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Social and Behaviour Change Communication (SBCC)

Guidance Manual for WFP Nutrition

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Preface

This guidance manual was developed for use by WFP nutrition staff who aim to improve nutrition outcomes by complementing nutrition activities with social and behavioural change. A review of WFP Country Strategic Plans in 2017 revealed widespread strategic planning for social and behaviour change activities among most WFP-supported countries. With recognition of the high demand from WFP country offices for these activities, WFP Nutrition has begun prioritizing social and behaviour change communications (SBCC) as one viable approach – *albeit not the only one* - to changing nutrition-related behaviours within the programmes that WFP supports.

Developing detailed, yet useable SBCC guidance that can be adapted to the variety of programmes where WFP works was no easy task. This guidance manual was created using several different resources, including the scientific literature, global SBCC guidance resources, and direct inputs from WFP nutrition staff- including those who attended SBCC capacity-strengthening workshops. In the coming years, as global SBCC evidence grows and field-level SBCC experiences increase among WFP country offices, this manual should be updated to reflect the needs of WFP staff and programmes.

This guidance manual introduces a systematic approach to developing culturally-appropriate SBCC activities. However, changing social norms and improving nutrition-related behaviours in any setting, especially in those that are resource-constrained, is not without challenges. WFP country offices should not hesitate to reach out to Regional Bureaux and headquarters as they work through the steps outlined in the SBCC development process. Sound SBCC design is an art and a science that benefits from multiple perspectives and diverse inputs.

As WFP country offices use this manual following the suggested SBCC-development approach, there will inevitably be lessons learned, including both challenges and opportunities, that should be shared back with the WFP Nutrition Division (OSN) for improving this guidance to best suit the needs of WFP Nutrition programmes. We hope that you find this guidance manual to be both a user-friendly and useful tool which allows you to more effectively improve nutrition-related behaviours across WFP programmes. Additional resources, including an E-learning module on SBCC, are available on [WFP Go](#). Please do not hesitate to reach out to OSN for SBCC support as you design, develop, implement, and monitor SBCC activities for improving health and nutrition worldwide.

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In addition, we are very grateful for the support of Eva Monterrosa and Klaus Kraemer (Sight & Life) who have collaborated with OSN for several years supporting SBCC-related activities, including the development of this manual. Finally, a big thank you to colleagues in WFP Regional Bureaux and country offices, especially SBCC specialists Marianela Gonzalez (RBP) and Noor Aboobacker (RBB), whose field-level feedback was critical for improving upon the interim SBCC guidance manual.

Acronyms

BCC	Behaviour Change Communication
BSFP	Blanket Supplementary Feeding Programmes
CBT	Cash-Based Transfers
CMAM	Community Management of Acute Malnutrition
CP	Cooperating Partner
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
LNS	Lipid-based Nutrient Supplement
LMICs	Low- and Middle-Income Countries
M&E	Monitoring and Evaluation
MNP	Micronutrient Powders
NGO	Non-Governmental Organization
OSN	Operation Services Nutrition
PHM	Persuasive Health Messages
PIP	Programme Impact Pathway
PLHIV/TB	People Living with HIV/AIDS and/or Tuberculosis
RAP	Rapid Assessment Procedures
RUTF	Ready-to-use Therapeutic Food
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SEM	Socio-Ecological Model
SOP	Standard Operating Procedures
TSFP	Targeted Supplementary Feeding Programmes
WASH	Water Sanitation and Hygiene
WFP	World Food Programme

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Chapter 1. What is SBCC?

Purpose:

The purpose of this chapter is to provide an overview of SBCC and describe its importance for WFP nutrition programmes. This chapter also introduces key SBCC terms that will be used throughout the remainder of the guidance manual.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Explain the differences between several SBCC approaches
- List the types of activities typically found within each SBCC approach
- Understand how and why SBCC is relevant for WFP nutrition programmes
- List key aspects of effective SBCC programming for nutrition

Introduction to SBCC

Social and behaviour change communication (SBCC), is a collection of communications approaches, activities, and tools used to positively influence behaviours. It is an evidence-based strategy to help improve health and nutrition outcomes (Lamstein, et al., 2014; Manoff Group, n.d.). When well implemented, SBCC is an important component in interventions where behaviour change is needed for improving nutrition. SBCC activities are numerous, yet typically characterized into three broad categories: interpersonal, media, and community mobilization (Table 1).

Photo 1: Group nutrition education session with school-aged children



Table 1. Commonly-used SBCC approaches and activities

SBCC Approaches	Types of Activities	Specific Examples
Interpersonal	<ul style="list-style-type: none">• Counselling• Education• Support groups	<ul style="list-style-type: none">→ One-on-one with PLHIV/TB→ Group education in schools→ Care groups
Media	<ul style="list-style-type: none">• Mass media• Mid-sized media• Small print media• Traditional media• Social media• Mobile technology	<ul style="list-style-type: none">→ National TV programmes→ Community radio, billboards→ Posters, flyers, stickers→ Songs, theatre→ Twitter, Facebook, Instagram→ Mobile calls, SMS
Community Mobilization	<ul style="list-style-type: none">• Campaigns• Issue groups	<ul style="list-style-type: none">→ Child Health Days→ Nutrition Days→ Ebola survivors' group

*Not an exhaustive list of activities/examples; **Table content adapted from Lamstein, et al. (2014).

To motivate behaviour change, SBCC approaches often aim to pass knowledge and evoke emotions at the individual and household levels, as well as positively change social attitudes, norms and mobilize entire communities. This combination of efforts, acknowledging multiple levels of influence on an individual's behaviours – incorporating a *socio-ecological view* – make SBCC well suited to improve nutrition (McLeroy, et al., 1988).

Why is SBCC relevant for nutrition programmes?

Improving nutrition nearly always requires some level of behaviour change. SBCC may help with the modification of current behaviours, such as nudging a person to make more nutritious food choices at the market or to adopt improved infant and young child feeding (IYCF) practices. It may also be used to promote the adoption of new behaviours, for instance, supporting a household to add micronutrient powders to complementary foods during home fortification.

SBCC is not only about beneficiary behaviours

Nutrition programmes may also aim to change the behaviours of front-line workers who help deliver programme services. For example, SBCC may be used with the community health workers conveying breastfeeding messages, as well as beneficiaries who receive them.

Does SBCC work to improve nutrition behaviours?

Although human behaviour is complex and highly contextual, evidence-based SBCC can effectively improve nutrition. A [systematic review](#) of 91 studies from low- and middle-income countries (LMICs) found that SBCC improved dietary practices among pregnant and lactating women, enhanced breastfeeding practices, and positively influenced a wide range of complementary feeding practices (Lamstein, et al., 2014).

SBCC may also increase beneficiary knowledge of nutrition to be sustained for years after an intervention ends (Hoddinott, et al., 2017a). There is also a positive spill over effect from SBCC: improved nutrition knowledge and behaviours among the neighbours of beneficiary households may also be observed (Hoddinot, et al., 2017b). Given the evidence and potential for impact, SBCC is now globally recognized as one of the essential actions to improve nutrition.

What are some of the key aspects of effective SBCC?

There are specific SBCC characteristics that increase the likelihood of yielding positive nutrition outcomes.

First, evidence suggests that using **multiple SBCC approaches** together, is important. For instance, using both interpersonal (e.g. Care Groups and counselling) and media (e.g. community radio and social media) approaches is more effective than using either approach alone (Lamstein, et al., 2014).

Second, SBCC is stronger when it is context-specific, using a combination of specific communications activities and channels designed to resonate with **audience segments** (e.g. adolescent girls, primary caregivers, husbands) and appeal to their core cultural values (Kreuter, et al., 2003) ([Table 2](#)). To understand the activities, channels, and messages that are most appropriate for a given socio-cultural context, implementers should conduct **formative research**, a critical step of SBCC design (Sanghvi, et al., 2013).

Third, SBCC is more effective when **targeted messages** reach intended audience segments **more frequently** – as more exposure is more likely to lead to behaviour change (Lamstein, et al., 2014).

Table 2. Key SBCC terms and their descriptions

SBCC Terms	Description
Audience Segments	Sub-groups of a population whose members have similar underlying behavioural characteristics (Slater, 1996). Identifying audience segments as part of SBCC is critical for selecting appropriate media, channels, and messages that are interesting, informative, and resonate with individuals.
Formative Research	Descriptive, participatory mixed-methods research conducted before a programme to inform its design and implementation. Conducting formative research in SBCC is a critical step for understanding the socio-cultural context, identifying audience segments, and developing targeted channels and messages. Formative research helps ensure a programme is culturally appropriate and thus more effective (Kreuter, et al., 2003).
Targeted Messages	Messages that are developed for a specific audience segment (Noar, Benac and Harris, 2007). For example, a nutrition programme may use targeted messages to appeal to adolescent girls: an audience segment with particular behavioural motivators, attitudes, and knowledge. How an SBCC programme appeals to adolescent girls will differ from how it targets male community leaders.

There are many entry points for SBCC in WFP nutrition programmes and [numerous resources](#) available globally (HC3, 2017). While a multi-step, systematic development process is suggested for effective SBCC, each WFP nutrition programme is unique and may require a tailored approach.

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Chapter 2. SBCC Terminology

Purpose:

The purpose of this chapter is to explain behaviour change terms, including SBCC, that are commonly used in public health. It seeks to clarify the unique nature of SBCC vis-à-vis the various communications-based approaches commonly employed across health domains.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Understand how SBCC evolved from previously-used strategies for changing health behaviour
- Distinguish between various behaviour change terms commonly used in public health
- Enable WFP staff to thoughtfully consider and choose appropriate behaviour change communications strategies considering the type of WFP nutrition intervention being implemented

Photo 2: One-on-one nutrition counselling in a health clinic



Overview

Many health communication terms exist and are often used interchangeably, sometimes incorrectly (Fox, 2012). There is continual debate, even among experts, about the varied terminology used within health promotion which, like all fields, is in constant evolution. The explanations below seek to clarify the terms most commonly used in public health when referring to different forms of health communication. Note that while these terms are similar in definition, they in fact have subtle differences that make it challenging to use them consistently in discussions with partners and in writing. There is potential for misunderstandings if terms are not used correctly and consistently. It is helpful to clarify exactly what a term means for WFP Nutrition before using it to pitch an idea, align with partners, or design a programme.

Commonly-used Terminology

One-way Health Communications

While most communication approaches offer chances for community members to interact with programme implementers, some approaches that tend to facilitate a one-way flow of information from nutrition programmers to community members. Two such approaches are described below.

Nutrition Education

Objective: Nutrition education aims to facilitate knowledge sharing and informed decision-making through student-teacher interactions on relevant topics (Contento, 2013).

Description: Nutrition education is a health communications term used in settings where individuals – typically students in school settings, for WFP purposes – receive information based on a standardized curriculum. This type of education is usually delivered in classrooms among primary- or secondary-school students. However, it can also be delivered in clinical settings where groups of individuals may gather after receiving care, such as at therapeutic feeding centres in the management of acute malnutrition.

Relevance to WFP: While nutrition education may include a combination of methods designed to help individuals improve their knowledge and change their attitudes toward healthy diets, in many settings where WFP works, nutrition education includes didactic instruction presenting nutrition facts. However, this type of model need not be the norm: innovative approaches in nutrition education that allow for hands-on learning and skills building are possible but require both dynamic curricula and skilled teachers to facilitate such opportunities. School feeding may offer one viable platform from which nutrition education may be incorporated in settings where WFP operates (UNSCN, 2017; WFP, 2017).

Information, Education and Communication (IEC)

Objective: IEC uses a wide range of channels and materials to pass knowledge and instructional messages to individuals, with the goal of facilitating informed decision-making around health and nutrition.

Description: Developed decades ago, IEC was one of the first approaches aiming to improve health and nutrition behaviours. It is based on the premise that solely providing people with an informed base for making choices will result in positive behaviour changes. Although the objective of IEC may seem reasonable, it incorrectly assumes most people will follow health and nutrition advice when they are provided with the “correct” biomedical information from “experts.”

Relevance to WFP: Evidence around IEC suggests that while it can help to improve knowledge and attitudes, largely it has been ineffective in positive behaviour change or improvements in health outcomes (Fox, 2012). Using IEC to pass one-way messaging to community members may be appropriate in WFP programmes where *only* programme-related information is relevant and necessary for participation, such as facts about eligibility criteria, programme duration, or food distribution times.

Information is not enough

Consider your own behaviour: even though you know fresh vegetables are healthy to eat, do you always eat them?

Two-way Health Communications

Within health communications, there are various approaches designed to influence behaviours through interactions *between* community members and programme implementers. These approaches enable interpersonal discussions, problem solving, and questions/answers. Several examples are described below.

Nutrition Counselling

Objective: Counselling sessions are typically designed for nutrition staff to pass standard messages to beneficiaries while offering various, tailored choices and strategies for beneficiaries to adopt, to best improve their own health and nutritional status (Ashworth and Ferguson, 2009).

Description: Nutrition counselling involves a one-on-one exchange between a health provider and a beneficiary. As nutrition counselling is interactive and intimate, sessions often involve an assessment of an individual's current dietary practices before offering tailored counselling for dietary improvement. The content of counselling sessions varies by type of WFP programme, and may focus on a range of health and nutrition issues, including: discussion about dietary recommendations, child growth monitoring, IYCF practices, appropriate utilization of food assistance, and community-based rehabilitation.

Relevance to WFP: WFP programmes utilize nutrition counselling in management of moderate acute malnutrition (MAM) programming as well as in clinical settings where people living with HIV/AIDS and/or Tuberculosis are beneficiaries (PLHIV/TB). Individual-based counselling guidance is usually delivered through job aides like [these examples](#) used in Nigeria (FANTA Project, 2017).

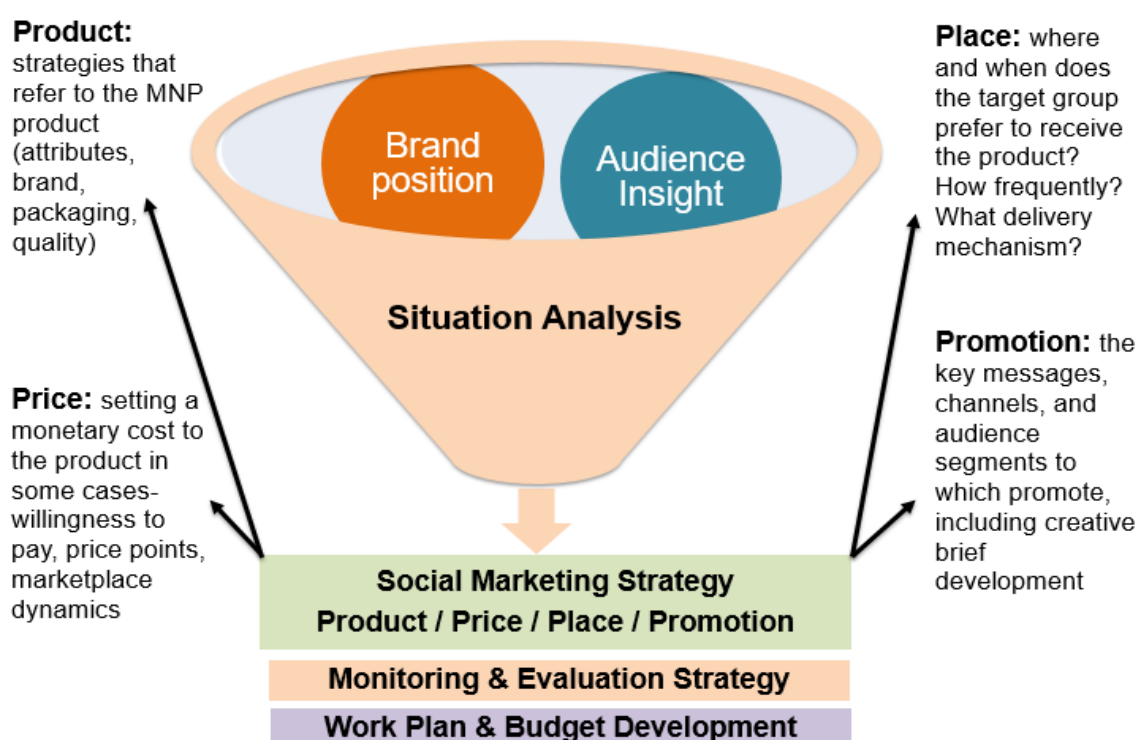
Social Marketing

Objective: Drawn from the private sector's experience with sales and marketing, social marketing was developed to motivate people to adopt particular products, services, or behaviours for improving health.

Description: Social marketing is an approach used to positively influence the acceptability of social ideas with consideration of product planning, pricing, communication, distribution and marketing research (Kotler and Zaltman, 1971). Social marketing focuses on voluntary behaviour change and aims to improve welfare and society with clear benefits for the beneficiary (MacFadyen, Stead, and Hastings, 2003; Houston and Gassenheimer, 1987). It applies marketing techniques, such as audience segmentation and targeted messages, to ensure beneficiary insights are considered during programming (Andreasen, 1995; Kotler, et al., 1996; Lefebvre and Flora, 1988).

This framework involves strategic planning; formative research with audiences and channel analysis; and tailoring of communication strategies according to the needs and desires of the audiences considering: product, price, place, and promotion – called the “4 Ps” of social marketing.

Figure 1. Representation of social marketing and descriptions of “4 Ps” **Adapted from Population*



Services International Delta Companion Tool (PSI, 2015)

Relevance to WFP: Social marketing is an approach that is often applied to nutrition programmes where products – specialized nutritious foods – are provided as part of food assistance. Using a social marketing approach for a WFP nutrition programme that provides micronutrient powder for pregnant and lactating women, for instance, may make sense. However, the social marketing approach may not be most effective for integrated nutrition programmes where non-product related behaviours, such as optimal IYCF practices, are also being promoted.

Behaviour Change Communication (BCC)

Objective: BCC is the application of interactive, theory-based communication aimed to change individual-level practices (Briscoe and Aboud, 2012).

Description: BCC is well suited to address more complex nutrition practices, which require changes in several behaviours to achieve positive outcomes. Consider IYCF practices, for instance, where a set of behaviours including breastfeeding and complementary feeding practices, may need to be changed to improve young child nutrition.

BCC often leverages written or visual communication (e.g. pamphlets, job aides, posters) as the primary communication medium for delivering both instructional and

Behaviour

Single action, such as “exclusive breastfeeding from 0 – 6 months”

Practices

A set of habitual behaviours, such as “IYCF practices,” which include several individual breastfeeding and complementary feeding behaviours in combination.

motivational messages intended to resonate with individuals. It may also utilize mass media approaches to reach communities. However, BCC tends to focus on individual-level behaviour change and draws largely from individual-level behaviour change theories.

BCC versus IEC

The messages used in BCC are typically both motivational and instructional, a key difference from IEC, nutrition education, and counselling which tend to be only instructional and fact-based.

Similar to social marketing, BCC also uses formative research to understand the many determinants of beneficiary behaviours. This research often reveals factors related to the attitudes and knowledge of specific audience segments, as well as other factors that make it easy or difficult for a person to carry out behaviours. For instance, formative work may reveal that people have the knowledge about optimal IYCF but

may not be able to provide nutrient-dense, complementary foods throughout the year due to seasonal food insecurity.

Relevance to WFP: BCC may be incorporated into WFP nutrition programmes where individual-level behaviour change is the primary focus. In most cases, though, SBCC may be more appropriate considering the integrated nature of WFP nutrition programmes.

Social and Behaviour Change Communication (SBCC)

Objective: SBCC approaches take a socio-ecological view, aiming to impart knowledge or evoke emotions at the individual and household levels, as well as change social attitudes and mobilize entire communities to improve health and nutrition practices (Fox, 2012).

Description: SBCC draws from the understanding that knowledge is necessary, but not sufficient for nutrition-related behaviour change (Worsley, 2002). Thus, SBCC is an extension of previous approaches, including BCC, as SBCC acknowledges the underlying multi-level social and contextual dimensions of behaviour. As a result, SBCC offers a more robust set of approaches for mobilizing targeted populations for change.

“Knowledge is necessary, but not sufficient for nutrition-related behaviour change...”

In addition to the interpersonal and media approaches used in BCC, social and community mobilization is a key component of SBCC where creating an enabling environment for behaviour change is a primary focus. Social mobilization is a process that consists of community-level sensitization and mobilization activities that aim to ensure multiple levels of influence on behavioural outcomes (HC3, 2016).

Relevance to WFP: For WFP Nutrition, SBCC should be a core programme approach delivered in conjunction with other multiple programme activities. SBCC can achieve change on its own but should be delivered as part of a more comprehensive nutrition approach (e.g. SBCC + Cash-

based Transfers (CBT), SBCC + CMAM). Examples of SBCC for WFP Nutrition are presented in more detail in Chapter 4 of this guidance.

Refer to this [technical brief](#) for more information about these various behaviour change communication terms (Fox, 2012).

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Chapter 3. Theoretical Basis of Changing Nutrition Behaviours

Purpose:

The purpose of this chapter is to highlight the utility of using health behaviour change theoretical frameworks when designing, implementing, and monitoring SBCC programmes. This chapter also explains describes the Socioecological Model, the guiding behaviour change framework that serves as the foundation for designing and implementing WFP programmes where SBCC is a core activity.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Acknowledge the complex, multi-level determinants of nutrition behaviours
- Distinguish among behavioural determinants at each level of the Socio-Ecological Model (SEM)
- Outline potential barriers and facilitating factors to nutrition behaviours at all SEM levels
- Understand how WFP nutrition programs can work at multiple levels of the SEM

Photo 3: Changing the dietary behaviours of young children often requires changing the behaviours of primary caregivers and other household members



Ease of changing nutrition-related behaviours

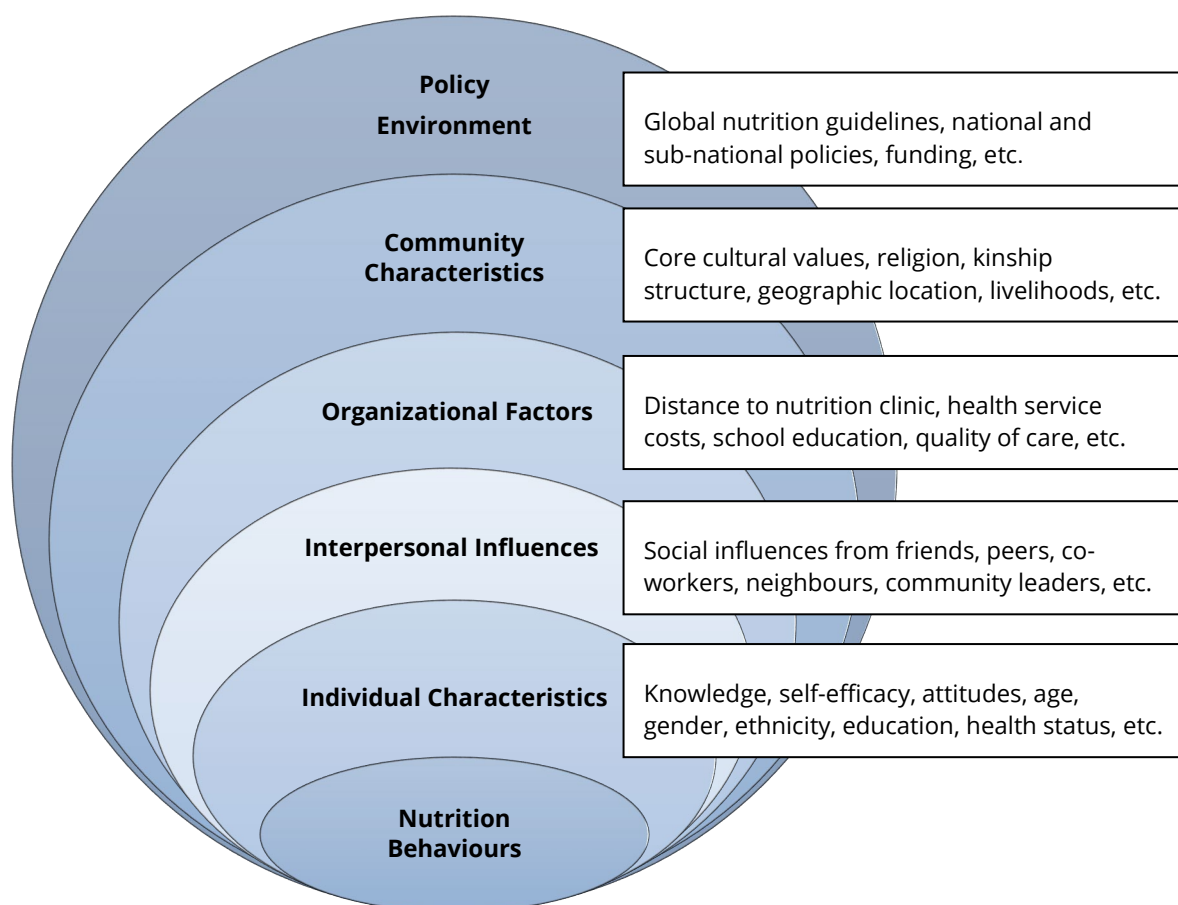
Changing nutrition-related behaviours, which are steeped in longstanding family traditions and deep-rooted, socio-cultural norms, can be challenging (Aboud and Singla, 2012; Fischler, 1988). The scientific literature is filled with evidence of both successful and failed attempts to change behaviours to improve nutrition outcomes. No ‘silver bullet’ exists when it comes to effective health or nutrition-related behaviour change.

One constant, though, is the recognition that theories of behaviour change are important for successful programme design and implementation (Ganz and Bishop, 2010). Theoretical models are important frameworks for understanding human behaviours, and thus are very useful for developing nutrition programmes where behaviour change is needed.

Socio-Ecological Model (SEM)

While many behavioural theories exist across public health, the SEM is the primary model guiding SBCC programming. In most cases, nutrition-related behaviour is not only a personal choice but also the product of the environment in which people live (McLeroy, et al, 1988). The SEM acknowledges that nutrition behaviours are influenced by factors at various different levels of influence (Figure 2).

Figure 2. Multiple levels of influence on nutrition behaviours



Risk perception

The extent an individual perceives an illness to be a threat, including perceived severity and susceptibility to it.

Self-efficacy

A person's confidence in their ability to successfully carry out a behaviour.

Individual Characteristics

At the individual level, many factors influence nutrition behaviours. A person's knowledge, attitudes, **risk perception**, and **self-efficacy** are important predictors of their intention to carry out those behaviours (Ajzen and Fishbein, 1972; Schwarzer, 2008). Further, a person's age, gender, ethnicity, individual income level, level of education, and physiological status may also determine

nutrition behaviours. High-quality SBCC recognizes that a person's knowledge and attitudes are necessary, but not sufficient, for behaviour change – *even though someone knows the benefits of a behaviour does not mean they will practice it (Worsley, 2002).*

Interpersonal Influences

Social influences also play an important role in shaping individual nutrition behaviours, particularly during adolescence (Story et al., 2002). The social influence of friends and immediate family members affects how people behave. This influence extends to other household members including in-laws and grandparents, as well as community members such as village heads and religious leaders. Interpersonal influences both directly and indirectly play a role in nutrition behaviours.

Photo 4: Dietary behaviours of school-aged children are influenced by both interpersonal (classmates, teachers) and organizational (school) factors



Organizational Factors

Nutrition behaviours occur within a larger system that includes hospitals, health clinics, non-government organizations and feeding centres, etc. These organizational factors also include non-health structures such as schools and civil society organizations, where related nutrition services may be provided.

Many organizational factors influence nutrition behaviours, including access issues, such as far distances and high health care costs, quality of care provided, and range of services offered. Organizational factors are an important determinant of nutrition behaviours in communities.

Community Characteristics

The underlying social and cultural context influences most health- and nutrition-related behaviours, as most dietary practices are steeped in longstanding traditions and cultural practices that have been passed from one generation to the next. Community characteristics affecting nutrition behaviours may also include geographic location, religious affiliation, kinship structure, socio-economic status, and core cultural values (Gittelsohn and Vastine, 2003).

Policy Environment

Policies exist at international, national, and sub-national levels. Policies and guidelines may influence the level of funding and attention given to any health or nutrition issue. They may also serve as guidance for nutrition programming at the local level, and thus positively influence behaviours. To the contrary, a lack of global guidance, or limited level of political will around any nutrition topic may cause confusion and constrain behaviours at the local level. Often, the policy environment plays a crucial role in the level of sustainability in nutrition programmes: clear policies and guidelines help create a positive enabling environment to sustain change (Caraher and Coveney, 2004).

Barriers and Facilitating Factors of Behaviour Change

Barrier

A determinant of behaviour that makes it **harder** for people to carry out a behaviour. For example, traditional household food sharing practices, driven by cultural values, may be a community-level barrier to the appropriate use of specialized nutritious foods by young children within a household.

Facilitating factor

A determinant of behaviour that makes it **easier** for people to carry out a behaviour. For instance, a supportive, encouraging husband may be a facilitating factor at the interpersonal level by making it easier for mothers to exclusively breastfeed.

Behavioural determinants encompass both **barriers** and **facilitating factors** to nutrition behaviour change (Shepherd et al, 2006). It is very important to identify barriers and facilitating

factors prior to designing and implementing an SBCC strategy. The worksheet in [Appendix 1](#) may help outline key determinants of nutrition behaviours using the SEM as the SBCC theoretical framework.

In summary, it is not just an individual's willpower or knowledge that predicts their nutrition-related behaviours. Nutrition-related behaviours are determined by a host of multi-level sociocultural and environmental factors that enable someone to practice (or not) a certain behaviour. The SEM serves as the framework to guide SBCC design, implementation, and monitoring efforts. Its application to each of these steps will be explained in subsequent chapters.

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Chapter 4. SBCC in WFP Contexts

Purpose:

The purpose of this chapter is to introduce SBCC as a complementary intervention to improve nutrition outcomes in alignment with the WFP Nutrition Policy (2017 – 2021). The chapter provides specific examples of entry points for SBCC activities across WFP nutrition programmes. However, each WFP nutrition context and country-level programme is unique, and SBCC activities will thus need to be tailored by context.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Describe how SBCC activities may complement WFP nutrition programmes
- List key entry points of SBCC across WFP nutrition programmes
- Articulate nutrition-related behaviours in WFP nutrition and non-nutrition programmes

Overview

The overall goal of WFP is to support and enable national governments to meet targets for Sustainable Development Goals (SDG). WFP Nutrition helps improve both the physical and economic access to nutritious foods as well as intra-household food access, utilization and food safety. Often, the most vulnerable members of households may have restricted access to and poor utilization of nutritious foods.

WFP Nutrition aims to reduce constraints on food access and ensure that all food provision is introduced appropriately in the home food environment. Target beneficiaries should receive the appropriate amount and frequency of food to meet their nutrient requirements. SBCC activities across nutrition and non-nutrition programmes can help to ensure that the food and nutrient needs are met by vulnerable populations.

Where can SBCC activities improve a nutrition programme?

Anywhere behavioural modification may improve nutrition can be considered an *entry point* for SBCC.

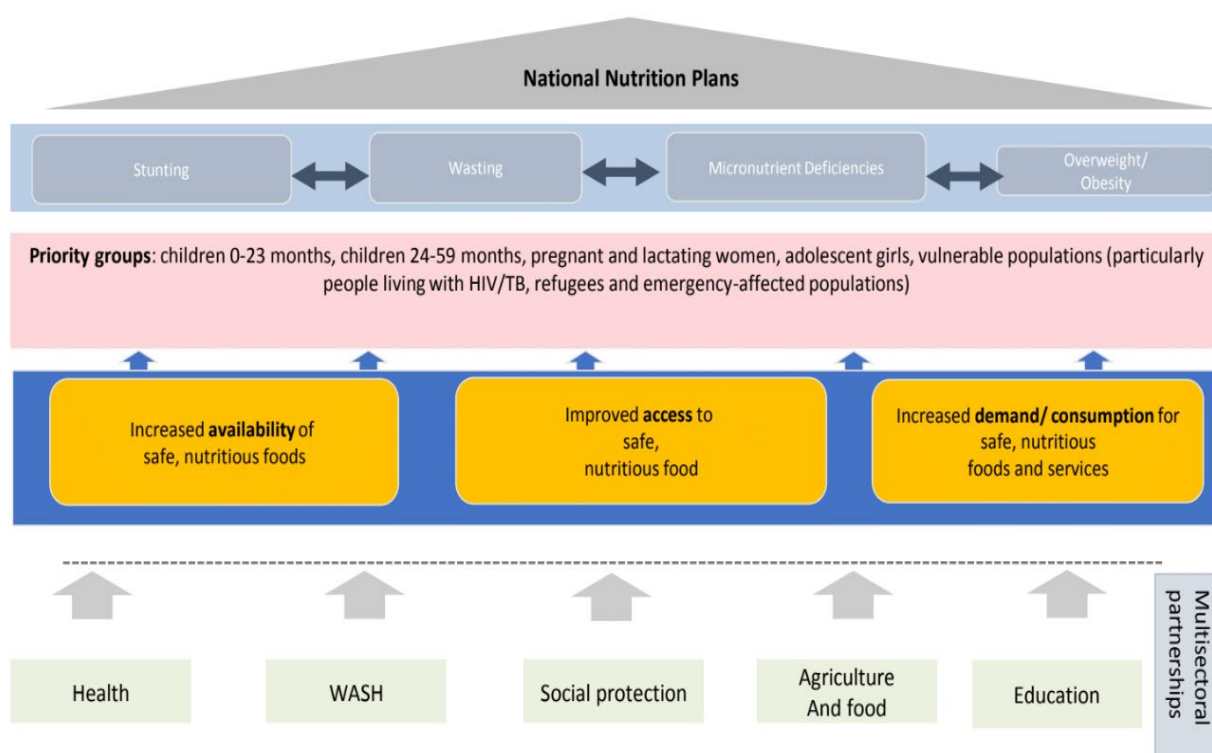
SBCC Entry Points

There are widespread entry points for SBCC across WFP Nutrition and/or in collaboration with other WFP Programmes. Three primary focus areas (the yellow boxes in [Figure 3](#)) of the [WFP](#)

[Nutrition Policy \(2017–2021\)](#) will benefit from the application of SBCC approaches, in particular:

1) Increased availability of safe, nutritious foods: SBCC can help increase food availability, for instance by helping to improve agricultural yields among smallholder farmers. **2) Improved access to safe, nutritious food:** SBCC can improve access through advocacy efforts aimed at ensuring food assistance is available to vulnerable populations. **3) Increased demand/consumption for safe, nutritious foods and services:** SBCC can help increase demand for nutritious foods through marketing at point of purchase, and by ensuring equitable household food allocation so vulnerable household members have the food quantity and quality needed during key life stages.

Figure 3. WFP Nutrition Policy: Key WFP Entry Points for SBCC to Improve Nutrition



Specific SBCC Entry Points in WFP Nutrition

There are specific SBCC entry points to improve food availability, access, demand, and consumption:

[Nutrition-specific interventions](#)

Community-based Management of Acute Malnutrition (CMAM), which relies on the empowerment of caregivers in the treatment process, requires intensive SBCC to help manage child malnutrition by increasing referrals, reducing stigma, improving default rates, lowering risk of relapse, and widening coverage.

SBCC should also play an important role in ensuring the appropriate utilization of specialized nutritious foods (e.g. increasing acceptability, reducing intra-household sharing) and uptake of

services (e.g. vitamin A supplementation, deworming) provided as part of Targeted Supplementary Feeding Programmes (TSFP).

Photo 5: Behaviour change is needed when introducing specialized nutritious foods, which are novel to most beneficiaries.



Treatment programmes should serve as a platform for promoting optimal IYCF practices to caregivers – in alignment with concurrent activities by partner agencies working in IYCF promotion – as well as improved dietary behaviours among people living with HIV and tuberculosis.

SBCC should also be a core part of prevention programmes that necessitate behaviour change during the first 1,000 days from conception to a child's second birthday. Improving the health and dietary practices among all household members is important for improving infant and young child health during this 'Window of Opportunity'.

Just as pregnant and lactating women and adolescent girls are particularly important vulnerable groups to target, so too are men, boys, and grandparents who often play important roles in shaping intra-household

dietary behaviours. As such, these audiences should often also be considered when designing SBCC programmes.

In addition, SBCC can be used to promote improved breastfeeding practices, complementary feeding practices, WASH practices, and access to care services that often require some level of behavioural modification. SBCC should not only be used to promote optimal IYCF practices during the 'Window of Opportunity' but also to improve the acceptability and appropriate utilization of specialized nutritious foods through Blanket Supplementary Feeding Programmes.

Nutrition-sensitive interventions

SBCC is one approach to increase the nutrition sensitivity of various WFP programmes that aim to integrate complementary interventions across food value chains. However, it is important to recognize that incorporating SBCC into a WFP programme does not automatically make it nutrition-sensitive. For more information on increasing the nutrition sensitivity of programmes, please refer to the Nutrition-Sensitive guidance.

SBCC should complement WFP nutrition programmes

SBCC is essential to address food access challenges by building demand for, and improving consumption of, nutritious foods, which should be incorporated into larger WFP nutrition programs

There are many entry points to SBCC in WFP programmes that may not focus directly on nutrition. For instance, Cash-Based Transfers (CBT) may help improve access to nutritious foods, but SBCC is an important complementary activity to support households to make nutritious food purchases in the marketplace, use healthier

food preparation methods at home, and ensure equitable intra-household food allocation. SBCC may also accompany other programmes, School Feeding programmes, as schools offer a unique platform to engage school-aged children and adolescents. SBCC, coupled with CBT and School Feeding, also has the potential to address the double burden of malnutrition within integrated behaviour change interventions that may use various strategies to improve health and nutrition outcomes. Additional entry points for SBCC, such as those related to agricultural production and smallholder farming, also exist and should be considered within WFP nutrition-sensitive activities.

Nutrition in Emergencies

SBCC is an important aspect of nutrition programming within emergency contexts. For example, SBCC activities should complement the provision of specialized nutritious foods, which tend to be novel to beneficiary populations. This means they require careful introduction, using social mobilization to build community trust, as well as tailored messaging through both media (e.g. social media) and interpersonal approaches (e.g. Care Groups) for appropriate utilization.

WFP, as a partner and leader in the [Global Nutrition Cluster](#), should ensure that timely and culturally-appropriate SBCC accompanies WFP operations in emergencies. Adapting the SBCC development process, outlined in Chapters 5–8 of this manual, for emergency settings should be done thoughtfully, as resources, capacity, and timelines are often abbreviated in emergency contexts. Many of the SBCC activities for nutrition-specific programming proposed above would also apply to nutrition programming in emergencies but may need to be adapted and delivered differently during implementation.

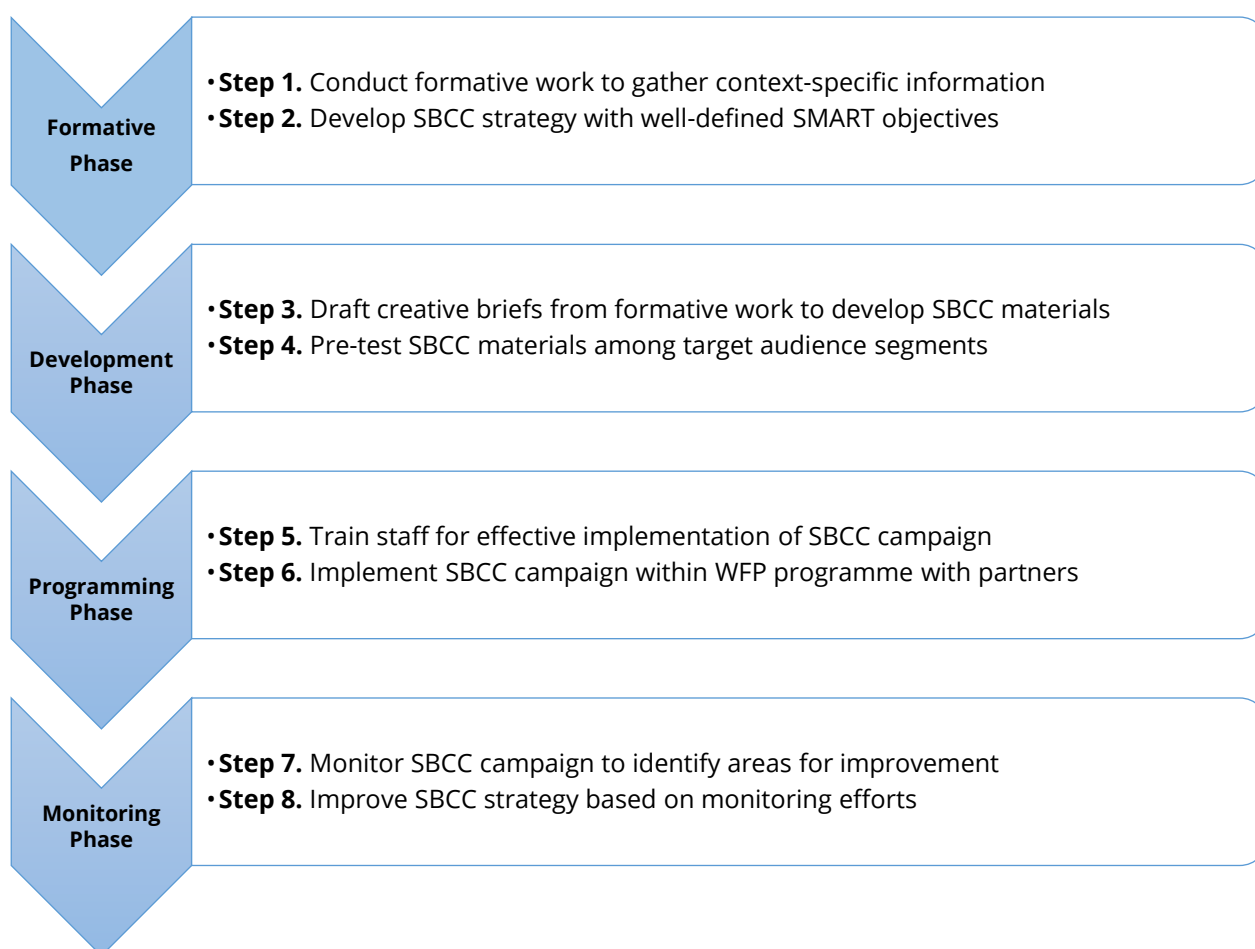
Table 3. Examples of SBCC Entry Points in WFP Nutrition Programming

WFP Programme Areas	Example Entry Point for SBCC
Nutrition-Specific	
CMAM	Engage caregiver support groups and community leaders to reduce stigma for acute malnutrition, aim to improve programme coverage (e.g. improved screening, referrals)
Home-fortification with MNP	Community-wide social marketing campaign to increase demand for MNP among caregivers
Prevention of chronic undernutrition or stunting	Community mobilization (e.g. cooking demonstrations) to increase community acceptance and caregiver utilization of lipid based nutrient supplements (LNS) among children 6-23 months old
TSFP	Incorporate tailored messaging in nutrition counselling by health workers to improve acceptance/utilization of SNFs
Nutrition in Emergencies	
Infant and Young Child Feeding in Emergencies (IYCF-E)	Community support groups for infant and child feeding with mothers, scheduled during food distributions
Blanket Supplementary Food Programmes (BSFP)	SBCC incorporated into general food distribution using traditional media (e.g. dance groups) on distribution days to improve optimal utilization of SNFs
Nutrition-Sensitive	
School Feeding	SBCC to help improve safety of school feeding through promoting optimal WASH and food preparation practices among school cooks
Smallholder Agricultural Market Support (SAMS)	SBCC to engage farmer groups and support farmers to adopt improved farming techniques to increase yields
Cash-based Transfers	Complement CBT with SBCC at point of purchase to nudge people toward nutritious food choices in markets

SBCC in Varied WFP Contexts

Regardless of the type of WFP programme in which you want to incorporate SBCC, consider how each step of the following phases. Each step represents a key piece along the SBCC-development process, which will be discussed in more detail throughout subsequent chapters of this guidance.

Figure 4. SBCC Development Process



There is no 'one-size-fits-all' approach to incorporating SBCC in WFP programmes. Each WFP nutrition programme has its own needs based on unique contexts and populations, as well as available capacity and resources. For nutrition in emergencies, for example, a shortened SBCC development process may be more appropriate based on immediate communications needs and limited operational time frames typical of emergency contexts. WFP country offices can often take advantage of desk reviews and formative research conducted previously in their own context (e.g. Fill the Nutrient Gap analyses), or in other similar settings, to adjust the process as needed.

Context Matters

Remember: SBCC development process does not have to be entirely linear. Sometimes multiple steps can be conducted at the same time or in a different order, depending on context.

WFP Regional Bureaux and OSN are available to provide SBCC technical guidance for adapting SBCC activities to unique WFP programmes as needed and upon request.

Chapter 5. Formative Phase

Purpose:

The purpose of this chapter is to explain [Steps 1 and 2 of the SBCC development process](#). [Step 1](#) involves conducting formative work to help ensure a context and culturally appropriate SBCC programme component; and [Step 2](#) includes the development of an SBCC strategy, including objectives. This chapter discusses how WFP staff may work through these steps to form the basis of a strong nutrition programme aimed to change behaviours.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Understand the importance of the formative phase in SBCC programme design
- Describe considerations for conducting formative work, including a desk review, stakeholder engagement and primary data collection
- Describe SBCC strategy development drawing from formative findings
- Write out [SMART](#) behavioural objectives to guide SBCC

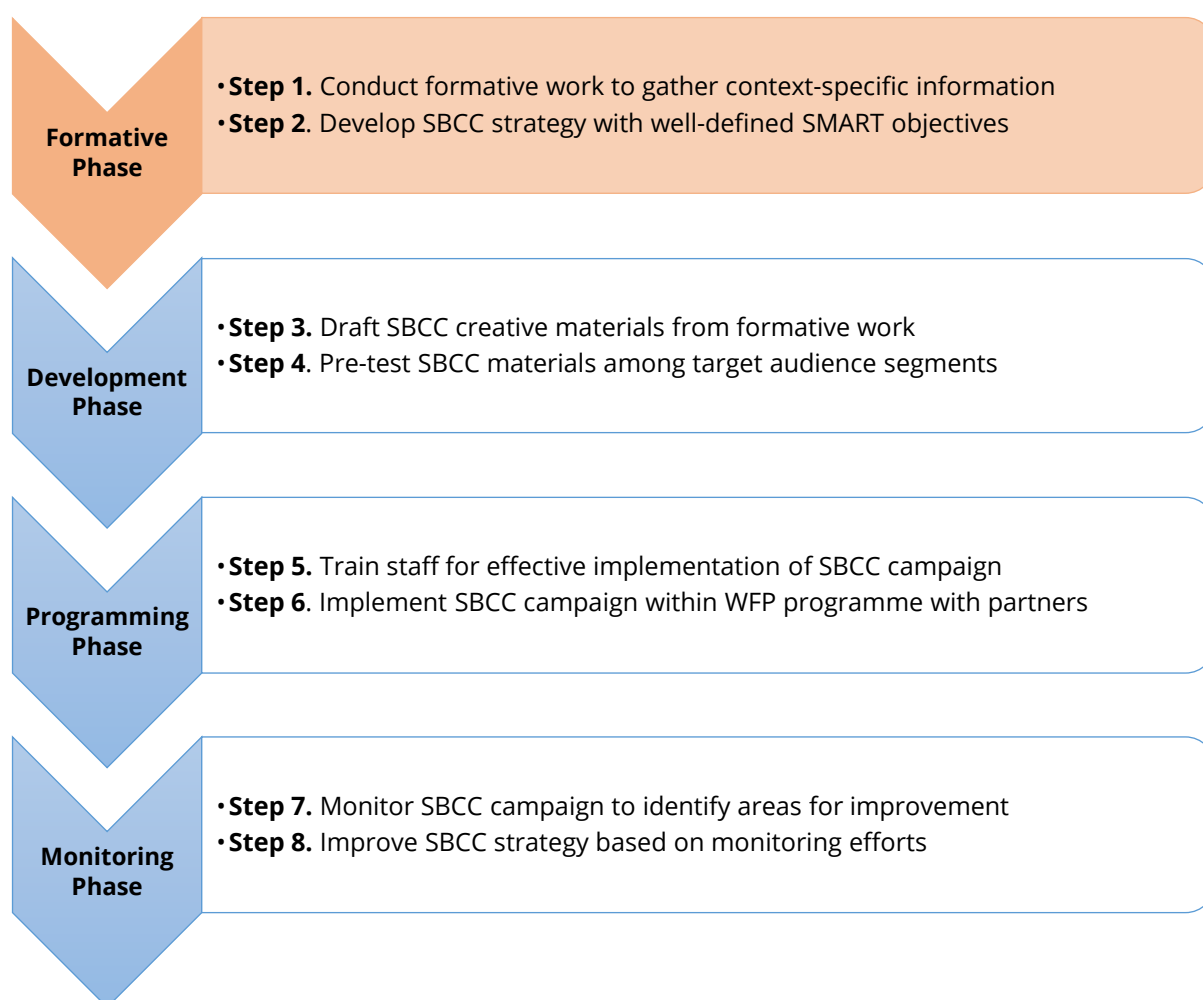
Photo 6: Formative work is critical for ensuring development of context-specific and culturally-appropriate SBCC approaches in the diverse contexts where WFP works



Overview – Formative Phase

The formative phase of SBCC development is an important phase that includes several activities that will form the basis of an effective SBCC strategy. A new or existing WFP nutrition programme may have an overarching nutrition goal (e.g. reducing the prevalence of anaemia among pregnant and lactating women), and the formative phase is important for shaping the SBCC activities most appropriate for reaching it. The formative phase will allow programme staff to take stock of the SBCC landscape, garner stakeholder support, and define appropriate SMART behavioural objectives in light of the barriers and facilitating factors related to the desired outcomes. Importantly, high-quality formative work includes more than just data gathering through research.

Figure 5. SBCC Development Process, Formative Phase

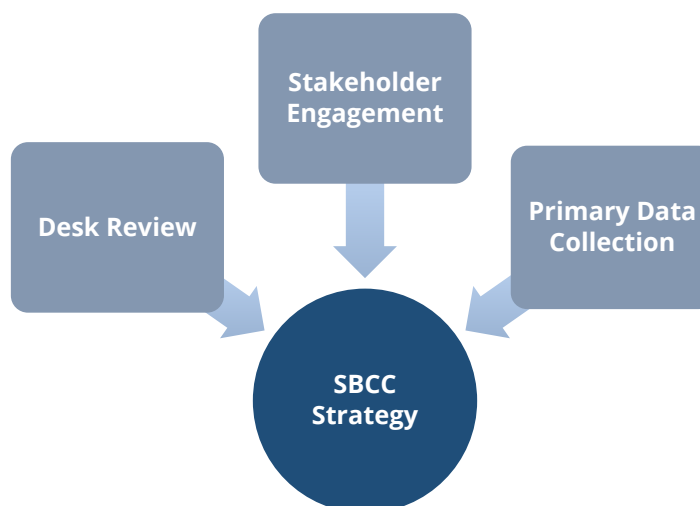


Step 1. Conduct formative work to gather context-specific information

Figure 6. Core components of SBCC formative work

Desk Review

The first step for informing an SBCC strategy is to conduct a desk review. This activity includes finding, reviewing, and synthesizing recent, relevant literature on the health and nutrition topics of interest, in addition to understanding the local context and enabling environment. To be most comprehensive and useful, it should include both [grey](#) and [scientific literature](#).



A desk review will provide insightful information related to many topics. However, keeping a desk review efficient and useful means identifying specific topics of information that will be most useful for informing the SBCC strategy: demographics; socio-cultural aspects of nutrition; health systems; epidemiological data; behavioural insights; and previous SBCC work, including relevant case studies and lessons learned, etc (HC3, 2016).

Grey literature

Non-peer-reviewed documents generally consisting of programme reports and national or sub-national nutrition surveys.

Scientific literature

Published, peer-reviewed articles found in scholarly journals, most often summarizing results of original research.

The desk review should conclude with a compilation of relevant documents offering a comprehensive picture about what is known and not known with regard to informing the SBCC strategy. It should also result in a concise synthesis of findings, well organized for sharing with stakeholders and the formative research team. The worksheet in [appendix 2](#) may be useful for organizing desk review findings (HC3, 2016).

A desk review is an important activity to avoid duplication of previous programme efforts (if there were such programmes prior); as well as to identify the key gaps in knowledge about a particular context or population, to guide the primary research and inform appropriate SBCC development.

Stakeholder Engagement

An often-overlooked aspect of formative work is stakeholder engagement. How a WFP office chooses to engage with stakeholders may vary by context but may utilize existing structures such as National Coordination Committees or other formalized groups that include SBCC programming. In any context, WFP-supported nutrition programmes are strengthened by early and consistent involvement of in-country stakeholders, including those from government, non-government organizations (NGOs), UN agencies, academia, civil society, and community members.

Stakeholder Engagement Example

Interagency discordance was one contributing factor to programmatic challenges in a micronutrient supplementation programme that included SBCC activities, and should remain a key lesson learned for WFP nutrition (Kodish et al., 2011).

Stakeholder engagement may take many forms at both national and sub-office levels. Setting up SBCC technical advisory groups offers a way for stakeholders to provide technical inputs throughout the entire development process.

Hosting SBCC trainings around each phase of the development process is also an opportunity for [Country Capacity Strengthening](#). Holding regular multi-stakeholder meetings provides an opportunity for knowledge sharing, dissemination of programme updates, and better alignment of in-country initiatives. Inviting partners to partake in specific activities during SBCC design, implementation and monitoring may further strengthen national capacity, and should be considered throughout each step of SBCC development. Any of these initiatives require coordination and delegation on behalf of the WFP Nutrition team, in close collaboration with government partners.

Primary Data Collection

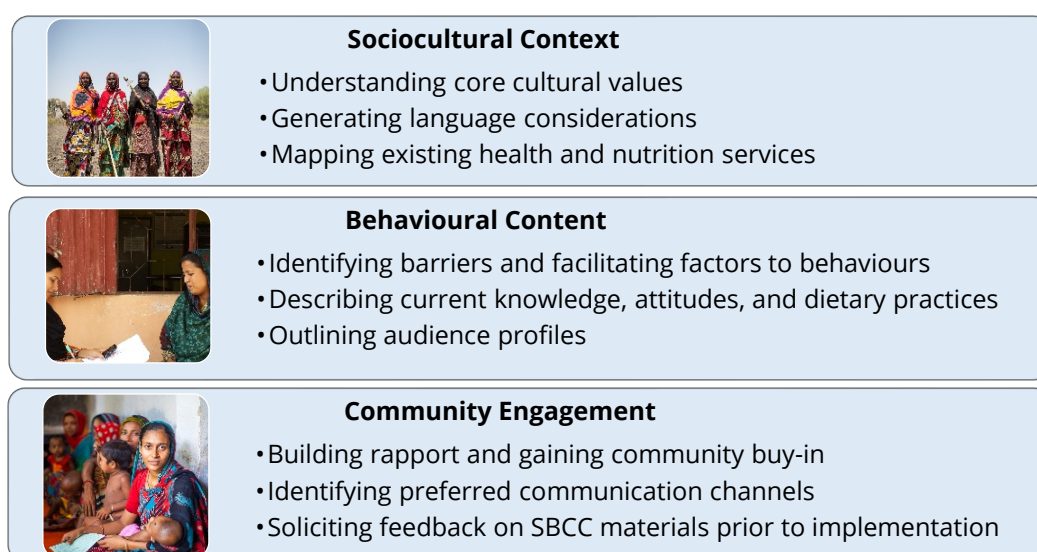
Based on the nutrition programme goals, gaps identified during the desk review, inputs from stakeholders, and real-life parameters (e.g. budget, time frame and context) primary data collection should be an essential activity of Step 1.

Keep in mind that primary data collection in formative research should not be a comprehensive study of the entire food and health environment for a given context.

Instead, primary data collection in formative research should aim to collect the necessary information for filling in gaps identified during the desk review and the content needed for SBCC development.

This formative research may include data collection focused on three core components: sociocultural context, behavioural content, and community engagement.

Figure 7. Examples of topics that formative research may help generate for SBCC

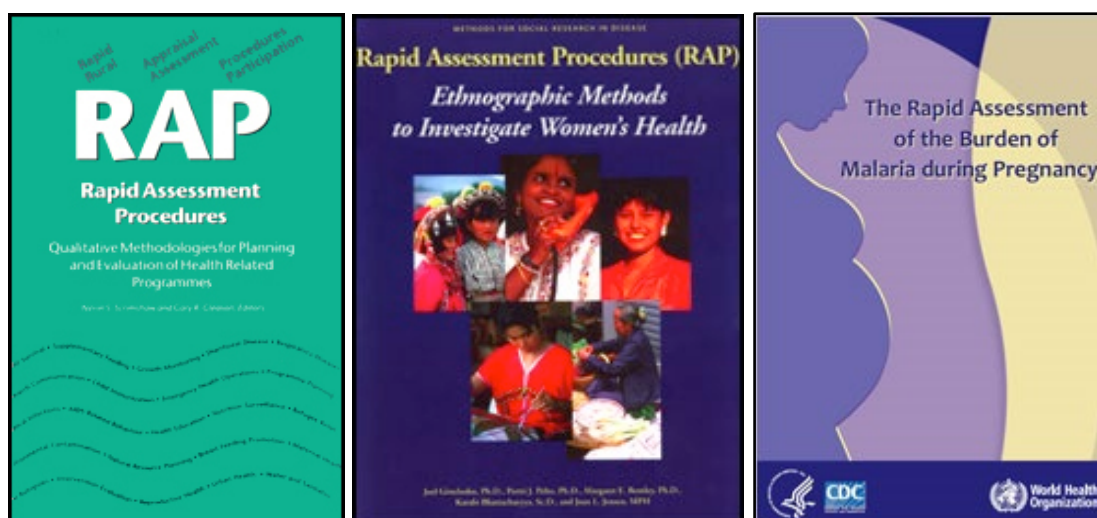


This type of primary research should typically be conducted by consultants with research expertise and/or research experts from academia (e.g. [Johns Hopkins Center for Communication Programs](#)) or professional behavioural change organizations (e.g. [Claremont Communications](#), [PCI Media Impact](#)). Some NGOs, such as [Population Services International](#), also have this type of expertise and can be considered during recruitment.

Research design

Deep anthropological work is typically not necessary or feasible in WFP nutrition programmes. Due to the nature of WFP nutrition programmes, where resources and timelines are abbreviated, any primary data collection during formative work would benefit from following a Focused Ethnographic Study or Rapid Assessment Procedures approach (Scrimshaw and Gleason, 1992; Scrimshaw and Hurtado, 1987).

Figure 8. Examples of Rapid Assessment Procedures manuals in public health



Such rapid approaches offer iterative and systematic approaches for primary data collection to be completed in a short time. They are thus well suited for informing WFP nutrition programming across diverse contexts and can be modified to accommodate various programme types – from CMAM to stunting prevention.

Data collection

Regardless of the formative research team that has been hired for the primary data collection, a similar set of data collection methods should be used by any organization.

They should include a combination of both qualitative and quantitative methods designed to complement one another. The table below provides a brief description of some data collection methods that should be considered as part of a formative research toolkit.

Useful resource

A draft Rapid Assessment Procedures (RAP) manual, specifically written for conducting formative work to introduce specialized nutritious foods in WFP nutrition programmes, is available at OSN and may be adapted for use in various country contexts.

Table 4. Examples of formative research data collection methods (Bernard, 2017)

Data Collection Method	Description of methodological application
Semi-structured Interviews	One-on-one, qualitative interview with a caregiver, community leader, health worker or other informant, to understand community-level perspectives.
Free Lists	Listing activity to identify terms specific to a cultural domain, for example ‘young child foods.’ Useful for understanding risk perceptions and identifying local words for messaging.
Spot Checks	Unannounced, structured direct observations useful for understanding compliance with programme activities, such as specialized nutritious food utilization in a household.
Pile Sorts	Sorting activity of cards, each containing the name of a salient item (for example ‘anaemia’) among community members, to identify local classifications useful for message development.
Community Workshops	A method for brainstorming and prioritizing programme activities, such as preferred SBCC channels, among a diverse group of community members and guided by a qualitatively trained moderator.
Direct Observations	Household-level, structured observations using a checklist or other form, to understand current nutrition behaviours or sets of practices – for example, ‘complementary feeding practices.’
Surveys	A quantitative questionnaire (e.g. KAP survey), useful for assessing self-reported nutrition practices, as well as

knowledge and attitudes, for triangulating with qualitative findings.

The methods described in [Table 3](#) are not exhaustive but represent some of the key data collection methods you might expect your research team to use during primary data collection.

Primary audience segment

The audience segment whose behaviours are the priority to change. For exclusive breastfeeding, the primary caregivers will likely be the primary audience segment.

Secondary audience segment

The second most important audience of your SBCC activities. To improve exclusive breastfeeding you may focus on influencing husbands, as a secondary audience segment, to better support primary caregivers (Maibach and Parrott, 1995)

Research synthesis

One of the primary challenges associated with primary data collection during formative research is the large swathe of information generated from qualitative data collection methods. It is important that as the WFP nutrition programmer you help guide the research team in report organizing, so that the content is immediately useable and relevant. While there is a no 'one-size-fits-all' approach to formative research report writing, you might consider ensuring that the following content areas are included. Categories may vary based on programme type, behavioural goals, and WFP context.

Sample Final Report Outline

Key behaviours to promote

While your programme may have a set of practices you plan to promote, the formative research should elucidate current knowledge, attitudes and practices related to programme goals. Therefore, with finite SBCC resources, the final report should highlight the priority behaviours to promote for achieving nutrition outcomes. It should also describe when to promote certain behaviours over others, considering context-specific factors such as seasonal food and water availability, resource constraints, cultural practices and traditions, as well as partner agencies working in the same area.

Barriers & facilitating factors

For each behaviour, or set of practices, the formative research report should provide a clear outline of its barriers and facilitating factors, at each level of the socio-ecological model presented in Chapter 3, [figure 2](#). The worksheet in [appendix 1](#) can be used as a template for listing the multi-level factors that need to be considered while designing and implementing SBCC activities.

Audience segment profiles

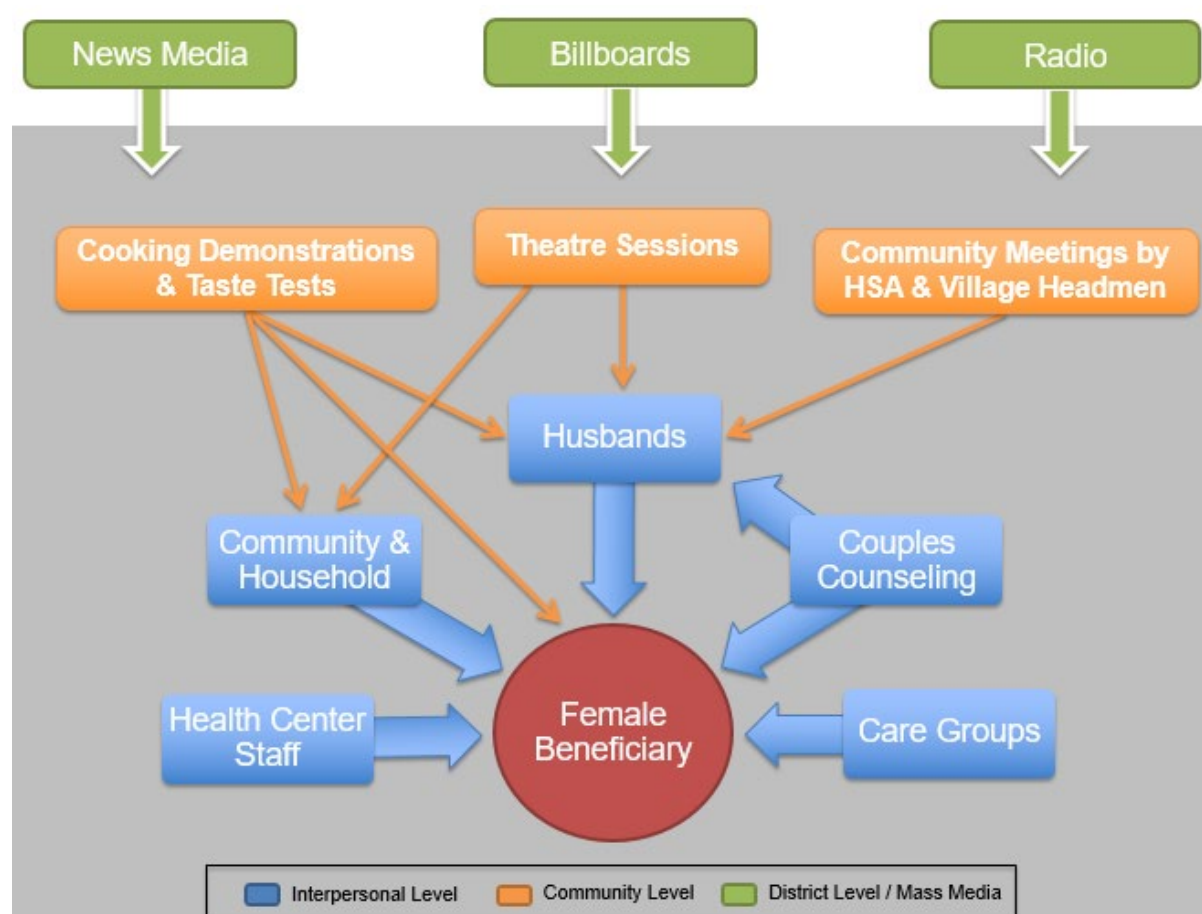
This section should include a detailed description of each audience segment. It should outline the [primary](#) versus [secondary audience segments](#) as well as the unique motivators and influencers for each group, etc.

Audience segments are an important part of SBCC. For instance, the behavioural determinants of younger versus older adolescent girls may differ in any one context and therefore will need to be targeted differently. Formative research should explain these differences.

Communication channels

For each audience segment, there will be specific channels that may most effectively reach it. The formative research findings should outline those channels that are most appropriate and preferred by each audience segment. Diagrams are helpful to illustrate key points of contact at different behavioural levels. The figure below is taken from an SBCC strategy developed for an integrated stunting prevention programme in Malawi (Kodish, 2013).

Figure 9. Example: Planned SBCC activities and points of contact to key influencers in a WFP-supported stunting prevention programme in Malawi



Channels used in an SBCC strategy will depend by context. For example, in some settings, SMS and social media may be a viable channel for reaching caregivers, whereas Care Groups and

radio may be more effective in others. In any programme, a strategic combination of varied communication channels should be proposed to most effectively reach each audience segment frequently and at key times (Leslie et al., 2016).

Salient words and phrases for message development

Data from interviews, free lists and community workshops are useful for identifying local terms and phrases that can be incorporated directly into key nutrition messages that will better resonate with community members than stock messages. Such terms will help you to develop tailored messaging for specific audience segments (Noar et al. 2007).

Examples of local terms may include [food proscriptions](#) and [food prescriptions](#) for each life stage.

Other considerations

Food proscriptions

Referred to as 'food taboos' these are certain foods or food groups that are contraindicated during particular life stages and derived from cultural rules.

Food prescriptions

Certain foods or food groups that are recommended during particular life stages based on culturally-ascribed rules (Gittelsohn and Vastine, 2003).

SBCC considerations related to seasonality of foods, water and resource availability, level of local capacity, previous programme or partner history with SBCC, geographic considerations, infrastructure for implementing SBCC, etc. should also be included in the report.

Monitoring & Evaluation (M&E)

Research may inform M&E efforts by highlighting information including: field challenges related to collecting data, indicators suggested for a particular audience segment, local terms and phrases to be used during survey design, as well as methodological suggestions.

Aligning a final report format ahead of analysis and report writing may help cut down on time spent back and forth revising and editing its contents, as well as help guide data collection to cover key topic areas for SBCC strategy development.

Examples of high-quality formative research reports from various WFP country contexts, in addition to Terms of Reference examples from previous formative activities, are available at OSN upon request as well as on [WFP Go](#).

Step 2. Develop SBCC strategy with well-defined SMART objectives

After formative work, the necessary information to develop or refine a specific SBCC strategy should be available. The SBCC strategy should serve as a ‘blueprint’ for the SBCC activities that will be conducted. The SBCC strategy should be a concise document that outlines formative findings, describes target audiences, articulates the channels to reach target audiences, as well as suggests SBCC timeline, location of activities, potential partners and budget estimates. The strategy also outlines partnership and monitoring and evaluation considerations, driven by the SMART behavioural change objectives. The document should be clear and concise, developed from formative work and in line with WFP programme objectives. Examples from diverse WFP contexts are available upon request to WFP OSN.

Developing SMART behavioural objectives

The SBCC strategy should be driven by its SMART objectives. These objectives will be imperative for choosing the most appropriate SBCC activities and will support development of M&E indicators in subsequent steps. Developing SMART objectives requires understanding the nutrition programme impact pathway (PIP), outlining how programme outputs and outcomes will be achieved through planned activities. Once the pathways are clear within the PIP, you should understand the change you hope to achieve through SBCC, and how SBCC will help reach programme goals. Choosing these areas of change should be informed by formative findings.

SMART objectives need to be articulated clearly and agreed upon by programme staff and stakeholders (HC3, 2016). They should take the following SMART format to be most useful.

Table 5. SMART Behavioural Objectives

S	Specific: Defining who (audience segment), what (specific behaviour or psychosocial construct to impact), and where (geographic consideration) will be important for ensuring specific objectives.
M	Measurable: Objectives need to be measurable through M&E efforts of WFP. While you may want numerous objectives covering a wide range of topics, keep in mind the ability of your programme to monitor and evaluate them.
A	Attainable: Nutrition programmes have finite resources and time frames. Be sure that your objectives are achievable considering the programme parameters.
R	Relevant: Ensure that SBCC objectives contribute to the overall programme goal. SBCC objectives should make sense in the larger Programme Impact Pathway (PIP) or Logic Model.
T	Time-bound: Each objective should include a concrete timeframe. For example, it may be feasible to improve awareness in two months, but enhancing IYCF practices require a longer timeframe. As such, each SBCC objective should have its own timeframe for desired change.

The simple table below (full version found in worksheet form in [appendix 3](#)) may help in the development of SMART objectives.

Table 6. Planning table with simple checklist for developing SMART SBCC objectives

No.	SBCC Objective	S	M	A	R	T
	Knowledge					
1.	In 6 months, 75% of caregivers enrolled in the programme will be able to recall 3 key IYCF messages from the SBCC campaign	X	X	X	X	X
2.						
	Attitude					
4.						
5.						
	Self-efficacy					
6.						

7.						
	Programme Performance					
8.						
9.						

SMART objectives should cover **psychosocial** and **behavioural** domains, including: knowledge, attitudes, self-efficacy, awareness, subjective norms, intentions, and actual reported behaviours.

They should also cover objectives related to **programme performance**, including SBCC dose (messages delivered) and reach (messages received), as well as SBCC programme fidelity (extent to which procedures were implemented as planned) (Kim et al., 2015).

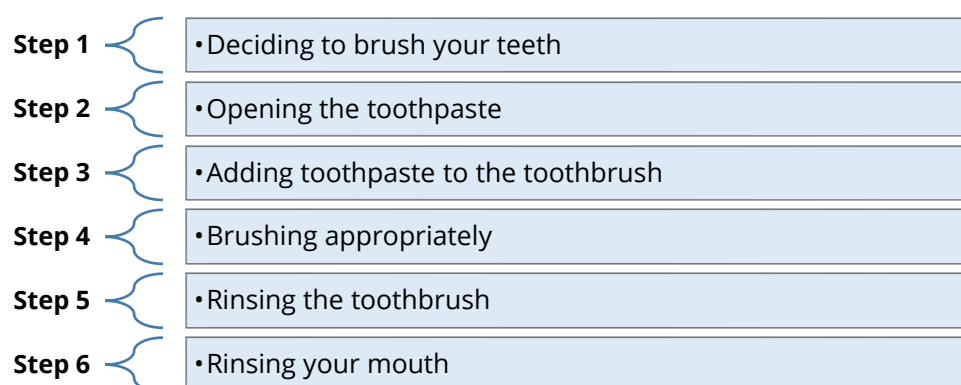
Example of SMART SBCC objective

Within 6 months of the programme start, 80% of caregivers of children under 2 years in Afar region (Ethiopia) will indicate their intention to breastfeed until 24 months.

Writing out behavioural chains

You may consider the complexity of human behaviours prior to trying to change them. The behaviours, or sets of practices, that you wish to improve are typically the result of a series of behavioural steps that need to be performed without disruption.

Consider the simple behaviour of brushing your teeth, for instance, which still requires at least six distinct behavioural steps, as well as access to water, toothpaste and a toothbrush:

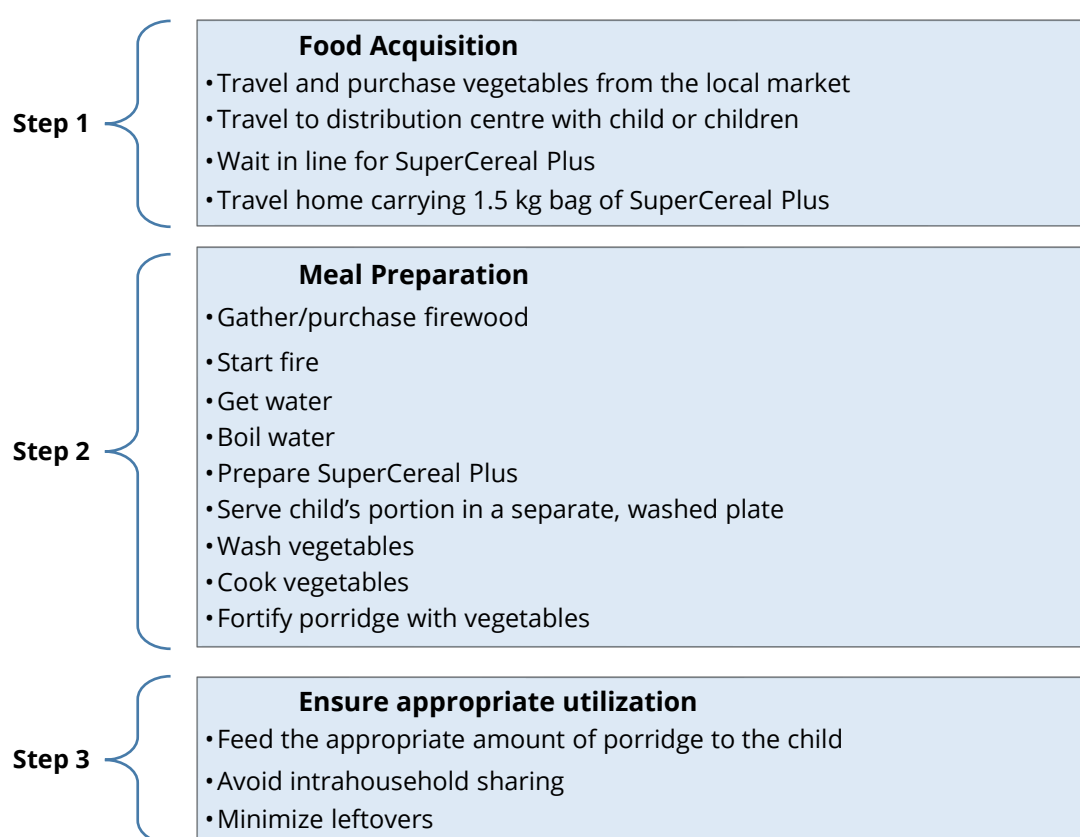


For nutrition-related behaviours in settings where WFP works, there are typically more steps in the behavioural chain. For each behaviour of interest, it is useful to write the steps out in order to think through appropriate SBCC communications objectives. Doing so can help identify opportunities where SBCC might play a more prominent role to enhance the nutrition programme.

Behavioural chain in CMAM – an example

In a CMAM programmes, for example, staff may have the goal of ensuring appropriate utilization of a specialized nutritious food. However, appropriate utilization of food provided has its own behavioural chain. In such a scenario, caregivers are instructed to provide SuperCereal+, three times a day, for 90 days. At the distribution site, caregivers may learn how to prepare SuperCereal+ as well as how to add locally-available, green leafy vegetables and oil to their porridge.

What seems like a simple message actually involves multiple behaviours on part of the caregiver to ensure the beneficiary's (the child) appropriate utilization. For a caregiver to successfully adhere to this message, she may have to successfully complete all of the following steps:



Of course, there may be additional steps missing in the CMAM chain above, but the example should illustrate the many steps (and thus potential for disruption) that exist along any one behavioural nutrition chain. Social, cultural, and economic factors may cause breaks (e.g. challenges to practice of behaviours) in this chain, as well as other factors on the SEM.

Not all behavioural steps need to be included in SBCC activities, as many of them may already be well performed habitually with ease. Therefore, use the formative work to understand what behavioural steps would most benefit from targeting by SBCC activities.

Invest time now to avoid challenges later

Mapping out the behavioural chain can help you to develop effective SMART objectives that anticipate and address potential barriers to behaviour change.

The comprehensive formative research approach described above, one that includes a desk review, stakeholder engagement, and community member inputs through formative research, will contribute to a well-informed, context and culturally-appropriate, and relevant SBCC programme. In addition, developing SMART objectives is a crucial step, using formative research findings to move into the SBCC materials development phase.

Quality Standards - Formative Phase

This checklist is a tool to support WFP staff throughout the Formative phase. The checklist highlights key steps that should be completed when carrying out work in this phase, whether alone as WFP or with partners, prior to progressing to the Development phase.

Formative Phase	Yes/No	Step 1. Conduct formative work to gather context-specific information	Comments
		Formative work includes a desk review, stakeholder engagement, and primary data collection.	
		Mixed methods (both qualitative and quantitative methods) are used during primary data collection	
		Formative research is participatory in nature, with community member involvement	
		Lists of barriers and facilitating factors are elucidated for each nutrition behaviour of interest at each socio-ecological level	
		Formative work outlines key behaviours to change, audience segment profiles, preferred channels, salient words/phrases, and other considerations	
		Monitoring and evaluation inputs are suggested in formative findings	
	Yes/No	Step 2. Develop SBCC strategy with well-defined SMART objectives	Comments
		An SBCC strategy is articulated, with channels, audience segments, and messages outlined based on formative work.	

		All objectives are Specific, Measurable, Attainable, Relevant, and Time-based.	
		The planning table with simple checklist was used to develop each SMART objective	
		SMART objectives cover domains related to programme performance, psychosocial constructs, and behaviours	
		The SMART objectives are created based upon the formative findings.	

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Appendix 1. Worksheet for outlining determinants of key behaviours

Key behaviour #1:	Description	Behavioural Determinants
<i>Individual level</i>	Knowledge, perceptions, socio-economic status, physiological status, level of risk perception, self-efficacy, attitudes, etc.	
<i>Interpersonal level</i>	Encouragement, subjective norm, direct and indirect social influences, including influences of in-laws, husbands, family and community members	
<i>Organizational level</i>	access issues, including far distances and high health care costs, as well as the quality of care provided by schools, hospitals, clinics, etc.	
<i>Community level</i>	Social norms, livelihoods, core cultural values, geographic location, religious affiliation, kinship structure, socio-economic status, etc.	
<i>Policy level</i>	Policies and guidelines at international, national, and sub-national levels	

Key behaviour #2:	Description	Behavioural Determinants
<i>Individual level</i>	Knowledge, perceptions, socio-economic status, physiological status, level of risk perception, self-efficacy, attitudes, etc.	
<i>Interpersonal level</i>	Encouragement, subjective norm, direct and indirect social influences, including influences of in-laws, husbands, family and community members	
<i>Organizational level</i>	access issues, including far distances and high health care costs, as well as the quality of care provided by schools, hospitals, clinics, etc.	
<i>Community level</i>	Social norms, livelihoods, core cultural values, geographic location, religious affiliation, kinship structure, socio-economic status, etc.	
<i>Policy level</i>	Policies and guidelines at international, national, and sub-national levels	

Key behaviour #3:	Description	Behavioural Determinants
<i>Individual level</i>	Knowledge, perceptions, socio-economic status, physiological status, level of risk perception, self-efficacy, attitudes, etc.	
<i>Interpersonal level</i>	Encouragement, subjective norm, direct and indirect social influences, including influences of in-laws, husbands, family and community members	
<i>Organizational level</i>	access issues, including far distances and high health care costs, as well as the quality of care provided by schools, hospitals, clinics, etc.	
<i>Community level</i>	Social norms, livelihoods, core cultural values, geographic location, religious affiliation, kinship structure, socio-economic status, etc.	
<i>Policy level</i>	Policies and guidelines at international, national, and sub-national levels	

Key behaviour #4:	Description	Behavioural Determinants
<i>Individual level</i>	Knowledge, perceptions, socio-economic status, physiological status, level of risk perception, self-efficacy, attitudes, etc.	
<i>Interpersonal level</i>	Encouragement, subjective norm, direct and indirect social influences, including influences of in-laws, husbands, family and community members	
<i>Organizational level</i>	access issues, including far distances and high health care costs, as well as the quality of care provided by schools, hospitals, clinics, etc.	
<i>Community level</i>	Social norms, livelihoods, core cultural values, geographic location, religious affiliation, kinship structure, socio-economic status, etc.	
<i>Policy level</i>	Policies and guidelines at international, national, and sub-national levels	

Key behaviour #5:	Description	Behavioural Determinants
<i>Individual level</i>	Knowledge, perceptions, socio-economic status, physiological status, level of risk perception, self-efficacy, attitudes, etc.	
<i>Interpersonal level</i>	Encouragement, subjective norm, direct and indirect social influences, including influences of in-laws, husbands, family and community members	
<i>Organizational level</i>	access issues, including far distances and high health care costs, as well as the quality of care provided by schools, hospitals, clinics, etc.	
<i>Community level</i>	Social norms, livelihoods, core cultural values, geographic location, religious affiliation, kinship structure, socio-economic status, etc.	
<i>Policy level</i>	Policies and guidelines at international, national, and sub-national levels	

Key behaviour #6:	Description	Behavioural Determinants
<i>Individual level</i>	Knowledge, perceptions, socio-economic status, physiological status, level of risk perception, self-efficacy, attitudes, etc.	
<i>Interpersonal level</i>	Encouragement, subjective norm, direct and indirect social influences, including influences of in-laws, husbands, family and community members	
<i>Organizational level</i>	access issues, including far distances and high health care costs, as well as the quality of care provided by schools, hospitals, clinics, etc.	
<i>Community level</i>	Social norms, livelihoods, core cultural values, geographic location, religious affiliation, kinship structure, socio-economic status, etc.	
<i>Policy level</i>	Policies and guidelines at international, national, and sub-national levels	

Appendix 2. Template for organizing desk review findings

Directions: During a desk review, you should collect all relevant secondary data sources that may inform your SBCC strategy. The simple table below may then help you to organize the information before making programmatic decisions. It will also help you to identify where there are gaps that need to be addressed through primary data collection.

	Source	Type	Behaviour	Audience	Barriers	Facilitating Factors	Implications for SBCC materials
1.							
2.							
3.							
4.							
5.							
6.							

Appendix 3. Checklist for developing SMART indicators

Directions: Use this table to develop and check appropriate indicators for your SBCC campaign. You may add or delete rows for any domain depending on its relative importance to your programme.

SBCC Objective	S	M	A	R	T
KNOWLEDGE					
In 6 months, 75% of caregivers enrolled in the programme will be able to recall 3 key IYCF messages from the SBCC campaign	X	X	X	X	X
ATTITUDES					
SELF-EFFICACY					
SUBJECTIVE NORM					
BEHAVIOURS					
PROGRAMME PERFORMANCE					

Chapter 6. Development Phase

Purpose:

The purpose of this chapter is to orient WFP staff to [Steps 3 and 4 of the SBCC development process](#). These two critical steps bridge the gap between formative work and programme implementation. [Step 3](#) focuses on the use of creative briefs for translating formative findings into SBCC materials and [Step 4](#) underscores the importance of pre-testing SBCC materials prior to programme implementation.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Recognize the importance of this development phase for SBCC programmes
- Understand what a creative brief is, and how it can be used to generate SBCC materials from formative findings
- Describe why and how pre-testing of SBCC materials among audience segments should be done prior to programme implementation

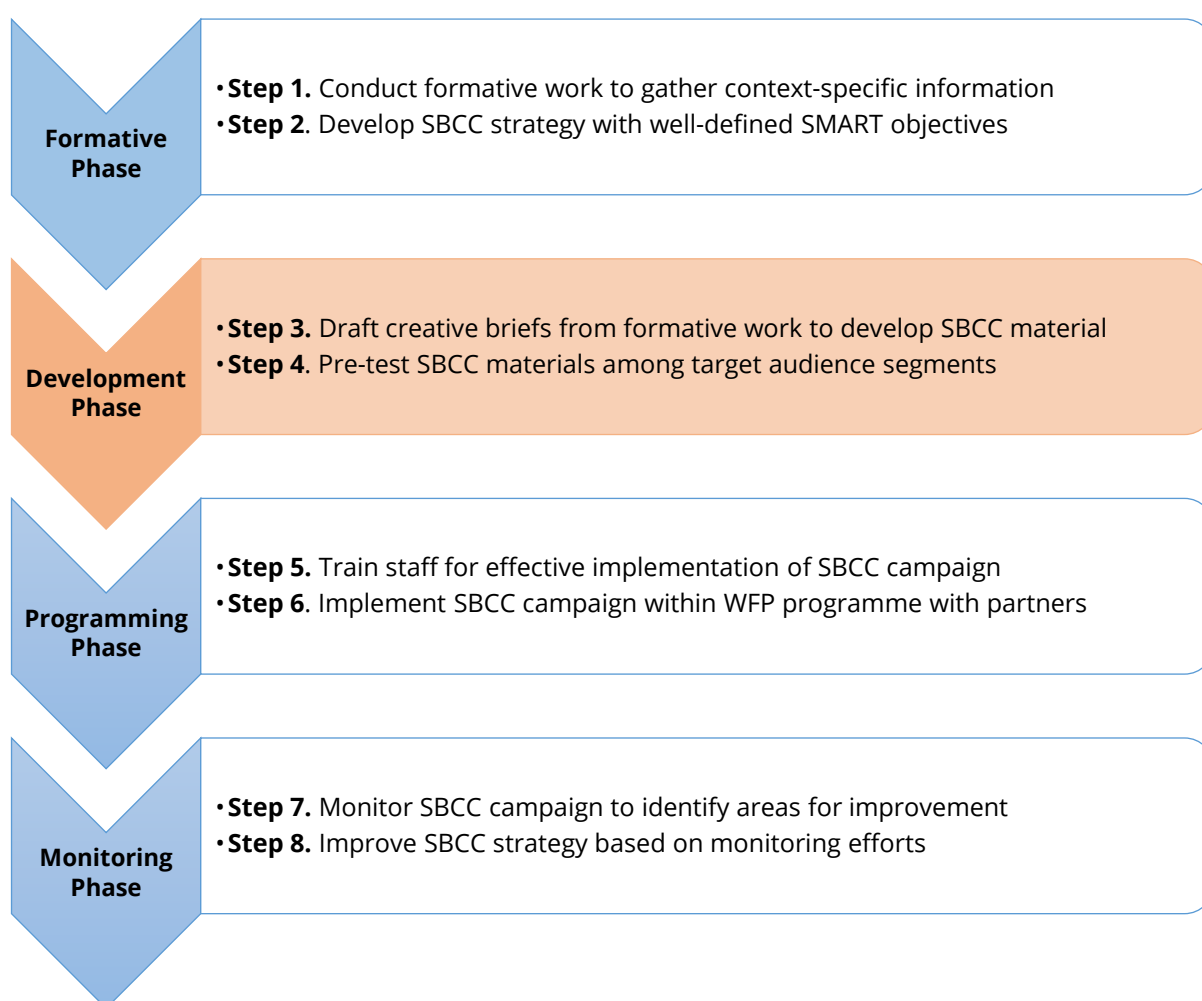
Photo 7: WFP programme staff, especially those who distribute specialized nutritious foods directly to beneficiaries, are important influencers to consider during SBCC planning



Overview - Development Phase

The development phase is a critical link between SBCC formative work and programme implementation. It requires WFP Nutrition staff to ensure that formative findings from Steps 1 and 2 are fully represented in Steps 3 and 4 as SBCC materials are created and tested. This phase will provide guidance on developing creative briefs, which are the templates for communications experts and agencies to develop tailored SBCC materials based on formative findings. The development phase also is an important time to pilot-test those materials prior to implementation.

Figure 10. SBCC development process, Development Phase



Step 3. Draft creative briefs from formative findings to develop SBCC materials

The creative brief is the backbone of developing a more effective SBCC campaign that is tailored to the local context, population, and WFP programme (Alstiel and Grow, 2015).

This step benefits from the expertise of a consultant or a small team with an understanding of formative work, nutrition content, and SBCC principles, as the creative brief is intended to bring all of these aspects together.

By providing the creative agency that will support SBCC materials development with clear instructions through creative briefs, WFP will help ensure that the formative work is reflected in the nutrition programming.

Creative brief

Document created from formative work to guide the design and creation of SBCC materials for use during implementation.

Creative briefs often take slightly different forms depending on the type of planned SBCC activities, but they generally should include similar content areas. [Appendix 4](#) includes a template that can be used during this step.

Photo 8: Creative briefs should contain all the information necessary for an agency to develop content for tailored, culturally-appropriate SBCC materials



Table 7. Domains to include in a creative brief to inform SBCC materials

Content Area	Description
Communication Channel	The medium through which messages are delivered
Intended Audience	The audience segment on which the brief focuses on, for instance female caregivers, community leaders, or school-aged boys
Objectives	The specific SMART goal that the brief addresses
Potential Obstacles	Logistical, resource-based, training, and other related factors of overall ease/difficulty of implementation
Tailored Messages	The specific, tailored messages that are to be delivered through the channel identified above
Tones	The general feeling or attitude to be conveyed through the piece
Openings	The locations or opportunities in the nutrition programme and local setting to introduce messages through channel above for timely reach
Other creative considerations	Other factors for the creative agency to consider during creation of SBCC materials, for instance preferred colours to use in print media or 'creative hooks' to emotionally resonate with audiences
Minimum standard of implementation	Suggested dose of activities to be delivered during programme implementation (e.g. number of radio spots to buy and frequency of airing them)

Two critical areas of the creative brief are the choice of communication channel and the development of messages.

Choosing Communication Channels

A communication channel is the medium through which messages will be delivered to beneficiaries. There are many channels from which to choose depending on the SBCC approach used. Each channel has strengths and limitations, therefore should be used in combination with others for maximum reach and comprehension. Choosing communication channels can be done in conjunction with the development of detailed [audience profiles](#) which describe key audience segments in detail based on formative findings ([appendix 5](#)).

Audience profile

Detailed descriptions of specific target audiences used for informing the development of appropriate SBCC approaches and messaging contents.

Different channels are appropriate in different contexts and among unique audience segments (Graziose et al., 2017). Whereas social media may have potential for successfully communicating to adolescents in middle-income countries, Care Groups may work better among female caregivers in low-income settings (Wilner et al., 2017). The table below outlines considerations for SBCC channels by level of influence.

Table 8. Considerations of SBCC channels and their level of influence

SBCC Approaches & Channels*	Socio-ecological level of primary influence	Brief overview and considerations
Interpersonal Approaches		
<ul style="list-style-type: none"> • Counselling • Support groups 	<ul style="list-style-type: none"> • Individual • Interpersonal 	Interpersonal approaches are effective for engaging individuals in two-way communication that can offer more tailored, individual advice as well as address sensitive topics.
Media Approaches		
<ul style="list-style-type: none"> • Mass • Mid-sized • Print • Traditional • Social 	<ul style="list-style-type: none"> • Interpersonal • Community • Organizational 	<p>Mass media (national radio) may be used as a one-way communications approach to reach entire countries or regions, whereas mid-sized media (billboards) may be better for district-specific activities.</p> <p>Print media (e.g. brochures) are appropriate in contexts where literacy is high, and traditional media (e.g. theatre) may work where existing structures are in place to relay community-level information.</p> <p>Social media (e.g. Facebook, SMS) may be useful for two-way communication with adolescents and others</p>

		(e.g. smallholder farmers) who rely on sharing information through technology.
Community Mobilization Approaches		
<ul style="list-style-type: none"> • Campaigns • Issue groups • Outreach • Health fairs 	<ul style="list-style-type: none"> • Community 	<p>Community/social mobilization requires active participation and empowerment of all sectors of a community to catalyse action at this level.</p> <p>May include any number of mobilization approaches to raise awareness, build collective efficacy, foster empowerment, and create an enabling environment for change.</p>
<i>*Not an exhaustive list of activities/examples</i>		

Photo 9: Job aides help health workers lead discussion on key nutrition concepts as a way to tailor messaging to beneficiaries



When considering which combination of channels to use, consider the following factors based on the formative phase described in Chapter 5.

Table 9. Context-specific considerations when deciding upon appropriate channels

Socio-Cultural Factors	Art and a science
<ul style="list-style-type: none"> • Audience segment preferences: What channel or combination of channels will best reach each audience segment at key times? • Language considerations: What level of literacy exists in this context? Is the main language written or spoken? Should the national language be used for communications or also local languages? • Existing infrastructure available: Does the telecommunications infrastructure exist to use SMS as a primary channel? Are the road conditions adequate during rainy season to ensure timely delivery of messages? 	<p>Deciding upon channels is not always straightforward, but you can always adjust channels later based on evaluation.</p>
Programme Factors	
<ul style="list-style-type: none"> • Budget availability: Is enough money available to use mass media? How many print materials can be developed and disseminated based on the budget? How can the budget cover both media and interpersonal approaches? • Timeline: Will the channel be appropriate considering the programme lifecycle? What channel is most appropriate considering different seasons across the programme? • Partner capacity and level of support: What implementing partners are available to support delivery through this channel? How much training will be required to use Care Groups in this setting? 	
Communication factors	
<ul style="list-style-type: none"> • SMART objectives: What channel best delivers the messages vis-à-vis the SMART objective identified? What channel can deliver the level of message persuasion needed? • Type and complexity of messaging: Are narratives and explanations needed to convey key messages or will simple messages be sufficient? Is two-way or one-way communication needed? • Ability to influence at multiple socio-ecological levels: Do these channels adequately impact at individual, interpersonal, community and organizational levels? 	

Therefore, choosing channels does not have to be a permanent decision in the beginning of SBCC planning. The worksheet in [appendix 6](#) may be used for planning purposes in making appropriate channel choices.

Developing theory-driven messaging

Too often, nutrition programmes ineffectively deliver textbook-like messages focusing on the biomedical benefits of engaging in a particular nutrition behaviour. Nutrition-related behaviour is too complicated for such a basic approach.

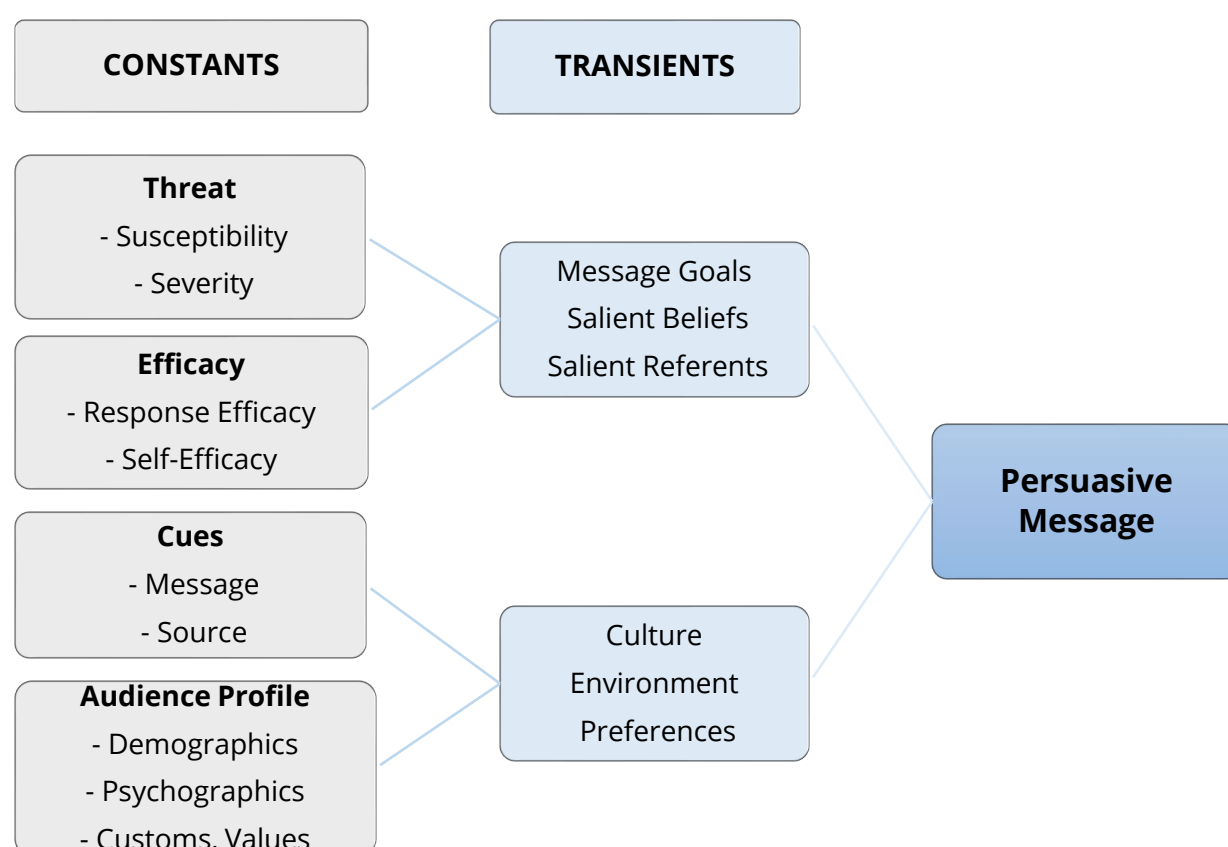
Not all messages resonate with everyone

People often respond differently to the same information, depending on who they are, what motivates them, how it is delivered, etc. (Moyer-Guse, 2008).

Message generation should be grounded in behaviour change theory. The Persuasive Health Message (PHM) framework is useful to generate a theory-driven SBCC campaign for increasing the likelihood of changing behaviours (Witte and Allen, 2000). Refer to [appendix 7](#) for examples of tailored messages from a WFP-supported project in Malawi (Moyer-Gusé, 2008).



Figure 11. Persuasive Health Message framework for tailoring SBCC messages



The PHM is relevant for WFP Nutrition since many nutrition-related illnesses are often not perceived to be as serious as other common illnesses, such as malaria, in low- and middle-income settings (Kodish et al., 2014).

PHM has several variables to consider but, in brief, suggests that sets of persuasive messages should reflect the following four points:

Threat	Messages should increase beneficiaries' perceived threat (susceptibility and severity) of nutrition-related illnesses
Efficacy	Messages should provide beneficiaries with feasible behavioural solutions to address nutrition illnesses and effectively avert perceived threats
Cues	Well-crafted messages based on persuasive communication principles serve as cues to action to motivate behaviour change
Audience Profile	Tailored messages to the local socio-cultural contexts for each audience segment will resonate more than generic messages

Not every message should include a threat message or invoke a fear appeal. Without a heightened risk perception toward nutrition-related illnesses, the likelihood of behaviour change is reduced.

Suggested steps for tailoring messages

Follow the steps below for developing tailored messaging:



STEP 1

Choose a generalized nutrition message from global and/or national guidelines



STEP 2

Identify the behaviour, or set of practices, to achieve desired nutrition outcomes



STEP 3

Review the formative findings and relevant literature to identify potential season- and context-specific barriers to successful completion of this behaviour



STEP 4

Tailor each message using the information from Steps 1 – 3 above and then combine with a key construct from persuasive communications. The following principles from social psychology are useful for making messages more persuasive (Stiff and Mongeau, 2016):

- **Social proof:** People are more likely to do what others who are similar to them do. Therefore, a message may resonate if it alludes to the behaviours of others who they perceive to be similar, perhaps from the same community.
- **Behavioural inoculation:** A forewarning against a threat to existing attitudes allows someone to build a mental defence against it. Framing a message that warns someone what may constrain her behaviour allows her to build a defence against it ahead of time.
- **Overcoming barriers:** Offering a clear solution to an expected barrier in messaging helps beneficiaries overcome barriers identified during formative work. Similar to behavioural inoculation, this type of message warns a beneficiary of an expected barrier. However, it also offers a clear and specific solution to that barrier.
- **Fear appeal:** A message that invokes fear in order to divert behaviour through the threat of impending harm or risk. For effectiveness, a message with a fear appeal needs to have a *salient* consequence for a beneficiary not engaging in that behaviour.
- **Scarcity:** Things become more desirable when they are in great demand but in short supply. For example, communicating the message that the first 1,000 days of life are a critical window of opportunity may influence utilization of services if beneficiaries know the chance for impact is temporary.

- **Gaining benefits:** An individual's assessment of the positive consequences from undertaking a behaviour. Appealing not only to the nutritional benefits of a WFP nutrition programme but also its possible indirect benefits, such as saved money on health care costs for a household, may resonate more effectively with beneficiaries.
- **Appealing to positive affect:** This concept refers to the extent that a person experiences positive emotions such as joy. Making explicit the benefits of a nutrition programme to a mother's infant may appeal to a mother's positive affect.
- **Commitment and consistency:** If people commit to a goal, they are more likely to keep that commitment. Utilizing the public commitments of community leaders to mobilize direct beneficiaries for increasing programme coverage is one example; commitments may be followed up by messages to leaders for reinforcement, though.
- **Authority:** People generally defer to those in authority and follow their advice or suggestions. In messaging, overtly stating that people in positions of authority (e.g. community leaders) promote key behaviours may enhance the likelihood that the behaviour will be carried out appropriately by community members.
- **Liking:** Individuals tend to be persuaded by other people that they like. Crafting messages so that they mention other people they like in those messages is one way to persuade them of a behaviour. If community health workers are well liked in a certain context, then they might be included in messages promoting certain nutrition behaviours.



STEP 5

Incorporate local, salient terms identified during the formative work into messages



STEP 6

Translate messages into local languages. If the meaning of a message is lost in translation then the persuasion will likely also be lost and render messages less effective – therefore, careful translation is required.

Adhering to this systematic approach, based on principles of health communication, will help ensure that the SBCC campaign is grounded in sound behaviour change theory and increase the likelihood of programme success to positively impact upon nutrition behaviours.

Refer to Appendix 7 to see a page of tailored messages developed for SBCC activities in a WFP-supported stunting prevention programme in Malawi. Notice the tailoring based on seasonal considerations, persuasive language constructs, context-specific barriers, and key words/terms identified during the formative work.

Step 4. Pre-test SBCC materials among target audience segments

Once SBCC materials have been created, the next step involves pre-testing them before finalizing. This step is critical and must not be overlooked (Lapka, 2008).

The purpose of pre-testing is to solicit feedback from a sub-sample of beneficiaries from a relevant target population. Revisions to SBCC materials are needed when feedback indicates red flags signifying that changes should be made prior to implementation.

Key areas to identify during pre-testing:

- Misinterpretations of content
- Negative perceptions of content
- Inappropriate images
- Complex/confusing/conflicting message content

The pre-testing process will be essential to finalize the SBCC creative briefs which may require some changes after both stakeholder and community feedback (HC3, 2013).

How to pre-test SBCC materials

Understanding, pretesting, and agreeing upon the most appropriate SBCC materials should involve a few key steps.



1. Stakeholder meeting – Initial presentation of SBCC materials

As part of the stakeholder engagement process, the WFP team should involve key stakeholders

Stakeholder meeting

15 - 25 people representing government, WFP, partners, private sector, civil society, etc. as relevant to each context.

in two rounds of technical meetings related to SBCC development. The initial meeting should occur immediately after the development of materials and messages. During this meeting, stakeholders will have the opportunity to view draft SBCC materials and messages, provide key technical inputs and

suggestions for revisions, and build consensus about their overall appropriateness. A [‘how to conduct a stakeholder workshop’](#) instructional guide is available (Health Compass, 2017).

2. Qualitative feedback

After gaining stakeholder feedback, or concurrent to those efforts, the drafted SBCC materials should be pre-tested among the key audience segments in the beneficiary communities. Two qualitative methods are helpful for doing so:

Semi-structured interviews

Semi-structured interviews should be used to solicit feedback from beneficiaries in a one-on-one format. They should begin with discussions that aim to gauge the perceptions of beneficiaries toward the SBCC materials (Eisenbruch, 1990).

Using an interview guide, specific questions should then identify the factors related to acceptance or rejection of the drafted SBCC materials, messages, or images, as well as areas where the materials can be modified for improvement (Bernard, 2017).

The interviews should be led using semi-structured guides and conducted among caregivers, community leaders, health workers, and other important audience segments (such as adolescents) depending on the nutrition programme. [Appendix 8](#) has an example of a semi-structured interview guide that can be used in monitoring.

Focus group discussions

While interviews will provide personal opinions, focus group discussions will yield group-level feedback that tends to better reflect social norms. Focus groups are effective tools for identifying social norms not only in public health, but also in marketing research (Kitzinger, 1994).

General Pre-testing Sampling Guidance

Interviews

Purposefully sample 3–5 individuals per audience segment. With just one or two audience segments then you can consider sampling 6–8 people per segment, depending on timeline and resources.

Focus Groups

Organize 2–3 groups per audience segment, with 6–10 similar people participating in each group. Consider 3–5 groups per segment if the programming context allows for it.

**Detailed sampling considerations provided in appendix 10*

Focus groups should begin with a less structured approach that emphasizes free discussion around the SBCC materials and then moves toward a more structured discussion of specific aspects such as messages.

Just like the interviews, the focus groups should be guided by semi-structured moderator guides ([appendix 9](#)). Since SBCC materials should be tailored to individual audience segments, they should also be pre-tested among individual audience segments.

3. Revisions of SBCC materials based on feedback

Feedback from focus groups should be combined with that of interviews and stakeholders to comprehensively allow for modification of SBCC materials. Findings should be collated in a collaborative process involving the SBCC team, WFP team, and the illustration team that includes the graphic designer and illustrator.

During this step, strategic decisions will be made for modifying the SBCC materials and messages, using the most efficient and necessary actions. A near-final set of materials should be produced as a result of this process.

4. Participatory stakeholder meeting – follow up and consensus building

As the final step in the pre-testing process, a second meeting among key stakeholders should be held. This second meeting will allow for review of the modified SBCC materials and messages. It will also serve as a forum to explain the inputs of the community to stakeholders. The purpose of this second meeting is to build final consensus and align stakeholders around the SBCC materials prior to programme launch. It is a chance for final review of SBCC materials, and will provide the opportunity for all stakeholders to take responsibility as well as be accountable to the planned SBCC activities.

Quality Standards - Development Phase

This checklist is a tool to support WFP staff throughout the Development phase. The checklist highlights key steps that should be completed when carrying out work in this phase, whether alone as WFP or with partners and consultants, prior to progressing to the next Programming phase.

Development Phase	Yes/No	Step 3. Draft creative briefs from formative findings to develop SBCC material	Comments
		This phase is led by someone, or a team, with experience in nutrition, social and behaviour change, and communications	
		A creative brief is completed for each communication channel and based on findings from the formative phase.	
		A justified combination of approaches (interpersonal, media, and mobilization) was chosen to reach audience segments at different behavioural levels	
		A unique set of tailored messages for each audience segment are provided	
		Tailored messages are developed based on the six-step process outlined in step 3 of this guidance	
		All messages are technically accurate from a health and nutrition perspective	
		Messages are context-appropriate for the channels chosen and audience segments (language, complexity, etc.)	
	Yes/No	Step 4. Pre-test SBCC materials among target audience segments	Comments
		A stakeholder meeting is held at the beginning of this step to introduce SBCC draft materials	
		Qualitative data collection using both interviews and focus groups occurs among key audience segments	
		Refinements and modifications are made to the SBCC materials based on feedback by stakeholders and community members	
		A stakeholder meeting is held at the end of this step to build consensus around revised SBCC materials prior to launch	

References

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Appendix 4. Creative brief template – example used to create a banner

1. Medium of Communication

- Banner

2. Intended Audience and Responsible Party

- **Primary audience:** Prospective beneficiaries - The banner is meant to be displayed at each of the six or seven registration sites per cluster so it will be messaging to prospective beneficiaries as they arrive at the health centres and extended distribution points.
 - The cooperating partner is responsible for coordination of reproduction of banners through its creative agency or an external creative agency.

3. Objectives

- To convey the official nature of the registration process
- To let mothers know that they are in the correct spot for registration
- To let mothers know where to go to register once they arrive at the health centre or extended distribution point

4. Content of the Banner

- Government Logo
- SUN 1000 Special Days United to End Stunting Logo
- Culturally-appropriate image of a mother feeding an age-appropriate baby under two years, either breastfeeding or complementary feeding
- The phrase “Now Registering” in local language
- Any other relevant banner content appropriate for this setting.

5. Tone

Positive, Official, Bold

6. Openings (Opportunities to deliver a message using this medium)

- These should be displayed at each health centre and extended distribution site during the actual days of registration in each cluster.

7. Creative Considerations

- The banner should be large enough so that there is no mistake that this is an official registration. It should have vibrant, culturally-appropriate colours with only the essential information. It should not have logos of WFP or the cooperating partner so that the community does not associate this as a “WFP programme” for example. It is meant to be perceived as a movement rather than a programme and should be affiliated with the government rather than a donor or implementing agency.

8. Minimum Standard of Implementation

- Seven banners are needed since there may be up to seven places of registration per cluster at any one time. An extra banner could be produced if funds allow

Appendix 5. Audience Profile worksheet

Directions: Use this table to describe important communications considerations for each audience segment. Doing so will help you to understand how to tailor SBCC activities.

No.	Category	Audience Segment Name: _____
	Descriptions:	
1.	Demographic information	
2.	Key behaviours to change	
3.	Level of relevant knowledge	
4.	Attitudes toward behaviour	
5.	Level of self-efficacy	
6.	Emotional hooks	
7.	Preferred channels	
8.	Barriers to changing behaviours	
9.	Facilitating factors to changing behaviours	
10.	Other unique characteristics of this audience segment	

Appendix 6. Planning matrix for assessing communication channels

Directions: The planning table below may help you to outline potential channels of communication to use during SBCC activities. In any one setting, you will have many potential channels to choose for messaging, so planning is important for ensuring that choices best reach target audiences cost-effectively.

	Potential Channel	SBCC Approach	Primary Audience	Secondary Audience	Expected Reach of Channel	Cost	Other considerations (seasonal challenges, trainings necessary, etc.)
1.							
2.							
3.							
4.							
5.							
6.							

Appendix 7. Examples of tailored messages after formative work- integrated stunting programme

Pregnant and Lactating Women

- Today, ensure that your wife consumes different food groups for the healthy growth and development of your baby.
- Community leaders advise taking advantage of a non-rainy day to go to the health clinic for your pregnancy check-up during this season.

Exclusive Breastfeeding Messages

- Happy families use breast milk—a free food for the baby.
- Breast milk helps prevent against frequent illness such as diarrhea and fever.
- To have a baby who is happy, gaining weight, and not getting sick frequently, continue to breast feed him even during illness.

Complementary Feeding Messages

- Other mothers in Ntchisi are able to raise babies who gain weight during the lean season by breastfeeding until two years.
- With fewer food options right now, HSAs recommend that you should breast feed until two years for a healthy baby.
- Thinning out porridge for young children will lead to a lack of food in the body.
- To help your baby avoid a lack of food in the body, be sure to prepare porridge that is thick with groundnut flour or soya.
- Providing a child 6 – 23 mo. with his own bowl for eating will help his healthy growth and development.

Nutributter® Messages

- Nutributter is a tasty nutrition supplement for healthy growth and development: one sachet, one day, one child.
- In times of food shortage, do not forget your public pledge to your community/village that you will provide Nutributter® only to your baby 6-23 mo.
- Safely store Nutributter® where it cannot be stolen to help your baby avoid a lack of food in the body.
- Use Nutributter® to prevent malnutrition just as you use insecticide-treated bed nets to prevent malaria this time of year.
- Health surveillance assistants advise giving Nutributter® to your baby after breastfeeding away from other children.
- Prior to the harvest, food conservation may be challenge, but remember Nutributter® is not a replacement for other foods for your baby.
- Community members strongly disapprove of caregivers who snack on the baby's Nutributter®.
- Other mothers in Ntchisi feed their babies directly out of the sachet when they do not have extra maize flour to make porridge during lean season.

Water and Sanitation Messages

- Your baby may get sick frequently if you do not wash your own hands and his hands prior to eating each meal.
- Ensuring that you wash your hands and your baby's hands before eating may help you to avoid long trips to the hospital during rainy season.
- Other community members find that hand washing prior to eating reduces a baby's frequency of diarrhea and may help you to save money on health care.

Appendix 8. Semi-structured interview guide – pre-testing messages

Introduction

Thank you for meeting with me today. I would like to start by asking you about your community. Could you describe your community for me since I am not from this area?

OK, thank you – that description was very helpful. Now I would like to introduce some program materials that we developed and hope to incorporate as part of a new nutrition and health project. I will introduce first some ideas related to strategies for communication of health messages in your community. I would like to hear your opinions about how good or bad you believe the ideas are. Also, I would like your honest feedback about ways to improve upon our ideas.

Part 1. Introducing SBCC specific messages

I have some messages related to nutrition. Let me introduce them one by one and then I want to hear your feedback.

Introduce nutrition messages one-by-one to the participant.

- **Question 1.** Tell me what this message means to you?
- **Question 2.** Describe whether you can understand this message clearly. If not, explain where the confusion lies.
- **Question 3.** Explain how easy/difficult it would be for you to follow this message based on your current situation. Probe on why/why not.
- **Question 4.** Suggest any way that we could revise this message to make it clearer or more appropriate for your community. Probe for specifics.

Part 2. Introducing SBCC images

I have some images/illustrations related nutrition. Let me introduce them one by one and then I want to hear your feedback, just like we did with the messages.

Introduce nutrition-related images/illustrations one-by-one to the participant.

- **Question 1.** Tell me what this image means to you?
- **Question 2.** Describe whether you can understand this image clearly. If not, explain where the confusion lies.
- **Question 3.** Explain how easy/difficult it would be for you to follow this image message based on your current situation. Probe on why/why not.

- **Question 4.** Suggest any way that we could revise this image to make it clearer or more appropriate for your community. Probe for specifics for revisions to inform the graphic designer/illustrator.

Part 3. Introducing SBCC strategies

Finally, we hope to introduce these messages through various channels.

- We aim to introduce messages firstly through mass media such as radio. Describe whether doing so will be appropriate in this setting?
- Also, we will use community meetings. Talk about how appropriate this channel is for this community?
- Etc...*Introduce all other channels of communication or related BCC strategies to get feedback from the participant through this Part 3 section one-by-one until finished.*

Closing

- Now that you have seen all of these SBCC materials, could you explain whether you believe they will be, in general, useful, effective and appropriate for your community? Probe why/why not.

Thank you so much for your inputs today. Do you have any additional questions or inputs related to these SBCC materials?

Appendix 9. Focus group discussion guide – pre-testing messages

Introduction

Thank you for meeting with me today. I would like to start by asking each of you to introduce yourself by going one-by-one around the circle.

OK, thank you – those introductions were very nice. Now I would like to introduce some program materials that we developed and hope to incorporate as part of a new nutrition project. I will introduce first some ideas related to strategies for communication of health messages in your community.

I would like to hear your opinions about how good or bad you believe the ideas are. Also, I would like your honest feedback about ways to improve upon our ideas. Remember, there are no right or wrong answers during our discussion today. I am just hoping to learn about areas of agreement and disagreement in relation to the ideas I present today. If you disagree with something someone else says, then please say so. Also, I ask that only one person speaks at a time.

Part 1. Introducing SBCC specific messages

I have some messages related to nutrition. Let me introduce them one by one and then I want to hear your feedback.

Introduce nutrition messages one-by-one to the focus group.

- **Question 1.** Tell me what this message means to you? Does everyone agree?
- **Question 2.** Describe whether you can understand this message clearly. If not, explain where the confusion lies.
- **Question 3.** Explain how easy/difficult it would be for you to follow this message based on your current situation. Probe on why/why not.
- **Question 4.** Suggest any way that we could revise this message to make it clearer or more appropriate for your community. Probe for specifics.

Before moving to the next message, be sure to build consensus among the group about the appropriateness of the message and/or areas for modification.

Part 2. Introducing SBCC images

Next, I have some images/illustrations related to nutrition. Let me introduce them one by one and then I want to hear your feedback, just like we did with the messages.

Introduce nutrition images/illustrations one-by-one to the focus group.

- **Question 1.** Tell me what this image means to you? Does everyone agree?
- **Question 2.** Describe whether you can understand this image clearly. If not, explain where the confusion lies.
- **Question 3.** Explain how easy/difficult it would be for you to follow this image message based on your current situation. Probe on why/why not.
- **Question 4.** Suggest any way that we could revise this image to make it clearer or more appropriate for your community. Probe for specifics for revisions to inform the graphic designer/illustrator.

Before moving to the next message, be sure to build consensus among the group about the appropriateness of the message and/or areas for modification.

❖ **Part 3. Introducing SBCC strategies**

Finally, we hope to introduce these messages through various channels.

- Example: We aim to introduce messages firstly through mass media such as radio. Describe whether doing so will be appropriate in this setting? Does everyone agree?
- Also, we will use community meetings. Talk about how appropriate this channel is for this community? Does everyone agree?
- Etc...*Introduce all other channels of communication or related SBCC strategies to get feedback from the group through this Part 3 section one-by-one until finished.*

Before finishing, be sure to build consensus among the group about the appropriateness of the strategies/channels and/or areas for modification.

Closing

- Now that you have seen all of these SBCC materials, could you explain whether you believe they will be, in general, useful, effective and appropriate for your community? Probe why/why not.

Thank you so much for your inputs today. Do you have any additional questions or inputs related to these SBCC materials?

Appendix 10. Sampling considerations during pre-testing of SBCC materials

Stakeholders

Stakeholders should be invited to the two technical meetings during the pre-testing process. Stakeholders should be invited from Ministry of Health, private, and public sectors, including civil society. WFP should work with government to develop a list of these stakeholders for invitation. The number of stakeholders will be between approximately 15 and 25 people.

Participants

Overall, qualitative pre-testing should use stratified purposeful sampling methods to arrive at sample sizes for each audience segment. Smaller sample sizes than those that were used during the formative research are needed during this pre-testing phase. Stratified purposive sampling will be used to insure inclusion of different voices and perspectives. Below are some suggested sample sizes for qualitative data collection by methodological choice.

Semi-structured Interviews

Community leaders ($n = 3 - 5$)

Community leaders wield a lot of power in many settings where WFP works and therefore should be included to some extent in the SBCC materials and messages pre-testing process. A small sample size is adequate because the purpose is to involve these leaders through the process more than to solicit their specific feedback. Gaining their approval and support is critical for social and behaviour change.

Beneficiaries ($n = 5 - 8$ per audience segment)

Because beneficiaries will be the recipients of the SBCC materials and messages, it is critical that they are sampled for interviews. By sampling 8 – 12 beneficiaries then enough data should be collected for pre-testing. Efforts should be made to sample by age and gender of beneficiaries in each audience segment, among other characteristics deemed important, as necessary.

Programme Implementers ($n = 5 - 8$ beneficiaries)

It is important that feedback should be sought among SBCC activity implementers (e.g. health staff). Sampling health workers at various levels, including those that are doctors, nurses, and

health workers will be important for elucidating perceptions toward SBCC materials and messages at various occupational levels. An emphasis should be placed on sampling individuals who will be responsible for actually communicating the health messages on the frontline of programme activities.

Focus Groups

Each audience segment (*n* = 3 - 5 focus groups per audience segment)

Focus groups provide information on social norms and are very useful for building consensus. It is important that SBCC materials and messages are introduced as stimulus aides during focus groups to evoke feedback by those who will use those materials during the programme. Each focus group should include no more than 6 – 10 people at the same level. That is, one focus group may include only community health workers, while another may include only doctors. A focus group should not include both doctors and community health workers because then the voices of some individuals may not be heard due to power differences. Both male and female groups should be conducted in order to allow for comparisons by gender and geographic region where relevant.

Chapter 7. Programming Phase

Purpose:

The purpose of this chapter is to explain [Steps 5](#) and [6](#) within the Programming Phase of SBCC design and development. These steps cover the [training](#) (Step 5) and [implementation](#) (Step 6) processes needed to commence SBCC activities. Once the formative and development phases are completed, programme activities begin. This chapter outlines considerations for a WFP programme that involves SBCC activities.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Explain key considerations when conducting trainings for SBCC activities
- Understand how formative and development phases inform programming
- List the functional components of an SBCC programme
- Understand how to identify partners for SBCC activities
- Understand key considerations for training staff in SBCC activities

Photo 10: Implementation of SBCC activities, such as this social mobilization event, pictured above, requires careful planning and coordination



Overview – Programming Phase

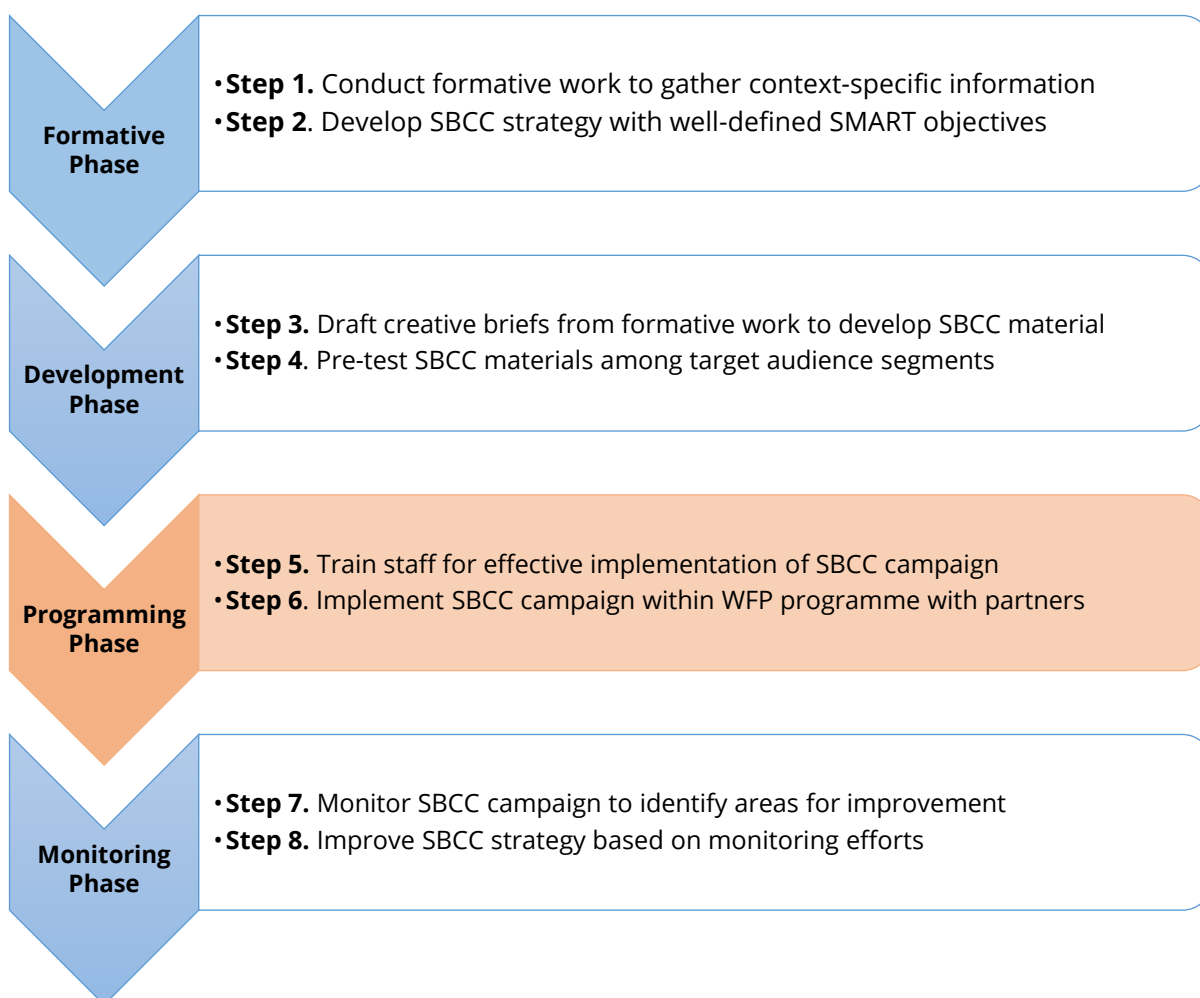
The programming phase is the product of the up-front work conducted during Steps 1–4.

The application of SBCC activities will vary across different WFP programmes and thus should be modified accordingly. The way that SBCC activities are applied to CMAM will be different from their implementation in a stunting prevention programme, for instance.

The programming phase is a culmination of stakeholder engagement, formative work, and other preparatory work needed to implement a culturally-appropriate and effective SBCC campaign to positively influence nutrition behaviours and social norms.

This chapter outlines overarching considerations for SBCC training and implementation.

Figure 12. SBCC development process, Programming Phase



Step 5. Train staff for effective implementation of SBCC campaign

Training staff is important for ensuring a successful SBCC campaign (HC3, 2013). It is not a one-time activity only at the beginning of a campaign, but a continual process throughout the lifecycle of a nutrition programme.

Trainings will vary by context but should have the following considerations (HC3, 2014; Strauser and Neusy, 2010):

✓	Guided by clear learning objectives
✓	Be engaging and participatory
✓	Be culturally appropriate and context-specific
✓	Use varied pedagogical approaches
✓	Evaluate trainee knowledge and skills
✓	Be gender sensitive
✓	Solicit feedback to improve future trainings

Some level of training is always needed for SBCC implementers to effectively deliver messages across channel types.

Training by channel

Interpersonal

Interpersonal communications have the benefit of influencing beneficiaries at the individual level, with tailored messages in response to each beneficiary's unique situation.

Interpersonal approaches

Interpersonal approaches, in particular, require well-trained staff who are able to be responsive, knowledgeable, and empathetic toward beneficiaries while delivering nutrition messages.

Often, the individuals delivering interpersonal messages are community members, themselves. In such cases, these social influencers may include health staff (doctors or nurses) and/or community members (community health workers, NGO staff, and community leaders).

Topics of interpersonal trainings may include the following (HC3, 2016):

•	Brief presentation of key formative research findings
•	Overview of SBCC campaign, including channels, timeline, nutrition activities, etc.
•	SMART objectives underlying SBCC activities
•	Role as social influencers in SBCC activities- "lead by example"
•	Clearly-defined procedures to follow during fieldwork
•	Technical content and rationale behind messages
•	Expected questions and concerns that beneficiaries may have and how to respond
•	Feasible strategies to promote during interpersonal interactions at the community level
•	Being empathetic during interpersonal communications

Such a training with people who will implement interpersonal activities provides an opportunity for trainers to also understand implementers' perceptions toward nutrition.

Media

There are many forms of media, from social media to print media. Therefore, trainings may be adapted, depending on the channels chosen to deliver messages. They may be technical in nature (instructions for using SMS or Facebook to communicate with beneficiaries) or logistical (where and how many posters to hang or how to work with community radio partners to implement radio programs).

Implementer knowledge matters too

Too often we assume that only the community members require behaviour change, but it is also the case that the implementers have similar perceptions and behaviours as do the beneficiaries (Kurtz, 2016).

In some cases, messages may be delivered through plays or songs and the training should be done by a communication agency or related partner agency. They may include training of radio station staff members, for example voice actors who need to read scripts highlighting nutrition behaviours and convey a certain tone, or actors in traditional theatre who need to perform nutrition behaviours on stage. Trainings should be tailored to the medium chosen.

Social mobilization

Adequately training community members who will enact individual or collective behaviour change through social mobilization activities is important for changing social norms. Appropriate training helps to ensure that engagement with community members is done effectively, allowing for trust building, and facilitating acceptance of nutrition messages.

Trainings should identify what existing community structures exist to build off already-established trusted relationships. Utilizing existing structures, for example mother-to-mother support groups and village development committees, may also help ensure better sustainability of SBCC activities.

Prior to commencing social mobilization trainings, it is important to use established and acceptable protocols to access communities. Doing so may require permissions from national, sub-national and local government, as well as in consultation with both elected and traditional community leaders. Following this process will help to identify the most appropriate **spokespeople** and **mobilizers** for existing community structures (HC3, 2016).

Training planning matrices

A **planning matrix** is helpful for developing appropriate training content, methods, resources and evaluation activities (USAID, 2013). Having a well-planned training in line with your SMART objectives is necessary for sound SBCC implementation.

An example of one matrix is filled out below as a reference, but complete training planning should include a matrix for each SMART objective.

Table 10. Example of key categories to include in a training planning matrix

Training objective	Similar to developing behavioural objectives, the training should have SMART objectives too. Each objective should clearly describe what the training will achieve by the end of the session.
Content	Briefly explain what content will be covered for each training session. This content may include not only the types of knowledge or skills that will be conveyed for trainees, but also the types of information that will be solicited from participants to understand their level of knowledge/skills.
Training methods	The pedagogical approach should vary based on the type of information to be covered. For sharing knowledge, didactic instruction may be appropriate. For skills-based learning, you may consider role plays, group work, and demonstrations. Using a combination of classroom and field-based learning is recommended prior to implementation.

Spokesperson

A trusted point-of-reference within any community where social mobilization activities will be implemented. This person may bridge the gap between community members and implementers, helping to communicate key issues.

Mobilizer

A highly-trusted community member who catalyses change. S/he works directly with beneficiaries providing health messages, encouragement, sensitization, and dialogue engagement around key health and nutrition issues at all levels of community life.

Resources	Planning involves considering the resources and time needed to complete each training session. Consider aspects such as a training venue, flip charts, markers, writing utensils for participants, stationery, refreshments for participants, and samples of specialized nutritious foods, for instance.
Evaluation activities	Evaluating participant knowledge and skills will be important to understand whether your training has been effective. Different teaching methods may benefit from unique evaluation methods. Consider questions/answers at the group level, observations of role plays, pre/post testing, one-on-one interviews.

Table 11. Training Planning Matrix Example – Interpersonal Communication Training

Session training objective: At the end of this session, trainees will demonstrate the appropriate ability to use interpersonal communication to empathetically engage in constructive dialogue around the importance of dietary diversity with caregivers.

Content/Tasks	Training Methods	Resources	Evaluation Activities
Teaching importance of dietary diversity for nutrition	<ul style="list-style-type: none"> • Oral presentation with flip chart 	<ul style="list-style-type: none"> • Flip charts and markers • Time: 60 minutes 	<ul style="list-style-type: none"> • Question and answer session with trainees to measure comprehension
Reviewing interpersonal materials with key dietary diversity messages	<ul style="list-style-type: none"> • Oral presentation using SBCC flip charts • Role play scenarios with different partners 	<ul style="list-style-type: none"> • Finalized SBCC flip charts • Time: 90 minutes 	<ul style="list-style-type: none"> • Question and answer session with trainees to measure comprehension • Observation of a role play, use of observational check list
Emphasizing the need to be empathetic during dialogue with caregivers	<ul style="list-style-type: none"> • Oral presentation • Role Play scenarios (Trainees break into pairs and practise with various scenarios) 	<ul style="list-style-type: none"> • Scripts for role play • Time: 60 minutes 	<ul style="list-style-type: none"> • Question and answer session with trainees to measure comprehension

Photo 11: Trainings should focus on both the ability of implementers to deliver technical information as well as their capacity to be empathetic and understanding while doing so



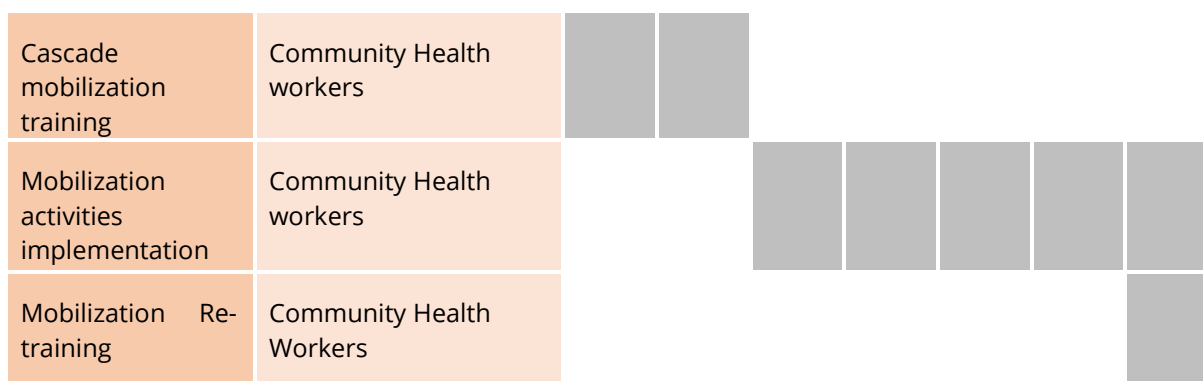
Types of training

The training model selected will depend on the reach and intensity of the campaign. For a large-scale SBCC programme, [cascade training](#) may need to be used (>60 implementing staff and supervisors) (Kyabayinze et al., 2012). For regional or pilot scale programmes (<60 implementing staff and supervisors), consider [direct training](#) of all staff.

The training approach will also vary by the level of implementer literacy so be sure to prepare materials accordingly. Also, be sure to build in times for refresher trainings throughout the SBCC programme lifecycle.

Table 12. Example of a simplified calendar with trainings by SBCC activity

Activity	Group	Jan	Feb	Mar	Apr	May	Jun	Jul
Direct interpersonal training	Care Group Volunteers							
Interpersonal activities implementation	Care Group Volunteers							
Interpersonal Re-training	Care Group Volunteers							



It is important to strategically linking key trainings to activities of the nutrition programme cycle. Refresher trainings may be done quarterly or bi-annually depending on available resources and planned programme activities. Refresher trainings should take place every few months at least, depending on the SBCC programme activities.

Training content

Also, consider that refresher trainings are important for understanding challenges of implementation. Trainings are not a one-way but a two-way communication activity allowing for sharing of information between trainers and trainees to improve SBCC activities.

Refresher trainings offer an opportunity

Provide an opportune time to get feedback from implementers about what is working well and what is not. A good portion of re-trainings should include soliciting feedback from trainees about effectiveness of SBCC activities on the ground, not only training.

A strong training is also tailored to the local settings and uses a combination of pedagogical approaches best suited for each audience (Strasser and Neusy, 2014). You might consider interactive role play during training sessions with interpersonal communicators, while didactic instruction may be more heavily used when training the individuals responsible for distributing media messages. People tend to learn the best from both listening and doing – that is, try to make training an iterative process where both classroom and fieldwork time are built in as a way to give trainees the chance to practise what they have learned prior to implementation (Kolb, 2014).

Step 6. Implement SBCC Campaign within WFP Programme with Partners

At this stage, the implementation plan for the media spots and the interpersonal channels should be finalized. Each person should know his/her roles and responsibilities for the successful execution of the SBCC campaign, which should be fully planned before sensitization visits to communities. Be ready to also share the implementation plan with relevant stakeholders.

An SBCC implementation manual should be developed as the guiding document aligning stakeholders, and serving as the framework of implementation efforts. Consider having the following functional components in an implementation manual:

SECTION 1. Background, Objectives, Guiding Policies

The lifecycle of nutrition programmes may span several years. In such a time period, staff turnover is inevitable. Consequently, it is important that an implementation manual includes sections that outline the background of the WFP-supported nutrition programme with SBCC activities. It should also include a clear outline of the SBCC SMART objectives that were

Consider this background section a concise, yet important handover document that will help orient new staff when they join the programme.

developed based on the formative work. Guiding theoretical (socio-ecological model) and nutrition frameworks (national nutrition policies, global nutrition guidelines) serving as the underlying frameworks of SBCC activities should also be explained in this

background section.

SECTION 2. Programme Impact Pathway (PIP)

Working with partners to articulate a PIP is necessary for implementation and monitoring efforts.

It will allow the WFP nutrition programme to diagram how the SBCC activities are planned in relation to the nutrition interventions, as well as outline their pathways to expected outcomes.

Developing an accurate PIP should be an activity completed with partners through an iterative process of stakeholder engagement.

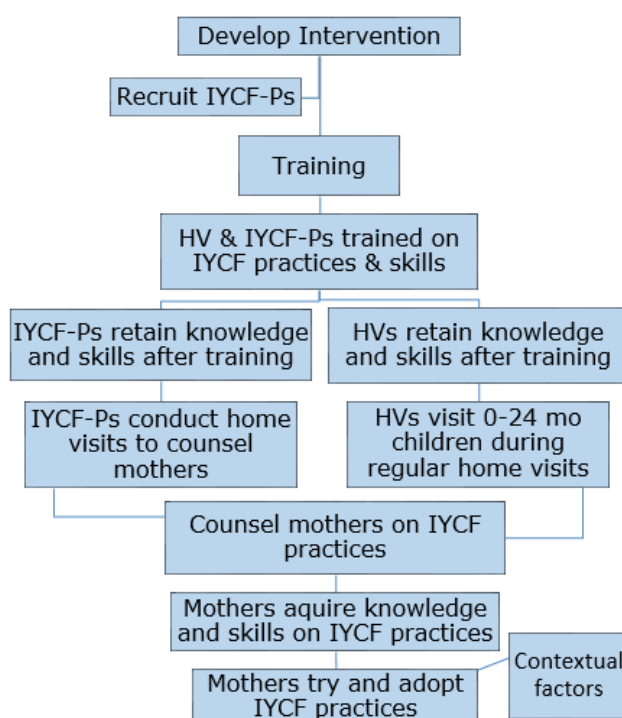
Programme Impact Pathway

A description and mapping of intervention activities, how they are implemented – from delivery to impact – in relation to one another and linked to immediate, intermediate, and final outcomes (Kim et al., 2011).

The PIP represents activities important to programme implementation, as well as beneficiary utilization.

Figure 13 is an example of a PIP from a community-based counselling intervention that was implemented in Bangladesh by BRAC (Avula et al., 2013).

Figure 13. Example PIP from BRAC-led Nutrition Counselling Intervention in Bangladesh



Acronyms: HV, health volunteer; IYCF-P, infant and young child feeding promoter; PIP, programme impact pathway

A PIP may take varying levels of complexity depending on the number of activities planned and the pathways identified.

GANTT Chart

The PIP should also include a GANTT chart, a chart that serves as the calendar and timeline of programme activities. It is a simple bar chart that illustrates the activities within a project schedule. The GANTT chart provides the start and finish dates for all SBCC activities, allowing project partners to better plan, implement, and monitor activities in alignment. Below is an example of a simple, GANTT chart produced using Microsoft Excel.

Figure 14. Example of GANTT chart for planning SBCC activities

Objectives		2012			2012			2013			2013		
A	SBCC Activities	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
1	Training												
1.1	Interpersonal training												
1.2	Mass media training												
2	Launch SBCC campaign												
2.1	Child Health Day												
2.2	Distribute print media throughout district												
3	Commence Interpersonal Activities												
3.1	Care Groups												
3.2	Sub Task												
4	Activity 4												
4.1													
4.2	Sub Task												

Several free GANTT chart templates are available on [this website](#) (Template Lab, 2017).

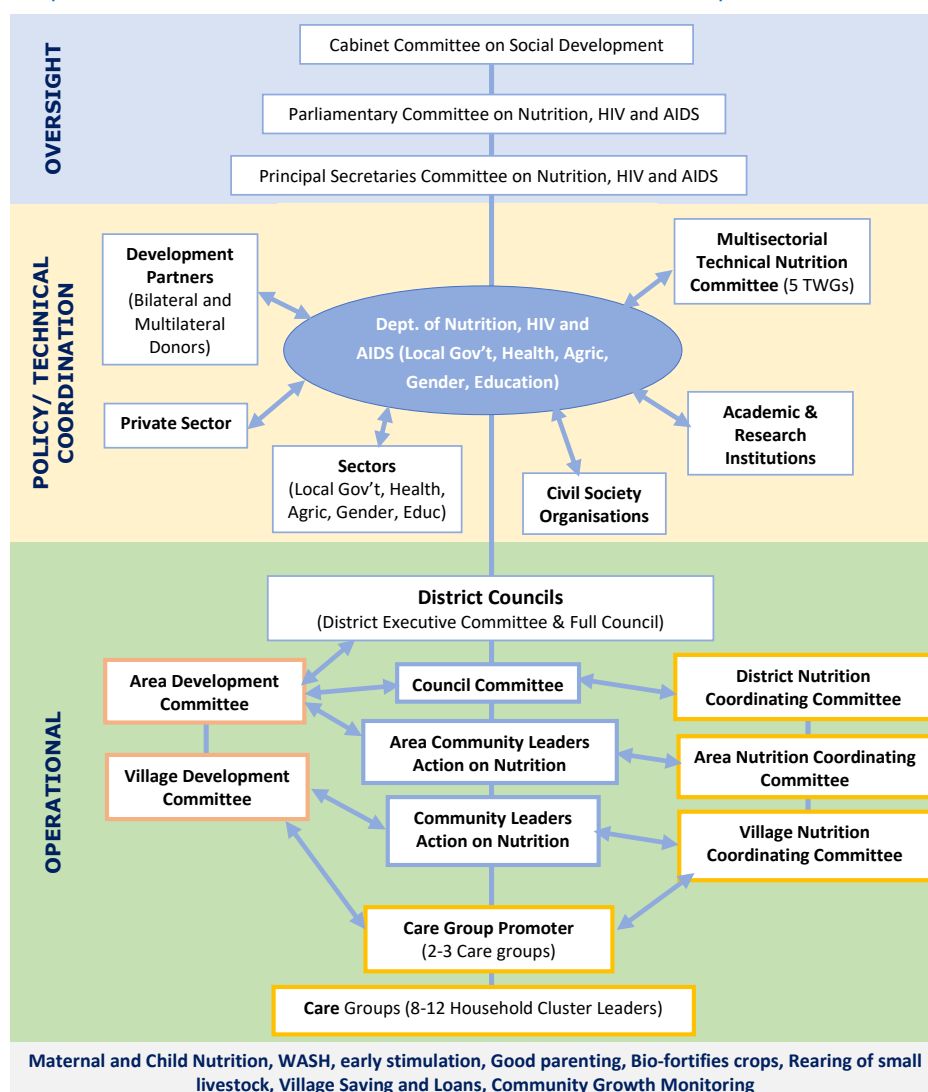
Partnerships

Partnerships are critical for WFP to carry out SBCC successfully. It is important to work with WFP partners, including governments, other UN agencies, non-governmental organizations, academia, community organizations, among others, throughout the entire SBCC process. Prior to SBCC programming, you should identify which partners have the expertise and interest to support your programme objectives. It is also helpful to identify which partner organizations are conducting other SBCC activities in the area, to avoid duplicating efforts and identify potential opportunities for collaboration. During SBCC implementation, having regular meetings with partners will help ensure that everyone is informed, in agreement, and coordinated.

Implementation Structures

As part of organizing partnerships, it is useful to make a diagram of the SBCC implementation structure. The diagram may outline partner roles, as well as management of activities within existing national and sub-national organograms. This will help outline hierarchies and relationships among personnel at each organizational level. Understanding local structures is also a good way to ensure that implementation activities build upon and strengthen them, as well as help to avoid any disruption of existing health and nutrition structures. The example below highlights the implementation structure from a stunting prevention programme that included SBCC activities in Malawi.

Figure 15. Implementation structure where SBCC activities were implemented in Malawi



Agreeing on an implementation structure with partners prior to implementation will help to avoid interagency discordance throughout the programme cycle. The programme-specific structure may include should not only individual roles and responsibilities in relation to one another, but also organizational relationships involved in SBCC activity oversight, coordination and operations.

Stakeholder Engagement

Community engagement should be prioritized in an SBCC implementation plan, as involving communities enables them to 'drive' the nutrition-related behaviour change in their communities in ways that are the most relevant and appropriate for them. Community engagement also supports sustainability of the SBCC activities, so that communities are supportive, invested, and be able to continue SBCC activities once the WFP intervention ends (when possible). Community engagement includes stakeholder engagement, which should be done early and frequently for alignment, dissemination and knowledge sharing between community members and other key stakeholders. This aspect of SBCC was described in detail in

Chapter 5, but it should be included in an implementation manual as it should continue from the formative phase through to the programming phase of the SBCC cycle.

SBCC Activities

In this section of an implementation manual, clear descriptions of SBCC activities should be described and linked to individual creative briefs that outline minimum standards of implementation (e.g. frequency of distribution, number of radio spots). It should offer narratives that help explain where, when, and how the messages will be delivered through channels in relation to WFP nutrition programme activities.

While creative briefs will provide a lot of this content, the implementation manual should more clearly articulate how activities will be implemented with context-specific explanations. They should also provide diagrams that help illustrate key points of contact at different behavioural levels.

During a staff turnover, there should be no confusion about how the SBCC programming should proceed. Therefore, this section of the manual should include relevant figures as well as interpersonal, media, and social mobilization activities with very clearly-articulated steps of implementation that even someone new to the program should be able to follow.

An example of steps for social mobilization taken from an SBCC implementation plan during a stunting prevention programme in Malawi is provided below.

Table 13. Example of mobilization actions prior to and during the harvest season in a prevention of stunting prevention programme in Malawi (Kodish, 2013)

Steps	Dates	Mobilization Action
Step 1	1 month prior to harvest season (approximately March 01)	<ul style="list-style-type: none"> Cooperating Partner (CP)/ District Health Office (DHO) to conduct 1-2 hour sensitization session with extension workers, including representation from health centre (e.g. medical assistant) about season-specific communications strategies during harvest season*
Step 2	3 weeks prior to harvest season (approximately March 07)	<ul style="list-style-type: none"> CP/ DHO to conduct full-day training with district-wide Health Surveillance Assistants (HSA) on specific SBCC strategies during the harvest season; to address questions and concerns about the programme; to retrain on key aspects of the programme including messaging and Malawi's Nutrition Education and Communication Strategy
Step 3	2-3 weeks prior to harvest season (approximately March 07- 4)	<ul style="list-style-type: none"> HSAs to conduct full-day training with the respective Care Group Leaders in each Traditional Authority on season-specific considerations around SBCC

Step 4	0-2 weeks prior to harvest season (approximately March 15-30)	<ul style="list-style-type: none"> • Care Group Leaders facilitate care groups around SBCC immediately prior to and during the harvest season with support from the HSAs • Village headmen sensitize their villages on new messages and challenges for the upcoming season. Also, village headmen to ask for beneficiary promises during this time
Step 5	Harvest season (April-June)	<ul style="list-style-type: none"> • Beneficiaries receive SBCC at different levels and contact points throughout the harvest season via interpersonal, community, and district-levels of influence**

*The extension workers should be sensitized on SBCC around the harvest season as part of this programme, but not be as exhaustively trained as the HSAs (who are central to this project). The sensitization is necessary to allow for a multi-sectoral approach. **Traditional authorities, group village headmen, and village headmen should also be sensitized on new SBCC activities through community meetings, as appropriate, leading up to the harvest season

Implementation Manual

Consider the implementation manual a 'how-to' guidance document, with the level of detail necessary to ensure alignment among all stakeholders for all SBCC activities planned throughout the nutrition programme cycle.

The purpose of the chart above is to demonstrate the level of detail needed to allow for clear interpretation by implementing partners. WFP Nutrition Division has a detailed example of an SBCC implementation manual, which is available by request.

Budgeting

Costing the planned SBCC activities prior to implementation and keeping track of costs throughout implementation should be done, just as it is for other WFP nutrition programmes. Examples of SBCC-related budgeting can be provided by OSN upon request. [Ensuring](#)

Programme Quality

Developing Standard Operating Procedures (SOP) will be helpful during programme implementation. The SOP will help to guide field activities and ensure standardization across different localities. It will allow supervisors at any level to be aligned on programme objectives, logistics, roles and responsibilities, behavioural steps required for implementers, and desired outputs agreed upon by stakeholders, etc. Examples of SBCC-related SOP are also available from OSN upon request.

Chapter 8, discussed later in this guidance manual, provides standards of SBCC implementation, which are another means to help ensure SBCC programme quality. Additional topics may be necessary to include as part of implementation planning, depending on the context of your WFP nutrition programme.

Quality Standards - Programming Phase

This checklist is a tool to support WFP staff throughout the Programming phase. The checklist highlights key steps that should be completed when carrying out work in this phase, whether alone as WFP or with partners and consultants, prior to progressing to the next Monitoring/Evaluation phase.

Programming Phase	Yes/No	Step 5. Train staff for effective implementation of SBCC campaign	Comments
		Training was planned using the matrix provided for each SBCC objective	
		Varied training approaches were used for different groups of implementers and unique communications channels	
		Training plan includes key times for re-trainings during the life of the programme cycle	
		Trainings include activities to gather feedback on training effectiveness and to evaluate trainees	
		For social mobilization trainings, both spokespersons and mobilizers are included	
	Yes/No	Step 6. Implement SBCC campaign within WFP programme with partners	Comments
		A detailed implementation manual is guiding SBCC programme activities	
		SBCC activities are implemented in line with the Programme Impact Pathway (PIP)	
		SBCC timelines of key activities are outlined in line with nutrition programme activities in a GANTT chart	
		An implementation structure agreed upon with partners prior to implementation	
		Implementation of all SBCC activities are described in detail (frequency, points of contact, etc.): as appropriate	
		A budget is being followed during SBCC development and implementation	
		Standard Operating Procedures guide SBCC field activities, ensuring standardization across sites	

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Chapter 8. Monitoring Phase

Purpose:

The purpose of this chapter is to describe the final steps in the SBCC cycle. [Step 7](#) includes [monitoring of SBCC programme activities](#) and [Step 8](#) focuses on [programme improvement](#) based on findings from programme monitoring. While SBCC-related monitoring considerations will vary across WFP programmes, this chapter aims to introduce methods and indicators that may be adapted to different contexts.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- List examples of methods and indicators to inform SBCC programme quality
- Explain aspects of SBCC that may be modified based on monitoring findings
- Understand the basics of SBCC monitoring and evaluation methods
- Know what WFP Nutrition Division resources exist for SBCC monitoring

Photo 12: Using community-based participatory approaches during monitoring and evaluation of SBCC can provide important information for improving programmes

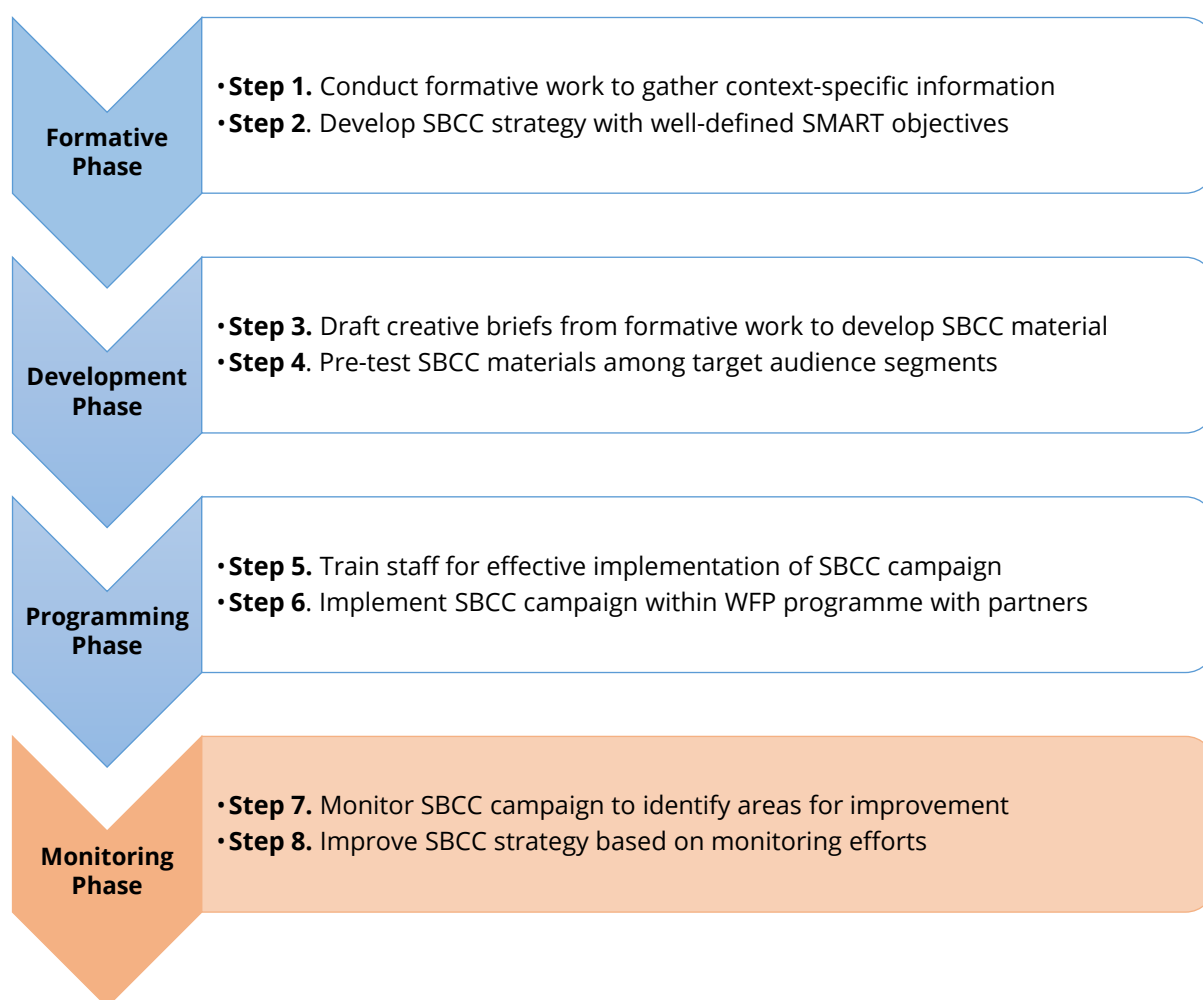


Overview – Monitoring Phase

Monitoring is a fundamental aspect of WFP nutrition programmes. This phase seeks to outline feasible indicators and methods for monitoring SBCC activities with WFP programmes. While Step 7 focuses on monitoring efforts, Step 8 discusses the incorporation of findings into programming for improvement of activities.

Globally, there is still considerable room for improvement related to the development of valid and reliable indicators to monitor nutrition-related behaviour change programming. While this chapter will provide suggestions for monitoring SBCC across interpersonal, media, and social mobilization activities, there is room for testing both new indicators and innovative measurement methods.

Figure 16. SBCC development process, Monitoring Phase



Step 7. Monitoring the SBCC campaign to identify areas for improvement

The monitoring phase is an important aspect of the SBCC development process. It aims to assess whether SBCC activities are being implemented as planned and to what extent it is meeting its social and behavioural objectives.

Programme Logic and Monitoring & Evaluation Framework

The WFP nutrition programme incorporating SBCC activities should have been developed thoughtfully using a Theory of Change, including articulation of all programme activities and their pathways to nutrition outcomes (Spahn, 2010). At minimum, the programme should be based on an underlying Logic Model or even a more comprehensive PIP, which offers a visual description of the logical flow of activities contributing to SMART programme objectives.

Comprehensive WFP Nutrition M&E guidance is available in the [WFP Nutrition Monitoring and Evaluation](#) document, as well as in the [WFP Standard Operating Procedures for Project Monitoring and Evaluation](#). This chapter provides guidance specifically around monitoring and evaluation of SBCC activities.

Steps for developing an M&E plan

STEP 1. Revisit the SMART SBCC objectives

The formative phase discussed the importance of developing SMART SBCC objectives, which not only drive implementation activities but also measurement activities. These SMART objectives will serve as the basis for M&E efforts.

Consider the following SMART objective related to improved knowledge from Chapter 5:

Knowledge-related SMART objective:

In 6 months, 75% of caregivers enrolled in the programme will be able to recall 3 key IYCF messages from the SBCC campaign.

Monitoring considerations will thus need to consider when (e.g. after 6 months) and how (e.g. knowledge question via in-person survey) this objective will most reliably and appropriately be assessed. The SMART objectives outlined in the formative phase will drive efforts in this monitoring phase.

STEP 2. Define SBCC indicators

Indicators to monitor and evaluate SBCC activities should cover the different domains that were outlined as SMART SBCC objectives in [table 4](#) from Chapter 5.

Programme implementation

The first area may be related to programme implementation, which monitoring should continuously assess through regular collection of data to assist in timely decision-making and programmatic changes when necessary. Remember that the creative briefs outline minimum standards of implementation that SBCC programming should adhere to while delivering SBCC activities. Suggested SBCC-related indicators of programme implementation are outlined below.

IndiKit

A recently-launched website includes a range of available indicators that can be considered for use in nutrition and SBCC activities. Review the Behaviour Change section

Table 14. SBCC-related programme implementation indicators

Domains	Description*	Example of SBCC indicator by domain
Dose delivered	Numerical amount of SBCC activities delivered	<ul style="list-style-type: none">• Interpersonal: households visited by Care Groups / household visits by Care Groups planned• Media: radio spots aired / radio spots planned• Social Mobilization: district nutrition fairs implemented / district nutrition fairs planned
Reach	Number of beneficiaries exposed to SBCC activities	<ul style="list-style-type: none">• Interpersonal: households who received messages from Care Groups / total beneficiary households• Media: beneficiaries who heard radio messages / total beneficiaries in radio area• Social Mobilization: beneficiaries who attended nutrition fair / beneficiaries living in district
Fidelity	How well SBCC activities are implemented based on those planned	<ul style="list-style-type: none">• Interpersonal: Care Groups trained / Care groups needed for implementation• Media: proportion of radio spots airing at the correct times of day as planned• Social Mobilization: proportion of brochures distributed during nutrition fair / total number of brochures

**Descriptions adapted from Wilson, et al., 2009*

While dose and reach are primarily collected through survey data, programme fidelity can be assessed through both quantitative and qualitative information gained from secondary programme records reviews, beneficiary interviews, and discussions with community leaders (Saunders et al., 2005).

Before the uptake of a specific behaviour or set of behaviours is lower than desired, a sound monitoring system should be able to detect problems and adjust for them based on the three components outlined above: dose, reach, and fidelity. However, sometimes, even with close monitoring, a programme may not be achieving its desired results.

Psychosocial outcomes

At the individual level, behaviour is largely determined by a person's intention to carry out that behaviour (Oulette and Wood, 1998). This behavioural intention is influenced by other factors, though, including knowledge, self-efficacy, attitudes, and subjective norms, just to name a few.

Psychosocial outcome

SBCC aims to influence behaviour *through* psychosocial constructs of an individual. Measuring psychosocial constructs, such as someone's intention to carry out a behaviour, can be an effective way to show SBCC programme impact even if behaviours do not change as desired due to other factors.

Psychosocial outcomes are quite important because SBCC may positively influence an individual person's motivation, intention, and attitudes to perform a behaviour and thus show programme impact, even if other structural barriers (e.g. far distance to nutrition clinic, cost of food, access to clean water) do not allow for the desired behaviour change.

Examples of important psychosocial domains to consider for assessment through SBCC programming are described below.

Table 15. SBCC-related Psychosocial Indicators

Domains	Descriptions (Adopted from NCI, 2005)	Examples of SBCC indicators
Knowledge	Facts, information, and skills necessary to perform a behaviour	Proportion of pregnant women able to recall 3 iron-rich, locally-available foods
Intention	Perceived likelihood of performing a behaviour	Proportion of school-aged children intending to avoid sugary drinks this entire week
Self-efficacy	Confidence in one's ability to take action and successfully carry out the behaviour	Proportion of caregivers who feel confident that they can provide ready-to-use food only to their child every day this week without sharing

Attitude	Perceived evaluation and / or enthusiasm toward the behaviour	Proportion of grandmothers who support their daughter-in-law to exclusively breastfeed with no water or other liquids until 6 months
Subjective norm	Perception about whether key people approve or disapprove of the behaviour	Proportion of male caregivers who believe their community leader supports them in promoting healthy IYCF practices
Perceived behavioural control	Belief that one has, and can successfully exercise, control over performing the behaviour	Proportion of adolescent girls who believe they can consume animal-source protein each day this week

There are a number of additional psychosocial constructs that can be measured through surveys. Should the indicators listed in the table above not seem feasible or appropriate for the context in which your SBCC activities are being implemented, consult with Regional Bureaux and OSN for additional guidance.

Behavioural Outcomes

SBCC activities aim to improve nutrition-related behaviours. Therefore, SBCC interventions should include a robust M&E plan to assess behavioural outcomes. There are a few different ways to capture nutrition behaviours, which are notoriously difficult to evaluate reliably (Westerterp and Goris, 2002). This is because what people say and what people do can often be at odds with each other.

Table 16. Methods for Evaluating Nutrition Behaviours

Domains	Description	Examples of SBCC indicators
Self-reported behaviours	Beneficiary recall of their own nutrition-related behaviours through questionnaires/surveys	<ul style="list-style-type: none"> • Complementary feeding: Proportion of caregivers reporting adding leafy green vegetables to child's porridge in past 24 hours • MNP adherence: Proportion of caregivers reporting appropriate usage of MNP to fortify child's porridge
Observed behaviours	Direct observations of beneficiary nutrition-related behaviours through observations, checklists, spot checks*	<ul style="list-style-type: none"> • Complementary feeding: Proportion of meals directly observed where green leafy vegetables were added to child's porridge • MNP adherence: Proportion of meals observed where MNP was appropriately utilized to fortify a child's porridge
Shadowed data	Using indirect, or non-observed, evidence to roughly gauge behaviours of interest	<ul style="list-style-type: none"> • Complementary feeding: Proportion of porridge leftovers that have remnants of leafy, green vegetables

		<ul style="list-style-type: none"> • MNP adherence: Number of empty MNP sachets in household / Total number of MNP sachets available in household
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**Spot checks are unannounced observations typically at the household or clinic level to understand a behaviour of interest (Ruel and Arimond, 2002)*

Using at least two of these methodological approaches is recommended to triangulate findings and get a better sense of SBCC impacts on behaviours. Using data to draw from different methodological approaches will help understand the SBCC behavioural impacts from different angles, and thus better inform programming.

Methodological triangulation

Findings from self-report may be different from findings from observational data. What people say and what people do are often quite different things when it comes to nutrition (Abbeddou et al, 2015).

The nature of the SMART objectives, resources available, and context of the programme will determine what combination of behavioural assessment methods is most feasible and relevant (Mertens, 2014).

STEP 3. Define Methods of Measurement

SBCC activities should be assessed using both quantitative and qualitative methods. A mixed-methods approach will provide a more complete story about the effectiveness of the SBCC campaign.

Qualitative measurement

Throughout the nutrition programme lifecycle, it is important to understand how activities are being implemented according to plan. Some questions related to programme fidelity, which measures how well the programme was implemented, include:

•	How can key messages be modified to better resonate with target population?
•	To what extent are the current channels appropriate for the intended audience segments?
•	How are the community members perceiving the SBCC activities?
•	What challenges are implementers facing while delivering messages?
•	What SBCC activities are working particularly well and why?
•	What are the continual barriers that are impede the desired behavioural outcomes?

While quantitative data can outline the “what” or “how many”, qualitative data can help to explain the “why” or “how” behind behaviours of interest. By using qualitative methods, such as conducting in-depth interviews with beneficiaries and community leaders, holding focus group discussions with programme staff or community members, and using household observations to see first-hand the barriers to nutrition-related behaviours of interest, the implementing team can understand why the programme is or is not achieving desired results. Qualitative evaluation methods are critical to understand why or why the program is or is not working.

Process Evaluation for SBCC Activities

Understanding what works well is just as powerful as understanding what is not working well.

Photo 13: Semi-structured interview to inform programming in Bangladesh



Regular qualitative assessments of the programme activities will help to elucidate the main barriers and facilitating factors to the key behaviours of interest. Ideally, this work should be conducted by a third-party consultant who has no stake in the programme, for ethical considerations, and they can bring a different lens to understanding the programme. Having a clear understanding of the barriers to social and behavioural change in the context of SBCC programming is critical to making informed decisions around rejuvenation efforts.

Quantitative measurement

Collecting indicators through quantitative methods is important for quantifying key indicators of interest. Such information can be collected through in-person questionnaires, large-scale surveys, SMS surveys, and household observations, just to name a few. Questions related to psychosocial constructs and self-reported behaviours can be embedded into routine monitoring surveys, as well as included in before/after programme evaluations.

Survey development may take a variety of forms with different types of question formats depending on the programme type, type of information desired, audience literacy, resources available, etc.

Table 17. Type of quantitative survey questions and their descriptions

Survey question types	Description	Example
Multiple-choice	Question offering multiple options where only one answer is typically correct	Knowledge question: Which of the following foods is iron rich? A. Maize B. Orange C. Chicken liver D. Sorghum
Free answer	Open-ended question that allows for a free response, provides no answer choices	Knowledge question: Please name 2 key strategies that you learned from the radio show to help prevent diabetes.
True/False	Question where only two options (<i>true or false</i>) are presented based on a statement	Knowledge question: Oranges are a rich source of vitamin C. <i>True or False?</i>
Likert*	Questions based on a scale and useful for assessing non-dichotomous variables.	Self-efficacy question: On a scale of 1 – 5 how confident are you that you can add the lipid-based nutrient supplement (LNS) to your child's porridge every day this week without sharing it among household members? 1. Not confident at all 2. Unconfident 3. Unsure 4. Somewhat confident 5. Very confident
*Likert-like questions are particularly useful for assessing psychosocial constructs since attitudes, self-efficacy, etc. are typically not dichotomous; they are usually on a continuum and make Likert-like questions suitable. Such questions, in particular, require pilot testing as they may not be familiar to WFP beneficiaries.		

Determining the most appropriate methods and instruments for collecting qualitative and quantitative data to collect to monitor and evaluate SBCC programs, and which indicators to use requires careful planning. Appropriate monitoring and evaluation also requires detailed training of enumerators on data collection, monitoring and evaluation (Agrawal et al., 2014). Regional Bureaux and OSN can provide more detailed guidance as needed.

STEP 4. Data analysis

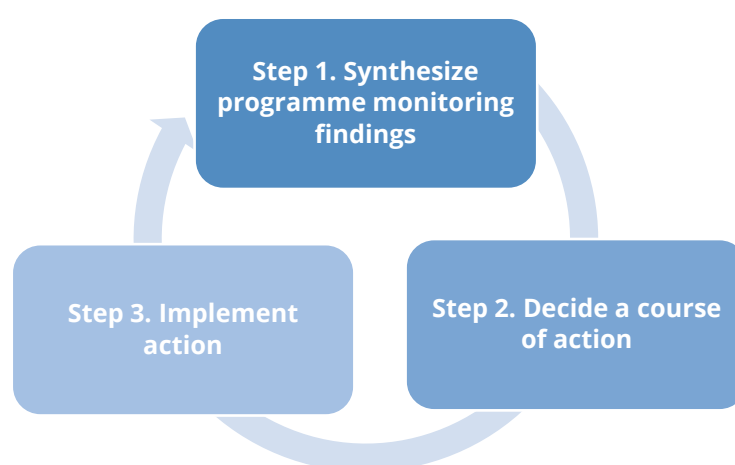
Once data are collected, then they have to be cleaned and analysed. The level of analysis will depend on the capacity and resources available to the WFP programme. Each programme will have its own circumstances and need to adapt accordingly. There is no point in collecting a vast

number of indicators through rigorous methods if the programme does not have the capacity to analyse and synthesize findings. The WFP Nutrition Division can provide analytic guidance related to SBCC data analysis as needed upon request.

Step 8. Improve SBCC strategy based on monitoring efforts

This chapter is dedicated to providing an overview of necessary steps to take for improving SBCC activities based on monitoring data. Throughout the course of an SBCC programme, the strategy may become stale and less effective for myriad reasons, some related to the strategy or programme itself (e.g. radio becomes too expensive to utilize), others related to an unanticipated environmental change in the intervention district (e.g. changing population dynamics).

Consider taking the following steps to steer direction of the intervention in case of suboptimal results.



STEP 1. Synthesize programme monitoring findings

Before adjusting the SBCC activity plan, it is important that findings from the qualitative and quantitative monitoring be analysed, synthesized, and disseminated among stakeholders. Ensuring alignment on what is working well and what is not working well will be important to guide agreed-upon programmatic adjustments.

It will be useful to use the stakeholder meetings to help build consensus around priority areas for adjustment, as well as use them to help clarify any findings that seem unusual, contradictory, or need clarification.

STEP 2: Decide an improved course of action

After stakeholder alignment on the programmatic challenges and facilitating factors for SBCC, the best courses of action can be determined. SBCC activities can typically be modified in a few different ways, from minor tweaks to major restructuring.

Below is a list of potential ways to modify SBCC activities from less disruptive (i.e. minimal modification to the current strategy) to more disruptive (i.e. more pronounced modification).

❖ **Adjusting SMART objectives**

You may determine with stakeholders that the initial SMART objectives for the SBCC campaign were too ambitious, inappropriate, or too limited. Should monitoring data indicate that the programme can be improved through improvements to the initial SMART objectives, then they should be modified first and foremost. It is the SMART objectives that drive SBCC activities, including choices of messages and channels. Therefore, reconsider SMART objectives as you assess monitoring data and look for areas to improve the SBCC activities.

❖ **Modifying Messages**

Messaging content: Key messages should be context- and audience-segment specific. While messages should be partially based on formative research findings to resonate with audience segments, it is possible that for some reason they do not resonate as anticipated. At worst, it is possible that some messages are offensive among certain audience segments despite pilot testing.

Lessons Learned from Ebola Outbreak

Inappropriate health messaging contributed to increased anxiety and a breakdown in trust between the health workers and community members during the West Africa Ebola outbreak in 2014. Changes in messaging, through further pilot testing with communities, eventually helped to improve health-seeking behaviours (Kinsman et al., 2017).

Messaging frequency: The frequency of key messages delivered could be enhanced or reduced in case monitoring data suggest that the *dose* is inappropriate. If too many messages are being delivered at any given time, then it is possible that no messages will resonate with community members.

In such a case, consider staggering message delivery by season or in line with nutrition programming. Heightening the messaging, either through increased message frequency or additional channels, will require additional funding so budgeting considerations will be an important piece to this option.

Language of messaging: Also, the language used within messages could be tweaked in the case data indicate that important terms are not clearly understood by intended audience segments. For instance, local dialects may not be captured during formative research and pilot testing.

Modifying messaging, may be one option to improve SBCC activity implementation

❖ Varying Channels

The SBCC strategy should be designed to incorporate a variety of communication channels. Monitoring data may indicate that some channels reach more intended beneficiaries than others, or other channels are too expensive for programming.

Modifying channel usage: Another way to improve the SBCC strategy is to modify the channels used to deliver messages. While channels can be modified throughout the life of the programme, it will be important that the strategy still adheres to a socio-cultural framework impacting at individual, interpersonal, community and organizational levels.

It may also be that certain combinations of channels do not work due to a lack of available staff and resources. Therefore, changing channel combinations at any given time may be an option too.

❖ Rebranding

In the worst-case scenario, it is possible that behaviours are suboptimal in the programme because the entire SBCC or nutrition campaign was rejected by the community. The SBCC strategy should have utilized community inputs through the formative research in order to develop the programme in a participatory manner, enhancing the likelihood of programme acceptance and community ownership.

However, for any number of reasons, including negative rumour generation around any one aspect of the programme, segments of the population may reject the programme. If monitoring data indicate that behaviour change is not occurring for such a reason, then a rebranding should be considered.

Rebranding may include a transformation of the campaign logo, name, slogan, and/or creative design associated with SBCC activities.

A rebranding also should address the problems outlined in monitoring data very directly; otherwise, the transformed programme may face the same challenges moving forward. Changes should be meaningful, so beneficiaries notice and care, as well as powerful enough to make the difference that community members and programme implementers desire.

STEP 3. Implement action

Whether it is a modification of SMART objectives, tweaks to messaging, or an entire rebranding, the rejuvenated SBCC strategy can be implemented again with close monitoring. It is this monitoring that will allow the programme to run smoothly and give continuous information to programme staff about possible course correction.

With any change, communicate and coordinate with stakeholders.

Quality Standards - Monitoring Phase

Monitoring Phase	Yes/No	Step 7. Monitor SBCC campaign to identify areas for improvement	Comments
		The M&E plan is based on a Programme Impact Pathway (PIP) and/or logic model	
		The M&E plan describes data sources and a timeline for collecting data	
		Indicators are valid, reliable, specific, sensitive, and operational, aligned with the SMART objectives	
		Programme indicators of dose, reach, and fidelity, etc. are assessed	
		A separate process evaluation is planned during SBCC implementation	
		Psycho-social indicators of self-efficacy, intention, attitudes, etc. are assessed	
		Behavioural indicators from self-report and shadowed data, etc. are assessed	
		Mixed methods (quantitative and qualitative methods) are used for data collection during M&E activities	
	Yes/No	Step 8. Improve SBCC strategy based on monitoring efforts	Comments
		Changes to SBCC activities are evidence informed, based on mixed methods M&E data	
		Any SBCC changes still align with original or revised SMART objectives	
		Changes in channels, messages, etc. are accompanied by changes in M&E with new indicators	
		All stakeholders agree on any changes to improve SBCC quality	

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Chapter 9. Standards of SBCC Programming

Purpose:

The purpose of this chapter is to provide a checklist for WFP staff to use when designing, implementing, and monitoring SBCC activities. This chapter offers [suggested minimum standards of implementation for WFP staff](#) to use as they collaborate on SBCC-related programming or use with consultants and partners.

Learning Objectives:

After reading this chapter, WFP staff should be able to:

- Understand how standards may be used in each step of the SBCC development cycle
- Apply and adapt these standards across WFP nutrition programs and contexts

Photo 14: Standards of SBCC implementation can help programmes ensure quality



Overview – Quality Standards

This checklist should serve as a performance tool to help track progress throughout each phase of the SBCC development cycle. The performance standards may help WFP nutrition programmes that are either directly implementing their own SBCC activities or those that have sub-contracted partners to do so. The checklist may be modified depending on the type of nutrition programme and the context in which the SBCC is being implemented.

SBCC Quality Standards

PHASE 1: Formative Phase Quality Standards

Formative Phase	Yes/No	Step 1. Conduct formative work to gather context-specific information	Comments
		Formative work includes a desk review, stakeholder engagement, and primary data collection.	
		Mixed methods (both qualitative and quantitative methods) are used during primary data collection	
		Formative research is participatory in nature, with community member involvement	
		Lists of barriers and facilitating factors are elucidated for each nutrition behaviour of interest at each socio-ecological level	
		Formative work outlines key behaviours to change, audience segment profiles, preferred channels, salient words/phrases, and other considerations	
		Monitoring and evaluation inputs are suggested in formative findings	
	Yes/No	Step 2. Develop SBCC strategy with well-defined SMART objectives	Comments
		An SBCC strategy is articulated, with channels, audience segments, and messages outlined based on formative work.	
		All objectives are Specific, Measurable, Attainable, Relevant, and Time-based.	
		The planning table with simple checklist was used to develop each SMART objective	
		SMART objectives cover domains related to programme performance, psychosocial constructs, and behaviours	

		The SMART objectives are created based upon the formative findings.	
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PHASE 2: Development Phase Quality Standards

Development Phase	Yes/No	Step 3. Draft creative briefs from formative findings to develop SBCC material	Comments
		This phase is led by someone, or a team, with experience in nutrition, social and behaviour change, and communications	
		A creative brief is completed for each communication channel and based on findings from the formative phase.	
		A justified combination of approaches (interpersonal, media, and mobilization) was chosen to reach audience segments at different behavioural levels	
		A unique set of tailored messages for each audience segment are provided	
		Tailored messages are developed based on the six-step process outlined in step 3 of this guidance	
		All messages are technically accurate from a health and nutrition perspective	
		Messages are context-appropriate for the channels chosen and audience segments (language, complexity, etc.)	
	Yes/No	Step 4. Pre-test SBCC materials among target audience segments	Comments
		A stakeholder meeting is held at the beginning of this step to introduce SBCC draft materials	
		Qualitative data collection using both interviews and focus groups occurs among key audience segments	
		Refinements and modifications are made to the SBCC materials based on feedback by stakeholders and community members	
		A stakeholder meeting is held at the end of this step to build consensus around revised SBCC materials prior to launch	

PHASE 3: Quality Phase Quality Standards

Programming Phase	Yes/No	Step 5. Train staff for effective implementation of SBCC campaign	Comments
		Training was planned using the matrix provided for each SBCC objective	
		Varied training approaches are used for different groups of implementers and unique communications channels	
		Training plan also includes key times for re-trainings during the life of the programme cycle	
		Activities are included in the trainings to receive feedback on training effectiveness and to evaluate trainees	
		For social mobilization trainings, both spokespersons and mobilizers are included	
	Yes/No	Step 6. Implement SBCC campaign within WFP programme with partners	Comments
		A detailed implementation manual is guiding SBCC programme activities	
		SBCC activities are implemented in line with the Programme Impact Pathway	
		SBCC timelines of key activities are outlined vis-à-vis the nutrition programme activities in a GANTT chart	
		An implementation structure is agreed upon with partners prior to implementation	
		Implementation of all SBCC activities are described in detail (frequency, points of contact, etc.) as appropriate	
		A budget is being followed during SBCC development and implementation	
		Standard Operating Procedures guide SBCC field activities, ensuring standardization across sites	

PHASE 4: Monitoring Phase Quality Standards

Monitoring Phase	Yes/No	Step 7. Monitor SBCC campaign to identify areas for improvement	Comments
		The M&E plan is based on a Programme Impact Pathway (PIP) and/or logic model	
		The M&E plan describes data sources and a timeline for collecting data	
		Indicators are valid, reliable, specific, sensitive, and operational, aligned with the SMART objectives	
		Programme indicators of dose, reach, and fidelity, etc. are assessed	
		A separate process evaluation is planned during SBCC implementation	
		Psycho-social indicators of self-efficacy, intention, attitudes, etc. are assessed	
		Behavioural indicators from self-report and shadowed data, etc. are assessed	
		Mixed methods (quantitative and qualitative methods) are used for data collection during M&E activities	
	Yes/No	Step 8. Improve SBCC strategy based on monitoring efforts	Comments
		Changes to SBCC activities are evidence informed, based on mixed methods M&E data	
		Any SBCC changes still align with original or revised SMART objectives	
		Changes in channels, messages, etc. are accompanied by changes in M&E with new indicators	
		All stakeholders agree on any changes to improve SBCC quality	

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