Designing an SBCC Intervention for CHW Behavior Change

Now that you have learned about provider behavior change, assessed barriers to quality FBP service provision, and determined that SBCC has a role to play in addressing those barriers, you are ready to design an SBCC intervention for FBP behavior change.

This section of the I-Kit will help you design an SBCC intervention to change FBP behavior by addressing the Motivational barriers you identified: Self-Efficacy, Social and Gender Norms, Perceived Place in Social Hierarchy/Status, Rewards, and Work Environment.

Follow the step-by-step guidance to develop an SBCC intervention for CHW behavior change:

Steps

Step 1: Analyze the Situation

Step 2: Identify the Core Problem

Step 3: Define Your Audience

Step 4: Develop Communication Objectives

Step 5: Determine the Key Promise and Support Points

Step 6: Define Your Strategic Approach

Step 7: Match Communication Approach to Identified Motivation Barrier

Step 8: Develop an Implementation Plan

Step 9: Monitor and Evaluate

Step 1: Analyze the Situation

A **situation analysis** is the first step in the social and behavior change communication change (SBCC) process including one that focuses on CHWs. The situation analysis answers questions about existing opportunities, resources, challenges and barriers related to improved CHW behavior.

You can conduct this step using one of the following two options:

Conduct CHW Assessment

Follow the steps in the **Provider Performance Assessment** tool (preferred).

Gather Secondary Data

Gather the information you need for the Situation Analysis through secondary data.

Whichever method you use, make sure you answer these fundamental questions:

- → What is the performance problem, the level of severity and its causes frame around Expectation, Ability, Opportunity and Motivation?
- → Who are the groups of people affected by the problem (what types of providers, what motivations do they possess, where do they live and work, what are the psychographic details, etc.)?
- → What is the broad context in which the problem exists?
- → What are the factors inhibiting or facilitating behavior change among CHWs?
- → What other interventions are in place or planned to address CHW behaviors?
- → What are CHWs' preferred sources of information and communication channels?

The following summarizes the key activities for the situation analysis:

1 Conduct a Review of Program Data

This includes service records, quarterly reports, policy documents and informal interview. Then develop a focused problem statement. This statement will help to ensure the intervention focuses on one specific behavioral issue at once. Example: "Community Health Workers are not consistently referring women of reproductive age for family planning services."

2 Draft a Shared Vision

A shared vision provides a picture of what the situation will look like when the SBCC effort is completely successful. Example: "In 2020, CHWs spend time discussing methods with newly married couples and encourage them to ask questions and refer those with demonstrated need for FP services." Guidelines on what to consider when drafting this vision.

3 Gather Information and Summarize Findings

If you chose to conduct the CHW Performance Assessment, follow the steps to gather the information and summarize your findings through the link. If you chose to conduct a literature review, follow the steps in this how-to guide for conducting a Situation Analysis using secondary data to answer the key questions about CHWs and their work environment.

Examples of secondary data you might consider to gather this information include:

- CHW monitoring or support supervision reports
- Service delivery statistics
- Program reports
- Key informant interviews
- Government, partner and donor activity evaluation reports
- Government policy documents regulating CHWs and primary health services

Whether you use the CHW Performance Assessment or a Literature Review to conduct the assessment, the findings of your situation analysis should be framed around the four categories of CHW performance:

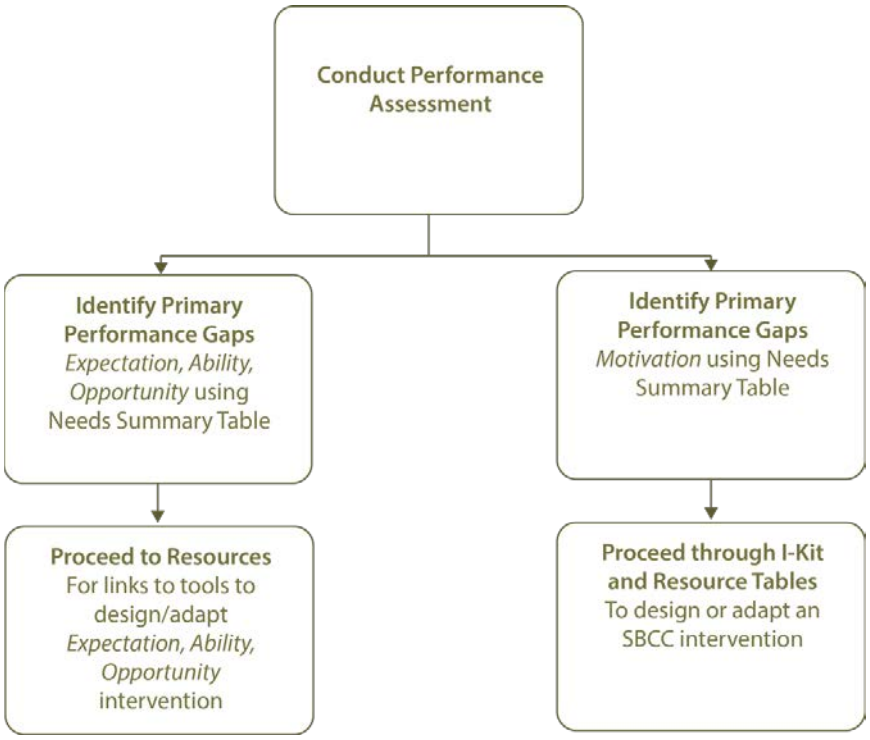
- **Expectation** – Do CHWs have the environment and necessary resources available to support performance?
- **Opportunity** – Do CHWs understand the performance expected and the definition of quality?
- **Ability** – Do CHWs have the skills and knowledge necessary to do the tasks in his/her scope of work and feel competent in doing so?
- **Motivation** – Is there sufficient reward and lack of negative consequences to make CHWs want to do his/her job?

Use the Needs Summary Table (Appendix FF) from the CHW Performance Assessment to summarize the findings. Then prioritize those needs using the Prioritization Matrix and Action Tracker (Appendix HH).

If you prioritized *Expectation, Opportunity* or *Ability* barriers, proceed to Other Resources for tools, resources and programmatic examples to improve Expectation, Opportunity and Ability performance gaps.

If you prioritized *Motivation* barriers, identify which motivational barriers are relevant to your CHWs and then proceed through the I-Kit to design your intervention.

The graphic below describes how to navigate the results of the Assessment or literature review to use this I-Kit.



4 Review the Data

Review the data you collected through the CHW Performance Assessment or Literature Review. Study the five categories of factors impacting CHW motivation in the Learn section. Determine which motivational factors are most relevant to the CHWs you are working with.

SITUATION ANALYSIS OUTPUTS

At the end of the situation analysis, you should have:

- → Problem Statement
- → Shared Vision Statement
- → Analysis Findings

Record these outputs in the Step 1 section of the **SBCC Strategy Template** (Appendix JJ)

Resources

- **Designing a Social and Behavior Change Communication Strategy Implementation Kit**
- **How to Conduct a Situation Analysis**
- **Understanding the Situation: A Practitioners Handbook**

Step 2: Identify the Core Problem

For an SBCC intervention to be effective, it must address the core, underlying problem – not simply the outward effects of the problem. A **root cause analysis** will help you understand why there is a difference between where you want to go (shared vision) and what is happening now (current situation). Once you understand what is truly causing the problem, you can design a strategy to address that core problem.

CHW behavior results from a complex interaction of cultural, political, health systems, personal and managerial factors. You have already identified factors that influence your CHWs' behavior. In this root cause analysis, you can explore how those factors interact and what is truly driving the problem. It is important to consider:

- → Larger social norms that impact CHWs' values, attitudes and practices
- → Status indicators that influence how a CHW interacts with clients
- → Policies and regulations that determine what a CHW can and cannot do
- → The value the local community and health system places on CHWs

The following are the key steps to identifying the core problem:

1 Write down the problem you are addressing in the Root Cause Template. For example, CHWs are not referring clients to the health center, or CHWs are treating clients rudely.

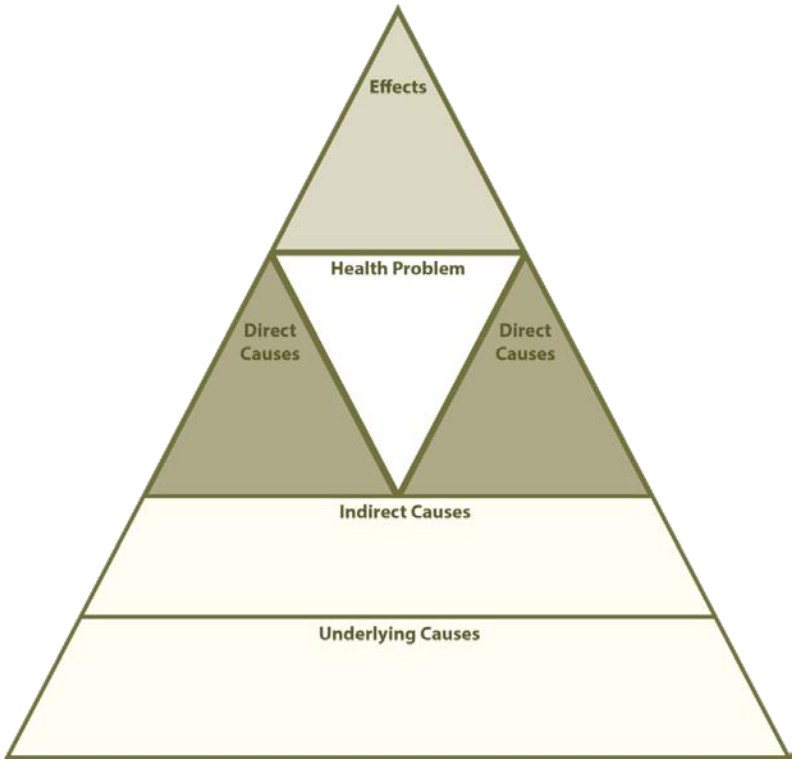
2 Start by identifying the direct causes of the problem (those things that cause or contribute to the problem). By identifying the direct causes you will begin to understand "why" we have this health problem. For example, if the problem is that CHWs are treating clients rudely, ask "why are CHWs treating clients rudely?" Write your responses on either side of the problem in the template.

3 After you determine the direct causes, brainstorm the indirect causes by asking "why do we have these direct causes?" Record the answers in the "indirect causes" of the activity template.

4 Root or underlying causes are seldom found in the most obvious causes. It is important to dig deeper and continue to ask "why?" until nearly all responses have been exhausted or roots that seem important to address are reached. If there are underlying causes that impact the health problem, you may need to address those before you can address the direct causes. For example, consider power dynamics in the community and health system, perceptions of CHWs, gender norms that govern interactions or cultural taboos. List those underlying causes in the space provided.

5	Once you have identified the underlying causes, determine the effects of the problem. These may include issues such as high rates of mother and child mortality, loss of manpower hours or other effects. List these at the top of the chart.
6	Take a look at the underlying causes you have identified and ensure they can be addressed through SBCC efforts. If you have more than one underlying cause that can be addressed through SBCC, decide which to address first by ranking them in order of importance.

Root Cause Analysis Pyramid Template (Appendix KK)



Record your prioritized core problem in the Step 2 section of the **SBCC Strategy Template (Appendix JJ)**

Step 3: Define Your Audience

Before designing any SBCC intervention, it is important to analyze the intended audience to gain a better understanding of who they are, including their current behaviors, and to decide which sub-segment or "primary audience" you will address.

This same process is used when designing an intervention to improve CHW behavior. CHWs are similar to other audiences identified for SBCC in that they have their own set of needs, desires, biases and attitudes that need to be understood in order to identify SBCC solutions. The Audience Analysis is an important step to understand CHWs as an audience.

The following are the key steps to audience analysis:

1 Review Audience Information

Review what you collected in the situation analysis (either through the Performance Needs Assessment or the Literature Review) to understand:

- → Current levels of performance
- → Key barriers to quality service provision by category (Expectation, Ability, Opportunity and Motivation)
- → Total number of providers, geographic location and services provided
- → Socio-demographic characteristics like age, years of experience, education level and religion
- → Beliefs, attitudes, knowledge levels and current behaviors
- → Psychographic data like CHWs' needs, aspirations, hopes, fears and habits
- → Other information as appropriate

Additional audience research may need to be gathered. See the Audience Analysis and Formative Research how-to guides for more guidance.

2 Decide Whether to Segment

Audience segmentation is the process of dividing the larger CHW audience into smaller groups or "segments" of similar individuals. Segmentation is important because different people respond differently to SBCC messages and interventions. It helps program teams better channel resources and narrow focus on a "primary audience." For programs working with providers, segmentation also helps better target monitoring, coaching and routine support supervision activities. If after the review of audience information it is determined that smaller groups with similar behaviors, needs, values and/or characteristics (segments) exist within the larger audience, it is best to segment.

One Method to Segment Providers – Population Services International

Population Services International (PSI) uses one method, adapted from the commercial pharmaceutical sector, to determine whether it is necessary to segment health providers before introducing a performance improvement approach. The approach uses two primary criteria: 1) Is there potential for health impact (i.e., are the providers working in a region or with clients who have a need for health improvement) and 2) Are the providers currently providing services or performing the desired behavior. Using these criteria, the segments are categorized in a Provider Segmentation Matrix:

BEHAVIORS	
High Potential/Low Behavior These providers are working in high density communities highly populated by members of their intended audience (i.e., women of reproductive age or children under 5), but who see very few clients or are not consistently performing the desired behavior.	**High Potential/High Behavior** These providers work in high-density communities and see high numbers of clients and are already providing good quality services. They are designated as "stars."
Low Potential/High Behavior These providers have a low client load, perhaps because they are not located in an area where people demand services from CHWs or there is low population density, but they are providing high quality services to the small number of clients they see.	**Low Potential/Low Behavior** These providers have a very low client load and for whatever reason are not offering services or performing the desired behavior.

Using this method, PSI determines whether there are distinct segments among the providers and which groups should be prioritized. Prioritized segments are providers who demonstrate both potential to improve health impact – in areas where there is demand for health services that is not already met – and who are not currently performing the desired behavior. This often results in prioritizing providers in the A and B quadrants.

3 Determine Segmentation Criteria

If segmentation is required, look at the audience and identify traits that make one sub group different from another. A significant difference is one that requires a different message or approach. These distinctions can be categorized by socio-demographic, geographic, behavioral and psychographic. See the table below for unique criteria for CHWs.

Socio-Demographic	Geographic	Behavioral	Psychographic
▪ Age ▪ Gender ▪ Level of education and/or clinical training ▪ Ethnicity/language ▪ Years of service	▪ Urban ▪ Rural ▪ Peri urban	▪ Current behavior (high performer/low performer) ▪ Barriers to behavior – Expectation, Ability, Opportunity, Motivation	▪ Benefits sought through CHW work ▪ Attitudes/opinions about CHW, clients

4 Segment the Audience

Segment your audience using criteria identified in Step Three. Consider using a segmentation table, such as the one below:

Segmentation Table Template (Appendix LL)

Potential Audiences	Potential Primary Audiences	Potential Influencing Audiences
Demographic Characteristics Age, gender, years of training and years as CHW		
Geographic Characteristics Region, urban or rural, and area of conflict		
Socio-Cultural Characteristics Language, culture, place in society, religion and ethnicity		
Behavioral Characteristics Behaviors that affect or impact the challenge		
Psychographic Characteristics Personality, values, attitudes, interests, lifestyle and reasons for wanting to be a CHW		
Ideational Characteristics		

Potential Audiences	Potential Primary Audiences	Potential Influencing Audiences
May include knowledge, beliefs and attitudes about CHW work, expectations and attitudes about clients served, perceived risk, self-efficacy, social support and influence, environmental supports and constraints, emotions, norms and self-image		

5 Assess Proposed Audience Segments

Once segments have been selected, ensure they are valid and usable. Use a checklist to ensure each segment meets the criteria for effective segmentation. If a defined segment does not meet the criteria, it is best to drop it and consider other segments.

Consider using this segmentation analysis checklist to assess audience segments.

Homogeneous	Yes	**What it Means:** The members of the audience segment are similar in a relevant way.	**Why It is Important:** This is the basis of audience segmentation – that the members of each segment are similar in terms of needs, values and/or characteristics.
Heterogeneous	Yes	**What it Means:** Each segment is relatively unique, as compared to the other segments that have been identified.	**Why It is Important:** This demonstrates that the broader audience has been effectively divided into sets of differing communication needs.
Measurable	Yes	**What it Means:** Data from the situation analysis or other research should indicate the size of the audience segment.	**Why It is Important:** Measurements allow programs to evaluate whether to focus on a particular element.
Substantial	Yes	**What it Means:** The audience segment is	**Why It is Important:** Programs should have a minimum expectation

		large enough, in terms of potential impact on public health, to warrant the program's attention.	for the impact of their investment. Therefore, programs should only consider segments that are big enough or important enough to impact public health.
Accessible	Yes	**What it Means:** The audience segment is reachable, particularly in terms of communication and access to products or services needed to address the problem.	**Why It is Important:** Each segment needs to be able to be reached and communicated with efficiently.
Actionable/Practical	Yes	**What it Means:** The program is able to implement a distinctive set of messages and interventions for each audience segment.	**Why It is Important:** The program must have the resources and ability to address the segments identified.
Responsive	Yes	**What it Means:** Each audience segment can be expected to respond better to a distinct mix of messages and interventions, rather than a generic offering.	**Why It is Important:** If the segment will not be more responsive to a distinct approach, then the segment can probably be combined with another similar segment.

6 Prioritize Audience Segments

Deciding which segments to prioritize and how to approach them is critical. If the program team identified more audience segments than it can or needs to reach, narrow the list and finalize which segments the program will focus on. Ultimately, the decision about which segments to

prioritize is based heavily on available resources and program goals. Some questions to consider when prioritizing audience segments are:

- → How much does this segment impact the overall program objectives?
- → How easy are they to reach?
- → Do they have significantly different views about their work than their peers?
- → How ready are they for behavior change?
- → What stage in the behavior change process are they currently?

More details on **How to Do Audience Segmentation**.

7 Create CHW Audience Profiles

An audience profile may enable you to obtain a personal sense of the people to be reached through your SBCC efforts. Focus first on the primary audience and think about what you know about them. Then draw an outline of a person who is a typical member of this audience and write a brief description of a single person as a composite of the group.

This profile could describe the CHW's geographic location, gender, age, cadre, years/level of training, concerns, current behaviors, years of service, where she gets information, what motivates her to be a CHW, current performance, beliefs, values or family situation.

Include findings from the performance assessment such as: the identified barriers and facilitators to improved performance considering the performance factors (Expectation, Opportunity, Ability and Motivation) and anything you know about specific motivational factors to perform well.

You might write "a day in the life" of the provider as a way to capture what is most important to the individual and to better understand their day-to-day experience as a CHW. This profile should be based on data including that gathered during the situation analysis and the performance gap assessment.

Remember: Audience profiles are needed for each prioritized audience segment.

NOTE: If you have determined that CHW motivation is heavily influenced at other levels (health system, community, organization, family and peers), identify which individual(s) are the most critical secondary (influencing) audience(s) and develop a profile for them as well.

Record your selected audiences, audience segments, and audience profiles in the Step 3 section of the SBCC Strategy Template.

Sample CHW Profile

Name: Halyman

Location: Works in a rural area outside the capital city.

Type: Voluntary Community Health Worker working part time, she has been a CHW for 11 years.

Incentives: She sometimes receives small gifts from the families she serves, such as bus fare.

Education: She has a primary school education.

Family Life: She is married with three children.

Services Provided: She has 260 eligible families in her community and she tries to see five families per day. She provides family planning counseling. She is not allowed to dispense IUDs or any family planning methods but can counsel and provide referrals to the local health clinic located less than half a kilometer from her home. She also provides basic information for child health including nutrition.

Why She Is a CHW: She wants to help people in her community. She is motivated by the satisfaction she feels when people in her community tell her she was a big help to their family.

Resources

- **Designing a Social and Behavior Change Communication Strategy**
- **PSI Coaching Toolkit**
- **How to Conduct an Audience Analysis**
- **How to Do Audience Segmentation**

Step 4: Develop Communication Objectives

Setting good communication objectives is important to keeping your SBCC efforts focused and on track. By linking your objectives to indicators, you can also track progress and demonstrate impact.

Good communication objectives should be:

S Specific

Does the objective say who or what is the focus of the effort? Does this objective say what type of change is intended? Does the objective cover only one challenge?

M Measurable

Can your objective be measured in some way? Does the objective include a verifiable amount or proportion of change expected?

A Appropriate

Is the objective sensitive to audience needs and preferences? Is the objective sensitive to societal norms and expectations?

R Realistic

Can you realistically achieve the objective with the time and resources available? Is the degree of expected change reasonable given these conditions?

T Time-bound

Does the objective state the time period for achieving change?

Good communication objectives focus on addressing the core problem you identified in Step 2.

The communication objectives should answer the following three questions:

- → What is the desired change in behavior, social norms or policies?
- → How much change can be expected of the audience? How will this change affect the CHW, the community, the health system and society?
- → What is the timeframe required for the change? By when do we want these changes?

You will answer these questions by completing the following activities:

1 What Is the Desired Change?

Each of the primary and influencing audiences will require its own set of communication objectives. Refer to your audience profiles and situation analysis to answer the following questions:

- → What type of behavioral change do you want each of your audiences to make?
- → What type of impact do you want this to have? For example, a change in social norms, a change in policy or change in number of clients seen.
- → Are the desired changes **specific** and **appropriate**?

Next

Indicate the intended audience segment – whose behavior do you intend to change through the SBCC intervention (e.g., rural CHWs with one to two years' work experience or urban CHWs working in FP and reproductive health)? Record this in the table below under Audience Segment.

Then fill in the "Desired Change" column for each of your audience segments in the Final Communication Objectives table.

Final Communication Objectives Table (Appendix MM)

2 How Much Change Can Be Expected?

To make a reasonable estimate on how much change can be made, consider the overall context of the problem, experiences of similar programs in the past, and the resources and timeframe available.

Context of the problem

Remember the barriers you identified that affect CHWs and any secondary audience's behavior. Your communication objectives will need to address these barriers. Referring back to your situation analysis and root cause analysis, consider the motivational barriers you identified.

- → What are the barriers to change?
- → What are the incentives **not** to change?
- → Which of these barriers and/or incentives not to change will you address?
- → Add this information to the "Barriers to Change" column in the **Final Communication Objectives table (Appendix MM)**

Prior experiences

- → Examine available research data and reports that describe prior communication programs related to the challenge to be addressed.
- → What changes were achieved?
- → Based on this information, what changes do you think are **realistic** and feasible?

Resources and timeframe available

- → Consider the resources available and what is manageable within the strategy's timeframe.
- → Can the objectives be accomplished with the available resources?
- → Are communication approaches sufficient to reach the intended audience?
- → Can services meet increased demand?

Determine the amount of change expected

- → State the existing baseline measure as well as the expected measure.
- → What is the numerical or percentage change expected?
- → Is the amount of change measurable and realistic?
- → If there is no baseline data, use secondary data and grey literature such as technical reports from government agencies or research groups, working papers, white papers or preprints.

Add the amount of change expected under the "How much change?" column in the **Final Communication Objectives table**. **(Appendix MM)**

3 What Is the Timeframe for the Desired Change?

Identify the timeframe in which change will be achieved. This will ensure your objectives are **time-bound**.

- → What is the timeframe for your objectives? They can be stated in either months or years.
- → Does the timeframe provide adequate time for change to effectively take place?
- → Is the timeframe **realistic**?

Add this information to the "Timeframe" column in the **Final Communication Objectives table**. **(Appendix MM)**

Motivational-based Communication Objectives (Example)

At the end of 3 years, 50% of CHWs in the targeted area express positive attitudes toward their jobs.

At the end of 2 years, 33% of CHWs will indicate they feel the communities they serve actively support their work.

At the end of 18 months, 40% of community members in targeted area recognize CHW logo as a sign of quality service.

Record your final communication objectives in the Step 4 section of the **SBCC Strategy template**. **(Appendix JJ)**

For additional information on setting good objectives for SBCC, see **Designing an SBCC Strategy Implementation Kit**.

Resources

- Designing an SBCC Strategy I-Kit

Step 5: Determine the Key Promise and Support Points

Now that you have determined what you want your CHW audience to do (*desired behavior change)* you need to identify how the CHW will benefit from taking that action. This is the **key promise** your SBCC intervention is making to your audience.

Determine the Key Promise

Take some time to review what your primary audience cares about, hopes for, aspires to and needs. These represent benefits your CHW audience would respond to. Some examples might include: being respected, making a difference, being seen as a leader in their community, or making money. Think about what you are asking your audience to do, then imagine a CHW asking, "Why should I do this?" or "How will this help me?" Write down responses to those questions keeping in mind what kind of benefits the CHWs would care about. The promise must be true, accurate and of real benefit. The key promise is not the message the CHW will see or hear, but it is the benefit that will be conveyed in all the messages and materials you produce.

After brainstorming benefits, develop the key promise using an "if…then…" statement: "If you (do this new behavior) then you will (benefit)." For example, "If you treat clients with respect regardless of their background, then you will be viewed as a leader your community can turn to." It can be helpful to develop a few alternative options and pretest them with your audience to see which benefit resonates best with them. Convey the key promise in all the messages, activities and materials you create.

Identify Support Points

Your audience needs believable, persuasive and truthful information to support the key promise. These can be in the form of facts, testimonials, celebrity or opinion leader endorsements, comparisons or guarantees. The kind of support points used will depend on what will appeal and be credible to your particular CHWs.

Based on the key promise you developed, identify information that supports the promise. As you develop those support points, consider who your CHWs trust or aspire to be like, where and how they prefer to get their information, and what kind of appeals will best reach them. For instance, would your CHWs trust a promise given by another CHW, a health system manager or a community leader?

Some examples of support points include:

- → Using the new referral system has saved 200 lives (fact, comparison)
- → A fellow CHW testimonial: "I listened to my clients and I am now all the community members come to me for guidance."

Record your key promise and support points in the Step 5 section of the **SBCC Strategy Template (Appendix JJ)**.

Step 6: Define Your Strategic Approach

At this stage, it is important to make decisions about which broad communication approach is most appropriate to achieve your communication objectives. In doing so, it is critical to consider both the needs and preferences of your intended audience and how well various approaches will work with your specific objectives and barriers and in your current context. An SBCC strategy may include more than one approach.

To determine which type of approach is the most appropriate, it is important to first answer a set of key questions:

- → **Which motivational barrier or barriers are you trying to address**? Perceived Status, Incentives and Personal Rewards, Level of Connectedness, Social and Gender Norms, Personal Attitudes and Beliefs or others.
- → **How complex is the barrier?** Complex barriers like social norms and attitudes are better addressed with approaches that allow for dialogue.
- → **How sensitive are the issues to be addressed?** Issues that the audience may not want to discuss publicly or that they feel may compromise their compensation, promotion opportunities or standing among peers require approaches that are more confidential and one-on-one.
- → **What is the level of literacy and/or technical comfort among the intended audience?** Community radio and group discussions which require less reading and/or more active engagement may be more appropriate for those with lower reading and educational levels.
- → **What is the desired reach?** How large is the intended audience segment and how wide is the geographic location in which they work? Some approaches are limited in reach but allow for greater depth in coverage of a particular issue.
- → **What are the cost considerations?** What is known about cost per person reached and the known cost effectiveness of a particular approach? Does this fit within the available budget?
- → **What is the level of acceptability of approach for the intended audience?** The format should be appropriate for the intended audience in terms of what they are used to and comfortable using. For example, some CHWs may be resistant to support supervision, peer support and more interactive coaching styles, particularly if supervisors are younger or the intended audience is more comfortable with a hierarchical management style.
- → **What is the level of technology and innovation and is it appropriate for the intended audience?** Lower level, less educated or even older CHWs may be more resistant to new technological methods like tablets, smart phones and formats that use social media or mobile health technologies or they may not have access to these types of tools.

COMMUNICATION APPROACHES TO BE CONSIDERED

The table below does not include every possible approach, but it describes some communication approaches that have been used successfully in programs to improve CHW performance. See the SBCC Strategy I-Kit for more examples of strategic approaches.

Approach	Definition	Barriers Addressed	SBCC Examples For CHWs
Advocacy	A deliberate process, based on evidence, to directly and indirectly influence decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to health and human rights.	▪ Policy ▪ Resource allocation ▪ Legal changes ▪ Perceived status ▪ Connectedness to health facilities ▪ Social and gender norms	Using evidence informed communication targeting leaders at Ministry of Health to allocate resources enabling CHWs to receive a small stipend, reward or recognition as incentive for good performance.
Branding	Process of developing a symbol, logo and design that distinguishes one product, service or idea from the competition.	▪ Incentives and rewards ▪ Perceived status ▪ Social support ▪ Peer connectedness ▪ Connectedness to community	Developing a mark or symbol and making it visible on trained CHWs' clothing, bags and homes, etc., to identify them as high-quality service providers.
Mobile Health	A tool to expand access to health information and services using mobile and wireless technologies such as mobile phones, tablets and mobile software applications.	▪ Ability barriers ▪ Perceived status ▪ Connectedness to peers ▪ Connectedness to the health system ▪ Connectedness to supervisor ▪ Incentives and rewards	Sharing short videos through Bluetooth technology to demonstrate better IMCI counseling practices among select CHW members who own smart phones or feature phones.
Role Modeling	Process of strategically engaging people whose behavior or success can be emulated by others to	▪ Social status ▪ Incentives and rewards ▪ Social and gender norms	Identifying high-performing, well-liked CHWs and partnering them with new or demotivated CHWs for scheduled "work- alongs."

Approach	Definition	Barriers Addressed	SBCC Examples For CHWs
	influence behavior change.		
Satisfied Client	An intervention which enlists individuals who have successfully adopted a select behavior, service or product to conduct outreach with individuals who are non users/non-adopters.	▪ Connectedness to community	Select and engage young mothers who recently received high-quality community-based counseling and who are also willing to speak out in local radio talk shows or community activities to encourage local families' support of CHWs.
Support Supervision and Coaching	A feedback approach that promotes mentorship, joint problem-solving and communication between supervisors and their staff.	▪ Connectedness to supervisor	A supervisor may apply interpersonal communication techniques during routine monitoring to jointly identify behavioral and performance goals, techniques to address individual barriers and coach CHWs on ways to improve performance.

Identify several communication approaches you would like to use by answering the questions above. Use the following table to analyze any potential approaches you are considering. For each audience and each communication objective, write the approach and evaluate it against the selection criteria.

Key Approach	Intended Audience	Communication Objective
Criteria	**Meets this Criteria (Y/N)**	
1. Matches the identified motivational barrier.		
2. Is appropriate for the level of complexity of the barrier.		
3. Is appropriate for the level of sensitivity of the barrier.		
4. Matches audience literacy level.		
5. Meets reach requirements for audience.		

Key Approach	Intended Audience	Communication Objective
6. Is within program budget.		
7. Is an acceptable approach to the intended audience.		
8. Technology and innovation level is appropriate.		

Key Approach Table (Appendix NN)

SELECTING COMMUNICATION CHANNELS

Once you determine your broad approach, the next step is to select specific communication channels. Channels are the specific set of communication tools you want to use. Generally, channels can be organized into four main categories: interpersonal, community based, mass media and social media. The following table defines the different channels and provides examples of how these channels may be applied in CHW programs.

Channel Types	Definition	Examples
Interpersonal: Counseling, peer to peer, client-provider and supervisor to CHW	The process by which two or more small groups of providers exchange information and ideas through face-to-face interaction.	▪ Site visits with leaders and politicians to advocate for policy change ▪ Coalition building meetings for improved connectedness to communities ▪ CHW peer meetings to improve connectedness to peers ▪ Support supervision visits, team meetings to improve connectedness to supervisors
Community Based: Community dialogue, community drama, community radio and community events	A process that engages and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular objective through dialogue.	▪ Community dialogues to develop selection criteria for CHWs ▪ Community events to recognize high-quality CHWs
Mass Media: Radio and TV; serial dramas, game shows,	Diversified media technologies that are intended to reach large audiences via mass	▪ Radio soap opera modeling effective CHW/client interaction

Channel Types	Definition	Examples
websites, newspaper, magazines and posters	communication including radio, film, and television.	▪ Radio talk shows with CHWs on air as guests to build links to community ▪ Newspaper articles recognizing successful CHWs
Social Media: Facebook, WhatsApp, SMS, blogs and podcasts	Internet services where the online content is generated by users of the services including blogging, social network sites and Wikis, etc.	▪ Facebook page for CHWs ▪ Motivational videos shared on WhatsApp among CHWs ▪ Blog for CHWs ▪ Social media user group among CHWs to enable their sharing of better practices, learnings and new techniques related to their work

Refer to the resources section below for detailed guidance on how to select the best channel.

Once the most appropriate communication approach is determined, work with a creative team to develop messages and materials. Don't forget to ensure that these materials are pre-tested with your primary CHW audience before being finalized and produced!

Record your selected communication approach(es) and communication channels in the Step 6 section of the **SBCC Strategy Template (Appendix JJ**).

Resources

- Setting Strategic Approaches
- PSI Coaching Toolkit
- PSI IPC Toolkit – Implementation Chapter
- How to Develop a Channel Mix Plan

Resources for Materials' Development:

- Beyond the Brochure: Alternative Approaches to Effective Health Communication
- Clear and Simple: Developing Effective Print Materials for Low Literate Readers
- Scientific and Technical Information Simply Put
- C-Modules – Module 2
- How to Develop SBCC Creative Materials
- How to Conduct a Pretest

Advocacy

- Smart Chart 3.0
- UNICEF Advocacy Toolkit
- Advocacy: Building Skills for NGO Leaders

Branding

- Branding Part 1
- Branding Part 2
- Branding Part 3
- DELTA Companion (PSI)

mHealth

- mHealth Working Group
- WHO mHealth Toolkit
- Support Supervision

Social Media

- The Health Communicators Social Media Toolkit

Step 7: Match Communication Approach to Identified Motivation Barrier

At this stage, you have identified your key barriers to CHW motivation, identified your intended audience(s), defined your objectives and the general strategic approach you plan to use.

This step pulls together resources, toolkits and guidelines that guide the development of SBCC approaches that will help address the identified barriers to CHW motivation. These can be adapted to your context and intended audience as you see fit.

The tools and resources have been organized around the five main categories of CHW motivation discussed previously:

1. Perceived Status and Social Support
2. Level of Connectedness
3. Incentives and Personal Rewards
4. Supportive Social and Gender Norms
5. Personal Attitudes and Beliefs

Review your findings from your situation, root cause and audience analyses to remind yourself of the motivation barriers your CHW audience faces. Consider the approaches you have chosen to address those barriers. Then, read the relevant sections below and access the resources that will help you in designing your SBCC intervention.

PERCEIVED STATUS AND SOCIAL SUPPORT

SBCC can play a role in improving community and family support through efforts to build CHW status and encourage greater community involvement. Some examples include: using mass media to publicly praise CHWs (used in Indonesia); designing branding strategies to help identify and recognize high quality CHWs; providing CHWs with bags, badges and high-quality counseling materials with identifying logos; identification cards to secure preferential treatment in health clinics (in Ghana); and securing letters of appreciation from government officials. In Bangladesh, one community service provider noted that simply being seen on a periodic basis by a headquarters-based supervisor, demonstrating a clear support system from a larger technical resource, is a boost to one's status among community members.

Providing CHWs with tablets and mobile phones that include SBCC materials and electronic guidelines has been used not only to improve CHW capacity in interpersonal counseling but also to improve their status among the communities where they work. SBCC can also be used to advocate for improved government policy to raise the social status and support of CHWs. In India, for example, CHWs are given access to credit programs for income generating projects and are prioritized for literacy classes.

Regardless of the approach, it is important to ground techniques to improve social status in an understanding of the CHWs working in the community. What may be desired by one CHW may not be the same for another. These preferences are often influenced by age, gender, current social status within the community and level of education.

The Motivation Resource Table below details some documented programs and approaches, which have used various techniques to improve CHW social support and status.

Motivation Resource Table: Perceived Status and Social Support

	Toolkits/Guidance Resources	Select Literature
Perceived Status and Social Support	1. Open source mobile applications for health care management. 2. Hesperian Health Guides. Library of digital tools for health promotion designed for people with limited computer or internet access. 3. InScale Project in Uganda – YouTube video 4. An interactive voice response training program for CHWs to improve recognition and status among community members 5. Providing netbooks to field workers in Bangladesh equipped with an eToolkitand 8 eLearning courses improved client confidence and increased field worker status. 6. Image-building TV spot for Lady Health Workers in Pakistan	1. Amare, Yared. 2009. Non-Financial Incentives for Voluntary Community Health Workers: A Qualitative Study. Working Paper No. 1, The Last Ten Kilometers Project, JSI Research & Training Institute, Inc., Addis Ababa, Ethiopia. 2. Improving Health Communications in Kenya: A feasibility study on engaging frontline health care workers in using mobile technology. The Internews Center for Innovation and Learning. 2012. Aggrey (K4H) Willis Otieno

LEVEL OF CONNECTEDNESS

Community Connectedness – CHW programs integrated with the Primary Health Care system and managed well can ensure continuum of care. A well-run CHW program will directly engage the community, which includes but is not limited to: enabling community members to help define CHW roles and job descriptions, selecting and recruiting CHWs, and helping monitor CHW performance and resulting health outcomes. Community-led advocacy can also ensure that the appropriate structures are in place to select and monitor CHWs and ensure their activities provide efficient links to health services. SBCC plays a large role in all of these activities.

The Communication for Healthy Living Project in Egypt developed its Community Health Program through a multi-step process, which sought to ensure community health workers were linked to the community management structures. The process included:

- → Community mobilization to establish a village health committee based on identified community needs and together with the Village Council and Primary Health Care Unit
- → Conducting village assessments to identify community needs and present to the Village Council through community meetings
- → Revitalizing the Primary Healthcare Unit Board to help review proposed activities
- → Identifying community health volunteers and leaders through the Village Health Committee to conduct group discussions for men and women, family health interventions, health clinic discussions

Peer Connectedness – SBCC approaches can help address the loneliness and lack of support CHWs feel by connecting them to their peers. Some examples include bringing peer educators together for award ceremonies or refresher trainings, developing and distributing newsletters or conducting routine meetings for status updates.

The Care Community Hub (CCH) project's Community Health Nurse (CHN) on the Go developed a mobile app to improve motivation and job satisfaction among frontline health workers working in maternal, newborn and child health in rural Ghana. By providing this mobile phone app to community health officers, community health nurses and their supervisors, CNH on the Go will combine virtual peer-to-peer support with improved connectedness to a professional network and supervisors. The Community Health Nurse on the Go app aims to improve motivation among frontline health workers through a mobile technology application.

Connectedness to Supervisor – Some programs have employed SBCC approaches that allow supervisors to use interpersonal communication to counsel CHWs to discuss problems and exchange information. One example is PSI's Provider Behavior Change Communication approach, which has applied an interpersonal-based coaching and support supervision approach, which helps build CHW capacity, improves self-efficacy and reduces CHWs feelings of isolation.

In Zambia, the Malaria Communities Program partners implemented a variety of supervision systems, including conducting joint supervision visits with MOH staff and holding monthly meetings with volunteers. Supervisory visits were tremendously motivating to volunteers, providing opportunities to recognize their efforts and reinforce their credibility in communities. Monthly or quarterly meetings encouraged a cohesive spirit of teamwork and motivated volunteers to continue their work.

Connectedness to Health Facilities – SBCC approaches can be used to help advocate for improved CHW connectedness to health facilities and stimulate community support and

demand for CHW led health services as an extension of facility based health services. It can also be used to training and support materials to help them in their work.

As a means of addressing poor motivation tied to increased demand for CHW services in Kailahun District in Sierra Leone, in 2012 the Innovations Project and Catholic Relief Services implemented the Quality Circles Project. *Quality Circles* consisted of regular quality improvement group meetings with health volunteers and health facility staff to address peer learning, foster peer support and develop joint problem solving strategies to improve health services and health worker morale. Many "change ideas" sought to improve Traditional Birth Attendants' (TBAs) relationships with their communities and with health workers, such as training TBAs to assist with non-clinical tasks in the health facility. Issues that could not be resolved by health workers and TBAs themselves were presented as part of an advocacy strategy to the District Health Management Teams for their action, enhancing communication on health system issues in the district.

Motivation Resource Table: Level of Connectedness

	Toolkits/Guidance Resources	Select Literature
Connectedness to Health Facilities	1. Mobile Technologies and Community Case Management: Solving the Last Mile in Health Care Delivery. Frog, UNICEF 2. Developing and Strengthening Community Health Worker Programs at Scale A Reference Guide for Program Managers and Policy Makers, Chapter 11, MCHIP 3. inSCALE Uganda and Mozambique: CHWs receive phones with which they can send their weekly reports, receive immediate automated feedback on performance and access a closed user group with their supervisors in order to increase communication and support	1. Integrated Community Case Management: Findings from Senegal, The Democratic Republic of the Congo and Malawi. A Synthesis Report. September 2013, MCHIP. 2. Ghana: Improving Motivation and Job Satisfaction Among Frontline Community Health Workers. Concern Worldwide.
Connectedness to Communities	1. Community Health Worker Code of Ethics. Scott J., Dunning, L. Harrison Institute of Public Law at the Georgetown University Law Center, American Association of Community Health, 2008	1. Building Community Capacity in Malaria Control. Case study. PMI, MCHIP. November, 2013.

	2. Strengthening Health Worker-Community Interactions through Health Literacy and Participatory Approaches 3. inSCALE Uganda uses a community engagement process called Village Health Clubs with CHWs at the center to facilitate communities and CHWs in solving child health problems	
Connectedness to Supervisors and Peers	1. Situation Behavior Impact demonstrative video 2. PSI IPC Toolkit – Supervision and Feedback Chapter	1. Initial Experiences and innovations in supervising community health workers for maternal, newborn and child health in the Morogoro region in Tanzania. T. Roberton et al. Human Resources for Health. 2015 13:19 2. Taking Knowledge for Health the Extra Mile: Participatory Evaluation of a Mobile Phone Intervention for Community Health Workers in Malawi. Global Health Science and Practice 2014: Volume 2, Number 1.

INCENTIVES AND PERSONAL REWARDS

SBCC interventions can advocate for and use both financial and non-financial incentives to motivate CHWs. It is important to keep in mind that financial incentives alone are rarely sufficient. CHWs in Nepal, for example, are motivated to serve their communities due to the influence of religious customs that promote the importance of altruism and volunteering for community good, and not as much by financial compensation. Financial rewards also come with a number of issues, including:

- → How do you ensure sustainability?
- → How do you manage inequity of distribution?
- → How do you prevent the appearance of preferential treatment?

For this reason, it is important to identify other ways to incentivize CHWs. Many programs use a combination of financial and non-financial incentives. The AIN-C Program in Honduras, for example, regularly provides non-financial incentives to their "monitoras" including publicly recognizing families who support the volunteers, letters of appreciation from government officials and community leaders and, community parties and events – all of which are seen as incentives.

Before designing any type of incentive structure, including one that offers non-material incentives, it is important to ensure the incentives offered match the needs of the selected CHWs and the environment and context in which they work. The situation analysis and audience analysis in the SBCC process are key steps to understanding these needs.

The table below summarizes the types of financial and non-financial incentives widely used in CHW programs. Many of the non-financial incentives can be addressed by SBCC techniques. Some have been mentioned earlier – support supervision, community recognition programs, branded giveaways and tokens of appreciation.

Direct Incentives	
Financial Incentives	**Non-Financial Incentives**
Terms and conditions of employment: salalry/stipend, pension, insurance, allowances and leave *Performance payments:*performance-linked bonuses or incentives. *Other financial support:*reimbursement of costs (travel, airtime), fellowships, loans and ad hoc	*Job satisfaction/work environment*: autonomy, role clarity, supportive/facilitative supervision and manageable workload *Preferential access to services:* health care, housing and education *Professional development:* continued training, effective supervision, study leave, career path that enables promotion and moving into new roles *Formal recognition*: by colleagues, health system, community and wider society *Informal recognition*: T-shirts, name tags, bicycles and access to supplies/equipment, etc.

Indirect Incentives	
Health System	**Community Level**
Well-functioning health systems: effective management, consistent M&E, prompt monthly payments, safe environment, adequate supplies and working equipment	Community involvement in CHW selection and training
Sustainable health systems: sustainable financing, job security	Community organizations that support CHWs
Responsive health systems: trust, transparency, fairness and consistency	CHWs witnessing visible improvements in health of community members

Complementary/Demand-Side Incentives	
Health System	**Community Level**
Health care workers witnessing and grateful for visible improvements in health of community members	Community members witnessing and grateful for visible improvements in health of its members
Policies and legislation that support CHWs	Successful referral to health facilities
Funding for CHW activities from state or communities	CHW associations

Motivation Resource Table: Incentives and Personal Rewards

	Toolkits/Guidance Resources	Select Literature
Personal Needs Rewards	1. Standards-Based Management and Recognition: A Field Guide.	1. Searching for Common Ground on incentive packages for community

	2. Guidelines: Incentives for Health Professionals. International Council of Nurses, International Pharmaceutical Federation, World Dental Federation, World Medical Association, International Hospital Federation, World Confederation for Physical Therapy, 2008 3. Developing and Strengthening Community Health Worker Programs at Scale: A reference guide for Program Managers and Policy Makers. Chapter 10 What Motivates Community Health Workers? Designing Programs that incentivize Community Health Worker Performance and Retention Incentives. MCHIP. 2013	workers and volunteers in Zambia: A review of Issues and recommendations. Dr. Kanyanta Sunkuntu. July 2009 2. Non-Financial Incentives for Voluntary Community Health Workers: A Qualitative Study. L10K Working Paper No. 1, 2009.

The table below summarizes some key questions programmers may consider before determining whether to employ indirect incentives as part of a CHW motivation.

QUESTIONS TO CONSIDER REGARDING INDIRECT AND COMPLEMENTARY INCENTIVES

Clear roles, responsibilities and feedback	▪ Do CHWs have clear job descriptions and distinct roles? ▪ Are the other health care workers aware of these roles? Are there areas of ambiguity or overlap? ▪ Do CHWs have the chance to get and give feedback from other staff and managers on a regular basis?
Personal growth and professional development	▪ What elements of the CHW role promote personal growth (e.g., social, emotional, psychological, intellectual skills and development)? ▪ How can these elements be strengthened in the program? ▪ What elements of the CHW role promote basic professional development (e.g., computer, administrative, financial or logistical skills)? How can these elements be strengthened in the program?
Day-to-day working relationships	▪ Do CHWS ever get the chance to work with each in their daily work? ▪ Are there CHW associations or networks?

	▪ How do CHWs and healthcare professionals relate to each other? How does the work environment affect these relationships? ▪ How are conflicts between CHWs and other health care workers addressed?
Accountability in the health system and community	▪ Are there multiple or confusing lines of accountability for CHWs (e.g., do they report to both the health system and the community or civil society managers)? ▪ How are conflicts or issues of poor performance among CHWs handled and by whom? ▪ How can overlapping or confusing lines of accountability be clarified or reconciled?
CHW "champions"	▪ Are there "champions" behind the CHW programs in your context, whether from the community, the health system or civil society? ▪ How do they contribute to the program and what risks does their participation involve? ▪ Is the policy environment flexible enough to allow champions to emerge and contribute to CHW programs in a positive way?
Role of civil society partners	▪ What is the character of civil society (e.g., NGOs, community-based organizations, faith-based organizations and other forms of community organization) and how does civil society engage with CHWs? ▪ Who runs these organizations and do they represent broader community interests and perspectives? ▪ How does the relationship between civil society and the health system afect CHW motivation? To what extent does the CHW program's success rely on civil society?
Community's relationship to the health system and government	▪ What is the historical relationship between the local community and the health system/government? ▪ If one of antagonism and mistrust, how does this impair CHW motivation? ▪ If one of solidarity and confidence, how does this promote CHW motivation?

The **Incentives and Personal Rewards Motivation Resource Table** above presents a list of programs, toolkits and guides of recent programs that have incorporated incentives (direct or indirect) into their CHW programs.

SOCIAL AND GENDER NORMS

Before employing an SBCC approach to improving provider motivation and performance, it is important to understand what are the most important prevailing social and gender norms and the underlying reasons why they exist. Some of this information may come out in the Situation Analysis, but you will likely need to conduct additional formative research to understand local

norms. This can be done through key informant interviews, focus group discussions or interactive research techniques.

Once you understand what social and gender norms need to be addressed, you can design focused interventions. Normative change typically requires dialogue – between partners, families and communities. People often need to confront their values and openly discuss the impact of those values on their community. Social change also requires early adopters that others who are considering change can look to. SBCC effectively uses modeling to convey the sense that a certain behavior is widely acceptable, and to show others how that behavior can be done.

SBCC programs have successfully employed community dialogue, TV/radio listeners' groups, community mobilization, mass media, peer-to-peer and other approaches to stimulate normative change.

In designing programs for CHWs that will target gender-related norms, consult the **Gender Equality Continuum** as a means of evaluating whether your program contributes to gender equity.

The **Social and Gender Norms Motivation Resource Table** (below) presents a list of programs, toolkits and guides of recent programs that have addressed social and gender norms (direct or indirect) as part of their CHW performance improvement efforts.

Motivation Resource Table: Social and Gender Norms

	Toolkits/Guidance Resources
Social and Gender Norms	1. Engaging Men at the Community Level. ACQUIRE Project/Engender Health and Promundo, 2008 2. E- Course – Foundations of Gender Equality in the Health workforce. HRH Global Resource Center. 3. Addressing the Role of Gender in the Demand for RMNCH Commodities: A Programming Guide. July 2014

PERSONAL ATTITUDES AND BELIEFS

Changing attitudes, beliefs and values is central to SBCC efforts. SBCC can be used to influence how CHWs view their clients, the health topic or behavior, and the products and services they offer.

There are many SBCC interventions that can influence CHWs' attitudes and beliefs. Included here are a few examples. One example involves using a positive deviance approach to identify CHWs with supportive attitudes and beliefs, then creating peer discussion or working groups to normalize those attitudes. Another approach involves using mass media to spark thinking on a

topic, then allowing space (either formal or informal) for reflection. Values assessments can also help CHWs confront what they believe and how they act. Some CHWs are swayed by emotional or rational appeals where they are shown how their attitudes and actions impact the lives of their clients.

Defining quality services alongside community members can also help shift CHW perceptions. The Puentes project in Peru brought communities and health workers together to create participatory videos that identified barriers to utilization of services. Together, they defined what quality services looked like and came up with an action plan for improvements. Health workers saw issues in a new way and were able to shift attitudes about the services they offered and the community they served.

The **table** below contains examples of programs and guidance for addressing personal attitudes and beliefs.

Motivation Resource Table: Personal Attitudes and Beliefs

	Toolkits/Guidance Resources	Select Literature
Personal Attitudes and Beliefs	1. The Woman Friendly Hospital Initiative in Bangladesh setting: standards for the care of women subject to violence. 2. Health Workers for Change 3. Using a mHealth tutorial application to change knowledge and attitude of frontline health workers to Ebola virus disease in Nigeria: a before-and-after study	1. Evaluating the effectiveness of patient education and empowerment to improve patient-provider interactions in antiretroviral therapy clinics in Namibia. 2. Impacts of a Peer-Group Intervention on HIV-Related Knowledge, Attitudes, and Personal Behaviors for Urban Hospital Workers in Malawi 3. Evaluation of a Health Setting-Based Stigma Intervention in Five African Countries 4. The impact of an intervention to change health workers' HIV/AIDS attitudes and knowledge in Nigeria: a controlled trial. 5. Attitudes, Skills and Knowledge Change in Child and Adolescent Mental Health Workers Following

		AOD Screening and Brief Intervention Training

Reflect on the examples and resources you have seen in this section. In the Step 7 section of the **SBCC Strategy Template (Appendix JJ)**, write down ways you might adapt or use some of the ideas presented here in your own intervention.

Step 8: Develop an Implementation Plan

At this point, you have completed a situation analysis, identified your intended audience, developed communication objectives framed around the key barriers to CHW motivation, and identified the tools and resources you will either develop or adapt for your intervention. The next step is to determine how, by when and by whom your SBCC intervention will be implemented.

The steps to developing an implementation plan for SBCC that addresses CHWs performance are identical to other types of SBCC interventions and follow these fundamental steps:

1 Determine Partner Roles and Responsibilities

Ask the following key questions:

- → What competencies are needed to implement the strategy?
- → What potential partners have these competencies?
- → How will coordination for implementation be handled?
- → Who will serve as the lead implementer of the communication strategy?
- → Are there any capacity strengthening needs?

2 Outline Activities

Answer the following questions and assign responsibility:

- → What are the activities that need to be implemented?
- → What are the intermediate steps for each activity?
- → What is the necessary sequence?

3 Establish a Timeline

This plan outlines the time schedule for development, implementation and evaluation of activities. It is flexible and should be reviewed periodically.

4 Determine a Budget

This task determines how much funding is needed to implement the communication strategy.

C-Change developed a budget tool (see pg. 14) to guide the outline of the major budgeting categories for SBCC.

5 Finalize Implementation Plan

This activity summarizes how the SBCC strategy will be implemented answering the *who?, what?, when? and how much?* C-Change developed an implementation plan template (see pg. 3) you can use as a guide.

Record partner roles, activities, timeline and budget in the Step 8 section of the **SBCC Strategy Template. (Appendix JJ)**

Resources

- Designing a Social and Behavior Change Communication Strategy Implementation Kit
- C-Change C-Module 4 – Implementation and Monitoring

Step 9: Monitor and Evaluate

All SBCC programs, including those that focus on CHWs, must include a monitoring and evaluation (M&E) component. While M&E is introduced in Step 9 of this I-kit, it is important to remember that throughout the SBCC design process, you made key decisions that are a key part of M&E. Specifically:

- → **Step 1: Situation Analysis/Performance Needs Assessment** – You identified what were the key behavioral problems that needed to be addressed and subsequently measured in your evaluation.
- → **Step 2: Identify the Core Problem** – You identified the core problem that needed to be addressed.
- → **Step 3: Define Key Audience Segments** – You identified which cadre of CHWs you would focus on in order to change behavior.
- → **Step 4: Develop Communication Objectives** – You determined which specific motivational factors you would address and developed SMART objectives to measure them.
- → **Step 5: Determine the Key Promise and Support Points** – You developed a promise telling your audience what they would receive by changing their behavior and supported this with evidence.
- → **Step 6: Define and Prioritize Communication Approach** – You determined the communication channels you would use throughout implementation, and those you would subsequently track throughout implementation.
- → **Step 7: Match Communication Approach to Identified Barrier** – You matched the communication channels to your SMART objectives.
- → **Step 8: Develop Implementation Plan** – You developed the overall implementation plan to inform both your monitoring and evaluation activities.

Your M&E efforts help you to compare the effects of your SBCC intervention with your program objectives and identify factors that helped or limited the program's success. Motivation cannot be observed or measured directly and as a result, monitoring and evaluation must measure the key factors of motivation. For CHWs these are defined as: *connectedness, social status, social and gender norms, incentives and personal rewards, and personal attitudes and beliefs*.

Developing a monitoring and evaluation plan to measure your program's success is important. However, before developing a Monitoring and Evaluation plan for SBCC, it is important to understand the difference between Monitoring and Evaluation and the indicators they measure.

MONITORING

Monitoring tracks and measures program activities. It helps you quantify **what** has been done, **when** it has been done, **how** it has been done and **who** has been reached. Monitoring also

help you identify any problems so that adjustments can be made. The indicators tracked by monitoring are called Process Indicators.

Process Indicators

Process indicators measure the extent to which SBCC activities were implemented as planned. Examples include: the number of community events conducted, the number of SMS messages sent to CHWs, the number of leaders met and the number of support supervision visits conducted.

C-Change created guidelines on how to develop an **SBCC monitoring plan** (see pg. 24).

Examples of performance monitoring and routine support supervision tools:

- → **Situation Behavior Impact (SBI)** – An interactive performance monitoring and coaching technique that can be used by CHW supervisors to monitor CHW job performance.
- → **PSI's IPC Toolkit** – Guidelines and resources to monitor IPC activities including routine monitoring for providers and CHWs.
- → **PSI's Provider Behavior Change Toolkit on Coaching and Feedback** – Tools to provide structured routine support supervision and feedback to health workers.

EVALUATION

Evaluation is data collected at discrete points in time to systematically investigate whether an SBCC program has brought about the desired change in an intended population or community. Evaluation enables the SBCC program to determine whether the communication strategy and activities were effective.

Evaluation requires a comparison of variables and the measurement of changes in them over time. It measures what has happened among the intended audiences as a result of program activities and allows SBCC practitioners to answer questions like:

- Were the barriers to improved CHW motivation reduced by our efforts?
- Did these changes improve our program success?

Evaluation indicators for SBCC typically include *Output, Outcome* and sometimes *Impact* Indicators.

Output Indicators

These indicators will measure:

1. Changes in the key factors of CHWs motivation as defined by: connectedness, social status and support, perception in changes of social and gender norms and perceived changes in personal needs being met.
2. The extent to which these changes correlate with exposure to SBCC activities.

Example: The proportion of CHWs who now feel an improved sense of connectedness to the community or health system as a result of community mobilization activities to promote the importance of CHWs' work.

Outcome Indicators

Outcome indicators measure:

1. Changes in audiences' behavior.
2. The extent to which these changes correlate with program exposure.

Example: The proportion of CHWs who participated in training, support supervision and coaching who now provide quality family planning counseling to young people ages 15-24.

Impact Indicators

Impact indicators measure changes in health outcomes.

Examples: The number of youth accessing modern contraceptives in the CHW's village; Percent decrease in malaria cases among children under 5; Percent decrease in HIV incidence

While effective SBCC programs have the potential to contribute to health impact it may not be possible to attribute this impact entirely to SBCC. As a result, while impact indicators are defined above, most SBCC programs – including those that target CHWs – track process, output and outcome indicators.

To increase the utility of M&E data, indicators should be disaggregated to facilitate more in-depth analysis of program performance. It is recommended that indicators are also disaggregated by gender, experience level, geographic location and type of provider, etc.

Because the SBCC component of your program may be part of a larger health systems strengthening or CHW performance improvement plan, if M&E plans already exist, add appropriate outcome or impact indicators and provide input into the existing M&E plan.

C-Change has more guidelines on developing an **SBCC Evaluation Plan and indicators**.

Record your M&E indicators in the Step 9 section of the **SBCC Strategy Template.(Appendix JJ)**

Resources

- Situation Behavior Impact
- IYCF Support Supervision tools
- Coaching (PSI PBC)
- Developing and Strengthening Community Health Worker Programs at Scale

- Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving CHW Programs and Services
- How to Develop Monitoring Indicators
- How to Develop Monitoring and Evaluation Plan