C-Modules

IMPLEMENTING & MONITORING

MODULE

0 1 2 3 **4** 5

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK

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

Communication for Change (C-Change) Project
Version 3

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Overview

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

Sessions

A Note on Formatting
In the *C-Modules,* the names of theories and models are in **bolded, dark blue text;** concepts are in *dark blue italics.*

Module 4, Session 1: Turning Plans into Action

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

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

The Fourth Step of a Planning Process for SBCC—Implementing & Monitoring

SOURCE: Adapted from: Health Communication Partnership, CCP at JHU (2003) the P-Process; McKee et al (2000) the ACADA Model; Parker, Dalrymple, and Durden (1998) the Integrated Strategy Wheel; Roberts et al (1995) the Tool Box for Building Health Communication Capacity; and National Cancer Institute (1989) Health Communication Program Cycle.

WORKSHEET: Detailed Workplan

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

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

SBCC Intervention	Implementers: Lead Staff, Consultants, Volunteers, and/or Partners	Resources and Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Communication Objective #1						
Activity or Material						
Activity or Material						
Activity or Material						
Communication Objective #2						
Activity or Material						
Activity or Material						
Activity or Material						
Communication Objective #3						
Activity or Material						
Activity or Material						
Activity or Material						

💡   Theory Corner: Concepts of Social Norms, Gender, and Sex.

Social norms are the rules that a group uses to discriminate between appropriate and inappropriate values, beliefs, attitudes, and behaviors—the "dos and don'ts" of society (Appelbaum 1970). *Social norms* may be explicit or implicit. Failure to conform to *norms* can result in social sanctions and/or social exclusion. A gender perspective as an example of *norms* was discussed in Step 1, during the situation analysis (Module 1, session 3, page12). As you develop your detailed workplan, read the following definitions of gender and reflect on how it compares to your own understanding of gender and sexuality.

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

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

CHECKLIST: Gender Issues in Planning, Implementation, and Evaluation

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

Planning and Design
There are opportunities to address gender issues during the planning and design phase of any SBCC program. For example, the program's objectives should aim to achieve greater gender equality and address the needs and priorities of both men and women. Make sure that objectives with the greatest impact on gender equality are not relegated to the bottom of the list. Examples of ways to address gender in setting goals and objectives include:
- better and more equal access to and control over health services by women and men
- better and more equal access to and control over community and social support services by women and men
- images of women and men that encourage more equitable relationships

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

Implementation
This involves implementing activities as well as managing the overall program. In both endeavors, a gender-focused framework can be used. Here are three strategies to promote the equal participation of women and men:
- Make sure the timing, location, and duration of implementation allow both men and women to participate equally.
- If women cannot speak freely in mixed groups, organize separate meetings or make sure female staff are available after meetings.
- Organize suitable travel and childcare arrangements for women.

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

Monitoring and Evaluation (M&E)
A gender-focused M&E plan compares a program's anticipated and actual outcomes from a gender perspective and accounts for differences between men and women in baseline, midline, and endline data. There are several ways to ensure a gender perspective within M&E:
- Develop a systematic monitoring plan that can trace the process and quality of activities for both men and women.
- Review M&E tools to make sure that they invite and document gender differences.
- Ensure that there are verifiable indicators that focus on the benefits of the program for women, men, young people, and children. (The indicators could include changes related to gender-based initiatives or gender roles that contribute to better health).

Module 4, Session 2: Workplan: Who? Partnerships and Staffing

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

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

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

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

> SBCC is by its nature a collaborative effort. Therefore implementation requires skills in facilitation and motivation of staff as well as of partners. SBCC team leaders are most effective when they bring out the best in team members and challenge them to take initiative. One of the biggest challenges is to overcome fears that empowering others will diminish our own authority. It is helpful to begin implementation by setting a climate of collaborative decision-making. This can be done through participatory team-building exercises in which all have a voice in setting expectations. When teams are tasked with a set of activities, it is useful to work together to set clear plans and clear criteria for achieving them.

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

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

CHECKLIST: Project Staffing Plan

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

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

Adapted from Borysowich 2008.

WORKSHEET: SBCC Coordination

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

Task	Essential	Partially Essential	Not Essential	Remarks
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 communication strategy outline is used to guide strategic decisions				
Prepare preliminary and final creative briefs for communication experts				
Select and oversee local communication experts (e.g., graphic designers, writers, advertising/marketing/PR agencies, theater directors)				
Identify and organize capacity-strengthening events and training, as needed				
Oversee the development of SBCC materials and activities, and ensure these are in line with the overall strategy				
Identify and stay connected to stakeholders who can support the program				
Oversee all M&E activities				
Other: _____				

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

EXAMPLE: A Supervisory Tool

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

Reason: No time for meetings — WHY?
Reason: Not given enough notice — WHY?
What is happening: Members not attending both meetings per month
Reason: Not know the time of the meetings — WHY?
Reason: No regularly scheduled meeting — WHY?
WHY?
Reason:_____ — WHY?
Reason:_____ — WHY?

SOURCE: FHI Y-PEER (2006)

CHECKLIST: Successful Partnerships in SBCC

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

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

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

Module 4, Session 3: Workplan: With What?

Resources Needed for SBCC

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

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

- **M&E**
    - o Budget for baseline and follow-up evaluations.
    - o Consider all costs associated with monitoring the processes and quality of the work.
- **Distribution of materials**
    - o A clear plan and budget are needed.
    - o Double-check that costs of distribution have not been underestimated; this is a common occurrence.
- **Quantity**
    - o Brief stakeholders and funders on the quantity of communication materials to be produced and plans for events, mass media broadcasts, and so on. Requests made later for wider distribution or broadcasting could have an impact on the budget.
- **Subcontractor agreements**
    - o Make sure subcontractors clearly understand the benefits and limitations of their contracts. For example, a fixed-price contract means that the prices negotiated are fixed and cannot be changed if production costs suddenly change.
    - o Make sure to communicate with subcontractors about payment expectations. For example, an agency may expect a large down payment that cannot be provided because of the limitations imposed by the procurement rules of the program or a funder.
- **Unexpected incentives**
    - o Make sure to clarify with field workers (such as peer educators) exactly what incentives are available to them and avoid requests for incentives that are not in the plan.

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

WORKSHEET: SBCC Budgeting Tool

SBCC Expenses	Costs	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 _____		**Production of Broadcast Materials** • Fees or salaries for artists, scriptwriters, producers, videographers, and technicians • Copywriting • Studio and equipment rental • Technical content reviewers • Pretesting of broadcast materials • Airtime • Distribution • Other _____	
Monitoring and Evaluation • Development, distribution, and collection • of M&E data • 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 or salaries for evaluators • Other _____		**Production of Print Materials** • Fees or salaries for writers, artists, and designers • Copywriting and editing • Typesetting • Pretesting of print materials (e.g., posters, brochures, and curricula) • Printing and distribution • Other_____	
		Special Events • Giveaways (e.g., stickers and t-shirts) • Press conferences and kick-off events • Honoraria for dignitaries and celebrities • Rental of sites, public address systems, other equipment • Other _____	
Ongoing Training and Capacity Development • Curriculum development • Consultant and trainer fees • Per diem and accommodation for participants • Training materials • Rental of training site, equipment purchase or rental • Other _____		**Other** • Communication (e.g. telephone, internet, fax, postage) • Administrative and overhead costs • Other transportation _____ _____ _____	

Adapted from Cabañero-Verzosa (2003).

WORKSHEET: How to Make Team Decisions on Budget Priorities

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

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

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

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

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

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

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

> Here's where flexibility comes into play. The costs calculated influence workplans, and workplans influence anticipated costs. The only way to get workplans and budgets in sync with each other is to draft and revise them simultaneously.

WORKSHEET: Plan to Identify and Approach Resource Providers

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

Resource gaps	Potential resource provider	Provider priorities and geographic area(s) of support	Why the provider should participate in or fund the program	Maximum level of support	Application needs and deadlines	Person responsible for this resource mobilization activity

Adapted from International HIV/AIDS Alliance (2002).

Module 4, Session 4: Workplan—When? Sequence, Timing, and Synergy

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

Sequencing is the order in which activities are implemented or scheduled *within* a program. The job is similar to that of a cook who has to make sure all parts of a meal are ready to be served at the right time. For example, it requires asking this kind of question: will planned interpersonal support materials be ready in time for the campaign launch?
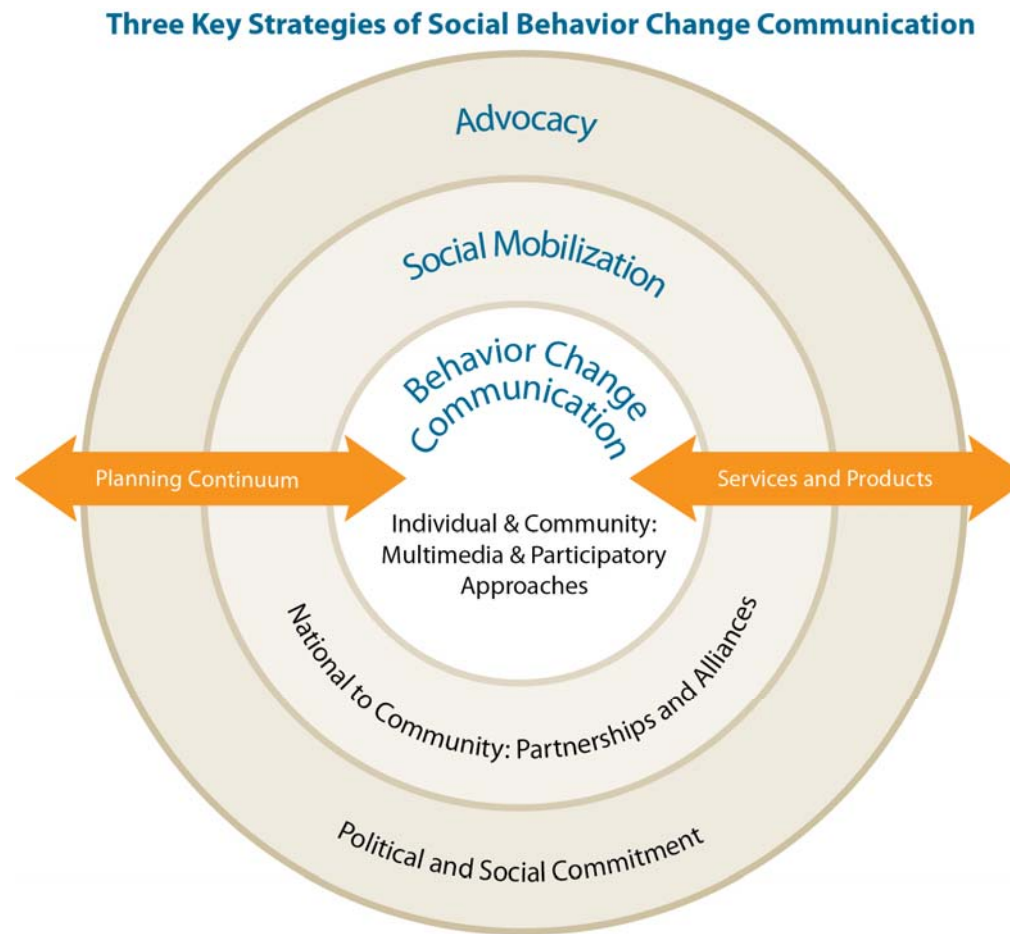
Timing is the scheduling of program activities in relation to events outside of the program that are happening in the community, region, or country. No program is implemented in a vacuum. Ahead of time, think about unrelated events, such as holidays, celebrations, school or university schedules, and political events that could compete for time and the attention of audience(s), broadcast space, or facilities.

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

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

GRAPHIC: Three Key Strategies of SBCC

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

Three Key Strategies of Social Behavior Change Communication

Advocacy

Social Mobilization

Behavior Change Communication

Planning Continuum

Services and Products

Individual & Community:
Multimedia & Participatory
Approaches

National to Community: Partnerships and Alliances

Political and Social Commitment

SOURCE: Adapted from McKee, N. Social Mobilization and
Social Marketing in Developing Communities (1992)

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

Directions:

Create separate cards to represent each of your program's key SBCC activities or materials.

Spread these cards out on a clear space so that all team members can easily reach them.

Sort the cards representing activities and materials in the *sequence* that makes most sense.

Create cards to represent important events or dates that would influence the *timing* of implementation.

Create cards for *commodities or services* that must be available for an activity or material to be successful.

As a full team, discuss what you see in terms of sequence, timing, and synergy.

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

Reflection Questions

✧ What do you see now, in terms of sequence, timing, and synergy across the materials or activities of your SBCC effort?

✧ What would you like to do or find out before finalizing this workplan?

Module 4, Session 5: Putting it All Together

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

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

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

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

In short, SBCC programs should be ready to change plans and stop unproductive activities when necessary. Having the courage to change course because of the results of monitoring and midterm evaluation is essential.

Several steps need to be taken to create a quality product, before handing over files to a printer or radio producer.

Once a decision is made on the quantity of materials, a good printer or other producer is selected through a competitive bid.

The contractor selected needs a detailed understanding of the expectations for the product, including the choice of paper and color quality for print materials or specific sound or video quality. Files provided to producers also need to be compatible with their software.

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

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

EXAMPLE

Name of Material: *Positive Living* brochure		
Distribution points	Target (# to be distributed)	Notes
1. Clinic waiting rooms	2,000 brochures	10 clinics x 200 brochures
2. PLHIV networks	3,000 brochures	3 networks x 50 members x 20 brochures
3.Community events	1,400 brochures	7 events x 200 brochures
	Total number for distribution at this phase = 6,400	
	Total cost to produce this number = US$3,200 (.10/page x 5 pages x 6,400)	

YOUR EXAMPLE

Material Name		
Distribution points	Target (# to be distributed)	Notes
1.		
2.		
3.		
4.		
	Total number for distribution at this phase =	
	Total cost to produce this number =	

ALBANIA EXAMPLE: Detailed Workplan on SBCC on Modern Contraceptive Methods

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

List of Activities	Implementers (including Partners)	Resources	Timeline
Communication Objective: By the end of the program, there will be increased support for the use of modern contraceptive methods (MCMs) in a greater number of family planning corners and private counseling rooms at university clinics.			
Identify Technical Advisory Group members	C-Change		Jan 2009
Communication Objectives: By the end of the program, there will be: • an increase in the number of university students who have learned about MCMs and the benefits of their use • an increase in the use of MCMs among women and men ages 18–35, from 20 percent in 2005 to 30 percent by 2010 • an increase in the number of young women who discuss MCMs with their partners • a decrease in fear and misconceptions about MCM use among women of reproductive age and men ages 18–35 from 84 percent in 2002 to 47 percent by 2010			
Activity 1: Develop, launch, and sustain integrated BCC mass media campaign			
Pretest communication materials	C-Change; SRC&IT (sub-contractor)		Jan–Feb 2009
Develop and produce final communication materials	C-Change; New Moment (creative firm)		Mar 2009
Develop and implement program launch	C-Change; New Moment		Mar 2009
Implement public relations activities after launch of campaign	C-Change		
Monitor advertising campaign on mass media	C-Change		
Activity 2: FP/MCM peer education program			
Train peer educator trainers	C-Change; UNFPA; two local consultants		Mid-Feb 2009
Orient peer educators	C-Change; peer educator trainers		Mar 2009
Conduct peer education session	C-Change		Mar 2009
Communication Objective: By the end of the program, there will be an increase in the number of editors of prominent print products in Albania who consider FP and reproductive health to be topics worth reporting under various sections (e.g., politics, health, sports, and culture).			
Select media organization or consultant to work with journalists	C-Change		Early Mar 2009
Develop advocacy and media relations plans	C-Change with 10 select journalists		Mid-Mar 2009
Develop and implement the Champion Journalists Initiative	C-Change; C-Change media consultant and a media co-trainer; expert journalist on ethical reporting; obstetrics and gynecology specialists		Mar 2009 (2.5 days)
Produce media relations materials	C-Change with 10 select journalists		Mar 2009

WORKSHEET: Quality in SBCC

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

Five Tips to Strengthen the Implementation of SBCC Programs

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

Four Tips to Improve Work Systems

To build quality into SBCC program implementation, do the following things:
- Critically review the tasks at hand and how the team tries to accomplish them.
- Assess how tasks and work systems fit together.
- Clarify responsibilities and strengthen links across teams.
- Focus on increasing capacity, not only on increasing results.

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

Module 4, Session 6: Monitoring Process and Quality

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

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

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

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

Types of Evaluation: Purpose, Questions Answered, and Sample Indicators

Uses of evaluation

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

Types	Broad Purpose	Main Questions Answered	Sample Quantitative Indicators
Formative Research/ Situation Analysis	• Learn more about all aspects of the health issue and its context • Help guide program design • Establish the baseline status of the health behaviors • Pretest materials	• What is the current situation in the country and/or region regarding the issue? • What groups of people are most affected? Why? • What current behaviors influence this aspect of health? • What are the barriers to improvements in behavior? • Is development of materials on the right track?	• Prevalence or incidence data for the problem • Percentage of audience with access to services • Percentage of audience with exposure to various media, by type • Percentage of audience with favorable or unfavorable attitudes toward materials • Sample indicators listed under "evaluation."
Monitoring	• Quantify what has been done—when, where, how, and who was reached • Identify how the audience is reacting to the messages • Identify problems and areas for adjustment as implementation proceeds • Help to explain why the expected change did or did not occur	• Are activities being implemented according to schedule or as planned? • What problems have arisen during implementation? • Which components of the program are or are not working? • What is the audience's reaction?	• Number of times messages aired on radio or television in a reference period • Number of materials disseminated by type in a reference period • Number of audience members participating in community mobilization events • Percentage of audience members who recall hearing or seeing a specific message
Evaluation			
Outcome Evaluation	• Measures change in outcomes (e.g., skills, knowledge, self-efficacy, attitudes, and behaviors) against communication objectives, though changes may or may not be due to the program	• Did the desired changes in outcomes take place? • How much did knowledge, attitude, and behavior change?	• Percentage of audience who know the recommended behavior • Percentage of the audience with a specific attitude (favorable or unfavorable) toward the recommended behavior

Types	Broad Purpose	Main Questions Answered	Sample Quantitative Indicators
Impact Evaluation	• Measures the extent to which program activities changed outcomes (consistent with communication objectives)	• Are changes in outcomes due to the program? • Did communities with the program have better results than the communities without the program? • Did people with greater exposure experience better results than people with little or no exposure?	• Percentage of the audience who are confident they can perform the recommended behavior • Percentage of the audience who practice the recommended behavior

EXAMPLE: *Health Matters* Monitoring Questionnaire

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

District: _____ County: _____ Sub-county:_____

Name of health facility/organization: _____ Designation of respondent: _____

Receipt of *Health Matters* Newspapers	
1. Have you ever received *Health Matters* newspaper(s)?	1. Yes_____ 2. No_____ (Go to Q13) 3. Not sure_____
2. Have you ever received *Health Matters* in the following versions? (Write yes or no)	a) English_____ b) Local language_____
3. How do you receive *Health Matters* for your health facility/organization?	
4. Who is in charge of such materials here?	
5. How many times have you received *Health Matters*? (Ask according to response to Q2.) Write the number of times or "can't tell" for those who don't recall	a) English_____ b) Local language_____
6. When did you last receive the *Health Matters* newspaper?	a) Month_____ Year_____ b) Can't recall
7. What were topics of the *Health Matters* newspapers you received?	1. Family planning 2. Malaria
8. How many copies of *Health Matters* do you receive?	a) English_____ b) Local language_____
Utilization/Distribution of *Health Matters* Newspapers	
9. How do you use the copies of *Health Matters* you receive here?	
10. Do you use them in any of your activities? If yes, mention the activities and how the papers are used.	
11. How long does it take you to distribute these copies to the target beneficiaries?	
12. Do you face any challenges when distributing or utilizing these papers?	1. Yes_____ 2. No_____
13. If yes, what challenges do you face?	
14. What do you think is the best channel or system to distribute *Health Matters* newspapers to reach its target audience?	
15. Do you have any suggestions to improve on the *Health Matters* newspaper? (Probe for content, language used, paper layout, etc.)	

EXAMPLE: Materials Distribution Monitoring List

This tool was used to track the distribution of materials.

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

	Material	Type	Language	Number received	Date received	Number of copies still available	Location of material at site?	Used by (client or provider)
	Example: Positive Living	Brochure	Portuguese	500	September 2009-	200	Waiting room table	Client
A: Audience: Health Service Providers								
A1	IPC and Counseling Skills	Manual						
A2	Adult ART Reference	Laminated sheet						
A3	Pediatric ART Reference	Laminated sheet						
B: Audience: People Living with HIV								
B1	ART	Booklet						
B2	Positive Living	Booklet						
B3	Opportunistic Infections	Booklet						
B4	Stages of HIV	Leaflet						
B5	CD4 Counts	Leaflet						
B6	Risk Behaviors	Brochure						
B7	Drug Information	Booklet						
B8	ART Overview	Pocket-size booklets						
C: Audience: Community and Family Members								
C1	Caregivers' Booklet	Booklet						

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

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

Material Name:

Distribution Points	Target (Number to be distributed)	Monitoring Indicators	Monitoring Methods and Tools	Implementer (Who is responsible for ensuring the monitoring is done and data are used?)
1.				
2.				
3.				

Activity Name:

Implementation Points	Target (Number to be implemented)	Monitoring Indicators	Monitoring Methods and Tools	Implementer (Who is responsible for ensuring the monitoring is done and data are used?)
1.				
2.				
3.				

Module 4, Session 7: Using and Sharing Monitoring Data

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

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

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

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

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

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

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

GRAPHIC: Where Monitoring Fits into SBCC

SOURCE: Adapted from: Health Communication Partnership, CCP at JHU (2003) the P-Process; McKee et al (2000) the ACADA Model; Parker, Dalrymple, and Durden (1998) the Integrated Strategy Wheel; Roberts et al (1995) the Tool Box for Building Health Communication Capacity; and National Cancer Institute (1989) Health Communication Program Cycle.

Additional Readings

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

Background Reading

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

Existing Curricula/Training Materials

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

References Cited

Appelbaum, Richard P. 1970. *Theories of social change*. Chicago: Markham.

Borysowich, Craig. 2008. "Project staffing plan checklist." Toolbox.com http://it.toolbox.com/blogs/enterprise-solutions/project-staffing-plan-checklist-25337

Cabañero-Verzosa, Cecilia. 2003. *Strategic communication for development projects: A toolkit for task team leaders*. Washington: International Bank for Reconstruction and Development/World Bank. In Salem, Ruwaida, Jenny Bernstein, and Tara Sullivan. 2008. "Tools for behavior change communication." *INFO Reports* No. 16. INFO Project Center for Communication. Baltimore: Johns Hopkins Bloomberg School of Public Health.

Family Health International (FHI). Youth Peer Education Network (Y-PEER).2006. *Performance improvement: A resource for youth peer education managers*. Youth Peer Education Toolkit. Arlington, Va.: FHI.

International Center for Research on Women. 2009. *Integrating multiple gender strategies to improve HIV and AIDS interventions: A compendium of programs in Africa.* Washington, DC: International Center for Research on Women.

International HIV/AIDS Alliance. 2002. Raising funds and mobilizing resources for HIV/AIDS work: A toolkit to support NGOs/CBOs. Hove, UK: International HIV/AIDS Alliance.

Mosley, Henry, and Benjamin Lozare. 2008. "Strategic leadership in population and reproductive health." Paper presented at the 2nd International Conference on Reproductive Health Management (ICRHM), Bali, Indonesia, May 6–8.

National Cancer Institute. 2008. *Pink book: Making health communication programs work.* Bethesda, Md.: National Institutes of Health.

South African AIDS Trust (SAT). 2011. *Mainstreaming gender in response to AIDS in southern Africa*. Johannesburg: SAT.

Straight Talk Uganda. 2007. Newsletter monitoring questionnaire.

Credits for Graphics

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

Health Communication Partnership. 2003. *The new P-Process: Steps in strategic communication.* Baltimore: Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Health Communication Partnership.

McKee, Neill, Erma Manoncourt, Chin Saik Yoon, and Rachel Carnegie. 2000. *Involving people evolving behaviour.* New York: UNICEF and Penang: Southbound.

Parker, Warren, Lynn Dalrymple, and Emma Durden. 1998. *Communicating beyond AIDS awareness: A manual for South Africa*. 1st ed. Auckland Park, South Africa: Beyond Awareness Consortium.

Academy for Educational Development (AED). 1995. *A tool box for building health communication capacity*. SARA Project, Social Development Division. Washington, DC: AED.

National Cancer Institute. 1989. *Making health communications work: A planner's guide*. Rockville Md.: U.S. Department of Health and Human Services.

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

McKee, Neill. 1992. Social mobilization & social marketing in developing communities: lessons for communicators. Penang: Southbound.

Why? Gap Analysis (page 10)

Family Health International (FHI). Youth Peer Education Network (Y-PEER) Program. 2006. *Performance improvement: A resource for youth peer education managers*. Youth Peer Education Toolkit. Arlington, Va: FHI.