

Essential Elements for Costed Implementation Plans

Social and Behavior Change Checklist

Submitted to: United States Agency for International Development

Submitted by: Johns Hopkins Center for Communication Programs

March 25, 2019

Cooperative Agreement #AID-OAA-A-17-00017



USAID
FROM THE AMERICAN PEOPLE



Table of Contents

Background	1
Introduction to the SBC Checklist for CIPs.....	2
The SBC Checklist for CIPs	3
Glossary of SBC Terms	7
Resources.....	9

This resource is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the Breakthrough ACTION Cooperative Agreement #AID-OAA-17-00017. Breakthrough ACTION is based at Johns Hopkins Center for Communication Programs (CCP). The contents are the sole responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID, the United States Government, or Johns Hopkins University.

Background

Investment in well-planned and effectively implemented social and behavior change (SBC) initiatives is integral to reaching and exceeding the Family Planning 2020 (FP2020) goals and commitments. SBC is a discipline that uses a deep understanding of human and societal behavior and evidence-based interventions to increase the adoption of family planning (FP) behaviors by individuals and influence the social norms that underpin those FP behaviors. SBC is guided by perspectives and approaches from various disciplines—including social and behavior change communication (SBCC), social psychology, anthropology, behavioral economics, sociology, human-centered design, and social marketing—and seeks to change behaviors by addressing factors such as knowledge, attitudes, and norms. It includes interventions that employ community-based approaches, (e.g., community mobilization), interpersonal communication approaches (e.g., improving provider-client communication), group-based approaches (e.g., influencing social networks), and media approaches (e.g., radio dramas).

SBC supports FP2020 goals by:

- Providing the theories and frameworks needed to design and implement interventions with maximum impact.
- Generating demand for FP services.
- Supporting service communication to increase the capacity of providers to deliver rights-based, respectful, and comprehensive services to everyone.
- Empowering individuals and couples make informed decisions and act on their choices to achieve desired reproductive outcomes.
- Promoting critical reflection of social and gender norms that hinder or support FP uptake.
- Mobilizing communities to engage with health systems and demand improved quality of care.

High Impact Practices in Family Planning SBC

High Impact Practices (HIPs) describe evidence-based FP practices vetted by experts against specific criteria in order to help programs focus resources for greatest impact. The following SBC HIPs are currently available.

- Mass Media: Use mass media channels to support healthy reproductive behaviors.
- Community Group Engagement: Engage and mobilize communities in group dialogue and action to promote healthy sexual relationships
- Digital Technologies: Use digital technologies to support healthy sexual and reproductive behaviors.

Introduction to the Social and Behavior Change Checklist for Costed Implementation Plans

This planning tool is intended to help governments, donors, and implementing partner teams ensure best practices in SBC are strategically integrated into—and appropriately budgeted for—in their FP Costed Implementation Plans (CIPs). Derived from proven and promising practices in SBC, it outlines the key components that contribute to the successful design, implementation, and evaluation of SBC interventions. This tool expands upon the [Costed Implementation Plans for Family Planning: Standard Elements Checklist](#) developed by the Health Policy Project and is intended to help teams consider whether SBC approaches are sufficiently incorporated into a CIP and if best practices are being followed when planning for FP SBC activities. It is relevant to various SBC intervention approaches, including SBCC, social mobilization, community engagement, interpersonal communication and counseling, social marketing, and more.

The SBC Checklist can be used by a CIP Task Force throughout the planning and development phase of the CIP process, and then completed before the CIP is finalized. It should be referenced during the situational analysis, activity planning, and costing phases of the CIP development. The checklist can also be used during a CIP review process to verify whether SBC activities are on track and/or how they can be revised if expected outcomes are being met. While the checklist can help to determine whether SBC best practices and high-impact practices are considered in the technical strategy, it is not intended to replace the kind of in-depth assessment of SBC capacity needed to execute the SBC components of the CIP. Additional tools to support SBC capacity assessment and implementing SBC activities are available through the [Compass](#), a curated, searchable repository for SBC tools, materials, and research.

How to Use the Checklist

The SBC Checklist is divided into six sections representing key processes in developing and evaluating an SBC intervention: formative research; SBC strategy development; understanding audiences; SBC intervention design and messaging; participatory design and pretesting; and monitoring, evaluation, and learning. To use the checklist, read each question, determine whether the best practice has been followed, and select a response. A “yes” response indicates alignment with a best practice; a “partial” response suggests the best practice has not fully been adhered to. A “no” response indicates a best practice was not included, followed, or only partially addressed. If the answer is “no,” the current approach should be reexamined and the team should determine how to apply the best practice. The comment section can be used to record the means of verifying the response or to suggest adjustments to reach a “yes” response.

The SBC Checklist for CIPs

FORMATIVE RESEARCH				
Including formative research activities in a CIP helps to define and understand the community and audiences of interest, determine how to access those audiences, and describe the attributes of the audiences relevant to behavioral outcomes.				
	Mark “yes,” “partial,” or “no” below to indicate whether the best practice has been followed. Use the “comments” section to verify the response or to suggest adjustments to the CIP.			
	Yes	Partial	No	Comments
Does the CIP include conducting a situational analysis to examine the current status of FP knowledge, attitudes, norms, and behaviors as well as the social, economic, political, and health context in which the health issue exists?				
Does the CIP include conducting qualitative and quantitative research using community-based participatory methods to identify intended audience needs, assets, motivations, and FP behaviors as well as the psychological, social, cognitive, and emotional factors influencing FP behavioral outcomes?				
Do formative research activities include an assessment of key marginalized and/or other populations such as youth?				
SBC STRATEGY DEVELOPMENT				
Including an SBC strategy development process in a CIP helps to ensure that formative research findings are applied in a structured way to inform activities. Implementers, decision makers, community members, and other stakeholders should have the opportunity to contribute.				
	Mark “yes,” “partial,” or “no” below to indicate whether the best practice has been followed. Use the “comments” section to verify the response or to suggest adjustments to the CIP.			
	Yes	Partial	No	Comments
Does the CIP include developing or revising an evidence-based SBC strategy to guide the				

design and implementation of FP SBC interventions?				
Does the plan include an SBC capacity building assessment and implementation plan?				
UNDERSTANDING AUDIENCES				
Including audience segmentation activities in a CIP will help you identify, prioritize, understand, and reach audiences effectively.				
	Mark “yes,” “partial,” or “no” below to indicate whether the best practice has been followed. Use the “comments” section to verify the response or to suggest adjustments to the CIP.			
	Yes	Partial	No	Comments
Do the planned activities reflect clear audience segmentation into distinct subgroups?				
Does audience segmentation go beyond demographics such as age, location, and sex to include other psychographic variables such as attitudes, values, personalities, lifestyles, and communication preferences?				
Do the planned activities address the appropriate primary audiences for FP uptake given the program landscape, available evidence, and opportunity for impact on contraceptive use?				
Do the planned activities reach vulnerable, marginalized, and difficult to reach populations in ways that reduce the economic, gender, social, cultural, and geographic barriers that impede their access to FP?				
Do activities for youth audiences carefully consider age, religion, education, communication preferences, and other differences so that not all youth are treated the same way?				
SBC INTERVENTION DESIGN AND MESSAGING				
Including a theory-driven, evidence-based design process in a CIP helps to connect insights about the priority audience with strategic activities to help the program reach the desired outcomes.				

	Mark “yes,” “partial,” or “no” below to indicate whether the best practice has been followed. Use the “comments” section to verify the response or to suggest adjustments to the CIP.			
	Yes	Partial	No	Comments
Are interventions designed to achieve multiple contacts with intended audiences through mutually reinforcing channels (e.g., mass media, health services, community-based outreach, interpersonal networks, and other working in concert to deliver the same messages)?				
Do SBC interventions address both individual FP behavior change and the social and cultural norm change needs identified during formative research?				
Are SBC activities strategically linked to the provision of FP services and products that are accessible, appropriate, available, and acceptable? (For example, ensuring services or products being promoted are available to the audiences to which they are being promoted.)				
Are interventions of sufficient duration to change FP behavior(s) or see improvements in knowledge and attitudes?				
Does the CIP include a message harmonization exercise to ensure interventions use consistent messaging across channels?				
PARTICIPATORY DESIGN AND PRETESTING				
Including participatory design and pretesting activities in the CIP will help you develop and refine resources and activities so that they are reflective of audience needs.				
	Mark “yes,” “partial,” or “no” below to indicate whether the best practice has been followed. Use the “comments” section to verify the response or to suggest adjustments to the CIP.			
	Yes	Partial	No	Comments
Does the CIP include opportunities for the intended audiences and representatives of				

key stakeholder groups to participate in intervention design and implementation?				
Are interventions reflective of audience participation and perspectives?				
Does the CIP include prototypes or other iterative processes to rapidly test the comprehensibility, acceptability, and potential for impact with the intended audience(s)?				
Are quality assurance approaches planned regularly to ensure interventions are carried out as planned?				
MONITORING, EVALUATION AND LEARNING				
Including robust, well-timed, results-oriented monitoring, evaluation, and learning activities in the CIP will allow you to use data to increase program effectiveness.				
	Mark “yes,” “partial,” or “no” below to indicate whether the best practice has been followed. Use the “comments” section to verify the response or to suggest adjustments to the CIP.			
	Yes	Partial	No	Comments
Does the CIP include developing a monitoring and evaluation plan to be used for ongoing assessment and adaptation?				
Does the CIP include documenting and sharing implementation details, results, and lessons learned to enable replication and scale up of successful interventions?				

Glossary of SBC Terms

Attitude: Generally refers to the way people think or feel about the behavior being addressed.

Audience: The population or group of people targeted by the intervention. This is sometimes also referred to as the “intended audience.”

Audience analysis: The process used to explore and identify an SBC intervention’s priority and influential audiences.

Barriers: Factors that stand in the way of adopting or sustaining a desired behavior. These can include social norms, cultural practices, societal structures, and behaviors that hinder the ability of individuals to engage in the desired behaviors.

Campaign: A set of related SBC interventions designed to address beliefs, knowledge, and attitudes. Campaign activities may address infrastructure, economic, and other environmental factors linked to the identified behavioral outcome determinants.

Channel mix: A strategic plan that identifies the optimal blend of communication channels that maximizes reach and effectiveness of the intervention. The channel mix depends on the communication landscape, audience characteristics, the program’s objectives and messages, reach and intensity, and budget.

Communication channel: The method or medium used to transmit a message to the intended audience(s).

Community mobilization: Work carried out with communities to support them in determining and improving their own health and well-being.

Facilitators: In SBC, facilitators are factors that support the audience in engaging in the desired behaviors. Like barriers, these can include social norms, societal structures, and dominant beliefs and practices.

Formative research: This type of research can include a variety of qualitative and quantitative methods, such as in-depth interviews, focus groups, observation visits, client-exit interviews, population-based surveys, and literature reviews.

Indicator: A variable used to measure the current situation and any change or progress towards the objectives as a result of the intervention.

Interpersonal communication: This involves a personal interaction with the intended audience that can be one-on-one, in small groups, large groups, or in a forum. Examples include counseling, peer-

education, telephone hotlines, parent-child, teacher-student, and spousal communication, and support groups.

Mass media: A communication channel that can reach a large audience at the same time. Examples include television, radio, newspapers, movies, magazines, and the internet.

Outcome indicators: A type of performance indicator that is used to measure progress towards results and evaluate the effects and impact of an intervention.

Outcomes: The changes or results of the intervention experienced by the intended audiences.

Output Indicators: A type of process indicator that help determine the scope and quality of the activities being implemented.

Outputs: The activities, services, events, and products that reach the intended audiences.

Priority audience: Also known as the “primary” audience, this term refers to the population whose behavior the SBC intervention aims to change. It is not always the most affected audience, but rather the audience whose behavior change is most likely to lead to the desired outcome.

Prototype: A scaled-down version of what the product or service will look like in order to test its workability as a solution.

Psychographics: The attributes that describe personality, attitudes, beliefs, values, emotions, and opinions. Psychographic characteristics influence behaviors.

Qualitative data: Descriptive data that tend to provide the reasons for quantitative findings. These data help explain an issue by emphasizing the what, why, and how using research methodologies such as in-depth interviews, focus groups, observation visits, and client-exit interviews.

Quantitative data: Data that provide numbers, such as information on how many, how often, and what percentages. They are usually based on surveys with large, statistically representative groups of people.

Segmentation: In SBC, this term refers to dividing a large population into smaller subgroups of audiences in order to design more effective programs and messages.

Situational analysis: This establishes the vision for the SBC program through a systematic collection and analysis of health and demographic data, study findings, and other contextual information in order to identify and understand the specific health or behavioral issue to be addressed.

Social norms: These are the rules and standards of behaviors shared by members of a social group.

Stakeholders: Those who are involved in or affected by the issue being addressed. These can include audience members and beneficiaries, non-governmental organizations, relevant government ministries, service delivery organizations, advertising agencies, media, technical experts, and others.

Resources

This section includes resources that may be helpful in developing FP SBC strategies and interventions. The majority of resources have been designed explicitly for FP; those that were not are still highly relevant for developing, implementing, and evaluating FP SBC interventions.

Knowledge Sharing Platforms

Compass

Breakthrough ACTION. An online database of how-to resources, implementation kits, program examples, and tools related to SBC. The collection is curated, presenting resources that have been designed using a strategic process and have demonstrated success.

Springboard

Breakthrough ACTION. An online forum that offers a place for professionals to share SBC knowledge, experiences, and resources. Springboard supports and nurtures regional communities of health communication practitioners, scholars and policymakers. Members can share and tap into existing expertise and resources, develop their own capacity, and discover or contribute innovative solutions.

Evidence Resources

A Review of Behavioral Economics in Reproductive Health

Center for Effective Global Action. This paper summarizes existing evidence from the field and presents a framework for applying behavioral economics to reproductive outcomes.

Family Planning Evidence Package

Health Communication Capacity Collaborative. The evidence package consists of a searchable online article database, fact sheets, and infographics showcasing the power of SBCC in motivating and establishing healthy FP behaviors.

High Impact Practices

Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health

Digital Health for Social and Behavior Change: New technologies, new ways to reach people

Mass Media: Reaching audiences far and wide with messages to support healthy reproductive behaviors

Design Resources

Brains, Behavior & Design Toolkit

Brains, Behavior and Design. The Toolkit features five tools to help designers apply findings from the field of behavioral economics to their practice in order to provide a head start on framing research as well as developing new strategies for solving user problems.

Designing a Social and Behavior Change Communication Strategy

Health Communication Capacity Collaborative. This Implementation Kit provides guidance on how to develop an SBCC strategy.

SBC How-to Guides

Advanced Audience Segmentation for Social and Behavior Change Breakthrough ACTION.

How to Conduct a Pretest
Health Communication Capacity Collaborative.

How to Conduct a Stakeholder Workshop
Health Communication Capacity Collaborative.

How to Develop a Channel Mix Plan
Health Communication Capacity Collaborative.

How to Develop a Communication Strategy
Health Communication Capacity Collaborative.

How to Develop a Logic Model
Health Communication Capacity Collaborative.

How to Develop SBCC Creative Materials
Health Communication Capacity Collaborative.

How to Do an Audience Analysis
Health Communication Capacity Collaborative.

Implementation Resources

Implementation principles for social, behavioural and community engagement interventions in An evidence map of social, behavioral, and community engagement interventions for reproductive, maternal, newborn and child health
World Health Organization and International Initiative for Impact Evaluation.

Implementation Kits

Gender and Social and Behavior Change Communication
Health Communication Capacity Collaborative. This implementation kit is designed to help users understand gender concepts, theories, and frameworks; assess the current level of gender integration in a project; and use a series of tools to uncover new information that can be applied to an existing SBCC strategy or marketing plan.

Integrated SBCC Programs
Health Communication Capacity Collaborative. This implementation kit provides guidance to programs seeking to develop an integrated SBCC strategy.

Integrating SBCC into Service Delivery Programs
Health Communication Capacity Collaborative. This implementation kit aims to help service delivery project managers effectively use service communication to enhance the impact of their project.

Service Communication

Health Communication Capacity Collaborative. This implementation kit aims to help service delivery project managers effectively use service communication to enhance the impact of their project. It can be used to help increase demand for and uptake of services and improve consistent long-term maintenance of healthy behaviors.

Research, Monitoring and Evaluation Resources

Family Planning Social and Behavioral Change Communication: Key Indicators

MEASURE Evaluation. This resource outlines seven key SBCC indicators that are intended to inform the monitoring and evaluation of FP programs supporting social and FP behavior change activities.

SBC How-to Guides

How to Conduct Qualitative Formative Research

Health Communication Capacity Collaborative.

How to Develop a Monitoring and Evaluation Plan

Health Communication Capacity Collaborative.

Quality Assurance and Capacity Strengthening Resources

SBCC Check-In: Quality Standards for SBCC

Health Communication Capacity Collaborative. The checklist 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 quality assurance and social and FP behavior communication improvement action planning.

SBCC Capacity Assessment Tool

C-Change. This tool is used to assess and measure the quality of SBCC programs. It identifies the strengths and weaknesses of programs in five areas: 1) situation analysis, 2) strategy development, 3) materials development, 4) implementation, and 5) monitoring and evaluation.