Designing an SBCC Intervention for FBP 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 FBPs. The situation analysis answers questions about existing opportunities, resources, challenges and barriers related to improved FBP behavior.

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

Conduct FBP 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 FBPs?
- → What other interventions are in place or planned to address FBP behaviors?
- → What are FBPs' 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: "Facility-based providers do not treat clients with respect and kindness."

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 2025, every employee at the health center treats clients with respect and kindness, regardless of the clients' background, behaviors, appearance, or current situation. Health center employees treat each client like they would a family member." Guidelines on what to consider when drafting this vision.

3 Gather Information and Summarize Findings

If you chose to conduct the FBP Performance Assessment, follow the steps to gather the information and summarize your findings. 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 FBPs and their work environment.

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

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

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

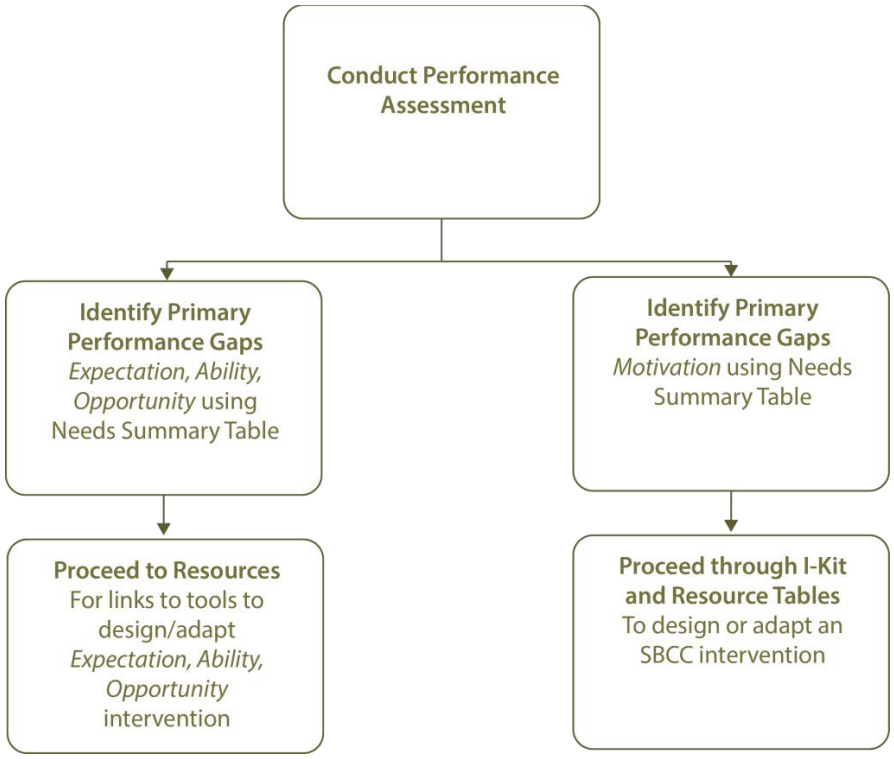
- **Expectation** – Do FBPs have the environment and necessary resources available to support performance?
- **Opportunity** – Do FBPs understand the performance expected and the definition of quality?
- **Ability** – Do FBPs have the skills and knowledge necessary to do the tasks in his/her scope of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

Use this Needs Summary Table (Appendix FF) from the FBP 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 **(Appendix OO)** 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 FBPs 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 FBP Performance Assessment or Literature Review. Study the five categories of factors impacting FBP motivation in the Learn section. Determine which motivational factors are most relevant to the FBPs 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.

FBP behavior results from a complex interaction of cultural, political, health systems, personal and managerial factors. You have already identified factors that influence your FBPs' 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 FBPs' values, attitudes and practices
- → Status indicators that influence how a FBP interacts with clients
- → Policies and regulations that determine what a FBP can and cannot do
- → The value the local community and health system places on FBPs

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

1 Write down the problem you are addressing in the Root Cause Template (Appendix KK). For example, FBPs will not provide contraceptives to youth, or nurses are yelling at laboring mothers.

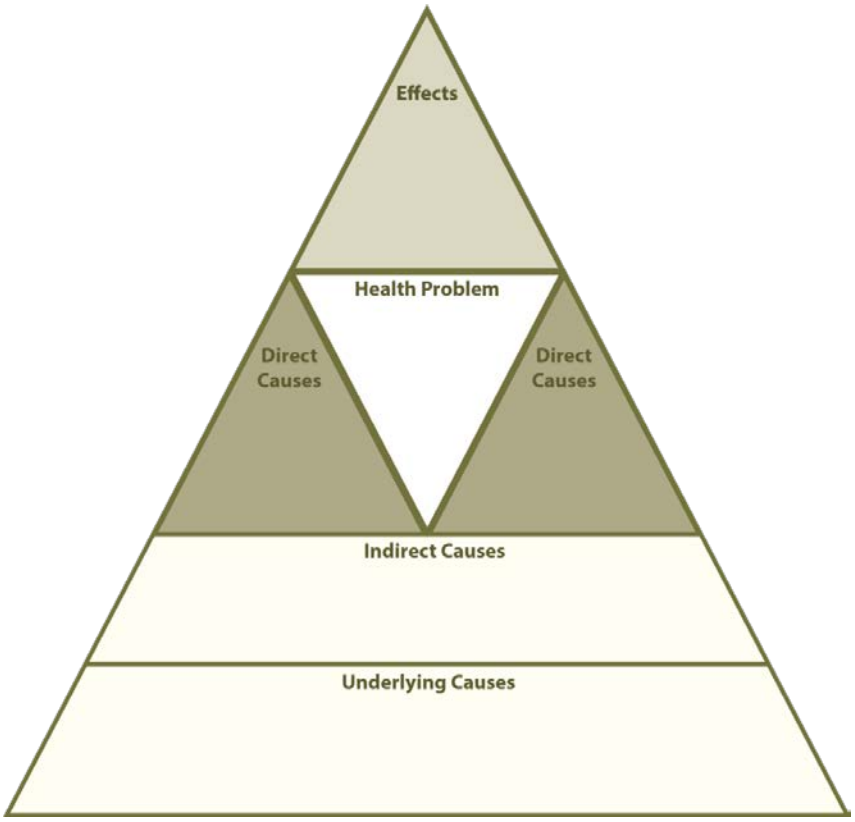
2 Start by identifying the direct causes of the problem (those things that cause or contribute to the problem). By identifying the direct causes you will begin to understand "why" we have this health problem. For example, if the problem is that FBPs are not providing contraceptives to youth, ask, "Why aren't FBPs providing contraceptives to youth?" 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 FBPs, 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 FBP behavior. FBPs 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 FBPs 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 FBPs' 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 FBP 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 FBPs 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 FBPs.

Socio-Demographic	Geographic	Behavioral	Psychographic
▪ Age ▪ Gender ▪ Ethnicity/language ▪ Level of education and/or clinical training ▪ Job satisfaction ▪ Perceived level of autonomy ▪ Years of service	▪ Urban ▪ Rural ▪ Peri urban	▪ Current behavior (high performer/low performer) ▪ Barriers to behavior – Expectation, Ability, Opportunity, Motivation	▪ Benefits sought through work/Reasons for being a provider ▪ Attitudes/opinions about clients ▪ Feelings about opportunities for career development

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 a provider		
Geographic Characteristics Region, urban or rural, and area of conflict		
Socio-Cultural Characteristics Language, culture, place in society, religion, ethnicity and status in health facility		
Behavioral Characteristics Behaviors that affect or impact the challenge		
Psychographic Characteristics		

Potential Audiences	Potential Primary Audiences	Potential Influencing Audiences
Personality, values, attitudes, interests, lifestyle and reasons for wanting to be a provider		
Ideational Characteristics May include knowledge, beliefs and attitudes about provider 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 large enough, in terms of potential impact on public health, to warrant the program's attention.	**Why It is Important:** Programs should have a minimum expectation 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 FBP 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 FBP'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 FBP, 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 FBP. 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 FBP 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. (Appendix JJ)**

Sample FBP Profile

Name: Chime

Location: A clinic in a semi-urban environment serving a population of 9,000.

Type: Head Nurse at a Level 2 Primary Health Care clinic. She climbed the ranks at the health center quickly and has been in her current position for years. In total, she has been a nurse for 18 years.

Incentives: She mostly sees the same cases every day and no longer feels inspired by her work. She is frustrated with the clients who never listen to her advice and who keep engaging in unhealthy behaviors.

Education: She completed a college degree in the capital city.

Family Life: She is 42 and has children.

Services Provided: She feels the clinic provides good care under the circumstances but she prefers to take her own children to a private provider.

Why She Is a FBP: She became a nurse because her little brother died of pneumonia without any access to health care.

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 FBP, 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., head nurses with 10+ years of experience, or urban doctors working in HIV clinics)? 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 FBPs 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 5 years, 80% of population in the clinic's catchment area will feel they are treated with respect by the clinic staff.
- → At the end of 3 years, 50% of facility-based providers in the targeted area express positive attitudes toward their jobs.
- → At the end of 2 years, 33% of facility-based providers will indicate they feel appreciated by their clients and colleagues.

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 FBP audience to do (*desired behavior change)* you need to identify how the FBP 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 FBP 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 FBP 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 FBPs would care about. The promise must be true, accurate and of real benefit. The key promise is not the message the FBP 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 use rapid diagnostic tests to diagnose malaria, you will be recognized for saving lives." 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 FBPs.

Based on the key promise you developed, identify information that supports the promise. As you develop those support points, consider who your FBPs 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 FBPs trust a promise given by another provider, a government official or a family member?

Some examples of support points include:

Using rapid diagnostic tests helps reduce the risk of developing resistance to available drugs (fact)

Testimonial from a respected doctor: “I used to refuse treatment to sex workers. Now I take time to find a confidential place to treat them and listen to their concerns. It is so fulfilling to live up to my responsibility as a doctor.”

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**? Self-Efficacy, Social and Gender Norms, Perceived Place in Social Hierarchy/Status, Rewards, and Work Environment.
- → **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 technical comfort among the intended audience?** Group discussions, peer support groups, or mass media approaches that allow for longer explanation may be more appropriate for groups with lower technical levels to enable group or slower paced learning.
- → **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 FBPs 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 FBPs 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 FBP performance. See the SBCC Strategy I-Kit for more examples of strategic approaches.

Approach	Definition	Barriers Addressed	SBCC Examples For FBPs
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 ▪ Status ▪ Social and gender norms ▪ Work environment	Using compelling evidence to advocate Ministry of Health leaders to enact task shifting policies that decrease burnout and improve the work environment.
Branding	Process of developing a symbol, logo and design that distinguishes one product, service or idea from the competition.	▪ Rewards ▪ Status ▪ Social norms ▪ Work environment	Developing a mark or symbol and making it visible on trained or qualified providers' lab coats, homes, or clinic signs 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.	▪ Status ▪ Rewards ▪ Ability ▪ Self-efficacy	Sharing technical videos on smart phones to help improve counseling techniques and remind providers of key technical information.
Role Modeling	Process of strategically engaging people whose behavior or success can be emulated by others to influence behavior change.	▪ Status ▪ Social and gender norms ▪ Rewards ▪ Self-efficacy	Identifying high-performing, well-liked FBPs and pairing them with less motivated providers for scheduled work-alongs.
Satisfied Client	An intervention which enlists individuals who have successfully adopted a select behavior, service or product to conduct outreach with	▪ Status ▪ Work environment	Engage couples who report having received high-quality family planning counseling and ask them to appear in clinic-based testimonial posters or local radio shows

Approach	Definition	Barriers Addressed	SBCC Examples For FBPs
	individuals who are non users/non-adopters.		to discuss the quality service they received.
Support Supervision and Coaching	A feedback approach that promotes mentorship, joint problem-solving and communication between supervisors and their staff.	▪ Work environment ▪ Rewards	A supervisor works jointly with a FBP to identify areas and methods for improvement, then checks in regularly on progress.

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.		
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 FBP programs.

Channel Types	Definition	Examples
Interpersonal: Counseling, peer to peer, client-provider and supervisor to FBP	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 ▪ Peer learning groups ▪ Support supervision visits ▪ Coaching to improve counseling skills and empathy ▪ Provider hotlines
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 surrounding norms and health-seeking behavior ▪ Community-provider coalitions to define quality ▪ Community radio highlighting providers' work
Mass Media: Radio and TV; serial dramas, game shows, websites, newspaper, magazines and posters	Diversified media technologies that are intended to reach large audiences via mass communication including radio, film, and television.	▪ TV soap opera modeling effective client-provider interaction ▪ Billboards or radio spots promoting quality clinics and providers ▪ Websites that connect providers and provide helpful tips for values assessments
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 FBPs ▪ Social media user group among FBPs to share better practices, learnings and new techniques ▪ Blog for FBPs

Channel Types	Definition	Examples
		▪ Motivational videos shared on WhatsApp

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 FBP 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 FBP 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 FBP 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 FBP motivation discussed previously:

1. Self-Efficacy
2. Status
3. Social and Gender Norms
4. Rewards
5. Work Environment

Review your findings from your situation, root cause and audience analyses to remind yourself of the motivation barriers your FBP 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.

SELF-EFFICACY

To improve FBPs' levels of self-efficacy, SBCC interventions can design activities that address the four sources of self-efficacy:

1. **Mastery experiences**. Provide opportunities for FBPs to successfully perform a task. Since success boosts self-efficacy, allowing providers to practice in a safe environment where success is more likely can be effective.
2. **Vicarious experience**. Provide opportunities for FBPs to observe peers succeeding at a task. Having role models demonstrate success in performing a task can strengthen FBPs' beliefs in their own ability to do the task.
3. **Verbal persuasion**. Offer positive feedback and encouragement to FBPs for work done well. This can help FBPs confirm that they are performing well and that they are able to do what is expected.
4. **Emotional state**. Create a positive work environment where stress and anxiety are reduced and positive feelings are heightened. Positive emotional stimulation can boost FBP performance.

Supervisors and facility management play a key role in providing relevant experiences, giving feedback, and influencing the FBPs' environment. SBCC interventions seeking to impact self-

efficacy may find it useful to place supervisors or management as the audience for the SBCC efforts. SBCC could be used to encourage management to implement any of the following activities or approaches:

- → Deliberately create situations where FBPs can safely practice new skills or behavior change. These situations should be of moderate difficulty so that FBPs are challenged but still have good chances of success.
- → Create behavior change strategies jointly with individual FBPs. These strategies should set specific, short-term goals that are reachable. FBPs can verbalize their plans and provide regular progress updates to supervisors.
- → Learn about what interests individual FBPs and provide opportunities for them to pursue those interests.
- → Create peer learning groups or provide opportunities for observing peers.
- → Give FBPs autonomy in specific areas. Supervisors can identify certain areas where they feel comfortable giving FBPs autonomy to act and make their own choices.
- → Provide specific praise and encouragement when FBPs perform well. The praise must be believable and consistent. Supervisors and management can also help FBPs understand their strengths and emphasize the importance of effort – rather than innate ability – in achieving tasks.
- → Offer prompt, frequent, and specific feedback on tasks. Supervisors can provide specific methods for improvement the next time.
- → Create a positive work environment where collaboration, encouragement, and honesty are emphasized.

There are also many non-supervisory SBCC methods for improving self-efficacy among FBPs. Some examples include:

- → Using Entertainment Education (EE) approaches to model desirable behaviors. Whether through TV or radio soap operas, games, community theater, or music, EE presents relatable role models for FBPs. These role models overcome obstacles, adopt new behaviors, and successfully perform tasks in realistic ways, which can enhance FBPs' feelings of self-efficacy.
- → Using role-play activities to guide reflection and provide opportunities to practice skills. *Forum Theatre* uses a combination of observation and role play to help audiences see the familiar from a different perspective. Participants watch a performance, then analyze the performance and coach actors on new ways of constructing the narrative. This helps participants examine and reflect on the way things are being done. *Rehearse for Reality* allows participants to play themselves but with enhanced abilities and self-efficacy. Participants can practice new skills and see themselves succeeding.
- → Using group discussion or learning groups paired with mass media to encourage reflection, discussion, and practice.
- → Using trainings and job aids to build knowledge and skills. There are several training application approaches that can help bridge the knowledge-practice gap. One example

is the Written Self-Guidance approach where FBPs write a motivational letter to themselves after the training. This self-affirming letter includes the training content that was most relevant to the FBP and encourages the FBP in attaining the goal.

The table below contains examples of programs and guidance for addressing self-efficacy among FBPs.

Motivation Resource Table: Self-Efficacy

	Toolkits	Key Literature
Self-Efficacy	1. Using self-efficacy based interventions to increase employee engagement scores	1. Communication skills training increases self-efficacy of health care professionals. 2. Perioperative Nurse Self-Efficacy and Disruptive Behavior 3. The effect of training in communication skills on medical doctors' and nurses' self-efficacy

PERCEIVED PLACE IN SOCIAL HIERARCHY/STATUS

Cultural power and status relationships typically stem from social norms as well as FBPs' and clients' perceptions of themselves and one another. Thus, tackling status-related challenges requires addressing deeply held values, beliefs, and attitudes – among FBPs *and* clients.

SBCC can create spaces for FBPs and clients to listen to each other, discuss and collaborate. Contact theory suggests that increased contact between groups can help reduce prejudice and conflict. However, effects are not as positive when the groups are of unequal status. In those cases, cooperative learning where members of different groups play essential roles in the process can increase empathy and positive feelings between groups. One strategy is to create opportunities for clients and FBPs to jointly work on projects that both groups view as important. Projects can use a variety of approaches and channels to create working and learning spaces, including community dialogue, mass media with listeners' groups, community mobilization, and project-based learning.

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.

SBCC can also influence perceptions on what is expected from FBPs and clients. SBCC activities can clearly communicate what is expected of FBPs through support supervision meetings, print reminders on clinic walls or in job aids, trainings, TV or radio ads and programs, coaching, or community theatre. These materials and activities can emphasize the expectation of respectful, non-discriminatory treatment.

Clients can also be sensitized to their role in the client-provider partnership and be encouraged to be an informed client that provides relevant information and asks key questions.

The Smart Patient initiative in Indonesia used client coaching to improve the client-provider interaction. Clients received 20 minutes of coaching on their rights, and how to ask questions, express concerns, and ask for clarification. Client educators would assess clients' needs and skills, seek to understand client motivation, prepare questions and rehearse with the client, and then clients would take action with a provider. Both providers and clients responded positively, and client participation increased.

Both clients and FBPs need positive role models in adopting new beliefs and attitudes. Entertainment Education can be an effective way of presenting role models who demonstrate positive attitudes and behaviors (like trusting health workers, using services, or speaking with respect to clients regardless of status) and change just like the audience needs to.

The Nepal Radio Communication Project implemented two radio serial dramas to address issues of caste, status, and trust in providers. One soap opera, designed for the general public, sought (among other things) to improve perceptions of health workers and to model men and women actively seeking better health conditions. A distance education radio serial for health workers told the story of two health workers who modeled a client-oriented approach, desirable attitudes and behaviors, and strong technical knowledge. Health workers received supporting discussion guides and pre-stamped feedback letters. The program also used radio spots based on the serial dramas, trainings, and print materials to support behavior change.

Changing status-related beliefs and attitudes also requires self-reflection. SBCC can take advantage of values assessments used in facility training or support supervision, reflection journals used with TV/radio serials, or job aids that encourage time to reflect before taking action. It is also important to examine FBPs' workloads, stressors, and contextual factors. Sometimes FBPs treat certain populations poorly as a way to cope with difficulties at work. Helping FBPs obtain and practice effective coping skills can ease status-related tensions.

The table below contains examples of programs and guidance for addressing status among FBPs.

Motivation Resource Table: Hierarchy and Status

	Toolkits	Key Literature
Perceived Place in	1. Smart Patient Coaching in Indonesia 2. NURHI Distance Education videos	1. Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth

Social Hierarchy/ Status	3. PDQ – "Puentes" in Peru: "Mobilizing Communities to Bridge the Quality of Care Gap" 4. Nepal Radio Communication Project	2. Experiences of and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro Region, Tanzania 3. El enemigo invisible dentro del sistema de salud 4. Client communication behaviors with health care providers in Indonesia 5. Impact of the Integrated Radio Communication Project in Nepal, 1994–1997

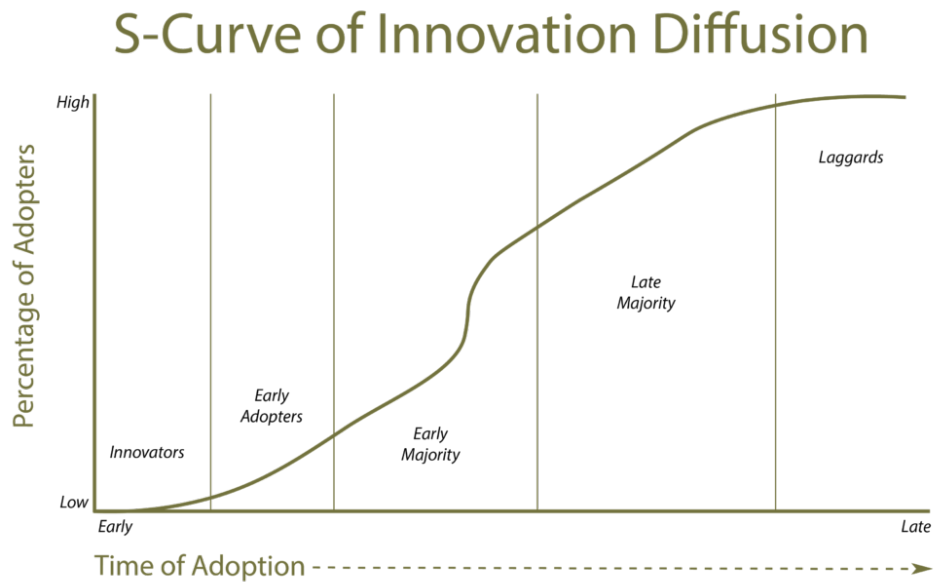
SOCIAL AND GENDER NORMS

There are many social and gender norms that influence how FBPs interact with their clients. You likely uncovered some of those norms through the Situation Analysis. However, you may need to do additional research to understand what local norms are barriers to quality service provision (both among FBPs and clients) and the underlying reasons why they exist. This can be done through key informant interviews, focus group discussions or interactive research techniques.

In Egypt, there were strong norms for conception immediately after marriage. Providers did not feel they could advise their clients to wait to have children because of the strong community norms. Even when they believed it would be best for the family, they did not actively encourage the behavior out of fear of ridicule, rejection, and losing clients' trust.

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. This is especially true when community members incorrectly perceive that their attitudes and behaviors differ from other community members' (pluralistic ignorance). In these cases, a large group of individuals reject a norm privately but participate in it because they believe others support it. Open, honest dialogue about the norm can help community members realize that others do not support the norm and desire change. Even in situations where pluralistic ignorance does not exist, FBPs and community members need to confront their values and openly discuss the impact of those values on their community and the health system. SBCC approaches to encourage this type of discussion include community dialogue, TV/radio listeners' groups, community mobilization, and peer-to-peer approaches.

Social change also requires early adopters that others who are considering change can look to – both in the community and at the health center (see graphic below). SBCC projects can identify FBPs and community members who are already practicing supportive norms or ones who might be willing to make a change (innovators or early adopters). Then, a number of approaches can be used to spread that norm, including positive deviance and peer networks; testimonials on radio, print, or web; or norm champions. Mass media can help create a sense that a certain behavior or attitude is normative, and Entertainment Education can effectively use modeling to show how change could occur.



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

The table below contains examples of programs and guidance for addressing social and gender norms among FBPs and community members.

Motivation Resource Table: Social and Gender Norms

	Toolkits	Key Literature
Social and Gender Norms	1. Program H – Working with Young Men 2. An Entertainment-Education Initiative on Television: A Glimpse into the Production Process 3. Healthy Images of Manhood: A Male Engagement Approach for Workplaces	1. Communication for Improving Maternal, Infant and Young Child Nutrition: Developing, Implementing, and Monitoring Social and Behavior Change

	and Community Programs Integrating Gender, Family Planning and HIV/AIDS - A Case Study	Communication Activities for a Five Country Project 2. An Explication of Social Norms

REWARDS

Projects can use SBCC to help FBPs feel rewarded for their work. Advocacy efforts aimed at facility managers and ministry staff can be used to encourage financial rewards and other systemic changes that providers view as rewarding. For example, advocacy campaigns can urge ministry officials to provide more opportunities for learning and training or to create systems for merit-based advancement. It can also encourage local control of incentives to enable facility managers to be creative with rewards. Once rewards systems are in place, SBCC can be used to advertise those rewards and encourage FBP participation through mass media, social and peer networks.

SBCC can be used to recognize FBP contributions and to show appreciation. These recognition campaigns can be done at the facility-level where supervisors and peers recognize efforts and good work. Or they can be done at the general public level where community members or ministries express appreciation for the FBPs. A variety of channels can be used to recognize providers, including TV or radio spots, community events, print materials in clinics, Facebook or WhatsApp groups, closed-network SMS groups, ministry events, or websites.

PSI designed an incentive program to recognize and reward Most Improved and High Performing providers. The program tracked provider performance and improvement related to provision of services and program goals. Motivation among providers increased when improvement was recognized.

Helping FBPs see and believe the importance of their work can also improve motivation and performance. SBCC can be used to design data visualizations that show the impact of FBPs' work, community dramas or TV/radio serials that show the value of FBPs' efforts, or client testimonials that demonstrate how FBPs helped them.

The Women's Health Project helped providers see the benefit of providing IUDs and the ways it could improve clients' lives by producing a cost/time analysis to the providers in their clinics.

The table below summarizes financial and non-financial incentives that can be used to reward FBPs. While SBCC programs do not usually directly provide financial incentives, they can advocate for financial rewards.

Direct Incentives	
Financial Incentives	**Non-Financial Incentives**
Terms and conditions of employment: salary/stipend, promotion, pension, insurance, allowances and leave	*Job satisfaction/work environment*: autonomy, role clarity, supportive/facilitative supervision and manageable workload
Performance payments: performance-linked bonuses or incentives	*Preferential access to services:* health care, housing and education
Other financial support: fellowships, loans and ad hoc	*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, and access to supplies/equipment

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	FBPs witnessing visible improvements in health of clients
Sustainable health systems: sustainable financing, job security	Peer organizations that support FBPs
Responsive health systems: trust, transparency, fairness and consistency	

Motivation Resource Table: Rewards

	Toolkits	Key Literature
Rewards	1. Guidelines: Incentives for Health Professionals. International Council of	1. Health Workers: Building and Motivating the Workforce

	Nurses, International Pharmaceutical Federation, World Dental Federation, World Medical Association, International Hospital Federation, World Confederation for Physical Therapy, 2008 2. Performance Incentives for Global Health: Potential and Pitfalls	2. Improving Health Worker Productivity And Performance In The Context Of Universal Health Coverage: The Roles Of Standards, Quality Improvement, And Regulation 3. Evaluating The Effectiveness Of Non-Financial Incentives To Improve The Delivery Of Health Services In Sierra Leone

WORK ENVIRONMENT

Interventions to improve FBPs' work environment should start with an assessment to understand the work environment, what FBPs need, and what could be done to improve the climate. You may have discovered some of this information during the Situation Analysis. However, you will likely need to do some more research to understand the work environment. This can be done by talking to both clients and FBPs.

Workplace environment interventions require normative change – at the organizational, managerial, and individual provider levels. SBCC interventions need to address the values, assumptions, behavioral norms, and symbols that impact how FBPs interact with each other and clients.

Health facility management plays a key role in creating a positive work environment with norms for teamwork, recognition, civil treatment of clients, equal participation, social sensitivity, and quality work. Managers also need skills in effective management and supervision, leadership, setting a vision, and creating efficient systems. Thus, health facility managers are often a primary audience for SBCC efforts.

Given management's role in the facility, many SBCC interventions to improve the work environment include leadership training. These trainings are aimed at helping facility leadership to set and communicate a strong vision, practice supportive supervision and effective management, improve management systems, and recognize staff accomplishments. Some strategies include:

- → Education and coaching
- → Action-learning workshops
- → Leadership learning modules
- → Simulations and role playing
- → Reflective and visionary practice

FBPs are also a key SBCC audience for workplace environment interventions. Norms need to change across the health facility – not just at leadership levels – and interventions that do not involve employees are rarely successful. Many successful SBCC interventions use FBP change champions supported by leadership and a clear vision for improvement. These change champions help lead the cause in setting and practicing new norms and behaviors, including praising and recognizing colleagues, interacting positively with clients, supporting colleagues emotionally, sharing responsibilities, and promoting teamwork.

Some health facilities have implemented civility interventions to encourage FBPs to treat all people in the workplace civilly and respectfully. These interventions also aim to increase collaboration, teamwork, and engagement through facilitated discussions, role-playing and action plans. Print reminders, civil role models, and closed-network SMS encouragements can support the core activities.

The Civility, Respect, and Engagement at the Workplace (CREW) intervention has been used to increase civil and respectful interactions in health facilities. CREW raises awareness about the importance of civility and helps staff develop a shared understanding of how civility can help them achieve work goals. Trained facilitators meet frequently with specific work groups and facilitate discussions that define civil behaviors and aim to change behaviors, attitudes, and emotions. Facilitators use role-plays and action plans to encourage problem solving and group interaction. Using CREW has helped improve the work environment significantly by increasing civility, trust, respect, and empowerment.

SBCC can also be used to improve teamwork at the facility. These interventions focus on improving teambuilding, group communication, conflict management, and a sense of collaboration. Teamwork interventions often involve teamwork training, problem-based learning teams, simulations, feedback sessions, joint redesign of work practices, change teams, communication shortcuts with mnemonic devices, and informal conversations. Some of the SBCC tools used in teamwork interventions include:

- → Podcasts
- → Bulletins and emails
- → Self-review and communication
- → Facilitator debriefs
- → Checklists

The table below contains examples of programs and guidance for improving the work environment.

Motivation Resource Table: Work Environment

	Toolkits	Key Literature

Work Environment	1. Improving the Work Climate at Rural Facilities in Kenya 2. Peer-driven quality improvement among health workers and traditional birth attendants in Sierra Leone: linkages between providers' organizational skills and relationships 3. The NGO "Healthy Families" Improves Its Work Climate	1. Workplace Culture Improvements: A Review of the Literature 2. Creating a Work Climate That Motivates Staff and Improves Performance

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 FBP 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 FBPs 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.

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 FBPs, 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 FBPs 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 FBPs these are defined as: *self-efficacy, perceived place in social hierarchy/status, social and gender norms, rewards,* and *work environment.*

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 dialogues held, the number of job aids distributed, the number of support supervision visits conducted, the number of peer group sessions conducted, and the number of SMS messages sent to FBPs.

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 FBP supervisors to monitor FBP job performance.
- → **PSI's IPC Toolkit** – Guidelines and resources to monitor IPC activities including routine monitoring for providers.
- → **PSI's Provider Behavior Change Toolkit on Coaching and Feedback** – Tools to provide structured routine support supervision and feedback to FBPs.

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 FBP 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 FBP motivation as defined by: levels of self-efficacy, perception in changes of social and gender norms, perception of status, and perceived changes in rewards for work and the work environment.
2. The extent to which these changes correlate with exposure to SBCC activities.

Example: The proportion of FBPs who feel more supported by their colleagues as a result of activities to promote emotional intelligence and peer recognition.

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 FBPs who participated in positive deviance groups who now provide quality HIV testing and counseling to female sex workers.

Impact Indicators

Impact indicators measure changes in health outcomes.

Example: Percent decrease in malaria cases among children under 5; percent decrease in maternal mortality; 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 FBPs – 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 FBP 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