# Participant Handout

## Social and Behavior Change Flow Chart Checklist

**USAID Training:** Social and Behavior Change in Family Planning and Reproductive Health

Johns Hopkins Center for Communication Programs

June 08, 2021

# The SBC Flow Chart Checklist

| PHASE 1: DEFINE & UNDERSTAND THE PROBLEM | | | | |
|---|---|---|---|---|
| The Define Phase establishes the foundational understanding of the problem and context from two perspectives: the existing knowledge and published literature and the new, shared knowledge of lived experiences in households, communities, health systems, and the political environment. | | | | |
| | 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. | | | |
| | **Yes** | **Partial** | **No** | **Comments** |
| **Mine Existing Knowledge** | | | | |
| Will the project conduct a **literature review and/or situation analysis** to better understand the context, audiences, and the audiences' current behaviors, beliefs, and attitudes? | | | | |
| **Define Intent to Ensure Stakeholder Objectives are Clear and Aligned** | | | | |
| Does the project have an **intent statement** that clearly presents the current state, desired future state, key audiences, objectives, and a draft theory of change? | | | | |
| Are **all stakeholders aligned** around a set of shared objectives or a problem they would like to solve? (Stakeholders may choose to narrow their focus based on demographic characteristics or behavioral segments.) | | | | |
| **Deepen Understanding and Building Empathy Using Various Research Tools and Techniques** | | | | |
| Will the project **conduct formative research** to generate new knowledge of the context, audiences, and existing services, or programs to generate a deep understanding of the problem (structural, social, institutional, behavioral, cognitive, and emotional)? | | | | |
| Do formative research activities **include an assessment of key marginalized and/or other populations** such as youth? | | | | |
| **Uncover Insights that will Inform Program Opportunities** | | | | |
| Will the project **analyze new research findings in conjunction with the existing knowledge** to generate potential levers for change and avenues for solutions or "insights" | | | | |

| | Yes | Partial | No | Comments |
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| around which programs will be designed? | | | | |
| Will the project **meaningfully partner with communities** to assess community needs and priorities and **validate insights** generated with local community, district, and national stakeholders? | | | | |
| **Apply the Socio-Ecological Model to Guide Solution Design** | | | | |
| Will the project **examine the socio-ecological context** in which the individual or community is situated, including the family, the community, the natural environment, the cultural context, the health and development system, and the political and policy environment? | | | | |

## PHASE 2: DESIGN & TEST POTENTIAL SOLUTION CONCEPTS

Grounded in deeper understanding, this phase informs how practitioners will address social and behavior change (SBC) by involving community members in the solution ideation process. We iteratively develop and test ideas and concepts within the context in which they will be applied to reach optimal 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. | | | |
|---|---|---|---|---|
| | **Yes** | **Partial** | **No** | **Comments** |
| **Imagine a New Future, Informed by Insights, Deeper Understanding, and Identified Opportunities** | | | | |
| Will the project leverage the expertise of local stakeholders, representatives from the target audience, and inter-disciplinary professionals (e.g., designers, health experts, development specialists) to **generate and prioritize program concepts and ideas**? | | | | |
| **Refine Initial Ideas into Prioritized Concepts** | | | | |
| Will the project then refine initial ideas into a set of prioritized concepts based on a set of criteria such as innovation, desirability, impact, feasibility, and scalability? | | | | |
| **Iterate Low-fidelity Prototypes of the Most Promising Ideas to Get Rapid Feedback** | | | | |
| Will the project **iterate and refine low-fidelity prototypes** (e.g., storyboards, role plays, diagrams, or models) to get feedback from the target audience early on? | | | | |
| **Test Prototypes with Audiences in the Context in Which They Would Be Used** | | | | |

| | Yes | Partial | No | Comments |
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| Will the project **test rough prototype mockups** with communities or target audiences, then **rapidly iterate and co-create** with audiences to further refine them? | | | | |

**PHASE 3: APPLY SUCCESSFUL PROTOTYPES AS ACTIVITIES OR INTERVENTIONS**

Once programs synthesize testing feedback into a prioritized suite of solutions, this phase marks progressive implementation of these solutions. We use real-time monitoring and evaluation to assess success and make necessary tweaks and adjustments as we scale solutions over time.

| | 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. | | | |
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| | **Yes** | **Partial** | **No** | **Comments** |
| **Preparing Stakeholders to Roll-Out the Successful Prototypes and Achieve the Change Objectives** | | | | |
| Will the project **involve stakeholders** in deciding how to introduce the prototypes, monitor the effects, and plan to scale up? | | | | |
| **Implementing and Monitoring Our Best Solutions in the Real-World Setting** | | | | |
| Will the project have **real-time monitoring** to determine if the interventions are being delivered as planned and achieving intended results? | | | | |
| Will the project **leverage local health teams or community health management teams** to support real-time monitoring? | | | | |
| **Evaluating if the Solutions are Delivering Results and Achieving the Desired Social and Behavior Change Outcomes** | | | | |
| Will the project **evaluate** whether, for whom, and at what level the solution is delivering results according to the theory of change and associated indicators? | | | | |
| Will the project **improve and refine** the design processes, materials, or overall strategies and activities based on evaluation results? | | | | |
| **Adapting the Solution Concepts to Achieve Impact at Scale** | | | | |
| Does the project have a **plan achieving impact at scale**? Does this plan include additional examination of cultural and social contexts? | | | | |

| ADDITIONAL QUESTIONS TO CONSIDER | | | | |
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| | 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. | | | |
| | Yes | Partial | No | Comments |
| Does the project include developing or revising an **evidence-based** SBC strategy to guide the design and implementation of SBC interventions? | | | | |
| 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 family planning (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? | | | | |
| Does the plan include an **SBC capacity building** assessment and implementation plan? | | | | |
| Are interventions designed to achieve **multiple contacts with intended audiences** through mutually reinforcing channels (e.g., mass media, health services, community-based outreach, | | | | |

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| interpersonal networks, and other working in concert to deliver the same messages)? | | | | |
| Do the SBC interventions **address both individual FP behavior change and 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 project include a **message harmonization** exercise to ensure interventions use consistent messaging across channels? | | | | |
| Does the project 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**? | | | | |
| Are **quality assurance approaches** planned regularly to ensure interventions are carried out as planned? | | | | |
| Does the project include **documenting and sharing** implementation details, results, and lessons learned to enable replication and scale up of successful interventions? | | | | |

# 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.

## General

Accelerating Progress in Family Planning: The Impact of SBC (video)
Breakthrough ACTION. A brief introduction to the impact and importance of social and behavior change (SBC) programming.

Nigeria Family Planning: NURHI Ideation Video (video)
Johns Hopkins Center for Communication Programs.

SBC Flow Chart
Breakthrough ACTION. The SBC Flow Chart is a new process used to develop effective SBC activities.

Essential Elements for Costed Implementation Plans
Breakthrough ACTION. 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.

## 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

[Social and Behavior Change 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, behavioral 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

[Social and Behavior Change Indicator Bank for Family Planning and Service Delivery](#)
Breakthrough ACTION. The FP indicator bank is a collection of sample indicators specifically for use in SBC programs.

[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.