C-CHANGE TRAINING GUIDE

UNDERSTANDING

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

MODULES

Participant Handouts

Facilitator’s Preparation

C-Change Pre-Training Assessment

Dear Participant,

You are invited to a learning event on social and behavior change communication (SBCC). In order to ensure that it best fits your needs and your organization's needs, we ask that you share the following information with us. The more information we have, the better we can tailor the training so that it fits your needs and your organization's requirements. Thank you! Please send responses back to [INSERT].

Question	**Response Date:**
Organization and your role in it:	
Name and position:	
What are your organization's current or future social and behavior change communication (SBCC) plans? (Please give a specific example of a behavior change program your organization is working on, or plans to work on soon.)	
What health and audience data can you bring to the training to inform your program planning? (Please list specific examples of qualitative and/or quantitative data you have collected or plan to collect soon.)	
What program examples, evaluation and other important health or population data as well as material samples can you bring to the training to discuss and build on? (Please be as specific as possible and attach an example if possible of any materials you've developed)	
Which program components would you want to focus on the most? (Please check one of the greatest interest to you from each component) ***Component 1: SBCC Planning and Design*** ☐ Collection and use of data for analysis ☐ Theory or model-driven planning and design ☐ Negotiation and strategic part partnerships ☐ Development of communication strategies ***Component 2: SBCC Program Implementation*** ☐ Implementation of communication strategies ☐ Materials development ☐ Strengthening of staff competencies ☐ Implementation workplans and structure ☐ Supervision and monitoring of the quality of SBCC service delivery ***Component 3: SBCC Research, Monitoring and Evaluation (M&E)*** ☐ Framework and mechanisms ☐ Evaluation (Use of research/program assessments) to measure social and behavioral outcomes ☐ Utilizing and communicating results to revise the program	
What else would you like to tell us about challenges you face or interests you have related to SBCC? Thank you!	

Input from Course Facilitators

These six questions aim to make it easy for you to give input into the course design at the end of each module. Please attach electronic versions of anything you think would be useful to addend to future versions of this course.

Module name: ____

Size and name of participant group: _______________________________

1. Which sessions, if any, took significantly **more or less time** than is estimated in the manual?

2. Which **content worked well** particularly well? What **was unclear to you and/or the participants?**

3. **What notable insights came from learners** about the content or tools in this module?

4. What other e**xamples** did you provide that worked to illustrate key steps and principles of SBCC

5. What **learning exercises** did you adapt or add to help participants apply what is being taught?

6. What **simpler and more exact language** did you find useful to explain key concepts to participants?

A Participatory Course in Social and Behavior Change Communication (SBCC)
Sample Form for Feedback from Participants

Congratulations! You have just completed the SBCC module titled: **Foundations of SBCC**. This module included four sessions, listed in bold below. Please use your learning packet as a reference to respond to the questions. Please circle the response that most closely reflects your experience, where 1 reflects the least and 5 reflects the most you feel about each question (questions appear horizontally).

1. Elements of SBCC

1a. How useful was this session for you?

1 2 3 4 5

Why?

1b. How confident are you with the information and skills taught in this session?

1 2 3 4 5

If applicable, what requires further clarification or practice?

---

2. A Socio-Ecological Model for Change

2a. How useful was this session for you?

1 2 3 4 5

Why?

2b. How confident are you with the information and skills taught in this session?

1 2 3 4 5

If applicable, what requires further clarification or practice?

---

3. A Planning Process for SBCC

3a. How useful was this session for you?

1 2 3 4 5

Why?

3b. How confident are you with the information and skills taught in this session?

1 2 3 4 5

If applicable, what requires further clarification or practice?

---

4. Ten SBCC Principles

4a. How useful was this session for you?

1 2 3 4 5

Why?

4b. How confident are you with the information and skills taught in this session?

1 2 3 4 5

If applicable, what requires further clarification or practice?

4c. What did you particularly like about the teaching and learning approach?

- ☐ *Small group work*
- ☐ *Feedback you received*
- ☐ *Tools/ worksheets (specify: ________________________)*
- ☐ *Timing/ Pace*
- ☐ *Examples used*
- ☐ *Facilitation style*

Other: ____

4d. What could have worked better for you?

- ☐ *Small group work*
- ☐ *Feedback you received*
- ☐ *Tools/ worksheets (specify: ________________________)*
- ☐ *Timing/ Pace*
- ☐ *Examples used*
- ☐ *Facilitation style*

Other: ____

What other comments or suggestions would you like to share? Please write them on the back of this page. Thank you!

Checklist to Evaluate the Products of Learning in each Module

Ten Criteria for Assessing the Learning	Comments/Score
How well did they follow a systematic approach?	
How much was this work driven by research (not assumptions)?	
How well does this capture the social context of the health problem/ issue?	
How well does the focus stay on the audience/s?	
How well did theories and models guide decisions?	
How involved are partners and communities?	
How realistic are the program's objectives and how cost effective?	
How mutually reinforcing are the channels, activities, and materials?	
How motivational and action-oriented are the strategies?	
How high is the overall quality shown at this step of the SBCC process?	

Module 0 - Introduction

GRAPHIC: Key Strategies of SBCC

WORKSHEET: Key Strategies of SBCC

Directions: Fill in this table using your own example. Which strategy are you focusing on and why?

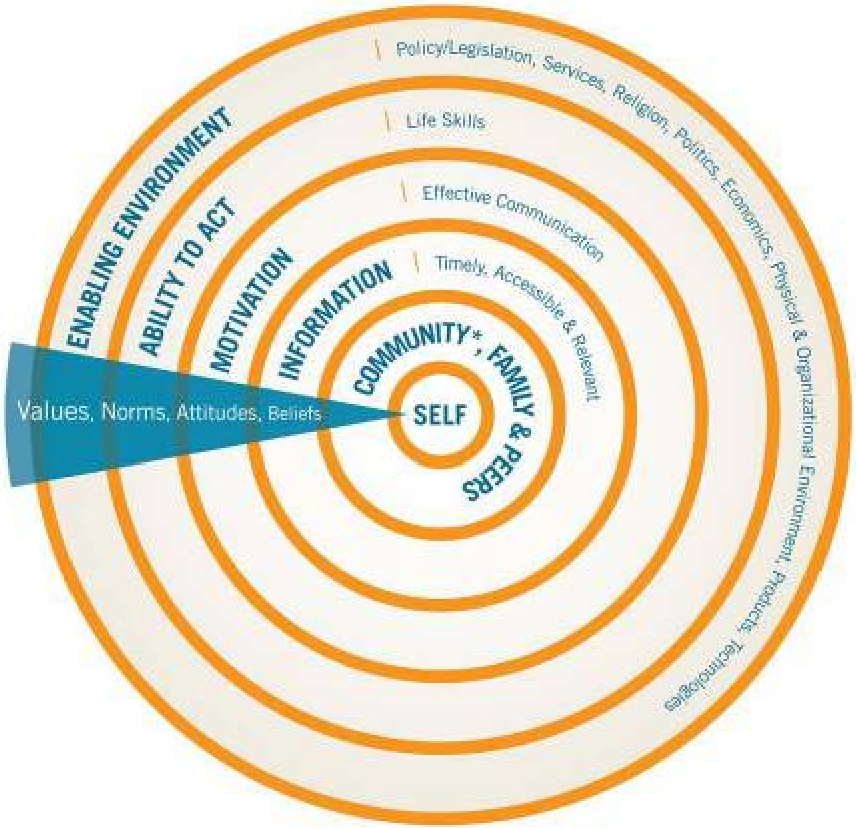
<table>
<tr><td rowspan="2">
</td><td>Participant notes:</td></tr>
<tr><td>Advocacy:

Social Mobilization:

Behavior Change Communication:</td></tr>
</table>

WORKSHEET: A Socio-Ecological Model for Change

Directions: Jot down ideas on how your work addresses the rings of a Socio-Ecological Model for Change.



*Examples of community could include community leaders and other decision makers, faith-based leaders, community media, and community networks.

SOURCE: Adapted from McKee, N., E. Manoncourt, Chin S. Y. and R. Carnegie (Eds.) (2000) Involving People, Evolving Behavior, New York: UNICEF, Penang, Malaysia: Southbound

How our current SBCC work addresses rings of this model:

- ☐ *Self*
- ☐ *Community, Family, Peers*
- ☐ *Information*
- ☐ *Motivation*
- ☐ *Ability to Act*
- ☐ *Enabling Environment*
- ☐ *Other*

GRAPHIC: A Planning Process for SBCC

ALBANIA CASE STUDY: SBCC Experience

Understanding the Situation
Albania is an eastern European country of over 3.6 million where couples' use of modern contraceptive methods (MCM) is the lowest in the region. There is high reliance on traditional means of family planning (FP), such as withdrawal, and on abortion in the event of unwanted pregnancies. A survey[1] found low levels of contraceptive knowledge among both men and women of reproductive age; 40% had not heard of injectable contraception, while 60% had not heard of intrauterine devices (IUDs).[2] In 2008–09, the contraceptive prevalence rate fell slightly to 69 percent married women aged 15–44 years, while use of modern methods increased to a mere 11 percent.[3] Quantitative and qualitative research with students, pharmacists, and journalists helped C-Change to further understand the situation of FP in Albania. For example, interviews with health care providers and health care consumers found misconceptions among both groups regarding contraceptive products and services. Research suggested that urban singles and couples aged 18–35 were underutilizing available MCM and FP methods.

Focusing & Designing
The initial phase of the C-Change Albania FP program focused on communication activities to increase awareness of FP services available in the private and public sectors, to counter misconceptions about methods, and to improve informed choice. The program's goal was to increase the use of MCM among young adults as well as to decrease reliance on withdrawal and other traditional methods. Two of C-Change's SBCC objectives for FP in Albania were to:

1. increase the percentage of young adults in the cities receiving the interventions who report that they are comfortable talking with their sexual partners about contraception
2. increase the percentage of young women who are comfortable asking questions and discussing MCM with a pharmacist or a physician

C-Change selected a mix of strategies and channels to achieve these objectives, including mass media and community-based interpersonal communication (IPC) among university students, pharmacists, and journalists.

Creating
C-Change collaborated with partners from the public and private sectors, particularly the media, pharmacists, and universities. A Technical Advisory Group (with representatives from the Ministry of Health, the Institute of Public Health, USAID, UNFPA, UNICEF, media, obstetricians/gynecologists, and faculty and students from the University of Tirana) provided technical advice and feedback on messages. C-Change's Albania FP program had four main components:

1. A nationwide mass media campaign aimed to increase awareness and correct misperceptions about MCM. Materials for the mass media campaign (television, radio, print ads, and the FP theme) were developed by an Albanian advertising agency, under the guidance of C-Change. The selected theme for the materials was "Enjoy love and life," meaning to pursue peace of mind by using MCM. This concept and the materials were all carefully pretested.
2. An intensive pharmacist education activity, focused on providing local pharmacists updated information on MCM and on improving their IPC skills as they talk with young women about MCM.
3. An intense interpersonal peer education program with university students in urban areas. The strategy was to train a group of master trainers in FP peer education who in turn would train peer educators residing in the local university housing on how to reach out to students. A three-day training-of-trainers curriculum was adapted from the UNFPA Peer Education Training Manual by local consultants and by local C-Change staff, into Albanian.

---

[1] PRÖ Shendetit. No Year. *Two Pager: Knowledge and Use of Modern Methods of Contraception: 2002 and 2005*. Tirana, Albania: PRÖ Shendetit. Available at: http://www.urcchs.com/services/health/Knowledge%20and%20use.pdf
[2] Centers for Disease Control and Prevention (CDC), Institute of Public Health (IPH) and Institute of Statistics (INSTAT). 2005. *Albania Reproductive Health Survey 2002.* Atlanta, Georgia, USA: CDC.
[3] Institute of Statistics (INSTAT), Institute of Public Health and MEASURE DHS. 2009. *Albania Demographic and Health Survey 2008–09.* Tirana, Albania: INSTAT.

4. A FP training initiative for 11 promising journalists to ensure quality articles on FP and coverage of all of C-Change's special events. The initiative was orchestrated by a highly respected local senior journalist.

Implementing & Monitoring
C-Change did the following to achieve these SBCC components –

- **Establishing and maintaining partnerships:** C-Change forged strong relationships with partners in the early planning and implementation phases. To make sure they were appropriately recognized for their contributions, C-Change invited them to its various mass media events and interviewed them, which contributed to the high visibility of C-Change's interventions.
- **Selecting the right staff for implementation:** C-Change tried to select skilled junior staff that showed a determination to work in FP and reproductive health and were able to train others who are similar to the target groups in order to implement C-Change's four components.
- **Addressing gender issues during implementation:** Since the program specifically targeted female university students, the peer education component actually required a greater recruitment of male peer educators, particularly since females are not allowed to enter male dorms. C-Change, therefore, initiated one-to-one or small group meetings to attract male peer educators. Throughout the program, C-Change made a conscientious effort to recognize the contributions of the few male peer educators it had to encourage them to continue actively participating in the program.
- **Building a realistic budget and sticking to it:** C-Change developed a detailed work plan and an accompanying budget for each activity, prior to implementation of any major activities. The budget included collaboration with local consultants and NGOs, in addition to working with members of the private sector (e.g., pharmaceuticals companies, university housing, and the media) to cost-share activities such as the FP summer concerts and the media activities. Some budget adjustments were necessary during implementation.
- **Estimating the timeline for production and dissemination:** The timeline was developed as an estimate based on factors such as the academic calendar for the students and the drive to produce measurable results within a year. Implementers developed their own timeline based on performance indicators and timeframe.
- **Monitoring the process and quality of materials and activities:** Each activity was monitored by a coordinator who would make site visits, organize weekly meetings for the peer educators, check in with the project director, and write a final report with recommendations and next steps.

Evaluating & Replanning
Each quarter, C-Change conducts an internal review of activities completed, problems or opportunities, plans for next quarter, and indicators for next quarter's activities. C-Change thus regularly monitors its progress toward program objectives and looks for ways to improve its performance, while also maintaining programmatic and cost accountability to the funder (USAID).

C-Change evaluated the first and third components of its program through baseline and follow-up surveys of young men and women living in the intervention and comparison sites. A qualitative assessment of emergency contraception use among young women was also conducted. The third component was similarly evaluated through baseline and follow-up assessments of the pharmacists' communication styles and accuracy of information they provided to their clients. The fourth component involving the training of journalists was precipitated by an initial "baseline" assessment of Albanian media reports covering relevant topics to C-Change's media awareness campaign. This media monitoring found that the vast majority of the articles were negative towards FP topics or contained false information, and as a result, reinforced common misconceptions. The journalists' training was evaluated by monitoring the frequency and quality of media reports covering FP. While the results reflected improvements from short-term training, articles were still being published that contained wrong information or misleading titles. C-Change determined that ongoing training needed to be implemented not only with journalists, but also with key decision makers at media outlets, such as editors and news directors as they control and can change up to 30% of the content of the articles. The goal for re-planning C-Change's Albania FP program is to scale up. C-Change is currently looking for existing local structures who are interested in the same issues (FP, RH, and communication) to support this process.

LESOTHO CASE STUDY: SBCC Experience

Understanding the Situation
Lesotho's HIV prevalence among adults aged 15–49 was 23.2% in 2005, the third highest in the world. Of the estimated 270,000 people living with HIV and AIDS in the country, 60 people are dying from AIDS-related complications every day.

A study researching Modes of HIV Transmission[4], estimated that unprotected sex in multiple and concurrent partnerships (MCP) is linked to more than 60% of all new HIV infections. Transactional and intergenerational sex without protection were also identified as serious drivers of the epidemic.[5] Along with the analysis of existing data, C-Change conducted original research to develop a more nuanced understanding of MCP. Research included: 1) a qualitative study based on interviews with key informants (i.e., Basotho male community leaders); 2) a broader population-based survey with a sample of 1,643 Basotho men, for which C-Change collaborated with local research agencies; and 3) consultations with stakeholders. A follow-up survey with women is planned.

Focusing & Designing
Based on the above analysis, C-Change and partners decided that the strategic approach needed to prioritize adults currently practicing MCP, and then on youth to affect future behaviors.[6] Although MCP is common, open discussion about HIV risk associated with MCP intergenerational relationships, transactional sex and gender norms, is not. The absence of open communication around these issues—from the level of the sexual partners all the way to national health agencies—was compelling. C-Change and partners developed a strategic approach that would facilitate discussions and reflection at the individual, community, and institutional levels and involve couples, community members, and the institutions that shape attitudes and behaviors. C-Change's approach combines three key strategies in Lesotho: 1) Develop a community mobilization program to stimulate dialogue on MCP, 2) Create a mass media campaign to support community dialogue by making the topic common, and 3) Build capacity in developing and implementing the national BCC strategy as outlined by the National AIDS Commission.

Creating
In keeping with this approach, C-change and partners moved on to design the intervention activities. This included conducting a creative workshop, creating a message brief, and developing a detailed workplan for a mass media campaign on MCP; training materials and tools to assist groups facilitate community-level discussion we re also developed. All materials went through multiple rounds of pre-testing with experts. In order to support existing programs C-Change created a program under the regional *One Love* umbrella campaign that applies a combination of social and behavioral change communication channels to spark discussion and action relating to the health risks of MCP.

Implementing & Monitoring
C-Change launched the Lesotho MCP Program in February 2009 and gained the following insights:

- **Establishing and maintaining partnerships:** It is important to clearly define the respective roles and responsibilities of each partner, particularly when partners incur cost due to this collaboration.
- **Selecting the right staff for implementation:** Try to balance expatriate expertise with home-grown ingenuity—particularly when external donors are involved in a prominent way in the national response to HIV and AIDS. The selection of staff should also ensure appropriate skill sets through assessments of performance in simulated work scenarios and not rely exclusively on academic achievements and work experience cited. Once staff have been hired, supervisors should monitor and document performance early enough with sufficient time to make staffing changes without entanglement with national labor commissions (finesse this any way you need to, but this is very important).

[4] Lesotho National AIDS Commission. 2009. "Lesotho: HIV Prevention Response and Modes of Transmission Analysis." Maseru: Lesotho National AIDS Commission.
[5] Lesotho National AIDS Commission. 2006. "National HIV and AIDS Policy." Maseru: Lesotho National AIDS Commission.
[6] Lesotho National AIDS Commission and C-Change. 2008. "Report: Communication Priorities Workshop, March 12–14, 2008 (Draft)." Washington, DC: C-Change.

- **Addressing gender issues during implementation:** Issues of gender inequality in access, use, and control over prevention resources must be clearly stated in order for clear actions during implementation.
- **Building a realistic budget and sticking to it:** do your best to estimate actual costs by undertaking real costing; get quotes and add for inflation. Attempts at frugality should take into account things like exchange rates changes, gas-related costs escalation, and/or emergence of unanticipated costs.
- **Estimating the timeline for production and dissemination:** If a program is already in operations, start-up is quicker; if starting from scratch, it will always take longer than you thought it would be. Beware of overly-optimistic estimates. Whatever you work it out to be, add another month for unanticipated hiccups.
- **Monitoring the process and quality of materials and activities:** C-Change and partners pre-tested all materials with ten focus groups to assess:
  - the appropriateness of the adapted booklet in terms of language, readability and the health and development messages raised in the booklet and the insert (among the primary target audience)
  - the appropriateness of pictures/photos with relevance to the information in the booklet and the insert
  - whether the booklet and the insert are culturally acceptable, understandable and informative
  - whether the booklet adequately addresses the local context in terms of relevance in content and layout with reference to the message brief

Evaluating and Replanning

Evaluating and replanning in new projects may include conducting quarterly planning with field/site staff on technical and process issues, even as you review the previous quarter’s performance. While reviewing means analyzing processes and outputs against targets, planning incorporates re-strategizing as needed. The challenge is that it takes time and focus to get these done—ingredients that are hard to come by in busy shops.

Tools Used by Participants during this SBCC Course

Introductory Module: Social and Behavior Change Communication

- Key Strategies of SBCC
- A Socio-Ecological Model for Change
- A Planning Process for SBCC
- Ten SBCC Principles

MODULE 1: Understanding the Situation	**MODULE 2: Focusing & Designing**	**MODULE 3: Creating**	**MODULE 4: Implementing & Monitoring**	**MODULE 5: Evaluating & Replanning**

• Problem Tree
• People Analysis
• A Gender Perspective
• Context Analysis
• Matrix of Partners, Allies and Gatekeepers
• Your Draft Research Plan
	Strategy Outline including:
	• Summary of Your Analysis
	  ◦ Problem Statement
	  ◦ Research Needs
	  ◦ Desired Changes
	• Communication Strategy
	  ◦ Final Audience Segmentation
	  ◦ Obstacles
	  ◦ SMART Communication Objectives
	  ◦ Strategic Approach
	  ◦ Positioning
	  ◦ Key Content
	  ◦ Channels, Activities and Materials
	• Draft Implementation Plan
	• Draft Evaluation Plan
		• Inventory of Existing Materials
		• Creative Brief
		• Message Brief
		• Storyboard Outline
		• Stakeholder Review and Audience Pretest Checklists
		• Quality Messages and Materials Checklist
		• Draft Production Timeline
			• Project Staffing and Partnership Checklists
			• Gender Analysis Tools
			• SBCC Budgeting Tool
			• Plan for Additional Resources
			• Detailed Workplan
			• Monitoring Plan
				• Users and Uses of M&E Data
				• Research Design Sketch
				• Key Decisions Before Data Collection
				• Selecting M&E Indicators and Methods
				• Data Quality Checklist
				• Draft Analysis Plan

CHECKLIST: Ten SBCC Principles

Ten Principles of SBCC	Examples of this Principle in Action
✓ Principle #1: Follow a systematic approach	
✓ Principle #2: Use research (not assumptions) to drive your program	
✓ Principle #3: Consider the social context	
✓ Principle #4: Keep the focus on your audience/s	
✓ Principle #5: Use theories and models to guide decisions	
✓ Principle #6: Involve partners and communities throughout	
✓ Principle #7: Set realistic objectives and consider cost effectiveness	
✓ Principle #8: Use mutually –reinforcing channels, activities, and materials at many levels	
✓ Principle #9: Choose strategies which are motivational and action-oriented	
✓ Principle #10: Demand quality at every step	

Module 1: Understanding the Situation

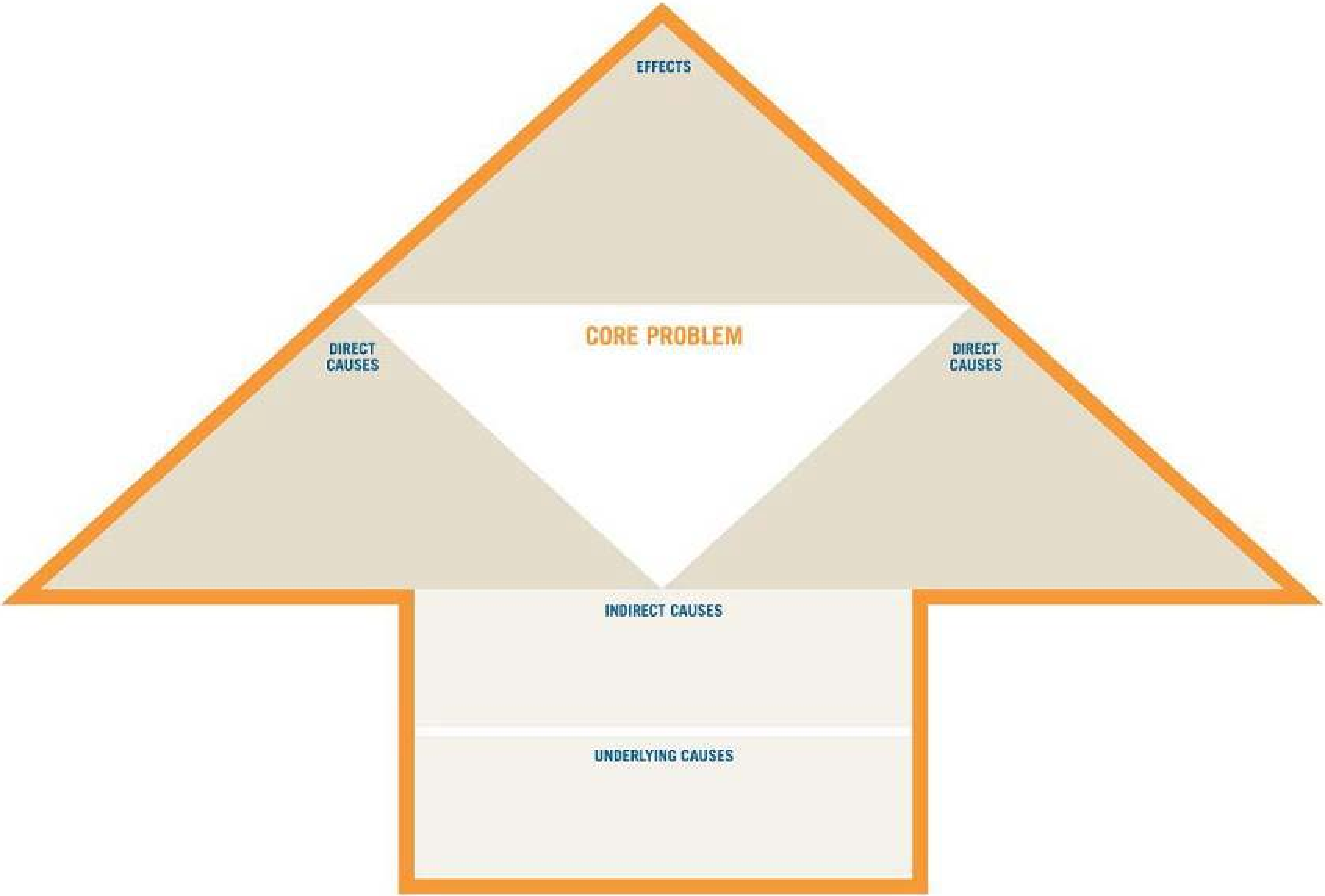
GRAPHIC: The First Step of a Planning Process for SBCC – Understanding the Situation

WORKSHEET: “Existing Research” Inventory

Directions: Fill in this “Existing Research” Inventory worksheet as a way to organize and review any data that you might have brought with you to this workshop.

Sources of Existing Research	Research Highlights
Census data • •	
Large surveys • •	
Research by government or other large organizations • •	
Research by local or small-scale organizations or programs (often unpublished) • •	

WORKSHEET: Problem Tree

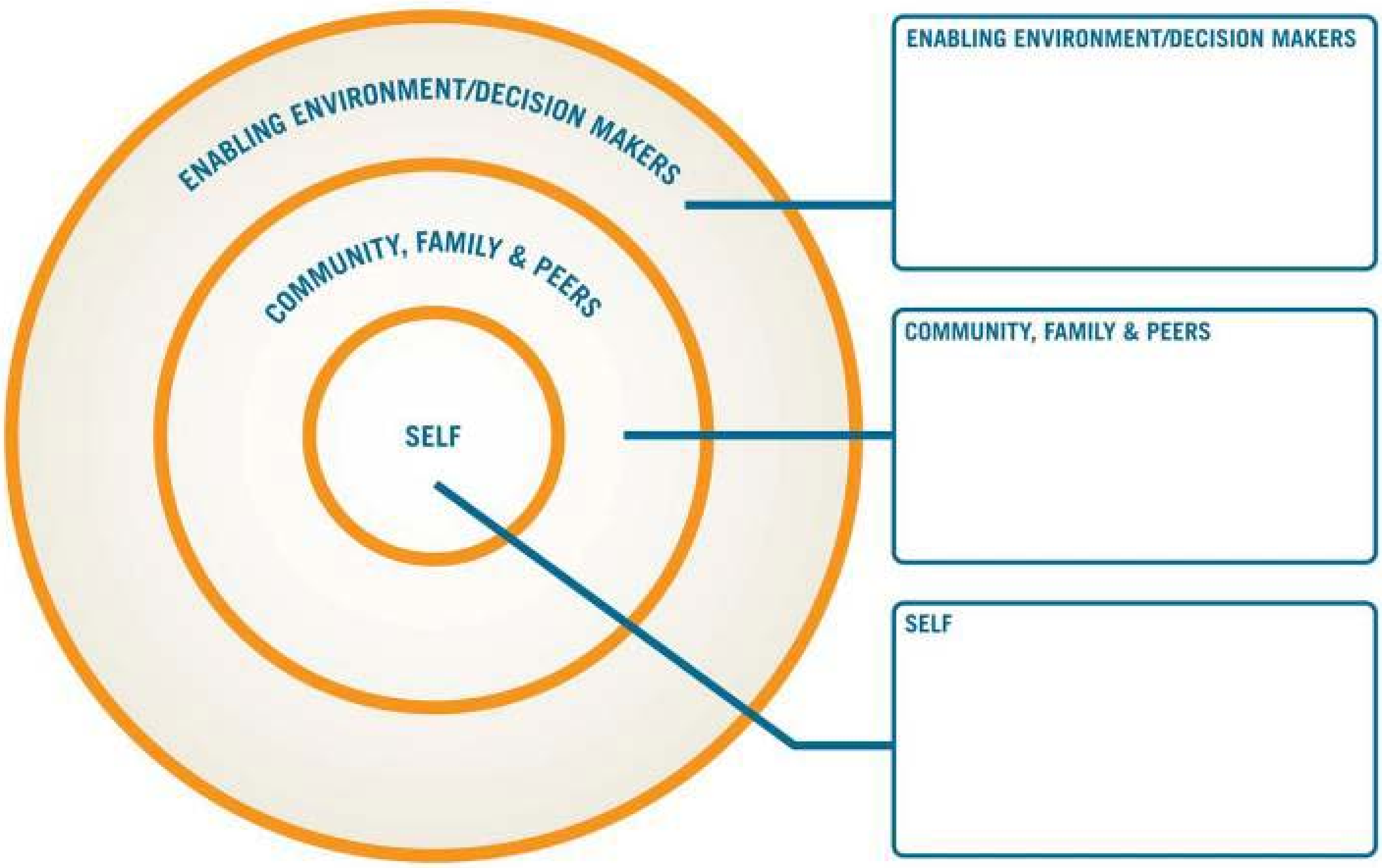


WORKSHEET: People Analysis

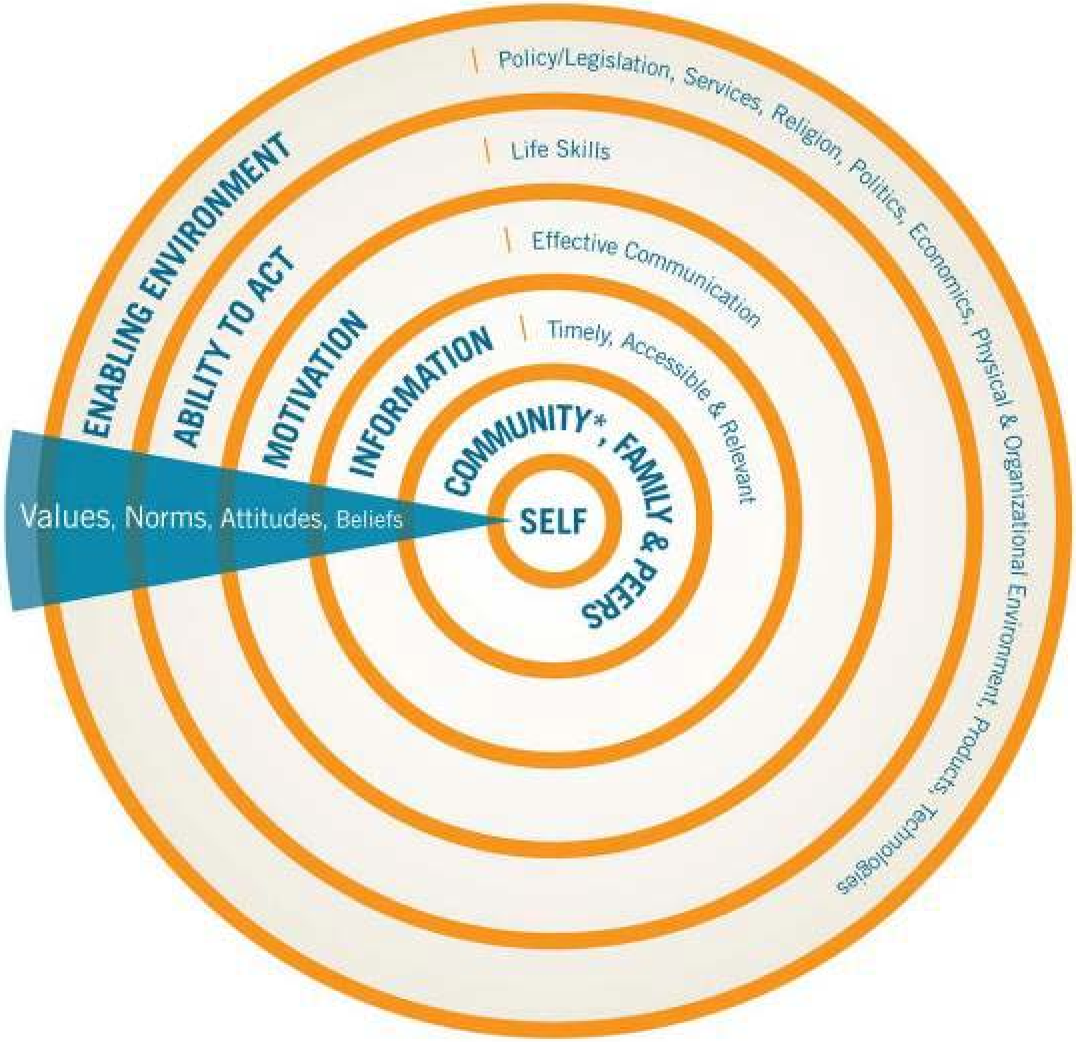
Directions: In the **center** is an individual (self). Ask yourself, "Who are the **people most directly affected by the health, environmental, or development issue?"** For example, this might be "young university women at risk of HIV."

In the **next ring**, ask yourself, "Who are the **people who have direct contact with the center individual and influence them?"** They may also be directly affected by the problem. This could include partners, health workers, and friends.

In the **last** "environmental" **ring** we are looking for the **people who indirectly influence the affected individual**. This could include journalists, policy makers, religious leaders, or health center directors.



GRAPHIC: A Socio-Ecological Model for Change

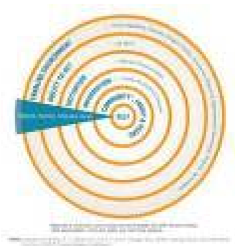


*Examples of community could include community leaders and other decision makers, faith-based leaders, community media, and community networks.

SOURCE: Adapted from McKee, N., E. Manoncourt, Chin S. Y. and R. Carnegie (Eds.) (2000) Involving People, Evolving Behavior, New York: UNICEF, Penang, Malaysia: Southbound

WORKSHEET: Context Analysis

Directions: Use this worksheet to note what you know or think you know about the people affected or involved in this situation. Place a question mark in the boxes where you would like to check out the research in order to fill in the table more confidently.

What we know about the PEOPLE	People directly affected	People directly influencing those who are affected	People indirectly influencing those who are affected
			
INFORMATION			
MOTIVATION			
ABILITY TO ACT			
ENABLING ENVIRONMENT Policy/legislation, services, religion, politics, economics, physical and organizational environment			
Values, Norms, Attitudes, Beliefs			

WORKSHEET: Matrix of Partners, Allies, and Gatekeepers

Potential Partners, Allies and Gatekeepers	Notes
Partners:	
Allies:	
Gatekeepers:	

GRAPHIC: Where Initial Research Fits into SBCC

WORKSHEET: Your Draft 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 **community needs assessment committee**[7].		
2. Decide what specific information you will want to collect – what **questions you want answered** – in order to better understand the situation you are addressing.		
3. Decide from whom you want to directly collect data -- **who will you want to talk with and where are they located**		
4. Decide on the **research methods** to best fit the situation and available resources. Draft Tools for data collection.		
5. Decide on the **timetable for data collection** 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		

[7] This committee should be made up of key stakeholders and gatekeepers who can guide your process, and include potential recipients of the services 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 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

WORKSHEET: Your Draft Research Plan (continued)

You have been asked to work in a sub-Saharan African country to promote male circumcision to help stop the spread of HIV. Before you can focus and design the program, you've conducted some research to better understand the situation. Complete the following steps of your research plan.

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

B) A sample of questions you'd 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?

Module 2: Focusing and Designing

GRAPHIC: The Second Step of a Planning Process for SBCC – Focusing & Designing

WORKSHEET: Problem Statement

Directions: Write a concise problem statement using your own program. Your problem statement should address: *What is happening? Where and when? To whom? With what effect? And as a result of what causes?*

Problem Statement:
Changes the Problem Calls For:

WORKSHEET: Audience Segmentation Table

Potential Audiences Name these using your analysis from Step one.		**Demographic issues** E.g., age, gender, education, income, marital status etc.	**Geographic or structural** E.g., urban or rural place of residence (or work), risk settings, border settings	**Socio-cultural** E.g., role in society religion, ethnicity.	**Psychosocial or Other** E.g., knowledge, attitudes and practices, readiness for change, values and beliefs, lifestyle
The people most directly affected by the problem					
The people who directly influence them, either positively or negatively					
The people who indirectly influence the first group by shaping social norms, influencing policy, or offer financial and logistical support					

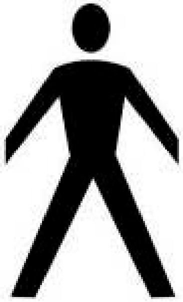
WORKSHEET: Audience Prioritization[8]

Potential audience segment	How many people are estimated to be in this group?	Does this group require specially prepared comm. approaches or materials?	How important is addressing this group to achieve the program goal?	How likely will they change within the timeframe of the program?	Does the program have the resources to address this group?	**Final Selection of Priority Audience Segments:**

Consider reaching certain audiences in phase one and others in a second phase to have more impact and to be able to mobilize resources

[8] Source: Adapted from: Sullivan et al 2003: A Field Guide to Designing a Health Communication Strategy.

WORKSHEET: Audience Profile



Directions: An audience profile is a way to get a personal sense of the people you aim to reach through your SBCC efforts. Focus first on your primary audience and think about all the things you know about them. Then, *draw a body outline* of a typical member of this audience and write a brief description of a single person as a composite of the group.

For example, you might describe his or her gender, age, occupation, literacy level, number of children, where s/he gets her information, how s/he reacts to situations and information, the things s/he cares about, or what s/he enjoys. You might write “a day in the life” of the person, as a way to capture what is most important about them. Keep your audience profile real and include as much detail as possible. Try to base your descriptions on data—not assumptions—to determine what you write. You’ll need an audience profile for each audience segment.[9]

[9] Adapted from A Field Guide to Designing a Health Communication Strategy (Editor to finalized references)

WORKSHEET: Matrix for Change

Please refer to the Introductory Module, Session 1 for an overview of the Treatment Action Campaign's work on HIV and AIDS in South Africa and the Introductory Module, Session 3 for an overview of C-Change's family planning program in Albania.

Directions: Use data as much as possible to examine real obstacles to change.

Audience Segment	Desired Change (Behavior, Social Norm, Policy, Service, Product or other Change)	Current Behavior, Social Norm, Policy, Service, Product or other	Socio-cultural or behavioral reason(s) why the audience is not doing it (Obstacles)
EXAMPLE: Older men 40+ in rural South Africa	Feeling confident to use condoms	Avoiding condoms	Fear of not being able to perform sexually; social norm among their age group is not to use condoms
EXAMPLE: Journalists who cover social issues in magazines, newspapers, radio, and TV in urban Albania	Improve the quality and increase the frequency of reporting on family planning and reproductive health issues	Avoiding the topic or writing articles based on misleading information, misconceptions, and/or stereotypes	Lack of educational training, awareness, and incentives for journalists to cover these issues

WORKSHEET: Social Mapping Exercise

ONE.

In each of your groups, take on the perspective of one audience segment [for the selected SBCC program].

TWO.

As a group, - with scissors, colored paper, and glue sticks – visually show the world of your audience segment using the Socio-Ecological Framework. Base your map on an understanding of their:

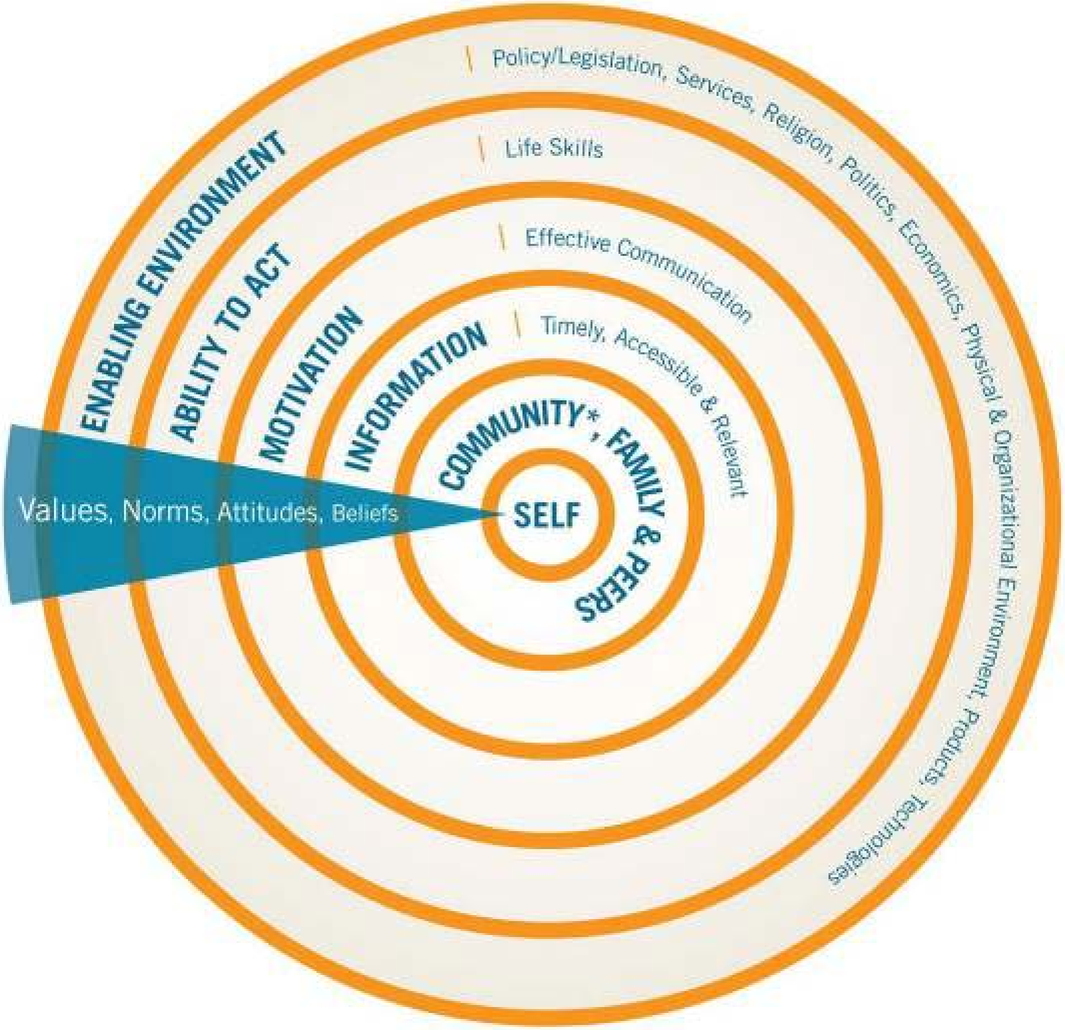
- hopes and fears,
- daily struggles,
- relationships,
- Living circumstances
- etc.

THREE.
Highlight what you see as obstacles to change.

- *Once the maps are complete, look at them to get more insights into obstacles or barriers.*
- *What opportunities do you see for people to overcome those obstacles?*
- *In what ways do you see the audiences contributing to each others' obstacles or opportunities?*

FOUR.
This depiction of the audience segments will be constantly referred to during the rest of the design workshop.

GRAPHIC: A Socio-Ecological Model for Change: A Lens Through Which to Understand Change and Obstacles to Change



*Examples of community could include community leaders and other decision makers, faith-based leaders, community media, and community networks.

SOURCE: Adapted from McKee, N., E. Manoncourt, Chin S. Y. and R. Carnegie (Eds.) (2000) Involving People, Evolving Behavior, New York: UNICEF, Penang, Malaysia: Southbound

WORKSHEET: SMART Communication Objectives

Communication objectives clarify:

- ***Which specific policies, services, social norms and/or behaviors (knowledge, attitudes, skills, practices) will you address per audience?***
- *What exactly do you want your intended audiences to (know, feel or do) in response to exposure to your activities and materials?*

Your communication objectives will be used in many ways from here on out in the SBCC process. For example, they are used to select indicators to monitor your progress, and to evaluate outcome. Aim for SMART Objectives by checking each one against these criteria:

(S) Specific ~ *Does the objective specify what it aims to achieve? Does it cover only one rather than multiple activities?*
(M) Measurable ~ *Can it be measured or counted in some way?*
(A) Achievable ~ *Is the objective actually doable? Can we attain it?*
(R) Realistic ~ *Can you realistically achieve the objectives with the resources you have?*
(T) Time-bound~ *Does the objective indicate when it will be achieved?*

Audience Segment	Key Obstacle	Four SMART Communication Objectives for Your Program: (*Make sure that each objective is specific to one of your prioritized audience segments!)
EXAMPLE: University students in Tirana	Low awareness of modern contraceptive methods (MCM) , so they are not able to make informed decisions about how best to meet their reproductive health needs	By the end of the intervention, there will be an increase in the number of: • Master Trainers who are trained in peer education by 10 trainers • Students who are trained as peer educators by 30 • Peer educators who are supported weekly by supervision • Students who are reached by peer educators (10 – 12 students per peer educator per week)

TIPS:
- Many programs do not yet have baseline data yet (we address this soon) so you may not be able to make them measurable. Settle for SART objectives.
- For communication to have impact, communication objectives needs to address key obstacles for change and not just be a reflection of a desired behavior
- Look and see if you have objectives related to advocacy, social mobilization and/ or BCC. *Are you putting the emphasis where it ought to be?*

WORKSHEET: Strategic Approach

Directions: Your strategic approach is the combination of strategies that you will use to achieve the named communication objectives. It reflects how these strategies will work together to produce the biggest bang for your buck! Use your strategic approach statement to recognize any flaws in your creative thinking, and to briefly explain your approach to others as the program unfolds.

Our strategic approach is to…
Because…

WORKSHEET: Positioning

Positioning creates a memorable cue for the audience to recognize programmatic activities as part of an overall campaign or program. It helps them to know why they should adopt a certain policy, idea, value, or behavior and why they should advocate for it to others. Notice in the Albania example above below, how FP is positioned as a way to enjoy love-making. Positioning provides direction for your logo, slogan, or overall message design; you need to make sure you get it right!

You can use this short checklist to make sure yours is on track.

A Short Positioning Checklist[10]:

- ☐ Does it resonate with the audience? Will it still resonate overtime?
- ☐ Is it different from the competition?
- ☐ Does it represent something better or different that the known alternative?
- ☐ Does it provide a benefit that is worth the cost or effort? Can the program deliver the promise/benefit?
- ☐ Other:

Our positioning statement is…

[10] Adapted from Piotrow, Kincaid, Rimon, and Rinehart, 1997

WORKSHEET: Strategies and Channels

Think creatively about how to support your strategies through a variety of channels. As suggested by the table below, the possibilities are endless. The next worksheets help you to prioritize channels based on their relative advantages, as well as audience preferences and lifestyles.

Strategies and Channels	**Advocacy**	**Social Mobilization**	**BCC**
Mass Media Radio and TV spots, celebrity testimonies, serial dramas, game shows, newspaper articles, posters, brochures, etc.	E.g., e-mail and letter campaign to the Minister of Health	E.g., call for new civil society network partners in the newspaper	E.g., radio soap opera with call in program and brochures
Interpersonal Communication Peer education, provider client communication, counseling, telephone hotlines, etc.	E.g. series of site visits with leaders and politicians	E.g., Coalition building meetings	E.g., peer education for HIV treatment adherence
Community Mobilization Community dialogues, rallies, stop-and go-drama, road shows, risk mapping, etc.	E.g., rallies in front of the parliament	E.g., Community dialogues	E.g., road shows featuring a game show addressing couples

- Use a combination of channels that mutually support each other. For example, use mass media to highlight effective community dialogue and how it was done. Mutually supportive means to build in repetition of your messages throughout various media and build in possibilities that your audience can ask questions or tell you what they think about your activities.

- Make sure that people recognize all of your activities as coming from one place that helps to remember them better (logo).

- Invest wisely for sufficient repetition; that means if you are investing in communication, you should make sure that you activities are broadcast more than ones and reach your audiences not only once but repeatedly.

- Make sure cascading models and peer education have enough supervision and follow-on to be effective. Trainings often take more than 3 days to be effective and can't just be replicated elsewhere without application. Peer education programs often sound like a quick and cheap way of "using" volunteers. Experience has shown, that volunteers need to be continuously motivated.

- Less is more that is to say, quality pays off in communication. It is better to do something well as to have many different activities that people don't remember because they were not implemented well

WORKSHEET: Deciding on the Right Channel Mix

	Channel Examples	Benefits	Cost and Effort Estimates
INTERPERSONAL	• One-to-one communication, such as provider-to-client, peer-to-peer, and partner-to-partner exchanges • Social networks • Training and skills-building activities in small groups	• Tailored communication • Interactive • Able to unpack complex information • Provides personalized assistance • Can build behavioral skills • increase self-efficacy • Can increase intentions to act	Interpersonal communication activities even though they are not expensive are not one-off investments but need to be continuously supported by supervision and incentives to keep up the quality of the intervention.
COMMUNITY-BASED	• Bulletin boards • Community meetings • Parent-teacher meetings • Church bulletin boards, posters, drama groups, cultural events, etc.	• Can stimulate community dialogue • Can motivate collective solutions • Provides social support • Can increase intentions to act • Provides feedback to broader community	Community based activities do not have to be expensive, especially if project ownership by the community taps into existing community resources and strength. However their reach needs to be well planned and possibly linked with mass media to be able to implement at an effective scale.
MASS MEDIA	• Television, radio, newspapers, billboards, transit advertising, etc.	• Extensive reach • Efficient & consistent repetition of message	Mass media are expensive but compared to the number of people they can reach at once, cost per person reached can be just a couple of cents.

Factors that influence the choice of communication channels[11]

- **Complexity of the issue**: While IPC/C is the most appropriate and effective communication for many situations, it is also the most labour and cost intensive one.
- **Sensitivity of the issue**: Highly sensitive issues may not lend themselves to the use of mass media.
- **Literacy:** Low lit levels rule out print materials with extensive text
- **Desired reach:** Programs aiming at national or regional coverage often use mass media
- **Prevailing social norms:** Countries differ greatly in their openness and willingness to address sexual issues. Many countries had constraints at airing condom messages.
- **Media habits and preferences of intended audiences**: formative research needs to give answers to the question of access and habits in order to tailor programming to preferred listening times, favourites stations, programs and media ownership
- **Cost:** Cost of the many available communication channels and their combination vary by type and also by country. It is clearly a determining factor for strategy.

[11] From McKee, Bertrand and Becker-Benton (2004)

WORKSHEET: Channel Selection[12]

Directions: Step 1. Focus on one of your audience segments at a time
Step 2. Map out *their* typical day in the left hand columns
Step 3. Decide the best time and/or location to reach *this audience segment*
Step 4. Choose one or more channels that best suit *this audience segment's* lifestyle and preferences. Make sure the channels lend themselves to the key content you plan to convey through the channels.

For Audience Segment: ____

Time of Day	Location	Channel	Final Decisions
Early morning			
Mid-morning			
Midday			
Early afternoon			
Late afternoon			
Early evening			
Dinner			
Special events			
Seasonal events			

[12] Source: Adapted from: Sullivan et al 2003: A Field Guide to Designing a Health Communication Strategy.

WORKSHEET: Materials and Activities

Directions: Once you have your possible communication channels, you can see how you want to prioritize resources in the development of a manageable set of materials and activities.

1. Refer to the table summarizing examples, benefits and characteristics of these different channels, as well as timing and location.
2. In the space below, draft the key content you plan to communicate to each audience through each channel.
3. Check that these channels lend themselves to that content.
4. With audiences and resources in mind, draft a complete list of the materials and activities you are planning for each audience, through each channel.

	Final Channel Selection (by Audience)	Materials/activities we plan to use:	Key content we plan to communicate through each channel:
Interpersonal			
Community-based			
Mass Media			

WORKSHEET: Scenario to Create an Environment of Change

A good way to check your work so far is to imagine a scenario – at some point in the future – in which your strategic approach, position, and channel mix are reaching an audience member. Describe here what the scenario might look like, sound like, and feel like for that person. *What seems like it would work well in this scenario? What could be improved?*

WORKSHEET: Draft Implementation Plan

Note: This draft plan will become a detailed workplan in Module 4

Objective #1:	Implementers (including partners)	Resources	Timeline
Material or Activity:			
Material or Activity:			
Material or Activity:			
Objective #2:			
Material or Activity:			
Material or Activity:			
Material or Activity:			
Objective #3:			
Material or Activity:			
Material or Activity:			
Material or Activity:			

GRAPHIC: Where M&E Fits into SBCC

This graphic shows that in order to set your program up well for M&E, it is wise to draft a plan now, and to consider collecting baseline data. The baseline data is used for comparison to your outcome data in Module 5.

By thinking through your approach to monitor and evaluate your SBCC efforts (M&E) now, you will make sure to allocate sufficient funds to these activities, and to work them into your timeline and staffing plans.

Module 3: Creating

GRAPHIC: The Third Step of a Planning Process for SBCC – Creating

WORKSHEET: Research Gaps

Effective SBCC materials and activities are based on analysis and strategic design.

Take a moment now to reflect back on your:

- situation analysis (guidelines and tools are provided in module one of this course); and
- strategic design (guidelines and tools are provided in module two of this course).

We are always continuing to understand the context and continuing to refine our strategic outline.

What else do you need to know in order to effectively create materials and activities now?

Check your understanding of the following:

- What the audience/s already knows about the issue
- What could motivate them to act
- What skills they would need to act
- Prevailing norms, attitudes, and beliefs that place them at risk
- Barriers to their knowledge and practice of change
- Concerns that inhibit action
- Learning styles and media preferences
- Literacy and language abilities

Qualitative research methods like in-depth individual interviews, informal group discussions, focus group discussions (FGDs) and Action Media Workshops (used to develop material within the context of your audience) are useful ways of informing Step Three of the Planning Process: Creating!

WORKSHEET: Inventory of Existing Materials

One of the greatest inefficiencies in the world of SBCC is, arguably, the lack of time we invest in identifying materials and activities which have already been developed by other programs which we may be able to adapt. Such an inventory can save enormous amounts of time and money, and can help us put our resources to good use by complementing, rather than recreating, what is out there already.

Directions: Step 1. Refer back to the table you created "Channel Mix"
Step 2. In the space below, jot down the names or sources of any materials/activities which you know about or have heard of. Also jot down a brief plan for searching (through the phone, internet or personal connections) the existence of any other relevant materials/activities.
Step 3. Consider the ways in which you might adapt or complement what you find.

	Materials/activities developed in the past:	**Ways in which we might adapt or complement what is already developed.**
Interpersonal		
Community-based		
Mass Media		

GRAPHIC: Creative Brief Template

1. Aim, Audience and Objective	• Overall Aim of the Material or Activity • Selected Audience/s • Desired Changes • Obstacles/Barriers • Communication Objectives
2. Promise, Support, and Call to Action	• The Key Promise • The Support Statement • A Call to Action
3. Key Content and Tone	• Key Content to communicate in this material • Tone for this material
4. How this Material or Activity Fits the Mix	• How this material complements, or is supported by other materials or activities in the mix. • Other creative considerations

WORKSHEET: Creative Brief

1. Aim, Audience(s) and Objective: This part of the creative brief can be pulled from your strategy outline where you named audiences, considered the obstacles they face, and developed communication objectives.

Overall Aim of the Communication

- What are you trying to achieve with this material or activity? And how is this related to the overall goal of the program?

Selected Audiences (Primary, secondary and tertiary audiences):

- Primary: The people most directly affected by the problem
- Secondary: The people who directly influence them, either positively or negatively
- Tertiary: The people who indirectly influence the first group by shaping social norms, influencing policy, or offer financial and logistical support

Desired Changes

- What do you want the audience to change (e.g., know, feel, do) after experiencing your communication?

Obstacles/Barriers

- Why are people not doing what they should be doing in your mind?
- Would they if they only knew better? Or is something else missing to enable them to do that?
- Select one key constraint to adopting the desired change

Communication Objective

Addresses the key constraint for the desired change. For example:

After the next VCT day, there will be an increase in the proportion of __________ (audience) who __________ (know, feel, do, etc.).

WORKSHEET CONTINUED: Creative Brief

2. Promise, Support, and Call to Action: This part of the creative brief helps you construct a meaningful message for your audience. It requires some new thinking on your part but is greatly informed by audience profiling and social mapping (Step Two). Take the audience's point of view in order to identify a promise they care about, build a support statement for that promise, and name an action they can take now.

TIP: ***The key promise and support statement are not necessarily what will be said in a poster, brochure or radio spot. It is the instruction or brief for writers, designers and producers that will guide them in their design and development of messages.***

The Key Promise is the most compelling benefit the target audience will receive by taking the desired action. It should represent a:

- Subjective experience in your audience's mind (not necessarily in the public health mind)
- Reward in (near) future
- Be truthful and relevant to you audience

For example: If you feel comfortable with condoms, you will be considered a great lover.

The Support Statement convinces the audience they will actually experience the benefit. It should provide reasons why the key promise outweighs the key constraint**. The support statement often becomes the message.**

For example: Because a good lover knows his equipment

A Call to Action should tell your audience what you want people to do or where to go to use the new product? E.g., for more information, call the hotline at….

How to develop the Key Promise: Select ONE single, subjective benefit that the audience will experience upon following your communication objectives. Use the following formula: *If you do (communication objective)* _____________ *you will benefit by (key promise)*____________

How to develop the Support Statement: Include the reasons why the key promise outweighs the key constraint. These often become the key messages. Continue the sentence from above: Key Promise & Support Statement & Call to Action: *Because (support statement)* ____________.

WORKSHEET CONTINUED: Creative Brief

3. Key Content and Tone: This third part of the creative brief also draws on your strategy outline; content is partially defined.

Key Content

Give key content bullet points grouped in the order it should appear in the material.

At this step it is useful to develop key content bullet points for each audience grouped in the order it should appear in the material. Ask yourself: **What is relevant to your audience** in order to achieve the communication objective you formulated to achieve change?

Consider finding out more through a simple focus group discussion how they see the issue. Questions could include:

- **What appeals** to the target audience?
- **What do members** of the target audience **want**?
- **What draws them** to action?
- **What are their information needs?**
- **What strengths and resources do audience members have** that can be considered in creating concepts?

Again, you want to develop material formats and content as much as possible together with your audience.

Tone

We can present key content in different ways. What feeling or personality should your communication have? E.g., Warm, funny, surprising, innovative, traditional etc., or a combination thereof. Examples of different tones are humorous, logical, emotional, twist, contrast, ridiculous, visual, surprise, positive, comic.

Note: Tone relates to the position you chose for your whole strategy but tone is specific to each material or activity, depending on the audience segment, the message, and the context in which it will be used.

WORKSHEET CONTINUED: Creative Brief

4. How It Fits the Mix (and other Creative Considerations): This final part of your creative brief provides the bigger context in which the material or activity will reach your audience. Here you note the way in which this material or activity relates to others you are creating. Here, you also make note of anything else you feel is important to keep in mind when creating, producing, or distributing this communication product.

Media Mix/Activities

Here you need to give details on number and type of materials and activities that are planned to reach your audience. Also mention how your new material fits to the rest of other materials or activities in the mix, justify the chosen channel and decide how you want to focus on either or a combination of reach or frequency in order to reach your audience:

- Reach: Number or percentage of defined audience segment that will be exposed to a message at least once. Do you rather want to reach a big group of people right away?
- Frequency: Average no of times that one person is exposed to a message (helps ensure message penetration). And/or do you want to reach a potentially smaller group with a certain intensity for the same amount of money?

Openings and Creative Consideration

Openings: What opportunities, e.g., times and places exist for reaching the audiences? E.g., market day, World AIDS day….

Creative Considerations: Anything else the creative people need to know? Will it be in more than one language? Literacy level? Style? Illustration type? Etc.

- How many local languages are needed
- What are the reading levels of your audiences

Anything particular on style, layout or visuals? (See checklists)

WORKSHEET: Analyzing Examples of SBCC Materials

What would you guess is in the creative brief for this material?

Aim, Audience and Objective:
Promise, Support, and Call to Action:
Key Content and Tone:
Other:

CHECKLIST: Basic Principles of Message Development[13]

1. **Keep it simple:**

   - ✓ Easy to grasp
   - ✓ Short and uncluttered
   - ✓ Define key terms that may sound like jargon, ex: sustainable development

2. **Know (and involve) your audience (early on):**

   - ✓ Knowledge (is there a startling fact that might cause the audience to rethink their position or move to action?)
   - ✓ Values, norms, and beliefs (address values most important to your audience)
   - ✓ Needs and priorities (what does your audience care deeply about or fear?)

3. **Invite the audience to "fill in the blank" and reach your conclusion on their own:**

   - ✓ Hold back from including every detail
   - ✓ Allow the audience to use their own thought processes and thus to take ownership of the message

4. **Present a solution:**

   - ✓ People are more responsive if solutions are the focus versus focusing on the problem's cause

[13] Source: Institute for Sustainable Communities. Advocacy & Leadership Center

WORKSHEET: Full Message Brief

Example:

The key issue we want our messages to address	**Risk of HIV-infection in early marriage**
Message key promise that we want our messages to deliver	If you talk to your daughter about marriage and HIV testing, you will help her to protect herself from HIV infection.
Message support statement or the reason to believe the promise	Because then you have really done all you can to raise her well
The competition for the message'	Social norms about early marriage, media message about romantic love, stigma about testing and condom use in marriage
The statement of the ultimate and lasting impression that the audience ideally will have after hearing or seeing the message	Getting tested is the ultimate gesture of love for each other. I love you so much I'll make sure you are always protected
The desired user profile – how the intended audience perceives someone who uses the product or service being promoted	As a person true to him or herself and others
The key message points that will be included in all communication delivered by the partners' implementing the strategy	Testing before marriage is life saving, early marriage needs to be re-considered, condom use is protection from the heart

Full Message Brief Template

The key issue or fact that we want our messages to address	
The promise, or single most important benefit that we want our messages to deliver	
The support or the reason to believe the promise	
The competition for the message'	
The statement of the ultimate and lasting impression that the audience ideally will have after hearing or seeing the message	
The desired user profile – how the intended audience perceives someone who uses the product or service being promoted	
The key message points that will be included in all communication delivered by the partners' implementing the strategy	

CHECKLIST: Drafting Materials

Organize copy

- ✓ Important points first and last
- ✓ Information chunks with clear format
- ✓ Sequencing in chronological steps or by topic
- ✓ Summary or action steps at the end

Cut back on copy

- ✓ Focus on communication objective when in doubt.
- ✓ "Does the reader need this statement or fact to understand, accept, and take the desired action?"
- ✓ For tough decisions: Pretesting

Check your reading levels

- ✓ Count the syllables. The longer the word, the more difficult to understand
- ✓ E.g., differentiate = distinguish
- ✓ The longer the sentence the harder to understand.
- ✓ Active voice is easier.
- ✓ Some people may try to impress their audience with their command of the language. Is that needed?

✓ Pretest (more on that coming up!)

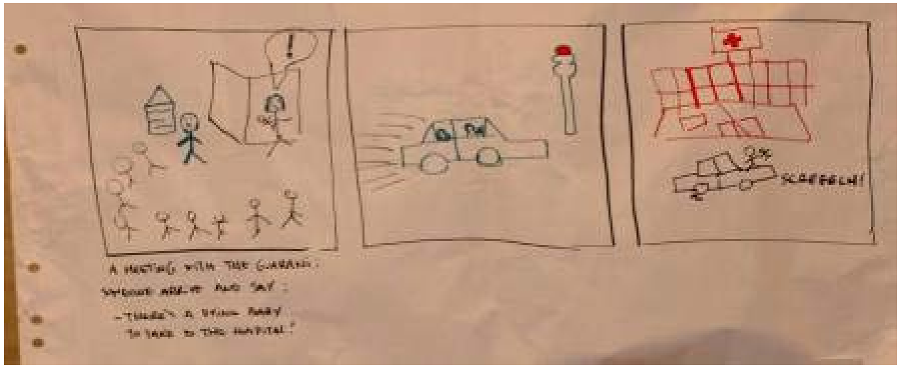
WORKSHEET: Storyboard Outline

This worksheet is to help your team think through the flow of a story told within one of your communication products. For example, you might use it to sketch out your ideas for a radio show, or a print material. You can use photos or simple sketches to show what happens at each step of the way. This storyboard can be reviewed or pretested so that you get input on your ideas before investing any more time or money.

Beginning: *Climax:* *Resolution:*

Describe in a few words what happens under each picture you have drawn

Example storyboard:



CHECKLIST: Stakeholder Review

- Involve reviewers at concept development stage to avoid surprises.
- Educate reviewers clearly about the purpose of the material or activity using a CREATIVE BRIEF
- With your reviewers, make sure that all simplified explanations are accurate
- If you conduct this review before the pretest, be careful not to make too many changes before the audience can give their input;
- If you conduct this review after the pretest, share the results of your audience pretest with reviewers to include the audience's perspective before any changes are made;
- Work personally with the reviewers. If a suggested change is inappropriate, discuss both of your concerns and work towards a solution.

Note: In many countries, health materials require approval of your Ministry of Health representatives, as well as funders. This is the time to clarify where the MOH logo of the funders logo needs to appear on the material of activity, and where to get a high resolution file of that logo to share it e.g., with your printer. Or for radio spots, how exactly you need to quote both of those agencies and in which order.

CHECKLIST: Audience Pretest [14]

- Make sure your pretest respondents are representative of the audience you intend to reach with that material or activity. And, make sure they have not been involved in the type of message/ material development you are testing.
- Decide whether group discussions and/or individual interviews are best for your pretest.
- When working with low-literate audiences, take special care to "distance" yourself from what you are testing to avoid their concern about offending you with negative reactions.
- Give only one message or material at a time so respondents can focus/ concentrate (but you can test several drafts in several sessions on the same day).
- Try to set all your expectations aside when you listen to audience members or review the findings of pretest done by others. Hear what they are really saying and decide what it means for your final messages/ materials/ activities.
- Remember that pretest results are not a blueprint for revisions (especially if changes are requested by only one or two of your pretest members) - the solutions are up to you.

[14] For more pretest tips see the following pages, and visit: see www.cancer.gov/aboutnci

WORKSHEET: Pretesting Guidelines

Ideally, you want to develop the materials together with the audience as much as possible to understand how they make meaning of your information. At a minimum, and depending on the budget, you can hold a concept testing to decide on the big ideas, a stakeholder review to assure accuracy and acceptance and repeated pretesting of the material to assess its effectiveness and further revise or refine the materials until the material is accepted and understood by the audience. Pretesting allows planners to avoid costly mistakes while building social support for the communications intervention, not only among the intended audience but among authorities responsible for approving use of resources. It is not a step to be overlooked or taken lightly. Pretesting focuses on five areas of assessment:

- **Comprehension:** Is the content of the material clearly understood in the context of your audience? Is the visual presentation clear?
- **Attractiveness:** Does the material capture the audience's attention in a positive way?
- **Acceptance:** Is the content and presentation accepted as relevant to the audience?
- **Involvement:** Does the audience identify with the materials? Do they feel it 'speaks' to them and their experiences?
- **Inducing Action:** Does the material make the audience think about change? Does it induce them to find more information or services?

PRETESTING TIPS[15]

How to Conduct Pretests

- Before you pretest, develop a pretesting design including how many audience members you intend to interview and in which geographic areas or how many groups your want to hold. Also develop an outline of your questions and how to capture the information you'll receive. You will need a skilled moderator and a note taker for each group.
- Pretesting may be conducted through interviews or FGDs. Individual interviews are recommended for low-literacy audiences. Group interviews and FGDs are only recommended for individuals who are not likely to be influenced by other members of the group (e.g. women are influenced by men, younger people by older people; therefore keep groups homogeneous). Also, very personal issues may not be openly discussed in a group.
- During moderation, assure participants that you want their honest assessment. Also make sure participants understand that they are not being tested, the materials are (this is especially important for low literacy audiences)[16].
- Choose people to recruit and interview pretest participants who are culturally sensitive and who have good social skills. Unless potential participants feel at ease with the interviewing staff, they may not really give their opinions).

How to interpret pretesting results

- Pretest participants are "experts" in what they can understand and accept in a material but not in materials' design. Therefore, not all suggestions should be followed without professional judgment.
- Most of the time, simple revisions can "fix" problems uncovered. You should start over when the majority of responses indicate fundamental problems.
- How fundamental problems are depends a bit on how many times they have been mentioned; which does not mean you can use focus groups "numbers" to justify decisions as it is not a quantitative method.
- Rather than relying only on the pretest report only, it often helps to get involved in the pretesting design or the pretesting exercise itself.

[15] *Adapted from http://www.cancer.gov/aboutnci/oc/clear-and-simple/page6/print?page=&keyword=*

[16] For more advice on low literacy pretesting, see: http://www.cancer.gov/aboutnci/oc/clear-and-simple/page6/print?page=&keyword=

CHECKLIST: Quality Messages and Materials[17]

How to use this tool: This checklist can help program managers gauge whether audiences will understand, accept, and respond to proposed messages and materials. **Many answers to the checklist questions come from stakeholder review, and pretesting with audiences.**

Are messages accurate?

☐ Experts reviewed program messages to ensure they are scientifically accurate.

Are messages and materials consistent?

☐ All messages in all materials and activities reinforce each other and follow the strategy outline.

☐ There is a single graphic identity: Print materials use the same or compatible colors, types of illustrations, and typefaces. All materials include the program's logo or theme, if applicable.

Are messages clear?

☐ Messages are simple and contain as few scientific and technical terms as possible.

☐ Messages state explicitly the action that audiences should take.

☐ Visual aids such as photographs reinforce messages to help the audience understand and remember the messages.

Are messages and materials relevant to the audience?

☐ Messages state benefits of the recommended behavior that the audience will value. For example, psychological benefit ("you will feel more in control"), altruistic ("spacing pregnancies is healthier for your wife and children"), economic ("have just a few children, and you can educate them all"), or social ("condom users are cool").

☐ Presentation style of messages is appropriate to the audience's preferences. For example, rational versus emotional approach, serious versus light tone.

☐ Messages keep in mind regional differences, ranging from the language and dress of people portrayed in materials to the organization of health care delivery.

Are communication channels credible?

☐ The source of information is credible with the audience— for example, doctors or opinion leaders.

☐ Celebrity spokespeople are carefully selected. Celebrities should be directly associated with the message and practice the desired health habit—for example, an athlete promotes exercise.

Are messages and materials appealing?

☐ Messages stand out and draw the audience's attention.

[17] Sources: Editor to finalize: CCP: Info 3-pager…… and Kols 2007 (12), National Cancer Institute 2001 (13), Population Communication Services 2003 (16), and Younger et al. 2001 (27)

- [ ] Materials and activities are of high quality

Are messages and materials sensitive to gender differences?

- [ ] Messages do not reinforce inequitable gender roles or stereotypes.
- [ ] Messages and materials include positive role models.
- [ ] Messages, materials, and activities are appropriate for the needs and circumstances of both women and men. In particular, they consider differences in workload, access to information and services, and mobility.

EXAMPLE: Draft Production Timeline

Creating, Drafting, Testing, and Revising Print and Radio Materials

Steps	**Sample of days needed for Print, audio visual or other materials**	**Your Draft Timeline**
Creative Brief	3 days (including review)	
Draft Concept Development	7 days (audience participation)	
Concept testing	2 days (audience participation)	
Text drafting	5 days	
Visual/sound drafting	4 days	
Stake holder review	7 days	
Pretesting	7 days	
Final revisions	3 days	
Approvals	7 days	
Getting competitive production bids	5 days	
Discussion with producer	2 days	
Making sure files are compatible, getting print proofs	1 day	
Monitoring production	2 days (printers usually want 2 weeks time to get the job done)	
Distribution/broadcasting plan	1 day	
Distribution monitoring		
Total	***61 days (2 months)***	

Module 4: Implementing & Monitoring

WORKSHEET: Quality in SBCC[18]

Five Tips to Strengthen the Implementation of SBCC Programs:

1. Involve audience participation at every step;
2. Learn from those who are doing the work;
3. Encourage initiative and resourcefulness among staff;
4. Demonstrate management's commitment by constantly seeking excellence in design, production processes and services, not just in products; and,
5. Consistently seek quality solutions, which are often not the cheapest option.

Four Tips to Improve Work Systems:

1. Critically review the tasks at hand and how the team tries to accomplish them;
2. Assess how tasks and work systems fit with each other;
3. Clarify responsibilities and strengthen links across teams;
4. Focus on increasing capacity, rather than only outputs.

[18] Adapted from Ben Lozare, leadership text – full source ??)

GRAPHIC: The Fourth Step of a Planning Process for SBCC – Implementing & Monitoring

WORKSHEET: Quality in SBCC[19]

Five Tips to Strengthen the Implementation of SBCC Programs:

1. Involve audience participation at every step;
2. Learn from those who are doing the work;
3. Encourage initiative and resourcefulness among staff;
4. Demonstrate management's commitment by constantly seeking excellence in design, production processes and services, not just in products; and,
5. Consistently seek quality solutions, which are often not the cheapest option.

Four Tips to Improve Work Systems:

1. Critically review the tasks at hand and how the team tries to accomplish them;
2. Assess how tasks and work systems fit with each other;
3. Clarify responsibilities and strengthen links across teams;
4. Focus on increasing capacity, rather than only outputs.

[19] Adapted from Ben Lozare, leadership text – full source ??)

WORKSHEET: Project Staffing Plan Checklist [20]

	Yes	No	Remarks
Does the project team include people with previous experience of this type of program? (e.g., do you have people who have been trained on SBCC on staff?)			
Have team roles been assigned effectively relative to the size of the project (e.g., on a large project, roles should be staffed on a full time basis; on a small project team members should be flexible, responsive, and have the right mix of skills to perform several roles in the team)?			
Does the project have adequately skilled staff for the chosen strategic approach of the project? (e.g., if you focus on community mobilization or advocacy, do you have the right skill set in your team?)			
Is there a good mix of experienced and more junior skills?			
Were the skill requirements for the project mapped and compared with the actual skill levels of staff, to identify shortfalls and training needs? (E.g., is the mix between experience and junior skills appropriate, is there backup for key personnel, and are people with the right skills brought in at the right time?)			
Has adequate attention been given to the way the gender balance within the work team reflects the gender balance of the SBCC audience/s?			
Other:			

[20] Adapted from http://it.toolbox.com/blogs/enterprise-solutions/project-staffing-plan-checklist-25337

WORKSHEET: SBCC Coordination

Often SBCC programs have a specific person in charge of coordinating SBCC. Whether “technical staff,” “SBCC programmer” or “SBCC officer” this is a person who is responsible for coordinating and facilitating all things SBCC. Samples of tasks for the SBCC coordinator are listed below.

Edit these to clarify you own team’s vision of what is needed for effective SBCC coordination.

- Link with SBCC process partners: government organizations, NGOs, and vendors
- Oversee the steps of the SBCC process
- Report on the progress and challenges faced in the SBCC process
- Select and oversee researcher(s) at various stages of the SBCC process
- Ensure that the strategic outline is used to guide strategic decisions
- Prepare preliminary and final creative briefs for communication experts
- Select and oversee local communication experts, such as graphic designers, writers, advertising/ marketing/ PR agencies, theater directors, etc.
- Identify and organize (as needed) capacity-building events/training
- Oversee the development of SBCC materials and activities, in line with the overall strategy
- Identify and stay connected to stakeholders who can support your program
- Oversee all program monitoring and evaluation

Qualities of the SBCC Coordinator. This person should understand and preferably have gone through the entire SBCC planning process at least once. The SBCC coordinator may be a communication generalist, or someone who has specific experience in some areas. Either way, the coordinator should understand “the big picture” of SBCC strategy development and implementation, and should be effective at facilitating consensus, liaising, supporting and at time directing the variety of players involved, from stakeholders to communication experts, to researchers, to implementing partners, clinical providers and commodities specialists.

CHECKLIST: Successful Partnerships in SBCC

To keep partners and donors involved[21]:

- ☐ Periodically call to find out how your partners' work is progressing. Offer to help when appropriate, congratulate them on their accomplishments, and show an interest in them that mirrors the interest you hope they take in your program.
- ☐ Involve them whenever it is reasonable (and they are interested) in your activities, such as work planning, special events or process evaluation.
- ☐ Give them regular updates on the program. Some organizations formalize this task by sending out newsletters or reports. Others handle it informally through calls, meetings, or letters.
- ☐ Tell partners about any changes in program activities that may impact their organization.
- ☐ Give them credit in your news releases and other publicity. If you generate a story that mentions them, send them a copy.
- ☐ Share new materials and information (e.g., about breaking stories relevant to their organization).
- ☐ Notify them of program results, whether positive or negative.
- ☐ Share feedback from your process evaluation.
- ☐ Explore opportunities for further collaboration.
- ☐ Continually check in about mechanisms for communicating/ working together;
- ☐ Decide together how to measure accomplishments;
- ☐ Set criteria or guidelines to indicate it is time to complete the partnership

---

[21] Adapted from: Making Health Communication Programs Work, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, Public Health Service • National Institutes of Health, National Cancer Institute) – for text and resource list.

WORKSHEET: Concepts of Gender and Sexuality

Excerpted from “Mainstreaming Gender in the Response to AIDS in Southern Africa,” Southern African AIDS Training Program, 2001.

> Gender refers to widely shared expectations and norms within a society about male and female behavior, characteristics and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other.
>
> Gender is a culture-specific construct. There are significant differences in what women and men can or cannot do in one society when compared to another. However, in all cultures the roles of men and of women are distinct, as are their access to productive resources and their authority to make decision. Typically, men are held responsible for the productive activities outside the home while the domain f women are the reproductive and productive activities within the home. In most societies women have limited access to income, land, credit and education, and limited control over these resources.
>
> Sexuality is distinct from gender, yet intimately linked to it. Sexuality is; biologically determined, universal and unchanging. Gender is socially-constructed, learned, and dynamic (changing over time). Gender differs within and between cultures.

How do these definitions compare to your own, previous understanding of gender and sexuality?

In pairs, come up with two examples of how gender has been taken into consideration in your SBCC plans so far. Each pair share one example to the full group.

WORKSHEET: Gender Images and Roles

Adapted from: "Tools for Learning and Action on Gender and Sexuality." ISOFI

Step One:
Form same-sex groups of 4-5 individuals, mixing across projects. As a group, illustrate what you understand to be an ideal man and/or an ideal woman. As a group, look at the illustration and see what it says to you about gender.

Step Two:
Each of you go back to the change scenario worksheet in Module 2 of the SBCC process. Review or create that change scenario now looking through a gender lens. Think about the way men and women are portrayed directly, or indirectly, in the scenario.

Step Three:
Read your "change scenario" aloud to the others in the group and ask them to consider these questions:
How are images of men and women portrayed in this scenario? How might your SBCC efforts affect these images?

Step Four:
After each individual has presented their change scenario, discuss in your small group:
What are the current gender roles in the communities in which you are working?
What might happen if your work challenges these roles?
What would happen if it didn't challenge these roles?[22]

Step Five:
In full group, share one insight about gender and SBCC born of this small group work.

[22] These questions are adapted from "Tools for Learning and Action on Gender and Sexuality." ISOFI

CHECKLIST: Gender Issues in Planning, Implementation, and Evaluation[23]

Ask yourselves: How have we—or will we—address gender in the planning/design steps of our SBCC effort? Implementation? Monitoring/ Evaluation?

Planning & Design
Important opportunities occur during the planning / design phase of any program for you to address gender issues. For example, the program's goals and objectives should aim to achieve greater gender equality. Care should be taken to make sure that the objectives address the needs and priorities of both men and women. Make sure that objectives with the greatest gender equality impact are not relegated to the bottom of the list. Examples of ways to address gender in setting the goals and objectives:

- Better and more equal access and control over health services by women and men;
- Better and more equal access and control over community and social support services by women and men;
- Changing images about women and men.

Gender can also be addressed by looking at program resources. For example: *Are there equal number of male and female technical advisors to the program?* Gender might also influence the identification of partners, allies and gatekeepers. *Have we included a diverse set of voices and viewpoints among those with whom we are working?*

Implementation
As we see in this module, implementation actually involves implementation of activities as well as management of the overall program. In both cases, a gender-focused framework can be used. Here are three strategies to promote the equal participation of women and men in program activities:

- Make sure the timing, location, and duration allows for both men and women to participate equally;
- If women cannot speak freely in mixed groups, organize separate meetings or meet afterward with female staff;
- Organize suitable material arrangements for women (travel, childcare).

Examples of ways to address gender in implementation;
Make sure the implementation plan raises visibility of gender issues at the community, institutional, and policy levels;
Conduct activities that support ongoing advocacy work on gender issues within the country;

Monitoring & Evaluation
A gender-focused M and E plan means that the comparison of anticipated and actual outcomes of the program are carried out with a gender perspective. Be sure to account for differences between men and women in baseline, midline, and endline data. Here are a few ways you can ensure a gender perspective:

- Develop a systematic monitoring plan that can trace process and quality of activities for both men and women;
- Review M and E tools to make sure that they invite and document gender differences;
- Ensure that there are verifiable indicators that focus on the benefit of the program to women, men and youth.

[23] Adapted from "Mainstreaming Gender in the Response to AIDS in Southern Africa," Southern African AIDS Training Program, 2001.

WORKSHEET: How to Make Team Decisions on Sequence, Timing, and Synergy

Directions:

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

SBCC activity/ material:

SBCC activity/material:

SBCC activity/material:

SBCC activity/material:

SBCC activity/material:

Important Event/ Date:

Important Event/ Date:

Supportive Commodity or Service:

Supportive Commodity or Service:

WORKSHEET: SBCC Budgeting Tool[24]

SBCC Expenses	Costs
Communication Research and Planning • Personnel salaries and benefits; • Consultant fees • Training for data collection • Travel allowances for field work • Supplies • Data processing and analysis • Report writing • Meetings for planning **Other:**	
Monitoring and Evaluation • Development, distribution, and collection • of monitoring and evaluation • questionnaires • Orientation of trainers and training of • field workers • Travel allowance for supervision and/ • or quality assurance of data collection • Compilation and analysis of data • Organization of feedback session(s) • Fees/salaries for evaluators **Other:**	
Ongoing Training and Capacity Development • Curriculum development • Consultants' and trainers' fees • Per diem and accommodation for participants • Training materials • Equipment purchase or rental • Hiring of training site **Other:**	

SBCC Expenses	Costs
Production of Broadcast Materials • Fees/salaries for artists, scriptwriters, producers, videographers, and technicians • Copywriting • Studio and equipment rental • Technical content reviewers • Pretesting of broadcast materials • Airtime • Distribution **Other:**	
Production of Print Materials • Fees/salaries for writers, artists, and designers • Copywriting and editing • Typesetting • Pretesting of all print materials, including • posters, brochures, and training curricula • Printing and distribution **Other:**	
Special Event • Giveaways—for example, stickers and T-shirts • Press conferences and kick-off events • Honoraria for dignitaries, celebrities • Hiring of sites, public address system, • other equipment **Other:**	
Other • Communication—telephone, Internet, fax, postage • Administrative and overhead costs • Other transportation	

[24] Adapted from: INFO Project Center for Communication, Johns Hopkins Bloomberg School of Public Health, January 2008 • Issue No. 16, Cabañero-Verzosa 2003 (3), O'Sullivan et al. 2003 (14), UNICEF 1999 (23), and Younger et al. 2001 (27))

WORKSHEET: How to Make Team Decisions on Budget Priorities

Step One:
Each member of the team review the **budgeting tool** provided. Focus on each category of expenses one-at-a-time. You may work together or divide up so that each person focuses on one category of expenses.

Step Two:
Cross out any expenses that do not apply to your SBCC effort. **Add** any expenses which you expect to incur which are NOT on the tool.

Step Three:
Estimate the actual cost for each of your anticipated expenses. If you have access to exact amounts, all the better! Consult with other team members, as well as members of other teams, if you don't know how much something will cost. Estimate on the high side, when in doubt.

Step Four:
Total the expenses **for each category**, and put a star next to those expenses in that category which you'd consider most critical.

Step Five:
Total the expenses **across categories** and see how that compares to money actually available for the project now. If the budget is tight, continue to step six.

Step Six:
Prioritize expenses by crossing out any items that do not have a start. Then, recalculate and see how the anticipated expenses compare to your budget.

WORKSHEET: Plan to Identify and Approach Resource Providers[25]

Resource gaps in your program	Potential Resource Provider	Program priorities and geographic area of support	Why should resource provider participate in/fund your program	Maximum level of support	Application needs and deadline	Person responsible for resource mobilization

[25] Adapted from HIV/AIDS Alliance: Raising Funds and mobilizing Resources for HIV/AIDS Work

WORKSHEET: Template to Track Distribution Points, and Production Needs (per Material or Activity)

Note: These templates can be a useful starting point for process and quality monitoring of all materials and activities

EXAMPLE
Material Name: *Positive Living Brochure*

Distribution points	Target (# to be distributed)	Notes:
1.Clinic waiting rooms	2, 000 brochures	10 clinics x 200 brochures
2. PLWHA networks	3, 000 brochures	3 networks x 50 members x 20 brochures
3.Community Events	1, 400 brochures	7 events x 200 brochures
	Total # for distribution at this phase = 6,400	
	Total cost to produce this # = $ 3,200 USD (.10/page x 5 pages x 6400)	

YOUR EXAMPLE
Material Name:

Distribution points	Target (# to be distributed)	Notes:
1.		
2.		
3.		
	Total # for distribution at this phase =	
	Total cost to produce this # =	

WORKSHEET: Detailed Workplan

This builds on the draft Implementation Plan (step 2), draft timeline (step 3) and production/ distribution plan (step 4)

Objective #1:	Target # of each material or activity	Implementers Lead staff, consultants, volunteers and/or partners	Resources / Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Material or Activity:							
Material or Activity:							
Material or Activity:							
Objective #2:							
Material or Activity:							
Material or Activity:							
Material or Activity:							
Objective #3:							
Material or Activity:							
Material or Activity:							
Material or Activity:							

WORKSHEET: Plan to Monitor the Process and Quality of all SBCC Materials and Activities

Material Name:

Distribution points:	Target (# to be distributed)	Monitoring Indicators	Monitoring Methods and Tools	Implementer (*Who holds responsibility to ensure the monitoring is done, and that data gets use?)*
1.	#:			
2.	#:			
3.	#:			

Activity Name:

Distribution points:	Target (# to be distributed)	Monitoring Indicators	Monitoring Methods and Tools	Implementer (*Who holds responsibility to ensure the monitoring is done, and that data gets use?)*
1.	#:			
2.	#:			
3.	#:			

Module 5: Evaluating & Replanning

GRAPHIC: The Fifth Step of a Planning Process for SBCC – Evaluating & Replanning

GRAPHIC: Where M&E Fits into SBCC

This graphic shows when you might consider doing research to help plan, monitor, and evaluate your SBCC efforts. Your particular approach to M&E will be based on factors such as funding, staff resources and timeline. Regardless, it is always wise to:

think through your M&E plans before you move too far along a Planning Process for SBCC; and,
make sure you are collecting data which can use to help make decisions every step of the way.

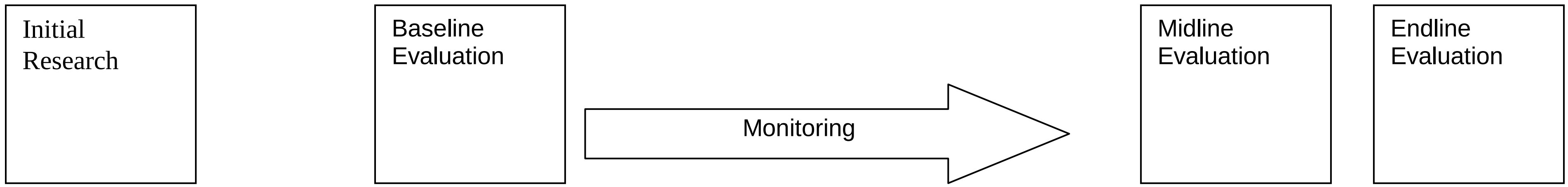

BASELINE RESEARCH
INITIAL RESEARCH
1 Understanding the Situation
2 Focusing & Designing
3 Creating
4 Implementing & Monitoring
5 Evaluating & Replanning
Principles, Competencies, Planning Tools
-PLANNING
MONITORING RESEARCH
MIDLINE & ENDLINE RESEARCH

WORKSHEET: Which Questions can be answered by the Different Parts of the M&E Framework?

- *Are the changes that we have seen worth doing the project again?*
- *How many trainings were held?*
- *Did anyone increase their condom use?*
- *Is this the best use of our money?*
- *What is the main concern that is driving HIV in this community?*
- *What are the levels of sexual risk- taking before our program starts?*
- *Is our program making a difference?*
- *How many people did we reach with our campaign?*
- *Do we even need to do this intervention?*
- *What time is lunch?*

Team challenge: One or more questions may not be answered by the parts of our simplified M&E framework.
Which might they be and what kind of analysis would be required to address them?

WORKSHEET: Users and Uses of M&E Data



Baseline Evaluation	Monitoring	Mid and Endline Evaluation
If you plan to collect or gather baseline data…	If you plan to monitor your program…	If you plan to evaluate your program….
Who will use the baseline data and how?	Who will use data about program process and how? Who will use data about program quality and how?	Who will use outcome data and how? What kind of baseline or group comparison will you need in order to satisfy the users of your outcome data?

Note: PEPFAR funding requires process and quality monitoring.

WORKSHEET: Research Design Sketch

Consider:
research design options described here,
examples of how a few SBCC efforts designed their M&E research; and,
your own resources (money, time and staffing).

Keep in mind the rule of thumb that SBCC programs should spend an estimated 10% of their total budget on M&E.

Remember:

If you do NOT have baseline data, you could measure change by comparing those exposed to the intervention against those who have not been exposed to the intervention. But, this is difficult for several reasons: it is hard to accurately define who was and who was not exposed, different interventions are similar to one another and can be easily mixed-up in the minds of the respondent, the intervention might reach almost everyone and there are too few people who have not been exposed to measure any differences.

Then, sketch out, below, your intended research design.
Will it include data collection baseline, midline, and endline?
Will it include an external or internal comparison group?

X = intervention group
○ = comparison group (if you have one)

Baseline Data collection	Midline Data collection	Endline Data collection

WORKSHEET: Key Decisions before Data Collection

Questions to answer **before beginning data collection**:	At Baseline	For Routine Monitoring	At Midline/Endline
Who will use the data and how?			
Do we have a final set of SMART program Objectives? **S** — Specific **M** — Measurable **A** — Attainable **R** — Realistic **T** — Time-bound			
What are our indicators (the clues or signs which will tell us how close we are to our path and how things are changing)?			
What research methods best suit those indicators? *What tools should we use to collect the data?*			
How will we ensure quality of the data collected?			
Who will analyze the findings and how?			

WORKSHEET: Selecting Monitoring Indicators

Consider this **example activity from a work plan for a family planning program**: Conduct peer education to increase condom use at last sex among sexually active adolescents in this community by 10 percent in the next two years.	**Example Process Indicator:** **Example Quality Indicator:**

Sample Activities from your Workplan:	A Sample of Your Monitoring Indicators
1.	Process:
	Quality:
2.	Process:
	Quality:
3.	Process:
	Quality:

WORKSHEET: Selecting Evaluation Indicators

Consider this **example of a SMART <u>communication</u> objective**: To increase by 10% the number of sexually active adolescents in this community who perceive condoms as part of being a good lover in the next two years.	**Outcome:** An example of an **outcome indicator** (collected at baseline and endline) for this objective is: Percent of sexually active adolescents stating that they perceive condoms as part of being a good lover.

Three Sample Objectives for your Program	Draft of Your Evaluation Indicators
1.	Outcome:
2.	Outcome:
3.	Outcome:

WORKSHEET: Selecting the Best M&E Methods for *Your Program*

Monitoring Methods

Indicators	Quantitative Methods	Qualitative Methods

Evaluation Methods

Indicators	Quantitative Methods	Qualitative Methods

Note: All methods for data collection have advantages and disadvantages. It is important to look at these issues carefully to determine which methods meet your needs, staff skills, resources, and objectives. The method comparison chart (in Step One) might help you in making the decision about which method meets your data collection needs.

CHECKLIST: A Design Checklist for M&E

Some of the key elements in designing good monitoring and evaluation tools include:

- ✓ Be participatory. That is, include the staff that will use the tools in the design of the tools.
- ✓ Make tools as simple and as clear as possible. They should be concise and collect only the information that will be used.
- ✓ Tools should be pre-tested to ensure that they can easily be completed by the program staff (or by the participant/ client if self-administered). For self-administered tools, consider literacy of clients, space, privacy, and confidentiality
- ✓ Explain to program staff the reasons for collecting data, so that they understand the need and are able to communicate that clearly to program participants/clients.
- ✓ Program staff should be well trained to use data collection tools or to explain and review self-administered data collection tools. Role-play exercises may help to build the communication skills of staff to improve challenging areas of data collection.

WORKSHEET: Pulling it all Together - Scenarios

Project A:
In country X, you have been asked to create a behavior change communication program focused on Intravenous Drug Users (IDUs). The recent behavioral surveillance survey (BSS) found that HIV infection among injecting drug users (IDUs) is at 4 percent. You are planning to start a peer education program and condom promotion in detoxification camps with the overall goal of reducing HIV prevalence among IDUs.

Project B:
In country XX, you are going to start up a behavior change communication program focused on Men who have Sex with Men (MSM). Currently there are no programs in the country that target MSM. But some preliminary research has found that there are a large number of young men working as sex workers and that most of their clients are men, not women.

Project C:
An NGO in country Y conducted a BCC formative assessment on three different high-risk groups, one of which was long-distance truck drivers. Previous studies noted that HIV prevalence in this group is very high. The BCC assessment revealed that truck drivers' knowledge of HIV/AIDS and their perception of their own risk are very low. The NGO now intends to start a BCC program that targets truck drivers. The NGO's overall goal is to reduce HIV prevalence among truck drivers in country Y.

Project D:
An NGO in country XXX conducted a BCC formative assessment on three different high-risk groups, one of which is out-of-school youth. The BCC assessment findings revealed that out-of-school youth's knowledge of HIV/AIDS is low, their perception of their own risk is very low, and they tended to have multiple sexual partners. The NGO intends to start a BCC program that targets out-of-school youth.

Table to be filled out for each Scenario:

A SMART Objective:		
Indicator 1	Indicator 2	Indicator 3
Methodology	Methodology	Methodology
Tools	Tools	Tools

CHECKLIST: For developing an M&E Plan

Why Develop an M&E Work Plan?

- Show how goals/objectives are related to results
- Describe how objectives will be achieved/measured
- Identify data needs
- Define how the data will be collected and analyzed
- Describe how results will be used
- Anticipate resources needed for M&E
- Show stakeholders how program will be accountable

Steps in Developing a Monitoring Plan

- Identification of staff or person(s) responsible for development of monitoring plan
- Identification of staff or person(s) responsible for data collection, analysis, and report writing
- Ensure objectives are SMART
- Selection of Indicators
- Data management, reporting, and use
    - Decide on Methods for data collection
    - Design data flow systems
- Develop Monitoring & Evaluation Matrix
    - List of indicators by objective
    - Methodology, data sources
    - Who is responsible for what
    - Timetable for collection, analysis and reporting
- Description of Data Sources (Forms), Data Flow, and Quality
- Data Analysis Plan
- Plan for dissemination and use of results

TIP! Research, Monitoring and Evaluation work should, typically, use no more than 10% of your total program budget. *What costs do you associate with each part of your M&E workplan? How does the total compare to your total program budget?*

CHECKLIST: Data Quality

ONE: Ways to Set Yourself Up For High Quality Data

Here are ten strategies to keep in mind:

- Develop **clear goals, objectives, indicators,** and research questions
- Have a **detailed plan** for data collection and analysis (i.e. who, when, how, etc.)
- Pre-test **methods and tools**
- Train **staff** in monitoring and evaluation, data collection
- Create **ownership** and belief in data collection among responsible staff
- Incorporate data quality **checks at all stages**
- **Supervise the work:** review all forms for completeness, check that all answers are clearly written, check to see if answers consistent and that all figures are tallied correctly
- Take steps to **address errors** right away
- Document any changes and **improve** the data collection system as necessary
- Other:________________________________

TWO: How To Check Quality Once Data Returns From The Field And Is Entered Into Computers.

The following are some *common sources* of error to watch out for:

- **Transposition**—An example is when 39 is entered as 93. Transposition errors are usually caused by typing mistakes.
- **Copying errors—**One example is when 1 is entered as 7; another is when the number 0 is entered as the letter O.
- **Coding errors**—Putting in the wrong code. (i.e. an interview subject circled 1 = Yes, but the coder copied 2 = No.)
- **Routing errors—**A person filling out a form places the number in the wrong part or wrong order.
- **Consistency errors**—Consistency errors occur when two or more responses on the same questionnaire are contradictory. For example, if the birth date and age are inconsistent.
- **Range errors—**Range errors occur when a number lies outside the range of probable or possible values.

THREE: What To Do When Mistakes Or Inconsistencies Are Found.

Determine the source of the error. If the error arises from a data coding or entry error, it can be resolved in the office. If the entry is unclear, missing, or otherwise suspicious, it may be necessary to contact field staff for correction or verification.

WORKSHEET: Data Quality Scenarios

Below are similar scenarios, each of which is missing one key element of quality assurance.
Identify the point/s where something went wrong in maintaining data quality.
What was missing? What could have been in place to avoid the problem?

Background for all scenarios: Your agency is developing a comprehensive VCT program that incorporates pre- and post counseling, voluntary testing, promotion of VCT activities to the community, and referral to home based and community care structures. You are the M&E Officer responsible for monitoring the quality of this program, and you have developed a number of tools and methods for doing so.

Scenario #1:
Staff developed and pre-tested their monitoring tools in the field and adjusted them according to their findings. Training was conducted for data collectors and their supervisors and periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools.

The staff responsible for collecting the data was thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. Staff and implementing agencies felt that the materials and supervision of the monitoring was strong; however, they were not sure what they were supposed to be measuring and what the data they were collecting were supposed to answer. Staff felt that there was a key element of ensuring data quality missing in their process. Can you identify what step(s) may have been missing?

Scenario #2:
Before the start-up of the program, staff and beneficiaries sat down for several days and developed clear goals and objectives for the program as well as measurable indicators and questions that needed to be answered by the monitoring system. After setting indicators and identifying questions, the program manager developed the monitoring tools. Training was conducted for data collectors and their supervisors and periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools. The staff responsible for collecting the data was thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. A staff person in the country office was assigned to provide consistent monitoring of data quality checking and feedback on the results to implementing agencies. Staff and implementing agencies felt that the materials were confusing and did not address the data collection needs in the field. Staff felt that there was a key element of ensuring data quality missing in their process. Can you identify what step may have been missing?

Scenario #3:
Before the start-up of the program, staff and beneficiaries sat down for several days and developed clear goals and objectives for the program as well as measurable indicators and questions that needed to be answered by the monitoring system. Staff developed and pre-tested their monitoring tools in the field and adjusted them according to their findings, and gave them to the staff that was responsible for data collection. The staff responsible for collecting the data was thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. Although the responsible staff felt that the materials were strong and understood the objectives of the monitoring system, they were unclear exactly how to use the different tools in the field. Staff felt that there was a key element of ensuring data quality missing in their process. Can you identify what step may have been missing?

WORKSHEET: Your *Simplified* Data Analysis Plan

Fill in this grid, modeled on the example on the previous page.

	Data Use	Questions to be Answered	Analysis Technique
Monitoring			
Evaluation			

WORKSHEET: Group Exercise on Data Interpretation and Use

The goal of this exercise is to develop and practice a variety of ways to present information about the same results to different audiences. There are no “right” or “wrong” ways of doing this! In a hypothetical country, there are two agencies carrying out a comprehensive intervention for high-risk men, including STI diagnosis and management, condom distribution, and behavior change support through peer educators. Below are two hypothetical data sets, emerging from the monitoring and evaluation of the two different programs over two years.

Implementing Agency 1

Indicator	Year one	Year two
Number of condoms distributed	100,000	120,000
Proportion of condoms distributed through social marketing	15%	20%
Number of peer educators trained	40	60
Proportion of peer educators participating in intervention for 6 or more months	50%	30%
Percent who know that having more than one sex partner during the same time period increases the risk of HIV	25%	40%
Percent of adult population with more than on current sexual partner	20%	19%
Number of high risk men reached by peer educators	200	230

Implementing Agency 2

Indicator	Year one	Year two
Number of condoms distributed	80,000	210,000
Proportion of condoms distributed through social marketing	50%	60%
Number of peer educators trained	35	55
Proportion of peer educators participating in intervention for 6 or more months	85%	80%
Percent who know that having more than one sex partner during the same time period increases the risk of HIV	25%	80%
Percent of adult population with more than on current sexual partner	25%	15%
Number of high risk men reached by peer educators	800	1,400

Divide the room in half – each half of the room taking one of the hypothetical data sets. Then, form four small groups within each half of the room. Each small group will assume the role of one of the following potential users of M&E data. Each small group take a turn presenting the data to another small group. The presenters should do their best job to present the data to each potential data user:

1. **Donor:** The donor is generally pleased with its program and is considering whether to increase funding for the program. Convince the donor that the program should be expanded to additional target areas.
2. **Implementing Agency:** A Country Director would like to receive information about why certain decisions were made to change components of one program.
3. **Community Representatives:** The community stakeholders would like to get an update on the achievements of the organization
4. **Peer Educators:** The peer educators involved would like to see if they are making a difference in the program.