ESAR C4D/ SBCC Capacity Development Framework
Working paper

UNICEF
for every child

ESAR C4D/SBCC Capacity Development Framework
Working paper

Table of content

Acronyms

C4D	Communication for Development
CAT	Capacity Assessment Tool
CD	Capacity development
COs	Country offices
ESAR	Eastern and Southern Africa Region
ESARO	Eastern and Southern Africa Regional Office
HCD	Human Centred Design
HC4L	Health Communication for Life
IPC	Interpersonal communication
SBCC	Social and Behaviour Change Communication
SOPs	Standard Operating Procedures

1 Introduction

The UNICEF September 2019 Eastern and Southern African Regional (ESAR) Deputy Representatives meeting recommended that organizational investments should be done to reinforce Communication for Development (C4D) / Social and Behaviour Change Communication (SBCC) quality, looking both at decision-making and technical levels. Building on this set of recommendations, ESARO decided to develop a regional C4D/SBCC Capacity Development (CD) framework to:

1. Review the lessons learnt from the past CD efforts and assess the structural bottlenecks to C4D/SBCC capacity building;

2. Propose steps to reinforce a systemic approach to C4D/SBCC capacity building in ESAR, in optimal alignment with the global efforts undertaken in this field; and

3. Identify available resources, assets and partners to support a systemic approach to C4D/SBCC capacity building in the region.

The 2020 UNICEF ESARO C4D/SBCC CD framework has been developed as a working paper that aims at unpacking UNICEF ESARO C4D section's thoughts regarding C4D/SBCC capacities gaps and assets both internally and externally in the region; and propose options to reinforce C4D/SBCC skills in ESA region.

The working paper is to be used by UNICEF ESARO C4D section as an advocacy piece towards UNICEF Headquarters (HQ), ESARO's and Country offices' (COs) leadership to strengthen C4D/SBCC capacity development for UNICEF staff and external partners in the region. It is based on evidences gathered in several surveys conducted in 2019 and 2020, a mapping of worldwide C4D/SBCC training resources, past C4D/SBCC capacity frameworks and experiences in the region.[1]

The 2020 UNICEF ESAR C4D/SBCC CD framework is a contribution to the ongoing global UNICEF C4D/SBCC CD discussion. It should be considered as a work in progress to be enriched with valuable contributions from colleagues from ESAR COs, RO, and HQs.

The ESAR C4D/SBCC capacity development framework was developed by Dominique Thaly, international C4D consultant recruited by UNICEF ESARO and reviewed by Natalie Fol, Helena Ballester Bon and Massimiliano Sani from the ESARO C4D team.

---

1   See for example lessons learned documented in the Handbook of Global Health Communication (2012) with an article by Rafael Obregon and Silvio Waisbord, (The missing link. In: Obregon, R. and S. Waisbord (2012), The Handbook of Global Health Communication, Wiley Blakwell, 2012), as well as more recent scientific articles (Jana, M. et al. (2018), Measuring social and behaviour change communication capacity in Malawi. In: Strengthen Health Syst. 2018; Nicola J. Christofides et al. (2013), A South African university – practitioner partnership to strengthen capacity in social and behaviour change communication. In: Global Health Action, January 2012), or project like the C-Change project, implemented in, among others, four African countries (South Africa, Nigeria, Namibia and Kenya) between 2008 and 2012 (C-Change. 2013. C-Change Final Report. Washington DC: C-Change/FHI 360). Another approach currently implemented in the region is the Health Communication for Life (HC4L) project in Malawi (USAID/FHI360 (2019), Health Communication for Life (HC4L) Project. Fiscal Year 2019 Quarter Four and Annual activity report).

2 Context and justification

2.1 Findings from recent Communication for Development and Social and Behaviour Change Communication capacity gap assessments

In 2019, UNICEF ESARO conducted a Diagnostic Assessment of C4D Programming and Operational Structures in the twenty-one countries of the region.[2] It showed that the organisational investments during the last 10 years to reinforce the quality of UNICEF C4D paid off, as the C4D quality was assessed between good and very good and the trend keeps improving. Indeed, most offices can now rely on several C4D strategies and plans, both at cross-sectoral and sectoral level. But it also showed that there are capacity gaps both internally (at management level and within technical sectors) and among implementing partners that negatively impact the translation of these strategies and plans into quality C4D and SBCC[3] interventions.

While the Diagnostic Assessment focused mostly on the internal level, another survey on internal and partners' C4D capacity organized by the UNICEF ESARO C4D section in June 2019 confirmed the same gap:[4] while C4D staff perceive that most of UNICEF sectoral and field office colleagues recognize the importance of beliefs, values and social and cultural norms in shaping human behaviours, they highlight the need to shift from information promotion only, to capacity development and improvement of enabling environments in families and communities to support them translating knowledge into practice.

According to UNICEF ESAR CO's C4D staff who participated in the survey, there is a significant capacity gap within local authorities and frontline workers in the area of SBCC: the criticality of beliefs, values and social and cultural norms to shape human behaviours is not well understood; and the need to build on C4D interventions aiming at increasing individual and collective skills and promoting social norms to allow translating knowledge into practices is also underestimated.

The survey also reports that the level of knowledge of the behavioural theories and models to plan C4D interventions is particularly low both among UNICEF staff, and among government counterparts, NGO partners and frontline workers. Finally, while UNICEF colleagues recognize the importance of C4D contribution to emergency response, governement counterparts and frontline workers do not seem to attribute a significant role to C4D in emergencies. The same trend is confirmed for the perceived importance of using behavioural evidences for the design of C4D strategies and the lack of capacities to define C4D results, indicators and means of verification.

Despite C4D CD being one of the core systems strengthening priorities for UNICEF as per the Global C4D benchmarks, prioritisation of this agenda at country level is not always pursued. As per the analysis of the 2019 C4D CD Strategic Monitoring Questions

---

2   UNICEF ESARO (2019), Diagnostic Assessment of C4D Programming and Operational Structures, B. Jallow.

3   The acronym C4D will be used when writing about UNICEF internal processes, and SBCC (social and behaviour change communication) will be used when writing about external processes. Both C4D and SBCC are used in an interchangeable manner.

4   UNICEF ESARO (2019), Regional survey on C4D capacity. An overview to assess gaps in C4D capacity in ESAR. The survey was conducted with C4D staff in ESA region and builds on their perceptions regarding C4D capacity in their office, among their counterparts and implementing partners.

(SMQ) report, few countries in ESAR confirmed that C4D CD needs assessments have been conducted recently, to inform internal and external C4D CD strategies or plans. For example, only 5 countries (Kenya, Eritrea, Zimbabwe, Rwanda and Angola) have developed and implemented a SBCC CD plan based on a SBCC capacity gap assessment of external partners.

Another survey was conducted with C4D colleagues from 10 out of the 21 ESAR countries in July/August 2020 regarding their internal and external C4D capacity building assets and needs.[5] Internally, all COs conduct C4D trainings for UNICEF colleagues but these trainings are not necessarily designed according to a C4D capacity assessment. Overall, C4D colleagues feel that most sections have a fair percentage of staff with demonstrated C4D understanding and know-how, but there are differences between sections and between countries. While Nutrition, WASH and Child Protection fare better, Education and Social Policy (or Social Protection) fare not so well and regarding Health sections, the situation is more mixed. Despite C4D staff thinking that most sections have the organizational and advisory capacities to conduct C4D related processes, gaps in integrating C4D in strategic programming processes and documents and adequate C4D budget planning have been identified.

Regarding external SBCC CD assets, most countries have no SBCC capacity development plan, and when they do, plans are usually integrated in a sectoral C4D strategy. Where countries (Eritrea, Kenya and Zimbabwe) have pursued SBCC CD strategies for partners, three factors played a major role in undertaking this effort: the vision of the C4D lead, CO leadership's support and funds availability.

Regarding the external SBCC capacity of frontline workers, sectoral professionals and decision-makers, C4D staff felt that Ministries of Health had the best SBCC-related capacities (SBCC understanding, management skills, use of SBCC data and C4D in emergency), although still focusing on health promotion and Information, Education and Communication (IEC).

Most training of external partners are proposed directly by C4D staff from UNICEF. Participants are mostly partners from government and civil society. Only 60% of the UNICEF C4D staff is satisfied with the C4D training offered to partners. According to respondents across the region, there are more opportunities to collaborate with local universities, training institutions and international NGOs that offer SBCC training.

2.2 Importance of capacity building

The C4D/SBCC capacity gaps at individual and structural levels (including enabling environment) highlighted above have impact both on the quality of C4D technical and managerial work, as on the C4D UNICEF COs' performance and capacity to lead in areas where UNICEF is expected to be at the forefront (2019 ESARO Diagnostic assessment).

Developing C4D/SBCC capacities will contribute to tackling key SBCC priority challenges in the region, namely:[6]

- Traditional socio-cultural practices impeding service utilization, behaviour adoption and social change;

- Inadequate knowledge among families, caregivers and communities about issues related to child survival, development, protection and well-being –including adolescents;

- Inadequate engagement of vulnerable communities in policy dialogue on health and social protection schemes, which translates into weak ownership and inadequate demand for these services;

- Weak capacities of communities and individuals, including children and marginalized populations, to adopt positive behaviours, actively demand quality services and accountability of service providers;

---

5   See results of the survey in appendix 3. 6 COs filled out the internal and external survey (Rwanda, Burundi, Lesotho, Uganda, Tanzania & Madagascar). 4 COs participated in the validation process of the survey (Angola, Eritrea, Kenya and Zimbabwe). The reason for the low participation rate is that the process took place during the COVID-19 emergency.

6   UNICEF ESARO (2017), Regional Priorities Review Gender and C4D, .ppt Presentation, Rep Champions: Elke Wisch, Herve Ludovic De Lys, Marcel Ouattara.

- Inadequate interpersonal communication skills of service providers, low levels of motivation and inadequate supportive supervision;

- Limited women's ability to make decisions over household resources, making it difficult for them to effectively care for children;

- Stigma attached to teenage pregnancies and adolescent girls' return to school after giving birth.

Based on the various surveys and assessments conducted, SBCC-CD related gaps appear in the following areas:

- Interpersonal communication skills of service providers and their low motivation and inadequate supportive supervision;

- Use of evidence based, measurable SBCC interventions both in development and emergency contexts;

- Social accountability mechanisms both in development and emergency contexts;

- Risk Communication and Community Engagement (RCCE) particularly in the context of public health emergencies and other crises.

Among the main underlying reasons[7] driving these CD gaps we can highlight both the observed limited SBCC/C4D/RCCE learning opportunities, particularly for francophone and lusophone countries; and the very low level of SBCC/RCCE/C4D inclusion in regular curricula for government officials (programme managers), frontline workers and in academic institutions.

The enabling environment needed to enhance SBCC related capacities is hampered by several factors[8] and in particular the low levels of participatory and social accountability approaches; the lack of policy and regulatory framework to support a rights-based and inclusive approach to SBCC; and the low budget allocated to SBCC and SBCC CD to ensure the training of community workers and support groups.

It is therefore important to tackle capacity gaps in a structural manner along the macro, meso and miso levels.

At macro/decision-making level, it is important to assess how SBCC/C4D is mainstreamed into core policies, national strategies and strategic orientations;

The meso/organization level will focus on how SBCC/C4D is mainstreamed in organisations in terms of Standard Operating Procedures (SOPs) to facilitate SBCC/C4D implementation, but also in curricula of training institutions to equip technical and implementing partners, including service providers and local administrators at national and subnational level, with interpersonal communication (IPC) skills, counselling, non-threatening supportive supervision, client-oriented approaches, data-based management and monitoring, and other C4D/SBCC management skills.

The micro/community level will focus on how C4D/SBCC is mainstreamed into frontline workers' training; how they benefit from non-threatening supportive supervision; how frontline workers' functions are institutionalized into recognized status with a proper training and renumeration etc.

2.3   The audience

While the audience of this document are UNICEF HQ, ESARO and CO C4D teams, the different groups that will benefit from the C4D/SBCC capacity development activities are both UNICEF and external stakeholders, as well as SBCC CD "multipliers"[9], being these partners and/or institutions responsible for training, skills building and technical capacity development at different levels as shown in Table 1:

---

7   See capacity assessment Zimbabwe, Eritrea, Kenya and Angola.

8   See capacity assessment Zimbabwe, Eritrea, Kenya and Angola.

9   SBCC "multipliers" are persons - lecturers, trainers and teachers - or entities that systematically strengthen SBCC capacity through curricula development and training, professional development or technical expertise.

Table 1: Overview of audience of C4D/SBCC capacity development framework

UNICEF Staff

- **Management and decision makers:** Country Representatives, Deputies, Heads of sectoral programs, Heads of field offices.

- **C4D staff and C4D focal points in sections**

- **M&E staff and Programme managers in sections** both at CO and field office levels. This includes health, nutrition, HIV/AIDS, education, protection, emergency etc.

- **ESARO C4D staff.**

Counterparts/externals

- **Macro-level decision makers** – This includes technical staff, directors and managers in charge of C4D, IEC or SBCC in ministries with whom C4D staff interact to design C4D strategies, plans and to oversee or coordinate C4D interventions in a given country.

- **Meso level audience** – This includes technical staff at decentralized level who are responsible to oversee the implementation and monitoring of C4D interventions at sub-national and local level, as well as civil society actors and media.

- **Frontline and extension workers** – This includes government staff at health facilities, social services, schools and other community services, volunteers, community workers, community-based organisations (CBOs) and other networks supporting the implementation and monitoring of C4D interventions at community and family levels.

SBCC CD "multipliers"

- Public and private training institutions for initial training, pre-service training and continuous professional development;

- Regional and local trainers;

- Civil Society Organisations specialized in C4D/SBCC, participatory processes, social accountability, and community engagement;

- Universities.

3 Objectives of ESAR C4D/SBCC CD framework

The C4D/SBCC CD ESAR framework's outcome has been defined as follows: **UNICEF COs are empowered to improve the capacities, funding allocation and enabling environment at internal, national, sub-national and local levels to effectively reinforce C4D/SBCC capacities in their countries.**

At **internal level**, the desired output is to **strengthen COs competencies and resources to design, implement and monitor C4D/SBCC in their programmes.**

At **external level**, the desired output is to **enhance SBCC comprehensive and proactive technical, managerial, methodological and leadership capacities of partner organisations in government, civil society organisations and media, at individual, organizational and leadership levels, so that they can play their role in key areas such as community engagement, social accountability and research.**

To achieve these results, interventions will be required at these two levels. **Internally**, support will have to be provided to ESAR COs to develop personal, social, technical, managerial, methodological and leadership C4D competencies through organizational learning and performance monitoring. At the **external** level, the following areas will require increased attention:

- Advocate and support the institutionalization of SBCC teaching in initial training, continuous professional development and in-service training of COs partners' organisation for SBCC in development and emergency contexts;

- Support partners in integrating SBCC approaches in technical and management processes at national, district and local levels;

- Foster networking and SBCC cooperation mechanisms and platforms to strengthen innovation, knowledge sharing and co-creation.

The achievement of related outputs and outcome are largely dependent on the existence of a conducive and enabling environment, allowing both the development of enabling legal, political and socioeconomic environments for SBCC CD; and a systematic C4D budgeting and resource mobilization for humanitarian and development contexts.

The roll out of ESAR framework foresees a complementary approach across the three organizational levels (HQ, RO and COs) and builds on the following division of accountability:

- **ESARO focus (with support from HQ):** C4D/SBCC CD interventions for which ESARO will hold main accountability while acknowledging the need of UNICEF HQ support

- **COs focus (ESARO in scope, support from HQ):** Interventions that can be tackled directly by Country offices with support from RO and in some instances HQ

- **COs in scope (ESARO out of scope):** Interventions aiming at improving the enabling environment but for which CO cannot hold full accountability.

The figure below summarizes the intervention architecture of ESAR C4D/SBCC CD framework:

Figure 1: C4D/SBCC CD intervention architecture

Outcome	COs empowered to improve the capacities, funding allocation and enabling environment at internal, national, sub-national and local levels to effectively reinforce

	Internal		Externals	
Output	Strengthen COs competencies and resources to design, implement and monitor C4D/SBCC in their programmes		Enhance SBCC comprehensive and proactive technical, managerial, methological and leadership capacities of partner organisations in government, civil society organizational and leadership levels, so that they can play their role in key areas such as community engagement, social accountability and research.	

				Enablers
Interventions	Support COs to develop technical, managerial and leadership C4D competencies through organizational learning and performance monitoring	Inform the development of C4D capacity building plans for both UNICEF staff and external partners.	Institutionalize SBCC teaching in initial training and continuous professional development of COs partners' organisation	Promote systematic C4D budgeting and resource mobilization for humanitarian and development contexts
			Support partners in integrating SBCC approaches in technical and management processes at national, district	Support the development of enabling legal, political and socioecononic environments for SBCC CD in development and
			Foster networking and SBCC cooperation mechanisms and platforms to strengthen innovation, knowledge sharing	

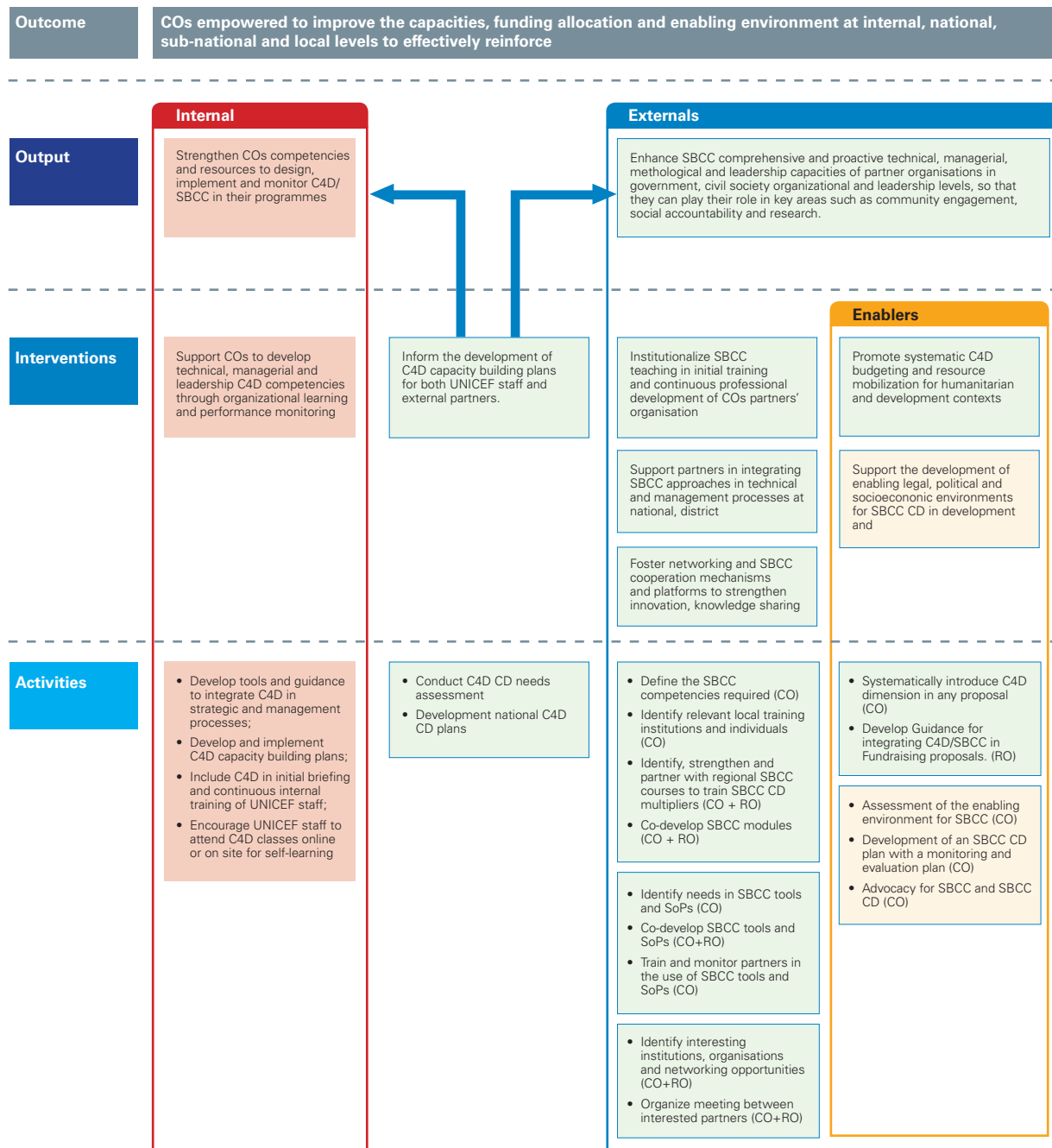|				
Activities	• Develop tools and guidance to integrate C4D in strategic and management processes; • Develop and implement C4D capacity building plans; • Include C4D in initial briefing and continuous internal training of UNICEF staff; • Encourage UNICEF staff to attend C4D classes online or on site for self-learning	• Conduct C4D CD needs assessment • Development national C4D CD plans	• Define the SBCC competencies required (CO) • Identify relevant local training institutions and individuals (CO) • Identify, strengthen and partner with regional SBCC courses to train SBCC CD multipliers (CO + RO) • Co-develop SBCC modules (CO + RO) • Identify needs in SBCC tools and SoPs (CO) • Co-develop SBCC tools and SoPs (CO+RO) • Train and monitor partners in the use of SBCC tools and SoPs (CO) • Identify interesting institutions, organisations and networking opportunities (CO+RO) • Organize meeting between interested partners (CO+RO)	• Systematically introduce C4D dimension in any proposal (CO) • Develop Guidance for integrating C4D/SBCC in Fundraising proposals. (RO) • Assessment of the enabling environment for SBCC (CO) • Development of an SBCC CD plan with a monitoring and evaluation plan (CO) • Advocacy for SBCC and SBCC CD (CO)

Legend

▩ ESARO Focus (with support from HQ)

▢ COs focus (ESARO in scope, support from HQ)

▢ COs in scope (ESARO out of scope)

4 ESARO focus interventions and related activities

ESARO focus interventions aim at **strengthening COs competencies and resources to design, implement and monitor C4D/SBCC in their programmes.** To do so, ESARO will support Country offices to develop technical, managerial and leadership C4D competencies through organizational learning and performance monitoring.

For this, four complementary activities should be considered:

- Disseminate C4D CD tools and guidance developed by HQ (see chapter 8 below) to integrate C4D in strategic and management processes;

- Support ESAR countries to roll out the C4D needs assessments based on the templates to be developed by HQ; provide technical assistance to develop C4D CD plans at national level; ensure compilation of findings to highlight trends in needs in the region and provide recommendations to overcome the identified gaps;

- Include C4D in initial briefing and continuous internal training of UNICEF staff at ESARO level;

- In collaboration with COs, encourage UNICEF ESAR staff to attend C4D classes online or on site for self-learning.

4.1 Dissemination of C4D CD tools to be developed by HQ, and guidance provision to integrate C4D in strategic and management processes

The development of country specific C4D Capacity Development plans, based on needs assessment, should be prioritised by COs, specially to inform the identification of core C4D system-strengthening activities to be prioritised in each Country Programme cycle. The ESARO C4D section will continue to provide technical assistance to COs on this important area, leveraging both existing and new tools to be developed by HQ, described in chapter 8.

In addition, some tools have already been developed by C4D ESARO based on the recommendations of the September 2019 Deputy Representatives meeting and that can help develop organizational competencies of UNICEF internal C4D staff:

A series of C4D/SBCC checklists to guide Country Offices to strengthen the articulation of SBCC components in the country programme cycle (2020):

- Mainstreaming SBCC into the Situation Analysis (SitAn)

- Integrating SBCC in Programme Strategy Notes (PSNs)

- Developing a SBCC Strategic Programme Articulation Note (SPAN)

- Integrating SBCC in Country Programme Evaluations (CPE)

- Integrating SBCC in Programme Cooperation Agreements (PCAs)

- Guidance for integrating C4D/SBCC in Fundraising proposals (2020)

A series of C4D indicators lists at outcome, intermediate outcome and output level, with an introductory text on how to measure C4D results:

- Measuring Results in Social and Behaviour Change Communication Programming (2020)

- Proposed SBC indicators lists:
  - Child discipline
  - Child marriage
  - Female Genital Mutilation - FGM

- Journey to health
- Sexual abuse
- Disease outbreak
- Birth registration
- School dropout
- Maternal, infant and young children feeding practices
- HIV prevention

A C4D competency framework for different categories of UNICEF staff is also proposed in appendix 4, regarding expected technical knowledge, organizational competencies and advocacy competencies. This competency framework should form the basis for UNICEF C4D internal training modules to be developed by HQ, RO and/or COs.

4.2 Include C4D in initial briefing and continuous internal training of UNICEF staff

ESARO is already including C4D in initial briefings of new staff joining the RO. In addition, there is a number of induction presentations that have been developed for new staff and/or consultants and for Country Programme evaluators. COs are also recommended to include C4D induction modules in initial briefing for new personnel.

Initial briefing and continuous internal training of UNICEF staff usually happen through the C4D sections, that have developed their own modules contextualised with the country situation data. Furthermore, when COs have yearly capacity building plans, C4D should be included as one of the possible trainings. For both to happen and as described more in details in chapter 8, UNICEF C4D HQ is envisaging the development of a set of C4D 1.0, 2.0 and 3.0 induction and training modules for Leaders and Programme Managers, Programme and M&E staff and C4D staff, respectively.

Induction and training modules to be developed by HQ can be adapted and contextualised by ESARO. All

modules can be completed by COs, adapting them to their audience in duration and content.

While it is expected that HQ provides standard modules and COs include C4D in initial briefing and internal training of UNICEF staff, the role of ESARO will be to make sure that every single Country Office implements this aspect of UNICEF internal capacity development through advisory services and monitoring and evaluation.

The format of the training can be traditional (1 to 3 hours in-house training sessions), or more innovative like brown-bag lunch (format used in Lesotho). Also, UNICEF colleagues are strongly encouraged to participate in C4D training or induction during C4D or sectoral workshops with partners.

Any training should have a pre-and post-training assessment. Some examples of assessment can be found here:

Pre-training assessment form developed by UNICEF ESARO for 2020 C4D Madagascar training (FR);

Post-training assessment developed by UNICEF ESARO for 2020 C4D Madagascar training (FR).

4.3 C4D self-learning

ESARO has completed a mapping of C4D courses and Master's degree in 2018. The mapping has been updated and other courses and tools have been added (see appendix 5). ESARO will continue to update this list, and the recommendation is to encourage COs to make these courses known to CO staff. In addition, COs are recommended to visit the UNICEF C4D Intranet Site here and/or to access the list of courses described below.

For UNICEF staff who are interested in getting more in-depth knowledge in C4D, they are always invited to attend the available online C4D courses on AGORA. More information can be found on the UNICEF C4D Intranet Site here.

There is one general C4D online course proposed on AGORA, that takes about 20 to 25 hours to complete. There is another online course, more focussed on Social Norms, that takes about 4 weeks to complete.[10]

---

10   The Social norms class can also be taken on Coursera, and you can get a certification against a fee: www.coursera.org/learn/norms.

There are more sector specific C4D online courses or training kits, also on AGORA, that could be of interest for sectoral colleagues:

Online courses on **health issues**:

- Communication for immunization (AGORA),
- Adverse Events Following Immunization (AEFI) Communication (AGORA),
- Designing a social and behavior change communication strategy (Health Communication Capacity Collaborative / Johns Hopkins Center for Communication Programs),
- Integrating SBCC into Service Delivery Programs (Health Communication Capacity Collaborative / Johns Hopkins Center for Communication Programs),
- Interpersonal communication for immunization. Transforming immunization dialogue in English, French and Spanish. Vetted by UNICEF.
- Health Behaviour Change at the Individual, Household and Community Levels (John Hopkins Courseware)
- Integrating Social and Behavioural Theory into Public Health: Foundations/Macro-Mezzo Levels (John Hopkins Courseware)

RCCE online courses:

- Risk communication essentials (WHO, English, French and Portuguese),
- Risk communication for influenza events (WHO, English, French and Portuguese),
- Emergency communication training (WHO, English, French, Portuguese and Spanish),
- Communicating during global emergencies (Coursera, Emory University, English with subtitles in French and Portuguese)

Nutrition:

- Accelerating Behaviour Change in Nutrition-Sensitive Agriculture (Spring)

All the above trainings are for free (classes proposed on Coursera are for free, but to get a certificate, there is a fee). If funding is available to train UNICEF staff further, there are also recurring online or on-site short SBCC related courses:

Health:

- Adolescent Health in Low- and Middle-Income Countries Course (on site, London School of Hygiene and Tropical Medicine & WHO, vetted by UNICEF),
- Leadership in Strategic Communication Workshop (on Site, Johns Hopkins University Center for Communication Programs, vetted by UNICEF),
- Summer course on integrated marketing communication for behavioural impact (imc/combi) in health and social development (NYU),
- Integrated Marketing Communication for Behavioural Impact (COMBI) in Health and Social Development (on site, City University of New York Graduate School of Public Health and Health Policy).
- NYU-UNICEF-WHO courses on Behavioural Communication Strategies for COVID-19.

The mapping in Appendix 5 has a tab on online resources (mostly training kits and slides) that could also be used to enrich C4D training content.

5 COs focus interventions and related activities

SBCC CD at country level aim at *enhancing SBCC comprehensive and proactive technical, managerial and leadership capacities of partner organisations in government, civil society and media, at individual, organizational and leadership levels, so that they can play their role in key areas such as community engagement, social accountability and research.*

Country Offices, with the support of ESARO and HQ, can implement the following interventions separately or in combination:

- Conduct C4D CD needs assessment and develop national C4D CD plans;
- Institutionalize SBCC teaching in initial training, continuous professional development and in-service training of COs partners' organisation for SBCC in development and emergency contexts;
- Support partners in integrating SBCC approaches in technical and management processes at national, district and local levels;
- Foster networking and SBCC cooperation mechanisms and platforms to strengthen innovation, knowledge sharing and co-creation;
- Promote systematic C4D budgeting and resource mobilization for humanitarian and development contexts.

5.1 Develop a C4D CD needs assessment and C4D CD plans at CO level:

COs are recommended to develop a C4D CD needs assessment to inform the design of each new Country Programme. C4D CD needs assessments are critical to inform the development of C4D capacity building plans for both internal staff at UNICEF but also for external partners.

For the internal component, the C4D capacity building plan should be based on a C4D capacity assessment of C4D, M&E and programme staff. There are already good practices in the region: several ESAR COs have managed to prioritise C4D training for all programme staff in their annual CO's Capacity Building Plan, coordinated by the Learning & Staff Development Committee, which practice should be encouraged.

C4D capacity assessments can be adapted to the different profiles and functions of UNICEF staff, as described in the UNICEF internal C4D competency framework. Based on the gaps identified in a section or in a category of staff, HQ C4D unit could develop and offer generic and recurring C4D training to all staff or customized training and support to specific staff. This should be a middle to long term training plan that takes rotation of staff into consideration as well as new development in the C4D field.

C4D capacity building plan should also have a monitoring and evaluation component with results and indicators measuring the improvement in C4D capacities of UNICEF staff as well as the satisfaction of the same staff with C4D capacity building services, as part of the annual SMQ reporting process. The same assessment matrices as for the capacity assessment proposed above can be used to measure progress and/or satisfaction surveys can be developed.

5.2 Institutionalize SBCC teaching in initial training, continuous professional development and in-service training of partners' organizations

In the approach below, we propose that SBCC training be embedded in university curricula, but also in other

training institutions (including those of NGOs), that train priority audiences (front line workers, decision makers in line ministries, sectoral professionals in line ministries, Partner NGOs and COS and media). For this, we propose a 5-step approach:

1. Define the SBCC competencies required;

2. Identify relevant local training institutions and individuals;

3. Identify, strengthen and partner with regional SBCC courses to train SBCC CD multipliers;

4. Co-develop SBCC modules.

5. Support, innovate, and network.

While the main responsibility for this intervention should lay with Country offices, those interested can get support from ESARO and HQ. The role of ESARO and HQ will be to propose to develop this programme, identify interested countries, identify the funds jointly with COs[11] for this programme, recruit adequate service provider(s) and roll out the programme for the next 3-5 years.

While there are some programmes that aim at integrating SBCC in initial training, especially as part of initial training of health care professionals, the innovation proposed here is different on at least three accounts:

Firstly, reinforcing SBCC capacity of selected trainers who are already teaching in universities or training institutions and supporting them to integrate SBCC in their respective curricula offers potential for accelerated CD scale up.

Furthermore, while SBCC is usually integrated to some extent in the current health care curricula and training, the proposed way forward highlights the need to expand and identify SBCC CD multipliers in other sectors such as child protection or WASH.

Finally, the development of curricula/training materials will be the opportunity to reinforce strategic linkages between sectoral ministries and training institutions. Building on their needs to train their technical staff and frontline workers in both basic and more specialised SBCC training, the sectoral ministries should be the primary user of these services. These partnerships should include provision for students who major in

SBCC to do internships in sectoral ministries and their district and local level implementation department and agencies or to integrate junior professional programs.

5.2.1 Define SBCC competencies

Based on a **competency-based education (CBE) approach, a core of SBCC competencies for the different types of professions** is to be defined in a participatory manner by the main stakeholders, namely the concerned sectoral ministries, training institutions and universities that train the workers, be it as part of the initial technical training, continuous professional development, or in-service training.

An external competency framework is also proposed in appendix 4, for individual SBCC competencies and SBCC competencies at organisational, policy and advocacy level that different types of audiences should get in order to perform well in SBCC. These competencies were identified based on existing C4D competency frameworks and the results collected in the different surveys. The proposed competency framework could be used as a base for discussion for the development of the respective national sectoral SBCC competency frameworks in the respective countries. Ideally, a menu of core competencies should be designed by HQ to guide the process.

The SBCC CD regional assessment made in July/ August 2020 showed that the Ministries of Health in most countries are the most advanced in terms of demand for and availability of SBCC competencies. Therefore, these ministries could be a priority partner to define a SBCC competency framework in the health sector at frontline level, sectoral professional and decision maker level for individual, organisational, and policy level SBCC competencies.

In some countries, where other sectoral ministries are at the forefront of using SBCC approaches, it could also be interesting to work with them and define a core of SBCC competencies. What is important is to involve the ministries in the definition of these competencies so that these competencies match the **job description** of officers at national, regional, district and local level down to front-line workers level. Also, active civil society organisations that are partners and active in SBCC should be involved in the co-definition of these core SBCC competencies.

11   As this process is time and resource intensive, it would be best to partner with interested donors or existing SBCC capacity building initiatives, like the Health Communication for Life (HC4L) in Malawi funded by USAID and implemented by FHI360.

5.2.2 Identify relevant local training institutions and individuals

Once these core SBCC competencies have been developed, stakeholders should **identify relevant training institutions** that offer initial training as well as continuous professional development and in-service training. Regarding SBCC, it can **either be integrated in technical training of relevant sectoral professionals** (nurses, physicians, public health professionals, social workers, water and sanitation specialists, nutritionists, etc.), and/or **it can be integrated in the training of communication professionals.**

The choice of institutions to work with should be made based on what kind of SBCC but also technical competencies are needed by the Ministries to implement their strategies. For example, as part of the capacity building component of the C-Change project funded by UK Department of International Development (DFID) and USAID, and implemented by Soul City Institute and Wits School of Public Health in South Africa, it was found that it would be a greater opportunity for health communication to be integrated into a Master of Public Health.[12]

The concept of training institutions can also be broadened to include locally based civil society institutions or individual SBCC specialists that offer training to field staff like community health volunteers.[13] It would be interesting to identify and work with alumni of SBCC training programmes such as those of Malmö University or Witwatersrand. These alumni are based in the region and could refresh their training with newest and vetted SBCC content to be able to offer SBCC training locally.

5.2.3 Identify, strengthen and partner with regional SBCC courses to train SBCC CD multipliers

In this concept, we advocate for increased **collaboration with SBBC CD multipliers in training institutions (teachers, lecturers, trainers)** to support the tailoring of the **SBCC training materials to different areas of specialization and adjustment to various needs**. For instance, at university level, public health lecturers could get SBCC training in health; at vocational/ in-service training level (training of field social workers, community health volunteers, community mobilisers, etc.), trainers/teachers would get training on ICP, community dialogues, facilitation of community participation, etc. (see appendix 4).

Those **SBCC CD multipliers**, are individuals from previously identified relevant training institutions (step 2). A number of higher level SBCC courses have been identified in Africa and globally in the mapping (see appendix 5). The idea is that UNICEF ESARO and/or HQ will engage in discussion with one or several of these institutions that offer SBCC classes to understand if they could develop/adapt the relevant classes to train SBCC CD multipliers. The adapted classes would equip SBCC multipliers– who already are themselves lecturers, trainers and teachers – to both develop their own curricula and train in these fields.

For example, the training could happen online or on site by **partnering with existing regional SBCC capacity building resources** like the Center of excellence in Witwatersrand, or other universities in the region that offer C4D or SBCC courses (University of Zambia, University of Nairobi, University of Malawi, etc. see Appendix 5).

---

12 Nicola J. Christofides et al. (2013), A South African university – practitioner partnership to strengthen capacity in social and behaviour change communication. In: Global Health Action, January 2012. Online, downloaded on October 12, 2020: https://www.researchgate.net/publication/235385308_A_South_African_university-practitioner_partnership_to_strengthen_capacity_in_social_and_behaviour_change_communication.

13 The choice of training institutions out of civil society as well as individuals (consultants / experts) who would become SBCC multipliers has to be done carefully. Cascading training through trainers that have been "solely" trained as master trainers has received criticism in the past. For example, in the evaluation of the C-Change project, that also had a ToT component with an established civil society organisation, and despite "extensive" training of trainers, it was found that "It is likely that the training would impact their own practice and that they could offer some guidance to their peers, but their future as effective SBCC trainers did not appear promising". See USAID (2011), Assessment of capacity strengthening in the C-Change project, November 2011. Online, accessed on October 16, 2020: https://pdf.usaid.gov/pdf_docs/PDACT325.pdf.

Based on the aggregation of needed competencies as identified in step one, the classes offered by these institutions could be reviewed and adapted to fit the needs and profile of SBCC CD multipliers. It is important that this process involves (1) the training institutions that will benefit from the training, (2) the universities that offer the training, (3) governmental stakeholders who participated in the definition of the core competencies, and (4) practitioners from UNICEF, other concerned donor organizations and civil society partners.

This can happen through a strategic partnership with these institutions. The partnership will include the adaptation and delivering of SBCC classes to SBCC CD multipliers, continuous support in the co-development of SBCC modules in their respective training institution at national level, and continuous networking. Networking can occur through community of practices and recurring online and offline exchanges among alumni, or through exchanging innovations in the field. Networking can be facilitated through the offering of refreshers courses.

5.2.4   Co-develop SBCC modules

Following their training, SBCC CD multipliers would then be supported to **co-develop certified SBCC modules or curricula** in their respective training institutions. These modules will be based on the competencies identified in the first step together with the relevant ministries. The co-development process should be done in a close collaboration process between the training institution, the relevant ministries and UNICEF (or any expert hired by UNICEF to support this process).

A good description on how such a process should be implemented can be found in the article "A South African university – practitioner partnership to strengthen capacity in social and behaviour change communication".[14] The article describes the development of the curriculum through an **academic-practitioner partnership**:

On the basis of the audit, and supported by the findings of the donor review, Soul City Institute approached WSPH with the idea of a partnership. […]. This partnership brought together practitioners and a tertiary education institution to develop a

master's programme and short courses based on praxis and created a competency-based curriculum. To take the academic-practitioner partnership further, a consultative meeting was held in May 2009 at the WSPH, with the participation of 16 academics and SBCC practitioners from 10 institutions and five countries to develop the programme. It drew on the dual historical processes of defining competencies both within public health and SBCC and the partnership-defined SBCC competencies relevant to the African context […]. These competencies were then translated into a set of learning outcomes, which became the basis for the curriculum, including SBCC-specific formative research, monitoring, evaluation, strategic approaches, behavioural and social theory, and designing and planning programmes. The final method of securing the partnership between the academy and practitioners was the establishment of an **advisory board** made up of practitioners from African institutions and academics from the global north and south. Their brief is to keep the curriculum current and to provide a space for critical reflection. The advisory board reflects the interdisciplinary nature of SBCC and includes SBCC practitioners and academics with a background in communication for development as well as in public health.

5.3   Support partners in integrating SBCC approaches in technical and management processes

While training of individuals is important, implementing SBCC also requires the mainstreaming of SBCC in organizations in terms of procedures and standards of operation (SOPs) to facilitate SBCC/C4D implementation. Tools help implement the day-to-day work, by giving step-by-step guidance on how to conduct a process or by giving blueprints on how to report on activities.

This activity should be done in three steps:

1 Identify needs in SBCC tools and SOPs;

2 Co-develop SBCC tools and SOPs;

3 Train and monitor partners in the use of SBCC tools and SOPs.

14   Nicola J. Christofides et al. (2013), A South African university – practitioner partnership to strengthen capacity in social and behaviour change communication. In: Global Health Action, January 2012. Online, downloaded on October 12, 2020: https://www.researchgate.net/publication/235385308_A_South_African_university-practitioner_partnership_to_strengthen_capacity_in_social_and_behaviour_change_communication.

The decision to develop tools and SOPs should be made through a participatory process that includes an assessment. Good examples of SBCC organisational and leaderships assessment tools have been developed by the C-Change project that can be adapted to the UNICEF SBCC approach.[15] The Health Communication for Life (HC4L) project in Malawi also developed an interesting approach to systemic SBCC assessment, both in the way the assessment is done as in the areas to be assessed.[16] Other examples come from UNICEF COs, like the 2015 Kenya C4D Capacity Gap/needs assessment and the 2019 Eritrea Indicative capacity gap assessment. Appendix 6 also proposes a process and a list of questions to be asked in the course of the assessment.

These assessments can form the basis for the design of C4D/SBCC capacity development plans that also include tools, SOPs and guidance to facilitate the implementation of SBCC at national, regional, district and local levels.

While some of the UNICEF tools (see section 5.3) can be shared with partners to be adapted and taken over at national level, it is advisable to have them co-developed from the start, based on the assessment, and considering the respective context of the country.

As an example, following tools could be developed:

5.3.1 C4D/SBCC implementation tools

Micro level: Guidance on how to conduct Community dialogues, Community based approach/community engagement processes (evidence-based participatory community planning); Rapid social assessment, SBCC budgeting, SBCC resource mobilisation

Meso level: Supervision and coordination templates (SM, CE, Community dialogues, CBA, trainings); M&E templates; Checklists and templates on how to facilitate SBCC coordination mechanisms; Checklists and templates on how to coordinate platforms

Macro level: SBCC strategic workshop implementation tools and guidance; Social accountability implementation manual and tools

5.3.2 C4D/SBCC management tools

Micro-level: Monitoring template for IPC activities; Community planning templates

Meso-level: SBCC Planning templates; SBCC Budgeting templates; SBCC Organisational development process checklist

Macro-level: Planning templates; M&E templates; Budgeting templates

5.3.3 C4D/SBCC advisory tools

Meso-level: Checklists, templates and guidance on how to conduct SBCC related research/ produce evidence, develop SBCC related policies, regulations, strategies and plans, social accountability mechanisms, and animate SBCC coordination platforms

Macro-level: Organisational development process guidance & checklist: SBCC job descriptions, budget tools, integration of C4D in ministerial continuing professional development system, etc.)

5.3.4 C4D/SBCC advocacy tools

Meso-level: SBCC works templates/checklist, best practices template / checklist

Macro-level: SBCC works templates/checklist, best practices template/checklist; Examples of C4D/SBCC works factsheets; Examples of C4D/SBCC CD works factsheets; C4D/SBCC success stories in video, social media format, etc.

The introduction of these tools can be made through traditional training workshops. Another way to support the field implementation of these tools, especially at frontline and sectoral professional levels, will be through mentors and coaches, preferably among the SBCC CD multipliers (see previous sections). Beyond teaching the SBCC modules in their respective training institutions, their "students" will be mentored and coached when they will implement SBCC in their daily work.

---

15   SBCC Capacity Assessment Tools from C-Change: https://www.thecompassforsbc.org/sbcc-tools/sbcc-capacity-assessment-tools.

16   Jana, M. et al. (2018), Measuring social and behaviour change communication capacity in Malawi. In: Strengthen Health Syst. 2018. Online, downloaded on October 12, 2020: https://www.researchgate.net/publication/327775777_Measuring_Social_and_Behaviour_Change_Communication_Capacity_in_Malawi.

5.4 Foster networking and SBCC cooperation mechanisms and platforms

Country offices should encourage strategic partnerships with learning institutions and the development of networking among SBCC CD multipliers and SBCC academics and practitioners. This is to establish and develop SBCC cooperation between organizations to strengthen C4D/SBCC capacity building capacities. This will also establish networks for innovation, knowledge sharing and co-creation, and more systematic SBCC funding.

Formal and informal strategic partnerships and networks are platforms that provide opportunities for researchers and practitioners, from government, universities, learning institutions, civil society and private sector to meet and cross-fertilize for personal development, expertise and experience sharing. These researchers and practitioners can be active in C4D, SBCC or related sectors, but they can also come from other sectors and be interested in adding a new competency to their own. Networking can also take place in form of summer universities, social network platforms, communities of practice, etc.

Concretely COs, with the support of ESARO and HQ, will identify existing opportunities (for example the Malawi national C4D conference, the network from Soul Beat Africa, other networks established by SBCC capacity building projects, or relevant sectoral networks). The partnerships with the learning institutions will be deepened through regular alumni exchange and request for services to do refresher courses, showcase best practices implemented in the region and introduce innovations.

The **role of UNICEF Country offices** will be to **encourage and make use** of these networks and partnerships, but not necessarily to coordinate them directly. The coordination role should be taken over by the training institutions and/or interested civil society organisations, with the sponsorship of governmental institutions and ad hoc support from donors' organisations.

5.5 Promote systematic C4D budgeting and resource mobilization for humanitarian and development contexts

One of the main underlying causes for weak SBCC capacity is the low budget allocated to SBCC in general, and SBCC CD in particular, to ensure the training of community workers and support groups. Indeed, for most of the countries, it is a challenge to get funds for C4D work. One way of doing this, is to systematically integrate C4D activities in sectoral workplans and budget, but also in thematic proposals in both development and emergency contexts.

ESARO has already developed a Guidance for integrating C4D/SBCC in Fundraising proposals to assist COs in systematically integrating C4D aspects in sectoral fundraising proposals. Also, thanks to other tools to integrate SBCC systematically in internal strategic and management context (see section 5.1), ESARO has provided the basis for a strong argumentation for C4D budgeting in sectoral programs in development and emergency contexts.

Through advocacy tools (see section 6.2.4) and advocacy activities (see section 7.1.3), COs will be able to showcase C4D/SBCC related best practices to potential donors in order to elicit funds for SBCC activities. The role of ESARO (and HQ) is to provide guidance to COs, for them to systematically introduce the C4D dimension in any proposal.

6 COs in scope intervention and related activities

6.1 Support the development of an enabling legal, political and socioeconomic environment for SBCC CD in development and humanitarian contexts

Elements of an enabling legal, political and socio-economic environment for SBCC CD are for example the institutionalisation of participatory and social accountability approaches, the policy provision to generate and use social and behavioural data for resource allocation and development of policy, the existence of policy and regulatory framework that support a rights-based and inclusive approach to SBCC and budget allocated to SBCC and SBCC CD to ensure the training of community workers and support groups, etc.

In order to strengthen these elements, there is a need to "convince" decision-makers that SBCC and SBCC capacity development increase demand for social services in the health, child protection, education, etc. sectors. Interviews conducted with ESAR countries for the development of the present working paper showed that Country Offices are in dire need of evidence-based arguments and cases that show that SBCC and SBCC CD work.

Therefore, the support for SBCC and SBCC CD enabling environment entail **advocacy work** based on **solid evidence** to be gathered through a technical and systematic **planning, monitoring and evaluation approach**.

To support the enabling environment for quality SBCC CD, following activities should be implemented:

- Assessment of the enabling environment for SBCC;
- Development of an SBCC CD plan with a monitoring and evaluation plan;
- Advocacy for SBCC and SBCC CD.

6.1.1 Assessment of the enabling environment for SBCC

When assessing SBCC CD capacities at national level (see section 6), elements of enabling environment should also be assessed. See appendix 6 for examples of questions to be asked to assess SBCC capacities at policy level. Other tools to assess enabling environment for SBCC are UNICEF C4D quality benchmarks, that should be adapted to the respective country context before use.[17] They can also form the basis for the elaboration of indicators for the monitoring and evaluation framework of SBCC enabling environment,[18] all the more, as they include C4D/SBCC standards for emergency and humanitarian situations.[19]

---

17 See UNICEF (2018), GUIDANCE, DEFINITIONS & RATING SCALES for Communication for Development (C4D) Quality Benchmarks through Strategic Monitoring Questions (SMQs) related to implementation of the 2018 – 2021 Strategic Plan, October, 2018.

18 C4D Benchmarks entail: (1) Budgeting for C4D Strategies; (2) Government-led coordination mechanism/s; (3) Generation and use of social, behavioural and communication data and evidence meet; (4) Capacity development strategies to upgrade C4D skills of at national level & subnational levels; and (5) Communication and community engagement platforms/ mechanisms.

19 C4D Benchmarks in humanitarian situation entail: (1) provision of information to affected and at risk people, including the most marginalized groups, on life enhancing/saving actions that they can take; (2) provision of information to affected and at risk people, including the most marginalized groups, to make them better informed about their entitlements, the programming available and how to access it; (3) existence of a systematic feedback and complaint mechanisms; (4) existence of approaches to support participation and community engagement across the programme cycle (assessment, service design, implementation and M&E); (5) existence of a connected Communication/ Community engagement/Accountability to affected population strategy or approach.

6.1.2 Development of an SBCC CD plan with a monitoring and evaluation plan

The development of the SBCC CD plan can be done as a stand-alone exercise, or this can be part of the CO's UNICEF C4D strategy or national sectoral SBCC strategies. Tools and guidance for SBCC CD assessment and plan can be developed by HQ. Such a process can be developed along the recommended UNDAF guidance (see Appendix 2).

While HQ support is envisaged for the development of the CD needs assessment tools, UNICEF ESARO can provide technical support to countries to draft terms of reference and identify suitable partners tasked to develop the external SBCC capacity plan. It is important that approaches to SBCC capacity gap assessments and SBCC capacity building plans be harmonized for comparability purposes and to be able to reach intended results as per the C4D quality benchmarks.

Example of SBCC CD plans in the region:

- ❯ 2016 Kenya Comprehensive C4D Capacity development report
- ❯ 2019 Zimbabwe Capacity and Needs Assessment Report and UNICEF Strategy for Capacity-Building of Select Institutions/ Organisations in Zimbabwe on C4D

6.1.3 Advocacy for SBCC and SBCC CD

The advocacy works can be implemented through the development of **advocacy tools** and the collaboration with SBCC champions. Advocacy tools can be **C4D/ SBCC works** (that already exist at ESARO level), **C4D/SBCC CD works** factsheets, and best practices conveyed in written text, video, journal article, TV or radio broadcast, social media (Twitter, Facebook, Instagram, etc.) form. These best practices can also be shared as part of strategic workshops, advocacy meetings, collaborative meetings, study visits for decision makers, etc. These advocacy tools should be developed by Country offices with the support of ESARO.

It will also be important to identify and work with **SBCC champions** within and outside UNICEF, who will be able to articulate why they think that SBCC is important, how it worked for them and why they invested in SBCC CD. Ideally, these champions should come from the leadership in sectoral ministries, or in UNICEF country and regional offices. SBCC champions will use their influence to hire or reward sectoral personnel who have been trained in SBCC and strive to introduce SBCC approaches and processes in management and policy processes. These processes could include evidence-based SBCC decision-making, strategic planning, policies and regulation, SBCC budgeting (including for CD, formative and evaluative research, SBCC monitoring and evaluation), social accountability, community engagement, and risk communication and community engagement in emergency and humanitarian contexts.

7 HQ-suggested focus interventions

7.1 C4D induction, training and self-learning

As per the recommendations identified by the ESAR Deputy Representatives in the 2019 DReps Meeting, UNICEF HQ colleagues at different levels are encouraged to develop a new set of C4D induction and training packages, in order to enhance the level of C4D and SBCC understanding and capacity across the organization. ESAR Deputy Representatives recommended that C4D capacity be reinforced across the office from Rep/Dep Rep to PME and Programme Staff. The following structure is proposed, by order of priority:

- **Priority 1** – Mandatory C4D orientation for all staff, including management (C4D orientation 1.0);

- **Priority 2** – How to design Results Based Management (RBM) with C4D integrated for all section chiefs, PME and C4D staff (C4D in RBM training 2.0). Mandatory for concerned staff (M&E and C4D);

- **Priority 3** – Mandatory in-depth C4D technical training for programme staff - and C4D staff when required (in-depth C4D training 3.0).

7.2 Development of C4D Capacity Development Tools

The priority set of tools that have been identified for HQ prioritisation are:

- A sample TOR to recruit an institutional partner in charge of conducting C4D CD needs assessments at country level and develop associated C4D CD plans;

- A tool to support COs to design and undertake C4D CD needs assessments for those COs that would like to conduct this exercise without recruiting an external firm;

- A C4D Capacity Development individual assessment form for pre and post training. This could be adapted from the one developed by C-Change project (2012 SBCC Pre-assessment survey for individuals).

8 References

C-Change (2013), C-Change Final Report. Washington DC: C-Change/FHI 360. Online, accessed on October 16, 2020: https://pdf.usaid.gov/pdf_docs/PDACX163.pdf.

GIZ (2015), Cooperation management for practitioners. Managing Social Change with Capacity Works. Springer Gabler

Jana, M. et al. (2018), Measuring social and behaviour change communication capacity in Malawi. In: Strengthen Health Syst. 2018. Online, downloaded on October 12, 2020: https://www.researchgate.net/publication/327775777_Measuring_Social_and_Behaviour_Change_Communication_Capacity_in_Malawi.

Nicola J. Christofides et al. (2013), A South African university – practitioner partnership to strengthen capacity in social and behaviour change communication. In: Global Health Action, January 2012. Online, downloaded on October 12, 2020: https://www.researchgate.net/publication/235385308_A_South_African_university-practitioner_partnership_to_strengthen_capacity_in_social_and_behaviour_change_communication.

Obregon, R. and S. Waisbord (2012), Capacity Building (and Strengthening) in Health Communication. The missing link. In: Obregon, R. and S. Waisbord (2012), The Handbook of Global Health Communication, Wiley Blakwell, 2012. Online, downloaded on October 12, 2020: https://onlinelibrary.wiley.com/doi/pdf/10.1002/9781118241868#page=573.

UN DESA (2015), UN Capacity development review. A report prepared for the United Nations Department of Economic and Social Affairs for the 2016 Quadrennial Comprehensive Policy Review

UNDAF (2017), Capacity Development UNDAF Companion guidance

UNICEF (2008), UNICEF Capability Development Framework (Draft)

UNICEF (2010), The approach of UNICEF to capacity development. Oral report background note.

UNICEF (2011), Capacity Development for the Core Commitment for Children in Humanitarian Action. Technical note

UNICEF (2016), Communication For Development: An Evaluation of UNICEF's Capacity and Action, September 2016

UNICEF (2018), UNICEF 2017 C4D Global Report

UNICEF (2018), GUIDANCE, DEFINITIONS & RATING SCALES for Communication for Development (C4D) Quality Benchmarks through Strategic Monitoring Questions (SMQs) related to implementation of the 2018 – 2021 Strategic Plan, October, 2018

UNICEF (2019), C4D programme guidance (Draft)

UNICEF (2019), UNICEF 2018 C4D Global Report

UNICEF (2020), C4D learning opportunities Sharepoint (courtesy of UNICEF HQ)

UNICEF ESARO (2018), Mapping of C4D Courses and Master's Degrees

UNICEF ESARO (2019), C4D CD needs assessment ESARO 2019 (.Ppt)

UNICEF ESARO (2019), Diagnostic Assessment of C4D Programming and Operational Structures

UNICEF ESARO (2020), ESAR 2019 SMQs report

USAID (2011), Assessment of capacity strengthening in the C-Change project, November 2011. Online, accessed on October 16, 2020: https://pdf.usaid.gov/pdf_docs/PDACT325.pdf.

USAID/FHI360 (2019), Health Communication for Life (HC4L) Project. Fiscal Year 2019 Quarter Four and Annual activity report. Online, accessed on October, 16, 2020: https://dec.usaid.gov/dec/GetImage.axd?ctID=ODVhZjk4N-WQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=NTU2OTUz&pID=NTYw&uSesDM=False&rIdx=Mjg-3MTYw&rCFU=&aw=UmVjb3JkTGF5b3V0fDQ5fDg4Nw==&tSize=MTUw

9 Appendices

Appendix 1: Methodology

Need assessment:

- Review existing capacity building framework available in HQ and other regions;
- Develop a questionnaire and other relevant tools to guide interviews. Pre-test it with 4 country offices;
- Survey the 21 COs, using the questionnaires

Mapping of existing material:

- Review of existing materials in HQ and other regions (online, face-to face modules etc.); mapping of training institutes, academics in the region; mapping of NGOs or development partners with capacity in SBCC practical training;
- Complete information on existing material through questionnaire;
- Classify these resources in line with the need assessment;
- Identify gaps and requirement for linguistic adjustments;

Develop the C4D / SBCC CD framework:

- Develop a preliminary framework, based on capacity and need assessment;

- Discuss it with 4 pilot countries
- Fill in the SBCC CD framework with information from the questionnaire;
- Provide operational recommendation to implement the framework;
- Building both on the typology developed and, on the tools, and resources identified,
- Submit the draft framework to ESARO
- Present the framework to country offices through a webinar to collect their inputs
- Finalize the framework

Four countries (Eritrea, Kenya, Zimbabwe and Angola) were identified, based on their performance in the 2019 ESARO Strategic Monitoring Questions (SMQs) report, whereby these countries performed particularly well on the capacity development benchmark.
The standards of the C4D CD benchmark are: C4D capacity development planning is informed by needs assessment; Partnerships with institutions for on-going C4D capacity development is formalized; C4D training framework and resources to guide and standardize training are developed/adapted; and Post-training follow-up to track skills enhancement is planned/ executed.

Appendix 2: Existing capacity development frameworks

2.1   UNICEF CD Frameworks

In **UNICEF**,[20] capacity development is defined as a process through which individuals, organizations, communities and nations strengthen and maintain the capabilities to set and achieve their own development objectives, defined within norms of human rights and gender equality. According to the UNDG, capacity development is one of five key principles for UN country programming. […]. Globally as within UNICEF, the concept of capacity development has undergone a gradual evolution. It has moved away from an externally-driven, narrow focus on human resource development (such as training with little follow up) and ad hoc support (such as one-time workshops) to a broader systemic approach that promotes national ownership. This entails a conscious emphasis on facilitation and support for iterative processes to strengthen capacity—rather than a directive way of working.

The **2015 UNICEF C4D strengthening initiative**,[21] "attempts to bolster UNICEF's institutional capacity in C4D/ community engagement in order to address critical gaps in the field and effectively place community engagement at the heart of programme delivery and support". As part of this initiative, UNICEF strives to implement a "more systematic and targeted approach to capacity development of government and staff" through the development of a refreshed C4D Capacity Development framework to serve as a single reference document on key C4D competencies; the provision of more tailored internal capacity-building in C4D to build on the strong efforts to date; and the development of a wider range of technical offerings for learning on application of C4D across UNICEF programme priority areas.

Another reference document used is the **2016 C4D evaluation**.[22] According to this document, "C4D capacity development relates to the strategies and initiatives that UNICEF has employed to strengthen the organisation's own capabilities to set and achieve strategic C4D objectives over time. These efforts have taken place both at the level of the individual through the development of individual's knowledge and practices and the organisation through changes to policies, systems resources." The main focus is internal capacity building in C4D in order to be able to strengthen

C4D capacities of counterparts and impact positively on social and behaviour change.

The three core elements, or causal links, in UNICEF's overall theory of change for C4D capacity and action:

1 That through a suite of internal capacity development initiatives delivered off-site as well as at NYHQ, regional and country level, individual's C4D knowledge, skills and practices would be improved and an organisational environment created (senior champions, adequate staffing etc.), that supports and incentivises the application of C4D (capacity).

2 With staff having the right skills and knowledge and an enabling organisational environment in place, C4D would be consistently integrated into the structures, plans and reporting of offices at global, regional and country level, which would lead to high quality C4D programmes being implemented at the country level.

3 Over time, high quality C4D programming would deliver positive behaviour changes and shifts in social norms and eventually this would have a positive impact on the lives of women and children.

20   UNICEF (2011), Capacity Development for the Core Commitment for Children in Humanitarian Action. Technical note.

21   UNICEF (2017), UNICEF 2017 Report on Communication for Development.

22   UNICEF (2016), Communication For Development: An Evaluation of UNICEF's Capacity and Action, September
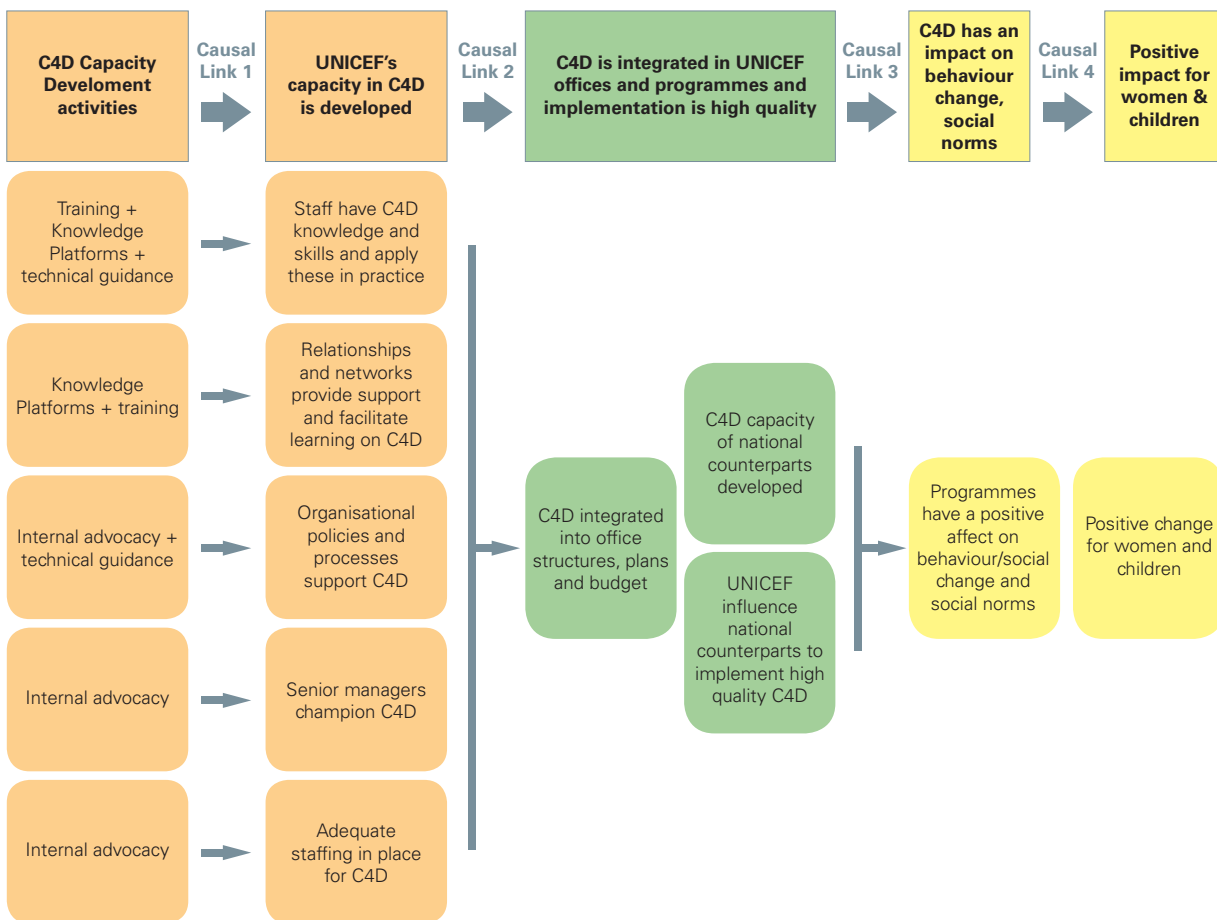
In 2008, UNICEF developed the **C4D capability framework**.[23]

In the C4D competency framework, technical capability in planning and managing C4D interventions, which encompasses an understanding of *underlying C4D theories, concepts, methodologies and techniques to develop, deliver and evaluate C4D interventions*, is at the very core. Based on an informal assessment of staff needs and field requests, this level of capability in C4D was required in two primary ways:

- **Comprehensive overview of the C4D process and outcomes** from an overall planning and management perspective. This because staff members in UNICEF field offices are, at the very least, in charge of planning and managing C4D interventions (refer to Appendix II)

- **Higher level (expanded) understanding of some elements of the C4D process** such as objective setting, research techniques and monitoring and evaluation.
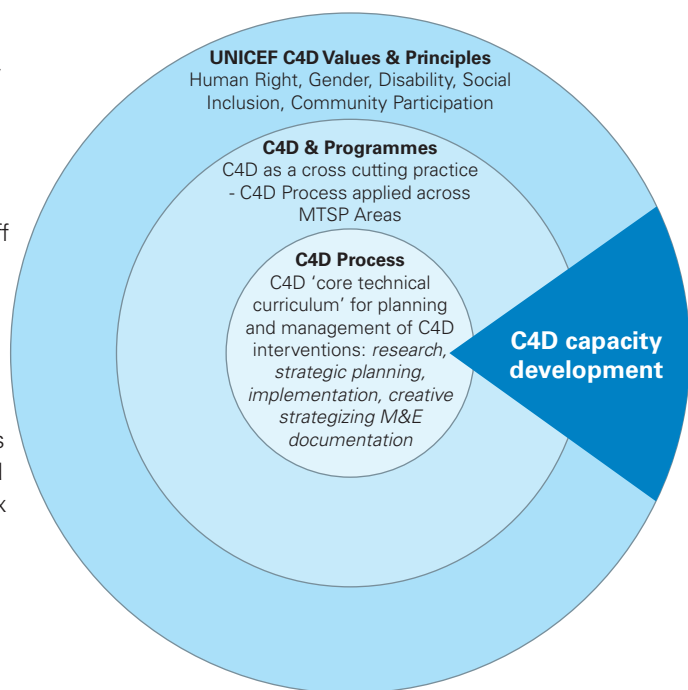
23   UNICEF (2008), C4D capability framework (Draft).

Technical competency in planning and managing C4D interventions focuses more on the 'socioscientific' aspects of C4D to ensure that interventions are evidence based and strategic. Learning content thus lends itself more easily to training – indeed several external courses such as SCOPE and COMBI are focused around developing this level of C4D competency in field staff.

At a second level, building on the above, is competency in the **application of C4D technical capability to specific UNICEF MTSP/programme areas** such as child survival (health, water sanitation & hygiene promotion, nutrition etc) and child protection (violence etc). The need for this level of competency is driven by organizational mandates and on-ground needs. Ultimately, every C4D intervention is an integral component of, and supports, the achievement of specific programme and advocacy objectives.

Programme priorities within a country or region shape the C4D strategies and methodologies that are designed to accelerate or sustain results. Technical competency in managing a C4D process cannot, in isolation, lead to results rather this competency needs to be framed within the context of specific programme areas. While underlying C4D theories, concepts, methods and techniques will largely be constant across programme areas, each programme area however will bring with it, its unique set of issues, successful approaches and history of lessons learned. It is this knowledge and understanding that is 'in demand' within the organization and the area within which C4D function is expected to deliver results. This level of competency will require the creation of specialized capability development initiatives that apply C4D technical competency to specific programme areas such as exclusive breastfeeding or hygiene promotion.

Technical competence in C4D and its application across programme areas will not ensure adherence to human rights principles or guarantee long term sustainability of results if root causes are not addressed. The third level of competency surrounds, indeed permeates, every other level of C4D competency and encompasses the *application of UNICEF C4D core values and principles* related to human rights, gender, disability, class, participation, communicating with children and so on. An understanding of this dimension among those who are responsible for delivery of C4D results or are in a position to facilitate and enable C4D within their offices, is essential, because C4D is both a '*right*'

and a '*tool*' for realizing the rights of children and their communities. However knowledge of C4D values and principles is not merely enough for those responsible for the delivery of C4D results – they must be able to apply these principles in the development, implementation and evaluation of C4D interventions. Learning content around this area of competency is more challenging to develop as it more focused on the 'art' of C4D and the softer elements that go behind making communications interesting, participative, empowering and culturally sensitive.

This framework, directed at developing UNICEF internal C4D capacities, distinguishes between 3 types of skills:

❶ **Hard skills:** are related to technical competencies required for a job. For C4D these include (but are not limited to) knowledge about research methods, planning and design principles, and monitoring and evaluation (M&E) techniques.

❷ **Soft skills:** are related to foundational and functional competencies. For C4D these skills include (but are not limited to) analytical thinking, effective listening and communication, facilitation, and negotiation skills among others, that are necessary to facilitate use of hard skills.

❸ **Management/leadership skills:** related to both functional and technical competencies, these skills refer to identifying direction and strategy, and the effective management of people, money, and other resources. These skills build on the "hard" and "soft" skills listed above and for C4D assume varying degrees of importance depending on factors such as focus of function, staff density etc

Furthermore, the C4D capability framework segments CD beneficiaries in:

i) **C4D delivery level:** Field level individual C4D practitioners and contributors (internal and external represent a core audience. This group is directly responsible for delivery of C4D results. As the individuals who are the direct interface with children and the systems that surround them, providing them with selected new capabilities will directly impact their effectiveness in delivering programme outcomes. This audience needs to understand the history, role, concepts and principles of C4D. They need to learn and apply the major techniques of C4D intervention design and delivery. From a global perspective, the following groups are broadly clustered together as C4D practitioners at 'delivery' level:

- Programme communication officers

- Information/ Media Relations officer with C4D duties within JDs

- Programme staff with C4D duties within JDs

- UNICEF consultants responsible for specialized C4D functions

- National and sub-national counterparts and NGO partners on C4D initiatives

(ii) **C4D enablers:** This group can constrict or enable C4D through systems, operations, and funding and represent a critical 'make' or 'break' population. They, more than any other group, can impact 'bottom-line' C4D delivery and results. They control schedules and financial resources. They can influence – either positively or negatively – the new C4D capabilities being introduced into the system.

In order to maximize that influence, this audience needs to understand the different ways that C4D adds value to programme delivery, how C4D is different from and complements the external/ media relations communication functions, the elements of a C4D implementation, and the critical tasks of management required to maximize C4D success. Globally, this group includes:

- Country Representatives

- Deputy Representatives

- CO Section Chiefs

(iii) **Policy makers:** Executive leaders (internal - *RD, Deputy RDs, HQ Division Directors and Deputy Directors, HQ Section Heads and Unit Chiefs; external – donors, high level executives from partner agencies*) set organizational agendas and policy. They are in a position to make or influence long term investments and to reinforce the value that C4D can add to the achievement of UNICEF's programme and other goals. They too need to know the value that C4D adds to the work of the organization, both as a 'right' and as a 'tool'. This group includes:

- Division Directors + Deputy Directors

- Regional Directors + Deputy regional directors

- HQ Section chiefs

- Donors

In order to **trigger demand for C4D** in key audience groups, that is, to enhance demand for C4D, the C4D capability framework proposes following actions:

For C4D operations / delivery:

- New developments in the field of C4D

- Changes in organizational priorities, mandates, policies and processes

- C4D capability requirements in job descriptions and Performance Evaluation Reports

- C4D Certification & Re-certification requirements

- Opportunities through training, field missions and staff exchange

For C4D enablers:

- Changes in organizational priorities, mandates, policies and processes

- C4D accountabilities in JDs and/or PERs

- Opportunities through training and field missions

For C4D policy makers:

- Changes in organizational priorities, mandates, policies and processes

Another interesting aspect of the C4D capability framework is the distinct roles for training content providers:

- **Content development** – providers will design and develop C4D learning content architecture and modules. Content developers will need to have subject matter expertise across C4D content areas

- **Content packaging** – providers will translate learning content architecture and modules into virtual, online or face-to-face training packages, materials and tools based on sound adult learning styles and methodologies

- **Content delivery** – instructors will conduct or facilitate learning sessions using the methods and materials developed by 1 and 2. Instructor's knowledge of local language and culture is essential

- **Coaching and follow-up support** – will provide post-training coaching and follow-up support to ensure that subject matter learnt is used and there to stay.

Concrete propositions of UNICEF C4D capability framework to enhance C4D CD capacities are:

1. **The development of <u>rapid response teams</u> for technical support across C4D capability areas**

A combination of subject matter experts, who represent a capability "cluster" that is critical for success of C4D delivery functions within any given region, can be created as global or regional support teams for rapid deployment to countries in contexts where regional or country offices are understaffed and/or under-resourced, or where an emergency may require additional support. *Rapid response teams will need to possess more advanced levels of knowledge and experience in specific content areas; teaching, coaching, and facilitation skills to disseminate those skills in the region*; as well as the ability to apply areas of expertise in support of regional and programmatic goals. Rapid response teams could consist of internal and external experts and consultants, who would support UNICEF across all office levels with the latest thinking in the academic and private sectors.

2. **The development of <u>long-term partnerships</u> with academia, think tanks and external experts**

Building on the point above, UNICEF will need to develop long term partnerships with a range of vetted and oriented, individual and institutional experts and technical leaders in the field of C4D for transfer of knowledge, design and delivery of capability development initiatives, and rapid deployment of technical support. Partnerships will need to emphasise UNICEF's role in C4D.
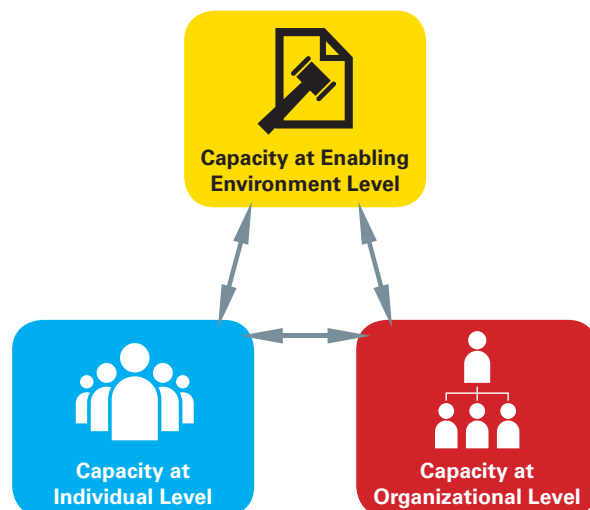
3. **The development of C4D community of practice and repositories of knowledge, tools and resources**

A fully functioning and well facilitated C4D community of practice within UNICEF will help those responsible for C4D delivery and enabling functions to *reinforce their learning, call for assistance or provide peers with C4D knowledge and skills* as and when the need arises. In addition to developing platforms for C4D communities of practice and building repositories of C4D documents, toolkits and guidance; <u>updated rosters of readily available, vetted and oriented experts</u> will be useful for C4D practitioners and others across the organization.
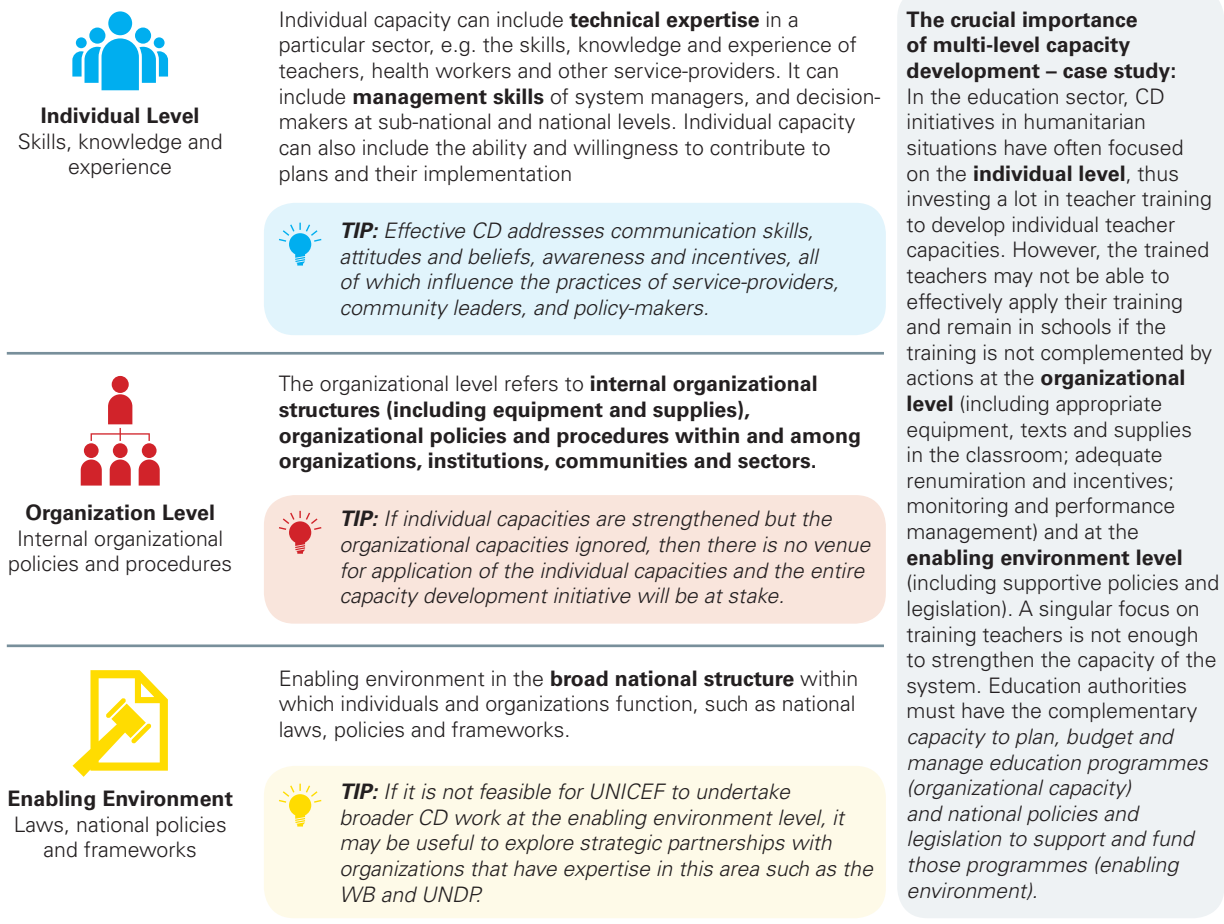
2.2   UNDAF CD framework

According to **UNDAF**,[24] capacity development is "the process whereby people, organizations and society as a whole unleash, strengthen, create, adapt, and maintain capacity over time," in order to achieve development results. The objective is "to maximize effectiveness, efficiency, sustainability and country ownership of development by ensuring that country level stakeholders can effectively, efficiently, resiliently and self-sufficiently manage and deliver intended products and services to their target groups."

Capacities can be grouped in three levels: individual, organizational and enabling environment, which altogether are interdependent and mutually reinforcing. At Individual, capacity development is about improving individual skills, knowledge and performance through training, experiences, motivation and incentives. At organizational level, CD is about improving organizational performance through strategies, plans, rules and regulations, partnerships, leadership, organizational politics and power structures, and strengthening organizational systems, processes, and roles and responsibilities. And at enabling environment level, CD is about improving policy framework to address economic, political, environmental and social factors including economic growth, financing, labour markets, political context, policy and legislative environment, class structures, and cultural aspects in a coherent and mutually reinforcing fashion.

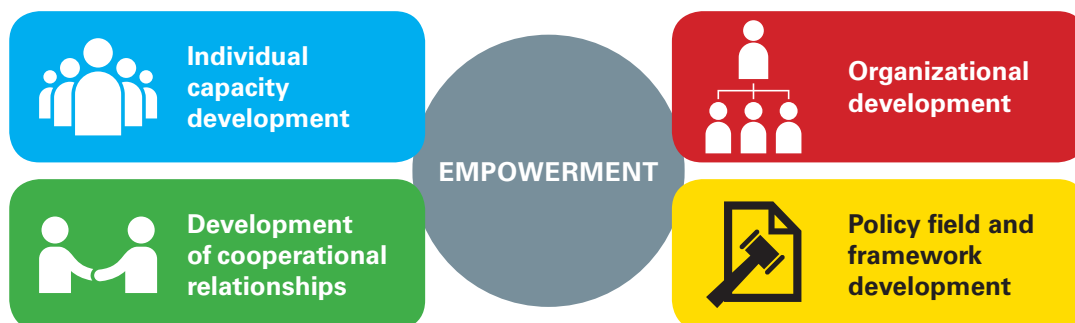24   UNDAF (2017), Capacity Development UNDAF Companion guidance

Overview of UNDAF Systemic Capacity Development

Individual Level
Skills, knowledge and experience

Individual capacity can include **technical expertise** in a particular sector, e.g. the skills, knowledge and experience of teachers, health workers and other service-providers. It can include **management skills** of system managers, and decision-makers at sub-national and national levels. Individual capacity can also include the ability and willingness to contribute to plans and their implementation

TIP: *Effective CD addresses communication skills, attitudes and beliefs, awareness and incentives, all of which influence the practices of service-providers, community leaders, and policy-makers.*

Organization Level
Internal organizational policies and procedures

The organizational level refers to **internal organizational structures (including equipment and supplies), organizational policies and procedures within and among organizations, institutions, communities and sectors.**

TIP: *If individual capacities are strengthened but the organizational capacities ignored, then there is no venue for application of the individual capacities and the entire capacity development initiative will be at stake.*

Enabling Environment
Laws, national policies and frameworks

Enabling environment in the **broad national structure** within which individuals and organizations function, such as national laws, policies and frameworks.

TIP: *If it is not feasible for UNICEF to undertake broader CD work at the enabling environment level, it may be useful to explore strategic partnerships with organizations that have expertise in this area such as the WB and UNDP.*

The crucial importance of multi-level capacity development – case study: In the education sector, CD initiatives in humanitarian situations have often focused on the **individual level**, thus investing a lot in teacher training to develop individual teacher capacities. However, the trained teachers may not be able to effectively apply their training and remain in schools if the training is not complemented by actions at the **organizational level** (including appropriate equipment, texts and supplies in the classroom; adequate renumeration and incentives; monitoring and performance management) and at the **enabling environment level** (including supportive policies and legislation). A singular focus on training teachers is not enough to strengthen the capacity of the system. Education authorities must have the complementary *capacity to plan, budget and manage education programmes (organizational capacity) and national policies and legislation to support and fund those programmes (enabling environment).*

2.3   GIZ CD framework

Another interesting capacity development framework is the one used by German technical cooperation, **GIZ**.[25] According to GIZ, capacity development is "the process through which people, organisations and society as a whole are enabled to shape their own development and adapt it to changing conditions and frameworks. When supporting capacity development, German development cooperation bases its conceptual approach on these three levels (i.e. people, organisations and society). The society level is broken down further into two constituent elements: cooperation systems and policy field".

Individual capacity development

Organizational development

EMPOWERMENT

Development of cooperational relationships

Policy field and framework development

25   GIZ (2015), Cooperation management for practitioners. Managing Social Change with Capacity Works. Springer Gabler.

The splitting of the enabling environment (in the UNDAF CD framework) in policy framework and network (in the GIZ CD framework) gives the possibility to follow two different strategies for capacity development at this level: on one hand, capacity development at policy level will be about developing enabling policy, regulation and programmatic conditions for SBCC capacity development through policy advisory services and advocacy. On the other hand, capacity development at network level will be about bringing different organisations and stakeholders together to create a mutual learning environment, share knowledge and foster innovations. This will be done mainly through the development of learning capacities, communities of practices and knowledge management.

GIZ explains how learning and innovation take place within organisations and cooperation systems using the three basic mechanisms of evolutionary theory.

In organisations and in cooperation systems, minor or major deviations from the established routine emerge at various points either as a result of planning or spontaneously **(variation [or demand for change])**. These variations are often prompted at the interfaces between organisations and their environment, or between cooperation partners. For example, a client might express a special request that cannot be met using existing standards. Or the users of public services might draw the attention of state actors to quality problems. Within an organisation, staff might develop ideas for designing new processes or services. Some organisations and cooperation systems develop numerous variations, while others lack variation.

One way of transferring lessons learned on innovation across cooperation systems (and beyond them) is knowledge sharing. For example, representatives of organisations from different societies might jointly seek variations to help them deal successfully with specific challenges. Some participants may already have some relevant experience. They then share their knowledge by presenting the lessons they have learned in a way that enables the other participants to translate and transfer this into their own setting.

Too many variations can leave staff or involved actors feeling uncertain as to how they should act in the face of such diversity. Whatever the tendency/organisational pattern is, i. e. whether variation is non-existent, infrequent or abundant, if it is to become meaningful for the whole system then it needs to

be acknowledged and approved. At a certain point line management or a steering committee will take a decision and select from among the known variations the one that seems the most suitable. For this step **(selection [or decision for change])**, it is key to organise the relevant decision-making processes appropriately. Organisations and cooperation systems differ in terms of their decision-making processes. Some support swift selection from among the available variations, while others involve lengthy processes. However, in the end the decision reached will have the backing of the relevant actors, and can be operationalised.

Once a selection has been made, this still does not guarantee that the variation will exert influence on the system. Interventions are required to stabilise the innovation within the system **(stabilisation or re-stabilisation [institutionalization of change])**. This means that rules, structures, processes and rituals are reviewed, and where necessary adjusted. New routines then emerge. This is how the cooperation system or the organisation gains the stability it needs in order to survive. These interventions require a great deal of attention in order to ensure that the actors in the organisations or cooperation systems concerned can rapidly rebuild confidence and certainty in the way they act.

Since each system has its own specific learning capacity and patterns, each one will deal differently with change, continuity, and the balance between the two. Some master change well, while others fail in adjusting to their changing contexts. The capacity for managing change processes is crucial and needs to be worked on.

Organisations and cooperation systems thus learn by means of variation, selection and stabilisation/restabilisation – and successful projects support this learning mechanism by initiating tailor-madeinterventions. In some cases, structures and processes are established in order to generate variation.

Decision-making processes can also be improved in order to boost selection. It is also conceivable that situations will arise in which change management as a whole is made the focus of the interventions initiated. Learning by organisations and cooperation systems is always geared to their objectives. The results delivered by the new patterns are manifested in benefits for customers, clients, stakeholders, shareholders and other actors.

Appendix 3: Results of the 2020 survey of internal and external C4D capacity building assets and needs

Slide Presentation

ESAR C4D Capacity Development assets and needs assessment

Results of internal survey
October 2020
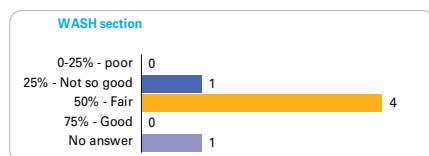*Dominique Thaly*
ESARO C4D system strengthening consultant

Participating countries

Out of the 21 ESAR C4D country teams:

- 6 COs filled out the internal and external survey (Rwanda, Burundi, Lesotho, Uganda, Tanzania & Madagascar, in **blue**);

- 4 COs participated in the validation process of the survey (Angola, Eritrea, Kenya and Zimbabwe, in **green**).

- Zimbabwe CO participated both in the validation process and also filled the external survey.

As a whole, 10 ESAR countries participated in this process.

Eritrea
Uganda
Kenya
Tanzania
Zimbabwe
Madagascar
Rwanda
Burundi
Angola
Lesotho
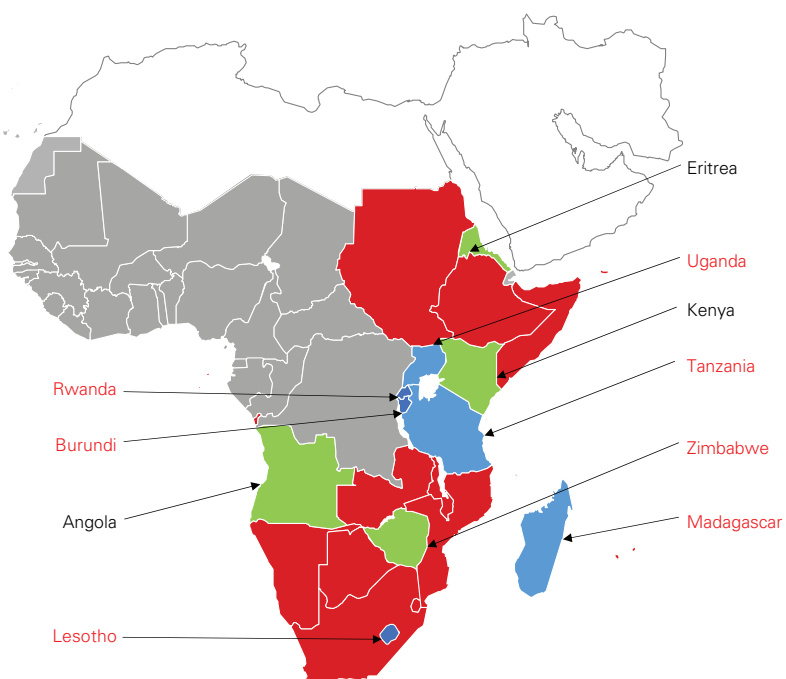
**Internal C4D
Capacity
Survey results**

Internal Capacity Survey results: **C4D CD plan**

1. Existence of assessment of capacity gaps in C4D (within UNICEF)

Yes	1
No	5
No answer	1

2. Existence of a CD plan

Yes	3
No	3
No answer	1
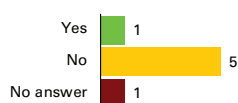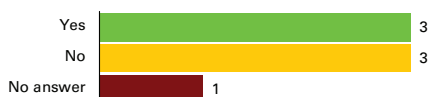
3. Would like to get RO support to develop a CD plan?

Yes	5
No	0
No answer	2
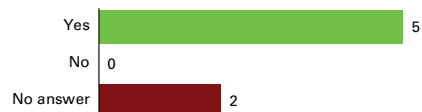
- Half of the countries have an internal capacity development plan for C4D but it is not necessarily based on a need assessment. 4 other countries (Kenya, Zimbabwe, Angola and Eritrea) also have a C4D CD plan based on a survey.

- Main gaps CO face to reinforce C4D CD within CO are time constraints (5 COs), available budget (4 countries), and quality of training modules (2 countries)

- Available annual budget for internal C4D CD range from 10,000 USD per year to 40,000 USD (Madagascar)

- Most of the countries would be interested in getting support to develop a CD plan, even those that already have a plan, as they are open to receiving additional guidance around SBCC CD issues.

Results of the 2020 survey of internal and external C4D capacity building assets and needs
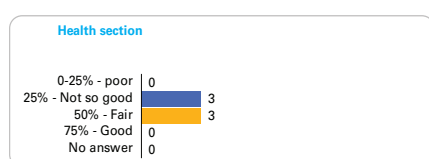*Slide Presentation*

Internal survey results: C4D training modules used

- Most C4D CO teams propose own developed modules to train CO programme staff in C4D.

- Modules proposed internally are:
  - C4D basics / intro to C4D, RCCE (including rumors tracking),
  - Community engagement,
  - AAP,
  - Minimum quality standard for community engagement,
  - interpersonal communication skills.

- More advanced modules are taken online: Ohio/ Hyderabad C4D courses, NYU course on C4D for Outbreak response, Agora (social norms & C4D), COMBI institute. These modules are taken by C4D specialist but C4D team also propose that other CO staff take them.

- Length varies from a couple of hours to several months

- Some modules are proposed both internally and externally

Internal Survey results: % of staff within the section with demonstrated C4D understanding and know-how / have received training in C4D

Health section

0-25% - poor	0
25% - Not so good	3
50% - Fair	3
75% - Good	0
No answer	0

Nutrition section

0-25% - poor	0
25% - Not so good	1
50% - Fair	2
75% - Good	1
No answer	2

WASH section

0-25% - poor	0
25% - Not so good	1
50% - Fair	4
75% - Good	0
No answer	1

Child protection

0-25% - poor	0
25% - Not so good	2
50% - Fair	3
75% - Good	0
No answer	1

Social protection

0-25% - poor	0
25% - Not so good	2
50% - Fair	1
75% - Good	0
No answer	3

Education section

|	
0-25% - poor	1
25% - Not so good	4
50% - Fair	1
75% - Good	0
No answer	0

- In most sections, there is a fair % of staff with demonstrated C4D understanding and know how.

- Nutrition, WASH and child protection fare better

- Education and social protection sections not so well.

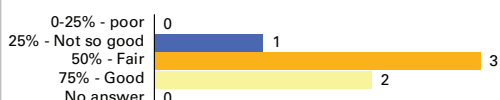- Regarding health sections, this is more mitigated

Internal Survey results: Organisational & advisory capacities:
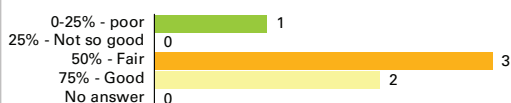% of sections leading of outcome that have the required skills and tools to:

Integrate C4D in strategic programming processes and documents

0-25% - poor	0
25% - Not so good	1
50% - Fair	5
75% - Good	0
No answer	0
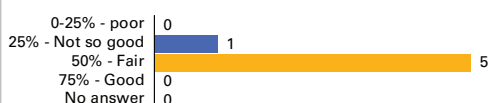
Integrate C4D dimensions in operational documents (AWP, PCAs, etc.)

0-25% - poor	0
25% - Not so good	1
50% - Fair	3
75% - Good	2
No answer	0

Conduct C4D related advisory processes with their partners

0-25% - poor	1
25% - Not so good	0
50% - Fair	3
75% - Good	2
No answer	0

- Most sections leading of outcomes have the required organizational and advisory capacities to integrate C4D in strategic programming, operational documents and to conducted C4D related advisory processes with their partners.
- There is a room for improvement in the area of integrating C4D in strategic programming processes and documents
- Sections get support from C4D section to conduct these processes

Internal Survey results: Organisational & advisory capacities: Degree to which all sections have the required skills (competencies), tools (standards or procedures, checklists, manuals, etc.) and internal C4D support:

**To plan for adequate budget for C4D** in their operational documents (AWP, PCAs)

0-25% - poor	2
25% - Not so good	0
50% - Fair	1
75% - Good	3
No answer	0
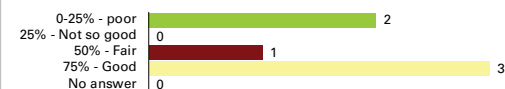
4. Would you need HQ/RO support?

|	
Yes	6
No	0
No answer	1
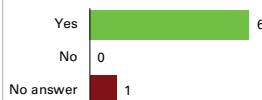
To identify and have under contract (or PCA) individual consultants, organisations and NGOs with adequate with adequate C4D skills to do quality evidence-based C4D research, quality design C4D strategies and implement quality C4D projects
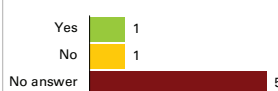
0-25% - poor	1
25% - Not so good	0
50% - Fair	0
75% - Good	5
No answer	0
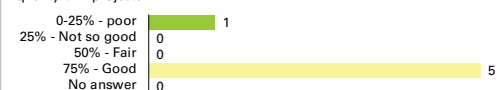
5. Would you need HQ/RO support?

Yes	4
No	1
No answer	2
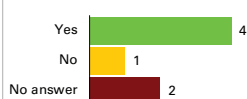
To coordinate C4D interventions at national, regional, district and community level.

0-25% - poor	1
25% - Not so good	0
50% - Fair	1
75% - Good	4
No answer	0
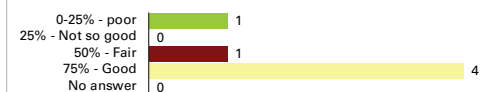
6. Would you need HQ/RO support?

Yes	1
No	1
No answer	5

- Most sections have the required management capacities in C4D
- Main capacity gap is in the adequate budget planning in operational documents
- Most sections are interested in getting RO or HQ support, especially to plan for adequate budget or to identify adequate C4D implementing partners
- The type of support needed are checklists, guidelines, updated LTAs, training manuals, tools, face-to-face workshops

Results of the 2020 survey of internal and external C4D capacity building assets and needs
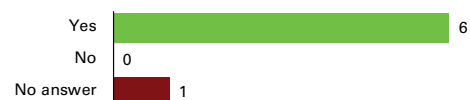*Slide Presentation*

Slide 9

CD External Survey results

Slide 10

External Survey results: C4D CD plan

7. Existence of capacity development plan / framework for external partners

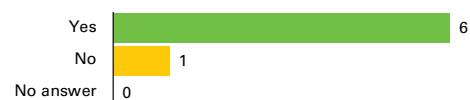|	
Yes	3
No	4
No answer	0

9. Would like to get RO support to develop a CD plan?

Yes	6
No	0
No answer	1

8. Is this C4D/SBCC capacity development plan based on a C4D assessment?

Yes	3
No	2
No answer	2

10. Need for additional support to strengthen C4D/SBCC training offer in the country?

Yes	6
No	1
No answer	0

- Some COs have a C4D CD plan and some of these plans are based on a C4D assessment (see comment below)
- Most COs would like to get RO support to develop a CD plan, including those that already have a CD plan, and to strengthen C4D/SBCC training offer in the country

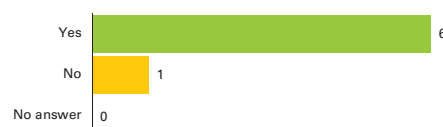## External Survey results: C4D training modules used

- Most trainings are **proposed directly by UNICEF COs**.

- **Participants are mostly implementing partners** (gvt, CSOs)

- All kind of subjects covered: Basic C4D, RCCE, C4D M&E, social accountability, community dialogues. IPC training offered mostly to partners on the field.

- Some interesting **C4D training offered locally by universities**:
  - **Burundi**, Degree programm in C4D, 4 years, Université Lumiere, Université du lac Tanganyika, Universite des Grands Lacs.
  - University of **Zimbabwe**, C4D module in Master's class in Journalism and Media Studies

- **Also training offered by international partners**:
  - **BBC media action** (Tanzania, UK based): RCCE
  - **COMBI Institute** (Tanzania, US based): COMBI
  - **C4D network** (Eritrea, UK based): Partnership for C4D Capacity building
  - **NTU-SAP** (Uganda): C4D capacity strengthening

Degree of satisfaction with C4D training for external partners (UNICEF C4D Staff perception)

Degree of satisfaction with C4D/SBCC training offer in the country

1 = "No", 2 = "Not really", 3 = "Yes, it's okay", 4 = " Yes it's good", 0 = " Missing answer"

Most C4D staff (60%) is satisfied with C4D training for external partners, but most would like to get support to strengthen it.

Format required: workshops, modules, documents sharing, ToT.

Themes: C4D/SBCC, Community approaches, sectoral C4D training, incorporation of behavioral insights and human centered design, AAP
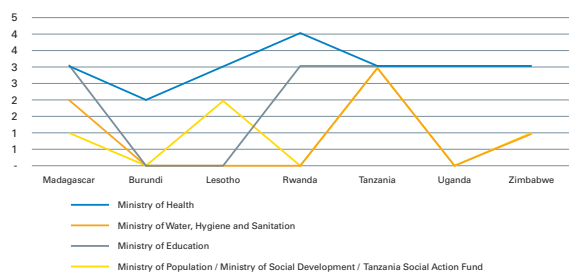
Results of the 2020 survey of internal and external C4D capacity building assets and needs
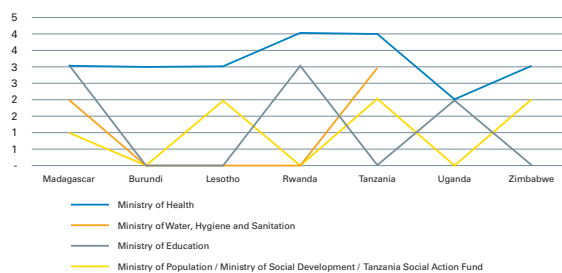*Slide Presentation*

Rating of existence of staff with demonstrated adequate C4D/SBCC understanding and know-how:

At programmatic and management levels
(decision-makers, technicians, managers)

At operational and frontline levels
(frontline workers, technicians)

Rating of management skills at strategic and operational levels

Rating of capacities to **integrate C4D/SBCC in strategic programming processes and documents** (own competencies, tools, and possibility to hire additional C4D/SBCC related skilled support staff/consultants)
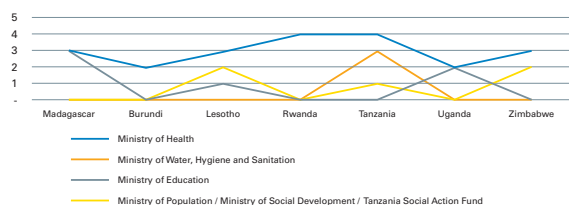
Rating of C4D/SBCC **management skills – integration of C4D/SBCC in operational documents** (own competencies, tools, and possibilities to hire skilled support staff/consultants)
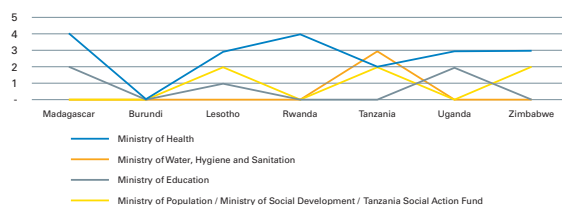
Rating of capacities to use SBCC data and in C4D in Emergency

Rating of C4D/SBCC related capacities (competencies, tools, and possibilities to hire C4D/SBCC related researchers) to **generate and use behavioural and social data**
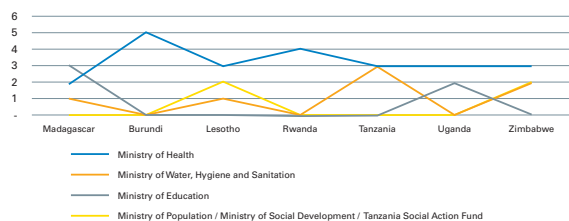
Rating of **C4D/SBCC in emergency capacities** (own competencies, tools and possibility to contract out consultants, organisations and NGOs with adequate C4D/SBCC skills)
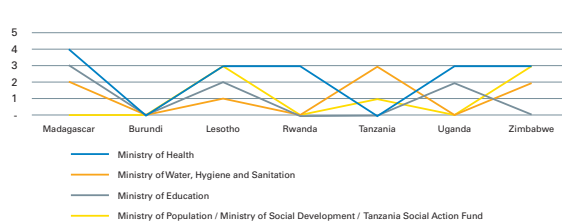
- In all countries, **Ministries of health fare better on all account** (SBCC understanding, management skills, use of SBCC data and C4D in emergency)

- In other ministries, the situation is different in each country.

Potential for C4D CD partnerships: Local institutions

Madagascar	Burundi	Lesotho	Rwanda	And many more
University of Antananarivo Communication Department / Anthropology Department	Université Lumiere	Mantsopa Institute Sesotho Media Pitsong Institute.	University of Rwanda (School of Journalism and School of Public Health) Ministry of Health/ Rwanda Health Communication Centre Rwanda Institute of Management Rwanda Development Board/Division of Capacity Development	See mapping of Africa SBCC training opportunities **South Africa:** WITS, Cape Town, Kwazulu Natal Universities **Zambia:** University of Zambia **Kenya:** University of Nairobi **Mozambique:** Universidade Catolica de Nampula **Malawi:** University of Malawi **Zimbabwe:** National university of Science and Technology **Other regions in Africa:** Senegal (Tostan Training Center), Nigeria (Ahmadu Bello University), Burkina Faso (Université de Ouagadougou)

Potential for C4D CD partnerships: INGO / regional / international partners

Lesotho	Tanzania	Zimbabwe	Others:
Lesotho Red Cross Society MISA-Lesotho HELP Lesotho	Global Fund and PEPFAR.	UN Agencies	C4D network FHI 360 BBC media action COMBI Institute

Results of the 2020 survey of internal and external C4D capacity building assets and needs
Slide Presentation

Required support from HQ/RO

Level of CB intervention	Tools (from RO?)	Training modules (from HQ?)	Others
C4D/SBCC **CD planning process**:	Capacity assessement tool. Training manual Managing C4D/SBCC processes and multi-sectoral flagship programmes, Behavioural prioritization	Standard C4D/SBCC training package for partners, technical competencies, required to manage C4D/SBCC management	Capacity building of the national facilitators (COs)
C4D/SBCC **Individual competency development**:	Implementations tools: - guidelines, - monitoring template for CIP activities, - CBA, - social mobilisation, - community planning templates, - social accountability implementation manual and tools). A blended C4D learning program Training guides, and easy to use SOPs	• Understand basic C4D/SBCC principles and values (including human rights based approach), • Interpersonal communication, • Community dialogues, • Community based approach, • Data/evidence based community planning, • Produce interactive media, • Produce dialogic media materials / media material using C4D/SBCC approach, • Facilitation of community participation, • Social mobilisation, • Implementation of social accountability mechanisms, • C4D/SBCC research and analysis, • Human-centred-design, • Behavioural economics, • Participatory research, • Social norms programming • Designing national online training – E-learning for C4D	Continuous professional development (COs) **Many of these topics are already proposed in available online C4D courses: make them more visible to partners**
Competencies for C4D/SBCC **Organisational & change management**:	Implementations tools: • guidelines, • monitoring template for CIP activities, • CBA, • social mobilisation, community planning templates, social accountability implementation manual and tools). • Training guides, and easy to use SOPs.	Designing national online training – e learning for C4D	
Competencies for C4D/SBCC **policy and advocacy level**:	C4D/SBCC works and C4D/SBCC CD works factsheets, & best practices in different media format – written text, video, journal article, TV or radio broadcast, social media based (Twitter, Facebook, Instagram, etc.). These best practices can also be shared as part of strategic workshops, advocacy meetings, collaborative meetings, study visits for decision makers, etc.		

C4D training priorities

| #	Priority (#1) Audience	Sectors	C4D/SBCC content	How	Trigger
1	Frontline workers from sectoral ministries / community social mobilisers	All	• Understand basic C4D/SBCC principles and values (including human rights based approach), • Interpersonal communication, • community dialogues, • community based approach; • Facilitation of community participation, • Data/evidence based community planning • Social mobilisation, • Implementation of social accountability mechanisms • Produce dialogic media materials / media material using	Face-to-face / online / on the job training / Continuous professional development / coaching	New developments in the field of C4D/SBCC / Changes in organizational priorities, mandates, policies and processes of the ministry / C4D/SBCC capability requirements in job description and performance evaluation report / opportunities through training / Demand from work plans and partnership agreements.
2	Public sector decision makers			A blended of face-to-face and online / Coaching through group training (intersectoral training) / initial training	Inclusion of C4D training in validated national development plans / Inclusion in national strategies / Creation of demand for it / advocacy
3	Sectoral professionals: Public health nurses, environmental health officers, family health staff, health education staff, planning officers			A blended of face-to-face and online / workshop / Initial training / training manual	New developments in the field of C4D/SBCC; Changes in organizational priorities, mandates, policies and processes of the ministry; The need to achieve meaningful and measurable change in various sectors.

Results of the 2020 survey of internal and external C4D capacity building assets and needs
Slide Presentation

Slide 18

C4D training priorities

#	Priority (#2) Audience	Sectors	C4D/SBCC content	How	Trigger
4	CSOs, partner NGOs.	All	• Understand basic C4D/SBCC principles and values (including human rights based approach), • Interpersonal communication, • Data/evidence based reporting, • Data/evidence based community planning • Community dialogues, • Community based approach, • Produce interactive media, • Produce dialogic media materials / media material using C4D/SBCC approach, • Facilitation of community participation • Social norms • Accountability mechanisms.	Continuing professional development, Face-toface, ToT, cascade, online, blended, initial training	New developments in the field of C4D/SBCC; Changes in organizational priorities, mandates, policies and processes of the ministry; C4D/SBCC capability requirements in job description and performance evaluation report, Increased demand to report meaningful results related to SBCC and mobilize more resources
5	Media	State and private media	• Principles and values (including human rights based approach), • Interpersonal communication, • Data/evidence based reporting • Produce interactive media.	A blended of face-to-face and online / Coaching through group training (intersectoral training) / initial training	Increased demand for quality evidence-based reporting and engaging more audiences.

Slide 19
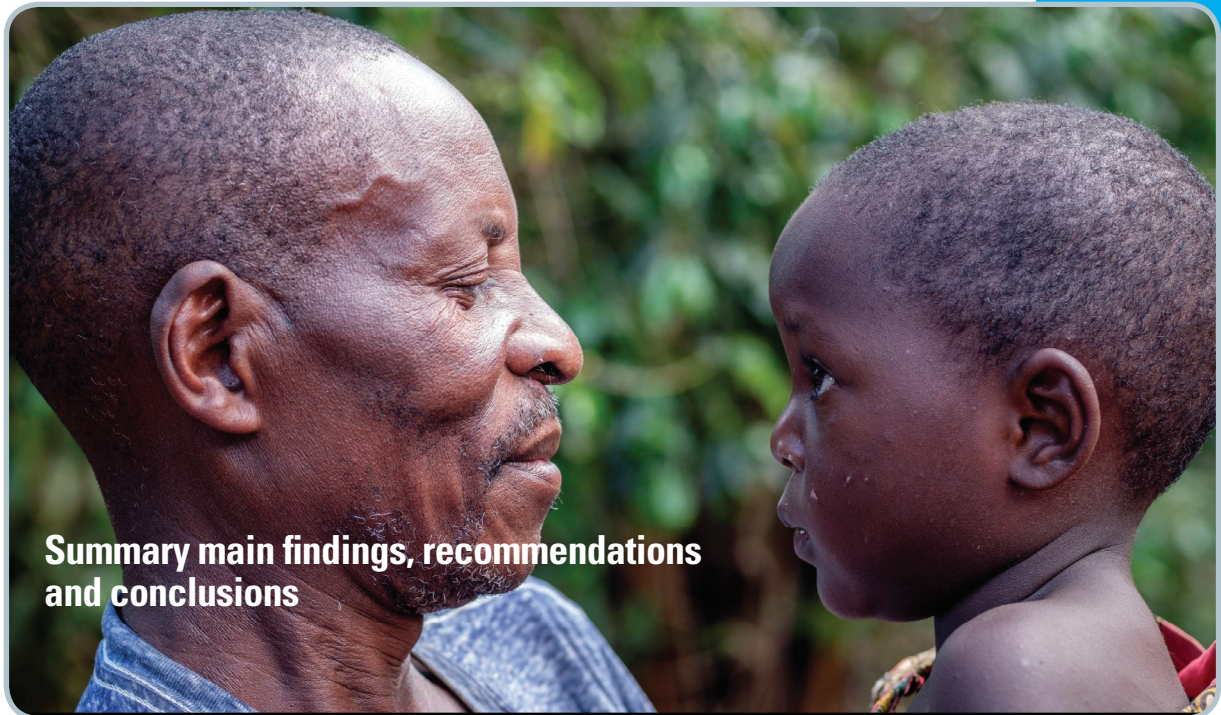
Summary main findings, recommendations
and conclusions

Slide 20

Internal C4D CD assets & needs assessment: main results

- Positive: CO C4D sections propose own C4D training modules to other sections. C4D CD activities are rarely based on a C4D capacity assessment or done in a systematic way.

- Budget for internal C4D CD is identified as the main gap.

- C4D Capacity within sections varies greatly, but most are deemed to be fair, so there is room for improvement.

- Most sections are interested in getting RO or HQ support, especially to plan for adequate budget or to identify adequate C4D implementing partners.

- The type of support needed are checklists, guidelines, updated LTAs, training manuals, tools, face-to-face workshops.

Results of the 2020 survey of internal and external C4D capacity building assets and needs
Slide Presentation

External SBCC CD assets & needs assessment: main results (1)

- Most C4D trainings are proposed directly by UNICEF COs. Participants are mostly implementing partners (gvt, CSOs). Most of the time, these training are not based on a need assessment. Notable exception: Eritrea and Zimbabwe.

- In all countries, **staff in Ministry of health have the most qualified staff in** C4D in all categories (front line workers, technical professionals and decision makers) and for all topics.

- Regarding other Ministries, this depends on whether the sections has a focus on C4D or not.

- The **priority focus of C4D CD** should be with **front line workers, public decision makers** and **sectoral professionals**. The format should blended (face-to-face and online) and should be embedded in initial training and continuous professional development processes. Triggers should be management processes like C4D/SBCC capability requirements in job description and performance evaluation report, strategic processes like inclusion of C4D CD in national strategies or drive for innovations like New developments in the field of C4D/SBCC. Other possible participants are CSOs and media.

External SBCC CD assets & needs assessment: main results (2)

- There are **quite a few local partners** to implement C4D CD with at national level, like universities, media institutions, or long term partners. **Partnerships need to be institutionalized. There is already one university with which we have a good partnership: WITs**

- There are also regional and international partners with whom C4D modules are already proposed:
  - **BBC media action** (Tanzania): RCCE
  - **COMBI Institute** (Tanzania): COMBI
  - **C4D network** (Eritrea): Partnership for C4D Capacity building
  - **NTU-SAP** (Uganda): C4D capacity strengthening

- Or who with whom UNICEF has already partnerships that could be tapped into: Red Cross, Help, UN Agencies, Global Fund, MISA, etc.

- Support required from HQ/RO is mostly around tools (RO) and making modules available for all kind of C4D related topics, including development of e-learning modules (HQ).

Recommandations (1)

Internal C4D CD

Main objective: strengthen C4D sections for them to propose sound C4D training internally.

- Develop C4D internal capacity assessment and planning process tools for COs to use if they wish to..

- Make an inventory of available C4D modules already available, and complete with those needed, for CO C4D sections to develop their own C4D CD offer. Make the modules available on AGORA and advertise about their availability and how to use them.

- RO encourage COs to include C4D modules in initial briefing for new personnel and yearly capacity building plans, delivered by C4D sections

- HQ elaborates an internal recommendation on how much, why and how to get funds to strengthen internal C4D CD capacities.

- Make an inventory of / Elaborate and make available required tools: checklists, guidelines, updated LTAs, training manuals, tools, etc…

Description of process and/ or checklist should be developed by HQ

Mapping ongoing. See with HQ how to make them more visible?

Share tools developed by ESARO on UNICEF wide internal platforms

Recommandations (2)

External SBCC CD

Main objective: set up processes and partnerships that integrate SBCC approaches and principles in local ongoing capacity development processes (initial training, continuous professional development and on the job training).

- Develop **SBCC external capacity assessment and planning process tools** for COs to use if they wish to (to be developed by HQ)

- **ESARO SBCC CD Initiative:** Explore the possibility to set up a branded and coordinated regional C4D CD programme to strengthen C4D capacities of front line workers, sectoral professionals, decision makers, CSOs and media, through participating training institutions (universities, initial training, continuous professional development) but also existing partners that offer SBCC training in the region (C4D network, COMBI institute, etc.) and funded through partnerships for with other UN agencies and donors like WHO in the health area.

  - The certified training programme could be offered online to multiplicators / facilitators from training institutions for them to develop blended modules in their respective training institutions.

  - Coaching, as well as on- and offline fora and exchange could be proposed / use of existing SBCC regional fora to foster exchange

  - Tools will be offered and updated regularly on an online platform

Results of the 2020 survey of internal and external C4D capacity building assets and needs
Slide Presentation

ESARO SBCC CD Initiative LISN:
Learn – Innovate – Support – Network

Learn

- Make available SBCC learning more visible to different interested parties

- Set up a learning project for teachers, lecturers and trainers in institutions offering health promotion, health education and/or health communication classes:

  - Identification of institutions - commitment

  - Participation in SBCC courses (Wits – John Hopkins, others)

Innovate

- Introduce newest developments in SBCC (social norms programming, Behavioural Drivers Model, HCD, Behavioural economics, etc.

- Make Africa-born SBCC innovation known…

Support

- Co-development of modules in respective training institutions

- Co-development of national Health communication competency framework

- Make tools and innovations available online

Network

- Social media

- Participation in national & regional C4D gatherings

- Participation in public health events – representing SBCC / Health promotion / Health communication

Focus only on health or already integrate other sectors like education, child protection, WASH, etc.?

Slide 26

Next steps

- Develop the different propositions in a narrative form
- Finalize the mapping

Appendix 4: SBCC competency framework

Audience	Type of competencies, objectives and content
Management and decision makers (Reps, Deputies, Heads of sectoral programs, heads of field offices)	**Technical knowledge:** To get a short overview of the main C4D/SBCC principles and contribution to reaching UNICEF's objectives: ❯ Understand basic C4D principles and values (including human right-based approach); ❯ C4D strategic programming in sector & intersectoral; ❯ C4D in Emergency in sector & intersectoral; ❯ Facilitation of community participation / community engagement in sector & intersectoral; ❯ Facilitation of social accountability and accountability to affected population (AAP) ❯ C4D research and analysis in sector & intersectoral; ❯ C4D coordination in sector and intersectoral; Advocacy competencies: to trigger demand for evidence-based C4D/SBCC related capacity development strategic planning, policies and regulation.
C4D officers and managers and C4D sectoral focal points	**Technical skills:** Deep understanding of C4D/SBCC principles and issues and their application in sectoral and cross-sectoral interventions. ❯ C4D principles and values (including human right-based approach); ❯ C4D strategic programming; ❯ Risk communication and community engagement programming (RCCE); ❯ C4D M&E; ❯ Facilitation of community participation / community engagement / social mobilisation; ❯ Implementation of social accountability mechanisms; ❯ C4D related research and analysis; ❯ Social norms programming; ❯ Innovations in C4D field: human centred design, behavioural insight, Behavioural Drivers model, etc. ❯ Foundational skills in andragogy/ adult education to lead on capacity building within the CO & among national counterparts
	Organizational competencies: Ability to strategize, provide C4D/SBCC related strategic, organisational development advisory services, plan, budget, manage and monitor C4D related activities for the implementation of UNICEF programmes through: ❯ Organising C4D Capacity development processes and plans (or integration of C4D in CO Capacity Development processes and plans); ❯ Mainstreaming of C4D content in UNICEF strategic and managerial documents (Situation Analysis, CDP, Programme strategic notes (including integration of C4D in theory of change), annual workplans (AWP), PCAs, Emergency preparedness plan, Contingency plan, HAC, etc.); ❯ Development of C4D related management tools (C4D manuals, procedures & standards of procedures - SoPs) to develop, implement and monitor C4D related programmes and activities (monitoring template for CIP activities, Community based approach (CBA), community planning templates, etc.); ❯ C4D budgeting; ❯ C4D resource mobilisation and management; ❯ Identification, and management of local C4D human resources, organisations and strategic partnerships for C4D research, implementation and evaluation

Audience	Type of competencies, objectives and content
	Advocacy competencies: Ability to advocate and mobilize resources for cross-cutting C4D CD at national level and to give advisory services to CO management for C4D CD advocacy, budgeting and resource mobilisation by: ◉ Assisting CO management (Rep, Dep Reps, Head of section) through policy advisory services and resources to improve on their advocacy work for C4D/SBCC capacity development activities; ◉ Developing evidence and argumentative factsheets ('C4D/SBCC works!" & "C4D/SBCC CD works!") to be used at regional and national levels to strengthen SBCC CD within UNICEF and towards partners; ◉ Assisting CO management (Rep, Dep Reps, Head of section) in strategic C4D/SBCC CD planning and implementation (provision of advisory services, guidance and templates for C4D needs, organisational capacity and demand assessment, CD planning, CD M&E within CO and including partners);
M&E, Programme managers in sections, HR, logistics	**Technical competencies:** ◉ Understand basic C4D principles and values (including human right-based approach); ◉ C4D strategic programming in sector & intersectoral; ◉ Understanding M&E specificities related to improve the measurement of C4D behavioural drivers **Organisational competencies:** Ability to manage C4D related processes: ◉ C4D M&E (M&E officers) ◉ C4D budgeting ◉ C4D financial and HR resource mobilisation and management
ESARO C4D advisers and specialists	**Organisational competencies:** Ability to strategize, coordinate and manage C4D management processes, to provide C4D related strategic and organisational development advisory services, and quality check to COs by: ◉ Assisting COs in C4D CD planning and processes (provision of advisory services, guidance and templates for C4D needs, capacity and demand assessment, CD planning, CD M&E within CO and including partners); ◉ Assisting COs in the development and implementation of quality C4D related training modules and processes (Advisory services and/or material for Content development, content packaging, content delivery, coaching and follow-up); ◉ Assisting COs in developing sound C4D M&E frameworks; ◉ Developing C4D quality management tools (manuals, SoPs, checklists, etc.) to mainstream C4D content in UNICEF strategic and managerial documents (Situation Analysis, CDP, Programme strategic notes (including integration of C4D in ToC), AWP, PCAs, Emergency preparedness plan, Contingency plan, HAC, etc.; ◉ Providing exchange platforms and repository platforms for good / best practices, tools, manuals, SoPs, etc.
	Advocacy competencies: Ability to advocate and mobilize resources for cross-cutting C4D CD at regional level and to give advisory services to COs for C4D CD advocacy, budgeting and resource mobilisation by: ◉ Assisting COs through policy advisory services and resources to improve on their advocacy work for C4D/SBCC capacity development activities; ◉ Developing evidence and argumentative factsheets ('C4D/SBCC works!" & "C4D/SBCC CD works!") to be used at regional and national levels to strengthen SBCC CD within UNICEF and towards partners; ◉ Assisting COs in strategic C4D/SBCC CD planning and implementation (provision of advisory services, guidance and templates for C4D needs, organisational capacity and demand assessment, CD planning, CD M&E within CO and including partners);

4.2   External SBCC competency framework

4.2.1   SBCC individual competency framework

Below is the list of priority competencies needed, as identified during the July/August 2020 survey of UNICEF offices.

#	Priority (#1)	Audience C4D/SBCC content
1	Frontline workers from sectoral ministries/community social mobilisers	● Understand basic C4D/SBCC principles and values (including human rights based approach),
		● Interpersonal communication,
2	Public sector decision makers	● Community dialogues,
3	Sectoral professionals: Public health nurses, environmental health officers, family health staff, health education staff, planning officers	● Community based approach;
		● Facilitation of community participation,
		● Data/evidence based community planning
		● Social mobilisation,
		● Implementation of social accountability mechanisms
		● Produce dialogic media materials / media material using C4D/SBCC approach
4	CSOs, partner NGOs.	● Understand basic C4D/SBCC principles and values (including human rights based approach),
		● Interpersonal communication,
		● Data/evidence based reporting,
		● Data/evidence based community planning
		● Community dialogues,
		● Community based approach,
		● Produce interactive media,
		● Produce dialogic media materials / media material using C4D/SBCC approach,
		● Facilitation of community participation
		● Social norms
		● Accountability mechanisms.
5	Media	● Understand basic C4D/SBCC principles and values (including human rights based approach),
		● Interpersonal communication,
		● Data/evidence based reporting
		● Produce interactive media.

4.2.2 SBCC organisational, policy and advocacy related competencies framework

Next to individual competencies, there are SBCC organisational competencies, as well as policy and advocacy related that professionals in organisations, especially in public but also civil society organisations involved in SBCC, should have in order to be able to manage SBCC processes. The organisational competencies below have been identified based.

Audience	Type of SBCC competencies, objectives and content[26]
Sectoral professionals (health workers, nurses, teachers, social workers, extension workers); **Civil society** (Technical frontline workers, animators, volunteers, others); **Media professionals** (radio, TV, scenario writers, creative professionals, community managers for social media, etc.);	**Organisational competencies (for sectoral manager and partner civil society organisations):** Ability to plan, budget, coordinate, manage and monitor SBCC related activities for the implementation of SBCC activities in sectoral and cross-sectoral programmes through: ❯ SBCC related evidence-based planning; ❯ SBCC M&E; ❯ SBCC budgeting; ❯ SBCC resource mobilisation and management;
Macro-level audience: decision makers, technical staff and directors and managers in charge of communication for development (or IEC or SBCC) in ministries with whom C4D staff interact to design C4D strategies, plans and to oversee/coordinate C4D interventions in a given country.	**Organisational competencies (For program managers in sectoral ministries):** Ability to plan, budget, coordinate manage and monitor SBCC related activities for the implementation of sectoral and cross-sectoral SBCC programmes and activities, through: ❯ SBCC related Evidence based planning; organising of SBCC CD planning and processes; ❯ SBCC M&E; ❯ Development of SBCC related management tools (SBCC manuals, procedures & SoPs) to develop, implement and monitor SBCC related programmes and activities (monitoring template for CIP activities, Community based approach (CBA), community planning templates, etc.); HR resources management (recruitment of SBCC profiles).
	Change management competencies: Development of expertise to accompany decision makers (Department directors in sectoral ministries) in the development and implementation of regulatory and organisational adjustments in their respective Ministry to facilitate SBCC implementation through: ❯ Organisational development activities to optimize the implementation of SBCC
	Advocacy competencies: Development of expertise and resources to make decision makers (Communication directors and managers in sectoral ministries) strong advocates of SBCC approaches in lieu of IEC approaches and to mobilise resources for SBCC capacity development in their respective sector through: ❯ Advocacy and policy advisory activities in order to trigger demand for evidence-based SBCC related capacity development strategic planning, policies and regulation, and SBCC budgeting (including for CD); *Advocacy SBCC themes include budget, policies and regulations to facilitate evidence based SBCC approaches (including formative and evaluative research, data-based decision making, strategies, implementation, and M&E), social accountability, community engagement, risk communication and community engagement in emergency and humanitarian contexts.*

26   A more detailed matrix with tools and channels is to be found in appendix x.
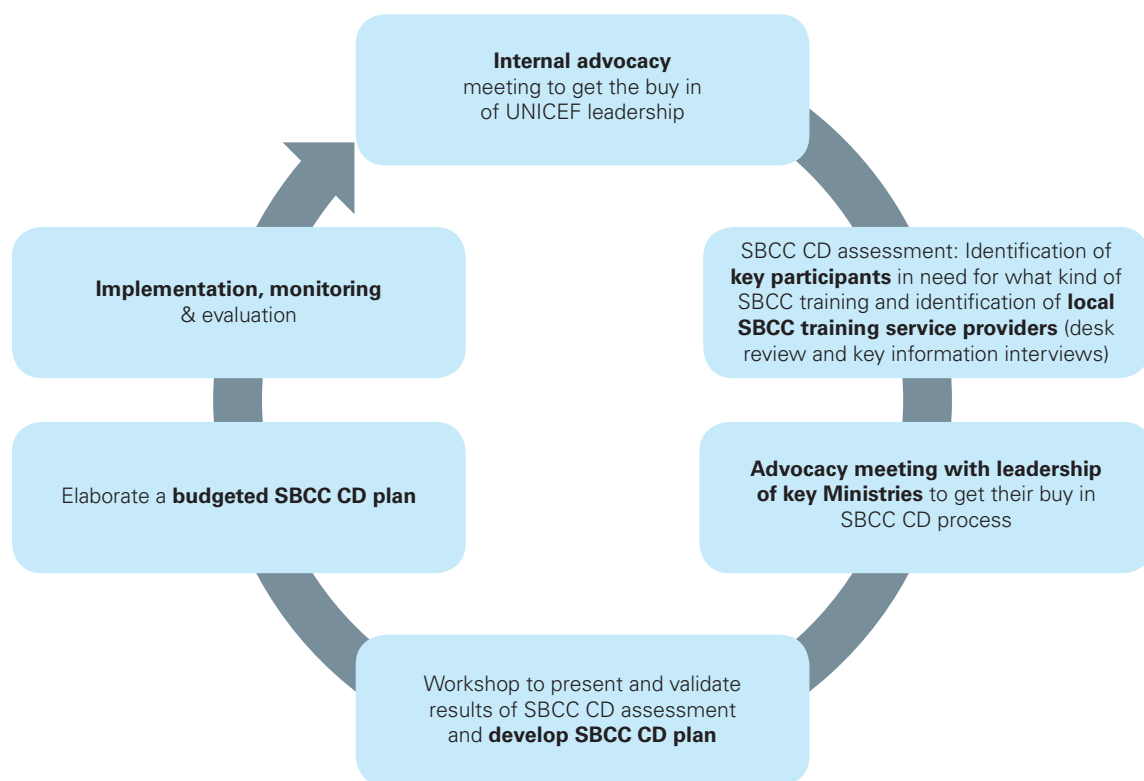
Appendix 5: SBCC/C4D training resource mapping[27]

5.1   SBCC training in Africa

5.2   Global online SBCC training

5.3   Global offline SBCC training

5.4   SBCC tools and resources

Documents available on SharePoint here

---

27   Includes : UNICEF ESARO (2018), Mapping Of C4D Courses And Master's Degrees, and UNICEF (2020), C4D learning opportunities Sharepoint
(courtesy of UNICEF HQ)

Appendix 6: Proposed process to conduct a C4D/SBCC CD assessment

6.1 Proposed process to conduct the C4D/SBCC CD assessment

Internal advocacy meeting to get the buy in of UNICEF leadership

SBCC CD assessment: Identification of **key participants** in need for what kind of SBCC training and identification of **local SBCC training service providers** (desk review and key information interviews)

Advocacy meeting with leadership of key Ministries to get their buy in SBCC CD process

Workshop to present and validate results of SBCC CD assessment and **develop SBCC CD plan**

Elaborate a **budgeted SBCC CD plan**

Implementation, monitoring & evaluation

6.2 Proposed questions to conduct a C4D/SBCC CD assessment

At individual level:

- What Ministries work with what kind of frontline workers in development and emergency/humanitarian context?

- What is their initial training at academic (university) and technical training levels? Where do they get this training? What are the SBCC related modules, how are they taught? What are our links with these institutions? Have we contributed in the development of the SBCC related modules?

- What is in their job description? What are the SBCC related aspects of their job description?

- How does their pre-service training look like? Who does it? When does it take place? How long is it? What is the potential for integrating SBCC related modules in these trainings?

- How does their continuous professional development / in-service training look like? Where and how do they get their continuous professional development? Who does it? Are they organised in professional corporations and if yes, do these also offer continuous professional development? What is the potential for integrating SBCC related modules in these trainings?

- How do we/our counterparts currently work with these organisations? What are the potentials for further collaboration to improve the initial training, pre-service training and continuous professional training / in-service training of these frontline workers in SBCC relevant domains?

At organisational level:

- What Ministries have SBCC related organizational structure at national and subnational levels? How are they staffed? How are they equipped (ICT, means of transportation)? Also look at intersectoral ministries like Ministries in charge of local affairs or decentralization.

- What is the job description of this staff and how does it fare compare to SBCC related optimal capacities?

- Is their role/function regarding facilitation of community participation, community engagement, social accountability, inclusion of local leaders, civil society, media and representatives of marginalized population (including youth) in consultation & planning meetings, transparency of information, generation and use of data to inform decision and planning, M&E system, accountability to affected population, described in any regulation, policies and administrative circulars? Do they have reporting tools that include SBCC relevant information? (both development and emergency / humanitarian context)

- How do we/our counterparts currently work with these administrations to improve their standards, planning, monitoring & evaluation tools, supervision tools, guidance, reporting tools, etc. so that they include SBCC relevant information and processes? How can we improve on this work?

At policy level:

- What Ministries are demonstrating good practices in SBCC relevant issues like social accountability, generation and use of social and behavioural data for resource allocation and policy, transparency of information, development and implementation of quality SBCC strategies, use of participatory media, mainstreaming of participation of civil society and media at national and sub-national levels in policy development, resource allocation and planning, inclusion of marginalized groups in policy and decision making processes, accountability to affected population? What are they saying about the advantages of promoting these principles and values? How do they allocate budget for SBCC work? How do we work with them / how could we work with them better to trigger more demand for these values and approaches and push to mainstream them in policies, regulations and structures?

- Which commissions of elected representatives are responsible for pushing the mainstreaming of SBCC related values and principles / human rights based approaches in laws and policies in developmental and emergency situations, how do we work with them / how could we work with them?

- Which donor organisation (UN and non-UN) also work in SBCC relevant domains (including in organisational and policy development), how is their SBCC work aligned with C4D values and principles, how do we / our counterparts work with them / how could we work with them better to create synergies and strengthen the mainstreaming of SBCC values and principles and Social and Behaviour change?

At network / strategic partnership level:

- What Ministries have SBCC relevant strategic partnership with which actor from the civil society, media and university?

- What civil society / university / media / professional networks/ private sector organisations / international NGOs are active and have a particularly salient SBCC role regarding social accountability, community engagement, social and behaviour change, gender, transparency of information, social and behavioural data generation and use, collaborative / participatory decision making, participation of youth, marginalized organisation, promotion of democracy, accountability to affected population, HCD, socio-anthropology, social psychology, behavioural economics, etc.? How do they work with public organisation, media and each other? What are their SBCC related best practices? What are their meeting modalities and what could potential could they have to foster knowledge and innovation generation and exchange?

- What organisations have SBCC relevant training and organisational development capacities? Who are the trainers / consultants and how is their capacities? What training modules do they have and how relevant are they for SBCC / Can they be used or adapted?

- What organisation generate and publish their SBCC relevant research? Where is it published, what is the quality and how are they used by decision makers in public, civil society and private sector?

- How do we / our counterparts currently work with them and how can this be improved?