Act**

- *What life skills do people have? What strengths, resources, or access to services or products do they have? How confident do they feel to be able create change? 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 groups affected or influential have the same norms?*

Answers to these or other questions can, again, be supplied through existing research. Look to those sources first. Then consider the best ways to get your own answers to these questions. We will explore some research steps and methods shortly.

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Context Analysis

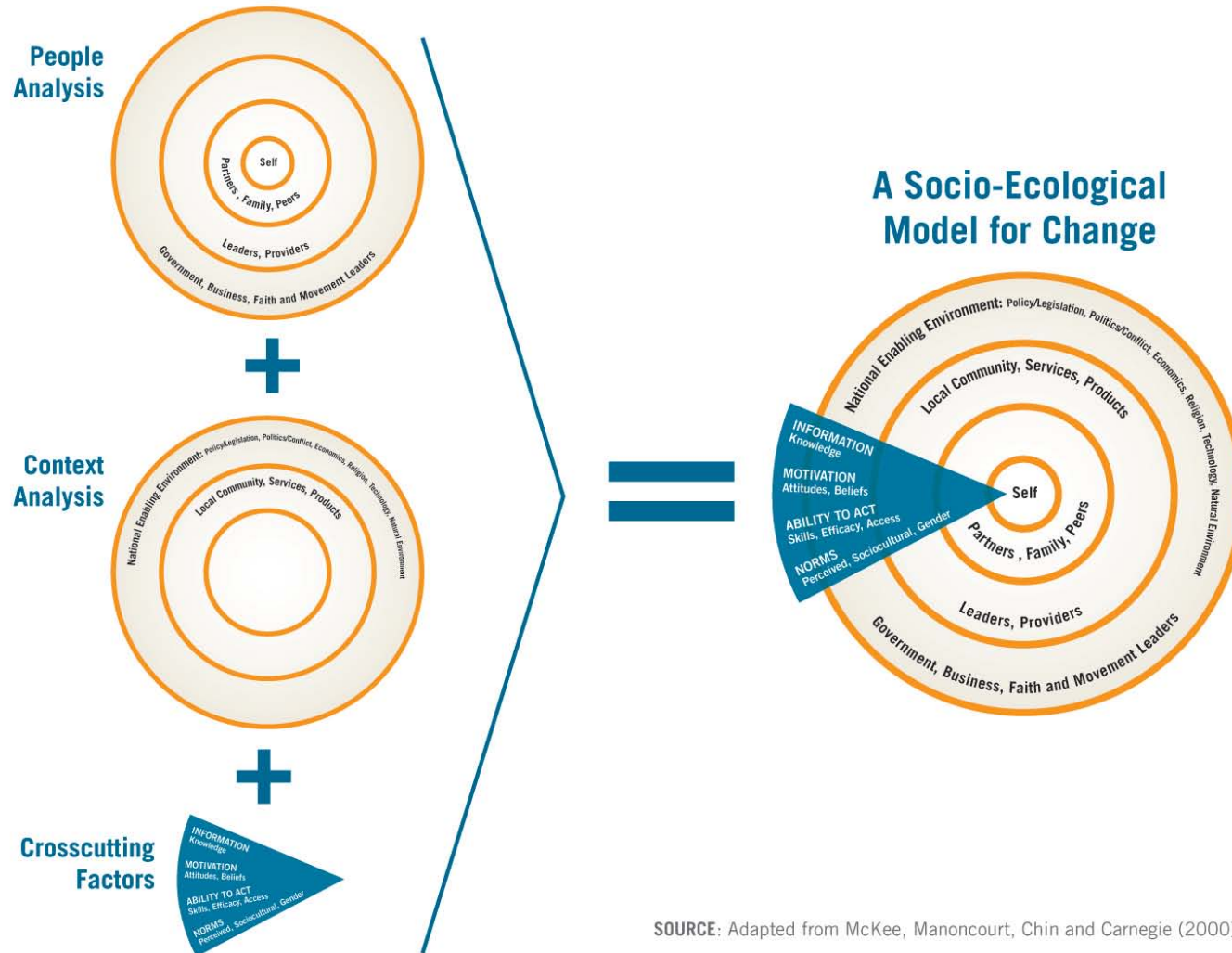
**Directions:**

- Consider each of these groups one-at-a-time.
- Use this table to note what you know or think you know about each group. Not every box applies. Note where you need more information.

<b>What we know about PEOPLE'S CONTEXT</b>	<b>People directly affected</b>	<b>People <u>directly</u> influencing them</b>	<b>People <u>indirectly</u> influencing them</b>
<b>Audience:</b>			
Local Community, Services and Products			
National Enabling Environmental			
Information			
Motivation			
Ability to Act			
Norms			

## STEP 1: UNDERSTANDING THE SITUATION

As you complete your people and context analysis, review this graphic to see how your analysis is based on the Socio-Ecological Model. You can review “The Theoretical Base of the Socio-Ecological Model” table in the Appendix of Module 0 for some inspiration on how theories can support your people and context analysis.



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

### Session 1-5: Research Gaps and How to Fill Them

Situation analyses or initial research, as described in the previous sessions, should always be fed by data. In other words, they must be checked against research, so that we don't build a program based on assumptions.

Few issues have gone unresearched at this stage of the game. Therefore, planners can save themselves—and the communities—significant time and energy by doing a thorough review of existing data before considering new research.

Look at what has already been written about the region and the health or development issue. You might consult, for example, the Demographic Health Survey (DHS), the Behavioral Surveillance Survey, or other kinds of special studies carried out for a specific purpose. Large and small organizations or 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 to you. Contact them and if data is available, request access to it. You may take some of this data and analyze it further in a way that is most useful for answering the questions you have about the problem or situation.

At the same time, find out about any research to be conducted in the community and find out the feasibility of additional research questions that would help you to gain a full understanding of the situation that your SBCC effort aims to address.

Where there is not sufficient existing research done or upcoming, you might do your own research using methods outlined on the following pages.



**C-Capacity** is an e-magazine supported by C-Change and prepared by The Communication Initiative in cooperation with C-Change partner Ohio University. It is dedicated to alerting programmers and organizations to resources, training, links, and other opportunities for capacity strengthening in social and behavior change communication (SBCC), all vetted for quality and relevance by AED and Ohio University.

The **C-Capacity Online Resource Center** is a living resource designed to provide the best resources and training opportunities available. We are looking for case studies, strategic thinking, support materials, trainings, meetings, and other resources relevant to SBCC capacity strengthening. To contribute, please contact: [cchangeorc@comminit.com](mailto:cchangeorc@comminit.com)

[http://www.comminit.com/en/cchange\\_capacity.html](http://www.comminit.com/en/cchange_capacity.html)

## STEP 1: UNDERSTANDING THE SITUATION

### ALBANIA EXAMPLE: Research Gaps and How to Fill Them

Please refer to the Introduction Module, Session 1 and 4 for some background C-Change’s family planning program in Albania.

<b>Research Needs</b>	
<p>Sample questions for university students:</p> <ul style="list-style-type: none"> <li>• How many men and women are aware of different modern methods of contraception?</li> <li>• What are their beliefs about the effectiveness of modern and traditional methods?</li> <li>• What prevents them from using modern methods?</li> <li>• How many have ever talked about contraception with their sexual partners?</li> <li>• How many have ever talked about contraception with a pharmacist or physician?</li> </ul>	<p>Sample questions for local pharmacists:</p> <ul style="list-style-type: none"> <li>• What are pharmacists telling women about modern contraception?</li> <li>• How accurate is this information?</li> <li>• What misperceptions do pharmacists have about modern contraception?</li> <li>• What misinformation are pharmacists giving clients?</li> <li>• What biases exist among pharmacists when it comes to contraception and family planning?</li> </ul>
<b>Existing Research</b>	<b>Original Research</b>
<ul style="list-style-type: none"> <li>• Institute of Public Health (IPH), Albania Ministry of Health, Institute of Statistics (INSTAT), and Centers for Disease Control (CDC). 2005. <i>Reproductive health survey, Albania 2002</i>. Tirana, Albania: IPH, INSTAT, and CDC. Available at: <a href="http://www.cdc.gov/Reproductivehealth/Surveys/SurveyCountries.htm#Albania">http://www.cdc.gov/Reproductivehealth/Surveys/SurveyCountries.htm#Albania</a></li> <li>• INSTAT, IPH, and MEASURE DHS. 2009. <i>Albania demographic and health survey 2008–09</i>. Tirana, Albania: INSTAT, IPH, and MEASURE DHS.</li> <li>• PRÖ Shendetit. <i>Two pager: Knowledge and use of modern methods of contraception: 2002 and 2005</i>. Tirana, Albania: PRÖ Shendetit.</li> </ul>	<p><b>Qualitative research</b></p> <ul style="list-style-type: none"> <li>• Ten free-flowing focus groups with female university students led by a trained facilitator, and pile sorts as a group activity to rank contraception methods on various criteria</li> </ul> <p><b>Quantitative &amp; qualitative research</b></p> <ul style="list-style-type: none"> <li>• Surveys with university students at two intervention and two comparison sites; trained interviewers used PDAs to collect data from a sample of students</li> <li>• Face-to-face, quantitative surveys with pharmacists within 200 meters of the university sites; qualitative research involved “mystery clients” played by trained participants who played the role of women with little or no knowledge about contraception, and asked pharmacists open questions about modern contraceptives and noted on a standardized checklist the pharmacists’ attitudes and style, whether they provided vital and accurate information, and whether they provided a referral to an appropriate doctor.</li> </ul>

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Research Gaps and how to Fill Them

**Directions:** On this worksheet you may log the main research needs that showed up when doing your problem tree, people analysis and/or context analysis. In other words: what don't you know? Then log any research you know of to “fill in the gaps” before you plan your own research.

Research Needs	
Existing Research ~ from the Inventory	Original Research ~ to be designed, as needed
	Qualitative research
	Quantitative research

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: “Existing Research” Inventory

**Directions:** Fill in this “Existing Research” Inventory worksheet as a way to organize and review any data that you already have—or know about—with regard to your situation.

Sources of Existing Research	Research Highlights
<b>Census data</b> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	
<b>Large surveys</b> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	
<b>Research by government or other large organizations</b> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	
<b>Research by local- or small-scale organizations or programs (often unpublished)</b> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	

### Conducting Your Own Research

Having carefully reviewed existing data, it is time to explore the need for original research. Such research begins by naming the questions the program hopes to answer through the research.

Here are some sample questions you might seek to answer by conducting your own research:

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

Some research questions call for quantitative data (e.g., What percent of people report X? What is the rate of Y?), while other research questions call for qualitative data (e.g., What kinds of concerns do leaders have? What kinds of events do people enjoy?). In the next pages a data methods worksheet provides descriptions of these two kinds of data and a sample of research methods that might be useful to help Understand the Situation before designing an SBCC effort. These include:

- Key Informant Interviews
- Observation or Context Immersion
- Public Forum
- Focus Group Discussion
- Mapping
- Population Surveys

This is distinct from baseline research, which is addressed in Module Two.

## STEP 1: UNDERSTANDING THE SITUATION

### GRAPHIC: Where Initial Research Fits into SBCC



**SOURCE:** Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: 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, the number of times women have come to a clinic for an HIV test this past month, or the number of phone calls that have come into a hotline over the last week. Quantitative methods tell us who, what, when, where, how much, and how often something is taking place. To understand the “why,” we typically need to turn to qualitative methods.

**Qualitative methods** are generally semi-structured or open-ended to produce in-depth, descriptive information. We do not use qualitative results to generalize about an entire population, but use it to help guide our understanding. For example, they indicate why something might be taking place or the underlying issues with which individuals and communities are dealing. So while quantitative methods allow us to identify who is doing what, qualitative methods allow us to dig deeper and understand why those people are doing what they do.

Data collection method	Method type	Information gathered	Comments
Secondary data analysis	Can be qualitative or quantitative data	About the scope and severity of specific health, social, cultural, and economic issues supporting or blocking social and behavior change, individual’s knowledge, attitudes, perceived skills, and behaviors, social networks, socio-cultural norms, collective efficacy, and community dynamics	<ul style="list-style-type: none"> <li>• Contact researchers to see if secondary analysis is possible</li> <li>• Work to include your issues and questions into ongoing surveys</li> <li>• Take what is already done and build from it (use an old services mapping study and shorten the research time to conduct an updated mapping)</li> </ul>
Key Informant Interviews	Primarily qualitative	Deep and rich view into behaviors, reasoning and lives of people, existing policies that support or obstruct change, public opinions, socio-cultural norms and values, who the existing players are, and even suggestions for segmenting the population	<ul style="list-style-type: none"> <li>• Develop an interview guide based on the information you need to obtain from informants</li> <li>• Test the guide and train interviewers to allow and encourage open-ended and free-flowing dialogue</li> <li>• Rely on the preexisting community committees/organizations to identify the informants</li> </ul>
Public Forum	Qualitative	Public opinion about the health or development issue (how important is it and how much of a problem do they believe it to be), public opinion about the causes of the concern, public perspective on the response of NGOs and the Ministry of Health, public opinion on current communication activities, and generally accepted community norms and values	<ul style="list-style-type: none"> <li>• Develop a discussion guide and prepare well for logistics</li> <li>• Focus on issues that are general in scope</li> <li>• Be aware that many underlying causes may not come out in such a setting if they are embarrassing or if such issues that are rarely spoken of publically</li> </ul>

## STEP 1: UNDERSTANDING THE SITUATION

Data collection method	Method type	Information gathered	Comments
Focus Group Discussions	Qualitative	Good for general (social, cultural, and economic) community issues and norms and general opinion of the health or development issue, underlying causes to the health or development problem, perceptions of the quality of communication programs serving their community, social networks, community strength, dynamics, and leadership patterns	<ul style="list-style-type: none"> <li>• Use a tested field guide (if one exists) with open-ended questions or engage an experienced qualitative researcher to help design the guide.</li> <li>• Ensure that groups are homogeneous (i.e., same sex group, age, etc.)</li> <li>• Keep group size between 6 and 10 participants</li> <li>• Hold at least two groups per demographic criteria as one may not work out</li> <li>• Record the discussions, then transcribe for analysis</li> <li>• Have a trained facilitator and note taker</li> </ul>
Mapping	Quantitative, with some measure of quality of services	Information about service location, target population, number of people reached per month, geographic coverage, types of communications services offered, quantity and quality of communications materials on hand, the number of staff members dedicated to working on communications and change, staff training experiences and needs, agency opinion and perception of the health or development issue, its underlying causes, social norms, community dynamics, identification of community leaders and gate-keepers, perceptions of governmental policies that hinder or support possible interventions, other action groups that exist, relationships and access to media, communication practices, and current resource gaps and needs	<ul style="list-style-type: none"> <li>• Look for existing mapping and update if possible</li> <li>• Start with a Community Assessment Committee for the initial list of service providers</li> <li>• Talk with as many of the service providers as possible</li> <li>• Gather at least the basic information on services, population served, and geographic coverage</li> <li>• Work to obtain additional information on the environment, causes, and services</li> </ul>
Population and Sub-population Surveys	Quantitative	Representative population and sub-population level perceptions of the health or development issue, community norms and values, individual behaviors, individual beliefs and perceptions, individual knowledge, underlying factors that may influence health or development issues, skills, social networks, community dynamics, communication patterns, access and use of various communication channels, and general public opinion on topics related to the health issue	<ul style="list-style-type: none"> <li>• Address gaps in data with your own survey</li> <li>• Ensure calculations are made for necessary sample size</li> <li>• Develop a sample frame</li> <li>• Train interviewer staff well</li> <li>• Pretest all data collection instruments</li> <li>• Develop an analysis plan ahead of time</li> <li>• Ensure planners have the skills for data entry and analysis</li> </ul>

## **STEP 1: UNDERSTANDING THE SITUATION**

### **Research Plan**

Before beginning original research, it is wise to plan out all the steps and activities that you will need to carry out. In this session there is an outline of such a research plan that you can use. The plan begins with the formation of a committee of key stakeholders—including community members—to guide the process. This committee can help finalize your list of research questions, identify participants for the research, and select appropriate methods.

A number of issues will influence your final choice of research method/s, such as time, cost, willingness and accessibility of people who would participate in the research, and available skilled staff to conduct it. The research plan outlines each of these issues and helps you to decide how you might use the data that emerges from your research.

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Your Draft Research Plan

**Directions:** Use this worksheet to think through what your research will look like and start to draft your research plan.

Steps of Your Research Plan	Estimated Dates and Cost of Each Step	Who or Which Team Member Would do this Work?
1. Consider forming a <b>community needs assessment committee</b> <sup>3</sup> .		
2. Decide what specific information you will want to collect—what <b>questions you want answered</b> —to better understand the situation you are addressing.		
3. Decide from whom you want to directly collect data— <b>who will you want to talk with and where are they located</b> .		
4. Decide on the <b>research methods</b> that best fit the situation and available resources. Draft Tools for data collection.		
5. Decide on the <b>timetable for data collection</b> so that the information gathered is timely and relevant to the program design.		
6. Collect the data using the selected tool(s).		
7. Analyze and share the findings with those who can USE it to focus and design the next step of your planning process.		

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<sup>3</sup> This committee should be made up of key stakeholders and gate keepers who can guide your process, and include potential intended beneficiaries of your project as well. This committee will help with the development of the formative assessment and assist in ensuring that the most relevant information is collected. They will also help to ensure that your program is not only appropriate for their community, but that it is also accepted by the community in general. This committee will be a part of the formative research throughout the duration of the research activity and will be very useful once the data has been collected and the planning team is working to understand and interpret the results.

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Your Draft Research Plan (continued)

A) Community needs assessment committee: Who might you invite to form this committee?

B) A sample of questions you need answered through the research	C) Who will you want to talk with? Where?	D) Proposed research methods to best fit the situation and available resources

E) A draft timetable so that the information gathered is timely and relevant to the program design		
Activity to carry out	Deadline for completion	Who is responsible?

### EXAMPLE: Using the Results of Your Research

Here are some highlights of results from research conducted prior to the design of an SBCC program on male circumcision:

Circumcision is a part of the traditional beliefs of about half of the people in this sample country. In the last five years, two clinics in the capital started offering clinic-based circumcisions for adult males. They each see about 50 men a year. No one has ever tried to create a communication campaign around the public health aspects of circumcision. Most HIV prevention agencies include the message in their day-to-day work with the community and provide referrals to the clinics that offer circumcision.

98% of men and women know the main ways to prevent the spread of HIV (i.e., having one uninfected faithful partner, using condoms with all partners, reducing the number of sexual partners that one has). 25% are aware that circumcision reduces the risk of contracting HIV. 45% are aware that having another STD increases your risk of contracting HIV. 20% know where they can get an HIV test.

Through interviews and focus groups, your 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 that has nothing to do with health, while others think of it as the "modern" thing to do. Many of the leaders in this community stated that the circumcision ritual is sacred as it is and should not be tampered with.

Men said that they are afraid of what might happen to their penises if they were to get circumcised now: pain, infections, the penis falling off, no sexual pleasure, etc. Women told researchers that they prefer men who are not circumcised

Discussions with the traditional leaders made it clear that the traditional circumcision is not a full circumcision and leaves a good bit of the foreskin, leaving researchers to wonder whether or not this form of circumcision will provide protection. 45% of all males are circumcised. 35% of all males used a condom the last time they had sex. 25% of all males stated that they had more than one current sexual partner

### Reflection Question:

- *What insights does this give you into the following?*
  - *The problem/issue*
  - *The people affected and involved*
  - *The context: information, motivation, ability to act, environment (policies/services), and values*

In the next module, you will see how such research could be used to: segment and prioritize audiences for the program; craft communication objectives; and decide on your strategic approach, positioning, channel mix, and more.

## Session 1-6: Partners, Allies, and Gatekeepers

At this point, we have done a lot to understand the situation being faced and are about to map out a plan to find out what we still need to know.

Before moving on, consider all the individual or groups who might support—or hinder—efforts to fully address this issue.

Consider anyone whose perspective or cooperation will be important in upcoming steps of the process.

**Partners** collaborate with you and provide hands-on support. For example, the National AIDS Hotline could be a good partner for work on an HIV prevention effort among young people. The Hotline could provide materials and training to staff working on the project, and the project materials could all include the phone number of the hotline.

**Allies** support the work you are doing through their own efforts. For example, an international organization researching the risk of HIV on college 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” for you so that you are able to work effectively. For example, the Ministry of Health can hinder work or can open paths toward progress.

The distinctions among these groups are less important than the idea that there are people who can either block or facilitate (i.e., make easier) the change you seek.

**Gatekeepers** are critical to your success. See ways to involve them and turn them into supporters by:

- asking for their input into the analysis
- hearing their concerns and ambitions
- providing them with a summary of your analysis
- finding ways for the SBCC effort to be beneficial to them in some way

## STEP 1: UNDERSTANDING THE SITUATION

### ALBANIA EXAMPLE: Matrix of Partners, Allies, and Gatekeepers

Please refer to the Introduction Module, Session 1 and 4 for some background C-Change's family planning program in Albania.

Potential Partners, Allies and Gatekeepers	Notes
<p><b>Partners:</b></p> <ul style="list-style-type: none"> <li>• Pepsi Cola/Shark</li> <li>• Bayer Schering</li> <li>• Nesmark</li> <li>• OES Distrimed</li> <li>• Professor of journalism, trainer from the Albania Institute of Media, obstetrician/gynecologist</li> </ul>	<ul style="list-style-type: none"> <li>• Pepsi Cola/Shark – provided refreshments for outdoor peer education (PE) events</li> <li>• Bayer Schering – supported activities (e.g., through provision of materials, products) for outdoors PE events; cost share</li> <li>• Nesmark – provided an informational display and condoms for outdoors PE events; cost share</li> <li>• OES Distrimed – provided condoms for outdoors PE events</li> <li>• Professionals – provided training to journalists, pharmacists, and peer educators involved with C-Change</li> </ul>
<p><b>Allies:</b></p> <ul style="list-style-type: none"> <li>• Technical advisory group (TAG): representatives from the Ministry of Health, Institute of Public Health, USAID, UNFPA, UNICEF, media, health professionals, and faculty and students from the University of Tirana</li> </ul>	<ul style="list-style-type: none"> <li>• TAG – provided technical input and direction for interventions (e.g., mass media campaign)</li> </ul>
<p><b>Gatekeepers:</b></p> <ul style="list-style-type: none"> <li>• Local pharmacists association</li> <li>• City mayors of the towns in which C-Change works</li> </ul>	<ul style="list-style-type: none"> <li>• Local pharmacist association – provide support or make it difficult for members to attend the training</li> <li>• City mayors – could support or block public health events</li> </ul>

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Matrix of Partners, Allies, and Gatekeepers

**Directions:** On this sheet, note key individuals or groups who could influence success. Partners do or might actively support work and collaborate with you; Allies are “like-minded” groups or individuals who support your work; and Gatekeepers are people or individuals who *could* either support or interfere with the progress of your work.

Potential Partners, Allies, and Gatekeepers	Notes
<b>Partners:</b>	
<b>Allies:</b>	
<b>Gatekeepers:</b>	

# Session 1-7: Summary of Your Analysis

A **problem statement** is a succinct summary of what was discovered during Step 1 of C-Planning.

A problem statement helps programmers see clearly what is happening, so that 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 following headings:

- 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?

The problem statement should be backed-up by data. It is advisable for the team, partners, and allies to debate and agree on the problem statement, and to cite evidence which supports it. As you draft the statement, you might discover some unanswered research questions. As you move on, continue to note what else would be helpful to know about the situation in order to build your strategy on data, rather than assumptions.

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

- *What will improve the situation?*
- *What are the desired changes in the environment (e.g., policies, services), social scene and/or individual behaviors?*

**Change doesn't happen solely by working on individual behaviors.** Consider this example of the multiple changes that might be required in response to a problem.

- Students on a college campus begin to get HIV tests because the 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 for anonymous advice about it.

## STEP 1: UNDERSTANDING THE SITUATION

### ALBANIA EXAMPLE: Summary of Analysis an SBCC Problem Statement

<b>What's happening?</b>	The use of withdrawal as a Family Planning (FP) method
<b>Where and to whom?</b>	Among young men and women in Albania
<b>With what effect?</b>	It is contributing to unwanted pregnancies and abortions among young women and generating high health care costs in general
<b>Who and what is influencing the situation and with what effect?</b>	Mass media are contributing to general misinformation and pharmacists don't know how to deal with young people; as a result young people lack the motivation and skills to switch to safer FP methods
<b>And as a result of what causes?</b>	Deep gender and power relations are contributing to the lack of motivation to stop using withdrawal as family planning method

### Final SBCC Problem Statement

The use of withdrawal as a Family Planning (FP) method among young men and women in Albania is contributing to unwanted pregnancy and abortion rates among young women and to high health care costs in general. Mass media is contributing to general misinformation, and pharmacists don't know how to deal with young people. As a result, young people lack the motivation and skills to switch to safer FP methods. Deep gender and power relations are contributing to the lack of motivation to stop using withdrawal as an FP method.

### Changes this Problem Calls for:

- People most affected: Young men and women in Albania need to be motivated to use safer FP methods, while addressing power relations and peer pressure
- People directly influencing them: Pharmacists need to learn how to offer services to young people so that they become a trusted source
- People indirectly influencing them: Mass media need to be trained for better reporting

## STEP 1: UNDERSTANDING THE SITUATION

### WORKSHEET: Summary of Your Analysis

**Directions:** Consider all that came from your analysis so far. Write a concise problem statement as best you can, noting where your statement might require further research. Add a statement about the changes you believe the problem calls for.

**Using this formula helps to summarize your situation, people, and context analysis (which usually take up a couple of pages in your strategy's background section) into one paragraph**

• What's 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?

**Final Problem Statement:**

**Changes the Problem Calls For:**

## Additional References

These references provide additional information that will assist your work in SBCC. The entire SBCC curriculum, references cited below, and additional resources are available at <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/en/cchange\\_capacity.html](http://www.comminit.com/en/cchange_capacity.html).

*C-Modules’ graphics can be expanded and shown to participants through PowerPoint or on a large poster board by accessing them online.*

### Background Reading

Topic	Item
SBCC	<b>Involving People: Evolving Behavior.</b> Why do people behave as they do? This book provides theories and frameworks for creating an enabling environment by addressing policy and legislation, service provision, education systems, cultural factors, religion, socio-political factors, behavior, and beyond.
Advocacy and/or Social Mobilization	<b>Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS.</b> This toolkit aims to assist NGO/CBOs to gain a clear understanding of what advocacy is and how it might support their work. It also provides practical assistance on how to undertake advocacy.
	<b>Participatory Rural Communication Appraisal (PCRA): A Handbook.</b> This handbook describes the procedure for planning and conducting PCRA as the first step in the design of cost-effective and appropriate communication programs, strategies, and materials for development projects.
Gender	<b>Inter-Linkages Between Culture, GBV, HIV and AIDS and Women’s Rights.</b> This training manual explores theories on culture and its relationship with gender-based violence. It explores ideas and provides an analytical model to use when considering interventions related to culture, GBV, women’s rights, and HIV and AIDS.
Research Skills/Tools	<b>Qualitative Target Audience Formative Research for Health and Development Communication: Soul City Fieldworker Training Manual 1 – Qualitative Interviewing.</b> Developed to support skills training in qualitative interviewing and provides instruction conducting qualitative formative audience research.
	<b>HIV/AIDS Rapid Assessment Guide.</b> Consists of five prevention tools: a mapping guide, a site inventory, an ethnographic guide, a focus group guide, and rapid behavioral surveys that can be used to collect data that provide a spatial, quantitative, and qualitative overview of a project area.

### Existing Curricula/Training Materials

**Mainstreaming HIV, AIDS and Gender into Culture: A Community Education Handbook.** This resource is meant to support and encourage discussion about how people behave together and cope with HIV. Its purpose is to bring understanding to how culture can affect the spread of HIV. Part 2 of the handbook looks specifically at how culture, gender, and HIV are connected.