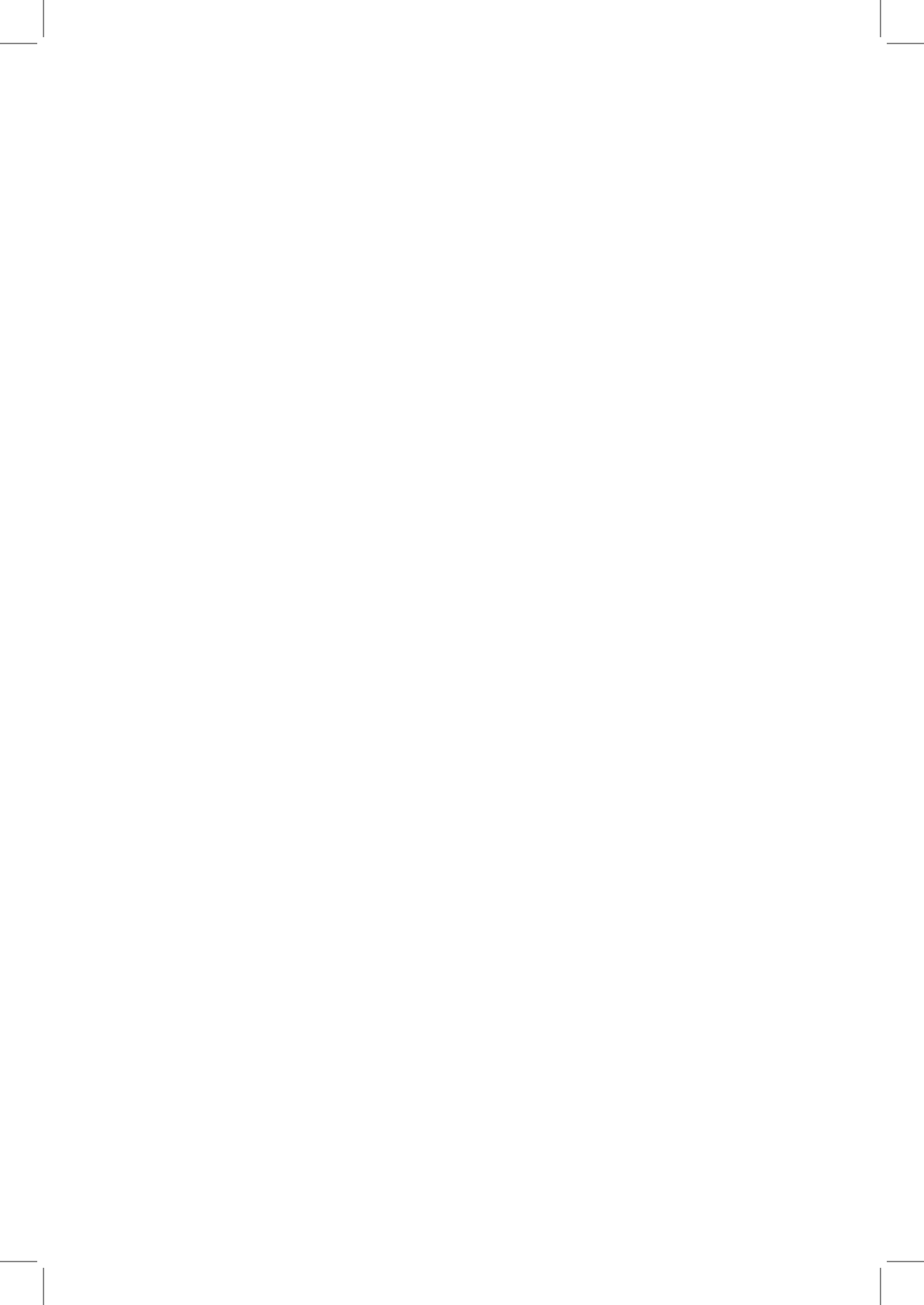




Federal Ministry of Health

**Social and Behavior
Change Communication
Quality Assurance Guideline**





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Foreword

With the increased number of players in the health sector, the interest for different types of health program communication strategies continues to grow. To address key factors related to the health of the population, the Federal Ministry of Health developed the Health Sector Transformation Plan, which emphasizes health literacy and health system literacy of citizens. Additionally, tremendous changes have occurred in the health system infrastructure as well as in electronic and print media. In line with the Health Sector Transformation Plan, emphasis has shifted from individual behavior changes to social changes that can affect health at household, community, and environment levels. Accordingly, the National Health Promotion and Communication Strategy has been revised, and the Health Communication Material Development Guideline has become one of the key implementation guideline. These guideline were produced to improve the production quality of both printed and audio-visual communication material; however, no standards were set to guarantee the quality of design and implementation.

To that end, these Quality Assurance Guideline were developed to ensure the quality application and implementation of social and behavior change communication interventions. These guideline support standardized design, implementation, monitoring and evaluation, and improvement of SBCC interventions at all levels. It is intended to serve various stakeholders at different levels and capacities, including Federal Ministry of Health, regional health bureaus, zonal health departments, woreda health offices, and primary health care units. In addition, the guideline can be used by nongovernmental organizations, faith-based organizations, civil society organizations, academia and research institutions, media,

donor agencies, and other relevant entities. Therefore, I would like to request that experts at all levels and our partners use these guideline when they manage and implement social and behavior change communication interventions in their respective organizations.

A handwritten signature in blue ink, appearing to read 'Temesgen Ayehu', is centered on the page. The signature is stylized and written over a light gray rectangular background.

Temesgen Ayehu (BSC, MPH)
Health Extension Program and Primary Health Care
Directorate Director

Federal Ministry of Health

Acronyms

FMOH	Federal Ministry of Health
GALIDRAA	Greeting, Ask, Listening, Identify the Problems, Discussion, Recommendation, Ask Agreement, Appointment
GOE	Government of Ethiopia
HCMDG	Health Communication Material Development Guideline
HSTP	Health Sector Transformation Plan
M&E	Monitoring and Evaluation
NHPCS	National Health Promotion and Communication Strategy
PHCU	Primary Health Care Unit
QAG	Quality Assurance Guideline
RHB	Regional Health Bureau
SBCC	Social and Behavior Change Communication
WOHO	Woreda Health Office
ZHD	Zonal Health Department

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Definition of Terms

Terms	Definitions
Audience Analysis	A process used to identify and understand the priority and to influence audiences for a social and behavioral change communication (SBCC) strategy.
Audience Insight	In-depth understanding of the problem, the people, and existing policies and programs.
Audience Segmentation	The process of dividing a large audience into smaller groups of people or segments that have similar needs, values, or characteristics.
Channel Analysis	Part of the process of developing a channel mix plan is assessing what channels are available to the priority audiences and how effectively the channels can reach these audiences.
Channel Mix	The use of different communication channels to maximize the effectiveness of SBCC programs.
Channels	Instruments serving as modes of transmission to enable messages to be exchanged between “senders” and “receivers.”
Create and Test	A communication process used to design, test, revise, and produce final communication products including materials, activities, and processes.
Creative Brief	A short written document used by project managers and creative professionals to guide the development of creative materials that sets the direction, defines the audiences, focuses on the key messages, and presents the desired results for an SBCC interventions or materials

Design Strategy	Design strategy incorporates what has been learned during step 12 (Inquire) and uses the information to develop a strategic plan for reaching program objectives. It focuses on developing the communication strategy, which includes information from the situation analysis, communication objectives, audience segmentation, program approaches, a work plan, and a plan for monitoring and evaluation.
Evaluate and Evolve	The communication process that evaluates a program and uses lessons learned to inform development of upcoming programs.
Indicators	Tools that were designed to measure SBCC program progress.
Inquire	A situation analysis based on available country-level research data and evidence for gaining a deeper understanding of the SBCC challenge within a specific context and of the social and behavioral drivers that facilitate or act as barriers to uptake of desired behaviors.
Key Promise	The core information to be conveyed in all messages and activities. It is the basis of the actual messages.
Logic Model/Theory of Change	Logic models are program planning tools that define the inputs, outputs, and outcomes of a program in order to explain the thinking behind program design and show how specific program activities lead to desired results.

Materials	The primary means by which health programs deliver SBCC messages. There are many types of SBCC materials, including printed brochures, scripts for television advertisements, and guides for facilitating group discussions, Facebook pages, and internet-based games.
Message	In SBCC, a message is a statement containing key points of information that a program is intended to communicate to an audience to encourage behavior change.
Partners/Partnerships	Organizations that are working to advance the same health or social issue. Partners could include various government ministries; local nongovernmental, community, or civic organizations; international nongovernmental organizations; foundations; and private sector companies.
Positioning Statement	Positioning is a way to make an issue, such as breastfeeding, occupy a particular space in the audience’s mind. It makes the issue stand out and presents how the program wants people to see and feel about the issue. A positioning statement is one sentence that captures what the program’s behavior, product, or service represents in the mind of the audience.
Pretest	Pretesting measures the reaction of the selected group of individuals for a certain health learning material to determine whether the priority audience will find the components—usually draft materials—understandable, believable, and appealing.

Primary Audience	A group of people whose behavior must change in order to improve the health situation
Program Theory	A program's explanation of why it thinks its intended audience acts the way it does and its assumptions on how it will behave or change through exposure to the SBCC program
Secondary Audience	Those who influence the primary audience either directly or indirectly
Stakeholders	Those who are affected by, have a direct interest in, or are somehow involved with the problem identified during the situation analysis
Support Statement	Information that supports the key benefit
7 Cs	The 7 Cs of effective communication form a checklist that helps ensure that messages are interesting, clear, and effective in reaching the audience: command attention, clarify the message, communicate a benefit, consistency counts, create trust, cater to the heart and head, and call to action.

Introduction

Cognizant of the contribution of social and behavioral change communication (SBCC) toward attaining national development goals, Government of Ethiopia's (GOE) focus on disease prevention, the growing demand for health information, and the ever-increasing number and type of players in the health and/or communication sector, the Health Sector Transformation Plan and the National Health Promotion and Communication Strategy (NHPCS) have emphasized health and health system literacy and behavior change communication as strategic focus areas. Recent evidence in SBCC has resulted in GOE's shift from health communication focused on individual behavior to more holistic interventions that strive to influence not only individuals but also the various health behavior determinants at play in their context/ecology. SBCC context analysis also shows the tremendous changes in the health system infrastructure, number and type of stakeholders, communication technologies, and other factors.

Federal Ministry of Health (FMOH) has accomplished structural-level activities to expand on the opportunities and developments discussed above. The revision of the NHPCS with the active engagement of stakeholders is a key milestone and provides a guide for all health-related SBCC activities. Furthermore, the National Health Communication Material Development Guideline (HCMDG) and the Message Harmonization Guide for different health problems were developed to support GOE and its health partners in creating impactful SBCC programming and implementation.

In spite of the above achievements, however, FMOH and SBCC actors continue to face challenges in ensuring the design and implementation of quality SBCC programs and activities. These challenges are mainly due to the absence of quality standards and quality assurance mechanisms needed to guarantee the optimal utilization of the HCMDG at all levels.

Therefore, these quality assurance guideline (QAG) was developed to ensure high-quality application and implementation of SBCC

interventions and activities. This document guides all health SBCC actors toward a systematic quality assurance process during the design, implementation, and monitoring and evaluation (M&E) of SBCC programs and improvement of SBCC activities at all levels. Thus, these guideline serve various actors at different levels and capacities within the GOE health system (FMOH, regional health bureaus [RHBs], zonal health departments [ZHDs], woreda health offices [WOHOs], and primary health care units [PHCUs]) as well as civil society organizations, academia and research institutions, media, donor agencies, and other relevant entities.

These guideline encompasses key objectives, key considerations and guiding principles, and quality assurance framework and tools. It also addresses the roles and responsibilities of SBCC stakeholders at different levels and capacities.

Objectives of the Guideline

The objective of this guide is to ensure the quality of SBCC interventions at all levels through set standards accompanied by capacity enhancement.

Quality Assurance Model

In the context of these guidelines, *quality* refers to the degree to which different SBCC programs/interventions and activities measure against established standards. Quality assurance thus refers to the continuous systematic approach employed by FMOH to ensure that predefined standards (measures) are met in the design, implementation, and M&E of SBCC programs and/or specific activities by all actors. The diagram in Figure 1 portrays the conceptual foundation of this QAG. As indicated, FMOH aims to attain the objective of this QAG through a continuous strategic approach that integrates three key interdependent pillars/dimensions of quality assurance.



Figure 1. SBCC Quality Assurance Conceptual Model

Pillar 1. Setting standards, tools, and procedures: This pillar represents the first critical component of any quality assurance initiative and focuses on the process of exploring SBCC interventions and activities to

- Identify critical aspects/elements of SBCC that require quality assurance
- Define required quality standards for each of the identified elements
- Develop quality measurement tools to be utilized
- Define the procedures/processes to be followed in measuring performance, communicating feedback, and improving quality of the SBCC intervention or activity assessed

Pillar 2. Measuring quality: This pillar represents one of the central aspects of quality assurance and refers to the continuous process of quality inspection/measurement at different levels. The effectiveness of this pillar depends on the quality of tools and procedures generated from the first pillar. Thus, Pillar 1 also depends on the feedback from assurance practitioners in their efforts to periodically improve the tools and procedures. Quality measurement can be initiated proactively by stakeholders to ensure that they adhere to the expected quality standards. It can also be done by entities that carry out structured supervision/monitoring and SBCC program appraisal and evaluation during the course of implementation. This step demands the documentation and timely communication (feedback) of the measurement results/findings to the relevant entity.

Pillar 3. Improving quality: This element of the quality assurance model refers to the actions that will be taken by the measured agency or team or individual to take corrective action per the feedback received. This dimension also gives insight regarding the effectiveness of the other two pillars and what needs further refinement to achieve the objectives of this QAG.

Guiding Principles and Considerations

P-Process

Consistent with the NHPCS and HCMDG, this SBCC quality assurance guide was designed considering key steps and elements in strategic behavioral change communication programming (P-Process).

Guiding Principles

- **Systematic processes:** Quality assurance requires a systematic and purposeful process to ensure effectiveness in delivering the desired quality and commitment of all those engaged.
- **Participatory/team approach:** Quality assurance activities should be done with the engagement of the implementer and members tasked with the execution of quality assurance under a shared goal to achieve at the end of the exercise.

-
- **Timely and focused feedback:** At the end of the assessment of adherence to quality standards set in this guide, the assessor is required to give accurate and timely feedback that leads to prompt corrective action when needed.
 - **Evidence-based:** Throughout the quality assurance process, assessment, feedback, and improvement actions will be based on the evidence generated in the process. This process may also include feedback to improve the standards, tools, and processes followed for quality assurance.
 - **Culture of quality:** This guide is envisaged as building a culture of quality in SBCC. Actors are encouraged to proactively utilize it as a preventive tool and during implementation to enable timely corrective action.

Quality Assurance for Social and Behavior Change Program Interventions

The quality assurance tools assist all SBCC program implementers in Ethiopia in understanding and applying the quality performance standards incorporated in this document during their SBCC program interventions. The tools focus on improving the quality of their SBCC programs—their planning and design, implementation, and M&E.

The quality checks for an SBCC program include three checklists and a template for actionable recommendations. The checklists can be used in any health area, and they have a particular focus on the planning, design, implementation, and M&E of SBCC programs. These checklists can also be used during field visits and supportive supervisions in which team members ask questions and fill out the checklist based on the responses from the implementers. Afterward, the team can discuss the findings and note recommendations for further strengthening their respective SBCC programs.

The standards and indicators that are indicated in the scoring sheet below are taken from the Health Communication Capacity Collaborative website developed to set quality standards for social and behavior change programs.

How to Use the Checklists

The program implementers should take the following steps to check the quality of their SBCC interventions in their respective program interventions:

- In each section, a list of standards is provided. Review available documents and interview team members to determine if each standard is met. Use the comments section (below each table) to document the rationale for specific scores.
- Write a score of zero if the standard is not met at all; that is, the stated standard is not true. For example, “Each person has a clear job description” is not true if no one has a clear job description. The score should be zero.
- Write a score of one if the standard is partially met; that is part of the stated standard is true, but another part is not. A score of one is also appropriate if meeting the standard is in progress. For example, “Program theory is applied and referred to routinely” is partially true if the team used a theory for message design but does not use the theory in the evaluation plan. The score should be one. As another example, “The team has forms in place for reporting progress” is in progress if program implementers have created forms for reporting progress but they are not yet in use. The score should be one.
- Write a score of two if the standard is fully met; that is the stated standard is entirely true. For example, “Indicators are valid, reliable, specific, sensitive, and operational” is entirely true if each indicator meets all these conditions. The score should be two.
- After completing a section, add all the points for the section score and refer to the color-coded interpretations.
- A space is provided for noting areas of strength, areas of weakness, a list of actions for improvement, and the date of the next check-in. The SBCC improvement committee should schedule another check-in immediately after executing each improvement action.

- Standards marked with an asterisk (*) can be used by M&E officers to track research efforts. Bolded words are defined in the definition of terms.

Checklist of Quality Standard for SBCC Programs

SBCC program implementers or related professionals should use the following checklists to design, implement, monitor, and evaluate their SBCC programs.

Project name: _	Date: .			
	0	1	2	
SBCC Program Planning and Design				
INQUIRE				
Situation and Channel Analysis	SBCC experts and stakeholders have a common vision to guide the program.			
	SBCC experts and stakeholders review secondary data and conduct research to fill gaps.*			
	SBCC expert team and stakeholders analyze barriers and facilitators to health behaviors.			
	Analysis includes severity of health problem in terms of prevalence, incidence, or mortality.			
	Analysis includes who/where/when of health problem: population at risk, geographic area, and time.			
	Analysis includes behavioral/social/economic/political factors related to health problem.			
	Analysis includes differences in health impact by audience characteristics (e.g., gender).			
	Analysis includes a channel analysis describing available channels.			
Analysis includes a clear problem statement.				

Project name: _		Date: _		
		0	1	2
SBCC Program Planning and Design				
Audience Insight	Analysis includes audience needs, motivators, habits, interests, resources, knowledge, attitudes, and behaviors (at minimum, knowledge, attitudes, and behaviors should be considered).			
Partnerships	The planning team identifies and engages relevant local and national stakeholders. Formal agreements with partners are in place.			
DESIGN STRATEGY				
Participation	Stakeholders and intended audience participate in program design. SBCC experts and stakeholders use written criteria for selecting intended audience.			
Program Theory	SBCC experts and stakeholders select a theory or theories to guide program design. Program theory is applied and referred to routinely in design strategy.			

Project name: _		Date: _		
		0	1	2
SBCC Program Planning and Design				
	SBCC experts create demographic and psychographic (audience insight) profiles for audiences.			
Audience Segmentation	Design strategy identifies a primary audience and secondary (influencing) audiences .			
	Design strategy segments audiences according to similar characteristics.			
	Segments follow audience analysis and insight findings.			
Objectives	Objectives are Specific, Measurable, Appropriate, Realistic, and Time-bound (SMART).			
	Objectives follow situational analysis findings (context) and program theory.			
	Objectives describe what audience should think, feel, and do.			

Project name: _	Date: _			Recommendation
	0	1	2	
SBCC Program Planning and Design				
Strategic Approaches	SBCC experts and stakeholders select approaches that contribute to objectives.			
	Approaches are packaged cohesively with a positioning statement .			
	Channel selection considers audience access and cost-effectiveness.			
Channels	Channel selection considers the audience analysis, channel analysis, and program theory.			
	Brief describes the target health problem, primary audience, and desired behavior change.			
Creative Brief	Brief describes desired product/service/behavior for each audience segment.			
	Brief includes the key promise and support statements that follow program theory and objectives.			

Project name: _		Date: _		
		0	1	2
SBCC Program Planning and Design				
Implementation Plan	Plan includes all activities, partner roles, timeline, budget, and management goals.			
	Plan includes audience needs, existing opportunities, and sustainability .			
	Plan follows program theory, audience segments, objectives, and approaches.			
M&E Plan	SBCC experts and stakeholders develop a logic model or theory of change .*			
	M&E plan describes data sources and the timeline for collecting data.*			
	Indicators are valid, reliable, specific, sensitive, and operational.*			
	Indicators align with objectives and program theory.*			
	Indicators include behaviors (rather than only knowledge and attitudes).			
CREATE AND TEST				

Project name: _		Date: _		
		0	1	2
SBCC Program Planning and Design				
Activities	Activities align with strategic approaches and objectives.			
	Activities are linked through common program elements.			
Messages	Messages are based on analysis findings and creative brief specifications.			
	Messages are pretested with the intended audience and local concerned bodies and revised as needed before final production.			
Materials	Materials are based on analysis findings and creative brief specifications.			
	Materials are pretested with the intended audience and local concerned bodies and revised as needed before final production.			
TOTAL SCORE		0	0	0

COMMENTS:
AREAS OF STRENGTH:
AREAS THAT NEED IMPROVEMENT:
ACTIONS FOR IMPROVEMENT:

DATE OF NEXT CHECK-IN:

0 to 54 Red	55 to 65 Yellow	66 to 88 Green
The plan does not provide a solid foundation for implementation. Address the major concerns before implementation.	The plan is sufficient for proceeding but can be significantly improved.	The program is positioned to achieve substantial results.

SBCC Program: Implementation		Date:		
		0	1	2
Project name: _				
MOBILIZE				
Stakeholders	The implementing team and stakeholders support and buy into the vision of the program.			
	The implementing team and stakeholders understand implementation roles and responsibilities.			
	The implementing team communicates openly with stakeholders throughout implementation.			
	Implementing partners contribute their expertise to the program.			
Staffing and Capacity	An SBCC staff member is assigned to lead each implementation activity.			
	All staff share a common vision and understand their contribution to the program.			
	Each SBCC team member has a clear job description.			
	The implementing team has materials to support implementation.			
	SBCC capacity of the implementing team is assessed and strengthened. _			

Activity Im- plementation	The team has a document in place to check if activities are contributing to objectives.				
	Activities/ messages/materials are consistent with design strategy .				
	Activities/messages/materials reach intended audience segments .				
	Activities/messages/materials are used frequently enough to produce behavior change (number could be based on the context and intervention type).				
	Activities/messages/materials are delivered following implementation plan.				
	Activities/messages/materials use a channel mix consistent with design strategy.				
	Channels deliver the right/planned message to intended audiences at critical times.				
	Sequence of events makes sense for desired behavior change.				

Contextual-ization	Program is updated to stay relevant to context and realities.				
	Program is coordinated with other programs in the same area.				
	Program responds to challenges and new information.				
MONITOR					
Supervision	SBCC supervisors conduct and document regular check-ins with field staff on program activities.				
	The implementing team has clearly defined forms in place for reporting progress.				
	The implementing team discusses monitoring data regularly and acts on them.				
Monitoring System	Monitoring activities track if activity implementation is following the implementation plan.*				
	Monitoring activities track the intended reach.				
	Monitoring activities track unexpected and unintended effects.*				
	The implementation team uses data to adjust the plan, strategy, and activities/messages/materials.				

Design Review	The implementation team reviews the plan, strategy, and activities/messages/materials regularly.			
	The implementation team makes changes as needed to improve effectiveness and documents them.			
TOTAL SCORE		0	0	0

COMMENTS:
AREAS OF STRENGTH:
AREAS THAT NEED IMPROVEMENT:
ACTIONS FOR IMPROVEMENT:

0 to 35 Red	36 to 43 Yellow	44 to 58 Green
There are gaps inhibiting the program from reaching its full potential. Address the major concerns before continuing.	The program is likely to achieve its goal but can be significantly improved.	The program is positioned to achieve substantial results.

Project name:	Date: _		
	0	1	2
SBCC Program: Evaluate			Recommendation
EVALUATE			
The evaluating team and stakeholders state a purpose for evaluation efforts.			
Evaluation plan includes methods for testing program logic model or theory of change .			
Evaluation plan includes indicators consistent with the purpose of the evaluation.			
Evaluation plan includes a method (such as qualitative, quantitative, participatory, or mixed methods) consistent with the purpose of the evaluation.			
Evaluation Plan			

Impact Analysis	Analysis includes multiple sources of data to ensure results are valid.				
	Analysis tests relationships between program activities, exposure, and desired outcomes.				
	Analysis includes a theory of change.				
	Analysis meets multiple criteria for causal attribution.				
EVOLVE					
Dissemination	The evaluating team disseminates results and lessons among stakeholders.				
	Results are used for revising or redesigning program.				
Utilization	Results include discussion of program activities that can be scaled up.				
TOTAL SCORE					

COMMENTS:	
AREAS OF STRENGTH:	
AREAS THAT NEED IMPROVEMENT:	
ACTIONS FOR IMPROVEMENT:	

0 to 13 Red	13.75 to 16 Yellow	16.5 to 22 Green
Review evaluation techniques for maximal learning.	Evaluation techniques are satisfactory but can be improved to contribute to the SBCC community.	Lessons learned are likely to influence future programming and funding allocations.

Quality Assurance for Health Communication Materials

Health communication materials are teaching aids that give information and instruction about health and are specifically directed to a clearly defined group or audience. The health communication materials that can be used in health education and promotion activities are usually broadly classified into four categories: printed materials, visual materials, audio materials, and audio-visual materials.

All SBCC program implementers need to evaluate their health communication materials to determine their effectiveness in reaching their target audiences and changing their behaviors accordingly. The effectiveness of these materials depends on many criteria, which are described in the following tables. To help the implementers, a checklist for different health learning materials has been developed. This checklist provides a set of criteria for evaluating the materials as well as ensuring their quality and consistency throughout the design and development process.

In the following checklists, the implementers use the boxes on the right-hand side to rate the response to each question from **zero to two**. **Implementers use a score of zero if the standard is not met at all. A score of one means that it is partially met; that is, a part of the stated standard is true, but a part of it is not. A score of one is also appropriate if meeting the standard is in progress. Lastly, a score of two is given if the standard is fully met.**

After completing a section, all points for the section score are added and the color-coded interpretations should be checked. A space is provided for noting areas of strength, areas of weakness, a list of actions for improvement, and the date for the next check-in.

Note: Each criterion in the table has two points and an asterisk (*) indicates criteria that must be met during design and implementation of SBCC activities.

Print Health Communication Materials

SBCC experts should use the following checklists to ensure the quality of health communication materials.

POSTER

Project name:	Title of material:	Date: _	
No.	Selected check points/criteria	0	1 2 Recommendation
1	Has specific behavior change objective*		
2	Relates clearly (relevant) to the behavioral outcome / objectives.		
3	Evidence based* (based on available data, identified gaps)		
4	Pretested*		
5	Improvement incorporated as per the pretest finding*		
6	The pictures and text reinforce the message* (Visual aids such as photographs reinforce messages to help the audience understand and remember the messages)		
7	Culturally appropriate* (Messages keep in mind regional differences, including the language and dress.)		

8	Has a call for action* (Messages explicitly state the action that audiences should take.)			
9	Factually/scientifically accurate and aligned with message harmonization guide*			
10	Proper title			
11	Paper quality minimum of 250 g/m ²			
12	Not text heavy (limited text) check the maximum number of words for poster			
13	Messages are clear* (Messages are simple and contain as few scientific and technical terms as possible. The use of visuals breaks up the text and helps the reader to understand. The language should be the one used by the primary audience.)			
14	Creative brief developed			
15	Focus on one issue*			
16	Have information on where to go for further information or support			
17	Messages and materials should be appealing. (Messages stand out and draw the audience's attention, and materials are of high quality by local standards.) Appropriate white space and text/content balance			

18	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)			
TOTAL SCORE				

0 to 22 Red The poster is not acceptable because it is not developed based on the evaluative criteria.	23 to 26 Yellow The poster needs improvement, but it partially fulfills the development criteria.	27 to 36 Green The poster fulfills all mandatory criteria plus all other evaluative criteria provided for its development.
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Leaflet and Flyers

Project name: _____ **Title of material:** _____

Date:

No.	Selected check points/criteria	Date:		
		0	1	2
1	Has specific behavior change objective*			
2	Relates clearly to the behavioral outcome/objectives (relevant)			
3	Evidence based*			
4	Pretested*			
5	Improvement incorporated as per the pretest finding*			
6	Proper title/alignment with the objective			
7	Factually accurate*			
8	Appropriate language (simple and clear)*			
9	Culturally appropriate* (Messages keep in mind regional differences, including language and dress, in materials.)			
10	Are messages and materials appealing? (Messages stand out/draw audience's attention. Materials are high quality by local standards.)			
11	Has information on where to go for further information or support			
12	Follows the rules of written language			
13	Font size 12 is recommended as a minimum, with line spacing of 1.5			

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14	Structured and concise, using clear headings and bullets to break up text				
15	The picture and text mutually reinforce the key message.*				
16	Focus on one issue*				
17	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)				
TOTAL SCORE					

COMMENTS:
AREAS OF STRENGTH:
AREAS THAT NEED IMPROVEMENT:
ACTIONS FOR IMPROVEMENT:

0 to 20 Red	21 to 25 Yellow	26 to 34 Green
The leaflets and flyers are not acceptable because they are not developed based on the evaluative criteria.	The leaflets and flyers need improvement, but they partially fulfill the development criteria.	The leaflets and flyers fulfill all evaluative criteria provided for their development.

Billboard

Project name:		Title of material:			Date:		
No.	Selected check points/criteria	0	1	2	Recommendation		
1	Has specific behavior change objective*						
2	Relates clearly to the behavioral outcome/objectives (relevant); (Messages state benefits of the recommended behavior that the audience will value; e.g., psychological and economic benefits.)						
3	Evidence based* (The materials respond to the needs, interests, and goals of the audiences.)						
4	Pretested*						
5	Improvement incorporated as per the pretest findings*						
6	The picture and text reinforce the message.* (Visual aids such as photographs reinforce messages to help the audience understand and remember the messages.)						
7	Culturally appropriate* (Messages keep in mind regional differences, including the language and dress of people portrayed in materials.)						
8	Has call for action* (Messages explicitly state the action that audiences should take.)						
9	Factually accurate*						
10	Appropriate language use (simple and clear)*						

11	Producer organization known (all materials include the program's logo/theme, if applicable)			
12	Acceptable artistic quality			
13	Not text heavy (limited text)			
14	Clarity of message to public*			
15	Communicates one message*			
16	Durability at least for 3 months			
17	Safe location identified and secured			
18	Support structure defined			
19	The audience can pick the message at a glance (within 5–10 seconds)			
20	Communicates key benefit*			
21	Legibility at distances greater than 300 meters			
22	The billboard is front-facing (driver facing)			
23	The billboard is placed at a readable height			
24	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)			
TOTAL SCORE				

COMMENTS:	
AREAS OF STRENGTH:	
AREAS THAT NEED IMPROVEMENT:	
ACTIONS FOR IMPROVEMENT:	

0 to 29 Red	30 to 35 Yellow	36 to 48 Green
The billboard is not acceptable because it is not developed based on evaluative criteria.	The billboard needs improvement, but it partially fulfills the development criteria.	The billboard fulfills all evaluative criteria provided for its development.

Flip Chart

Project name: Title of material: Date: _					
No.	Selected check points/criteria	0	1	2	Recommendation
1	Has specific behavior change objective*				
2	Relates clearly to the behavioral outcome/objectives (relevant)				
3	Evidence based*				
4	Pretested*				
5	Improvement incorporated as per the pretest finding*				
6	Has proper title for each page*				
7	Factually accurate*				
8	Appropriate language use (simple and clear)*				
9	Culturally appropriate*(Messages keep in mind regional differences, including the language and dress of people portrayed in materials.)				
10	Acceptable artistic quality				
11	Has logical flow				
12	Content structure follows Greeting, Ask, Listening, Identify the problems, Discussion, Recommendation, Ask agreement, Appointment (GALIDRAA)				

13	Follows the rules of written language			
14	Font size readable at a distance of (5–7 meters)			
15	Paper quality minimum of 250 g/m ² glossy			
16	Appropriate white space and text/content balance			
17	Structured and concise			
18	Uses clear headings and bullets to break up text			
19	The picture and text mutually reinforce the key message*			
20	Has single or separate idea on a chart*			
21	Five is a good number for chart/evidence.			
22	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)			
TOTAL SCORE				

COMMENTS:		
AREAS OF STRENGTH:		
AREAS THAT NEED IMPROVEMENT:		
ACTIONS FOR IMPROVEMENT:		
0 to 27 Red	28 to 32 Yellow	33 to 44 Green
The flip chart is not acceptable because it is not developed based on the evaluative criteria.	The flip chart needs improvement, but it partially fulfills the development criteria.	The flip chart fulfills all evaluative criteria provided for its development.

Audio Health Communication Materials

Radio Spots

No.	Selected check points/criteria	0	1	2	Recommendations
1	Has specific behavior change objective*				
2	Relates clearly to the behavioral outcome/objectives (relevant)				
3	Evidence based*				
4	Pretested*				
5	Improvement incorporated as per the pretest findings*				
6	Factually accurate*				
7	Appropriate language use (simple and clear, language diversity)*				
8	Culturally appropriate* (Messages keep in mind regional differences, including the language and dress of people portrayed in materials)				
9	Has call for action* (Messages explicitly state the action that audiences should take)				
10	Spot length maximum of 1 minute*				
11	Appropriate media (the media is preferred/accessible by the primary audience)				
12	Frequency and airing time identified for broadcasting				
13	Speech rate is appropriate for level of targeted audiences.				

14	Content is appropriate for age, level of understanding, and interest of target audiences.			
15	Content is unbiased/nonstigmatizing/nonjudgmental to other segments of the community.*			
16	Content is presented in a logical well-structured way.			
17	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)			

0 to 20 Red	The radio spot is not acceptable because it is not developed based on the evaluative criteria.	21 to 25 Yellow	The radio spot needs improvement, but it partially fulfills the development criteria.	26 to 34 Green	The radio spot fulfills all evaluative criteria provided for its development.
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Radio Programs (Drama, Magazine, Reality Show, Talk Show, etc.)

No.	Selected check points/criteria	0	1	2	Recommendations
1	Has specific behavior change objective*				
2	Relates clearly to the behavioral outcome/objectives (relevant)				
3	Has story board				
4	Has good fit between program format and behavioral objectives				
5	Evidence-based* inquiry, media preference and access				
6	Pretested*				
7	Improvement incorporated as per the pretest findings*				
8	Factually accurate*				
9	Appropriate language use (simple and clear, consider language diversity)*				
10	Culturally appropriate* (Messages keep in mind regional differences, including the language and dress of people portrayed in materials)				
11	Has call for action/central message*				
12	Program length (radio drama and magazine, not more than 30 minutes; talk show and reality show not more than 1 hour)				
13	Speech rate is appropriate for level of target audiences				

14	Content is appropriate for age, level of understanding, and interest of target audiences*			
15	Content is unbiased/nonstigmatizing/nonjudgmental			
16	Content is presented in a logical well-structured way			
17	Airing season and time appropriate (if applicable)			
18	Has balance between education and entertainment (if applicable)			
19	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)			

0 to 23 Red	The radio programs are not acceptable because they are not developed based on the evaluative criteria.	24 to 28 Yellow	The radio programs need improvement, but they partially fulfill the evaluative criteria.	29 to 38 Green	The radio programs fulfill all evaluative criteria provided for its development.
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Audio-Visual Materials (Video Clip, Film, Television Drama, Spot)

No.	Selected check points/criteria	0		1		2		Recommendations
1	Has specific behavior change objective*							
2	Relates clearly to the behavioral outcome/objectives (relevant)*							
3	Has design document (objectives, creative brief)							
4	Has good fit between program format and behavioral objectives							
5	Evidence based* (The materials to respond to the needs, interests, and goals of the target audiences)							
6	Pretested*							
7	Improvement incorporated as per the pretest findings*							
8	Factually accurate*							
9	Appropriate language use (simple and clear)*							
10	Culturally appropriate* (Messages keep in mind regional differences, including the language and dress of people portrayed in materials)							
11	Call for action/central message*							
12	Time length (health promotion video clip, film not more than 20 minutes, spots not more than one minute, talk show and reality show not more than one hour)							
13	Speech rate is appropriate for level of targeted audiences*							

14	Content is appropriate for age, level of understanding, and interest of target audiences*.			
15	Content is unbiased/nonstigmatizing/nonjudgmental to other community groups			
16	Content is presented in a logical well-structured way			
17	Messages and materials are sensitive to gender differences. (Messages should not reinforce inequitable gender roles or stereotypes. They should include positive role models. Messages, materials, and activities should be appropriate for the needs and circumstances of both women and men. In particular, they should consider differences in workload, access to information and services, and mobility.)			
18	Airing season and time appropriate (if applicable)			
19	Considered balance between education and entertainment			
20	Acceptable artistic and production quality			
21	Has a highly interactive format or content where applicable			
22	Appropriate footage for the message			

0 to 27 Red	The audio-visual materials are not acceptable because they are not developed based on the evaluative criteria.	28 to 32 Yellow	The audio-visual materials need improvement, but they partially fulfill the evaluative criteria	33 to 44 Green	The audio-visual materials fulfill all evaluative criteria provided for their development.
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Quality Assurance Checks for the Design and Implementation of Events and Mobilization Advocacy

Advocacy educates and motivates policymakers and program managers to act and support measures that will create an enabling environment. SBCC program managers and others who want to design and implement advocacy activities should consider the following for effectiveness of their advocacy work.

No.	Selected check points/criteria	0	1	2	Recommendations
1	Select your issue; issue identification based on evidence/situational analysis				
2	Will a solution to this problem or issue result in a real improvement in people's health status?				
3	Have the potential negative consequences been assessed?				
4	Set goal/objective				
5	Understanding your political, social, environmental context				
6	Evidence base (strong)				
7	Stakeholder analysis, identify and engage key stakeholders				
8	Develop strategic plans				
9	Communicate messages				

10	Have a plan for implementation			
11	Actions taken			
12	Monitoring and evaluation			

0 to 14 Red	15 to 17 Yellow	18 to 24 Green
The advocacy activities are not acceptable because they are not developed based on the evaluative criteria.	The advocacy activities need improvement, but they partially fulfill the evaluative criteria.	The advocacy activity fulfills all evaluative criteria provided for their development.

Social Mobilization Check

Community mobilization includes one-on-one or group meetings to elicit support for program practice and for frontline workers’ activities. It aims to orient community leaders and obtain their commitments for actions they will take to support mothers, families, and frontline workers.

No.	Selected check points/criteria	0	1	2	Recommendation
1	Situational analysis to understand the situation				
2	Organize community for action				
3	Explore and prioritize health issues				
4	Plan together				
5	Act and monitor together				
6	Evaluate				
7	Learn and re-plan				

0 to 8.7 Red	8.8 to 10.4 Yellow	10.5 to 14 Green
The community mobilization activities are not acceptable because they are not developed based on the evaluative criteria.	The community mobilization activities need improvement, but they partially fulfill the evaluative criteria.	The community mobilization activities fulfill all evaluative criteria provided for their development.

Interpersonal Communication

Interpersonal communication involves face-to-face conversations and activities between frontline workers and mothers or other family members. It allows frontline workers to personalize messages, demonstrate skills, and provide encouragement. Counseling a client using GALIDRAA steps is very effective in interpersonal communication. Counseling using GALIDRAA steps is an individually focused SBCC strategy that enables positive behavioral change. The process involves having repeated contact with a client to make sure that they get to the trial and adoption stages of the desired behavior change. While implementing the GALIDRAA steps, the following communication interactions are expected to occur within a provider–client relationship. They are:

- **Caring:** The goal is to establish and maintain a positive rapport with the clients.
- **Problem solving:** The goal is for the client and provider to share all necessary information.
- **Counseling:** The goal is to help clients to understand their condition and adhere to their treatment. Although they occur throughout an interaction, these types of communication often happen sequentially, with caring communication to establish a positive tone, then problem solving to diagnose, and finally counselling to provide relevant health education.

To communicate effectively through the GALIDRAA steps or in any other different interactions, it is very important to keep in mind the following key elements of effective interpersonal communication.

No.	Selected check points/criteria	0	1	2	Recommendation
1	Creating a caring atmosphere				
2	Building partnerships with clients				
3	Bridging of social distance				

4	Fostering two-way dialogue				
5	Providing opportunities for clients to speak about their problems				
6	Using verbal communication effectively				
7	Using nonverbal communication effectively				

0 to 8 Red	The interpersonal communication activities are not acceptable because they are not developed based on the evaluative criteria.	9 to 10 Yellow	The interpersonal communication activities need improvement, but they partially fulfill the evaluative criteria.	11 to 14 Green	The interpersonal communication activities fulfill all evaluative criteria provided for their development.
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Group Discussion/Community Dialogue

A group discussion is a **group** of individuals with similar interest gather either formally or informally to bring up ideas, solve problems, or give comments. The major approaches are in person or via conference call or website.

Tools for effective group discussion

1. Asking questions
 - **Connection questions:** Introductions and icebreakers
 - **Dissection questions:** Observation and interpretation questions about the Scripture passage.
 - **Reflection questions:** Questions that relate to our experiences and help us apply Scripture to our daily lives
 - **Inspection questions:** Application questions that focus on self-awareness and personal transformation
2. Recognizing and using nonverbal cues to communicate
3. Facilitation of listening skills
 - **Paraphrasing:** Calms and clarifies
 - **Explore further**
 - **Mirroring:** Repeats the exact words of the speaker.
 - **Stacking:** Helps people take turns when everyone wants to talk at once
 - **Encouraging:** Creates an opening for people to participate without putting any one individual on the spot

- **Balancing:** Encourages the group to look at the opposite perspective or other views
 - **Making space:** Lets quiet members know they do not have to talk, but gives them the opportunity to speak if they wish to
 - **Intentional silence:** Provides brief (few seconds) of quiet time that gives participants time to think about what they want to say
 - **Listening for common ground:** Discussion leaders summarize both similarities and differences that have surfaced, letting all participants know that they are being heard.
4. Recording the group's work, using flip charts effectively
- Record all ideas
 - Encourage all group members to confirm accuracy
 - Focus on task at hand
 - Enhance creativity of ideas
 - Validate the contributions of each participant

No.	Selected check points/criteria	0	1	2	Recommendations
1	Ask questions				
2	Recognize and use nonverbal cues to communicate				
3	Facilitate listening skills				
4	Record the group's work, using flip charts effectively				

0 to 4 Red	The group discussion activities are not acceptable because they are not developed based on the evaluative criteria.	5 to 5.9 Yellow	6 to 8 Green
The group discussion activities are not acceptable because they are not developed based on the evaluative criteria.		The group discussion activities need improvement, but they partially fulfill the evaluative criteria	The group discussion activities fulfill all evaluative criteria provided for their development.

Roles and Responsibilities

Below is list of stakeholders' respective roles and responsibilities on implementing the QAG.

Federal Ministry of Health

- Introduce and promote the QAG to RHBs, ZHDs, WOHOs, and their partners and stakeholders.
- Support SBCC professionals in the region in the use of the SBCC QAG and other SBCC-related guideline.
- Ensure proper application of SBCC QAG by all stakeholders/ RHBs, ZHDs, WOHOs, and partners who have engaged in health promotion and communication interventions.
- Assess the applicability and effectiveness QAG and update as necessary.
- Support respective RHBs, ZHDs, and stakeholders who need assistance in using the guideline.
- Avail and create access to the SBCC QAG (hard and electronic copy) and corresponding tools for respective RHBs, ZHDs, and national as well as regional partners who work on health promotion and communication.
- Monitor and evaluate the quality of SBCC interventions at all levels against the standard.

Regional Health Bureaus

- Plan, monitor, and evaluate the implementation of QAG at regional, zonal, and woreda level.
- Support SBCC professionals in the region in the use of the SBCC QAG and other SBCC-related guideline.
- Coordinate the implementation of QAG at regional, zonal, and woreda levels.
- Provide technical assistance and guidance for the implementation of quality SBCC interventions in the region, including at zonal, woreda, and PHCU levels.

- Ensure application of the SBCC QAG in the development of any materials and campaigns such as visual, audio-visual, print, and audio as well as event organization, advocacy, community and social mobilization, and other activities in the region by different organizations.
- Ensure utilization of the SBCC QAG by different organizations working on SBCC at regional, zonal, and woreda levels.

Zonal Health Departments and Woreda Health Offices

- Plan, monitor, and evaluate the implementation of QAG at zonal level or woreda level.
- Coordinate the implementation of QAG at zonal, woreda, PHCU, and health post/kebele levels.
- Collaborate with local partners to develop culturally relevant health communication program interventions.
- Utilize the SBCC QAG to enhance behavioral change.
- Provide support to WOHOs, PHCUs, and other sector offices to adopt and implement the SBCC QAG according to the set standards.

Implementing Partners and Stakeholders

- Participate in planning, monitoring, and evaluation of the implementation of QAG.
- Provide technical and financial support for FMOH, RHBs, WOHOs, and PHCUs for the implementation, monitoring, and evaluation of the guideline.
- Apply the SBCC QAG during development of any SBCC materials, campaigns, and events.





Important References

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2. Health Community Capacity Collaborative. (n.d.). SBCC check-in: Evaluation. Retrieved from:

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3. National Health Communication Materials Development Guide
4. Pathfinder International. (2013). straight to the point: Evaluation of IEC materials. Retrieved from: <https://www.pathfinder.org/publications/straight-to-the-point-evaluation-of-iec-materials/>
5. Centers for Disease Control and Prevention. (2012). Communication standards and recommendations. Retrieved from: https://www.cdc.gov/nceh/tracking/pdfs/comm_standards.pdf
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