Social and Behavior Change Communication (SBCC) for

FRONTLINE HEALTH CARE WORKERS

Facilitator's Guide

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Social and Behavior Change Communication (SBCC) for Frontline Health Care Workers

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Communication for Change (C-Change) Project 2012

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Facilitator's Preparation

C-Change created this learning package to facilitate face-to-face workshops on social and behavior change communication (SBCC) and interpersonal communication (IPC) for health care workers (HCWs). Consisting of a *Facilitator's Guide* and *Participant Handout Packet*, *SBCC for Frontline Health Care Workers* is designed for HCWs (e.g., nurses, community health extension workers, and HIV counselors) who are working on the frontlines with clients on a regular basis. Ideally the participants will have some experience or previous training in counseling and/or IPC.

Through the use of this learning package HCWs will develop the skills to apply SBCC and IPC effectively to their work and deliver higher quality care to clients. The goal is also to increase the understanding among health care organizations of the following:

- SBCC's role and how to apply it in their work
- IPC and how to use the skills within the context of their work
- How to apply communication skills to client interactions, advocacy, and social mobilization in their work

How to Use this Package

The content and guidance of the *SBCC for Frontline Health Care Workers* is covered in the *Facilitator's Guide*; the corresponding *Participant Handout Packet* contains all the worksheets. Because the packet was developed in Microsoft Word, facilitators can easily adapt and modify the handouts to suit the participants' needs and context.

Within the *Facilitator's Guide* is a facilitator's preparation section that provides tools and tips for preparing to facilitate the workshop. Each of the seven sessions in this guide contains the following:

- Learning objectives
- Overview of the schedule and suggested time frame
- Supplies needed
- Items to prepare in advance
- List of handouts for participants
- Content for sessions including activities
- Facilitator notes
- Material to prepare and put on flipcharts for the participants

Tailoring Trainings

Facilitators should tailor each session and the content to fit the profile of their participants as well as the time available for the training. The material and examples in this guide were tested in Nigeria, and depending on the geographic/cultural setting of the workshop the facilitator may choose to adapt the examples as necessary. Some sessions, in particular, lend themselves to adaptation, and these are mentioned in the facilitator's notes.

Proposed Workshop Schedule

This *Facilitator's Guide* is based on a five-day workshop schedule. Below is an overview of the suggested timing. Facilitators should feel free to tailor this schedule to suit their workshop objectives. However, they should be careful to ensure sufficient time is allotted for participants to apply and reflect on the concepts. Facilitators can decided whether to have participants fill out evaluation forms at the end of each session or at the end of each day as some sessions will take place over two days.

Proposed Workshop Schedule					
	Day One	**Day Two**	**Day Three**	**Day Four**	**Day Five**
Morning	Session 1: Welcome and Introduction to Communication Session 2: Introduction to a Social and Behavior Change Communication Framework	Session 3: Challenges for Health Care Workers and How Communication Can Help	Session 4: Development of Personal Action Plan continued	Session 5: Materials Development continued	Session 6: My Action Plan continued
Afternoon	Session 2: Introduction to a Social and Behavior Change Communication Framework continued	Session 4: Development of Personal Action Plan	Session 5: Materials Development	Session 6: My Action Plan	Session 7: How Do I Know That My Activities Make a Difference?

Connecting with Participants before the Workshop

Before the start of the workshop the facilitator may decide to reach out to participants to determine what their interests and needs are. The better the facilitator understands participants and their work before the workshop, the more effectively it can be tailored to their strengths and needs.

Supporting Participants after the Workshop

The facilitator can plan on supporting participants as they apply the SBCC tools introduced during the workshop to their real world work setting. Participants can also be asked to send progress updates as they implement their action plans. This post-workshop interaction helps the participants make direct connections between the course content and their actual work. It also increases the facilitator's understanding of how SBCC and IPC play out in a range of circumstances and how much learners have absorbed. Participants will likely appreciate the follow-up support on the use of SBCC tools and action plan implementation.

Evaluating this Course

This learning package recommends **three levels of evaluation** (Vella, Beradineli, and Burrow 1998):

1. **Reaction**—participant feedback, e.g., what they found most useful and why
2. **Learning**—to what extent participants developed new knowledge and competencies *during the course*
3. **Transfer**—to what extent participants *use* what they've learned in their *own work settings*

Reaction Level: The *Handout Packet* has a sample evaluation form that can be used to assess participants' reactions to the content of the workshop. The *Facilitator's Guide* suggests using it at the end of each session. The sample tool is set up for Session 1 content, but it can be edited and adapted to suit the content of the other days.

Learning Level: The most effective way to evaluate learning in this course is to examine the participants' work at the close of each session. Most of the activities conclude with a full group debrief and/or feedback session on the group work. Facilitators are encouraged to circulate while participants are working to assist where additional clarification/support is needed and to assess the overall learning level.

Transfer (Application) Level: A higher level of evaluation happens after the workshop when participants are back in their workplaces—hopefully using what they learned during the course. Upon conclusion of the workshop, facilitators should establish a process to review each participant's SBCC and IPC work as evidence of transfer, possibly as a requirement for a certificate. The review can take the form of progress updates toward the completion of action plans, or even the creation of a small community of practice where participants provide updates and share experiences with each other.

Openers and Closers: A Few Ideas (C-Change 2012)

Before the workshop gets underway, the facilitator should become familiar with several useful techniques to prepare participants for an optimal training session.

Openers aim to get all participants talking and engaged in the topic. Below is a list of four ideas:

1. **Expectations:** The facilitator can share a list of learning objectives as he/she would at the start of each session. The participants are divided into small groups and asked to name their personal expectations for the day/session on a flipchart. Each group creates a chart listing their collective expectations, which are then posted on the wall. At the midpoint in the session, or at any natural break, participants are asked to peruse the expectations lists and put check marks on those that have been met. The lists can also be reviewed with the larger group. This is a great reference for the facilitator throughout a session. Participants can even be asked at the end of the session if their expectations were met.

2. **Gallery Walk:** Most sessions in this workshop make use of large visuals (e.g., graphics/charts) posted by the facilitator and created by participants. At the start of a day, the facilitator invites all participants to walk around the room and review the postings from the previous day. Participants can work alone or in pairs/trios to reflect on the following questions, and then return to the large group to share:

- What was particularly useful yesterday? Why? What is unclear from yesterday?
- Having "slept" on it all, what new insights do they have about yesterday's work?

Participant review teams selected each day at the beginning of the workshop can facilitate this review process.

3. **Timelines:** Participants are invited to create a quick timeline of their lives by drawing a horizontal line with the word "birth" on the far left and then adding details, noting anything they consider significant in their lives, personally or professionally. Participants are then asked to share their timelines in small groups as a way for them to get to know each other. Afterward each group will join with one other small group to create a collective timeline for their field of work. For example, they might all work in the area of malaria prevention. If so, their timeline would begin as far back as any of them can cite a significant event in the field of malaria prevention. The groups can add details to their collective timelines up through the present moment and even project into the future by posing questions such as
   - What future events may happen in the field?
   - What would influence the future trajectory of this field?

   After a few minutes of discussion, participants post their collective timelines in a place where they can be viewed throughout the workshop.

4. **Training Excellence:** Participants are placed into groups of three. They are asked to reflect on a past training in which they've participated that is related to the workshop topic by answering questions about what they learned, how the information was used, and what training approach or structure was most helpful. Working as a large group, the facilitator can answer questions, noting what implications they have for the day's training (e.g., building on previous knowledge, enhancing or adjusting ways of working, maintaining an approach/structure that people like).

Closers integrate the day's learning and prepare participants for next steps. Below are four closer suggestions:

1. **Partner Quiz:** A good 30 minutes (or more) before the end of the day, participants are paired with someone they have not worked with so far. With their learning materials in hand, the pairs take turns creating quiz questions for each other on the day's work. The "quizzer" affirms his/her partner's response and adds to it or clarifies something. Then, the other person creates and poses a question. After sufficient time, the facilitator can pull the group together and field one question from each pair that they would like to explore further. This is a great way for a facilitator to assess learning as it happens and to see where the participants want more explanation, guidance, or practice.

2. **Team Debate:** The facilitator divides the group into two equal-sized teams (mixing fields of work as much as possible). Using a set of provocative statements related to the day's content, the facilitator writes the statement on a chart and poses it to one team. This team then has to decide what position to take on the statement and quickly come up with an argument to defend their position and present it to the other team. The team is awarded points on a scale of one to four, with four being an excellent defense of their position. Then it is the other team's turn with a new statement. The team with the most points in the end wins.

3. **Secret Question:** A workshop often shakes up old ways of thinking and doing things that leaves participants with more questions. In this exercise the facilitator passes around a basket of index cards and asks pairs to take at least one—more if they like—and secretly write a question about

anything they've thought of that relates to the workshop content. Participants should be as clear as possible in their question. The facilitator reads each question aloud and offers responses or reactions, while inviting others in the room to add their own. This is a great way to track what is unclear and what ought to be addressed at some future stage.

4. **What I Got from Today:** The facilitator draws a large quadrant on a chart with the following four words: *Know, Challenge, Change,* and *Feel*. Each participant is asked to do the same on a regular sized sheet and fill in the quadrants by responding to these four (or similar versions of these four) questions:
   - *Know:* What was studied today that confirmed something you already knew?
   - *Challenge:* What challenged you today?
   - *Change:* What is one way you plan to change your work, based on today's learning?
   - *Feel:* How do you feel about what you learned here?

The participants discuss their answers in small groups while the facilitator wanders around to collect the sheets (which are anonymous) to review in the evening.

Session Legend

	Total time suggested for the session. This will vary depending on the size of the group, amount of time needed by the group to complete work, and other factors. The times listed in the *Facilitator's Guide* are only guidelines.
	Supplies needed for the activities in the session.
	Items the facilitator should prepare in advance of the session.
	Handouts for participants for each session.
Facilitator's Note	Notes to the facilitator that provide additional content, guidance on activities, suggested areas for adaptations, and other relevant material.

Flipchart Content	Content that belongs on a flipchart or PowerPoint slides will be in the boxes. Several flipcharts will be used over several sessions, so these should be posted on the wall or somewhere accessible. Writing activity instructions on flipcharts is also suggested so that participants can remember the activity. This *Facilitator's Guide* only has the content portion of the material in flipchart boxes, and it is up to the facilitator to determine what instructions and materials to put onto a flipchart.

Session 1: Workshop Welcome and Introduction to Communication

Total Time: 2 hours and 40 minutes (including optional plenary speaker)

Learning Objectives

By the end of this session, participants will be able to:

- List the workshop goals
- Follow the group norms for the workshop
- Define communication
- Define interpersonal communication

Overview

Activity	Time	Title	Content
1	10 minutes	Opening and Welcome	Opening and introduction of speaker
2	25 minutes	Plenary Speaker (optional)	Invited speaker speaks to the importance of SBCC for health and the HCW's role
3	10 minutes	Logistics	Review workshop schedule and amenities
4	30 minutes	Partner Introductions	Participant pairs introduce each other
5	20 minutes	Expectations	Participants share expectations
6	10 minutes	Workshop Approach and Goals	Review workshop approach, goals, and session objectives
7	10 minutes	Setting Group Norms	Participants establish norms (ground rules) for the workshop
8	10 minutes	Defining Communication	Introduction to communication
9	15 minutes	Defining Interpersonal Communication	Introduction to interpersonal communication
10	15 minutes	Role of the Frontline Health Care Workers	Discussion on why health care workers have a role and benefit from communication skills
11	5 minutes	Wrap Up	Review session

Supplies Needed

- Flipchart, paper, and markers
- Sticky notes (tape and paper can be used as a substitute)
- Tape

Advance Preparation

- Request that the host agency organize an official opening, including identifying a moderator and plenary speaker(s), and any other logistics required.
- Create a Question Box for participants to use.
- Develop the workshop schedule for participants. Tailor the example provided in the *Handout Packet*. Be sure to insert the start and end time, breaks, lunch, and energizers.
- Write the boxed text in this session on flipcharts.
- Adapt and make copies of handouts (available in *Handout Packet*).

Handouts

- Schedule (facilitator to adapt)
- Handout 1.1: Participant Expectations
- Handout 1.2: Communication Picture
- Sample Session Evaluation Form

Session 1: Facilitator's Guide

Activity 1: Opening and Welcome (10 minutes)

Instructions

1. Welcome participants to the workshop and acknowledge the hosting agency and the key dignitaries attending the workshop.

2. Introduce the key plenary speaker(s) appointed by the hosting agency to open the workshop.

> **Facilitator's Note:** The Opening Session is the responsibility of the hosting agency; the steps in the next activity are a suggestion only.

Activity 2: Plenary Speaker (25 minutes)

Instructions

1. The plenary speaker(s) should be selected and invited by the hosting agency responsible for the workshop. The plenary speaker is not limited to but could be in one of these positions: hospital director, district program coordinator, or Ministry of Health officer.

2. The duty of the plenary speaker is to illustrate the importance of the workshop and the commitment to provide frontline HCWs with further training to develop their professional skills and efficiency in the field.

3. When the plenary speaker is finished, provide a short break before the next activity, in case the dignitaries and speaker need to depart.

Activity 3: Logistics (10 minutes)

Schedule (facilitator to adapt)

Instructions

1. Introduce yourself to the participants. Review workshop logistics (e.g. conference room, hotel rooms, bathrooms, meals, and per diems).

2. Distribute the schedule for participants to review.

3. Ask participants to look at the schedule to see what time the days begin and end and if they have any questions. This is the time for everyone to come to agreement about times not to go into too many details about the activities. Point out the time that is allotted for lunch and tea breaks.

> **Facilitator's Note:** Each of the sessions that require handouts will be noted in the beginning of the session. As a facilitator, it is up to you when to distribute the handouts. Another option is to give the participants all the handouts in a binder at the beginning and direct them to the handouts at the appropriate time.

4. Explain the Question Box in the back of the room. If any questions come up during the workshop and participants would like to ask them anonymously, they may write down their questions and drop them in the box. Each morning, the session will begin by addressing any questions from the Question Box.

5. Explain that participants will fill out an evaluation form to review the session. These evaluations will help the facilitator to adjust the workshop as it unfolds, and improve later versions of the workshop. Emphasize that participant feedback is encouraged and valued as this is their workshop and their learning is important.

6. Ask for any questions regarding logistical matters before moving on.

Activity 4: Partner Introductions (30 minutes for 20 participants)

Instructions

1. Ask participants to form pairs with a person near them.

2. Explain that each pair will have five minutes to get to know each other and then they will introduce their partner to the entire group. Ask that participants be prepared to tell the group:
   - Their partner's name
   - Where they are from
   - The health problem in their community that they are most concerned about

3. Inform participants when two minutes have passed and ask them to switch so that each person will have a chance to get to know each other.

4. After the five minutes are up, invite each participant to introduce his or her partner to the whole group. Allow one minute each for introductions. While participants are introducing their partners, write down the health concerns on a flipchart for use in Session 2 and save for later sessions.

Health Concerns:

5. Thank participants for the introductions. Summarize the common types of health problems that they face working in their communities.

Activity 5: Expectations (20 minutes)

Handout 1.1: Participant Expectations.

Instructions

1. *Refer participants to Handout 1.1: Participant Expectations.* Ask participants to think about their expectations for this workshop and to write at least three on their handout.

2. Ask for five or six volunteers to read aloud one of their expectations for the workshop. Write the expectations on a flipchart. After you have written a few examples, ask whether anyone has an expectation that is different from any on the list. Continue adding to the list until there are no new expectations.

3. Once the expectations are written down, respond to the list by identifying which expectations are likely to be met and which may be outside the scope of the workshop. Tape the flipchart on the wall for the week, so the group can refer to it throughout the workshop.

Facilitator's Note: Throughout the workshop several flipcharts will be reused in subsequent sessions. Find a place on the wall that is easily accessible to tape them.

Activity 6: Workshop Approach and Goals (10 minutes)

Instructions

1. Explain the approach that will be used during this workshop. This workshop will focus on how HCWs can use SBCC to identify and address problems within their work situation and communication to improve client interactions. This workshop will not give participants all the answers, but will rely heavily on their input and provide them with practical tools that can then be applied to their work environment. The tools will not be fully completed by the end of the workshop but are works in progress that can be refined once HCWs return to their job sites.

2. Explain the workshop goals. The goals are the expected outcomes of the entire workshop. Each session also has learning objectives, which are the expectations after each session and will be reviewed at the beginning and end of each session.

3. Open flipchart (previously prepared) with the first workshop goal and ask a participant to read the goal out loud:

> **Workshop Goal:**
> 1. To increase the ability of HCWs to use social and behavior change communication in their work

4. Ask participants to think about how they would define *social and behavior change communication* and tell them that the definition will be discussed in the next session.

5. Turn to the flipchart page (previously prepared) with the second workshop goal and ask a participant to read the second goal out loud:

> **Workshop Goal:**
> 2. To strengthen HCWs' communication skills for client interactions, advocacy, and social mobilization.

6. Ask participants to define *client interactions*.

7. Ask participants to think about how they may play a role in the other two areas of communication: advocacy and social mobilization.

8. Emphasize that the workshop's success and the ability to meet workshop goals depends on the participants' involvement. Each participant is bringing his or her own experience and expertise to this workshop and all will learn from each other.

Activity 7: Setting Group Norms/Ground Rules (10 minutes)

Instructions

1. Explain that to ensure the group gets as much from this workshop as possible, it is often helpful to come up with some group norms,—rules and procedures all agree to follow. These norms are not meant to constrain participation, but to contribute to a good learning environment for everyone.

2. Ask participants to identify group norms and behaviors that they would like to establish for the workshop. Record the responses on flipchart paper. After a few minutes, ask the group to review the list to see if any other important items should also be included. Read the final list and ask if the participants are willing to follow the suggestions throughout the whole workshop. Participants may agree upon a punishment for breaking the group norms, such as dancing for the group or doing push-ups. This is entirely up to the participants. Keep the group norms displayed for the duration of the workshop.

Facilitator's Note: Here are some examples of group norms:

- Respect each other's confidentiality
- Respect patient confidentiality
- Respect each other's contributions, questions, and opinions
- Be on time in the mornings and mindful of time during activities
- Participate fully in discussions and exercises
- Silence mobile phones

Activity 8: Defining Communication (10 minutes)

Handout 1.2: Communication Picture

Instructions

1. Explain that participants will now begin to go over the workshop's content. Introduce the general topic of "communication." The core of the training this week will be to explore how communication can help HCWs in their work. First, begin with a definition of communication.

2. Ask two or three participants to define communication. Ask for some examples. Look for:
   - Interpersonal, between family members or client-provider
   - Group-level, such as lectures and town meetings
   - Mass media, such as radio and newspapers

3. Make sure that you ask until all these levels are mentioned.

4. Refer participants to *Handout 1.2: Communication Picture* and explain the shift in thinking about communication and behavior change over the years. It is no longer defined as messages from a sender to a receiver. Simply giving correct information, although important, does not change behavior by itself. Addressing individual behaviors alone is not enough either.

5. Ask participants what they see happening in this picture. Explain that information is one-way and communication is two-way. Communication is now seen as a two-way process of dialogue where information and feedback are exchanged (Haaland 1984).

6. Ask them how they have used communication on the job and ask for examples of how communication has worked for them in the past.

7. Divide participants into groups and have each group discuss what one of the four points in the flipchart (previously prepared) means; have the small groups report back.

(Basnett 1984)

Key Facts About Human Behavior (C-Change 2012)

1. People interpret and make meaning of information based on their own context
2. Culture, norms, and networks influence people's behavior.
3. People can't always control the issues that create their behavior.
4. People's decision making is based on more than health and well-being.

8. After the groups have reported back explain that in the health care context, the old model is HCWs telling patients what to do, and patients complying. With the benefit of professional training in client-centered approaches, participants will learn that HCWs and patients need to have dialogue. In this dialogue, both people engage, learn, and influence each other and if possible come to a shared meaning or understanding.

Activity 9: Defining Interpersonal Communication (IPC) (15 minutes)

Instructions

1. Ask each participant to write down an explanation or definition of IPC. Have two or three volunteers read what they have written. After listening to the responses and discussing, present the following definition of IPC (C-Change 2012) on a flipchart:

Interpersonal Communication
IPC is a person-to-person, two-way, verbal and non-verbal interaction that includes the sharing of information and feelings between individuals or in small groups.

2. Emphasize that IPC is a skill used every day at work, at home, and with families and friends. In addition, IPC can be used with all different types of people, including leaders and other influential people.

3. Ask participants to name some of the ways they have used IPC in their work. Look for responses such as:
   - Understanding the situation, through asking questions and listening, and learning about the health problem and the social context.
   - IPC can take place both in the health care setting and out in the field, between HCWs and their patients, potential clients, members of the community, colleagues, community leaders, government officials, and policymakers.
   - IPC can be used to motivate, assist (teach skills, counsel), encourage (social norms), and provide information.

Activity 10: Role of the Frontline Health Care Workers (HCW) (15 minutes)

Instructions

1. Emphasize that frontline HCWs have many ways to communicate to improve health, in both their facilities and their communities.

2. Distribute sticky notes or small pieces of paper with tape to the participants.

3. Ask the participants to write down two or three examples of how frontline HCWs use communication to improve health. Give the participants about three minutes to write their notes. Once participants are finished writing, ask participants to post/tape their ideas on a wall (or flipchart stand) in the front of the room.

4. After all participants have completed posting, select a few to discuss with the larger group. Pick examples that illustrate their roles with individuals, partners, family, peers, and the community. Ask how their understanding of the topic has changed now that they have finished this session.

Activity 11: Wrap Up (5 minutes)

Instructions

1. Summarize key points from the discussion around communication, IPC, and the role of the HCW.

2. Ask if there are any questions about this session. Remind participants to add any questions they may have to the Question Box.

3. Summarize Session 1 by referring back to the learning objectives.

4. Ask participants to complete the Session 1 feedback form.

5. Thank participants for their involvement in the session.

Session 2: Introduction to a Social and Behavior Change Communication (SBCC) Framework

Total Time: 3 hours and 35 minutes

Learning Objectives

By the end of this session, participants will be able to:

- Define SBCC
- List the three characteristics of SBCC
- Describe the three key strategies of SBCC

Overview

Activity	Time	Title	Content
1	10 minutes	Session Introduction	Introduction and learning objectives for Session 2
2	15 minutes	Introduction to Social Behavior Change Communication (SBCC)	Three characteristics of SBCC
3	60 minutes	Social Behavior Change Communication (SBCC) Characteristic #1	SBCC is a process
4	60 minutes	Social Behavior Change Communication (SBCC) Characteristic #2	SBCC uses a socio-ecological model for change
5	60 minutes	Social Behavior Change Communication (SBCC) Characteristic #3	SBCC operates through three key strategies
6	10 minutes	Wrap Up	Review session

Resources Needed

- Flipchart, paper, and markers
- Cards or sticky notes (tape and paper can be used as a substitute)
- Tape

Advance Preparation

- Review the entire lesson before teaching to familiarize yourself with the material
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session
- Create flipchart or poster with the C-Planning graphic
- Create flipchart or poster with the socio-ecological model (SEM) graphic
- Create flipchart or poster with three key strategies of SBCC graphic
- Write Pemba's example on a flipchart
- Adapt and make copies of handouts (available in the *Handout Packet*)

Handouts

- Handout 2.1: C-Planning
- Handout 2.2: SBCC Theory
- Handout 2.3: Socio-Ecological Model for Change
- Handout 2.4: Key Strategies of SBCC Graphic

Session 2: Facilitator's Guide

Activity 1: Session Introduction (10 minutes)

Instructions

1. Review any remaining questions or content from the previous session. Answer questions from the Question Box, if any.

2. Explain that in this session participants will be introduced to the SBCC Framework, which will enable them to better understand their clients and their environment. Go over the learning objectives (on a flipchart) with the participants.

Session 2 Learning Objectives
- Define SBCC
- List the three characteristics of SBCC
- Describe the three key strategies of SBCC

3. Ask if there are any questions about this session.

Activity 2: Introduction to Social and Behavior Change Communication (SBCC) (15 minutes)

Instructions

1. Introduce the topic of social and behavior change communication.

2. Read the definition (on a flipchart) of SBCC (C-Change 2012).

SBCC Definition
Social and behavior change communication is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels.

3. Explain, as discussed in the previous session, that there has been a shift in thinking around communication and behavior change. It is now recognized that simply providing information to individuals is not enough to change behaviors. Briefly review the three characteristics of SBCC that are posted on a flipchart.

The three characteristics of SBCC:

1. SBCC is a **process.**
   - It is interactive, researched, planned, and strategic.
   - It aims to change social conditions and individual behaviors.
2. SBCC applies a **comprehensive model.** This model helps identify effective tipping points for change by examining:
   - Individual knowledge, motivation, and other behavior change communication (BCC) concepts
   - Social, cultural, and gender norms; skills; physical access; and legislation that contribute to an enabling environment
3. SBCC uses **three key strategies,** namely:
   - Advocacy
   - Social mobilization
   - Behavior change communication

4. Explain that the rest of this session will provide more detail on each of these characteristics and how they relate to HCWs. Ask if there are any questions.

Facilitator's Note: If further explanation is needed, the *tipping point* refers to the dynamics of social change where trends rapidly evolve into permanent changes. A *tipping point* can be driven by a naturally occurring event or a strong determinant for change, such as political will that provides the final push to "tip over" barriers to change.

Here are some examples:

In Zimbabwe, one study cites the cumulative exposure to many programs that helped create a "tipping point" leading to changes in behavioral norms associated with HIV reduction—mainly reductions in extramarital, commercial, and casual sexual relations, and associated reductions in partner concurrency. This appears to have been stimulated primarily by increased awareness of AIDS deaths and secondarily by the country's economic deterioration. The study determines these changes were probably aided by prevention programs utilizing both mass media and church-based, workplace-based, and other inter-personal communication activities. http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000414

The advocacy efforts of the Treatment Action Campaign in South Africa reached a tipping point when a social mobilization intervention urged policymakers to change treatment policies and at the same time, an advocacy campaign to lower the prices of ARVs was implemented.

Activity 3: Social and Behavior Change Communication (SBCC) Characteristic #1 (60 minutes)

Handout 2.1: C-Planning

Instructions

1. Introduce C-Planning. Point out the C-Planning graphic on the flipchart and/or in *Handout 2.1: C-Planning*. This graphic shows a process, shaped in a C for "change" and for "communication." It is a planning framework used for communication but can be applied to many other things—even planning a wedding!

> **Facilitator's Note:** To make the flipcharts with the three characteristics of SBCC, either print large posters or draw the graphics on a flipchart separately so you can refer back to them.

Characteristic 1: SBCC is a Process

The SBCC process includes five steps:

1. Understanding the situation
2. Focusing and designing your strategy
3. Creating interventions and materials
4. Implementing and monitoring
5. Evaluating and replanning

2. The rest of the workshop will be spent looking at each step of this process. C-Planning helps to systematically evaluate health or communication problems and determine the applicable communication tools to address these problems.

3. Explain that in each of the following sessions, participants will work through one step of C-Planning. Each step will be introduced, its components examined, and participants will be asked to apply the skills related to that step. Each learning activity is designed to let participants get a feel for what happens in that step.

4. By the end of this workshop, participants will leave with a plan to use SBCC to address the problems of clients in their community and an outline of the communication skills needed to reach their goals.

5. Explain that the concepts and skills taught throughout the workshop have been gleaned from communication research, theory, and more than 30 years of health program experience around the world. These concepts come together in an easy-to-follow planning tool that participants can apply right away in their work and in their communities.

6. Point to Step 1 on the C-Planning graphic. Tell the participants that Step 1, *Understanding the Situation*, is the first step in C-Planning.

7. Explain that SBCC researchers and practitioners have done extensive research to find that addressing health problems does not only involve behaviors. Several conditions have to be in place for behavior change to happen. Point to and review the two previously prepared flipcharts. Be prepared for participants to ask for clarification and have examples ready for each of the conditions necessary for behavior change.

Conditions Necessary for Behavior Change (Fishbein et al 1991)
The person:

1. Has formed a strong positive intention to act
2. Has no environmental constraints for the behavior to occur
3. Has needed skills to perform the behavior
4. Believes the advantages/benefits outweigh disadvantages of performing the behavior
5. Perceives more social pressure to perform than not to perform the behavior
6. Perceives that behavior is consistent with self-image and personal standards
7. Reacts emotionally more positively than negatively to performing the behavior
8. Believes that he/she can execute the behavior (self-efficacy)

8. Divide participants into groups and have them discuss the flipchart and the example of Pemba. Have the groups report back on what they think of Pemba's story.

Example: Pemba, a pregnant woman, just found out that she's HIV positive. Wanting to participate in prevention of mother-to-child transmission (PMTCT) services so that the disease is not passed on to her infant, she begins antiretroviral treatment and decides to avoid breastfeeding once the baby is born. The new antenatal clinic in the nearby town also offers routine counseling services to provide her with a consistent supply of medicine and educate her on the importance of her decision. With the support her husband and community, Pemba feels good about taking the drugs and preventing her unborn baby from becoming HIV positive.

9. After the groups have presented their thoughts, ask the following questions:
   - How do these conditions necessary for behavior change relate to the HCW job?
   - How do these conditions fit into the daily interactions of an HCW with clients?
   - How have the participants expressed to clients that the needed skills and a positive attitude affect behavior change?
   - How have participants encouraged clients to believe in themselves to execute the behavior?
   - Provide an example of an environmental constraint that may have positively affected Pemba's decision to seek out PMTCT services.
   - Were there any social pressures that encouraged Pemba to begin her antiretroviral treatment?

10. Summarize the answers from the participants. Remind the participants that although they work with clients, as they have seen other factors and individuals influence their clients'

actions. Explain that the next activity will explore the relationships between the different factors and people involved.

Activity 4: Social and Behavior Change Communication (SBCC) Characteristic #2 (60 minutes)

Handout 2.2: SBCC Theory
Handout 2.3: Socio-Ecological Model for Change

Instructions

1. Introduce Characteristic 2: SBCC uses a socio-ecological model (SEM) for change.

> **Facilitator's Note:** If participants are interested in theory, add C-Change's Theory PowerPoint in the Additional Resources Section of the C-Modules to Handout 2.2, available for download at http://c-changeprogram.org/sites/default/files/sbcc_modules_additional_resources.pdf.

2. Explain that theories and models have guided development communication for years (have participants review *Handout 2.2: Theory*). A model is often used to describe an application of a theory to a particular case. These theories and models address human behaviors on one of three possible levels of change: individual, interpersonal, or community/social. Point to the flipchart that describes what change process comes into play and what is being modified for each of those levels.

Level of Change (McKee, Manoncourt, Yoon, and Carnegie 2000)	**Example in HCW context**
Individual level	Your own behaviors
Interpersonal level	Interactions you have with your clients
Community/social level	Interactions you have at the community/social level (e.g., speaking at community meetings, advocating with local leaders)

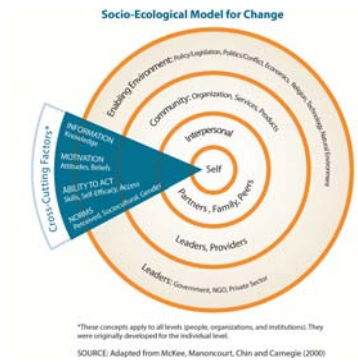
3. Tell the participants that over the years, a shift in thinking about human behavior has occurred. For example, early in the HIV and AIDS epidemic, communication practitioners largely believed behavior change would result directly from giving correct information about transmission and prevention. While providing correct information is an important part of behavior change, information alone has proved to be insufficient. Point to the flipchart used in Session 1, Activity 8 and remind the participants of the four key facts about human behavior:

Key facts about human behavior (previously developed for Session 1, Activity 8)

1. People interpret and make meaning of information based on their own context
2. Culture, norms, and networks influence people's behavior
3. People can't always control the issues that create their behavior
4. People's decision making is based on more than health and well-being

4. Explain that there are many resources that focus on health communication theories and how they influence social change, but no one theory or model addresses all health communication issues. For more information review *Handout 2.2: Theory* in more detail.

5. Refer to the SEM graphic on the flipchart and refer participants to *Handout 2.3: Socio-Ecological Model for Change* and explain the graphic.



Characteristic 2: SBCC Uses a Socio-Ecological Model for Change.
This model is a combination of ecological models and sociological and psychological factors that will assist you in your analysis and planning. This model has two parts:

1. **Levels of analysis**, the rings of the model, represent both domains of influence as well as the people involved in each level.
2. **Cross-cutting factors** in the triangle influence each of the actors and structures in the rings.

6. Explain to participants that most of their work will take place in the first three rings, but that it is important to be aware of the other rings. Refer back to the health problems mentioned during the participant introduction activity. Relate the training to their work by providing the following information:

- HCWs work hard each day to treat and care for individuals and families in the community. Their work on the frontline is essential to keep people healthy, treat disease, prevent disease from spreading, and refer serious cases to tertiary care. The work HCWs do is only one piece of a larger health system. HCWs work on the frontlines, administrators keep the facilities running smoothly, the pharmacy ensures necessary drugs are available, the Ministry of Health tracks funding and data, and so on.

- Patients are also part of a larger society. The center of this graphic shows that communication with an individual patient can help create individual behavior change. This level represents the actions HCWs routinely ask their patients to perform: take medicine, come back for another visit, feed a child, or use a condom. But this may not be enough.

- Around the individual is the community or cultural expectations that influence every member of a society. In a later session, participants will explore more closely how

culture affects behavior. Communication among families, local leaders, and other health care workers can also help create change in communities.

- Finally, the outer ring represents leadership and organizational support. These are the government policies and institutions that help or hinder people and communities. Many of these organizations and leaders also communicate, and HCWs should be encouraged to communicate back the needs of their patients, clinics, and communities.

- Each level contains a corresponding number of concepts that are represented in the triangle—the crosscutting factors. These factors touch and influence all people and structures represented in the SEM. They may act in isolation or in combination. Cross-cutting factors fall into four large categories: information, motivation, ability to act, and norms.

7. After reviewing this information, ask if there are any questions. Once all of them are answered, hold a short discussion to link the health concerns participants named in the introduction (Session 1, Activity 4) to the SEM graphic. Help participants see that health problems, causes, and solutions extend beyond their patients to other levels and how the cross-cutting factors influence them.

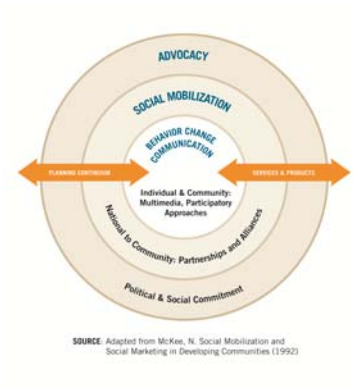
Facilitator's Note: More information and detail on the SEM is provided in Handout 2.3. Clarify any questions participants have on the SEM.

It might be useful to discuss in more detail the cross-cutting factors (definition of concepts) and how they relate to the patients and HCWs.

8. Conclude with the hope that this training will give participants tools to help facilitate change in their communities and provide patients help that extends beyond the clinical visit. Each of the levels and cross-cutting factors in the SEM will be explored in greater detail throughout this workshop.

Activity 5: Social and Behavior Change Communication (SBCC) Characteristic #3 (60 minutes)

Handout 2.4: Key Strategies of SBCC



Characteristic 3: SBCC Operates Through Three Key Strategies

These key strategies are mutually reinforcing:

- **Advocacy** to raise resources and political/social leadership commitment for development actions and goals
- **Social mobilization** for wider participation, coalition building, and ownership, including community mobilization
- **Behavior change communication** for changes in knowledge, attitudes, and practices of specific participants/audiences in programs

Instructions

1. Point to the flipchart and explain the graphic by reviewing the definitions of each strategy. Have participants discuss each of the three strategies and how they relate to their work.

2. Remind participants that in the previous activity they reviewed levels of audiences from the patient or person-level to the family, community, and social levels. People at each level have a different role in the health problem, and each can do things to help resolve the problem.

3. Point to the Three Key Strategies graphic. Explain the graphic: Different types of communication can be used to reach each level of person that influences a health problem.

4. Review each strategy on the flipchart.

Using Three Key Strategies for SBCC

- **Advocacy** occurs when an organization, group, or person gathers to argue for, recommend, or support a cause or policy change.
- **Social mobilization** brings together various people, groups, and organizations to raise awareness or demand change on certain issues.
- **Behavior change communication** uses interpersonal, small group, print, and other materials to promote behavior change at the individual level.

5. Explain that the three key strategies can work together to create real change. Take a look at the arrows on the graphic. One strategy does not have to come before another. What is most important is that the best choice is selected to link services and products.

6. Ask participants to write down examples of *advocacy, social mobilization*, and *BCC* that they have used or are familiar with on sticky notes. Explain that they can choose examples that they have seen in the community or the media, or activities they themselves have been involved in. They should write one example of *advocacy* on a single sticky note and repeat this process for *social mobilization* and *BCC*. Give the participants about five minutes to write down their examples.

7. Create and display three flipcharts with the following headings:

   - Advocacy
   - Social Mobilization
   - Behavior Change Communication

8. Once the participants are done, instruct them to match each sticky note with one of the three pieces of flipchart paper labeled *advocacy*, *social mobilization*, or *BCC* that have been placed around the room. Give the participants about 10 minutes to complete this part of the activity.

9. After all participants have placed their notes on the flipcharts, go around to the different pieces of flipchart paper, pick a few of the notes, and discuss them with the participants. Ask the participants whether the notes are on the correct flipchart or not, and why.

10. Use the examples on the flipchart to illustrate the methods of communication they can use for each of the three key strategies. Look for some of the following ideas from participants:
    - *BCC at patient and family level:* counseling, family/home visits, clinic visits, meetings on market days
    - *Social mobilization:* town hall meetings, community posters, local newspaper, local radio show, presentations at houses of faith, or business associations
    - *Advocacy:* letter to policymaker, meeting with health officials, letter to the editor of national newspaper, briefing to newspaper reporter

Facilitator's Note: Below are more detailed definitions, if needed.

- **Interpersonal** is person-to-person communication that may be verbal or non-verbal. This exchange involves sharing information or feelings between individuals or in a small group. It is face-to-face, with all the parties involved sending and receiving information to and from each other. An example of this type of communication is a typical patient-doctor visit.
- **Print and other materials** include patient education pamphlets, clinic posters, or other materials that help inform and motivate people to make healthy changes.
- **Small group communication** involves give-and-take exchanges among a small number of people, like a group counseling session or a local village meeting.
- **Organizational communication** is an exchange of information within a group or organization, or among organizations. Members are aware of each other's existence; they have common interests and work together toward the same goal. An example of this is communication to the health center from the Ministry of Health.
- **Mass and social media communication** transmit messages to large audiences through media with a wide reach, such as radio, TV, or printed materials.

11. Remind participants that Characteristic 1 describes a process; Characteristic 2 reinforces that SBCC is about more than just individual behaviors, but also includes the environment and the community; and Characteristic 3 discusses how to approach certain problems.

12. Conclude that SBCC is an important part of health interventions, and that HCWs are able to inspire and sustain behavior change; stimulate dialogue; create demand for information and services; promote advocacy; increase knowledge; reduce stigma, fear, and discrimination; and promote services for prevention and care.

13. Refer participants back to the C-Planning flipchart and Step 1.

14. Tell participants that without this step, SBCC planning cannot move forward. It is in this step that all the information available is considered when analyzing a health situation. That analysis will guide all of the other steps and ensure a deeper understanding of clients and ways to increase effective communication.

15. Have participants discuss tasks they could undertake to better understand the health situation in their community. Look for such responses as:
    - Looking at local health or clinic data
    - Talking with experts and leaders
    - Listening at community meetings
    - Talking with colleagues
    - Discussions with patients and families

16. Write down their ideas on a flipchart. Ask participants if the list is realistic in their job environment. Would it be useful to look at data and talk to clients and community members?

17. Ask them what they think would happen if they tried to create change without gathering any information about the health issues of concern. Does this happen in reality?

18. Explain that in Step 1, *Understanding the Situation,* information is collected about the problem so that an effort at SBCC will focus on the right people with the correct actions, using the best forms of communication. Without the information collected in this step, it is likely that communication with clients would be less effective, and HCWs' understanding of their community members in general would be diminished.

19. Summarize the ideas presented—why the information needs to be collected and what would happen if an SBCC intervention did not collect this information. Explain that more details about Step 1 will be discussed in the next session.

Activity 6: Wrap Up (10 minutes)

Instructions

1. Display the flipchart with the learning objectives for Session 2. Summarize Session 2 by pointing out the session learning objectives. Ask participants if they feel the learning objectives set out at the beginning of the session have been accomplished.

2. Ask if there are any questions about this session. Remind participants they can add questions as they arise to the Question Box.

3. Ask participants to complete the Session 2 feedback form.

4. Thank participants for their involvement in these activities, remind them of the start time, and review the content for the next day.

Facilitator's Note: End each day by summarizing the content covered and checking in on progress toward objectives. If this is the end of the day, a discussion of logistics and content for the next day is recommended. You are encouraged tailor the schedule to your own needs, so these activities have not been included in other sessions but can be added if needed.

Session 3: Challenges for Health Care Workers and How Communication Can Help

Total Time: 3 hours and 30 minutes

Learning Objectives

By the end of this session, participants will be able to:

- Analyze a work-related problem using a problem tree tool
- Identify the direct and indirect causes and effects of a work-related problem
- Conduct a people and context analysis of a work-related problem
- Use a summary analysis tool to create a problem statement and identify the changes the problem calls for

Overview

Activity	Time	Title	Content
1	10 minutes	Session Introduction	Introduce the session and learning objectives
2	10 minutes	What is Meant by Understanding the Situation?	How can communication help?
3	45 minutes	Problem Tree	Defining levels of audiences and cross-cutting areas for SBCC
4	15 minutes	People Analysis	Participants complete their people analysis and select priority audiences and channels
5	30 minutes	Context Analysis	Check what is known and not known about key people involved in the problem
6	45 minutes	Personal Problem Tree	Participants complete their own problem tree and summary analysis
7	45 minutes	Identifying What You Can Do	Identifying current skills and skills needed
8	10 minutes	Wrap Up	Review session

Resources Needed

- Flipchart, paper, and markers
- Tape
- Sticky notes (tape and paper can be used as a substitute)

Advance Preparation

- Post the C-Planning graphic (from previous session)
- Post the socio-ecological model (from previous session)
- Post the three key strategies graphic (from previous session)
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session
- Adapt and make copies of handouts (available in *Handout Packet*)

Handouts

- Handout 3.1: Blank Problem Tree
- Handout 3.2: Sample Problem Tree
- Handout 3.3: People Analysis
- Handout 3.4: Summary of Analysis

Session 3: Facilitator's Guide

Activity 1: Session Introduction (10 minutes)

Instructions

1. Welcome participants back and answer any items from the Question Box. Ask if there are any questions related to the content of the previous sessions.

2. Review the day's schedule and any logistical concerns for the day.

> **Facilitator's Note:** Consider beginning each day with these items—welcome, answer questions, and review schedule and logistics. As you will tailor the schedule to your own needs, these activities have not been included in other sessions, but you can add them as needed.

3. During Session 3 participants will continue to work on C-Planning and develop objectives for addressing their health problem.

4. Go over the learning objectives (on a flipchart).

> **Session 3 Learning Objectives**
> - Analyze a work-related problem using a problem tree tool
> - Identify the indirect and direct causes and effects of a work-related problem
> - Conduct a context and people analysis of a work-related problem
> - Use a summary analysis tool to create a problem statement and identify the changes the problem calls for

5. Ask if there are any questions.

Activity 2: What is Meant by Understanding the Situation? (10 minutes)

Instructions

1. Refer to the C-Planning graphic (on the flipchart). Explain that *Understanding the Situation* is the first step in C-Planning. This is a key step of SBCC and will:
   - Provide insight into the issue under discussion from many different perspectives
   - Guide decisions on how to focus efforts and resources for clients

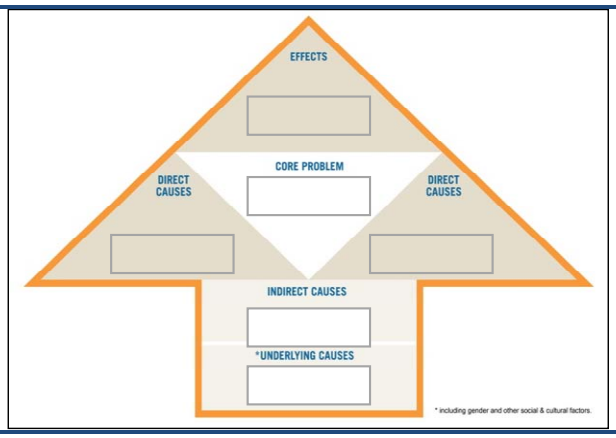
Activity 3: Problem Tree (60 minutes)

Handout 3.1: Blank Problem Tree
Handout 3.2: Sample Problem Tree

Instructions

1. Display flipchart drawing or poster of the blank problem tree.

Problem Tree (develop two flipcharts. One with a filled out example problem tree and a blank problem tree)



2. Introduce the problem tree as a tool to examine a work-related problem. Explain to participants that it will help clarify what they already know and what they do not know. The center of the tree is a health problem. Explain that as a group they will examine the causes and effects of a problem that they encounter at work with their clients to assess what needs to change and how that change can be made.

3. Ask participants to turn to *Handout 3.2: Sample Problem Tree*. Ask participants to review the handout that illustrates a situation at a clinic in southeast Nigeria. Quickly review the sample problem tree in the example.

4. After reviewing the example, ask participants to share what other causes, societal factors, and effects they have seen working with HIV-positive patients in their clinics, which were not mentioned. If necessary, spend a few minute probing participants to list deeper causes of patient behavior (beyond knowledge or understanding of medication adherence).

5. Refer to the SEM graphic flipchart and the blank problem tree flipchart. Explain how the components of the arrow (triangle piece) on the SEM are related to the direct, indirect, and underlying causes on the problem tree.

Facilitator's Note:

- Information, knowledge, and motivational issues often go in the direct causes section on the left.
- Ability to act and skills-related issues should be placed in the direct causes section on the right.
- In the indirect causes section, issues related to political will are often included.
- Norms (perceived and actual) and related issues are often represented in underlying causes.

Please note these tips may not always apply to every problem.

6. Point back to the blank problem tree poster and explain that participants will now complete another sample problem tree as a group. Ask participants to select one health problem common to many participants that was named in the introduction activity in Session 1, Activity 4. Write the problem in the middle of the problem tree poster.

7. Distribute cards or sticky notes to participants. Ask participants to think about the health problem and write down what they see as the reasons for the problem and what happens because of the problem. To help participants think through the problem, ask the questions on the flipchart (previously prepared).

Thinking Through the Problem

- What are the main causes of the problem?
- What are the services or policies that sustain the problem?
- What cultural or religious beliefs or practices affect the problem?
- What people or groups are supportive or not supportive?
- What cultural or societal expectations affect the problem?
- What skills do people need to resolve the problem?
- What skills do you need to resolve this problem?
- What drugs, supplies, or products are lacking?

8. After participants are done writing, explain that they will place cards on the tree so that effects of the problem will be on the top of the tree, and reasons for the problem will go in the other parts. Ask participants to come up one at a time to place one or two cards, reading off their card and naming whether the card is an effect or a cause. Continue until all ideas are posted (avoiding duplication) and everyone is in agreement about where the cards belong in the problem tree.

Facilitator's Note: If necessary, use the "Five Whys" method to help participants brainstorm underlying causes of health problems they see. For example, if a participant names "patient doesn't do X" as a reason for a health problem, ask "why" several times to have participant go back to root causes of the behavior. Usually five repetitions help people name cultural, resource, access, or other root causes of a problem.

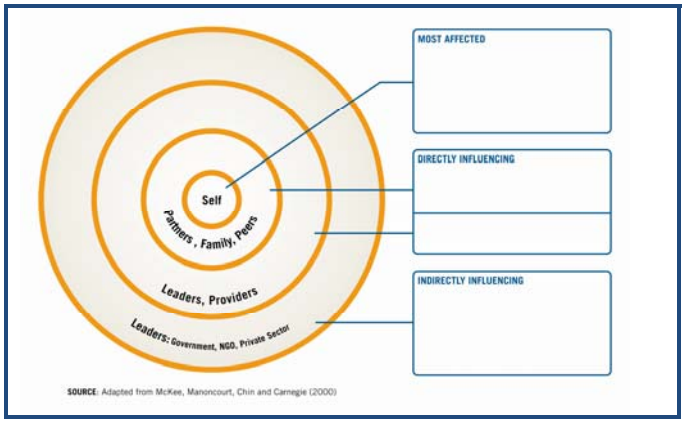
9. Lead a short discussion to elicit conclusions, using the following questions:
   - How do these invisible aspects of culture (underlying causes in the problem tree) affect interactions with clients?
   - What are some of the services and policies that may be able to be improved to help resolve the health problem?
   - What needs to change?
   - Where is a good place to start making the change?

Activity 4: People Analysis (15 minutes)

Handout 3.3: People Analysis

Instructions

1. Review *Understanding the Situation*. Many factors and causes are related to a single core problem— from services to culture and gender. Because communication is being used to help solve a problem, it is helpful to also understand all the groups and people involved in the health problem.



2. Point to the people analysis graphic (on the flipchart). This is another tool participants can use to help improve their understanding of the circumstances around a health problem. After a quick review of the tool, participants can apply it in the next activity.

3. Using these circles, list all the people who touch on the health problem, from the patient or person most affected by a health problem (in the center) all the way to government leaders. Let's use the southeast Nigeria example to fill in this sample tool.

4. Conduct a brainstorming session with the participants. Think of the various groups of people at each level of the graphic and fill in the responses. **Look for:**
   - People living with HIV (most affected)
   - Families, peers, other clinic patients (directly influencing)
   - HCWs, local leaders, businesses, transportation services (directly influencing)
   - District government, press, religious leaders, district health system, Ministry of Health drug policymakers (indirectly influencing)

5. Summarize that many people can affect a health problem. Since this workshop focuses on communication to help solve the problem, participants will be asked to analyze all the possible groups of people that they can communicate with. These groups will be revisited in the next session (Session 4) to determine where HCWs can have the most influence, but for now list everyone involved.

Activity 5: Context Analysis (30 minutes)

Instructions

1. Review how behavior change is not just about the individual and also how a person's environment influences how they think and behave. Take the participants through a context analysis of the core problem from southeast Nigeria (from example problem tree Handout 3.2). Guide participants through the following questions.

Facilitator's Note: You may want to write the questions down on several flipcharts ahead of time and reveal them as you read them.

Local Community, Services, and Products
- What is available in the community that can support change or impede it?
- What services and products are accessible at the community level?
- Do people like them? Is transport available to access services?

District Enabling Environment
- What policies exist that support change or impede it? Are there any leaders who can support or impede this change?
- How can you work with them?

Information
- What information do they receive about the problem? How?
- What information do they need?

Motivation
- What motivates people to act?
- What are their attitudes and beliefs?
- What do they want?

Ability to Act
- What life skills do people have?
- What strengths, resources, or access to services/products do they have?

Norms
- What are the deep underlying values of each group? How do these norms affect people's behaviors?

2. Summarize the participants' responses and ask if there are any questions. Conclude the activity by explaining how the context analysis provides a clearer picture of the environment/context of the problem and the people.

Activity 6: Personal Problem Tree (45 minutes)

Handout 3.1: Blank Problem Tree

Instructions

1. Explain that this activity will explore how HCWs help patients, families, and others in their community take action to improve health. To do so, it is important to understand the problem behavior and its effects. To help systematically plan how to address a work-related problem, participants will use C-Planning, starting with Step 1.

2. Instruct participants to think about problems that they often encounter during their work with clients and select one for their individual work during the remainder of the workshop. While participants can work individually on their plan, they may also find a partner who is working on a similar health problem.

> **Facilitator's Note:** Allow only individuals or pairs (not larger groups) for this work to ensure that each participant has time for reflection and to apply the content of the workshop to their own situation.

3. Tell the participants that they are now going to use the problem tree tool and the people analysis to help them understand the health problem they have selected. Circulate around the room to assist, as needed. Answer any questions the participants may have.

4. Call time after 30 minutes. Have a few groups present their work.

Activity 7: Identifying What You Can Do (30 minutes)

Handout 3.4: Summary of Analysis

Instructions

1. Explain that a problem statement summarizes the problem tree and people analysis. The problem statement will help participants see what is happening so that they can focus their attention where it will make a difference. When writing a problem statement, it helps to use the following guiding questions:

Guiding Questions	Where Do We Get This Information?
What is happening?	core problem in the problem tree
Where and whom?	most affected in the people analysis
With what effect?	effects in the problem tree
Who and what is influencing the situation?	directly and indirectly influencing in the people analysis
And as a result of what cause?	direct, indirect, and underlying causes in the problem tree

2. Explain to the participants that they already have this information and that it is found in various parts of their analysis. Tell them that this activity will help them develop a problem statement for the southeast Nigeria example. They will start by completing the guiding questions.

3. Look for these issues to be addressed:
   - What is happening—HIV-positive patients on antiretrovirals (ARV) do not adhere to medication regimen
   - Where and whom—people living with HIV (PLHIV) in southeast Nigeria
   - With what effect—increased mortality due to AIDS
   - Who and what is influencing the situation
     - Families, peers, other clinic patients (directly influencing)
     - HCWs, local leaders, transportation services (directly influencing)
     - Local government, press, religious leaders, primary health care system, ministry of health (MOH) drug policymakers (indirectly influencing)
   - And as a result of what cause
     - Clinic appointments are over scheduled, ARV drug stock outs are frequent, medication has side effects, and treatment regimens are cumbersome (e.g., amount and frequency of medications).
     - Patients miss refill appointments due to the distance to the clinics and transport costs, long wait times at clinics, and the stigma from being seen waiting in the clinics.
     - Patients do not follow directions because of the complex treatment regimen, side effects, and perceived stigma of taking ARVs.

4. Explain to the participants, they now have the raw form of their problem statement. Now it is time to refine it into a short concise statement. As a group, develop a problem statement. Remind participants that a problem statement should be one sentence; additional sentences may be used to provide more detail.

5. Look for: In southeast Nigeria, PLHIV are not adhering to their ARVs, which is contributing to increased mortality due to AIDS–related illnesses. The complex treatment regimen and side effects of ARVs discourage patients from adhering to their medicine. Also, families and peers are not ensuring/supporting patients to adhere to their medication, and perceived stigma of being on ARVs contribute to this. ARVs are frequently out of stock, HCWs are overworked, and clinic personnel overbook appointments. High transport costs due to the distance patients need to travel contribute to missed appointments.

6. Refer participants to *Handout 3.4: Summary of Analysis,* which will help them summarize each problem. Have participants start filling out the boxes and draft their own problem statement along with the changes that the problem calls for. Remind participants that this does not have to be perfect and that they can return to this handout in the following session.

7. Call time after 30 minutes and ask a few participants to present their work.

8. Point to the C-Planning graphic. Recap that participants have started working on the first step of the process, *Understanding the Situation*, wherein they identified a problem and the groups of people who may affect the problem.

9. Point to Step 2, *Focusing and Designing.* Explain that in this step, the information collected in Step 1 will be analyzed and clear goals set for what participants can do in their role as health care providers. Explain that Step 2 will be covered in the following session.

10. Discuss what is easy and what is harder to do, and what communication skills or practice would help them to reach their clients. Explain that they will work on the skills for these steps in the next two sessions and also develop an action plan. If participants have questions about advocacy, mention that topic will be addressed in more detail later in the training.

Activity 8: Wrap Up (10 minutes)

Instructions

1. Conclude this session by informing the participants that to create effective SBCC efforts all the steps in C-Planning must be followed. Emphasize that the most important roles of the frontline HCW relate to the implementation of the SBCC intervention. It is in this role that they will help make SBCC a success.

2. Summarize Session 3 by pointing out the learning objectives.

3. Ask participants to complete the Session 3 feedback form.

4. Thank participants for their participation and work.

Session 4: Development of Personal Action Plan

Total Time: 3 hours and 45 minutes

Learning Objectives

By the end of this session, participants will be able to:

- Identify their audience and create an audience profile
- Write communication objectives for their personal action plan
- Write talking points for one audience

Overview

Activity	Time	Title	Content
1	10 minutes	Session Introduction	Introduce the session and learning objectives
2	20 minutes	Selecting Audiences and Channels	Identifying audiences and how to reach them
3	20 minutes	Audience Profiles and Barriers	Create audience profiles and identify barriers for clients, clinic administrators, and the wider community
4	40 minutes	Writing SMART Communication Objectives	Defining and writing SMART communication objectives
5	30 minutes	What Do I Need to Do? Thinking about a Personal Action Plan	Introduction to your personal action plan
6	10 minutes	Communication Aids for Advocacy and Community Mobilization	Introduction to talking points
7	30 minutes	Drafting Talking Points	Individual or pair work to draft talking points
8	15 minutes	Checking the Facts	Myths and facts activity
9	40 minutes	Action Planning	Participants complete the audience/action steps of their plans
10	10 minutes	Wrap Up	Review the session

Supplies Needed

- Flipchart, paper, and markers
- Tape
- Cards or sticky notes (tape and paper can be used as a substitute)

Advance Preparation

- Read the entire session instructions
- Post the C-Planning graphic (from previous sessions)
- Post the socio-ecological model graphic (from previous sessions)
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session
- Prepare "HIV Myths & Facts" cards
- Adapt and make copies of handouts (available in *Handout Packet*)

Handouts

- Handout 4.1: Example Communication Channels
- Handout 4.2: Selecting Audiences and Channels
- Handout 4.3: Audience Profile
- Handout 4.4: SMART Communication Objectives
- Handout 4.5: Action Plan Template
- Handout 4.6: Sample Advocacy Letter
- Handout 4.7: Sample Talking Points
- Handout 4.8: Talking Points Worksheet

Session 4: Facilitator's Guide

Activity 1: Session Introduction (10 minutes)

Instructions

1. Ask if there are any questions related to the content of the previous sessions.

2. Review the day's schedule and any logistical concerns for the day.

3. Explain that Session 4 will continue to focus on C-Planning and participants will begin to develop their own personal action plan that will be refined throughout this workshop.

4. Go over the learning objectives (on a flipchart).

Session 4 Learning Objectives
- Identify your audience and create an audience profile
- Write communication objectives for your personal action plan
- Write talking points for one audience

5. Ask if there are any questions.

6. Display C-Planning graphic (from earlier flipchart). Recap that participants have worked on the first step of the process, *Understanding the Situation*, where they identified a work-related problem and examined how to address it through communication. Explain that in this session they will focus on who they would like to communicate with and what changes they would like to see—Step 2 of C-Planning: *Focusing and Designing*.

Activity 2: Selecting Audiences and Channels (20 minutes)

Handout 4.1: Example Communication Channels
Handout 4.2: Selecting Audience and Channels

1. Explain that before participants decide how to tackle their problem, they will spend some time focusing on who they want to reach and how. Remind participants that they previously named everyone involved. During this session they will begin to select their target audience.

2. Define "communication channel"—how people are reached through communication. Explain that communication can be a one-on-one discussion, or a film or radio program. HCWs will probably rely on less costly ways to reach clients and other people in the community. Remind participants they have already thought about communication channels and how they reach people (Session 2, Activity 5) when they listed the different types of communication they use to reach people at the various levels of the socio-ecological model.

3. Instruct participants to spend 15 minutes identifying audiences they will reach to create change, referring back to their summary analysis handout from the previous session. The audience is the people that HCWs are trying to reach through their SBCC efforts. It is too difficult to reach everyone, so HCWs should select an audience to focus on. Ask participants to refer to the handout.

4. Give participants a few tips for selecting audiences from *Handout 4.1: Example Communication Channels* and *Handout 4.2: Selecting Audience and Channels.* Explain that participants are to work on their own problem of concern, which they selected and explored in the previous session. During this activity they will complete the worksheet—by choosing audiences and selecting appropriate channels to reach them. Give the participants some tips for identifying (focusing) on audiences they would like to reach.

Tips for Identifying Audiences:

- Think about what group of people would be most important to bring about change
- Find audiences you can reach, or can be reached through people or organizations you are familiar with
- Think about what channels of communication will resonate with that audience, and is it realistic

Facilitator's Note: Allow only individuals or pairs (not small groups) to do this work to ensure that each participant has time for reflection and to apply the lessons of the workshop to his/her own situation.

5. Circulate around the room to assist, as needed. Answer any questions the participants may have.

6. Call time after 15 minutes. Ask if one or two participants would like to share an audience and channel they have listed on their handout.

7. Ask participants to hold on to their handout for later work in the session.

Activity 3: Audience Profiles and Barriers (20 minutes)

Handout 4.3: Audience Profile

1. Explain to participants that they are now going to look at audience profiles. This profile is a way to determine personal details about their potential audience. Ask participants to focus on their audience (clients) and think about all the things that they know about them. Have a volunteer draw a body outline on a flipchart and have the group shout out descriptions of a single person from this audience (gender, age, occupation, literacy level, where they get information) (C-Change 2012).

2. After the group has done this as a whole refer them to *Handout 4.3: Audience Profile* and divide participants into smaller groups. Have the small groups complete profiles of administrators, doctors, community members, and any other audience that is relevant to their work (possibly those named in the previous activity in the *Selecting Audiences and Channels* handout).

> **Facilitator's Note:** Allow only individuals or pairs (not small groups) to do this work to ensure that each participant has time for reflection and to apply the lessons of the workshop to his/her own situation.

3. Call time after 10 minutes and have groups present. Explain to participants that the next step is talking about the barriers they face.

4. Introduce the definition of barriers. Barriers are obstacles that prevent an audience from making a change. Looking at the barriers that their audience faces in relation to the problem they have identified will help participants create communication objectives that address their audience's situation.

5. Ask participants to think carefully about their audience's barriers. For example, while it may seem that the main barrier preventing a young girl from protecting herself from HIV is lack of knowledge about condoms or where to get them, the bigger barrier may be her lack of hope for her future, lack of power, fear of angering her partner, or her inability to speak her mind.

6. To help participants identify the key barriers for their audiences and the problem they have identified, show this matrix on a flipchart.

Audience Segment	Desired Change	Barriers (Why the Audience is Not Doing It)	Communication Objectives—Addressing the Barriers
Example: Older men 40+ in rural South Africa	Use condoms	Male gender norms identify male sexual performance as essential to manliness; fear that condom use will interfere with sexual performance; social norm is that men this age don't use condoms	By the end of the HCW's program, the number of 40+ males in X village who have learned to feel confident using condoms will increase

> **Facilitator's Note:** Cover up the last two columns—Barriers and Communication Objectives. Work with the group to develop the barriers column in this activity, and the communication objectives in the following activity.
>
> You may also want to tailor this example to your participants, and brainstorm the barriers together instead of providing the barriers. If participants are new to this, it might be a good idea to complete a few more examples that a group using the Nigerian example provided in this guide or another local example.

7. Take participants through the first two columns of the matrix. Ask if anyone can identify the possible barriers for the audience segment. If needed give the participants a tip—look at the problem tree for barriers. After the audience has identified a few barriers, reveal the barriers column.

8. Review how audience segment research helps to identify barriers. Tell participants they are doing this to develop their communication objectives, which they will work on in the next activity.

Activity 4: Writing SMART Communication Objectives (40 minutes)

Handout 4.4: SMART Communication Objectives

Instructions

1. Introduce communication objectives. Point to the C-Planning graphic and tell the participants that one of the key tasks in Step 2 of C-Planning is to define exactly what to do to address a particular health problem. Participants already analyzed the reasons and consequences of a work-related problem in Step 1 of C-Planning, and they defined who the people are who can help change the situation. Now it is time to decide what will be done.

2. Ask participants what they know about communication objectives. They have already started to develop communication objectives in the last session by discussing these questions:
   - What do they want their audiences to change?
   - Why isn't it already happening (e.g., what are the barriers)?
   - Which of these barriers will they address using communication?

3. Ask participants to define SMART objectives. Write their SMART definition on a flipchart.

4. **Look for:**
   - Specific (clear and defined)
   - Measurable (can be observed, recorded, or known to have happened)
   - Attainable (feasible to be done)
   - Realistic (will make a difference)
   - Time-bound (it will get done in a particular time period or at particular points in time)

5. Ask how many participants have already worked with SMART objectives. Have them share examples from previous work or training.

6. Explain that communication objectives should be SMART and that an analysis of the audience PLUS a look at cross-cutting factors (refer back to SEM graphic) will lead to the communication objectives. They have already listed the audiences who can make a difference and selected those who have influence and are within the reach of a health worker.

7. Now it is time to look for ways to help the audience take action. A communication objective uses all this information.

8. Take participants through the flipcharts to clarify what communication objectives are and offer some tips for developing them.

Communication objectives suggest ways to address barriers to achieve desired change in policies, social norms, or behaviors. They are audience specific.

- They support program objectives and contribute to them.
- They are more specific than desired behaviors (which often only mirror what people should do, instead of addressing what barriers they may face getting there).
- They should be based on theories or models consulted during the barrier analysis.

Facilitator's Note: Depending on your participant's experience with communication objectives, you might consider providing them with a few examples that you have prepared ahead of time.

TIPS: Writing SMART Communication Objectives

- What specific policies, services, social norms, and/or behaviors will you address per audience?
- What information *(knowledge)*, motivation *(attitudes, beliefs)*, ability to act *(skills, self efficacy, access),* and normative needs *(perceived, socio-cultural, gender)* should you address?
- What exactly do you want your intended audiences to know, feel, or do in response to exposure to your activities and materials?
- Action verbs that can help break down desired changes into doable and realistic communication objectives are: know, have a positive attitude toward, consider discussing, talk about, see benefit in, try out, practice, and learn skills.

9. Ask if participants have questions about communication objectives.

10. Show the flipchart from the previous activity where participants identified audiences, desired change, and the barriers to uncover the communication objective written for the example.

Facilitator's Note: Depending on the groups' experience with communication objectives, consider writing the communication objectives as a group instead of revealing them.

11. Tell the participants they will try writing some communication objectives of their own.

12. Refer participants to *Handout 4.4: SMART Communication Objectives*. Instruct participants to get into pairs and start filling out the handout. Remind participants they have already thought through the first three columns of the handout in their previous activity. They will just need to refine them and form communication objectives.

13. Allow groups to work for 30 minutes. Call time and ask participants to return. Ask for one or two examples of communication objectives for each cross-cutting factor. Have others verify that each communication objective is SMART or provide alternatives.

14. Highlight examples that illustrate environmental or social change, such as increasing availability of products or services or changing norms.

Activity 5: What Do I Need to Do? Thinking about a Personal Action Plan (30 minutes)

Handout 4.5: Action Plan Template.

1. Introduce the action plan template. Explain that now that they have developed communication objectives, it's time to start thinking how they will go about accomplishing their objectives. Explain that the categories in the template are based on discussions from previous sessions. Walk participants through the column headings. Have participants start filling out their plans, starting with their communication objectives. Tell participants that this will be a work in progress and they will come back to the action plan and refine it throughout the workshop. Answer any remaining questions about writing communication objectives and the action plan.

> **Facilitator's Note:** Allow only individuals or pairs (not small groups) for this work to ensure that each participant has time for reflection and to apply the lessons of the workshop to their own situation.

2. Circulate around the room to assist, as needed. Answer any questions the participants may have.

3. Call time after 30 minutes. Ask if one or two participants would like to share an objective or activity they have listed on their handout.

4. Ask participants to hold on to their handout to work on throughout this workshop.

Activity 6: Communication Aids for Advocacy and Social Mobilization (10 minutes) *(Adapted from Ritu 1997 and AED 2009)*

Instructions

1. Just as job aids help to create healthy change for patients and families, communication aids can be used to reach people at other levels of society, namely at the community and advocacy levels.

2. Review the earlier discussion (Session 2, Activity 5) about ways to communicate through social mobilization and advocacy, such as giving presentations, speaking at town hall meetings, and briefing policymakers. Refer participants to *Handout 4.1: Example Communication Channels*.

3. Ask participants how they might prepare for such communication activities. And how they could work together with their fellow HCWs and other colleagues to improve communication with clients and mobilize around a common issue. Advocacy is about communicating with people who are in positions to influence policies and decisions. Ask participants how they have been involved in advocacy before.

4. Ask participants to review the community and advocacy columns in *Handout 4.1: Example Communication Channels*. Ask if there are any examples they are familiar with that are not listed in the handout.

5. After all the additions have been listed, divide participants into small groups. Have the groups decide on a larger issue that affects their work where advocacy might help. Ask the group to answer the following questions:
   - Who to influence
     - Who makes the decisions?
     - How are the decisions made?
   - Know the people they want to influence
     - How to reach them?
     - Do they know the HCWs?
   - What existing structures can be used to advocate for change?
   - Who can help?
   - How can HCWs organize and help each other?
   - What communication aids (those listed in *Handout 4.1: Example Communication Channels*, among others) can help?

6. Bring the groups back together and ask them to share their answers. Explain that HCWs are in a unique position to speak on behalf of their clients and advocate for change at higher levels. Coordinating with fellow HCWs and the wider community is a key part of creating change in addition to what individual HCWs can do on their own when interacting with clients. Now let's take a look at how communication can help create change through interactions with the wider community.

Activity 7: Drafting Talking Points (30 minutes)

Handout 4.6: Sample Advocacy Letter
Handout 4.7: Sample Talking Points
Handout 4.8: Talking Points Worksheet

Instructions

1. Explain that a communication aid called "talking points" can help participants prepare for a speech, letter, or article. Ask participants if any are familiar with talking points, and if so, to define the term.

2. **Look for:** talking points are a list of information/topics used to introduce the health problem, address people's concerns, and encourage social and behavior change.

3. After the group is in agreement on what talking points are, explain to participants that the health problem they are addressing will determine who they want to speak with and what behaviors or actions they want to promote. This drives what they need to communicate with others: the messages they will share with social groups for community mobilization and leaders for advocacy.

4. Ask participants how they think they can use talking points. **Look for**: to prepare a presentation for a village, to talk to the mayor or government officials, or to give interviews to the media.

5. Ask participants to read the *Handout 4.6: Sample Advocacy Letter* and *Handout 4.7: Sample Talking Points*. After they have completed reading them, ask participants how they think this type of document might be helpful in talking with leaders or groups. What other preparation would they need to undertake to talk with leaders or groups of people?

6. Explain to participants that to reach both political leaders and community groups, they may be invited to speak or to conduct a briefing to share information and encourage desired behaviors. Before going out to speak, it is useful to have prepared the main points. As discussed earlier, talking points are a one-page summary of what to say, clearly and succinctly, whenever they have an opportunity to speak with others. The points should address the appropriate audience, whether they are speaking to a community group about new behaviors to practice, or policymakers and the advocacy efforts that would lead to change.

7. Ask participants to look at *Handout 4.8: Talking Points Worksheet*. In this next activity, they will practice writing some points to share. The talking points should explain the importance of the health problem, clarify misinformation, and give the audience realistic actions they can do to help alleviate the problem.

8. Here are some tips for writing talking points:
   - Summarize only the most essential facts needed to relay the importance of the health problem
   - Give a clear action that is reasonable for them to take

- Provide some benefits of the action that are meaningful to the audience (not necessarily the benefits to the HCW or the clinic)

9. Ask participants to get into pairs or work individually to develop some of their own talking points. Remind participants they can refer to *Handout 4.6: Sample Talking Points* for some inspiration.

Writing Talking Points Activity Instructions

- Select either a policymaker, hospital/clinic manager, local leader, or community group as an audience
- Identify a problem from an earlier session or from your personal action plan
- Identify the action you would like them to take
- Complete your handout by coming up with some talking points

10. Allow pairs/participants to work for 20 minutes. Circulate around the room to provide assistance, as needed. Call time and ask for two or three volunteers to read some of their talking points.

11. Conclude the activity by asking the participants:
    - What made it difficult to identify things to include in the talking points?
    - What did they want to include but seemed like too much information?
    - What other information do they need?
    - How could they find out more about what are feasible actions or meaningful benefits for their audiences?
    - What other questions do they have?

Activity 8: Checking the Facts (15 minutes) (Examples from Kidd and Clay 2003)

Instructions

1. When talking with other people, whether one-on-one or in groups, facts must be represented clearly and confidently. HCWs are seen as credible sources of health information and advice. If facts need to be checked or misinformation corrected around an issue of concern, it is the HCW's responsibility to check the facts and provide the most up-to-date information.

2. Remind participants that information may NOT be sufficient to change behavior. However, myths and misconceptions may be barriers to change.

3. Explain that in the next activity participants will read cards with an HIV myth or fact. The group will discuss ways it can be corrected or addressed.

4. Distribute the previously prepared Myths & Facts cards. Ask participants to read them one at a time. For each one, ask:
    - Who might believe this?

- What might result if people believed in this? (Probe for behaviors or barriers to desired behaviors).
- How can health workers verify this information?
- What can be presented instead to clarify or correct this information?

Facilitator's Note: Create myths/facts appropriate for your area, but here are some suggestions.

- Mosquitoes carry HIV.
- HIV is caused by sleeping with a woman who has had a miscarriage or an abortion.
- HIV is caused by witchcraft.
- The partner who falls sick first is the person who got infected first and brought HIV into the family.
- Prayer can cure AIDS only if you stop taking your ARVs first.
- If one partner has HIV, then the other partner must also have HIV.
- Every time you have sex with a new person, your viral load goes down.
- Sex with a virgin will cleanse the body of HIV.
- HIV drugs will cure you.
- If a mother has HIV, then her unborn baby will have HIV.
- HIV can be passed to a baby through the breast milk.
- If both partners have HIV, then there is no reason to use a condom.

5. Summarize the activity by reminding participants of their role as leaders in providing health information and correcting misconceptions.

Activity 9: Action Planning (40 minutes)

Instructions

1. Instruct participants to fill out the audience and action columns of their personal action plan. Clarify that participants are to work on their own problem of concern, which they selected and explored in previous sessions.

Facilitator's Note: Allow only individuals or pairs (not small groups) for this work to ensure that each participant has time for reflection and to apply the lessons of the workshop to their own situation.

2. Circulate around the room to assist, as needed. Answer any questions the participants may have.

3. Call time after 30 minutes. Ask if one or two participants would like to share an activity they have listed on their handout. Ask participants to share what audience it is for and for what purpose.

4. Ask participants to hold on to their handout to work on in the next session.

Activity 10: Wrap Up (10 minutes)

Instructions

1. Conclude this session by saying that to create effective communication, the information from the previous C-Planning steps is used to inform and plan communication with clients, community meetings, or for advocacy.

2. Summarize Session 4 by reviewing the session learning objectives.

3. Ask participants to complete the Session 4 feedback form.

Session 5: Materials Development

Total Time: 2 hours and 10 minutes

Learning Objectives

By the end of this session, participants will be able to:

- Use a creative brief as a tool to assess job aids
- Solicit feedback from clients on job aids

Overview

Activity	Time	Title	Content
1	10 minutes	Session Introduction	Introduction and learning objectives for Session 5
2	20 minutes	What are the Tools Needed for Interpersonal Communication?	Discuss job aids
3	60 minutes	Using a Creative Brief to Assess Materials	Creative brief working backwards exercise
4	30 minutes	Getting Feedback on Interpersonal Communication and Testing Materials	Pretesting
5	10 minutes	Wrap Up	Review session

Supplies Needed

- Flipchart, paper, note cards, and markers
- Tape
- Cards and markers for small group work

Advance Preparation

- Post the C-Planning and SEM graphics (from previous sessions)
- Prepare a collection of different existing job aids (posters, flipcharts, brochures, etc.)
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session
- Adapt and make copies of handouts (available in *Handout Packet*)

Handouts

- Handout 5.1: Creative Brief Template
- Handout 5.2: Materials Pretesting
- Handout 5.3: Pretest Data Sheet and Summary Sheet

Session 5: Facilitator's Guide

Activity 1: Session Introduction (10 minutes)

Instructions

1. Explain that Session 5 will focus on Step 3: *Creating* in C-Planning.

2. Go over the session learning objectives (on a flipchart) with the participants.

Session 5 Learning Objectives
- Use a creative brief as a tool to assess job aids
- Solicit feedback from clients on job aids

Activity 2: What are the Tools Needed for Interpersonal Communication? (20 minutes)

Instructions

1. Introduce the session by reviewing the definition of IPC (on a flipchart from Session 1, Activity 9). Ask participants to think about some of the client problems they identified in their action plan. What are some of the tools and skills needed to improve interactions with clients?

2. Ask participants what job aids are and how they have used them with clients. Write their answers down on a piece of flipchart paper (this will be used again in Session 6). After no more answers are given, summarize different types of materials, i.e., with different formats, uses, and audiences.

3. Explain that job aids are materials to help HCWs communicate with patients. Point back to the Three Key Strategies graphic and tell the participants that job aids are a tool for HCWs to influence clients and families to make healthy behavior changes using the BCC strategy. Other job aids can be used in advocacy and social mobilization as discussed in the previous session (Session 4, Activity 6). However, job aids discussed during this session generally apply to IPC with clients and families.

4. Ask participants questions about the job aids on the list:
   - How helpful have these materials been?
   - How helpful have these materials been for their patients?
   - What makes it difficult for clients or families to use these materials?
   - What makes it difficult for HCWs to use these materials?
   - What are the limitations of job aids?

5. Discuss the participants' answers.

6. Tell the participants that the next activity will focus on the advantages and disadvantages of different types of materials that are often used during counseling sessions or client visits.

7. Explain that in this workshop participants will not learn how to develop fancy materials, but instead, how to appreciate and effectively use job aids in IPC settings. Not only will they obtain feedback on the materials, but by asking clients about the materials clients like or find useful, HCWs might gain some insight into the quality of interaction they have with their clients. For example, an HCW may believe that a particular flipchart is effective; however, when asked, a client might explain that he/she does not understand the messages on the flipchart. This exchange will help determine how the flipchart can be used more effectively, or even inspire an HCW to find a better job aid. Tell participants that an activity later in Session 6 will provide a skills review of how to use communication materials or job aids effectively.

8. Ask if there are any questions.

Activity 3: Using a Creative Brief to Assess Materials (60 minutes)

Handout 5.1: Creative Brief Template

Instructions

1. Step 3 is deciding what materials and job aids are needed to address the health problem identified, based on their understanding of the problem and the audiences selected earlier. What materials or activities will help them address the problem? How do they know if the materials will be effective?

2. Explain to participants that a creative brief is a one- to two-page tool to help guide the development of materials and activities. It can also be used to check if an already developed material is clear and useful. In this session participants will learn what key elements to look for in a job aid to assess which ones would be most useful with clients. This will also help participants develop simple job aids themselves.

3. Review each section of the creative brief (on flipchart) and ask if there are any questions.

The Creative Brief:

1. Selected Audience	• Who is this material intended for?
2. Changes, barriers, and communication objective	• Desired change—What change is this material promoting? • Barriers—Why is change not happening? What barriers does this material address? • Communication objective—What is the objective/aim of this material?
3. Message brief	• Key promise/benefit—What can the audience gain if they do what we want from them? What is their personal benefit? • Call to action—What is the material asking a person to do?
4. Key content and tone	• What key information is in this material? • What is the tone?
5. Other creative considerations	• Are there any other creative considerations such as literacy levels, graphics, languages, etc.?

4. Tell participants that they are going to complete a "working backwards" exercise: instead of writing a creative brief for a material to develop, they are going to look at an existing material and guess as to what belongs into its creative brief. Have participants gather around the flipchart with the creative brief categories and display the material selected for the example (e.g., one page of a flipchart or a poster).

5. Ask participants to say what they think goes in each category. For example, who do participants think the audience is for the selected material? As participants give their answers, write them down in shorthand in the appropriate boxes, moving participants along so that they do not get stuck for too long on one category.

6. At the end summarize the creative brief and ask participants if the creative brief they developed reflects the material in the example. Ask if participants can see how a creative brief can help them to evaluate an existing material. Now that they have evaluated the material, ask what are the strengths and weaknesses of the material? What can be improved? How can they make changes to the material to make it more effective in their interactions with clients?

7. Ask if there are any questions, as they will now do the same exercise in small groups.

8. Divide participants into small groups of three to four people and explain that they will now do this activity on their own.

9. Distribute the sample patient education materials, one item for each small group. Ask groups to complete *Handout 5.1: Creative Brief Template*. They should write their responses on a flipchart according to the creative brief categories. Remind them of the questions on the flipchart to help them fill in each category. Inform the groups that each group will present their material to the larger group.

10. Allow small groups to work for 20 minutes. Circulate around the room to answer questions.

11. Call time and invite each group to stand and show their materials and sample creative brief. Ask each group to highlight the strengths and weaknesses of their material and how they could address these weaknesses when using the materials in their client interactions. Summarize the presentations and ask if there are any questions.

12. Explain that often materials are available through local organizations or through the Ministry of Health to use with clients. However, sometimes materials are not available or they are not appropriate for clients or they do not accomplish the intended purpose. To create new materials, the first step is to use the creative brief to outline what the materials should say. By starting with a creative brief, HCWs make sure that materials:
    - Are appropriate to a specific audience
    - Address barriers
    - Motivate clients in a way that is relevant

13. Answer any questions about using a creative brief.

Activity 4: Getting Feedback on Interpersonal Communication and Testing Materials (30 minutes) (Adapted from National Cancer Institute 2008)

Handout 5.2: Materials Pretesting
Handout 5.3: Pretest Data Sheet and Summary Sheet

Instructions

1. Taking the time to assess available job aids ensures that the best materials available are being used. However, if there is a question about appropriateness, or if they are newly adapted or created, it is important to get feedback from patients or community members.

2. Ask participants to list some ways they could get feedback on materials. List answers on a flipchart.

3. Distribute one card to each participant. Ask participants what type of questions they may have for patients or community members about a material. Refer them to the materials they assessed in the previous activity for ideas on what kinds of questions or feedback they might seek. Have them write their questions on a card.

4. Ask participants to post their cards on flipcharts, grouping them into categories, such as (C-Change 2012):
    - Acceptability: Is the content acceptable to the audience? Anything offensive?
    - Attractiveness: Does the material grab the audience's attention?
    - Comprehension: Does your audience understand the material?
    - Inducing action: Does the material make the audience think about change?
    - Involvement: Can the audience relate to the material?

5. Thank participants for their ideas. Explain that the gathering of client feedback on materials is called "pretesting." Feedback can be collected from clients in several ways. HCWs may not

be in a position to undertake full adaptations of materials, but client feedback may allow them to improve the way the materials are used. Client feedback can be solicited through questionnaires, polls, or simply by asking clients a few key questions about a material.

6. The feedback should provide the following information (Chetley et al. 2007):
   - Do clients understand the materials?
   - Do they feel like the materials apply to them or other people?
   - Is there anything offensive in the materials?
   - According to client feedback, is there anything that should be changed?

7. Ask participants how the answers to these questions might affect how they provide information to their clients using job aids. Have participants discuss how this information might also affect the types of questions they ask their clients as well. Describe the following scenario:

   Scenario: Clients say that a certain flipchart on nutritious foods for young children does not include several local fruits and vegetables. Ask participants how they can incorporate this feedback.

   Look for: make a note of locally available fruits and vegetables on the back of the flipchart as a reminder to mention them when using the flipchart.

8. Refer participants to *Handout 5.2: Materials Pretesting* for a further explanation and sample questions. *Handout 5.3: Pretest Data Sheet and Summary Sheet* will provide a sample template for recording pretest findings.

Facilitator's Note: You may want to put this information up on a flipchart for participants to discuss.

Literacy Levels: It is important to think about the literacy level(s) of your audience. It may be difficult to use print materials with clients that have lower literacy skills. Therefore, it is key to make sure that interactions with these clients are participatory and involve dialogue. Research has shown that print materials can be effective for this audience when used with good face-to-face communication. This is especially true when audiences have been consulted during the development of the materials (Chetley et al. 2007).

Interactive Material Formats: Another way to address literacy with your audience is to explore different material formats. Audiences with lower literacy skills tend to interpret information through interactivity and dialogue. Several different types of folk media allow audiences to interpret information within their own context and through discussion. These formats can include (Parker 2009):

- Puppets
- Storytelling
- Role plays
- Songs
- Dramas
- Traditional games

9. Introduce the end of the session by explaining now that participants have discussed job aids and getting feedback from clients, the next session will focus on communication skills building.

Activity 5: Wrap Up (10 minutes)

Instructions

1. Ask the participants if they have any questions.
2. Thank participants for all their hard work during the session.
3. Summarize the Session 5 learning objectives.
4. Ask participants to complete the Session 5 feedback form.

Session 6: My Action Plan

Total Time: 5 hours and 50 minutes (5 hours + 50 minutes of optional sessions)

Learning Objectives

By the end of this session, participants will be able to:

- Differentiate between open and closed questions
- Ask effective questions to increase the quality of interactions with clients
- Describe how to stay objective when interacting with clients
- Describe what makes a good listener when interacting with clients
- Integrate SBCC into counseling

Overview

Session	Time	Title	Content
1	10 minutes	Session Introduction	Session objectives and overview
2	20 minutes	Improving Interpersonal Communication (IPC) Skills	Skills building session
3	40 minutes	Asking Effective Questions	Skills building session
4	15 minutes	Staying Objective	Skills building session
5	35 minutes	Listening Skills (Optional)	Skills building session
6	15 minutes	Integrating Social and Behavior Chance Communication (SBCC) into Counseling	Skills building session
7	40 minutes	Social and Behavior Chance Communication (SBCC) Role Plays	Skills building session
8	30 minutes	Stigma and Discrimination	Skills building session
9	15 minutes	Sex and Gender (Optional)	Skills building session
10	60 minutes	Using Job Aids Effectively	Skills building session
11	60 minutes	Personal Action Plan Continued	Complete resources needed and timelines in personal action plan
12	10 minutes	Wrap Up	Session review

Supplies Needed

- Flipchart, paper, and markers
- Tape
- Cards or sticky notes (or tape and paper can be used as a substitute)

Advance Preparation

- Flipchart with socio-ecological model (from previous sessions)
- Write sample questions on cards for Activity 3
- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session
- Adapt and make copies of handouts (available in *Handout Packet*)
- Ask participants (prior to the training) to bring job aids that they use in their work

Handouts

- Handout 6.1: Types of Questions
- Handout 6.2: Adding SBCC to Counseling
- Handout 6.3: Role Play Scenarios
- Handout 6.4: Observation Checklist for Social and Behavior Communication (SBCC)
- Handout 6.5: HIV and AIDS Stigma Scale
- Handout 6.6: Observation Checklist for Using Job Aids Effectively

Session 6: Facilitator's Guide

Activity 1: Session Introduction (10 minutes)

Instructions

1. Explain that during Session 6, participants will continue to work on communication skills as they relate to their clients.

2. Go over the learning objectives (on a flipchart) with the participants.

Learning Objectives for Session 6
- Differentiate between open and closed questions
- Ask effective questions to increase the quality of interactions with clients
- Describe how to stay objective when interacting with clients
- Describe what makes a good listener when interacting with clients
- Integrate SBCC into counseling

3. Many of the activities in the previous session required talking with or communicating with others in different ways about the importance of the health problem, what can be done, and how audiences can change to affect health. Job aids are the tools that help HCWs communicate with clients. The next activity includes IPC skills building sessions.

Activity 2: Improving Interpersonal Communication (IPC) Skills (20 minutes)

Instructions

1. Point to the flipchart with the socio-ecological model (Session 2, Activity 4). Review that IPC is a key communication skill set that they can use at all levels of the SEM model. The interaction between an HCW and client, whether in the traditional setting of a clinic or in non-traditional settings in the community, is critical to helping individuals decide what behaviors they will adopt or not adopt. Also critical is reaching out and talking with colleagues, leaders, and gatekeepers who can affect change through approvals, policies, or guidelines.

2. Review the definition of IPC from Session 1, Activity 9. Explain to participants that in the next few activities they will break down IPC skills into parts to examine where they can add SBCC skills to affect change.

Activity 3: Asking Effective Questions (40 minutes)

(Adapted from AED 2009; AED n.d.)

Handout 6.1: Types of Questions

Instructions

1. One of the key ways participants can explore the causes and solutions to a health problem is talking with others and asking questions to better understand. HCWs already use questions in their daily work.

2. Ask for some of the reasons participants use questions in their work. **Look for** the goals of asking questions:
   - Start a dialogue
   - Encourage the client to share
   - Bring out specific information
   - Communicate an interest to the other person
   - Increase awareness of the other person's feelings

3. Ask participants to think back to the problem tree activity (post flipchart with completed example from Session 3, Activity 3).

4. Ask what specifically can be learned about a health problem by asking questions. Write their responses on a flipchart. Invite examples of how an HCW might ask or probe for information. **Look for:**
   - Current health behaviors
   - Current health status or consequences of health problem
   - The social situation and environment around the health problem and related behaviors (i.e., tell me about how the family deals with …")
   - The barriers to changing behavior (i.e., "What makes it hard to make this change?")
   - The benefits of change (i.e., "How would it feel to try this?" "What good things might happen if this change was made?")
   - Social support (i.e., "Who could help with this?" "Who might make it difficult to try this?")
   - Products or services people need to address the health problem (i.e., "Where can you find bed nets nearby?")

5. Explain that there are different types of questions. Point to the flipchart with the list of question types. Refer participants to *Handout 6.1: Types of Questions*.

Types of Questions

- Open-ended
- Closed-ended
- Probing
- 2 in 1
- Leading or forced answer
- Multiple choice

6. Ask for several examples of each type of question. Ask the reasons why they use the various types of questions and what type of information each question can provide. Ask them in what circumstances, if any, a type of question would be appropriate for gathering information. Refer participants to *Handout 6.1: Types of Questions,* if they need assistance. Write down their responses on a flipchart.

7. Instruct participants to break up into pairs. Distribute a card to each pair and ask each pair to read the question and decide what type of question it demonstrates. Ask pairs to stand and read their question. If the question is from a less helpful category (such as closed-ended), ask pairs to rephrase it into an effective question. Participants may refer to *Handout 6.1: Types of Questions* for a list of the types of questions.

Facilitator's Note: Create questions related to the health problems that concern your participants. Here are some sample questions to put on cards.

- How many children do you have?
- Why weren't you able to go to the clinic?
- How do you feel about the health care you get and how could it be better?
- If you had the flu, would you go to the hospital or the clinic?
- Don't you think you should vaccinate your children?
- How long have you lived here?
- Show me how you store your drinking water.
- Did you feel fever and nausea?
- Do you use condoms with all your partners or only your main partner?
- I think you should have reported the illness, don't you?
- Is anyone in your home sick with the flu?
- Tell me more about when your family was sick.
- When did you realize he was sick and when did you take him to the clinic?
- Would you prefer higher fees or closing the clinic?
- Don't you believe that the clinic is safer than going to the midwife?
- What day did your child get his shot?
- Tell me how you felt when that happened.
- Don't you know it's bad to feed tea to your baby?

8. Discuss which questions would elicit more information from patients. Ask participants how these questions may differ when talking with community leaders or colleagues. Re-iterate that effective questions—that are open-ended and probing—will offer more information. It is important to know the goal of questions and how to ask them for the best results when communicating with others.

Activity 4: Staying Objective (15 minutes) (Adapted from AED, n.d.)

Instructions

1. Asking effective questions and listening openly to the answers will allow HCWs to more fully explore a health problem. Stress that information about a health problem will be more accurate if answers are freely given and not subjected to preconceived conclusions or expectations.

2. Ask participants what it means to them to stay objective while talking with others about a health problem. **Look for:**
   - Not assuming answers
   - Listening
   - Asking open-ended questions
   - Not trying to get the client to agree
   - Not trying to prove a specific conclusion or push a particular solution
   - Not implying a preferred answer through body language or tone of voice
   - Being open to a variety of solutions

3. As discussed earlier with the problem tree, social and behavior change is infused with the cultural and environmental factors of communities and society. Similarly, interpersonal interactions bring together cultures, beliefs, attitudes and morals, and values.

4. Explain that it is essential in good IPC for participants to remember that the HCW and the client each bring important views to the exchange. To be effective in this exchange, HCWs need to stay objective and create an enabling environment.

5. Explain that everyone has their own personal views and beliefs. HCWs can be more objective and open to other beliefs if they examine their beliefs and put them aside during interactions.

6. Explain to participants that they are going to take part in a survey of their opinions. Ask each to pull out a blank sheet of paper and a pen. After each statement is read they should write down *Agree, Disagree*, or *No Opinion* to reflect their opinion. Emphasize that these will <u>not</u> be shared, and that no answer is right or wrong.

7. Read one statement at a time on the flipchart:

1. Using contraception is against our tradition.
2. A mother knows what is best for her child.
3. Wives should obey their husbands.
4. Commercial sex workers provide a useful social service.
5. People need to understand germ theory to stay healthy.
6. You cannot avoid death when it is your time to go.
7. HIV drugs are dangerous.
8. It is alright for a man to be in love with more than one woman at a time.
9. If you tell people what to do, they'll do it.
10. Illiterate people cannot follow directions.
11. Traditional healers should have no role in health care.
12. HCWs are too busy for additional responsibilities.

Facilitator's Note: Add or adapt opinion statements that relate to the health topic most relevant to your participants.

8. Ask participants:
   - Which statements were surprising to hear? Why?
   - Which statements do they think some of their patients believe? Community leaders?
   - Which statements do they think other HCWs may believe?
   - How would some of these statements affect how they communicate with others?
   - How would some of these statements affect behavior change?

9. **Look for** these key points:
   - There will be many opinions or perspectives on the same issues. These impact how a problem is seen and understood, and it affects communication.
   - Everyone has their own opinions; these are neither right nor wrong.
   - Clients also have their own perspectives and opinions.
   - Understanding their perspective can give us insights into why clients make decisions, behave as they do, and affect whether or not they can change.

Facilitator's Note: It is important that the participants discuss issues around values (what is perceived as important) and value clarification here. Guide the discussion around attitudes, perceptions, personal values, family values, and community values, etc. so that participants are able to understand how values influence opinions.

10. Explain that this understanding will help build communication on a foundation based on reality.

Activity 5: Listening Skills (Optional: 35 minutes)

(Adapted from AED 2009; AED nd)

Facilitator's Note: This activity is optional. Use this activity for participants who have not had extensive counseling training.

Instructions

1. As discussed earlier, IPC is two-way. One of the key IPC skills is listening. Listening skills help gather information needed for *Understanding the Situation* and they are especially important during the implementation of activities. Specifically, listening helps HCWs communicate:
   - In words that their audience understands
   - In ways that relate to their clients' situations, concerns, or feelings
   - In an objective manner

2. Explain that listening is a skill that requires constant practice. It includes both verbal and non-verbal responses. Verbal responses include asking questions, reflecting feelings, and summarizing the main points. Non-verbal responses include posture, eye contact, use of gestures, removal of barriers, and touch. These two forms of response help confirm to the client that she/he is heard and understood. Often HCWs can call attention to issues or emotions their clients may not be aware of, particularly when a feeling is communicated non-verbally.

3. Instruct participants to divide into two groups. Ask one group to come up with examples of non-verbal communication and the second group to come up with examples of verbal communication. The groups should write their answers on a flipchart and present to the whole group. **Look for** these possible responses:

Non-Verbal	Verbal
Making eye contact	Questioning, probing
Removing barriers	Paraphrasing
Gesturing	Reflecting
Nodding	Summarizing
Relaxing/open facial expression	Probing
Relaxing/open arms	
Adjusting posture, leaning forward	

4. Explain that the next activity will be a role play to sharpen and strengthen listening skills.

5. Instruct participants to break into pairs. One person in the pair starts to talk about youth and contraceptives. The other participant just listens without talking. After two minutes, they change roles and one starts talking while the other listens without talking back. Stop the exercise after two more minutes.

6. Ask for volunteers to list some of the feelings and concerns they heard during the exercise. Ask for some examples of how they knew that their partners were really listening to what they were saying.

Activity 6: Integrating Social and Behavior Change Communication (SBCC) into Counseling (15 minutes)

Handout 6.2: Adding SBCC to Counseling

Instructions

1. Another key interpersonal skill for HCWs is counseling. This is a form of IPC that is often used to motivate and provide information to patients.

2. Ask participants to review all that they have learned thus far to discuss how they can infuse SBCC into counseling skills.

Adding SBCC to Your Counseling

Traditional Counseling	Add SBCC

3. Ask participants how they have been trained in counseling skills. Ask them to list some of the steps/skills they have learned. List these on a flipchart in a left-hand column. Next, ask participants to list new SBCC skills they can integrate into each step of their counseling protocol. **Look for:** listening, asking effective questions, developing cultural awareness, and cross-cutting factors.

4. Review *Handout 6.2: Adding SBCC to Counseling* (CDC 1993) with the group. Ask if this reflects what they have learned in the workshop about SBCC. Explain the handout, if necessary.

Facilitator's Note: These counseling steps are adapted from HIV action plan counseling to encourage safer behaviors for persons at risk for HIV (CDC 1993). Use the following notes to clarify the steps in Handout 6.2 if necessary.

Step 3, note that the client selects the safer behavior. Ask participants how realistic this step might be. Probe how they could help clients themselves identify ways to be healthier. Look for the cross-cutting factors and other strategies, such as harm reduction, intermediary steps, lowering barriers or putting them in place, and finding family support. Explain that this may be an intermediary behavior and that behavior change may require many interpersonal interactions to take place.

Step 4, ask participants to define an "action plan." Ask if any of them have used this technique before in providing care. Explain that this technique came from HIV counseling and testing programs, wherein patients defined the steps they would take in the immediate month to change behavior, such as enabling factors, lowering barriers, or getting social support. Ask for examples.

Ask how this counseling outline may be different or similar to other counseling trainings they have done in the past. Ask how this may be useful or not for the health problems they face in their communities.

Activity 7: Social and Behavior Change Communication (SBCC) Role Plays (40 minutes)

Handout 6.3: Role Play Scenarios
Handout 6.4: Observation Checklist for Social and Behavior Change Communication (SBCC)

Instructions

1. Explain to participants that through a role play they are going to practice how to apply the SBCC communication skills they have learned for various audiences, from patients to community leaders.

   Facilitator's Note: Revise the scenarios to reflect relevant health topics and local realities.

2. Instruct participants to divide into small groups of three each. Ask groups to use the scenarios in *Handout 6.3: Role Play Scenarios*.

3. Explain that in each group, one person will play the part of an HCW, one person will play the role of a client, and one person will observe and check the counseling process using *Handout 6.4: Observation for Social and Behavior Change Communication (SBCC) Checklist*.

4. After three to four minutes of role play, the observer should give feedback to the HCW on what was done well and what needed improvement. Then the group members should switch roles and repeat the exercise until they have all played the HCW, client, and observer roles.

5. Allow 20 minutes for groups to practice. Circulate among the groups to answer questions. When the practice is over, bring everyone back to the larger group.

6. Conclude by inviting volunteers to share their experiences:
   - Which skills were the strongest?
   - Which skills were most challenging?
   - What did they see when they were the observer?

Activity 8: Stigma and Discrimination (30 minutes)

(Adapted from Kidd and Clay 2003)

Handout 6.5: HIV and AIDS Stigma Scale

Instructions

1. Another key area that may affect how a health problem is understood, as well as how open people are to discuss it, is stigma or discrimination.

2. Ask participants how they have seen stigma and discrimination affect health problems in their community. Probe how these have been barriers to change.

3. Ask participants to define "stigma" and "discrimination."

> **Facilitator's Note:** If necessary, share the following definitions with the group.
> - **Stigma** refers to unfavorable attitudes and beliefs directed toward someone or something.
> - **Discrimination** is the treatment of an individual or group with partiality or prejudice. Discrimination is often defined in terms of human rights in various spheres, including health care and reproductive and family life.

4. Ask participants to turn to *Handout 6.5: HIV and AIDS Stigma Scale*. Explain that these questions were developed in South Africa and reflect some of the common beliefs and fears about people with HIV and AIDS. Ask participants to read through them and think about their own views toward each statement. Explain that they do not need to write on their sheet nor do they need to share their answers. Allow participants a few minutes to read the handout themselves.

5. Explain that this scale focuses on people with AIDS; however people with other types of diseases also face discrimination and stigma, such as people with TB or leprosy. Stigma is particularly harsh when it affects people who are already socially marginalized. For instance, if a particular disease is perceived to have originated or been spread by people who are socially marginalized, these people will face double the amount of stigma.

Examples might include the poor in slum communities and TB; refugees and cholera; and men who have sex with men, injection drug users, and sex workers and HIV and AIDS.

6. Ask participants how living with stigma or facing discrimination may affect the behavior of people with HIV or other diseases such as TB. Write the answers on the flipchart. **Look for:**
   - Reluctant to go for services/testing
   - Afraid to go to work/school
   - Fear of asking for help from family, faith community, or others
   - Not willing to take medicines, in case they are noticed
   - Not willing to tell health workers about their infection
   - May turn to unreliable sources for information or treatment
   - May ignore or delay care for worsening symptoms

7. Next, ask participants how the statements listed on the HIV and AIDS stigma scale might affect HCW's interaction with patients. Probe for ways they have seen other HCWs discriminate against patients. **Look for:**
   - Speaking condescendingly
   - Using negative words or name-calling
   - Stating blame for being sick
   - Refusing to touch or stand close
   - Not respecting rights of privacy or confidentiality
   - Refusing treatment

8. For each answer given, ask the group to turn the behavior around to create a positive behavior that health workers can do instead. For example, for "speaking condescendingly" look for "speaking kindly and empathetically." Write these positive behaviors on the flipchart.

9. Summarize the discussion and conclude:
   - Stigma and discrimination inhibit health care seeking, sharing of information, and positive change for a health problem.
   - It is vitally important that all frontline HCWs contribute to establishing an environment in which all patients are treated with kindness and compassion.

Activity 9: Sex and Gender (Optional: 15 minutes)

Instructions

1. Like stigma and discrimination in a culture or community, cultural values and traditions about sex and gender can also affect a health problem and how it may be addressed. When striving to understand a health problem, HCWs must spend some time examining how men and women (or boys and girls) may be affected differently, may act differently, and may have different expectations imposed on them.

2. In this activity participants will take a few minutes to share with each other what gender and sex differences they have observed. Ask participants to count off by twos (1, 2, 1, 2...). Tell the *ones* to make an inner circle and the *twos* to make an outer circle. The inner circle

should face outward and the outer circle should face inward, each person having a partner in the opposite circle (make sure everyone has a partner).

3. Explain the activity. The facilitator will ask a question and pairs can discuss the question for 20 seconds. After the time is up, the outer circle moves clockwise two people over, so everyone has a new partner. Ask a new question; continue for five or six questions.

Questions for Activity:

1. What medical procedures or treatments are provided based on the patient's sex?
2. What things can you do because of your gender, which others can't do because of theirs?
3. Tell about a time you were harassed or discriminated against because of your gender.
4. How are people expected to act in times of illness based on their gender?
5. How does HIV affect men and women differently?
6. How do issues of power affect what women can do for their own health and well-being?

Facilitator's Note: Adapt these questions to reflect gender/sex differences appropriate to your country/culture.

4. When finished, ask participants to share the type of answers that came up with the larger group. Ask them to reflect on how these issues may affect the way they look at a health problem.

Activity 10: Using Job Aids Effectively (60 minutes)

Handout 6.6: Observation Checklist for Using Job Aids Effectively

Facilitator's Note: For this session, remind participants the previous day to bring in any job aids from their workplace that they use. If the participants do not have any materials, make sure that you provide some they can use during this session. Ideally, examples of different types of formats will be available, (see list created during Session 5, Activity 2).

Instructions

1. Review previous activities (from Session 5: Materials Development) that discuss job aids and their use in IPC.

Job Aids—What Have We Discussed So Far?

- Types of materials/job aids used during counseling sessions or client visits
- Advantages and disadvantages of different formats
- Using a creative brief to assess materials
- Getting feedback on IPC and testing materials

2. Job aids are not a substitute for IPC. They can complement or reinforce a counseling session or client visit. After ensuring that the materials are appropriate, as the group did in Session 5, HCWs can work on using them effectively to enhance interactions with their clients.

3. Remind participants of the types of job aids they listed in the previous session. Point to the flipchart developed during Session 5, Activity 2. Explain that in the next activity the participants will practice using the job aids.

4. Review the *Handout 6.6: Observation Checklist for Using Job Aids Effectively* with the participants and discuss each of the points listed.

5. Ask the participants to break into small groups. Explain that in each group, one person will play the part of an HCW, one person will play the role of a client, and one person will observe and check the process using *Handout 6.6: Observation Checklist for Using Job Aids Effectively*.

6. After three or four minutes of role play, the observer should give feedback to the HCW on what was done well and what he/she could do to improve. Then the group members should switch roles and repeat the exercise until they have all played the HCW, client, and observer roles.

7. Allow 20 minutes for groups to practice. Circulate among the groups to answer questions. When the practice is over, bring everyone back to the large group.

8. Invite volunteers to share their experiences:
   - How did they integrate the job aid into their counseling sessions?
   - Which skills were most challenging?
   - What did they see when they were the observer?

9. Ask each participant to name the best skill/action they saw during a role play that demonstrated effective use of job aids. Remind participants to take note of what they found challenging and might want to include in their action plan as a skill to focus on. Write responses on a flipchart. Conclude by summarizing the list and explaining that the participants have now developed a best practices checklist for using job aids effectively.

Activity 11: Personal Action Plan Continued (60 minutes)

Instructions

1. Have participants return to the personal action plan that they each have been working on throughout the sessions. Review how they have filled in their audience, communication objectives, and action. Ask participants to start filling out the rest of the columns in terms of what resources they already have available to them and what resources they need to complete their plan. Resources can be tools or skills. Participants can also start thinking about a timeline for beginning this action.

2. Circulate around the room to provide support to participants as needed. Call time after 45 minutes and ask a few participants what they have added to their plan. Introduce the end of the session by explaining that the following session will focus on monitoring their activities.

Activity 12: Wrap Up (10 minutes)

Instructions

1. Ask the participants if they have any questions.

2. Thank participants for all their hard work during the session.

3. Summarize Session 6 by reviewing session learning objectives.

4. Ask participants to complete the Session 6 feedback form.

Session 7: How Do I Know That My Activities Make a Difference?

Total Time: 2 hours

Learning Objectives

By the end of this session, participants will be able to:

- List five ways HCWs can track social and behavior change in their communities
- List three ways frontline HCWs can support other SBCC interventions
- Describe three ways they will apply the skills learned in this workshop to their current work

Overview

Session	Time	Title	Content
1	10 minutes	Session Introduction	Session objectives and overview of steps 4 and 5
2	30 minutes	What Happens after My Clients Leave?	Participants brainstorm ways they can track change
3	30 minutes	Using Action Plans After the Workshop	Refining and revising the personal action plan
4	20 minutes	Making a Personal Commitment	Discussion of next steps and most useful skills
5	20 minutes	Review of All Sessions	Skills review
6	10 minutes	Wrap Up and Closing	Wrap up and workshop closing

Supplies Needed

- Flipchart, paper, and markers
- Tape
- Sticky notes (tape and paper can be used as a substitute)
- Paper for writing

Advance Preparation

- Write session learning objectives on a flipchart; prepare additional flipchart pages using the boxed text in this session
- Adapt and make copies of handouts (available in *Handout Packet*)

Handouts

- Handout 7.1: Sample Monitoring and Tracking Materials and Activities Form

Session 7: Facilitator's Guide

Activity 1: Session Introduction (10 minutes)

Instructions

1. Explain that during Session 7 participants will brainstorm ways to track community change, monitor their action plans, and discuss how to use their new skills to support SBCC interventions. Their communication skills will be used to "implement," that is, put into place, social and behavior change in their community—Step 4 of C-Planning: *Implementing and Monitoring* and Step 5: *Evaluating and Replanning.*

2. Go over the learning objectives (on a flipchart) with the participants.

Session 7 Learning Objectives

- List five ways HCWs can track social and behavior change in their communities
- List three ways frontline HCWs can support other SBCC interventions
- Describe three ways they will apply the skills learned in this workshop to their current work

3. Point out the C-Planning flipchart (posted from previous sessions). Explain that the last two steps are *Implementing and Monitoring* and *Evaluating and Replanning*. Ask for definitions of these terms from the group.

Facilitator's Note: If necessary, clarify:

- Implementing is conducting the activities planned.
- Monitoring is the routine process of data collection and measurement of progress.
- Evaluation means assessing progress and results from their work creating social and behavior change.
- Replanning means going back to the action plan and making adjustments if things are not working as well as you thought.

4. Conclude by saying that participants will explore these two concepts in this session. Ask if there are any questions.

Activity 2: What Happens After My Clients Leave? (30 minutes)

Handout 7.1: Sample Monitoring and Tracking Materials and Activities

Instructions

1. Highlight that since the participants are on the frontline of the health care system, they are in a good position to see improvements in the health in their patients and the families they serve. However, as the goal of SBCC is to create greater change, this session will explore other ways to observe change.

2. Ask participants to get into groups of four. Have each group pick a note-taker.

3. Explain the activity. Each group will have 10 minutes to list the many ways they can gather information or detect changes underway based on their client interactions and observations of the wider community.

4. Allow teams to work. Circulate to answer any questions. Call time. Ask each team to count up how many answers they came up with. Ask one group to read their list. While writing the list on a flipchart, ask other groups to contribute additional items. **Look for:**
   - Clinic data (such as drug dispensing data, immunization rates, appointment types, diagnoses)
   - Service rates (such as sales of products or devices)
   - Ministry of Health surveillance data
   - Reports from local organizations (such as women's groups and faith groups) or community leaders
   - Newspaper reports
   - Editorials, letters to the editor
   - Feedback from other HCWs and community health workers
   - Phone calls to a hotline
   - Call-in radio shows
   - Community surveys or focus groups
   - Material distribution monitoring, questionnaires
   - Feedback from clients

5. Summarize the flipchart and ask the participants:
   - What are some of the ways that would be easy to watch for change?
   - What are some of the ways that would be difficult to watch for change?
   - Who can help watch for changes?
   - Who can HCWs share their findings with? What other leaders or community members would be interested in seeing change?

6. Refer participants to *Handout 7.1: Sample Monitoring and Tracking Materials and Activities* as a resource they can use. Summarize the session. HCWs have a variety of ways to stay abreast of changes in their community, and to watch for improvements in health or changes in behaviors and factors that would enable positive behaviors. The key is to celebrate and

keep working for improvements, or watch for areas that are not experiencing change and redouble efforts or rethink their strategy, if necessary.

Activity 3: Using Action Plans after the Workshop (30 minutes)

Instructions

1. Remind participants that their action plan is a work in progress that can be refined once they are back at work. Explain that their personal action plans are not only about the workshop, but how they apply the skills they have learned this week to their work. Participants should use their action plans.

2. Ask participants to find a partner, someone they have not worked with before. They will share their action plans with each other and discuss the questions on the flipchart.

Planning for the Use of Action Plans
Share your action plan with your partner. Once both of you have shared your plans, discuss:
- What do you really like about your partner's action plan?
- What items on the plan seems realistic?
- What items would you ask your partner to consider revising? What steps can he/she take to implement the action?

3. After 15 minutes, call time. Ask for one or two groups to share their discussion. Afterward, have the groups spend some time brainstorming how they will implement their actions. Probe for realistic and specific actions and write responses on the flipchart.

4. Present some final tips for using action plans after the workshop and ask for more suggestions, writing them on the flipchart as participants respond.

Tips for Using Action Plans After the Workshop
- Debrief your supervisor and colleagues on what you learned this week and present your action plan. This may help gain support for your implementation
- Look at your plan on a regular basis—check and share your progress
- Review and revise the action plan so that it is realistic
- Involve your colleagues at every step and provide assistance if they are interested in implementing the same action

Activity 4: Making a Personal Commitment (20 minutes)

Instructions

1. Tell participants that they created plans for incorporating the skills they learned in this workshop into their current work.

2. Direct participants to get back into the same groups that they were in for the last activity.

3. Ask the groups to brainstorm ways they will use the information covered in this workshop in their work. They should identify the top three ways. Have them select the ideas that have the best chance of improving their work. Give the participants 10 minutes to come up with their ideas.

4. After 10 minutes, bring the full group back together and have one member of each group present the group's ideas to the rest of the participants.

5. Write down the groups' ideas on a piece of flipchart paper as they are being told to the rest of the participants.

6. After all groups have reported, highlight some of the ideas that they feel will improve their work the most.

7. Remind the participants that the frontline HCW is the person who makes the SBCC intervention work and is in contact with clients on a daily basis. Without the frontline HCW's involvement with SBCC interventions, the interventions would not succeed.

8. Emphasize that it is important for the participants to take what they have learned from this session and the other sessions back with them so that they can make SBCC interventions effective.

Activity 5: Review of All Sessions (20 minutes)

Instructions

1. Recap C-Planning.

2. Review socio-ecological model of SBCC and the audiences and types of communication for each level.

3. Remind participants of the types of planning and communication tools they can use in their jobs.

4. Stress the importance of keeping an eye on change to maintain their successful efforts, or change to another strategy if necessary.

5. Remind participants about their action plans.

Activity 6: Wrap Up and Closing (10 minutes)

Instructions

1. Review the objectives for the session with the participants by using the flipcharts with each session objectives. Answer any questions from participants.

2. Congratulate the participants for a job well done and thank them for their participation in the activities of the workshop.

3. Complete any final course evaluations and hand out certificates.

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