# SBCC Check-In

### **Quality Standards for Social and Behavior Change Communication**

#### Why check for quality?

Quality assurance (QA) is essential when implementing social and behavior change communication (SBCC) programs. Routine QA can prevent problems from occurring, detect problems that do occur and lead to consistently, high-impact SBCC programs.

#### How does SBCC Check-In help?

SBCC Check-In is a performance improvement tool and tracker designed specifically for the strategic communication process. It provides performance standards that quality improvement teams and committees can use for routine QA and SBCC improvement action planning.

#### A system of processes are suggested to improve SBCC quality:

- Appoint an SBCC improvement committee to periodically investigate and improve quality.
- Use SBCC Check-In throughout planning, implementation and evaluation phases of strategic communication. Complete
  an SBCC Check-In at baseline and after executing each quality improvement plan. SBCC Check-Ins are also useful when SBCC
  programs do not produce desired results.
- Limiting SBCC Check-Ins to specific components of an SBCC program (such as one family planning campaign) can be more useful than Check-Ins combining two or more communication programs.
- Each SBCC Check-In takes about 30 minutes. Users will be able to see areas of strength, see areas for improvement and set goals for quality improvement plans.

#### SBCC Check-In instructions:

**STEP 1:** Go to http://healthcommcapacity.org/qa-in-sbcc to use SBCC Check-In online or continue reading to use this print version. Select the section(s) of interest: **planning** (pgs 2-3); **implementation** (pgs 4-5); **evaluation** (pg 6).

**STEP 2:** In each section, a list of standards are provided. Review available documents and interview team members to determine if each standard is met. Use the comments section (below each table) to document the rationale for specific scores.

- Write a score of 0 if it is not met at all. The stated standard is not true. Example standard: "Each person has a clear job description" is not true if no one has a clear job description. The score should be 0.
- Write a score of 1 if it is partially met. A part of the stated standard is true, but a part of it is not true. A score of 1 is also appropriate if meeting the standard is in progress.

Example standard: "Program theory is applied and referred to routinely" is partially true if the team used a theory for message design but does not use the theory in the evaluation plan. The score should be 1. Example standard: "The team has forms in place for reporting progress" is in progress if program implementers have

• Write a score of 2 if it is fully met. The stated standard is entirely true. Example standard: "Indicators are valid, reliable, specific, sensitive and operational" is entirely true if each indicator meets all of these conditions. The score should be 2.

STEP 3: After completing a section, add all the points for the section score and see the color-coded interpretations.

already created forms for reporting progress but they are not yet being used. The score should be 1.

**STEP 4:** A space is provided for noting areas of strength, areas of weakness, a list of actions for improvement and the date of the next Check-In. The SBCC improvement committee should set another Check-In immediately after executing each improvement action.

**STEP 5:** Online (*http://healthcommcapacity.org/qa-in-sbcc*) you will find a list of resources for planning, implementing and evaluating an SBCC program. Additional guides can be found online at *www.TheHealthCOMpass.org*.

A glossary of terms used in this tool is provided at the end (pgs 7-9).





# SBCC Check-In: Planning

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#### PROJECT NAME: \_

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

|          |                                    | INQUIRE  |
|----------|------------------------------------|--|
|          |                                    | Partially 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<br>& Channel<br>Analysis | The planning team and <b>stakeholders</b> have a common <b>vision</b> to guide the program                                       |
|          |                                    | 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, attitudes, 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                                |
| 5        | 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   |
| Ζ        | Audience                           | The team creates demographic and psychographic (audience insight) profiles for audiences   |
| PLANNING | Segments                           | Design strategy identifies a primary audience and secondary (influencing) audiences  |
|          |                                    | Design strategy segments audiences according to similar characteristics  |
|          |                                    | Segments follow audience analysis & insight findings   |
|          | 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                          | The planning team and stakeholders select approaches that contribute to objectives   |
|          | Approaches                         | Approaches are packaged cohesively with a <b>positioning statement</b>   |
|          | Channels                           | Channel selection considers audience access and cost-effectiveness   |
|          |                                    | 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 key promise and support points 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 sustainability   |
|          |                                    | Plan follows program theory, audience segments, objectives and approaches  |
|          | M&E Plan                           | The planning team and stakeholders develop a <b>logic model</b> or <b>theory of change</b> +                                     |
|          |                                    | 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)+   |
|          |                                    | I  |

|                  | CREATE & TEST  |
|------------------|--|
| Activities       | Activities align with strategic approaches and objectives  |
|                  | Activities are linked through common program elements  |
| Messages         | Messages are based on analyses findings 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/benefit and support points   |
|                  | Messages are appropriate for channels used   |
| Materials        | 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 audience   |
|                  | Materials are pretested with the intended audience and revised before final production   |
| SECTION<br>SCORE |  |
|                  | 0 to 63: RED 64 to 84: YELLOW 85 to 106: GREEN   |
|                  | The plan does not provide a solid foundation for<br>implementation. Address the major concerns before<br>continuing.The plan is sufficient for<br>proceeding, but can be<br> |

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: \_\_\_\_\_

## **SBCC Check-In: Implementation**

#### PROJECT NAME:

DATE OF CHECK-IN: \_

|                  |                        | MOBILIZE  |
|------------------|------------------------|---|
|                  |                        | Partially met =1, Fully met=2<br>(+) can be used by monitoring and evaluation officers to track research efforts. <b>Bolded</b> words are defined in the glossary.  |
|                  | Stakeholders           | The implementing team and <b>stakeholders</b> support and buy into <b>vision</b> of the program   |
|                  | -                      | The implementing team and stakeholders understand implementation roles and responsibilities   |
|                  |                        | The implementing team communicates openly with stakeholders throughout implementation   |
|                  |                        | Implementing partners contribute their expertise to the program   |
|                  | Staffing &<br>Capacity | A staff member is assigned to lead each implementation activity   |
|                  |                        | All staff share a common vision and understand their contribution to the program  |
|                  |                        | Each person has a clear job description   |
|                  |                        | The implementing team has materials to support implementation, particularly for interpersonal communication and community mobilization activities   |
|                  |                        | SBCC capacity of the implementing team is assessed and strengthened   |
|                  | Activity               | Activities/messages/materials are consistent with design strategy   |
|                  | Implementation         | Activities/messages/materials reach intended audience segments  |
|                  | ĺ                      | Activities/messages/materials are used frequently enough to produce behavior change   |
| -                |                        | Activities/messages/materials are delivered following implementation plan   |
| 51               |                        | Activities/messages/materials use a channel mix consistent with design strategy   |
| IMPLEMEN IAI ION |                        | Channels deliver the right message to intended audiences at critical times  |
| ≤                |                        | Sequence of events makes sense for desired behavior change  |
| z                |                        | The team has a document in place to check if activities are contributing to <b>objectives</b>   |
| ╘                | Contextualiza-         | Program is updated to stay relevant to context and realities  |
|                  | tion                   | Program is coordinated with other programs in the same area   |
|                  |                        | Program responds to challenges and new information  |
| ╞                |                        | MONITOR   |
| Ξ                | Supervision            | Supervisor(s) conduct and document regular check-ins with field staff on program activities   |
|                  | Monitoring<br>System   | The implementing team has forms in place for reporting progress   |
|                  |                        | The implementing team discusses monitoring data regularly and acts on them  |
|                  |                        | Monitoring activities track if activity implementation is following implementation plan+  |
|                  |                        | Monitoring activities track intended reach and impact+  |
|                  |                        | Monitoring activities track unexpected and unintended effects+  |
|                  |                        | The implementation team uses data to adjust the plan, strategy, activities/messages/materials   |
|                  | Design Review          | The implementation team reviews the plan, strategy, activities/messages/materials regularly   |
|                  |                        | The implementation team makes changes to improve effectiveness and documents them   |
|                  | SECTION                |   |
|                  | SCORE                  |   |
|                  |                        |   |
|                  |                        | 0 to 34: RED 35 to 46: YELLOW 47 to 58: GREEN   |
|                  |                        | There are gaps inhibiting the program from reaching full<br>potential. Address the major concerns before continuing.The program is likely to achieve<br>its goal, but can be significantly<br>improved.The program is positioned to<br>achieve substantial results. |

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

| COMMENTS:                |
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| ACTIONS FOR IMPROVEMENT: |
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### **SBCC Check-In: Evaluation**

#### PROJECT NAME:

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

|                   |  |      |  |   | EVALUATE                   |
|-------------------|--|------|--|---|----------------------------|
|                   | Scoring: Not met=0, Partially met =1, Fully met=2<br>Standards marked with (+) can be used by monitoring and evaluation officers to track research efforts. <b>Bolded</b> words are defined in the glossary. |      |  |   |                            |
|                   | Evaluation Plan  |      | The evaluating team and <b>stakehold</b>   |   |                            |
|                   |  | {i   | Evaluation plan includes methods for   | or testing program <b>logic model</b> c             | or <b>theory of change</b> |
|                   |  |      | Evaluation plan includes indicators  | consistent with purpose of evalu                    | lation                     |
|                   |  |      | Evaluation plan includes a design (s<br>methods, etc.) consistent with purp  |   | articipatory, mixed        |
| 7                 | Impact Analysis  | []   | Analysis includes multiple sources o   | of data to ensure results are valid                 |                            |
| ō                 |  |      | Analysis tests relationships betweer   | n program activities, exposure and                  | d desired outcomes         |
|                   |  |      | Analysis includes a theory of change   | e   |                            |
| A                 |  |      | Analysis meets multiple criteria for   | causal attribution                                  |                            |
|                   |  |      |  |   | EVOLVE                     |
| <b>EVALUATION</b> |  |      | The surplusting terms discoursing terms  |   |                            |
|                   | Dissemination  | ۱    | The evaluating team disseminates r   | esults and lessons among stakeh                     | olders                     |
|                   | Dissemination  |      | Results include discussion of progra   | 5   |                            |
|                   | Dissemination<br>Utilization   |      | 3  | im activities that can be scaled up                 |                            |
|                   |  |      | Results include discussion of progra   | im activities that can be scaled up                 |                            |
|                   | Utilization SECTION  | 0 to | Results include discussion of progra   | im activities that can be scaled up                 |                            |
|                   | Utilization SECTION  |      | Results include discussion of progra<br>Results are used for revising or rede<br><b>13: RED</b><br>w evaluation techniques for maximal | am activities that can be scaled up signing program | )                          |

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

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

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

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

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

|          | 7 Cs                               | The 7 C's of Effective Communication act as a checklist that helps ensure that messages are interesting, clear, and effective in reaching the audience: Command Attention, Clarify the Message, Communicate a Benefit, Consistency Counts, Create Trust, Cater to the Heart and Head and Call to Action.  |
|----------|------------------------------------|---|
|          | Activities                         | May include advocacy, community-based media, community mobilization, counseling, distance learning, information and communication technology, interpersonal communication/peer communication, mass media, social mobilization and support media/mid-media activities.   |
|          | Audience<br>Analysis               | An audience analysis is a process used to identify and understand the priority and influencing audiences for a SBCC strategy. The priority and influencing audiences are those people whose behavior must change in order to improve the health situation.  |
|          | Audience Insight                   | Audience insight refers to an understanding of the emotional motivations and needs of the audience. An insight goes beyond descriptive demographic data, such as age, gender or income level, and describes a key piece of information about how the audience feels in relation to a specific product, service or behavior. An audience insight statement is comprised of two fundamental components: A summary of the understanding of the audience's identified needs, and the key problem they have faced trying to fulfill this need. |
|          | Audience<br>Segments               | Audience segmentation is a key activity within an audience analysis. It is the process of dividing<br>a large audience into smaller groups of people - or segments - who have similar needs, values or<br>characteristics. Segmentation recognizes that different groups will respond differently to social and<br>behavior change communication (SBCC) messages and interventions.   |
|          | Channel Analysis                   | Part of the process of developing a channel mix plan is to assess what channels are available to the priority audience(s) and how effective they will be in reaching them.  |
| GLOSSARY | Channel Mix                        | A channel mix plan for a social and behavior change communication (SBCC) program is a strategic document that identifies the types of communication channels that best reach the priority audience to deliver the messages and the optimal blend of channels that maximizes reach and effectiveness of the messages. Ultimately, the channel mix selected for the program depends on the communication landscape, audience characteristics, the program's objectives and messages, reach and intensity, and budget.                       |
| GLO      | Channels                           | Health communicators have defined communication channels as modes of transmission that enable messages to be exchanged between "senders" and "receivers."   |
|          | Common Vision                      | The vision will anchor your strategy by stating what you hope to achieve. Your vision should be agreed upon by the stakeholders involved in the strategy design process and will thus be "shared" by all. This shared vision statement clarifies what is important, illustrates what you want to happen in the future, and guides the strategy design and development process.  |
|          | Create & Test                      | Create and Test is the third step in the communication process. In this step you design, test, revise, and produce final communication products including materials, activities, and processes.   |
|          | Creative Brief                     | A creative brief is a short, written document used by project managers and creative professionals to guide the development of creative materials (e.g. drama, film, visual design, narrative copy, advertising, websites, slogans) to be used in communication campaigns. Usually, it is no more than two pages in length, sets the direction, defines the audience(s), focuses on the key messages and shows the desired results for an SBCC campaign or materials.  |
|          | Criteria for Causal<br>Attribution | Include: strength, consistency, specificity, temporality, dose-response, plausibility, coherence, and consideration of confounding (see <i>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1898525/pdf/procrsmed00196-0010.pdf</i> for more).  |
|          | Design Strategy                    | Design Strategy incorporates what has been learned during the Inquire step and uses the information gathered to develop a strategic plan for reaching program objectives. This step focuses on developing the Communication Strategy, which includes information from the situation analysis, communication objectives, audience segmentation, program approaches, a workplan, and a plan for monitoring and evaluation.  |
|          | Evaluate & Evolve                  | Evaluate and Evolve is the fifth step in the communication process. In this step you evaluate your program and use lessons learned to inform development of upcoming programs.  |
|          | Implementation<br>Plan             | The implementation plan details the who, what, when and how much of your communication strategy. The plan covers partner roles and responsibilities, activities, timeline, budget and management considerations.  |

| ndicators   | Indicators are tools used to measure Social Behavior Change Communication (SBCC) program progress. They are used to assess the state of a program by defining its characteristics or variables, and then tracking changes in those characteristics over time or between groups.  |
|---|--|
| nquire  | Inquire aims to gain a deeper understanding of the SBCC challenge within a specific context and of the social and behavioral drivers that facilitate or act as barriers to uptake of desired behavior(s). Inquire is a situation analysis based on available country-level research data and evidence.   |
| ey Promise  | The key promise is the core information that to be conveyed in all messages and activities. It is the basis of the actual messages.  |
| ogic Model/<br>heory of Change  | Logic models are program planning tools that define the inputs, outputs, outcomes of a program<br>in order to explain the thinking behind program design and show how specific program activities<br>lead to desired results. Inputs include the resources, contributions, and investments that go into a<br>program; outputs are the activities, services, events and products that reach the program's primary<br>audience; and outcomes are the results or changes related to the program's intervention that are<br>experienced by the primary audience.   |
| laterials   | Materials are a primary means by which health programs deliver social and behavior change<br>communication (SBCC) messages. There are many types of SBCC materials, including printed<br>brochures, the script for a television advertisement, a guide for facilitating a group discussion,<br>a Facebook page or an Internet-based game. Materials development brings together the most<br>effective messages with materials for the best combination of channels – the channel mix - in order<br>to reach and influence the priority audiences.  |
| lessages  | In social and behavior change communication (SBCC), a message is a statement containing key points of information that a program wants to communicate to an audience to encourage behavior change. Message design is the process of connecting insights about the priority audience with key information the audience needs to know in order to make the change the program desires. Successful, well-designed messages are simple, memorable, easily understood, culturally appropriate and meaningful to the audience. Their design stems from a clear creative brief that outlines what the communication intervention aims to achieve.   |
| lobilize &<br>Ionitor   | Mobilize and Monitor is the fourth step in the communication process. In this step you mobilize your partners, implement your program and monitor its progress.  |
| lan   | A monitoring and evaluation (M&E) plan is a document that helps to track and assess the results of the interventions throughout the life of a program. It is a living document that should be referred to and updated on a regular basis. While the specifics of each program's M&E plan will look different, they should all follow the same basic structure and include the same key elements.   |
| bjectives   | <ul> <li>"Communication objectives reflect the needs of the intended audience as well as the goals set by the program or funding agency. They clearly and concisely state:</li> <li>The desired change in behavior, social norms, or policies</li> <li>The intended effect of the change</li> <li>The timeframe required for the change"</li> </ul>  |
| articipation  | Strategic health communication should be informed by a robust group of program partners, decision–makers, audience members and technical experts. Not everyone needs to be at every meeting, but it is important to bring the entire team together at crucial points in the planning and implementation process–at the design strategy workshop, for example, and the project kickoff. It is also critical to have broad participation during implementation; this spreads project ownership and is the first step to on the road to sustainability.   |
| artners/<br>artnerships   | Organizations that are working to advance the same health or social issue. Partners could include various government ministries; local non-governmental, community, or civic organizations; international non-governmental organizations; foundations; and private sector companies.   |
| ositioning<br>tatement  | Positioning is a way to make an issue, such as breastfeeding, occupy a particular space in the audience's mind. It is a way to make the issue stand out, and how the program wants people to see and feel about the issue. A positioning statement is one sentence that captures what the program's behavior, product or service stands for in the mind of the audience.   |
| retest  | Pretesting is the process of bringing together members of the priority audience to react to the components of a communication campaign before they are produced in final form. Pre-testing measures the reaction of the selected group of individuals and helps determine whether the priority audience will find the components - usually draft materials understandable, believable and appealing.   |
| lessages<br>lobilize &<br>lonitor<br>lonitoring and<br>valuation (M&E)<br>lan<br>bjectives<br>articipation<br>artners/<br>artnerships<br>ositioning<br>tatement<br>retest | experienced by the primary audience.<br>Materials are a primary means by which health programs deliver social and behavior change<br>communication (SBCC) messages. There are many types of SBCC materials, including printed<br>brochures, the script for a television advertisement, a guide for facilitating a group discussion,<br>a Facebook page or an Internet-based game. Materials development brings together the most<br>effective messages with materials for the best combination of channels – the channel mix - in order<br>to reach and influence the priority audiences.<br>In social and behavior change communication (SBCC), a message is a statement containing key<br>points of information that a program wants to communicate to an audience to encourage behavior<br>change. Message design is the process of connecting insights about the priority audience with<br>key information the audience needs to know in order to make the change the program desires.<br>Successful, well-designed messages are simple, memorable, easily understood, culturally appropri<br>and meaningful to the audience. Their design stems from a clear creative brief that outlines what to<br>communication intervention aims to achieve.<br>Mobilize and Monitor is the fourth step in the communication process. In this step you mobilize yo<br>partners, implement your program and monitor its progress.<br>A monitoring and evaluation (M&E) plan is a document that helps to track and assess the results o<br>the interventions throughout the life of a program. It is a living document that should be referred<br>and updated on a regular basis. While the specifics of each program's M&E plan will look different,<br>they should all follow the same basic structure and include the same key elements.<br>"Communication objectives reflect the needs of the intended audience as well as the goals set by<br>program or funding agency. They clearly and concisely state:<br>• The desired change in behavior, social norms, or policies<br>• The desired change in behavior, social norms, or policies<br>• The intended effect of the change" |

| Primary Audience                       | Refers to a group of people whose behavior must change in order to improve the health situation.<br>It is the most important group to address because they have the power to make changes the SBCC program calls for. These may be the people who are directly affected by the challenge or who are most at risk for the challenge. Or it may be the people who are best able to address the challenge or who can make decisions on behalf of those affected.   |
|--|---|
| Problem<br>Statement                   | The core challenge statement outlines key information on why there is a difference between the Vision (what you want to happen) and the current situation (what is happening now).  |
| Program Theory                         | A program theory is a program's explanation of why it thinks its intended audience acts the way it does and its assumptions on how it will behave or change through exposure to the SBCC program.   |
| SBCC Capacity                          | Refers to the capacity of country partners to plan, implement and evaluate high-quality SBCC programs.  |
| Secondary<br>(influencing)<br>Audience | Refers to those who influence the primary audience either directly or indirectly. Influencing<br>audiences can include family members and people in the community, such as service providers,<br>community leaders and teachers, but can also include people who shape social norms, influence<br>policies or influence how people think about the challenge.   |
| Situation Analysis                     | A situation analysis or environmental analysis is the fundamental first step in the social and behavior change communication change (SBCC) process. It involves a systematic collection and study of health and demographic data, study findings and other contextual information in order to identify and understand the specific health issue to be addressed. It examines the current status of the health issue as well as the social, economic, political and health context in which the health issue exists and establishes the vision for the SBCC program.   |
| SMART                                  | <ul> <li>A SMART objective is:</li> <li>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?</li> <li>Measurable: Can your objective be measured in some way? Does the objective include a verifiable amount or proportion of change expected?</li> <li>Appropriate: Is the objective sensitive to audience needs and preferences? Is the objective sensitive to societal norms and expectations?</li> <li>Realistic: Can you realistically achieve the objective with the time and resources available? Is the degree of expected change reasonable given these conditions?</li> <li>Time-bound: Does the objective state the time period for achieving change?</li> </ul> |
| Stakeholders                           | Referes to those who are affected by, have a direct interest in, or are somehow involved with the problem identified during the situation analysis.   |
| Strategic<br>Approaches                | The strategic approaches describe how the objectives will be achieved. They will guide the development and implementation of activities and will determine the vehicles, tools and media mix that your team will use. Strategic approaches are often depicted through a strategic framework, which shows how activities will contribute to objectives.  |
| Support Points                         | Support points are information that supports the key benefit. They tell the audience why they should believe that they will actually receive the promised benefit. Support points can be in the form of facts, testimonials, celebrity or opinion leader endorsements, comparisons or guarantees.   |
| Sustainability                         | Sustainability factors include institutional, financial and programmatic. Continuity must be in place at the organizational level, among leaders, and with the donor community, to ensure that strategic communication efforts achieve long-term impact.  |