

Social and Behavior Change Communication (SBCC) for

FRONTLINE HEALTH CARE WORKERS

Participant Handout Packet



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Communication for Change (C-Change) Project 2012



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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



Handouts for Session 1

- Schedule (facilitator to create)
- Handout 1.1: Participant Expectations
- Handout 1.2: Communication Picture
- Sample Session 1 Evaluation Form

Example Workshop Agenda for Participants

Date: _____ **Location of Workshop:** _____

Workshop objective: To increase frontline health care workers skills in social and behavior change communication (SBCC) and interpersonal communication (IPC) to improve health behaviors at the community level.

Session 1: Workshop Welcome and Introduction to Communication (Day 1)

Opening and welcome
Plenary speaker
Logistics, partner introductions, expectations
Workshop approach and goals, setting group norms
Defining communication, defining interpersonal communication (IPC)
Role of frontline health care workers (HCWs)

Session 2: Introduction to a Social and Behavior Change Communication (SBCC) Framework (Day 1)

Introduction to social and behavior change communication (SBCC)
Social and behavior change communication (SBCC) characteristic #1 (process)
Social and behavior change communication (SBCC) characteristic #2 (socio-ecological model)
Social and behavior change communication (SBCC) characteristic #3 (3 strategies)

Session 3: Challenges for HCWs and How Communication Can Help (Day 2)

Review of yesterday's learning
What is meant by understanding the situation?
Problem tree
People and context analysis
Personal problem tree
Identifying what you can do

Session 4: Development of Personal Action Plan (Day 2 & 3)

Review of yesterday's learning
Selecting audiences and channels
Audience profiles and barriers
Writing SMART communications objectives
What do I need to do? Thinking about a personal action plan
Communication aids for advocacy and community mobilization
Drafting talking points
Checking the facts
Action planning

Session 5: Materials Development (Day 4)

What are the tools needed for interpersonal communication (IPC)?
Using a creative brief to assess materials
Getting feedback on interpersonal communication (IPC) and testing materials

Session 6: My Action Plan (Day 4 &5)

Improving interpersonal communication (IPC) skills
Asking effective questions
Staying objective
Listening skills (optional)
Integrating social and behavior change communication (SBCC) into counseling
Social and behavior change communication (SBCC) role plays
Stigma and discrimination
Sex and gender (optional)
Using job aids effectively
Personal action plan continued

Session 7: How Do I Know That My Activities Make a Difference? (Day 5)

What happens after my clients leave?
Using action plans after the workshop
Making a personal commitment
Review of all sessions
Workshop evaluation and close



Handout 1.1: Participant Expectations

Please share with us what you hope to learn from this workshop:

1)

2)

3)



Handout 1.2: Communication Picture (Basnet 1984)



Over the years, a shift in thinking has occurred about communication. 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.

What is happening in this picture?

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.

Here are some key facts about human behavior:

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

Sample Session 1 Evaluation Form

Session 1: Please score, by entering the number in the box that best reflects your assessment of the session(s).

5=Excellent

4=Good

3 = Average

2=Fair

1=Poor

Activity	The information conveyed was relevant to my work	The presenter was knowledgeable about the topic	The activities supported application of new skills	I will apply what I learned from the activity to my work
1. Defining Communication - [name of facilitator]				
2. Defining Interpersonal Communication - [facilitator]				
3. The Role of Health Care Providers - [facilitator]				
4. Introduction to SBCC - [facilitator]				
5. Characteristics of SBCC - [facilitator]				

STEP 2: Complete the questions below:

6. The most important thing I learned from today's sessions:
7. The least useful part of today's sessions was:
8. I will apply the learning by:
9. Any additional comments:

Session 2: Introduction to an 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



Handouts for Session 2

- 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



Handout 2.1: C-Planning

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



SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

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. You can even plan your wedding with it.



Handout 2.2: SBCC Theory

Theories and models have guided development communication.

- A theory is a systematic and organized explanation of events or situations. Theories are developed from a set of concepts (or “constructs”) that explain and predict events/situations, and provide explanations about the relationship between phenomena.
- A “model” is usually less specific than a theory and often draws upon multiple theories to try to explain a given phenomenon.

Most people have ideas of how the world and people operate based on their experiences, values, and beliefs. And this is also how theory formulation (in a very general and simplistic way) starts, namely with a person’s observations, analyses, and conclusions of his or her own life experiences. From these observations and conclusions, a model of why things happen can take shape. In fact, Newton’s theory of gravity started with him observing how an apple was falling from a tree. In a second step, academic institutions often take these models and further develop and often test them in a controlled environment to see how well they hold up under different conditions. This is because **a real theory or model must be replicable in a variety of settings and with many individuals or groups** (NNPTC 2005).

Theories and models address human behaviors on one of **three possible levels of change**: individual, interpersonal, or community/social. The chart below describes the level of change, the main level of change processes in human behavior, and what can be modified at each of those levels.

Level of Change	Change Process	Targets of Change
Individual	Psychological	Personal behaviors
Interpersonal	Psycho-social	How the person interacts with his/her social network
Community/Social	Socio-cultural	Dominant norms at community and societal level

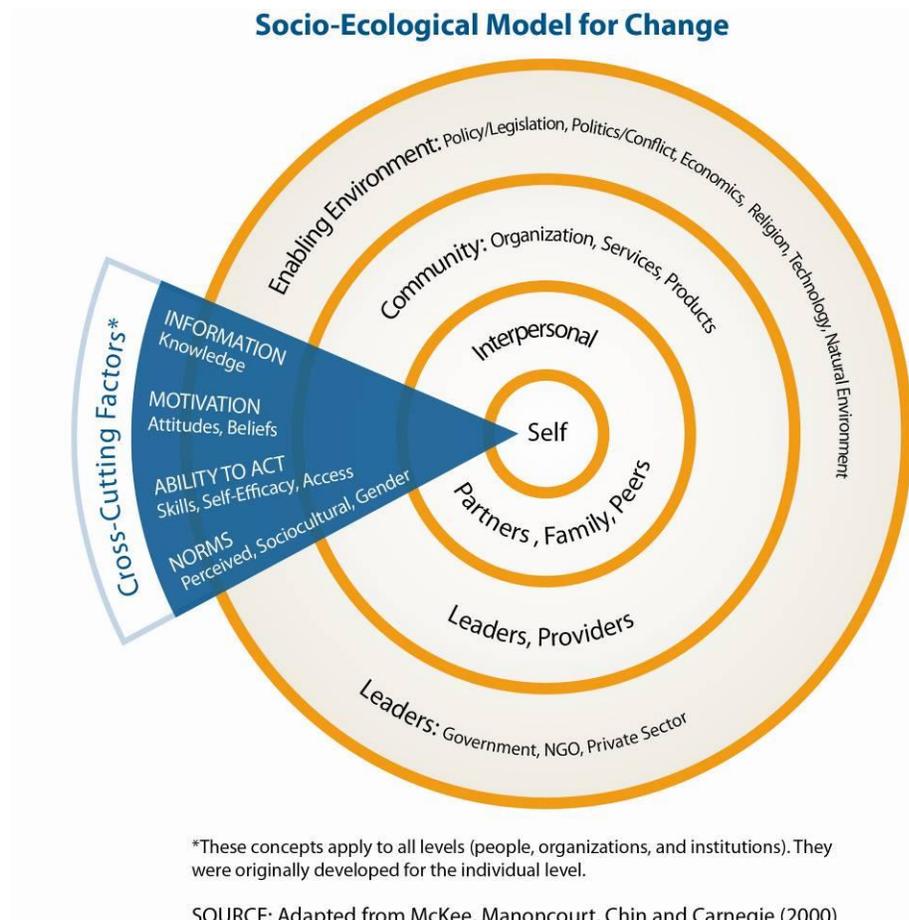
* Adapted from McKee, Manoncourt, Yoon, and Carnegie (2000)

Theories and models can help program planners understand a given problem and its possible determinants, identify suitable actions to address problems, and guide the design and implementation of evidence-based programs and evaluations. Theories and models provide road maps for studying and addressing development issues. It should be noted that adequately addressing an issue may require more than one theory, and that no one theory is suitable for all cases.

If you would like more information, please view C-Change’s Theory PowerPoint in the Additional Resources Section of the C-Modules. It is available for download at http://c-changeprogram.org/sites/default/files/sbcc_modules_additional_resources.pdf



Handout 2.3: 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.

As health care workers, you work hard each day to treat and care for individuals and families in your community. Your work on the frontline is essential to keep people healthy, treat disease, prevent disease from spreading, and refer serious cases to tertiary care.

And your work is only one piece of a larger health system. While you are working on the frontlines, your administrators work on keeping the facilities working smoothly, the pharmacy keeps supplies of necessary drugs, the Ministry of Health keeps track of funding and data, and so on.

Your patients are also part of a larger society. In the center of this graphic you can see that communication with an individual patient can help create individual behavior change. This level represents the actions you routinely ask your patients to do: 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. In a later session, you will look more closely at how culture affects behavior. You can also communicate with families, local leaders, and other care workers to help create change in your communities.

Finally, in the outer ring is 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 you can communicate back the needs of your patients, clinics, and communities.

For each of these levels, you have to consider the factors that are represented in the triangle—the crosscutting factors. These factors touch and influence all people and structures represented in the SEM. These factors may act in isolation or in combination. To help identify them, they have been placed into four large categories: information, motivation, ability to act, and norms.



Handout 2.4: Key Strategies of SBCC



SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

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

The three key strategies work together to create real change. Take a look at the arrow on the graphic and the planning continuum. This can apply in any order. 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.

Session 3: Challenges for HCWs 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
- Conduct a people and context analysis of a work-related problem
- Identify the direct and indirect causes and effects 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

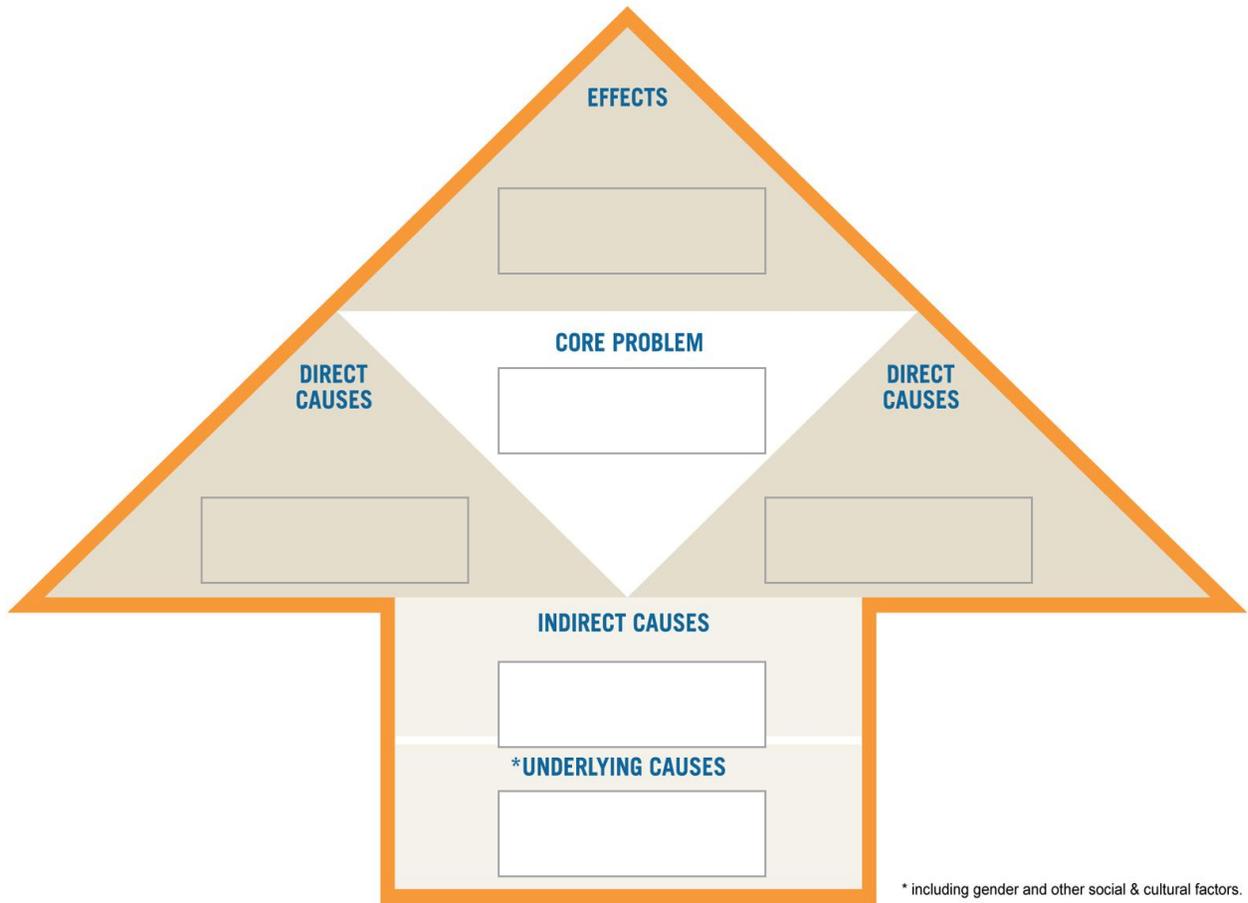


Handouts

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



Handout 3.1: Blank Problem Tree



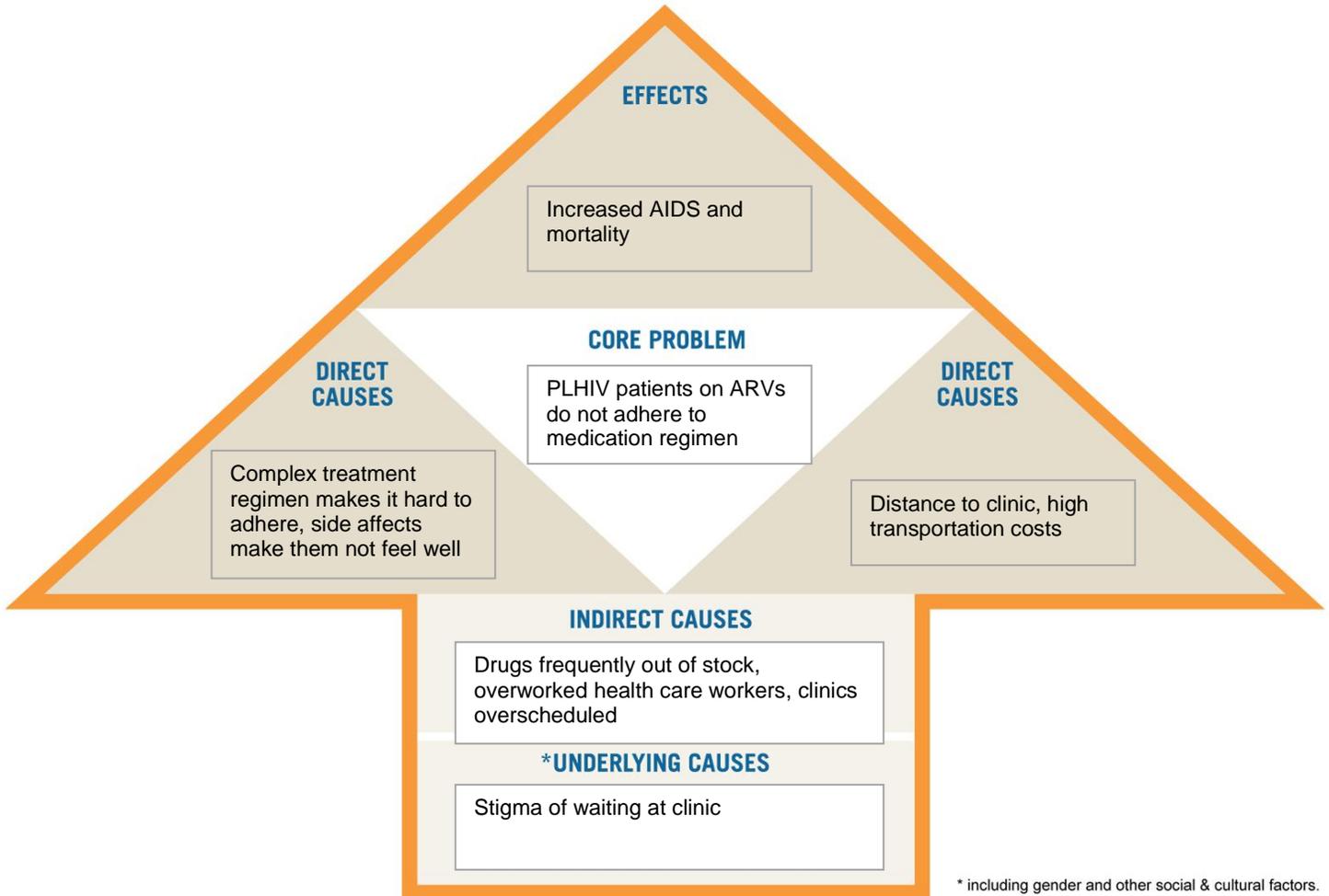
The problem tree is a tool to examine a work-related problem. It will help you understand what you already know and what you do not know. The center of the tree is a health problem, and you will examine the causes and effects of a problem that you encounter at work with your clients to assess what needs to change and how that change can be made.

Tips for filling in the problem tree:

- 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.



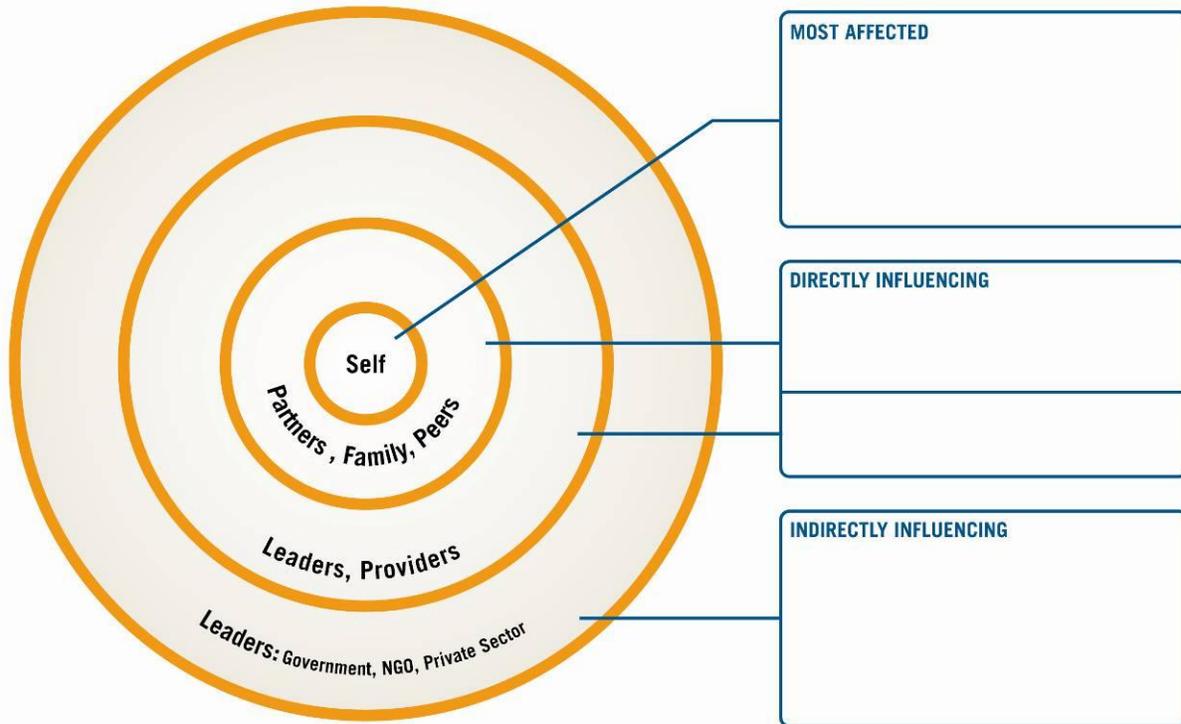
Handout 3.2: Sample Problem Tree



* including gender and other social & cultural factors.



Handout 3.3: People Analysis



SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

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.

- In the center is an individual (self). Ask yourself, “Who are the people most affected by the health, environment, or development issue?” For example, this might be young university women at risk of HIV.
- In the next ring, ask yourself, “Who are the people who have contact with the individuals in the center ring and directly influence them?” They may also be directly affected by the problem. This could include sexual partners, health workers, and friends.
- In the next ring, ask yourself, “Who in the community allows for certain activities and controls resources, access to, demand for, and quality of services and products?”
- In the outermost “enabling environment” ring, ask yourself, “Who are the people who indirectly influence the affected individual (at the center ring)?” This could include journalists, policy makers, business or religious leaders, or ministers of health at the national or district level.



Handout 3.4: Summary of Analysis

The problem statement summarizes the problem tree and people analysis. The problem statement will help you see what is happening so that you can focus their attention where it will make a difference. When writing a problem statement, it helps to use the following guiding questions and use the answers to guide your final problem statement and changes the problem calls for.

Guiding Questions	Where Do We Get This Information?	Your Analysis
What is happening?	from core problem part of problem tree	
Where and whom?	most affected from people analysis	
With what effect?	from effects part of problem tree	
Who and what is influencing the situation?	directly and indirectly influencing from people analysis	
And as a result of what cause?	direct, indirect, and underlying causes of problem tree	
Final Problem Statement		
Changes the Problem Calls For (remember to think about the tipping point for change)		

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



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



Handout 4.1: Example Communication Channels (Adapted from Jimerson et al. 2004)

Definition of communication channel: how people are reached through communication. This can be a one-on-one discussion, or a film or radio program. As HCWs, you will probably rely on less costly ways to reach people in your community.

Interpersonal	Community	Advocacy
Counseling	Community meeting	Letter, email, or memo to officials
Health visit	Announcements at village meeting	Desk-side briefing
Home visit	Faith leader presentation	Letter to the editor
Small group counseling or support group	Flyers, palm cards, brochures, other print materials	Meetings with officials or business leaders
Market day booth	Posters	Press release
Health fair	Radio interview or call-in	Conference presentation
School visit	Newspaper article	Policy, form, or guideline
Staff meeting	Community theater or film	
Telephone hotline	Resource library	
Training	Peer or community health worker outreach	
Storytelling	Text messages	
Counseling aids, such as counseling cards and treatment instructions	Village walk-through or parade	
	Distribution or placement of products or supplies	



Handout 4.2: Selecting Audiences and Channels

Using your “People Analysis” from the previous session, list audiences who will make a difference for your problem and whom you can reach through communication.

See Handout 4.1 for examples of ways to reach audiences through communication channels. Keep in mind that some ways to reach people will depend on working with an intermediary or partner (such as asking a community leader to make an announcement at a meeting.)

Audience	What They Can Do	How I Can Reach Them



Handout 4.3: Audience Profile

Directions: An audience profile is a way to obtain a personal sense of the people to be reached through SBCC efforts. Focus first on the primary audience and think about what is known about them. Then, **draw a body outline** of a typical member of this audience and write a brief description of a single person as a composite of the group.

For example, you might describe the person’s gender, age, occupation, literacy level, number of children, where she or he gets her information, how the person reacts to situations and information, the things the person cares about, or what she or he enjoys. You might write “a day in the life” of the person as a way to capture what is most important about him or her. Keep your audience profile real and include as much detail as possible. **Try to base descriptions on data—not assumptions.** Audience profiles are needed for each audience segment (adapted from O’Sullivan et al. 2003).





Handout 4.4: SMART Communication Objectives

Develop your SMART communication objectives by thinking about your audiences and the barriers they face to creating change.

Audience	Desired Change	Barriers to Change	Communication Objectives
<i>Who do you need to reach?</i>	<i>What do they need to do?</i>	<i>What makes it hard for them to do it?</i>	<i>How will you provide information, motivation, ability to act, or social support?</i>



Handout 4.5: Action Plan Template (adapted from C-Change 2011 and International HIV/AIDS Alliance 2008)

Communication Objective:				
Audience	Action	Internal Resources	External Resources	Timeline
<i>Who do you need to reach?</i>	<i>What can I do to work toward the change?</i>	<i>What do I have already to help me?</i>	<i>What do I need for action (skills, materials)?</i>	<i>When do I start?</i>

**Handout 4.6: Sample Advocacy Letter** (Sharma 1995)

National Family Planning Association of Kenya

March 28, 2012

Mr. Decision Maker
National Assembly
100 National Square, Room 1111
Capital City

Dear Mr. Maker:

We are writing to you today to express our deep concern and interest in the future of Kenya's family planning program. We would also like to convey our strong support for the Kenya Family Planning Partnership Act currently being considered in the National Assembly.

Kenya's family planning program has reached a plateau. Our extensive research has shown that the current family planning program as it is now will yield few reductions in growth rates because demand for family planning among men remains low. The key to increasing the use of family planning is to decrease the number of children men desire through education programs. **A small investment in these family education programs will yield a large return for Kenya's future.**

We would like to meet with you, or your representative, at your earliest convenience to further discuss this issue.

Thank you for your consideration.

Sincerely,

Dr. Family Planning, President
National Family Planning Association of Kenya



Handout 4.7: Sample Talking Points (adapted from Nigeria Federal Ministry of Health 2010)

Facts to Explain	Action to Promote to Individuals/Households
Integrated Vector Management	
<ul style="list-style-type: none"> • Mosquitoes are the only cause of malaria. • Long-lasting insecticide-treated nets (LLINs) must be used nightly. • Insecticide residual spraying (IRS) is an effective means of malaria prevention and control. • Insecticides used in IRS are safe. • LLINs are an effective means of malaria prevention and control. • LLINs are safe for the general population and specifically children under five and/or pregnant women. • Malaria mosquitoes breed in uncovered, clean, stagnant water only. Getting rid of those breeding sites is the only effective environmental management strategy. 	<ul style="list-style-type: none"> • Obtain LLINs (through free distribution or purchase, if you need another) • Hang your LLIN properly • Maintain and wash your LLIN properly • Sleep under an LLIN every night • Prepare buildings for IRS and allow sprayers inside structures in selected sites • Participate in community action for vector control • Encourage fellow community members to access and use LLINs
Case Management	
<ul style="list-style-type: none"> • There is effective treatment for malaria. • It's important to treat fever in children under five within 24 hours. • It's important for all people to seek early diagnosis and treatment for fever. 	<ul style="list-style-type: none"> • Treat children under five within 24 hours of onset of fever. • For adults and children five years of age and above, seek correct diagnosis of malaria prior to taking malaria treatment. • Take the complete dose of anti-malaria treatment correctly. • Encourage fellow caregivers of children under five to seek early diagnosis and treatment of fever through home management or facility-based approaches.
Malaria in Pregnancy (MIP)	
<ul style="list-style-type: none"> • Malaria is harmful to the pregnant woman and the unborn child. • LLINs can prevent malaria in pregnant women. • MIP can be prevented through intermittent preventive treatment (IPT) and it is safe for pregnant women to take. • MIP can be treated and the medicine is safe for pregnant women to take. 	<ul style="list-style-type: none"> • Go to focused antenatal care (FANC) as early as possible or at least before four months pregnant. • Return to FANC as scheduled. • Receive IPT at least twice (three times in special cases)—the first time after quickening and the second time a month after the first dose. Take the IPT under directly observed treatment at the health clinic. • Obtain and use your LLIN properly during and after the pregnancy. • When pregnant women feel feverish, they should seek appropriate diagnosis (through microscopy or a rapid diagnostic test) and treatment. • Encourage fellow pregnant women to follow MIP actions.



Handout 4.8: Talking Points Worksheet

These talking points are for communicating with: _____

Topic: _____

Current situation:

In simple language, describe the health situation and the cultural and environmental conditions that make it so.

Key actions and who should do it:

Be specific about the action you want a leader or social group to take now.

Motivation, from their point of view:

Help them care about doing something.

Other rationale, or important facts from their point of view:

How to do the action (s):

Who you are and why you are concerned:

Session 5: Materials Development



Total Time: 2 hours and 10 minutes (including optional activity)

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



Handouts

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



Handout 5.1: Creative Brief Template

1. Audience	<ul style="list-style-type: none">• Who is this material intended for? <hr/> <hr/>
2. Changes, Barriers, and Communication Objective	<ul style="list-style-type: none">• Desired Change—What change is this material promoting? <hr/> <hr/> <ul style="list-style-type: none">• Barriers—Why is the change not happening? Can you see the barriers the material is addressing? <hr/> <hr/> <ul style="list-style-type: none">• Communication Objective—What is the objective/aim of this material? <hr/> <hr/>
3. Message Brief	<ul style="list-style-type: none">• Key Promise/Benefit—What does the audience gain if they what we want from them? What is their personal benefit? <hr/> <hr/> <ul style="list-style-type: none">• Call to Action—What is the material asking a person to do? <hr/> <hr/>
4. Key Content and Tone	<ul style="list-style-type: none">• What key information is in this material? <hr/> <hr/> <ul style="list-style-type: none">• What is the tone of the material? <hr/> <hr/>
5. Other Creative Considerations	<ul style="list-style-type: none">• Are there any other creative considerations such as literacy levels, graphics, languages, etc.? <hr/> <hr/>



Handout 5.2: Materials Pretesting (C-Change 2012)

Pretesting helps to confirm whether the materials are understood or liked by the intended audience. In pretesting, you show draft materials to members of your intended audience and ask open-ended questions to learn if the message is well-understood and acceptable.

This process is important to the success of SBCC because illustrations, text, photographs, dialogue, sounds, music, graphics, moving images, etc., can be misinterpreted. If audience members cannot understand the materials or do not like them, the message is lost. It is easier to revise materials before they are produced than to find out that the materials are inappropriate after investing time and expense!

Sample Pretest Questions for a Brochure (30 minutes)

Welcome. My name is _____, and my colleague's name is _____. We are coming from XX clinic. We are here today to ask your help in creating materials that are intended for the community here to use.

These materials are not finished because we want to incorporate your opinion and thoughts on them first. We would like to request you be as honest and frank as possible so that the materials will be best for the community. We thank you in advance for your willingness to review these materials together with us.

[Show brochure]

1. What do you see on the cover? Can you describe it to us?
2. What is the main message of this brochure?
3. Is the brochure telling you to do something? If so, what is it?
4. Does the picture on the front match the words or messages inside the booklet? Why or why not?
5. Who do you think this brochure is meant for? Please describe the kind of people who would be most interested in this material.
6. Is there anything unclear in the brochure? Are there any words, sentences, or ideas that you did not understand? Which ones? *[If so, explain the meaning and then ask respondents to suggest other words that would convey the meaning.]*
7. What do you like or dislike about this brochure? Why? *[If necessary, probe by asking specifically about the format, pictures, colors, general layout.]*
8. Is there anything about the pictures or writings that is confusing, offensive, or might be embarrassing to you or someone like you? What? *(Ask for alternatives.)*
9. Is there anything missing that you would have liked included?
10. What can be done to improve this material?
11. Do you have any other comments or questions for us?

Thank you for coming to work with us!



Handout 5.3: Pretest Data Sheet and Summary Sheet (Chetley et al. 2007 and PATH 1996)

PRETEST DATA SHEET								
	Topic of material:							
	Language:				Pretest round:			
	Region:				Date:			
	Interviewers:				Message no.:			
Resp. No.	Describe picture: What do you see?	Write text: What do the words mean to you?	How do you feel about the picture and/or words?	What would you change?	Coding			
					Picture		Text	
					"OK"	NO	"OK"	NO
1								
2								
3								
4								

Session 6: My Action Plan



Total Time: 5 hours and 50 minutes

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



Handouts

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



Handout 6.1: Types of Questions

TRY THESE:

Open-ended: “How,” “what,” or “why” questions that allow the client to describe and reveal information. The client can take the lead by choosing how and where an answer will go. Open-ended questions help the provider get more information about the client.

- **Probing:** Probing questions take a specific point, feeling, or issue and focus in depth on it. This is useful when clients reveal a point in passing. Probing is good when talking about sensitive topics that may be difficult for clients to reveal on their own. Some examples: Nodding your head, Can you tell me more? Could you explain that? How did that make you feel? How do you like to spend your time? Are you saying that...?”, “Did I get you right...?”, “Correct me if I am wrong...”.

AVOID THESE:

Closed-ended: Closed-ended questions do not invite elaboration but a specific response. They yield “yes” or “no” or one-word answers. Closed-ended questions are useful for gathering factual information, like health data, birth dates, or diagnoses. Closed-ended questions do not necessarily create a comfortable environment in which true dialogue can occur. By using a series of closed questions, the clinic provider controls the interview, and the client will only reveal information on the specific question asked.

2 in 1: These questions combine two questions or two possible answers, and create confusion. Avoid questions with multiple parts. Clear questions ask one point at a time.

Leading: Leading questions imply the request for a specific answer, rather than an open response. These are not appropriate because they discourage clients from saying what they really feel. The provider risks making clients feel they must do what the provider says, even if it is not what the client wants to do.

Multiple choice: These leading questions give the patient a couple of closed answers to choose from, and do not encourage open choice. Avoid asking questions with only a possible answer or two.



Handout 6.2: Adding Social and Behavior Change Communication (SBCC) to Counseling (CDC 1993)

Step		Skill/Content to Apply
1	Greet and welcome client	Social and cultural awareness Listening, attending Staying objective
2	Identify client's risk behaviors and circumstances	Understanding the situation Asking useful questions Listening Staying objective Using cultural analysis
3	Help client identify safer behaviors	Barriers and enabling factors Staying objective
4	Help client develop an action plan	Four cross-cutting factors Offer options (not directives) Staying objective
5	Offer support, make referrals, provide follow-up care	Four cross-cutting factors



Handout 6.3: Role Play Scenarios

Instructions: Decide who in your group will first play the role of:

1. Health care provider working on SBCC
2. Person provider is meeting with
3. Observer

Read a scenario. Role-play for three or four minutes. During the role play, the observer will note the process using *Handout 6.4 Observation Checklist*.

After three or four minutes, stop the role play. Observer should give feedback to the provider on what she/he did well and what she/he could improve on.

Switch roles and repeat the role play until all three group members have each played the SBCC role.

1. A local faith leader (pastor/priest/imam) has asked you to come speak at a community meeting. The leader is concerned about HIV and wishes young people in the congregation to be abstinent and thus have no need for HIV testing. You meet with the leader to discuss what you will say at the meeting.
2. Young parents bring in their six-month-old infant boy. This is their first child and the mother's first visit to the clinic. The child is weak and cries all the time. You diagnose malaria and want to discuss using treated bed nets for the family.
3. Patients often have to wait many hours to be seen at your clinic. You and the staff have discussed opening a few extra hours each week to serve HIV patients who need to return for medication follow-up after initial appointments, which will help with medication adherence. This need will require additional funding for the clinic. You have an appointment with the medical director to explain the situation and ask for his help.



Handout 6.4: Observation Checklist for Social and Behavior Change Communication (SBCC) (AED 2009)

*Instructions to observer: Help your colleague use SBCC communication skills by noting which skills are used and which need improvement. Tick the behaviors that you saw or did not see by marking either the Yes (Y) or No (N) box next to each behavior. Use the notes section to write specific examples to help you give the best, most specific feedback possible. **Focus on the communication skill, NOT the advice or answers given.***

Communication Skill	Y	N	Notes
Listening skills			
Maintains appropriate eye contact			
Attentive facial expression, posture, gestures			
Probes about concerns/feelings			
Reflects content/feelings			
Asking questions			
Uses open-ended questions to foster dialogue			
Uses appropriate tone of voice			
Avoids leading/inappropriate questions			
Stays objective			
Elicits current situation			
Probes social/family support			
Elicits/probes barriers			
Elicits motivations			
Planning behavior change			
Offers options for safer behaviors			
Elicits/probes action steps toward change			
Helps make plan			
Next steps			
Provides referrals or arranges follow up			



Handout 6.5: HIV and AIDS Stigma Scale (adapted from Kalichman et al. 2005)

Please think about whether you agree or disagree with the following statements:

	Agree	Disagree
People who have AIDS are dirty.		
People who have AIDS are cursed.		
People who have AIDS should be ashamed.		
It is safe for people who have AIDS to work with children.		
People with AIDS must expect some restrictions on their freedom.		
A person with AIDS must have done something wrong and deserves to be punished.		
People who have HIV should be isolated.		
I do not want to be friends with someone who has AIDS.		
People who have AIDS should not be allowed to work.		



Handout 6.4: Observation Checklist for Using Job Aids Effectively *(Adapted from AED 2009)*

Instructions to observer: Help your colleague use SBCC communication skills by noting which skills are used and which can be improved. Tick the behaviors that you saw or did not see by marking either the Yes (Y) or No (N) box next to each behavior. Use the notes section to write specific examples to help you give the best, most specific feedback possible. **Focus on the communication skill, NOT the advice or answers given.**

Communication Skill	Y	N	Notes
Using job aids			
Introduces job aid			
Uses job aid to support message/interaction			
Probes for understanding of job aid			
Uses job aid interactively with client			
Listening skills			
Maintains appropriate eye contact			
Attentive facial expression, posture, gestures			
Probes about concerns/feelings			
Reflects content/feelings			
Asking questions			
Uses open-ended questions to foster dialogue			
Uses appropriate tone of voice			
Avoids leading/inappropriate questions			
Stays objective			
Caters questions to client's current situation			
Probes social/family support			
Addresses barriers and works with client to problem solve			
Asks questions that motive client to take action			
What worked well:			
What can be improved next time:			

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 they can track social and behavior change in their communities
- 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



Handouts

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



Handout 7.1: Sample Monitoring and Tracking Materials and Activities Form

Sample Monitoring and Tracking Materials Form

Material Name	# Printed	Distribution Location	# Distributed
1. Malaria counseling cards	100	Clinic CHWs	20 50
2.			
3.			

Sample Monitoring and Tracking Activities Form

Activity/Event and Date	Location	# Attended
1. Community talk, May 12	Women's group meeting	15
2.		
3.		

Glossary

Barriers: obstacles that prevent an audience from making a change

Client interactions: face-to-face communication where information is shared or exchanged between health care workers and their clients

Communication: interpersonal, group, mass media

Communication channel: how people are reached through communication

Discrimination: the treatment of an individual or group with partiality or prejudice

Evaluation: assessing progress and results

Implementing: conducting planned activities

Interpersonal Communication: 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. It is face-to-face, with all the parties involved sending and receiving information to and from each other.

Monitoring: the routine process of data collection and measurement of progress

Replanning: going back to the action plan and making adjustments if things are not working as well as planned

Small group communication: involves give-and-take exchanges among a small number of people, like a group counseling session or a local village meeting

SMART: specific, measurable, attainable, realistic, time-bound

Social and behavior change communication (SBCC): 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

Stigma: refers to unfavorable attitudes and beliefs directed toward someone or something

Talking points: a list of information/topics used to introduce the health problem, address people's concerns, and encourage social and behavior change

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