## SBCC Check-In: Planning

## PROJECT NAME:

DATE OF CHECK-IN: \_\_\_\_\_

	INQUIRE		
	artially met =1, Fully met=2		
	can be used by monitoring and evaluation officers to track research efforts. <b>Bolded</b> words are defined in the glossary.		
Situation & Channel	The planning team and <b>stakeholders</b> have a common <b>vision</b> to guide the program		
Analysis	The planning team and stakeholders review secondary data and conduct research to fill gaps*		
	The planning team and stakeholders analyze barriers and facilitators to health behaviors		
_	Analysis includes severity of health problem in terms of prevalence, incidence, or mortality		
	Analysis includes who/where/when of health problem: population at risk, geographic area, time		
_	Analysis includes behavioral/social/economic/political factors related to health problem		
	Analysis includes differences in health impact by audience characteristics (for example, gender)		
	Analysis includes a channel analysis describing available channels		
	Analysis includes a clear <b>problem statement</b>		
Audience Insight	Analysis includes audience needs, motivators, habits, interests, resources, knowledge, attitude and behaviors		
Partnerships	The planning team identifies and engages relevant local and national stakeholders		
	Formal agreements with partners are in place		
	DESIGN STRATEGY		
Participation	Stakeholders and intended audience participates in program design		
	The planning team and stakeholders use written criteria for selecting field workers or volunteers		
<b>9</b> Program Theory	The planning team and stakeholders select a theory or theories to guide program design		
	Program theory is applied and referred to routinely in design strategy		
Audience	The team creates demographic and psychographic (audience insight) profiles for audiences		
Program Theory   Audience   Segments	Design strategy identifies a <b>primary audience</b> and <b>secondary (influencing) audiences</b>		
	Design strategy segments audiences according to similar characteristics		
J –	Segments follow audience analysis & insight findings		
Objectives	Objectives are Specific, Measurable, Appropriate, Realistic and Time-bound ( <b>SMART</b> )		
Objectives	Objectives are specific, Measurable, Appropriate, Realistic and Time-bound (SMART) Objectives follow situational analysis findings (context) and program theory		
	Objectives describe what audience should think, feel and do		
Strategic			
Approaches	The planning team and stakeholders select approaches that contribute to objectives		
Channels	Approaches are packaged cohesively with a <b>positioning statement</b> Channel selection considers audience access and cost-effectiveness		
Channels			
Curative Duief	Channel selection considers the audience analysis, channel analysis, and program theory		
Creative Brief	Brief describes the target health problem, primary audience, and desired behavior change		
-	Brief describes desired product/service/behavior for each audience segment		
	Brief includes <b>key promise</b> and <b>support points</b> that follow program theory and objectives		
Implementation	Plan includes all activities, partner roles, timeline, budget and management plan		
Plan	Plan includes marketing needs, existing opportunities and <b>sustainability</b>		
	Plan follows program theory, audience segments, objectives and approaches		
M&E Plan	The planning team and stakeholders develop a logic model or theory of change*		
	M&E plan describes data sources and timeline for collecting data*		
	Indicators are valid, reliable, specific, sensitive and operational*		
	Indicators align with objectives and program theory*		
	Indicators include behaviors (rather than only knowledge and attitudes)*		

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	CREATE & TEST				
	Activities	Activities align with strategic approaches	Activities align with strategic approaches and objectives		
		Activities are linked through common pro	Activities are linked through common program elements		
	Messages	Messages are based on analyses findings	s and creative brief specifications		
			Messages apply the <b>7 Cs</b> of effective communication: <i>http://www.thehealthcompass.org/how-to-guides/how-design-sbcc-messages</i> (see step 6)		
		Messages are tailored to each audience segment			
		Messages are technically accurate			
		Messages are appropriate for literacy of audience			
		Messages clearly convey the key promise	Messages clearly convey the key promise/benefit and support points		
		Messages are appropriate for channels us	Messages are appropriate for channels used		
PLANNING		Messages are <b>pretested</b> with the intende	Messages are <b>pretested</b> with the intended audience and revised before final production		
	Materials	Materials based on analyses findings and creative brief specifications			
		Materials apply the 7 Cs of effective communication			
		Materials are technically accurate			
		Materials are appropriate for literacy of au	Materials are appropriate for literacy of audience		
		Materials are pretested with the intended	Materials are pretested with the intended audience and revised before final production		
	SECTION SCORE				
		0 to 63: RED	64 to 84: YELLOW	85 to 106: GREEN	
		The plan does not provide a solid foundation for implementation. Address the major concerns before continuing.	The plan is sufficient for proceeding, but can be significantly improved.	The program is positioned to achieve substantial results.	

Go to http://healthcommcapacity.org/quality-assurance-social-behavior-change-communication/qa-sbcc-planning to find guides and examples for each activity in planning an SBCC program.

COMMENTS: \_\_\_\_\_

AREAS OF STRENGTH: \_\_\_\_\_

AREAS OF WEAKNESS: \_\_\_\_\_

ACTIONS FOR IMPROVEMENT: \_\_\_\_\_

DATE OF NEXT CHECK-IN: \_\_\_\_\_