



During this presentation we are going to take you through the steps we use to develop a SBC strategy.



The Focus Tool – An SBC/C Planner

Published

April 13, 2018

Submitted by

HNN Admin

Partners

[Save the Children](#)

Type

Tools/Guidelines

Language

English



[VIEW RESOURCE](#)

The FOCUS Tool is an online social and behavior change /communication strategy planner. FOCUS provides step-by-step guidance on how to develop or retrofit a theory-based social and behavior change/communication (SBC/C) strategy. The steps, theoretical framework, and tools are designed to help SBC practitioners prepare and plan for effective SBC/C initiatives through a comprehensive approach. The final product is a draft narrative strategy that has been systematically developed and that can be further refined.

The FOCUS tool was developed by Save the Children's Saving Newborn Lives project and was demonstrated to Save the Children field staff in 2016, which gave the tool positive reviews for its ease of use, technical soundness, and practical applications. Save the Children's SBC experts have



Step 5 – Evaluation

Step 4 – Delivery

Step 3 – Creative Process

Step 2 – Behavioral Focus

Step 1 – Assessment

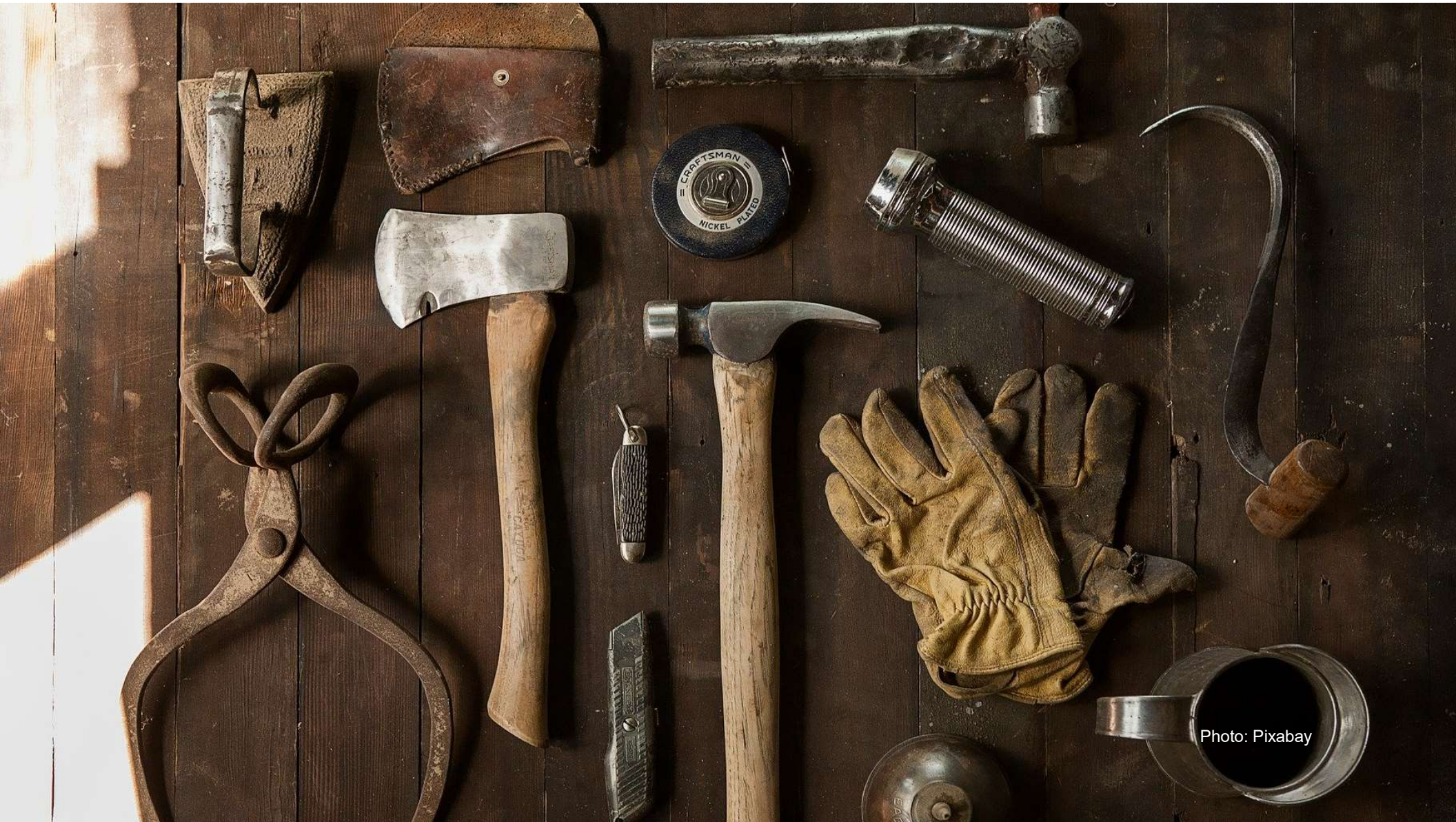


Photo: Pixabay

Steps and Tools

Step 5

Indicators
Monitoring & Evaluation Plan

Step 4

Sequencing, Phasing, Reach & Intensity
Implementation Plan

Step 3

Strategic Approach and Positioning
Strategies, Activities, and Support Materials
Creative Brief

Step 2

Theory of Change
Audience Segmentation
Audience Profile
Types of Desired Behaviors
Barriers and Facilitators
SBC Objectives

Step 1

Situational Analysis
Problem Tree
Problem Statement
Additional Formative Research Needs





Wadata, Development Food Security Activity

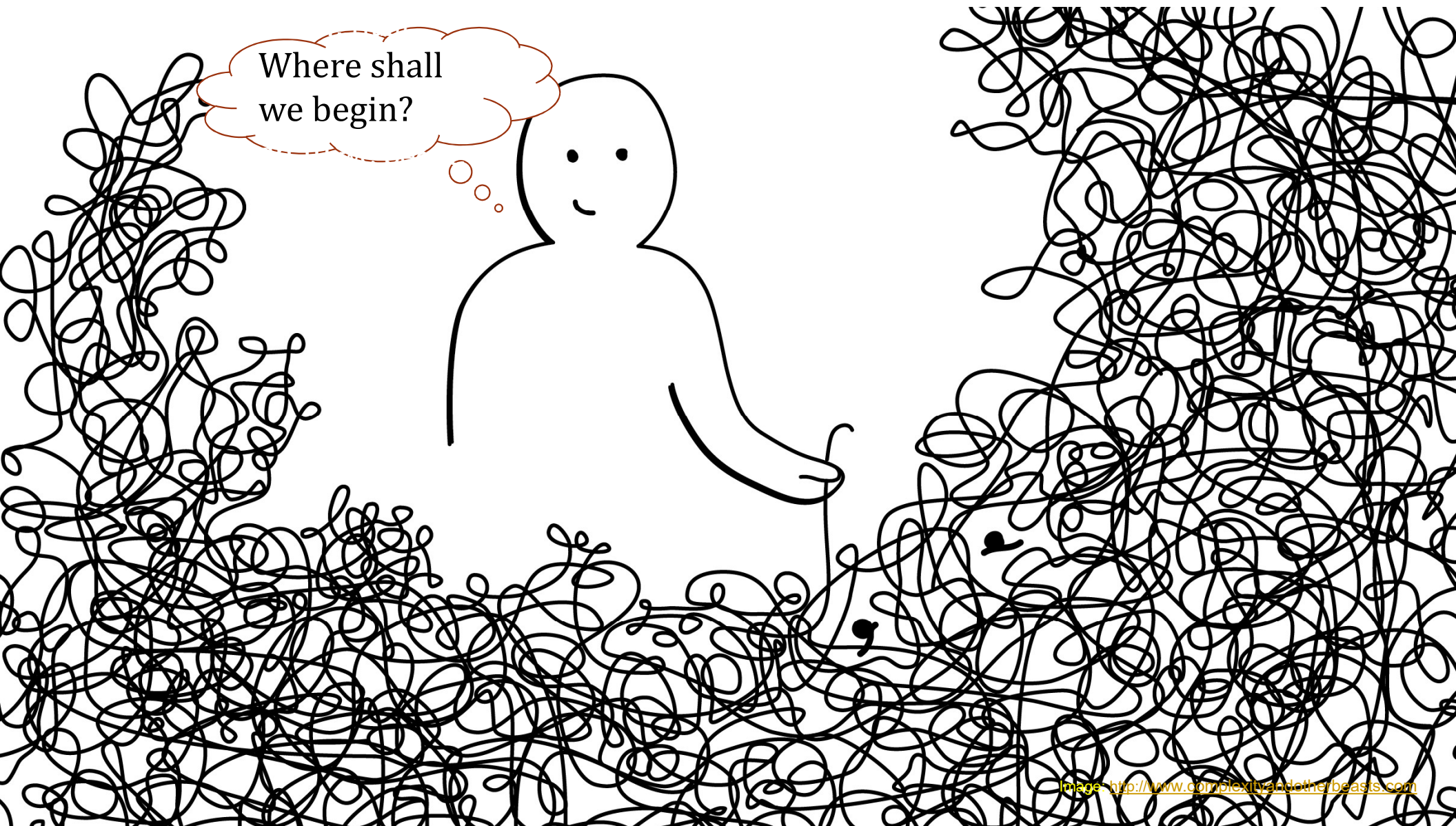
Photo: Talitha Brauer/ Save the Children



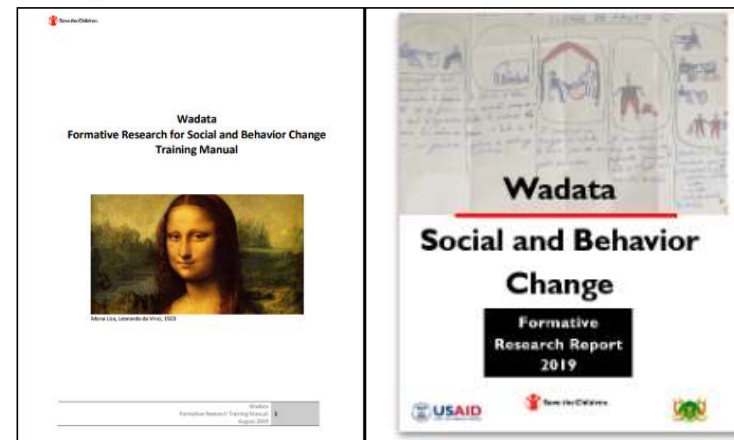
WADATA'S INTEGRATED SOCIAL AND BEHAVIOR CHANGE STRATEGY

1. Governance
2. Agriculture and Livelihoods
3. Use of health, hygiene, and nutrition services
4. WASH- Water, Sanitation and Hygiene
5. Nutrition
6. Gender Equality and Social Inclusion
7. Resilience





- 30 inexperienced research assistants comprised of SC program staff trained on how to facilitate formative research sessions and capture rich data.
- Learned how to use 11 different ethnographic, visual, and participatory-based tools during a four-day training.
- ~**1,300** participants including mothers and fathers of young children, youth, and community leaders and volunteers participated in formative research resulting in **192** research sessions in less than two weeks.



STEP 1

Assessment

Tools

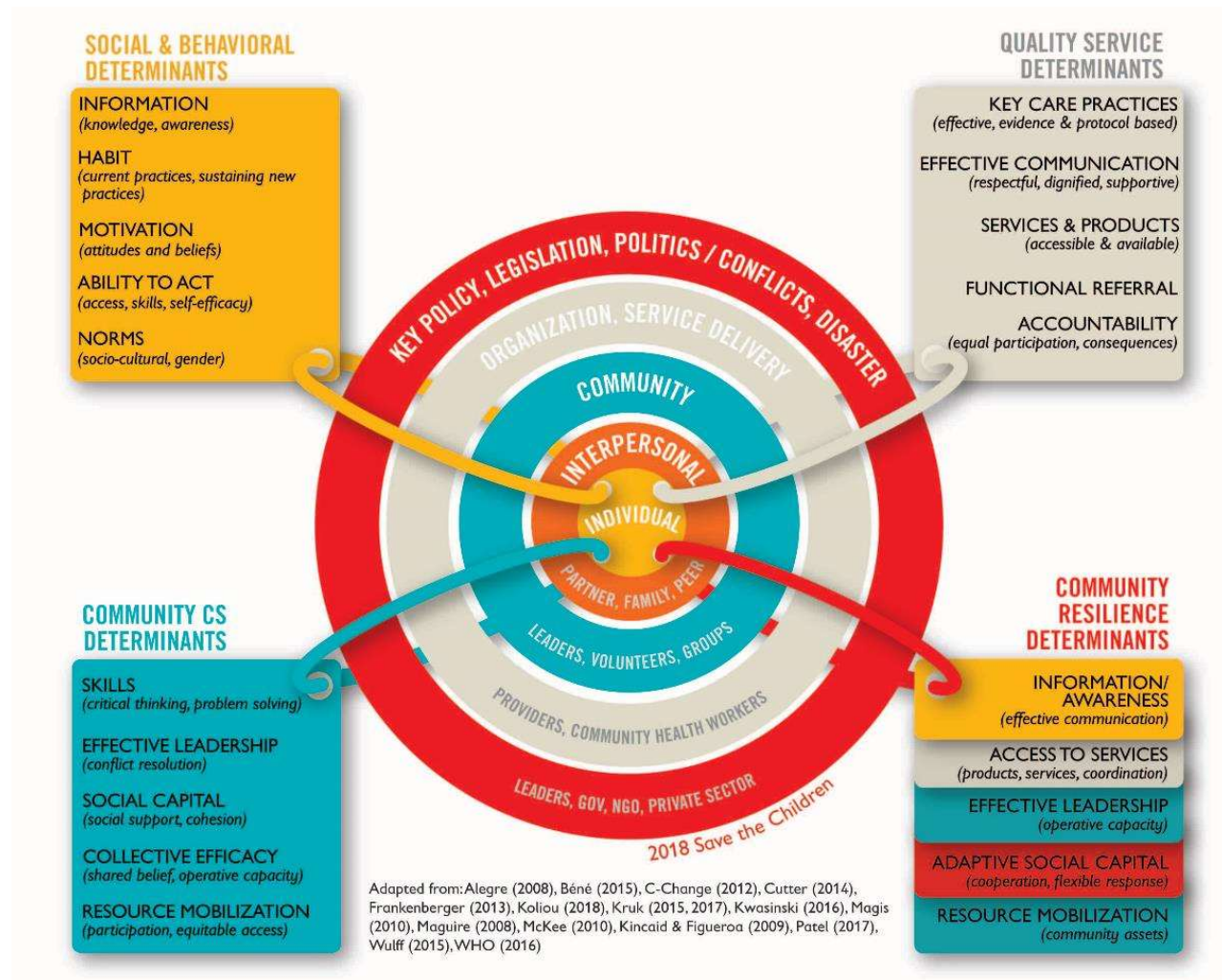
1. Situational Analysis
2. Problem Tree
3. Problem Statement
4. Additional formative research needs



Photo: Pixabay

Save the Children has developed an integrated, theory based SBC framework to determine the relative weight of specific social and behavioral determinants that make healthy practices difficult or impossible.

This allows identifying tailored and suitable SBC strategies combining both behavior change with community engagement.



DETERMINANTS of BEHAVIOR

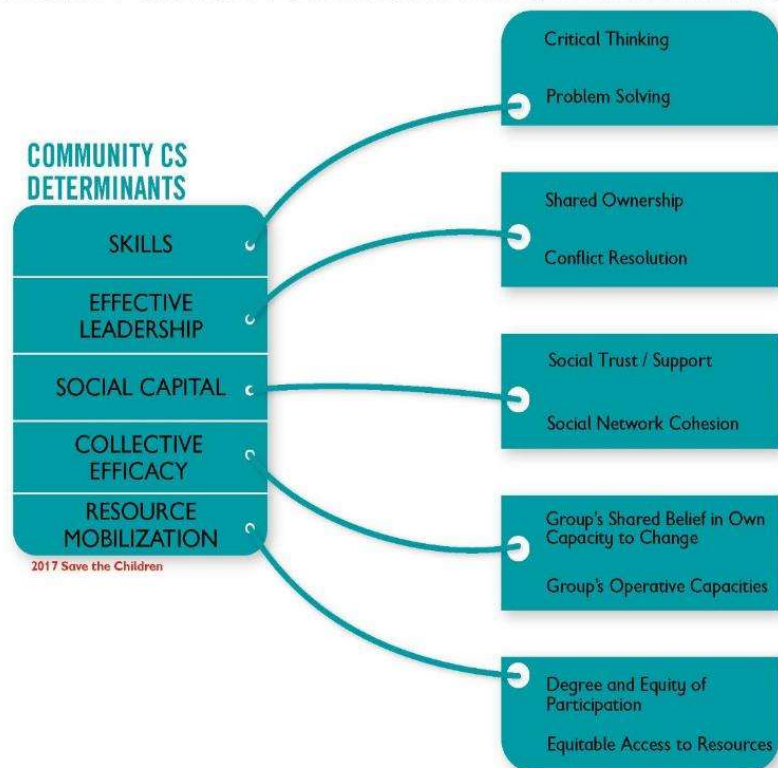
Determinants are a person's feelings, beliefs, or other elements within his/her environment that can support her or him to do a behavior, or prevent her or him from doing a behavior.



SOCIAL & BEHAVIORAL DETERMINANTS



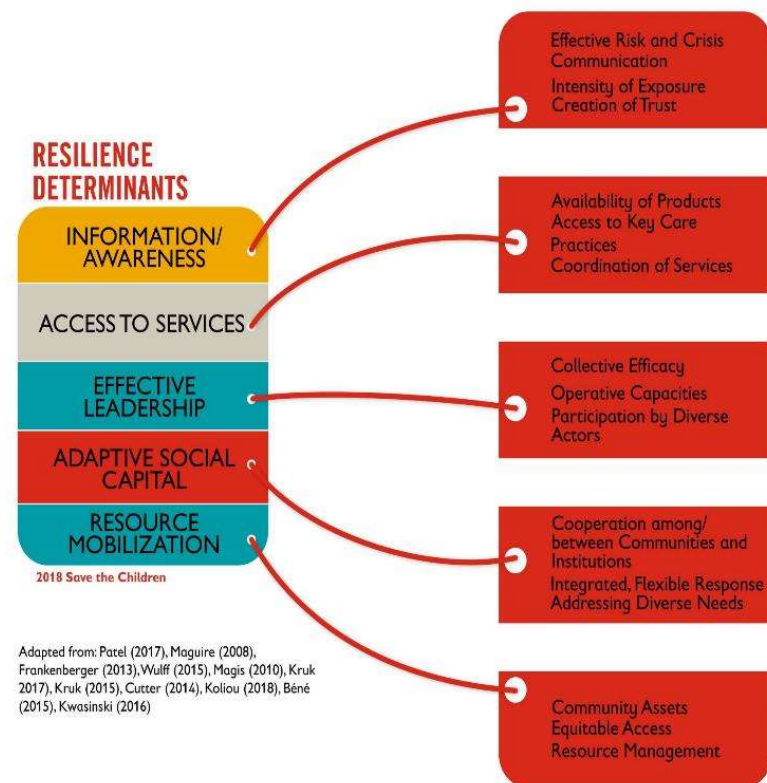
COMMUNITY CAPACITY STRENGTHENING DETERMINANTS



QUALITY SERVICES DETERMINANTS



RESILIENCE DETERMINANTS



Adapted from: Patel (2017), Maguire (2008), Frankenberger (2013), Wulff (2015), Magis (2010), Kruk (2017), Kruk (2015), Cutter (2014), Koliou (2018), Bené (2015), Kwasiński (2016)



QUESTION FOR YOU

Can you think of any determinants that influence social and behavior change?

Type your answers in the chat box.



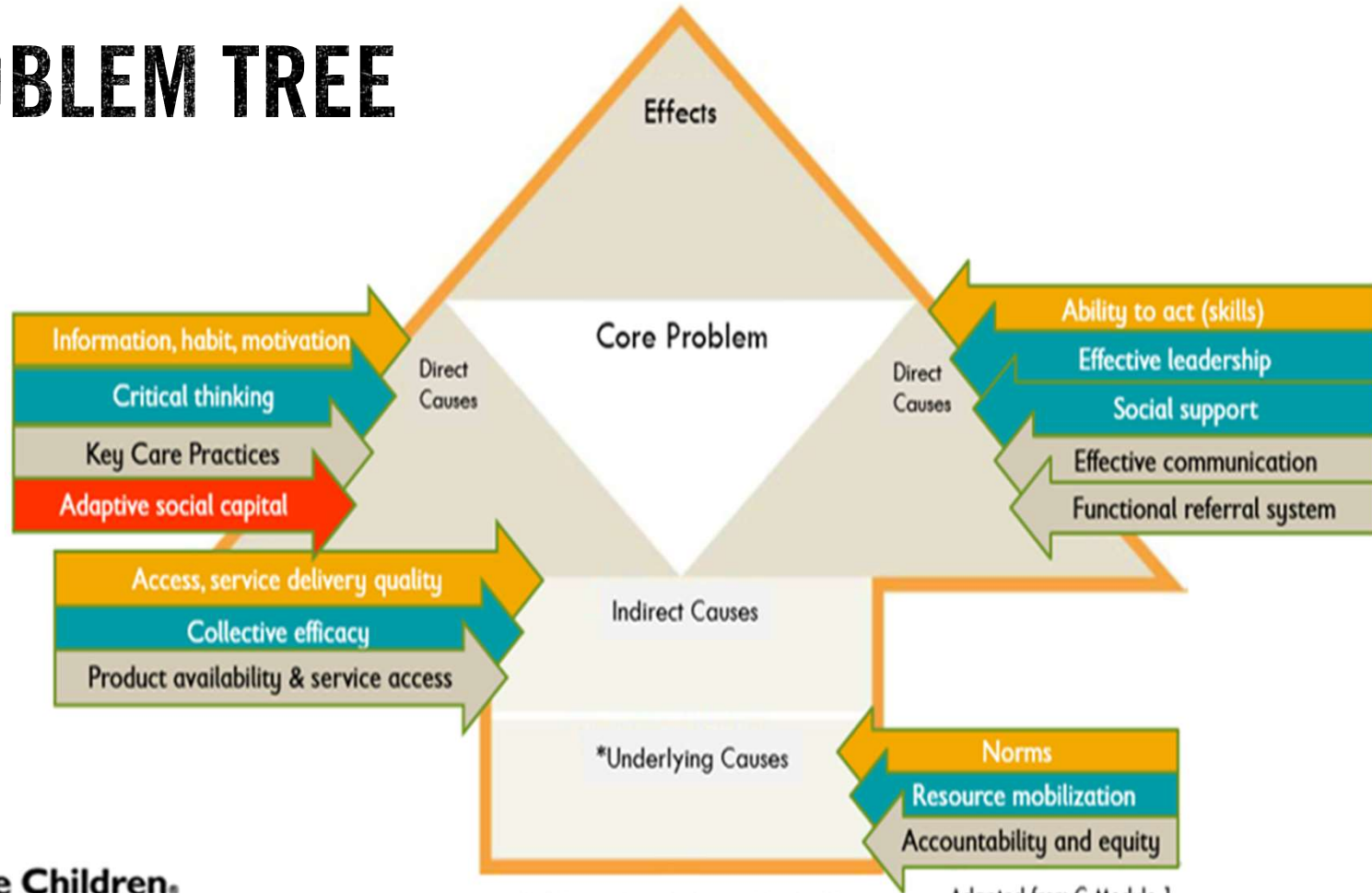
SIMPLE SITUATIONAL ANALYSIS TEMPLATE

What is your problem? How does it manifest at different levels?

- Individual level
- Interpersonal level
- Community level
- Programming and Service Delivery level
- Key policy, legislation, politics/ conflicts

Photo: Palmer/ Save the Children

PROBLEM TREE



*Including gender and other social & cultural factors.

Adapted from C-Module 1



PROBLEM STATEMENT

Answer the guiding questions below to help you write the problem statement.

1. What is happening? (Take from “core problem” part of the problem tree.)
2. Where and to whom? (Take from the situational analysis.)
3. With what effects? (Take from the “effects” part of problem tree)
4. Who and what is influencing the situation? (Be sure to list who is directly and indirectly influencing. Take from the situational analysis.)
5. And as a result of what cause? (Take from the “direct,” “indirect,” and “underlying causes” sections of the problem tree.)

(Source: Adapted from C-Change Module 1. (2012). *Social and Behavior Change Communication (SBCC) for Frontline Health Care Workers*. Washington DC: C-Change/FHI 360.)





Photo: Pixabay

STEP 2

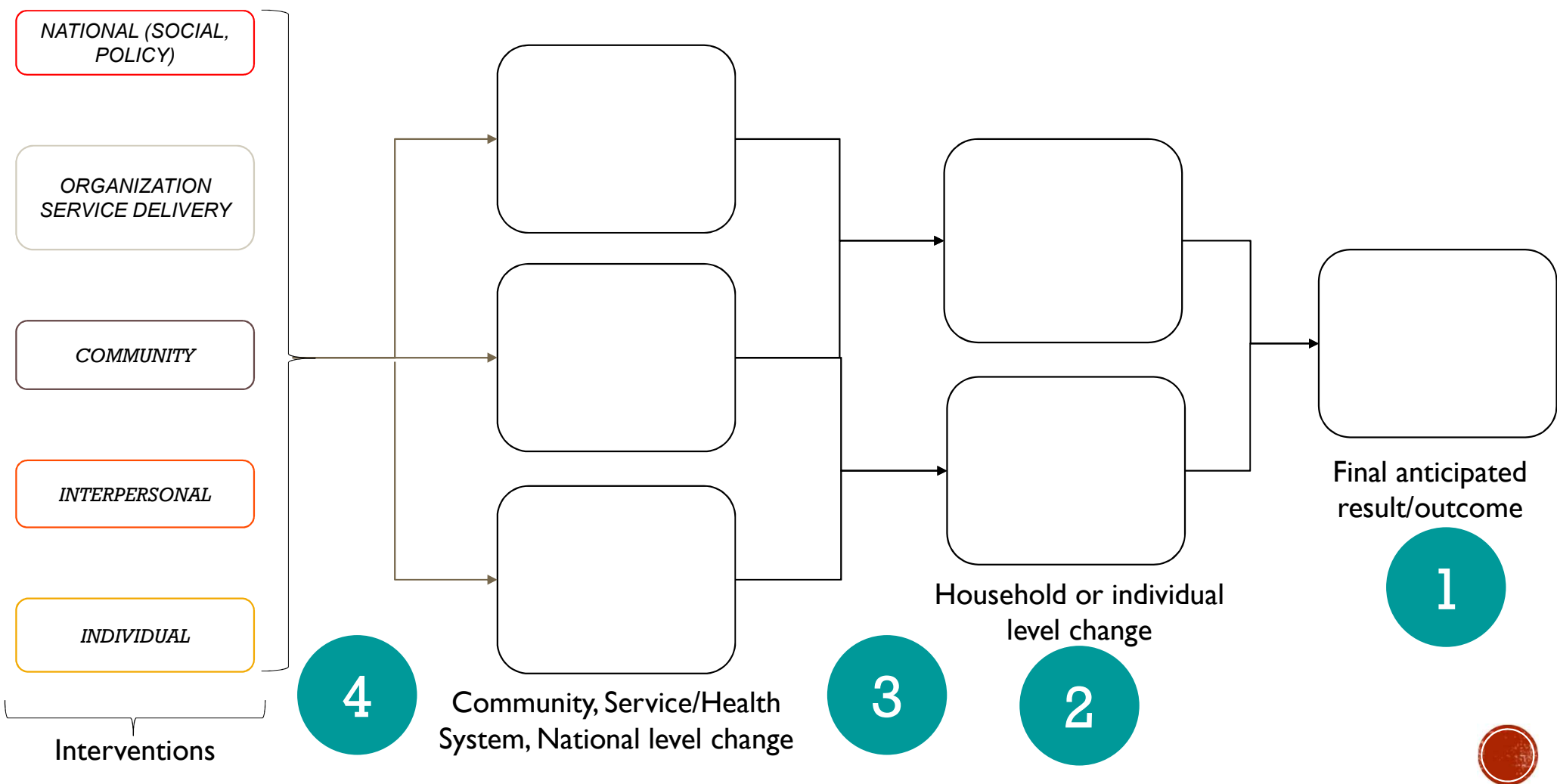
Behavioral Focus

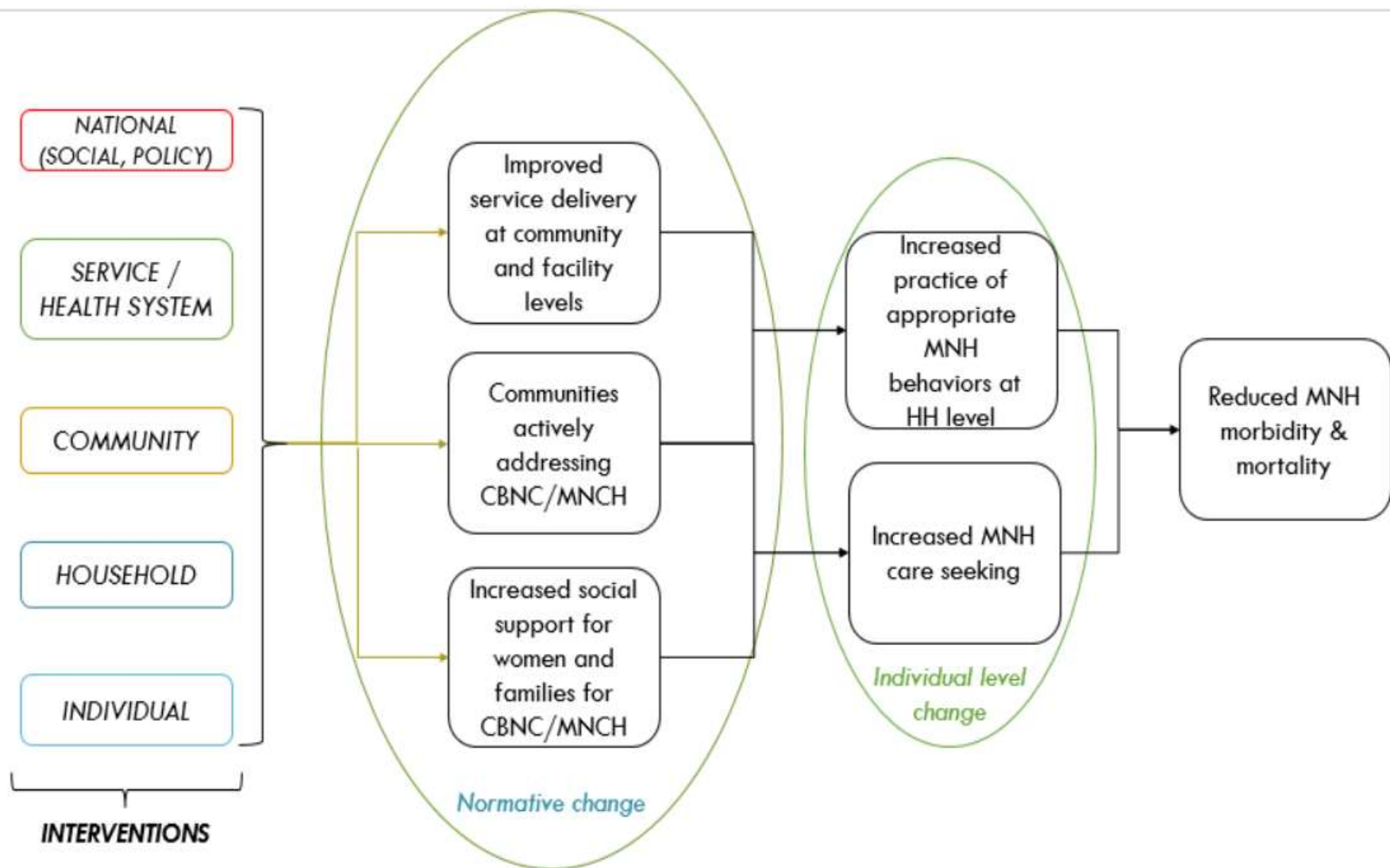
Tools

1. Theory of Change
2. Audience Segmentation
3. Audience Profile
4. Types of Desired Behaviors
5. Barriers and Facilitators
6. SBC Objectives



Photo: Pixabay





AUDIENCE SEGMENTATION

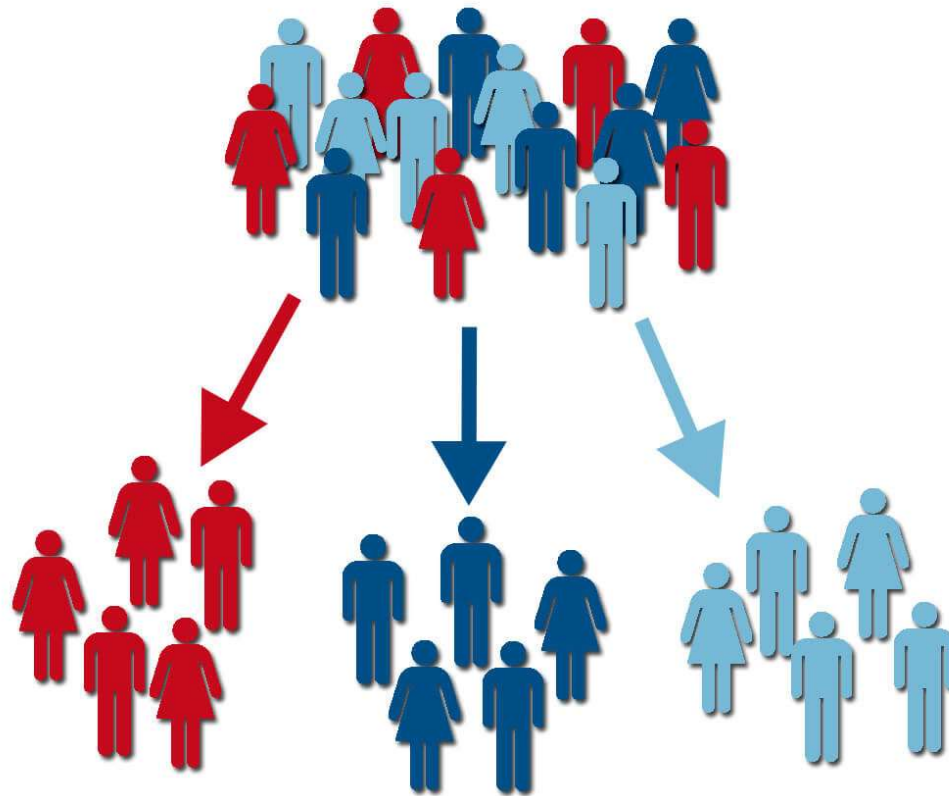


Image:
<https://barnraisersllc.com/2019/01/27/audience-segmentation-tools-find-customers/>



THERE ARE THREE MAIN TYPES OF AUDIENCES

1. Those that are **directly affected** (primary audience)
2. The **direct influencers** (secondary audience)
3. The **indirect influencers** (tertiary audience)





Share



SBC How-to Guides are short guides that provide step-by-step

Audience segmentation is a key activity within an [audience analysis](#). It is the process of dividing a large audience into smaller groups of people - or **segments** - who have similar needs, values or characteristics. Segmentation recognizes that different groups will respond differently to social and behavior change communication (SBCC) messages and interventions.

Why Segment an Audience?

Segmenting audiences enables a program to focus on those audience members who are most critical to reach and also to

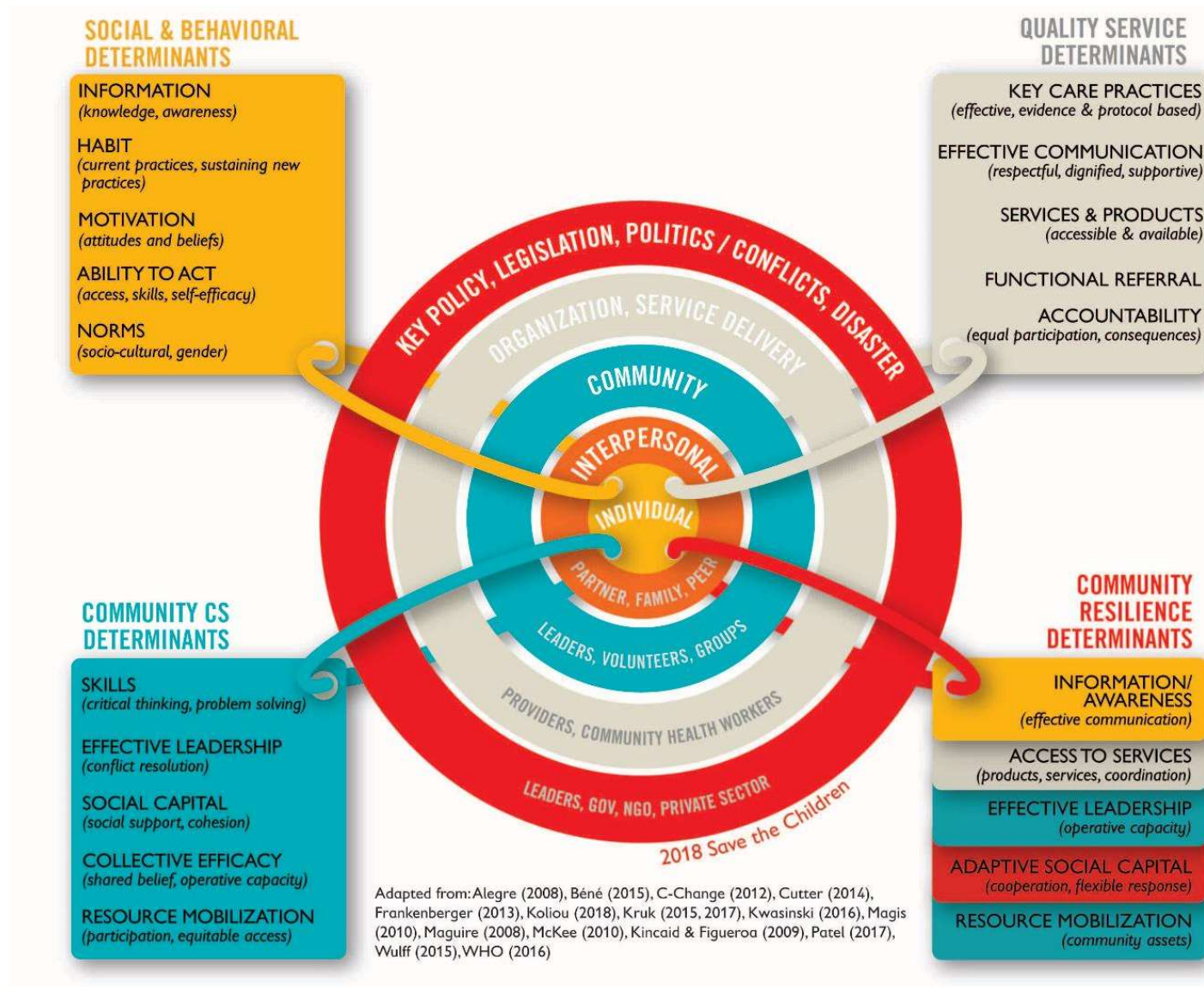
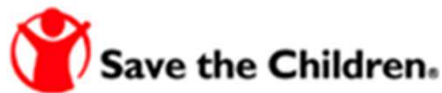


The next steps are to select the behavior(s) you will focus on, and to figure out the barriers and facilitators of the behavior(s).



Photo: Gerd Altmann

BARRIERS AND FACILITATORS



SBC OBJECTIVES

SBC objectives specify the kind and amount of change you expect to achieve for a specific population within a given period for each intervention.



TIME TO PRACTICE

Start with the word “to” followed by an action verb and the amount of change you expect to achieve for a specific population or “By the end of ... there will be an increase of # of a specific audience who...”

How could we make this statement into a SMART objective? Write your answer into the chat box.

Increase demand for and use of agricultural services by women.



STEP 3

Creative Process

Tools

1. Strategic Approach and Positioning
2. Strategies, Activities, and Support Materials
3. Creative Brief



SOME COMMON SBC APPROACHES

- **Community-based approaches:** community engagement, community mobilization, community outreach, social mobilization, social movements & empowerment, positive deviance and social accountability approaches such as Partnership Defined Quality and Community Action Cycle.
- **Group-based approaches:** social capital/social support, social networks – includes women's and men's groups
- **Interpersonal communication approaches:** client-provider/physician-patient interaction, community/frontline health workers/midwives/traditional birth attendants, counseling, home visits/household outreach, and peer educators.
- **Media and social marketing approaches:** advocacy, mass media, social marketing/marketing of health services, social media, strategic/persuasive communication

STRATEGIC APPROACH AND POSITIONING

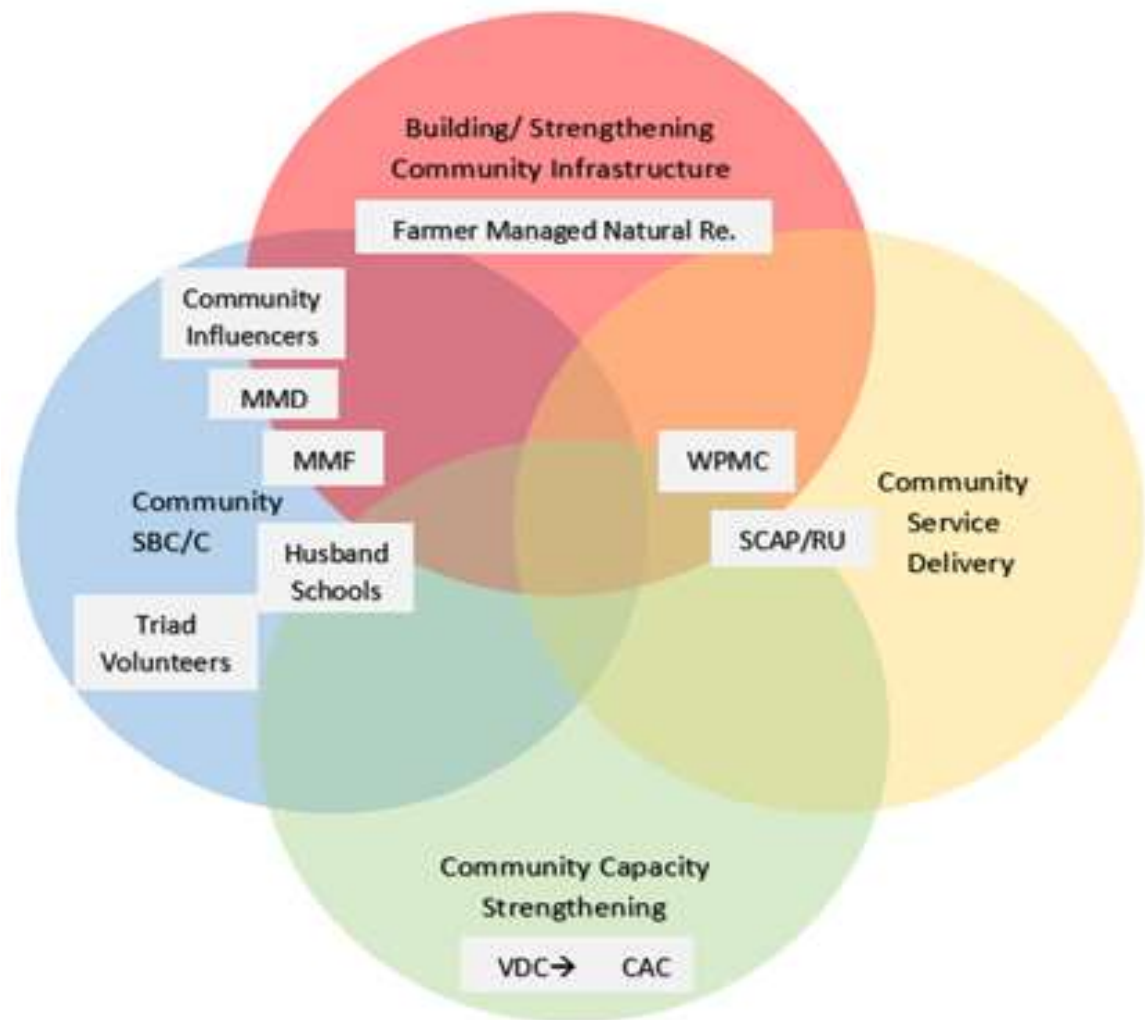
Wadata's strategic approach is a combination of:

- 1. building/strengthening community infrastructure,**
- 2. community service delivery,**
- 3. community social and behavioral change and**
- 4. community capacity strengthening**

that aims to improve gender equality and social inclusion, increase economic productivity for females and males, strengthen governance and resilience in communities and improve health and well-being for individuals and families.



Wadata's strategic approach



STRATEGIES, ACTIVITIES, AND SUPPORT MATERIALS

Approach and Priority Audiences	Interventions	Focus Area	Related Wadata SBC objectives
Building/strengthening community infrastructure •Women of reproductive age (18 – 24 and 25 – 35) •Men 18+	Farmer Managed Natural Regeneration (FMNR) Groups Mata Masu Dubara (MMD) (Women's Savings and Loans Groups)	Ag & Livelihoods Gender Equality and Social Inclusion Governance Resilience	<ul style="list-style-type: none"> • Improve governance and accountability for community infrastructure • Increase demand for and use of quality health, nutrition, WASH and agricultural services by girls, boys, women and men based on a voluntary, non-coercive approach • Increase the engagement of women in meaningful participation in community life • Increase equitable access to, control over and benefit from community systems, structures and resources for girls and women • Increase girls, boys, and women's leadership development, confidence, conflict management and negotiation skills



AGRICULTURE AND LIVELIHOODS

Priority Behavior	Barriers	Facilitating Factors	Message and Actions
<i>Directly Affected : Community Men and Women</i>			
Husbands and their wife/ wives jointly plan, organize, direct and control household finances.	<p><i>Norms</i></p> <ul style="list-style-type: none"> -Men are considered head of the household unless they are away or incapacitated. -Men have material and financial obligation to their wife/ wives. -Married women cannot open a bank account without her husband being notified. -In some villages the experience and voice of older women was valued, but in others it was dismissed due to their sex. 	<ul style="list-style-type: none"> -Husbands typically ask their wives what they need to buy in terms of food for the family. Sometimes the wife will accompany the husband to the market. -Under LAHIA, husband schools have helped increase dialogue among couples and potentially contributed to increases in use of health services 	<p><i>Messages</i></p> <ul style="list-style-type: none"> -Make an action plan on the best way to use household resources and finances as a couple and check-in regularly on progress <p><i>Actions</i></p> <ul style="list-style-type: none"> -Husband Schools focus on gender equality and negotiation skills <ul style="list-style-type: none"> ● Hold sessions on how to make an action plan with your wife. Test out approach at home. -Community groups including triad, husband schools, MMDs, MMFs trained in how to create household action plan -create radio programs/radio theater that encourages couples to discuss family dynamics regularly.



STEP 4

Delivery

Tools

1. Sequencing, Phasing, Reach & Intensity
2. Implementation Plan

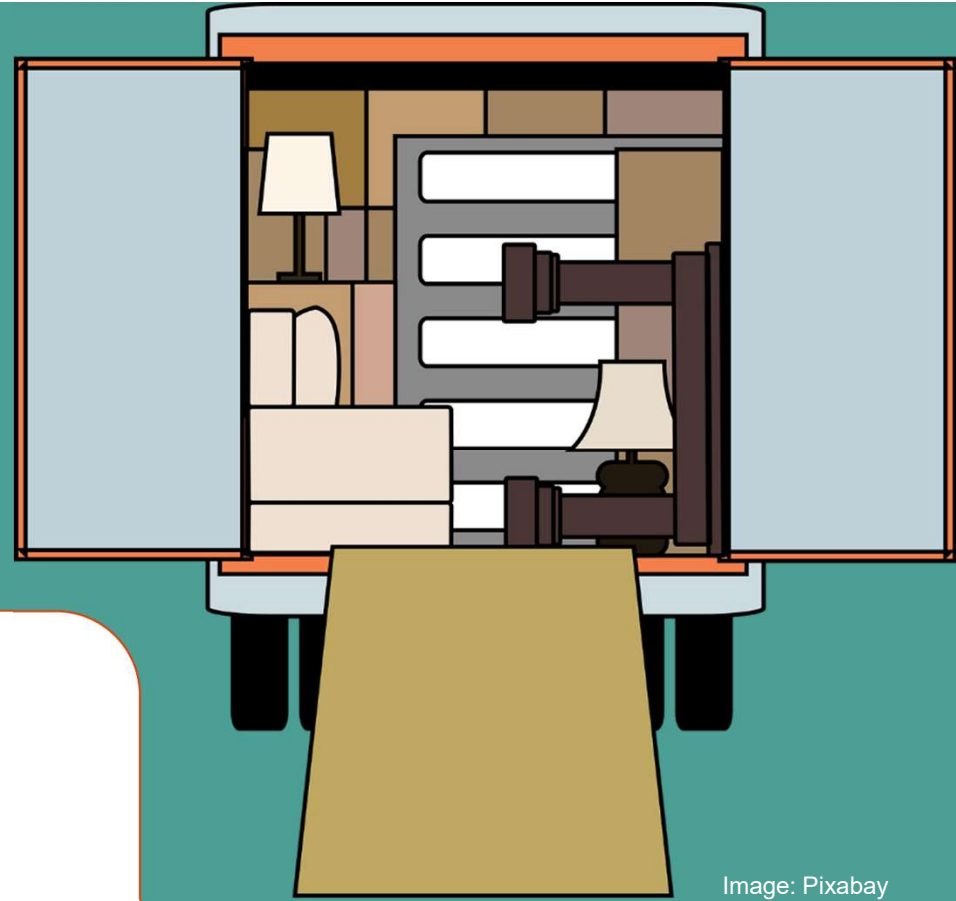
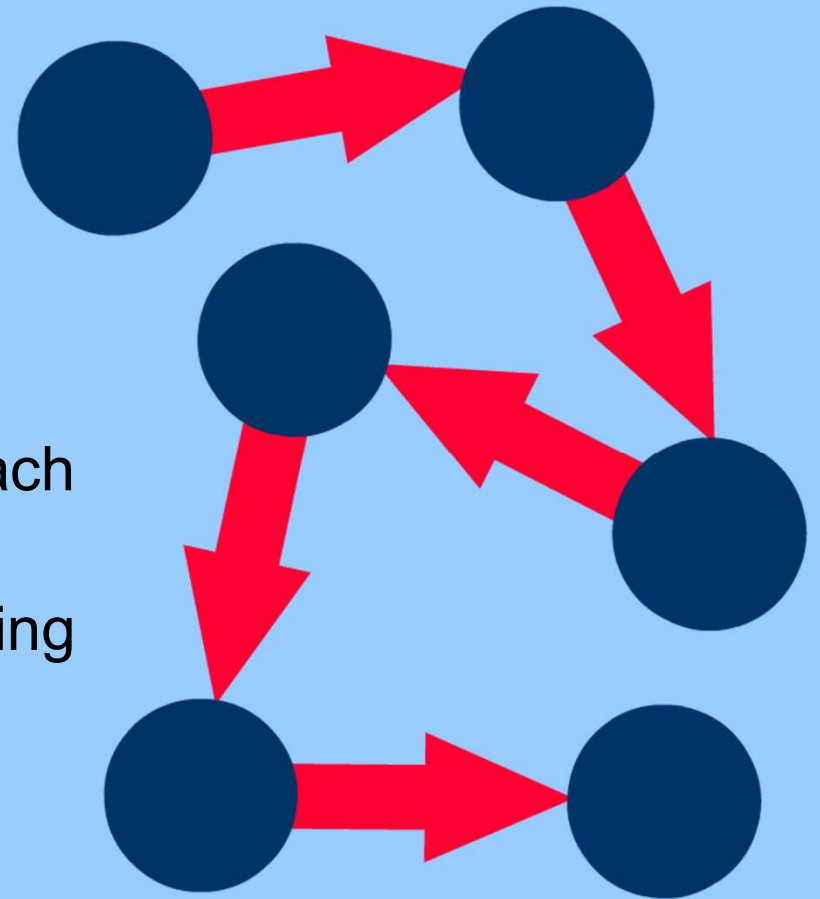


Image: Pixabay



SEQUENCE

- What are the activities that need to be implemented?
- What are the intermediate steps for each activity?
- What needs to happen before something else can happen?



REACH AND INTENSITY

Reach --number of people exposed

Intensity --average number of times individual or households are exposed



IMPLEMENTATION PLAN

Activity	What it will take to start the activity (e.g., training, resources, etc.)	Who will be implementing this? Lead staff, consultants, volunteers, and/or partners	Position in sequence and what phase	Frequency of intervention	How many community people on average will participate?



STEP 5

Evaluation

Tools

1. Indicators
2. Monitoring & Evaluation Plan



INDICATORS

Process indicators – Are used to provide information about the scope and quality of activities implemented (these are considered monitoring indicators). You should include indicators that measure your **inputs** (e.g., resources, contributions, and investments that go into a program).

- Number of community dialogues held
- Number of job aids distributed
- Number of supportive supervision visits conducted
- Number of peer group sessions conducted

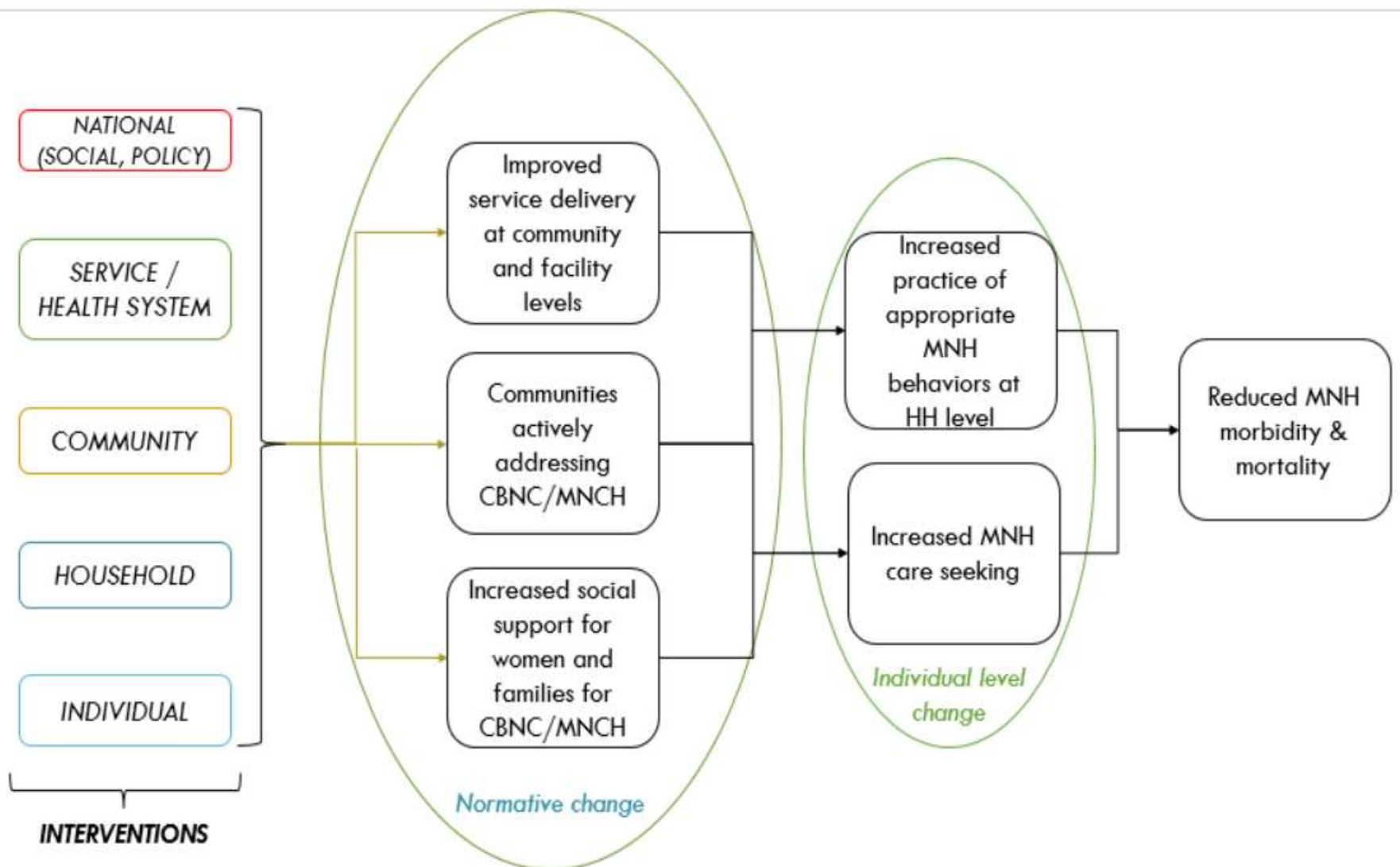
And your **outputs** (e.g., activities, services, events, and products)

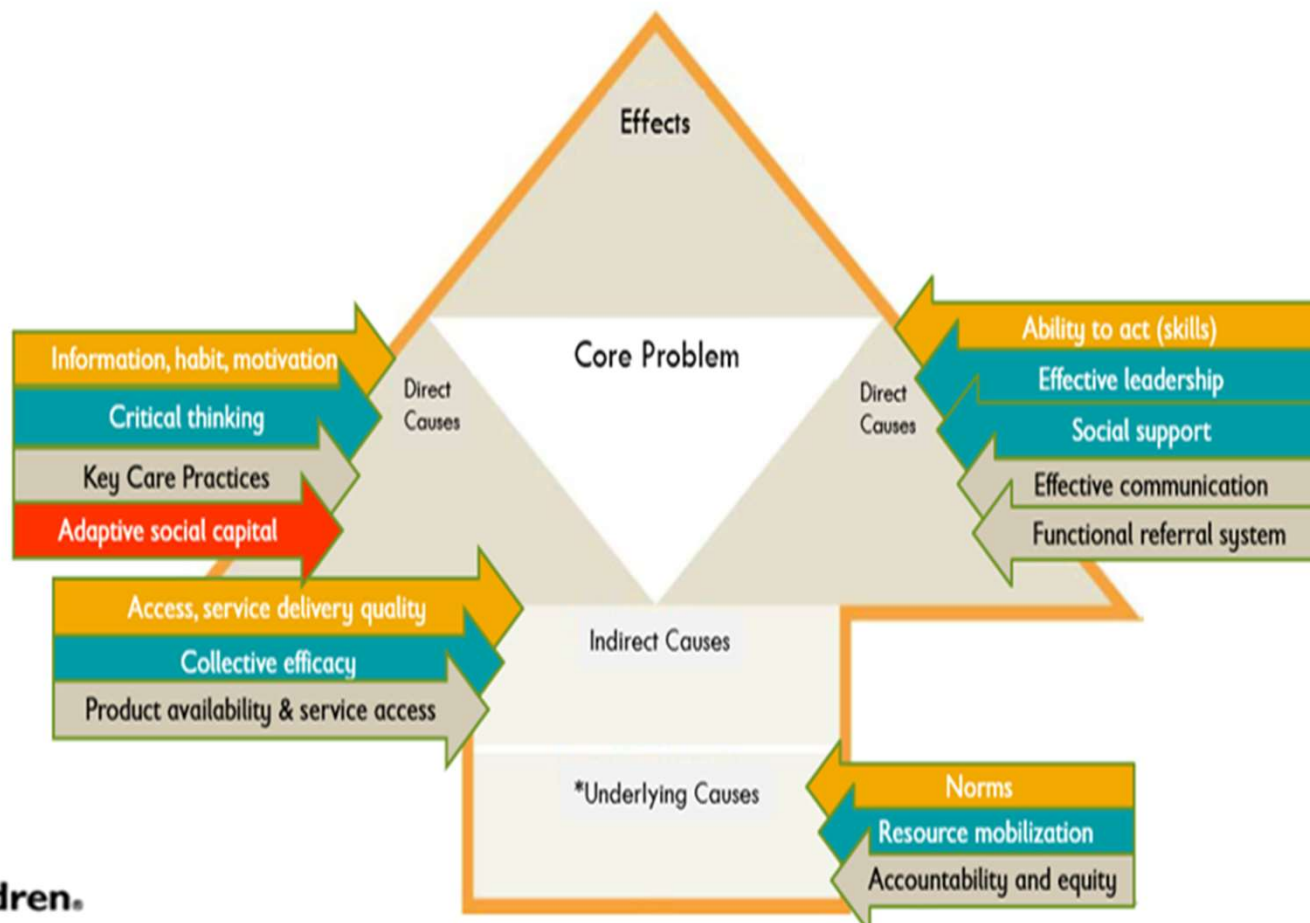
- Number and percent of respondents who report having seen and/or heard messages or participated in activities
- Number or percentage of vulnerable family members participating in any community organization activities

Outcome indicators – Are used to measure changes towards progress of results or changes for the different levels of audiences; these are considered evaluation indicators.

- Percent of women in union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash
- Percentage of farmers who used at least three sustainable agriculture practices and/or technologies (i.e., crop, livestock, and/or NRM) in the past 12 months
- Percentage of community influencers who are favorable in involving women and youth in decision-making process at community level







*Including gender and other social & cultural factors.

Adapted from C-Module 1

Steps and Tools

Step 5

Indicators
Monitoring & Evaluation Plan

Step 4

Sequencing, Phasing, Reach & Intensity
Implementation Plan

Step 3

Strategic Approach and Positioning
Strategies, Activities, and Support Materials
Creative Brief

Step 2

Theory of Change
Audience Segmentation
Audience Profile
Types of Desired Behaviors
Barriers and Facilitators
SBC Objectives

Step 1

Situational Analysis
Problem Tree
Problem Statement
Additional Formative Research Needs



APPLICATION

START

Photo: Pixabay

WADATA'S APPLICATION

- Development of SBC guides for priority behaviors, for example:
 - Ending child marriage
 - Governance in community infrastructures' management by village development committees
- SBC capacity strengthening training activities

ACTIVITÉ WADATA



Fiche N°2 Gouvernance dans la gestion des biens et infrastructures communautaires

Support à l'usage des superviseurs santé nutrition et Agents Terrain polyvalents

Sommaire : Ce petit document donne une esquisse sur comment Wadata, à travers les superviseurs et agents terrains, va contribuer à faire la promotion de la gouvernance au niveau des plates formes communautaires. Pour se faire, Wadata a formulé un comportement (une pratique observable qui doit être régulière) en se focalisant sur les Comités Villageois de Développement (CVD) pour améliorer la gouvernance et la responsabilité dans la gestion des infrastructures communautaires. Ces comités assurent la coordination et la synergie entre toutes les plateformes communautaires et suivent les progrès réalisés. Chaque CVD dirige le processus de planification de l'action communautaire qui établit les objectifs du village en ce qui concerne la nutrition, WASH et l'agriculture, entre autres activités. Ces groupes mandatés par le gouvernement ont le potentiel de répondre aux priorités communautaires et d'élever la voix des femmes, des adolescents et d'autres groupes marginalisés dans le développement et la gestion.



Ce qu'il faut retenir des études réalisées en lien avec la gouvernance des infrastructures communautaire

IL ressort de la consultation communautaire faite par WADATA, que la communauté est soucieuse de se voir impliquée dans tout processus de développement faute de quoi toute durabilité est compromise. Ainsi, l'étude confirme la pertinence de la question de gouvernance que WADATA espère aborder sous les principes de participation, inclusion, transparence et redevabilité lié à la gestion durable des infrastructures communautaire.

53 % des interviews confirment que une fois ces critères ou propositions énumérées sont pris compte par les partenaires (projets, ONGs et Etat) cela permettra aux CVDs d'être à mesure d'entreprendre des actions amenant à : la cohésion sociale, la durabilité des réalisations dans les villages, le développement du village, assurer l'éveil de la communauté à travers les activités de sensibilisations, être des interlocuteurs de la communauté devant les partenaires du développement au niveau des villages, et assurer le suivi régulier des activités des autres comités du villages

Quel est le comportement souhaité

Les CDV ciblés ont mis en place des mesures de responsabilité sociale pour aider à gérer les biens et les infrastructures communautaires dans un délai d'un an après avoir travaillé avec le projet Wadata.

2 Indicateurs lié au comportement :

- Nombre des CVD ayant élaboré et mis en œuvre leur plans d'actions (C4)
- Nombre de CVD liés (réseautage) au niveau communal avec une meilleure compréhension de la planification et du cycle budgétaire (C83)

Qui doit adopter ce comportement (audience primaire) ?

Les Comités Villageois de Développement chacun à l'échelle de son village



CONTACT INFORMATION

Na Oume Habou Ibrahim

Health and Nutrition Manager Wadata
Zinder, Niger

Naoume.Habou@savechildren.org

Lenette Golding

Social and Behavior Change Advisor & Gender Equality &
Social Inclusion Lead for the Department of Global Health
Washington, DC

lgolding@savechildren.org

Meg Pollak

Senior Specialist, Nutrition SBC
Casablanca, Morocco

mpollak@savechildren.org

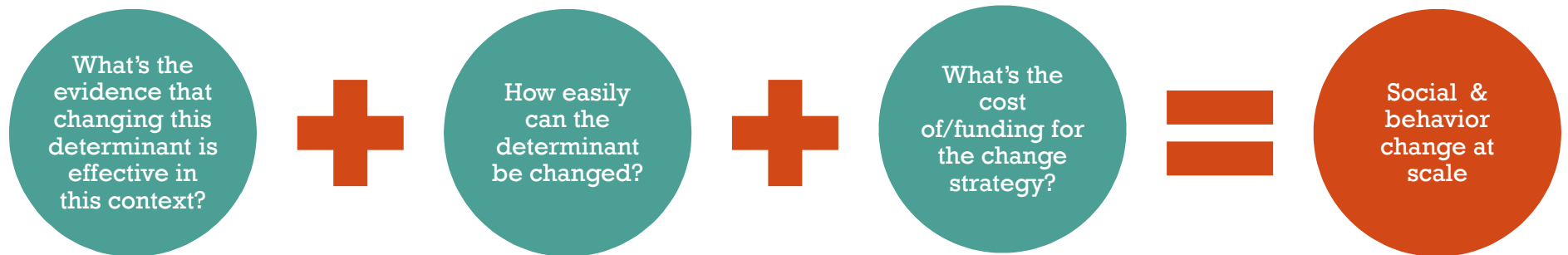
We would love
to hear from
you.



Save the Children®



HOW TO CHOOSE DETERMINANT TAGS



ADDITIONAL FORMATIVE RESEARCH NEEDS

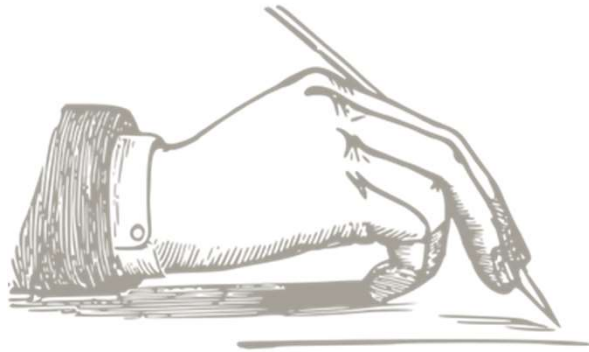
1. Is there anything else you need to know about your audience's behaviors?
2. Is there anything else you need to know about your audience's attitudes, beliefs, values, and perceptions?
3. Do you need to know more about the barriers and facilitators of behavior for your audience?
4. Do you see any contradictory information in the research you have gathered?
5. Do you think the research you have gathered may have been biased?
6. Do you need to know more about the key influences on behavior in your audience?
7. Do you need to know more about the individuals who play an influential role in the lives of your audience?
8. Do you need other information that could help you design or improve your program?



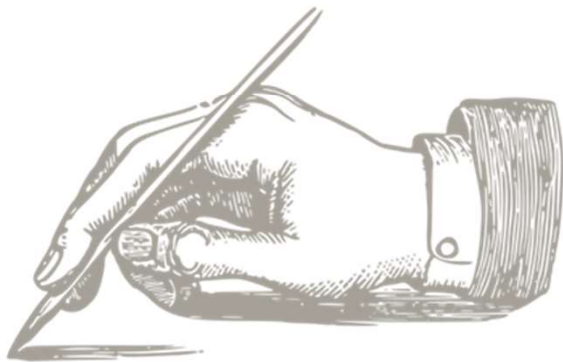
AUDIENCE SEGMENTATION BY PROGRAMMATIC AREA OF WADATA

Directly affected	Direct influencers	Indirect influencers
<ul style="list-style-type: none"> • Women of reproductive age (18 – 24 and 25+) • Couples (18-35) • Men (18 – 24 and 25+) • Very young adolescent girls and boys 10 – 14 • Adolescent girls and boys 15 – 17 (unmarried) • Adolescent girls 15 – 17 (married) 	<ul style="list-style-type: none"> • Family members (especially grandmothers, husbands for nutrition and parents for unmarried girls under 18) • Traditional and religious leaders • Husband leaders • Peer-led groups- IYCF groups, MMD groups, MMF groups, Husband Schools • Community volunteers: Triad volunteers (Community Health and Nutrition Liaisons (CHNLs), Mamans Lumieres (MLs) and IYCF group leaders) 	<ul style="list-style-type: none"> • Local Government Political Leaders: village chief, VDCs, commune administrators • Local Government Technical Leaders: VDCs, SCAP/RU • Water Point Management Committee members • Health service providers • Farmer Managed Natural Regeneration (FMNR) Groups • GoN technical services • Regional Directorates • Private sector actors





CREATIVE BRIEF



1. Goal and Audience

Goal:

Audiences:

- Directly affected:
- Directly influencing:
- Indirectly influencing

2. SBCC Objectives

Desired changes:

Barriers/Facilitators

3. Message Brief

The Key Promise: If you... then.....

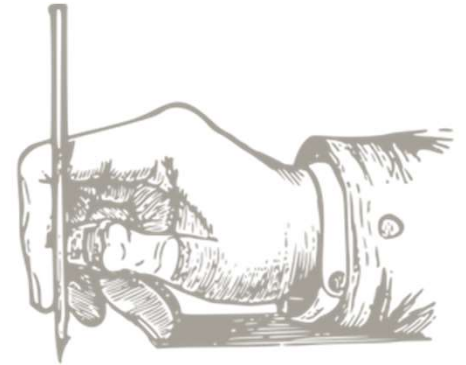
Support Statement: Because....

Call to Action:

4. Tone and Key Content

5. Other Creative Considerations

- Media Mix:
- Opening/Opportunity:
- Cost:
- Creative considerations:





How-to Guide

How to Write a Creative Brief

Share



[Click here to access this Guide in Arabic](#) - [مراجعة هذا الدليل باللغة العربية، انقر هنا](#)

MONITORING & EVALUATION PLAN

Introduction to program

- Program goals and objectives
- Theory of change

Indicators

- Table with data sources, collection timing, and staff member responsible

Roles and Responsibilities

- Description of each staff member's role in M&E data collection, analysis, and/or reporting

Reporting

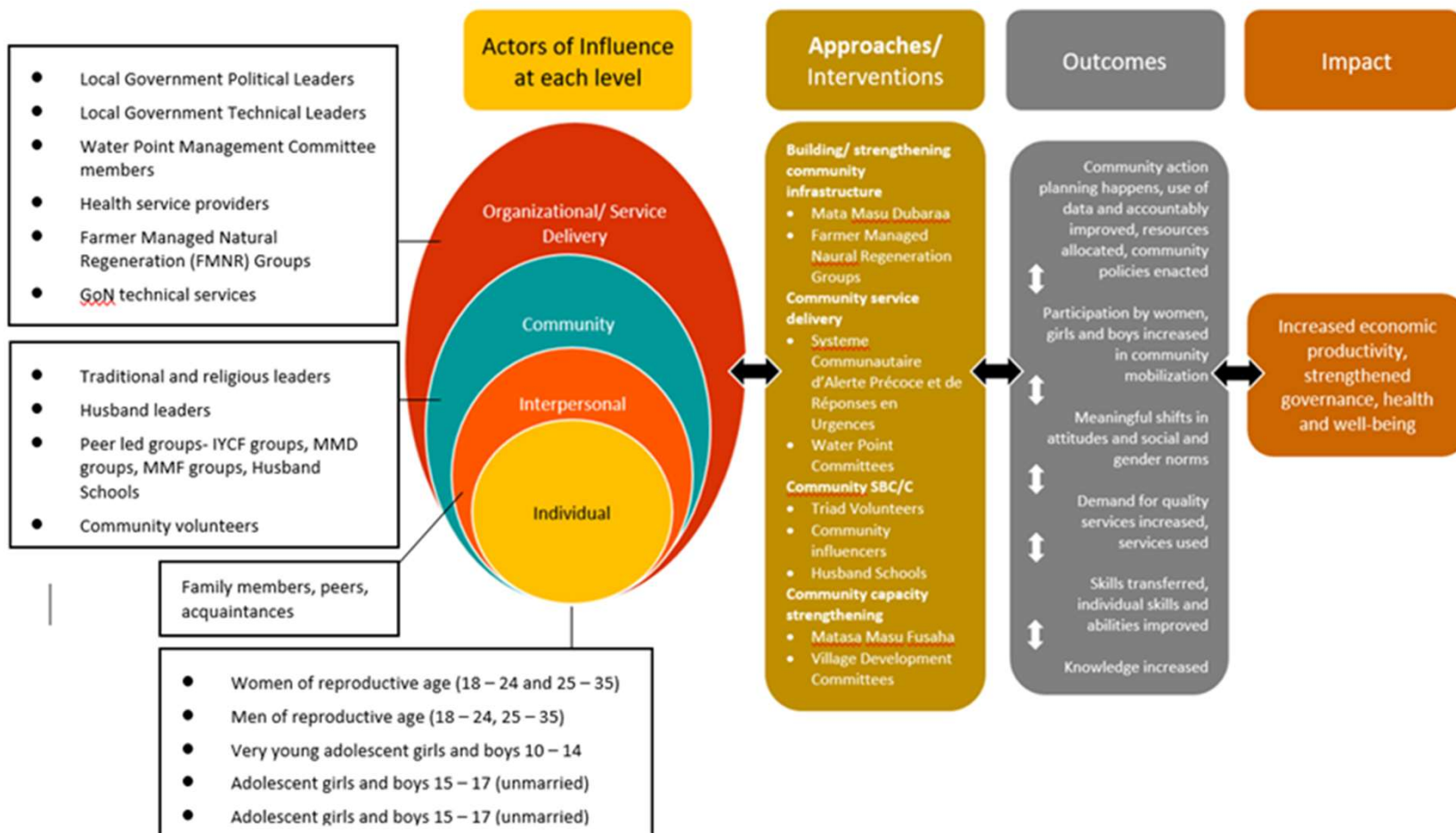
- Analysis plan
- Reporting template table

Dissemination plan

- Description of how and when M&E data will be disseminated internally and externally



WADATA'S THEORY OF CHANGE



WADATA'S PRIORITY BEHAVIORS

Area	Behavior statement
Nutrition	<ol style="list-style-type: none"> 1. Targeted mothers only give breastmilk to their infants from birth to 6 months of age. 2. Targeted caregivers of children ages 6-23 months feed them at least three cooked meals a day that contain (proteins), vitamins (fruits and veggies) at the recommended quantity and frequency 3. Pregnant and lactating women consume additional nutritious food and liquids during pregnancy and lactation (i.e., one extra meal or snack during pregnancy and two extra meals or snacks during lactation).
WASH	<ol style="list-style-type: none"> 4. Targeted families wash their hands with soap and water at critical moments on a daily basis.⁴⁷ 5. Targeted families drink potable water daily
Ag & Livelihoods	<ol style="list-style-type: none"> 6. Husbands and their wife/ wives jointly plan, organize, direct and control household finances. 7. Targeted women, who are not already members, join village savings and loans groups 8. Targeted men and women plant nutrition-sensitive crops on irrigated community land provided to them by community leaders every year during planting season.
Resilience	<ol style="list-style-type: none"> 9. Targeted farmers adopt two or more climate-smart agricultural practices within one year after being introduced to them.
Use of health, hygiene and nutrition services	<ol style="list-style-type: none"> 10. Targeted women who are under the age of 18, or their partners who do not want to become pregnant, use a modern contraceptive method. 11. Targeted pregnant women attend four antenatal care consultations 12. Targeted pregnant women give birth in a health center.
Youth & Adolescents	<ol style="list-style-type: none"> 13. Targeted mothers wait 2 years after giving birth before trying to become pregnant again. 14. Targeted girls under 18 years old delay marriage until they are at least 18.
Gender equality and social inclusion	<ol style="list-style-type: none"> 15. Targeted women and adolescents (boys and girls) participate and speak without permission in sector-specific groups and community-wide meetings 16. Husbands participate in household chores and childcare on a daily basis. 17. Husbands hold an open dialogue with their wives about the nutrition of their family at least once per week (Topics: 1) what crops to grow; 2) how to store crops; 3) what crops to sell; 4) and what food should be purchased for household consumption; and 5) what food should be purchased for children 6-24 months of age).
Governance	<ol style="list-style-type: none"> 18. Targeted VDCs set up social accountability measures to help manage community goods and infrastructure within one year of working with the Wadata project. 19. Communities register their land transactions in the rural file at the Cofos level within six months of the transaction taking place.



AUDIENCE PROFILES

Salamatu: Inconsistent Feeder

"It is a crime to eat and not give baby water."

"I gave the first breast milk [colostrum] at birth because I was told by my parents that it is very good"

IYCF knowledge: mixed
Agency: medium

Oriented toward
relationships

Parenting: Hopes child is
healthy and strong

Influencers: Her own
mother and nurses

Example from
Picture Impact for
the Alive & Thrive
program in Nigeria

PRIORITY BEHAVIORS

- Is there evidence that supports that the behavior is effective?
- Does the primary audience perceive the behavior to be feasible given the context they live in?
- How hard is the desired behavior to do? What characteristics does the behavior have?
- Is the desired behavior included in any national strategies?

