eLearning Series

Evidence-based Malaria BCC: From Theory to Program Evaluation

Module 4: Monitoring Malaria SBCC Interventions – Handout

Module 4 of 5

Hannah Koenker, MPH

Senior Malaria Program Officer
Center for Communication Programs
Johns Hopkins Bloomberg School of Public Health

Learning objectives

At the end of this presentation, participants should be able to:

- Explain what programmatic monitoring is and how it is used.
- Be able to list three standard process indicators used for monitoring malaria SBCC activities.
- Describe three standard approaches for monitoring SBCC activities.

Table of contents

Part 1: What is monitoring?

Hi, my name is Hannah Koenker and I'm a senior program officer in malaria at the Johns Hopkins University Center for Communication Programs, which is part of the Bloomberg School of Public Health. This lecture is the fourth module in this eLearning series and we will cover approaches for monitoring social and behavior change communication programs. Hopefully you'll be able to use the information in this lecture as you consider how to make sure your SBCC activities are happening as planned. Let's get started.

This eLearning series was supported with funding from the United States Agency for International Development through the NetWorks project. This lecture has three main learning objectives:

- First, we hope that participants in this lecture will understand and be able to explain what programmatic monitoring is and how it's used. One reason for monitoring is to make sure your planned activities are taking place. Another reason for monitoring is to make sure that those activities are having the desired effect.
- The second objective of this lecture is to familiarize you with some of the standard and/or recommended indicators that are used to monitor SBCC interventions.
- Third, we want to introduce you to a number of approaches that can be useful in conducting, monitoring of SBCC activities. Depending on the types of activities you're implementing, the resources available within your organization and the reporting requirements of the donor agency, some of these approaches maybe more applicable than others.

This lecture will consist of four sections. Section 1 consists of a few slides that introduce monitoring and its purpose. In Section 2, we discuss process indicators used to monitor activities. As you'll see, the use of process indicators allows us to determine whether or not an SBCC program took place according to plan. Section 3 describes audience monitoring indicators that we use for monitoring audiences and how their behaviors are changing as a result of the program activities. Section 4 presents some standard approaches for collecting data to monitor SBCC interventions. We'll then wrap up with a summary of the lecture and provide you with some additional resources.

In this first section, we'll present a definition of monitoring and how it fits into an overall evaluation plan.

What is monitoring? It includes a number of things. Monitoring is the routine tracking of priority information about a program, either at national or project level, and the program's intended outcomes. It also includes monitoring of the inputs which are usually things like money, staff, time and commodities and of outputs like TV or radio spots, print materials, trainings and other activities. This is done through record keeping within the project as well as observations of the program, and in many cases, client surveys such as exit interviews, household surveys or marketing omnibus surveys which we'll get into a little later on.

In this lecture we'll talk about quantitative ways of monitoring. Qualitative methods and participatory methods can also be used to complement the quantitative data by gathering more in-depth information about a program including anecdotes or case studies.

Monitoring has many different terms. We talked about programmatic monitoring or process monitoring or sometimes output monitoring but these are all the same thing. Process indicators and output indicators are also the same thing. The key thing is that you're monitoring the process or the program, and in this lecture we'll use these terms interchangeably.

If we look at the diagram here, this is really the simplified version of the program (which we sometimes call a project, so keep that in mind as well). You take some inputs which are resources such as funding, staff time, commodities and then you use them to produce what are termed outputs. In the case of SBCC, these are usually BCC materials or activities like radio spots, print materials, trainings and activities and events. We've also included person's reach

here as an output, although it is sometimes categorized as an intermediate outcome. Nonetheless, if all goes well with your planning and your program, your outputs lead to better outcomes which are our target behaviors for malaria prevention and control such as bed net use, IPTP uptake, prompt diagnosis and treatment and acceptance of IRS. This lecture focuses on how we can tell if all is going well or not.

This more complicated diagram is an evaluation system. Instead of inputs, outputs and outcomes, we have the evaluation activities that range from the pre-intervention period through to the post-intervention period. You've already covered the part on the far left, the formative evaluation or formative research, which happens several months prior to the intervention and informs its design. We'll be covering the middle section here, monitoring, which happens periodically during the lifespan of the program. The final module in this course will address outcome evaluation.

We can break down monitoring into two categories, both of which we'll focus on in this talk. First, we monitor the intervention itself because we want to assess if our activities are going according to plan. Are they happening? Are they happening on time and in the right place with the right people?

We don't just want to know it's happening, we want to know if the activities are having the intended effect on our target population. Clearly, it does us no good if our activities are happening as scheduled if they aren't working to change the behaviors that we want to change. In many cases, the second type of monitoring is done much less frequently and is often saved until the evaluation stage which we'll cover in the next module. We'll talk a little bit about ways to periodically monitor the effects of your activities so that you can be confident you're on the right track and redesign parts of your program if you're finding that things aren't going as planned.

Why do we want to monitor our programs? There are a lot of reasons. First, monitoring allows you to document program implementation. It's common for SBCC activities to vary from what was initially suggested in a funding proposal or what developed from formative research. Various circumstances, such as delays or changes in funding and political leadership can affect the way a program's activities are implemented.

Secondly, most SBCC activities will include multiple messages delivered over multiple communication channels. As a result, it's important to monitor when, where, how often and the degree to which an audience pays attention to the messages. By monitoring these trends over time, you'll be able to identify the need for and make midcourse corrections in your SBCC activities.

Third, monitoring input and intermediate output indicators (and outcome indicators if feasible) offers a general indication of your intervention's progress towards its agreed-upon targets. This information will be helpful when it comes to evaluating the intervention in terms of being able to demonstrate exposure over time and provide additional support for attribution of observed changes to SBCC exposure.

Fourth, SBCC monitoring can help inform future replication of similar programs. As you make connections between SBCC monitoring data and evaluation findings, you'll be able to identify the type of activities that are most successful for certain audiences and for specific behaviors.

Last, but not the least, monitoring helps to make your donor happy. Donors want to see progress and they don't want to wait until the very end of the project to know if your program is working. We all know that a happy donor is a very important part of sustaining program activities.

At this point, let's take a break and then we'll go into programmatic monitoring.

Part 2: Process indicators

In this second section, we'll discuss types of indicators used for programmatic or output indicators, and briefly introduce some recommended indicators for malaria progress.

Broadly, there are two categories of indicators that we use. The first are programmatic or process indicators. The second category are audience monitoring indicators. Process indicators tell us how we're doing in the process of implementing our activities, and audience monitoring indicators tell us how things are going over time, with our target population.

A quick review of indicators, although I'm sure most of you are very familiar with them already. Any number of resources can tell you what is a good indicator and what is a bad one. Indicators measure something in your program. We often see them formulated as "the number of community events conducted" in a particular area or time frame, which is an example of a process indicator, or "the percentage of people who can complete the campaign slogan," which is an indicator that we use for audience monitoring. Indicators are things that we can count or calculate, and that are relevant to our program activities.

To be more specific, we often hear about SMART indicators. SMART is a way to remember what makes a good indicator. It stands for specific, measurable, achievable, relevant, and time bound. Your indicator should be specific, because otherwise it would be really tough to measure it. It should also be measurable. You have to be able to count or calculate it. For example, can you measure the number of nights that a net is used in a particular household? Although we would like to, we probably can't, unless we have an observer sitting in the household every night, which would be annoying, as well expensive. Instead, we measure use of the net the previous night, using household surveys.

Indicators should be attainable. Including an indicator that is not attainable will just make your life more difficult, because you won't be able to show results. The target that is attached to your indicator should be attainable or achievable. For example, "percent of women getting at least two doses of SP during pregnancy to prevent malaria," rather than something like, "percent of women getting one dose of SP every month during their pregnancy." The latter is something that we would like to have, but the former indicator is actually something that's achievable. Again, this is more relevant to target setting, but it's important here, nonetheless.

Indicators must be relevant and realistic to your program. The indicators should be a valid measure of the results or outcome, and make sense, based on your behavior change theory and conceptual model, as well as the practicalities or implementation. It should be meaningful and important to the outcome to show that the results are likely to have a positive impact on the behaviors. Finally, indicators should be time bound. This might be over the life of the project or yearly or bi-yearly or monthly, but if your indicator is not time bound, how will anyone know when there is a result or an outcome? This is the element that is often left out of monitoring plans, because we assume that we know what time frame that we're talking about, but it is always helpful to specify.

When thinking about indicators, it's sometimes helpful to imagine where your SBCC intervention could go wrong. This helps you think about the ways you might use monitoring in order to know when things are going wrong so that you're on top of the activities and are able to adjust as needed to respond to the challenges. Taking radio as an example, from past experience, we've seen that our target audience doesn't listen to the radio when our spots are being aired, so we're not reaching them. Sometimes the radio station itself tries not to air spots that you've paid for so that they can keep your money and broadcast other advertisements instead. Sometimes your spot is just not that memorable or the message rubs people the wrong way. But, of course, you will have pre-tested your spots to make sure that this doesn't happen.

For interpersonal communication activities, some potential problems might be that training wasn't complete enough or that different individuals are giving out slightly different or dramatically different messages from what you intended. That's definitely a problem that you want to know about.

For print materials, common problems are that they are simply not distributed and they just sit in someone's office, or that they're hung somewhere where they don't get seen by the target audience, or people need a bit of training in order to use the materials effectively.

The takeaway point here is, again, that final evaluation at the end won't tell you where the problem was, and it will be too late to do anything about it at that point, anyway. Thinking about where things might go wrong can help you develop appropriate indicators for monitoring your activities.

PMI recommends a number of process indicators, at least to start with. Your process indicators will be based on your program activities, but these include many of the most common indicators and ones that are often required to be reported on by donors such as PMI and Global Fund.

The recommended process indicators include:

- Number of materials produced and distributed, by type, target audience, etc.
- Number and type of media broadcast, by station, by time. This should both be planned and documented, and we'll talk about how to monitor that in the next section.
- Number of broadcast time and newspaper space purchased.

- Number of information, education, and communication, and behavior change communication actions (such as home visits or talks held on malaria), linked to specific interventions.

Now, as is, none of these indicators are actually SMART, but you can make them more specific and time bound in the process of developing them.

Here are the recommended indicators involving people reached or trained:

- Number of people reached by information, education and communication (IEC), and behavior change communication, community outreach, or mass media—this might be a number or a percentage.
- Number of people trained in SBCC or IEC for malaria. Again, you'll want to break this out by topic, whether the training was for diagnostics or for case management activities, etc.

We've presented a few of the standard process indicators here, and I just want to say again that all monitoring plans are unique. Your monitoring plan must be developed based on your planned activities. In the next section we'll talk a little bit about monitoring your audience.

Part 3: Audience monitoring indicators

Welcome back. Now we'll talk a little bit about audience monitoring and what we want to think about when tracking how our audience is responding to our activities.

To be able to monitor our audience, we first need to consider exposure. Depending on the type of expected SBCC exposure, you might collect different information. For example, for direct exposure, commonly measured dimensions of exposure are reach, dose and recall. Reach is the number of people or the percent of the population reached, which can be calculated from event reporting forms or estimated based on listenership of radio or television stations. Dose is the number of times or the degree to which people are exposed, either to the same channel or to messages from your campaign from multiple channels. Recall is the measure of how well people remember the key message or messages of your campaign and indicates that a message has sunk in to some degree, although it doesn't necessarily mean that they agree with the message.

In addition to monitoring your particular SBCC activities, it's also important to monitor other malaria-related SBCC activities that are taking place at the same time. These activities may be from campaigns or programs that are being implemented by other groups such as community-based organizations, international NGOs or businesses. For example, if a new ITN has just been introduced into the marketplace, you would want to track when it was introduced and include any slogans or logos in your recall questions. This is because you want to be able to tease out recall to your malaria SBCC activities as separate from general recall to any malaria SBCC activity.

The next step is to select an exposure indicator. If you have an indicator of exposure that you can measure over time, this will provide you with a trend that you can follow to ensure that your message is reaching your audience. This might be recognition of a campaign slogan, being able to complete the campaign slogan, recall of a particular key message, or a campaign logo. Since you'll be measuring this indicator over the life of the project, you'll want to have something that will be consistent throughout the campaign like a slogan or a main message. Recall of a specific radio ad won't work as well because you're probably not planning on running that same spot over and over and over again for years.

One example of an overarching campaign slogan and logo is the Malaria Haikubaliki logo from Tanzania. *Malaria haikubaliki* means "malaria is unacceptable" in Swahili. A separate indoor residual spraying program also used this slogan and logo for their materials in Tanzania, including this training flipchart for community change agents and health facility workers. The logo and slogan were also made visible on spare tire covers.

Here you can see, if you look closely, the man in the middle is wearing a Malaria Haikubaliki T-shirt. He's one of the community change agents for the program. The slogan was also used on all radio and TV spots throughout the life of the campaign. The slogan and logo are used by all malaria partners in Tanzania to harmonize BCC activities and bring them under the umbrella of the National Malaria Control Program.

Here's an example of monitoring a trend in audience exposure from Tanzania's COMMIT project funded by USAID. The chart shows the percent of women who recalled seeing the phrase *malaria haikubuliki* by year. As the slogan, it serves as a useful proxy measure for overall exposure to malaria-related messaging because it appears on all malaria-related communication materials and individuals are expected to see and hear this phrase whenever they're exposed to these messages.

You'll see on the left that in 2008, prior to the start of the COMMIT project, fewer than 10 percent of women surveyed reported seeing or hearing this phrase. The percent of women recalling that they saw this phrase increased 40 percent in 2009 and 60 percent in 2010. In the recent 2011 Behavior Change Impact Survey, the percent of women who had heard or seen this phrase was nearly universal. Almost 90 percent of all women sampled reported that they had seen the phrase. This is on par with recognition for products like Coca-Cola.

Now, you'll notice that this graph includes samples from varying geographic areas, which complicates the way that we assess this trend. To make it a little easier to interpret, the four middle bars are separate samples in which exposure to *malaria haikubuliki* was measured in 2010. You'll note that the proportion of women recalling the phrase were nearly identical across these four samples. This suggests that exposure to the phrase is relatively constant across different regions of Tanzania in the given timeframe.

Next, we need to consider the level of the effect that we expect to see. Our program might be trying to influence changes at the individual level, the community level, and the national level and we want to try and collect data to capture changes at each of those levels. For example, if we think about the conceptual models discussed in the previous modules in this series, the

program might expect to influence social norms, which is a community-level factor. As a result, it will be helpful to monitor changes in social norms over time in order to document trends. In addition, with the SBCC advocacy efforts to change policies regarding subsidies for ITNs, monitoring changes in institutional level policies will also be important. At the individual level, you may be interested in monitoring changes in perception of risk, self-efficacy and attitudes towards malaria.

In the next section, we'll talk a little bit about ways to collect monitoring data.

Part 4: Collecting monitoring data

In this section we'll present a variety of methods and tools that you can use to collect the monitoring data that you need for your program. As you develop your monitoring plan, it's important to determine the most realistic and feasible timeline for routine collection of monitoring data. For example, in order to achieve greater value for money, you may want to identify routing data collection opportunities that build upon already existing data collecting processes. You may find, however, that you want to add several other routine data collection activities to establish a stronger SBCC monitoring system. As you monitor trends over time, you'll be able to complement your evaluation findings with this monitoring data and be better able to attribute observed behavioral change to SBCC exposure.

Most of the data sources that we use in output monitoring come from project records and reports. What this means is that you'll have to design monitoring forms that will capture this data. If you hold a training but don't record how many people attended, you won't have anything to report on and your donor will be upset. It's helpful to assign individuals to track this data. This might be your M&E officer or program officer.

It's also important to train people how to collect the data, especially if the monitoring forms are being used infrequently. For example, when community health workers or volunteers are conducting events and activities, linking payments of their stipends or per diems to submission of completed forms is never a bad idea so that your program is more likely to get completed forms turned in. It's also a good idea to make these forms as simple as possible so that they don't take forever to fill out and opportunities to fill them in incorrectly are reduced.

When thinking about data collection forms for health workers at the clinic level, you want to make sure that you're not adding undue burden since these individuals are already overworked in most cases. There's a tendency in malaria programs to forget that clinic workers are also filling out regular HMIS forms, perhaps some HIV and family planning forms for those programs. If we ask them to fill out separate forms for each intervention in each program they'll never have time to properly care for patients.

Integrating the data collection into existing health record books is the best option when possible. In this example, Ghana was revising their ANC and EPI registers around the time that they were reviving net distribution through both those channels. The implementing partners were able to insert spaces to record the number of nets given to pregnant women, as you can

see here, and to children at their second measles dose at 18 months in accordance with the new national policy. Therefore, this data was captured as part of the routine health information system and separate forms did not have to be developed.

This form is the top half of a one-page event reporting form for a net care and repair intervention at the community level. This form would be used by a community health volunteer after they complete one of their community events. This data form captures the date, name of the community health volunteer, the location of the event and then uses checkboxes to capture the type of event conducted and the topics discussed.

This is the bottom half of the form and you'll see that there's a portion where the number of people who attended is recorded and how many materials were distributed. Finally, there's a signoff area for the manger or supervisor to confirm that the work was done. This one-page form captures a lot of data that can be used to track activities and feed into a reporting. The topics discuss portion can also serve as a brief reminder to the community health volunteer to make sure here she addresses each item.

In a large-scale community activities project, this type of form would be compiled and summarized at each level on a certain timeline, usually monthly. Then a database can be created that will tell the project how many events were conducted each month and how many total people were reached. This information is extremely valuable for program management as well as to the donor. Problems areas or underperforming health volunteers can be identified and supportive supervision can help to improve performance.

This is a household visit log to be completed by a community health volunteer. You see at the top left that there are spaces to fill in the name, location and phone number of the volunteer and on the top right is the signoff area for their supervisor. Look at the columns at the far left where we have the data, the number of adult men reached, then adult women and then children of various ages. The next columns are for recording how many materials were given out and this also includes the mobile number of one of the household members as a verification of the visit. Finally, the last column records topics discussed during the home visit.

For radio and TV, there are number of different ways to monitor what gets broadcast. One that we use in the U.S. but not so much in the developing world are ratings data. However, if you've produced a serial TV drama that is broadcast in primetime, and there are ratings agencies in country, this might be useful for your project. Broadcast logs are generated by the radio and TV stations and are supposed to reflect actual broadcasts. It's a good idea to follow up with the stations to ensure that they are broadcasting at the times that you've agreed upon. Finally, media content analyses are used when a project is trying to promote discussion around a particular topic. For example, a malaria advocacy project might try to conduct media content analysis of news coverage of malaria to determine how often politicians are shown engaged in malaria-related activities or making supportive statements about malaria funding.

This is just an example of a radio monitoring report produced by radio station in India. At the top right, the yellow and green boxes are dates with two columns per day. One column in white shows the planned airings for that date and the second column in green shows the actual

airings for that date. What's important here are actually the yellow and the blue boxes. The blue cells indicate missed airings and the yellow cells indicate "make goods" or rescheduling of the missed airings. This way, the radio station informs the buyer of the ad time when their spots have aired and if any changes were made to the plan, the radio station is responsible for making sure the makeup airings take place.

Population Services International shared the way that they monitor radio sports and TV spots. In many of their countries, they purchase DVD recorders, one for each TV channel, to record up to six weeks of TV each. A staff member or intern fast forwards through all of it and ticks off the spots listed on the form. They note any irregularities, for example, if the spot is cut short or not broadcast at the agreed-upon schedule. Initially, feedback is given to the radio and TV stations daily and once things are working well, feedback might be given weekly. PSI was able to check up on one media agency that tried not to air $40,000 worth of spots. This was a very good investment to ensure that they were getting what they paid for and that their messages were reaching their target audiences.

As you monitor your activities, you also want to monitor your audience. This will provide you with trend monitoring that can show that your program has made progress over time. There are a number of potential options for gathering data on your audience. These include omnibus or marketing surveys, rapid surveys or small-scale surveys, sentinel sites, health facility exit surveys and existing population-based surveys such as the DHS, MIS and MICS.

Omnibus, or marketing surveys, are existing large surveys conducted by marketing firms. These firms charge money for each question that you want to add to their survey and then they implement regular surveys to measure all sorts of things, from whatever Coca-Cola wants to know, to whatever your project wants to know. The sampling and rigor of these surveys is not always top-level, but they do provide a consistent way to get information on your audience. In general, omnibus surveys can be used to track exposure to key messages and attitudes over time. The advantages are that they are occur relatively frequently, it's cheap to buy questions and you get a national-level sample, which is good if your program has a national reach. The disadvantages are that they're often biased toward urban areas where purchasing power is concentrated, and they're not as robust as large household surveys. They collect a certain amount of information on household characteristics but it can be difficult to conduct any further analysis on the dataset.

Rapid surveys are often used after vaccination campaigns or net distribution campaigns to get a quick sense of what percentage of children or people were reached. These can be done pretty quickly for not a lot of money, but sampling is often done from the household registration information, which means that households that were missed during registration get skipped in the survey. This usually inflates the coverage numbers. On top of that, sampling in general depends a lot on the quality of the training and faraway or harder-to-reach areas are often skipped by the survey teams.

LQAS is a methodology taken from industry quality control and it stands for Lot Quality Assurance Sampling. The idea is that a small number of households can be checked, say for how many nets they own. This gives you a pretty good idea whether or not net ownership in that

area is above or below a certain cutoff point. LQAS does not provide a point estimate; it only tells you whether the result is below the cutoff or above a cutoff. You can see that in manufacturing this can be useful so that you assure that the items you're producing are within the acceptable range and that you're not making too many of them that are defective. Because LQAS does not provide a point estimate, it's less useful for tracking trends over time.

Sentinel sites are another option, where you set up a few sites to monitor more closely. With sentinel sites, you can collect data on a more routine basis with smaller sample sizes using shorter survey instruments. These are sometimes used in monitoring to provide a snapshot of specific activities within a given area. For SBCC, it's usually not worth it to set up an entire sentinel site since it's a lot of work and the results are not generalizable.

Health facility exit surveys are another method that captures how interactions are going between clients and providers. They can be an excellent tool for programs that include improving quality of care and interpersonal communication training for health providers. However, it's expensive to conduct them in a large number of facilities and you can't generalize the results to all health facilities. Like a sentinel site, they provide a somewhat limited picture but can provide a trend over time if conducted in the same areas or facilities on a recurring basis, usually yearly at the most. Observations can also provide useful feedback on the details of client provider interactions. These are often combined with exit surveys.

Depending on how often large household surveys are being done in your area, they might be useful for monitoring. A five-year project, for example, might be lucky and have had a DHS just prior to beginning implementation, which provides a baseline; an MIS in Year 2 of the project, which might provide a midline, and a MICS or another DHS in the final year of the project. If your program is less than five years, it will be difficult, however, to make use of these large surveys for monitoring. The pros are that the large sample size means that it's nationally representative and it's usually entirely funded by someone else. However, it can be very difficult, if not impossible, to add the questions you would want to the questionnaire. And it doesn't help you at all with monitoring more frequently than every two or three years.

To wrap up this section, we've reviewed a variety of ways to collect monitoring data for both process monitoring and audience monitoring. I want to remind you that since every program is unique, we need to use the right tools for the job. Unfortunately, there's no monitoring Swiss Army Knife like this one that will cover all your needs. Your data collection methods will need to be tailored to your program and your budget.

To sum up, monitoring should demonstrate that your planned activities took place as scheduled and demonstrate that your activities reach the intended target audience. This can be done by using SMART indicators, using process monitoring to track activities and by using audience monitoring to assess if those activities are having the intended effects.

The next module will talk about how to demonstrate that your target audience took action things to your activities.

Here are few additional resources that may help you as you develop your monitoring plans. The PMI BCC Social Mobilization page has a variety of resources in both monitoring and evaluation,

including the PMI monitoring and evaluation strategy for BCC. The RBM Toolbox has the Spot On Malaria Guide, for developing radio spots, and chapter 7 in that module focuses on monitoring those spots.

Finally, the HIV aids community has an excellent guide for monitoring SBCC programs, most of which is applicable to SBCC for malaria.

Resources

- PMI BCC and Social Mobilization Resources: http://www.fightingmalaria.gov/technical/bcc/index.html
- PMI M&E Strategy for BCC: http://www.fightingmalaria.gov/technical/bcc/docs/bcc_strategy020612.doc
- Spot On Malaria: A Guide to Adapting, Developing and Producing Effective Radio Spots (Chapter 7): www.rbm.who.int/toolbox/docs/rbmtoolbox/spotonguide.pdf
- FHI: Monitoring HIV/AIDS Programs: Module 6, Monitoring and Evaluating Behavior Change Communication Programs: http://gametlibrary.worldbank.org/FILES/559_Monitoring%20BCC%20Programs%20(facilitator)_FHI%20Mod06.pdf

Speaker biography

Hannah Koenker is Project Director of PMI REACH Malaria at PATH. She was previously the Technical Director at Tropical Health, LLP and prior to that, Project Director for the PMI-funded VectorWorks Project at the Johns Hopkins University Center for Communication Programs.

Questions? Contact gabrielle.hunter@jhu.edu

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