



University Initiative Needs Assessment

SUMMARY RESULTS

April 2014



Introduction

An important focus of the Health Communication Capacity Collaborative (HC3), a USAID-funded global communication capacity building project, is to expand the role universities and training institutes play in local and regional health communication practice, teaching and research. As a first step, HC3 conducted an assessment to identify current areas of strength and opportunity for growth in social and behavioral change communication (SBCC) education, research and practice, both institutionally and among individual faculty.

Invitations to participate in the assessment were sent to 59 university faculty members involved in health communication and behavior change programs in 18 countries in Africa and Asia – Cote d’Ivoire, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia, Bangladesh, India, Indonesia, Nepal, Philippines, Singapore and Thailand. A total of 26 responses from 21 universities in 12 countries have been collected to date.

The assessment was designed to identify the current state of SBCC (social and behavior change communication) education, research and practice in universities in Africa and Asia and to identify ways that HC3 could strengthen university contributions to and engagement with the field of SBCC. The assessment covers faculty areas of expertise and time spent on research, teaching and practice; SBCC competencies and skills students gain through coursework; university research activities and priorities; and, faculty engagement in practice/consulting work. Results of the survey will be used to identify ways that universities and institutes can engage with SBCC programs in their own regions, prepare students for careers in SBCC and contribute to the development of SBCC best practices through research.

Methodology

In the first quarter of 2013, an SBCC university program landscaping exercise was undertaken through desktop research and a review of current and past relationships that the Johns Hopkins Bloomberg School of Public Health Center of Communication Program (JHU-CCP), current HC3 partners, and the predecessor C-Change project have had with universities related to SBCC program research, training and implementation (including health promotion, health journalism, health education, health communication, behavior change communication, development communication and social marketing). Information was collected about types of SBCC-related degree programs offered (including MPH, certificate and short courses), program curricula, number of courses offered, types of courses, and names and contact information for faculty active in SBCC. A total of 38 universities in sub-Saharan Africa, 24 universities in Asia, 10 universities in the Middle East/North Africa (MENA) region and two universities in Latin America were identified through this initial screening process.

A needs assessment tool was developed to identify potential areas of capacity strengthening at universities and gauge current university areas of focus in teaching, research and practice. Core SBCC competencies (see Section 3 of this report) were also defined using information gathered from the University of Witwatersrand and Ohio University, which were C-Change partner universities,¹ from the social and behavioral science competencies endorsed by the Association of Schools of Public Health (ASPH) for MPH and DrPH programs,² and from existing

¹ Christofides, N., Nieuwoudt, S., Usdin, S., Goldstein, S. & Fonn, S. (2013). “A South African university practitioner partnership to strengthen capacity in social and behavior change communication.” *Global Health Action*, 6: 67-74. <http://dx.doi.org/10.3402/gha.v6i0.19300>

² ASPH (2006 & 2009). Core competency model for MPH programs. (http://www.asph.org/publication/MPH_Core_Competency_Model/index.html). Core competency model for DrPH programs (http://www.asph.org/publication/DrPH_Core_Competency_Model/index.html).

Johns Hopkins Bloomberg School of Public Health curricula. Additional core skills needed in practice were defined based on those currently emphasized in SBCC capacity strengthening work³. Design of the needs assessment survey questionnaire was based on this listing of competencies and skills. Survey respondents were asked to describe how these competencies and skills were reflected (or not) in existing degree and non-degree curricula, in practicum experiences for students, and in the research and practice activities of faculty. Respondents were also asked to describe which competencies and skills degree and non-degree students acquire as a result of their studies.

From the original list of candidate universities, 41 universities in 18 countries were selected and invited to participate in the needs assessment survey based on the following criteria: they are located in countries likely to receive HC3 field support, they are already actively engaged in some aspect of SBCC, and they are located in a regional hub or HC3 pre-test partnership country. JHU-CCP field staff and JHU-CCP Director for Communication Science & Research, Dr. Douglas Storey, contacted faculty from the selected universities via email and in person beginning July 26, 2013 to introduce them to the assessment tool and encourage their participation. Follow-up reminders and phone calls were sent until November 2013. A total of 26 university faculty completed the assessment (10 via Survey Monkey and 16 in hard copy form). Responding universities (see page 7, Table 1 in the main report) included graduate schools/departments of communication and information as well as public health, health science, health education/promotion and medicine. Approximately two-thirds of respondents from Africa and all respondents from Asia were deans of faculty or departmental heads, while one-third of respondents from universities in Africa were professors or lecturers.

As the university initiative begins to roll out in 2014, additional universities will be identified and invited to complete a second phase of assessment to support expansion of the initiative. Universities that participate in the initiative will be linked to HC3 through Springboard for Health Communication, which will provide an ongoing mechanism for collecting data about progress toward improved SBCC research, teaching and practice, including administration of follow-up surveys.

Key Findings

- Faculty spend more than half of their time teaching, and about a quarter of their time on research. Practice⁴ takes up 12-15% of their time and administration about 10%. Faculty activities are largely determined by university priorities, which tend to emphasize teaching and student supervision. They have limited capacity to take on other tasks due to academic workload, limited networks outside the university for engaging in research and practice as well as limited time and skills in accessing research and project grants. Respondents report that less than half (47%) of faculty members in their university/institute have engaged in practice activities in the past year, and only 24% have engaged in practice related to SBCC. The main barriers to faculty participation in practice are limited practice opportunities, lack of funding, time constraints, limited networking opportunities outside of the university and a perceived lack of relevant research topics.
- There were a few regional differences between the responding universities in Africa and Asia, but the small sample size suggests caution in interpreting those differences. Institutions in Asia may offer a little more

³ Limaye, R., Wolff, L. (2013). *Lesotho LETLAMA SBCC Capacity Assessment Tool*. JHU-CCP/Johns Hopkins University.

⁴ Practice, includes paid or unpaid collaboration and consultation with governmental, non-governmental or private sector groups

coursework in data utilization and analysis and may, in general, offer slightly more comprehensive curricula. Faculty members in Asia are less likely to report engagement with practice activities compared to those in Africa. Only one university reported offering online instruction in SBCC and that university was in India (Tata Institute of Social Sciences, School of Health Systems Studies).

University/Institute SBCC Curriculum:

- Faculty estimate that by the time students graduate they have acquired average competency in SBCC (competency score of 6 out of 10) across five SBCC competency areas - (1) assessing individual and community needs for SBCC, (2) designing SBCC programs, (3) effectively managing and implementing SBCC programs, (4) monitoring program implementation and evaluating program effectiveness, and (5) using data to effectively communicate lessons learned from a program to policymakers and program planners. Respondents report that students receive better training in two SBCC competency areas: assessing individual and community needs for SBCC and using data to effectively communicate lessons learned from a program. The majority of university/institute courses that support the development of SBCC competencies emphasize assessing individual and community needs for SBCC and designing SBCC programs. Most respondents report that students graduate with skills in situational analysis and qualitative/quantitative analysis. Most respondents report their university/institute offers only one or two courses covering program monitoring and evaluating effectiveness and using data to effectively communicate lessons learned from a program. Students are generally least trained in effectively managing and implementing SBCC programs. Only a small number of respondents report students graduate with skills in specialized areas of SBCC programming, such as knowledge management systems, use of mHealth, ICT and social media for SBCC and use of participatory processes to inform SBCC activities.
- Faculty suggest that students' competencies to carry out SBCC work would be strengthened by increasing practicum experiences, including research; increasing student opportunities for learning exchange, especially related to SBCC practice; and developing more courses that focus on the development of SBCC competencies. The greatest challenges to improving students' competencies include time and resource constraints due to the academic calendar, the administrative complexity of introducing curriculum changes, limited funding and materials, language barriers (English) and lack of SBCC expertise among faculty and teaching staff. Students, as well as faculty, also face limited opportunities to link up with networks of SBCC professionals and practitioners.

Degree and Non-degree programs:

- Only half of respondents reported that their university/institute offers a degree program that trains students in the full range of SBCC competencies. At universities that do offer degree programs in SBCC (seven in Africa and six in Asia), average current enrollment is 54 students and with an average of 140 students graduated in the past 5 years. These programs take approximately two years to complete, and for most respondents are MPH or masters-level programs that offer SBCC concentrations or offer SBCC coursework without a dedicated SBCC concentration (page 14).
- Most universities require students to complete some kind of practicum experience, usually an internship or field placement. Student practicum placements are diverse in nature, from UN agencies and international NGOs to government agencies, hospitals, community health centers or other clinical sites. Challenges students face in placements and internships are mostly due to resource constraints: the work is usually unpaid and often takes place in remote settings. Most placements are relatively short in duration and

supervision/mentoring by faculty and organization staff is limited, making it difficult for students to gain needed skills and to learn effectively.

- A little more than half (58%) of faculty report that their university/institute offers non-degree coursework in SBCC competencies. Most non-degree programs are short courses; only one respondent reported an online course. Most non-degree programs are taken by fee-paying participants from outside the university, with a median of 53 non-degree participants over the past five years. Most non-degree programs develop skills in situational analysis, developing communication objectives, and developing SMART program objectives. Fewer non-degree programs develop skills in materials development and pre-testing; using mHealth, ICT and social media; research or knowledge management systems.

Research Activities:

- Respondents report that approximately 65% of faculty members at their university/institute are engaged in primary research activities, but only 27% are engaged in primary research related to SBCC/health communication. Main challenges to faculty engagement in research are lack of time due to heavy academic workloads, limited research funding opportunities, limited access to current research journals and other resources, limited mentoring between junior and senior faculty, as well as language barriers (English). Respondents also report a lack of incentives to publish in peer-reviewed journals, citing prohibitive manuscript processing fees and underdeveloped skills in manuscript preparation. Approximately 60% of students participate in original research under the supervision of faculty at some time during their matriculation. Barriers to student participation in research include limited funding, time constraints due to the academic calendar, limited research and language skills (English) among students, limited facilities for research and data analysis, lack of coordination between research activities and academic programs, and limited time/capacity for faculty to mentor students in the area of research.

Recommendations

Findings from this needs assessment and from consultations with key stakeholders indicate that the overarching barrier universities face is limited access to resources and opportunities for SBCC research, teaching and practice.

- Faculty lack access to research funding and have limited connections to local, regional and international networks of scholarship.
- They have limited funding for journal subscriptions and conference travel.
- They also have limited connections to local and regional networks of practitioners.
- Their students, therefore, have limited opportunities for practicum experiences in research on and application of SBCC.
- When such opportunities are available, there is limited support for mentoring of both students and faculty from experienced SBCC scholars and practitioners in their own region and internationally.

These findings indicate a clear need to increase university connections to local, regional and international SBCC communities of scholarship and practice.

We recommend prioritizing six key activities, some of which require Core funding, some of which will require funding from local Missions, and some of which will leverage resources, as available:

1. Provide Core funding annually to cover a stipend and expenses for up to 20 student internships with SBCC programs. Use these internship experiences as an opportunity to examine how students are being trained by their academic institutions and how that training can be strengthened.
2. Provide Core funding annually for two faculty research innovation grants, to be awarded competitively and supported by research mentors from the HC3 Core team. This modest investment is not meant to expand research opportunities by itself, but the competition process is intended to draw attention to creative thinking and encourage innovative research proposals that may be able draw funding from other sources of support.
3. Leverage HC3 Regional Springboard resources to
 - a. Develop, formalize and facilitate a process for matching university faculty and their students with existing or new country projects that provide research and practice opportunities, in ways that will also satisfy practical needs of those projects.
 - b. Support this process through mentoring of faculty and students by HC3 Core team (e.g., Drs. Kaufman, Limaye, Rimal and Storey have all agreed to serve in 2014 as co-advisors on the MPH thesis committees of 5 students at Jimma University).
4. Leverage HC3 Regional Springboards to broaden faculty and student access to available and new SBCC online courses, teaching aids and materials, current peer-reviewed literature and mentoring/networking opportunities, especially in areas that are currently under-represented in existing curricula such as knowledge management systems, use of mHealth, ICT and social media for SBCC and use of participatory processes to inform SBCC activities.
5. Work with partner organizations such as AfriComNet and the International Communication Association (ICA) to foster national, regional and international academic networks.
 - a. Support this by encouraging local Missions to regularly fund some faculty and student travel to SBCC-related conferences, such as the AfriComNet M&E Practicum in June 2014.
 - b. Also support this by leveraging resources to publicize national and regional SBCC conferences through the Springboard.
 - c. Leverage assistance from ICA to support at least one existing communication-related academic organization to host and manage an SBCC conference each year.
6. Develop informational material for local Missions to explain the goals and benefits of the HC3 University Initiatives and encourage them to build support for those initiatives into their annual workplans.

UNIVERSITY NEEDS ASSESSMENT RESULTS IN DETAIL

SECTION 1. RESPONDENT BACKGROUND INFORMATION (n=26)

Assessment results include responses from 26 university faculty members from 21 universities in 12 countries (Table 1).

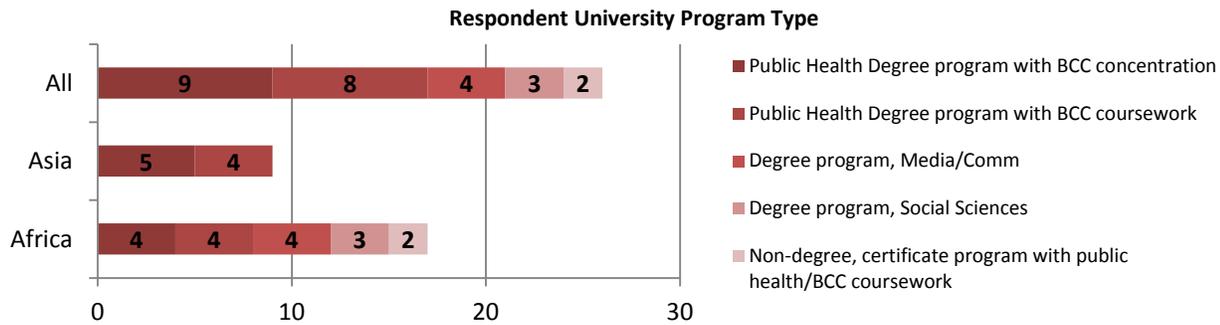
Africa - Cote d'Ivoire (n=2), Ethiopia (n=1), Ghana (n=1), Mozambique (n=1), Nigeria (n=5), Swaziland (n=3), Tanzania (n=3), Zambia (n=1)

Asia - Bangladesh (n=5), India (n=1), Indonesia (n=2), Thailand (n=1)

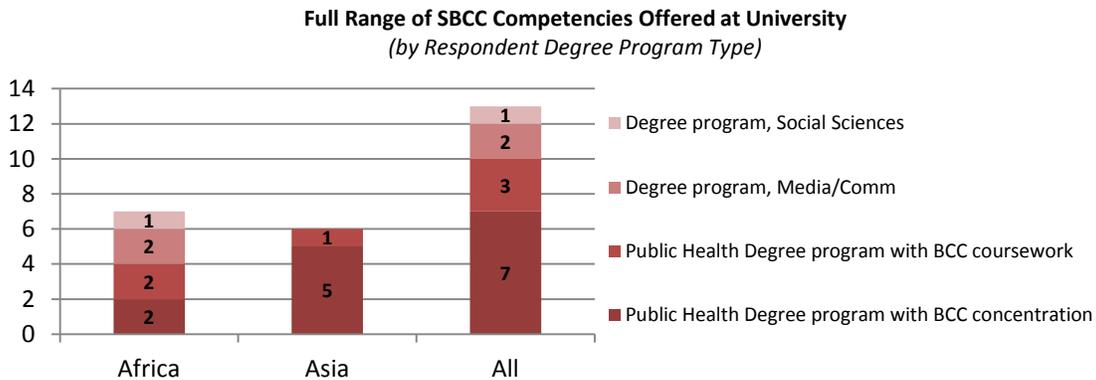
Table 1:

Respondent University/Institute & Department/Academic Unit	
Africa	
<i>(12 Deans of Faculty/Department Heads; 5 Professors/Lecturers)</i>	
Cote d'Ivoire	Felix Houphouet-Boigny University (UFHB), Department of Information, Communication and Arts
	Institut des Sciences et Techniques de la Communication (ISTC), Department of Studies and Pedagogy
Ethiopia	Jimma University, Department of Health Education and Behavioural Sciences
Ghana	University of Ghana School of Public Health, Department of Social and Behavioral Sciences
Mozambique	Universidade Politecnica (Mozambique), Information, Public Relations and Image
Nigeria	Obafemi Awolowo University, Department of Community Health
	University of Ibadan, Department of Human Kinetics & Health Education-Health Education Unit / Health Promotion and Education
Swaziland	University of Lagos, Mass Communication
	University of Swaziland (UNISWA), Faculty of Health Sciences / Faculty of Social Science / IDE
Tanzania	ESAMI, Management Training Unit
	Muhimbili University Of Health and Allied Sciences (MUHAS), School of Public Health and Social Sciences (SPHSS)
Zambia	Primary Health Care Institute-Iringa (PHCI-I), Public Health
	The University of Zambia, The Institute of Economic and Social Research / Mass Communication
Asia	
<i>(9 Deans of Faculty/Department Heads)</i>	
Bangladesh	Independent University, Bangladesh
	National Institute of Preventive and Social Medicine (NIPSOM), Department of Community Medicine / Health Education
	North South University, Department of Public Health
India	University of Dhaka, Department of Population Sciences
	Tata Institute of Social Sciences, School of Health Systems Studies
Indonesia	Universitas Gadjah Mada, Department of Public Health, School of Medicine
	Universitas Indonesia, Center for Health Research
Thailand	Mahidol University, Health Education and Behavioral Sciences

Figure 1:



The majority of survey respondents hold positions in public health degree programs that offer behavior change communication concentrations (nine respondents) or offer behavior change communication coursework (eight respondents). Survey respondents also work in degree programs in media/communications and social sciences as well as non-degree programs that offer public health and behavior change communication courses. Respondents from countries in Asia only work in public health degree programs, with five holding positions in public health programs with BCC concentrations and four holding positions in programs that offer BCC coursework.



As reported in section 4 of the assessment (page 13), assessment participants were asked if their university or institute offers programs that train students in the full range of SBCC competencies. Seven respondents from public health programs that offer BCC concentrations believe their programs train students in the full range of SBCC competencies (two in Africa, five in Asia), while three respondents from public health programs that offer BCC coursework believe their programs offer the full range of SBCC competencies (two in Africa, one in Asia). Two respondents from programs in media/communications and one respondent from a program in social sciences⁵ believe their institute offers the full range of SBCC competencies (all in Africa).

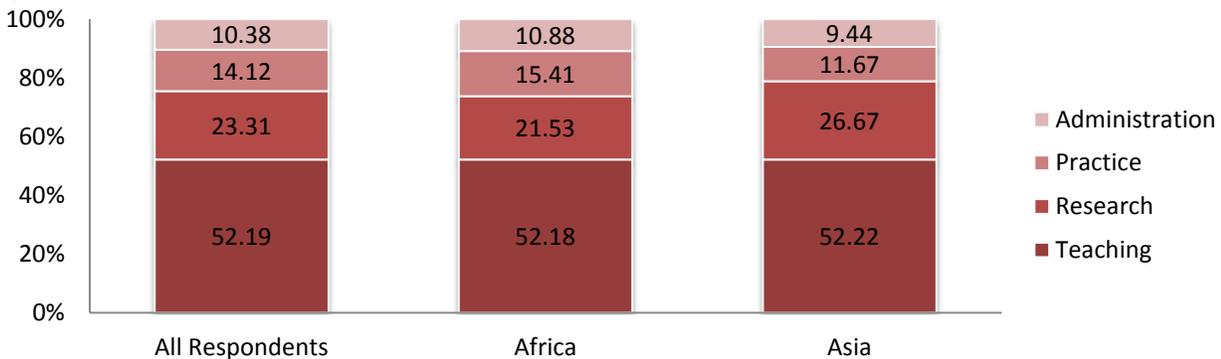
SECTION 2. ALLOCATION OF FACULTY TIME

At many universities/institutes, faculty member work can be classified into four categories (Figure 2) as follows:

⁵ One respondent from University of Zambia that holds a position in a social sciences program noted that the university offers the full range of SBCC competencies (with the inclusion of coursework from the Mass Communications program).

- A. Student teaching, which includes both formal classroom instruction and student advising and mentoring;
- B. Research, which includes the use of existing data or the collection of new data and the publication of research findings in peer-reviewed journals;
- C. Practice, which includes paid or unpaid collaboration and consultation with governmental, non-governmental or private sector groups;
- D. Administration, which includes participation in committees and other administrative duties that are not directly related to teaching, research or practice.

Figure 2:



Reasons why faculty members tend to spend more of their time on some areas and less time on others?

(1) University priorities and expectations for faculty: University calendars emphasize teaching and student supervision; Faculty activities are determined in order of university priorities (teaching, research, community service); Teaching workloads are high due to inadequate staffing; Promotion is based on publication and teaching, not practice; University administrators assign faculty to research, teaching, administrative responsibilities, but the best research and practice opportunities go to senior faculty; Involvement in research, practice and administration activities depends largely on individual faculty motivation, initiative and available time; Department/Institute funding comes largely from tuition rather than from grants or contracts; Faculty report spending a lot of time in committee meetings.

(2) Limited networks outside university: Faculty report difficulty getting consultancies from NGOs, government and private organizations; There is very little opportunity for exposure to outside professional organizations, donors, and funding organizations; Overall, there are few opportunities to engage in research and practice.

(3) Limited resources for some kinds of activities: Many faculty report a shortage of well trained and senior staff and there is a high staff turnover rate; Class sizes are large, so it is hard to individualize learning for students; Time spent on research and practice depends on faculty ability to win research and intervention project grants, experience with research and practice, number of years as a faculty member, academic status, and assignment by higher authorities; Research and practice activities, especially, are dependent on grants but there is limited funding available; Accessing research funds for projects is bureaucratically cumbersome.

(4) Lack of training/expertise in certain skills: Faculty report a lack of appropriate knowledge and skills in several areas, including research methodology, identifying and writing grants and scientific papers, publication practice and management.

SECTION 3. UNIVERSITY/INSTITUTE CURRICULUM

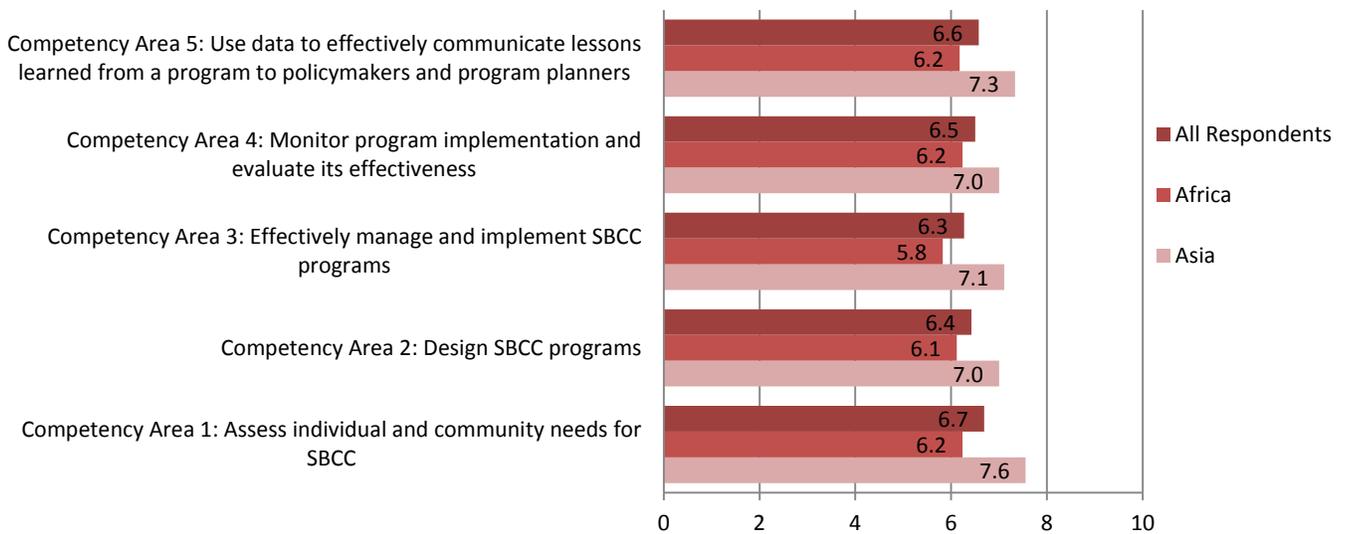
Respondents rated the quality of training that their students receive by the end of their program at between 6-7 on a scale of 10 across all five of the SBCC Competency Areas⁶. Figure 3 shows that Asian universities reported slightly higher levels of quality compared to the universities in Africa. Competency Area 1 (needs assessment) and Competency Area 5 (communication of results to policymakers and planners) were rated a little higher than other Competency Areas. Universities also report offering somewhat more coursework addressing Competency Areas 1 and 5 (Figures 4 and 5). On average, universities offer the greatest number of courses (mean = 2.8) covering Competency Area 1 (needs assessment) and the fewest courses covering Competency Area 4 (program monitoring and impact evaluation). University respondents in Asia reported somewhat more coursework in Competency Area 5 (advocacy) compared to universities in Africa.

In terms of specific skills related to the competency areas, universities reported that their students are best prepared to conduct situation analysis and quantitative data analysis by the end of their training (shaded dark red in Table 2). They are least likely to acquire skills in the use of participatory planning processes; the use of mHealth, ICTs and social media; and knowledge management systems (shaded light red in Table 2). Compared to the universities in Africa, Asian universities reported somewhat more student achievement in skills related to using participatory planning processes and knowledge management systems.

Figure 3:

How well trained are students in each SBCC competency areas by the time they graduate from your program?

1 = students are essentially untrained / 10 = students have become experts



⁶ Five SBCC Competency Areas - (1) assessing individual and community needs for SBCC, (2) designing SBCC programs, (3) effectively managing and implementing SBCC programs, (4) monitoring program implementation and evaluating program effectiveness, and (5) using data to effectively communicate lessons learned from a program to policymakers and program planners.

Figure 4:
Number of courses offered at respondent university/institute that support the development of each SBCC competency area

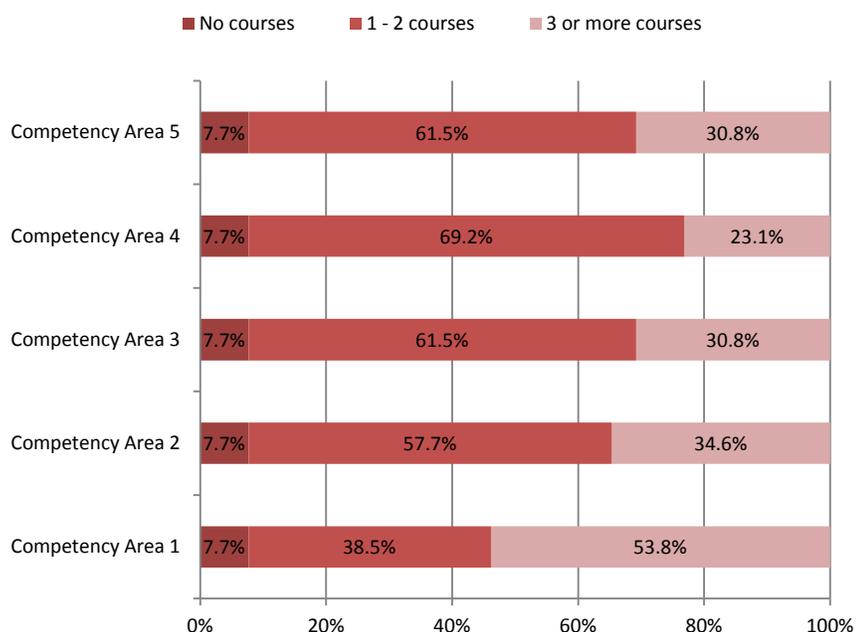


Figure 5:
Average number of courses offered that develop SBCC competencies by region

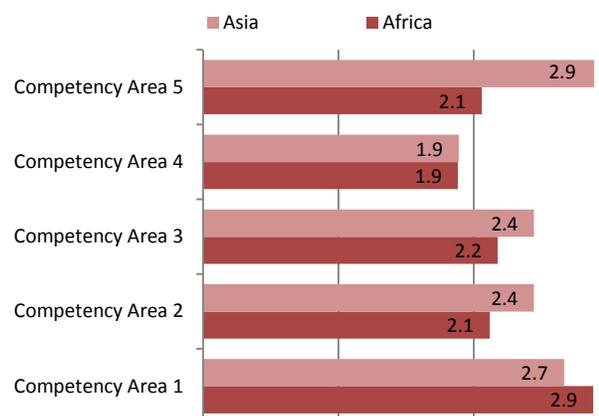


Table 2: Skills related to social and behavioral change communication (SBCC) competency that a student in your department/program would develop by the end of his/her period of study (By region)

	All Respondents	Africa	Asia
Situational Analysis	96%	94%	100%
Audience Analysis	58%	59%	56%
Developing communication objectives	77%	76%	78%
Developing a campaign strategy	69%	65%	78%
Creating a conceptual framework	81%	82%	78%
Identifying and using appropriate and coordinated communication channels	77%	76%	78%
Developing a budget	73%	71%	78%
Materials development and pretesting	73%	76%	67%
Developing specific, measurable, achievable, results-based and time-bound (SMART) objectives	85%	82%	89%
Using a participatory process to inform a SBCC activity	50%	41%	67%
Using adult learning methodologies	62%	59%	67%
Materials dissemination/media planning	62%	59%	67%
Using mHealth, Interactive Communication Technologies, and/or social media	38%	35%	44%
Developing indicators for SBCC	65%	59%	78%
Developing a M&E plan	69%	59%	89%
Quantitative data analysis	100%	100%	100%
Qualitative data analysis	88%	88%	89%
Managing a knowledge management system	42%	29%	67%
Establishing a forum for knowledge sharing	62%	59%	67%

Actions that could be taken to strengthen the ability of students to work on social and behavioral change communication (SBCC) projects

The most frequently mentioned actions universities would like to undertake to strengthen student learning include the following:

(1) *More practicum experiences, including research:* Universities would like to provide students with more hands on experience through extended internship and exchange programs; attach students to SBCC organizations so they have opportunities to learn firsthand about the development, implementation and management of SBCC projects; expand research opportunities and practice work on SBCC projects; develop sustainable practicum sites for student work; involve students in community-based SBCC surveys and community mobilization activities for real projects; arrange more collaborations with private organizations especially around the use of social media for health; develop a project proposal competition, perhaps for eventual inclusion in an international academic journal.

(2) *More opportunities for learning exchange, especially related to practice:* Provide more seminars and opportunities for students to attend conferences; Establish a communication resource center and communication training center; Establish a forum for knowledge sharing enabling the participation of all students, teachers and employees; Increase access to and interaction with NGOs and other relevant SBCC experts.

(3) *More coursework emphasizing SBCC competencies:* Develop more courses covering under-emphasized SBCC competencies; Increase the number of core program courses on monitoring and evaluation; Develop more online SBCC short courses that students can attend during holidays to gain skills, particularly in their second year of training; Offer community-oriented medical education to the students; Incorporate more topics that lead to development of SBCC skills into the existing curriculum.

Challenges that make it difficult for your university, institute or department to make changes to strengthen student learning on SBCC projects.

(1) *Time & resource limitations:* There is a general lack of funds, materials, and resources and a lack of qualified human resources and SBCC expertise among staff; There are no training programs on SBCC in-country and it is difficult to recruit SBCC experts into the faculty; The academic calendar limits opportunities to schedule additional courses or practicum opportunities; The length of degree programs makes it difficult for students to be attached to specific organizations for just SBCC practicum experience; Making changes to the curriculum is bureaucratically difficult; Language barriers limit ability to respond well to English-language project RFPs.

(2) *Limited opportunities to link up with networks of professionals and practitioners:* There are no ongoing, large projects that provide opportunities to integrate the activities of students, the university, the community and donors or NGOs (although some smaller project opportunities are available); There is a lack of integration/coordination among government line offices, communities, and donors or NGOs working on health education, health promotion or SBCC for health; There is limited availability of appropriate case studies that cover all the competencies required; There is no accessible collaborative global network focused on SBCC and lack of global leadership to create one; Many donors/funders do not recognize the importance of SBCC.

SECTION 4. DEGREE AND NON-DEGREE PROGRAMS

Half of the universities reported that they offer degree programs to train students in the full range of SBCC competencies (Figure 6), with more programs in Asia than Africa training students in the full range of competencies. An average of 54 students are enrolled in these degree programs and an average of 140 students have graduated in the past five years (Figure 7), indicating a growing cohort of students trained in SBCC skills. In Africa, these degree programs take about 18 months to complete, while in Asia the degree programs tend to take about two years.

Figure 6:

Does your university/institute have any specific degree programs to train students in the full range of these social and behavioral change communication (SBCC) competencies?

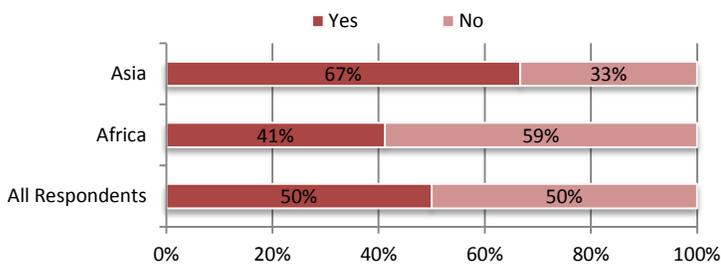


Figure 7:

	All	Africa	Asia
How many students are currently enrolled in these programs?	53.7	59.8	46.5
How many students have graduated from these degree programs in the past 5 years?	140.4	142.0	139.0
How many months does it take the average student to complete the degree program?	20.8	17.9	24.2

When asked to name the university degree programs that train students in the full range of SBCC competencies, respondents listed programs that were mostly masters level and fell into three general categories – behavior change/behavioral science, health education and promotion, or communication (Figure 8). Degree programs listed by respondents included MPH concentrations in Health Education and Health Promotion, Behavior Change Communication and Social and Behavioral Sciences; MSc concentrations in Behavioral Change and Applied Health Social Sciences; and, Mass Communications. Overall, largest student enrollment numbers occur in Communication programs (Average 133 students) while Health Education and Health Promotion programs take the longest amount of time to complete (around two years). (Table 3) Figures 9 and 10 show that the vast majority of universities expect students to complete some kind of internship or practicum experience in order to graduate.

Figure 8:

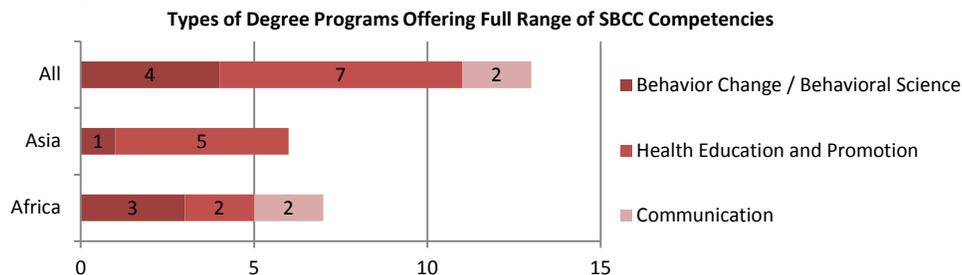


Table 3: Current Student Enrollment and Number of Months to Complete SBCC Programs (by Program Type)	Africa		Asia		All	
	Currently Enrolled (Average)	Months to Complete (Average)	Currently Enrolled (Average)	Months to Complete (Average)	Currently Enrolled (Average)	Months to Complete (Average)
Behavior Change / Behavioral Science	28	12.7	80	12	41	12.5
Health Education and Promotion	34	24	39.8	26.6	38.1	25.9
Communication	133.5	19.5			133.5	19.5
All SBCC Programs	59.9	17.9	46.5	24.2	53.7	20.8

Figure 9:

Does your university/institute offer or facilitate internship or field placement opportunities for students?

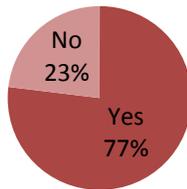
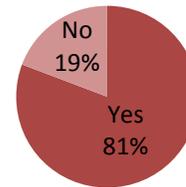


Figure 10:

Does your university/institute require students to complete an internship or field placement for graduation?



Examples of recent field placements and internships opportunities.

Examples of recent placements: With UN Agencies (UNICEF, UNFPA, UNESCO); In hospital settings; With International organizations (PPFA, SFH); With NGOs (civil liberty organizations, OVC organizations, AIDS Resource Center (ARC); With press/mass media groups; With research centers; With government ministries, agencies, parastatals and municipal councils; With schools; With community health promotion studies; With community health facilities; With HIV counseling and testing centers.

Examples of internship models: Summer and regular program MPH trainee placements at NGOs, MoH offices, mass media outlets dealing with health; Field Placements with District Health Management Teams to acquire competencies by working closely with the teams, attending meetings, and *durbars*, then submitting a log of activities to the school and reporting on issues observed; Residential field site training; One month field practice with students divided into three groups and asked to conduct a mini-dissertation on three topics based on identified community needs; Student exchange programs; Placements at Department of Social Welfare where students participate in activities related to the implementation of policies and strategies for social welfare services; Placements at national emergency response council on HIV/AIDS where students work on activities related to HIV prevention, care and management of AIDS; Students are placed in public and private agencies for six weeks where they learn to plan, implement and evaluate health promotion programming under the supervision of MPH degree holders.

Challenges that make it difficult for students to complete an internship or field placement or other kind of applied experience as part of their degree program

(1) Available experiences are constrained by resources or are too short: There are very few opportunities to work with international SBCC organizations and there are relatively few institutions/organizations that are willing to help students practice SBCC on the job; Many practicums are hypothetical or conceptual in nature,

not real on-the-job experience; There is a lack of variety in locations where students are able to carry out work of this kind—many are in remote locations and the logistics of working in such locations can be expensive and difficult to manage; There is little or no financial support for these placements and most positions are unpaid or underpaid; Accommodations, transportation requirements and other expenses are usually not covered; Unpaid internships can extend beyond six months—too long for most students to go without financial support, so if a job offer comes the internship will likely be cut short; Internships are during academic year, making it difficult to balance with coursework; Periods when students are expected to be on field placements may not be useful if the organization is less busy or engaged in activities that do not offer students needed competencies; Lack of capacity of programs to appropriately take advantage of students' availability.

(2) Lack of supervision by preceptor or faculty advisor: It is difficult to provide regular and keen supervision of students by experienced field supervisors at organizations or universities; There are few experienced and committed program mentors available to provide students with guidance and skills transfer; Difficult to find suitable agency where staff hold minimum academic qualification to supervise students; Few organizations have substantive workloads or opportunities that offer students relevant experience.

Non-degree programs, training and coursework

Figures 11 and 12 show that more than half of all universities or institutes offer non-degree workshops, courses or other types of training programs. The most numerous of these programs take the form of short courses. Only one university reported offering an online course.

The vast majority of students taking advantage of these non-degree programs are fee-paying external participants, although some matriculated students also participate in these programs, either for or not for credit.

Figure 11:
Does your university/institute offer any non-degree programs, workshops, short courses or training in social and behavioral change communication (SBCC) competencies?

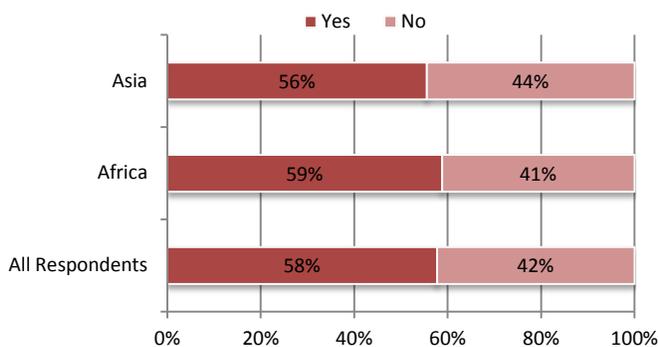


Figure 12:
What types of courses or programs are offered and how often for each?

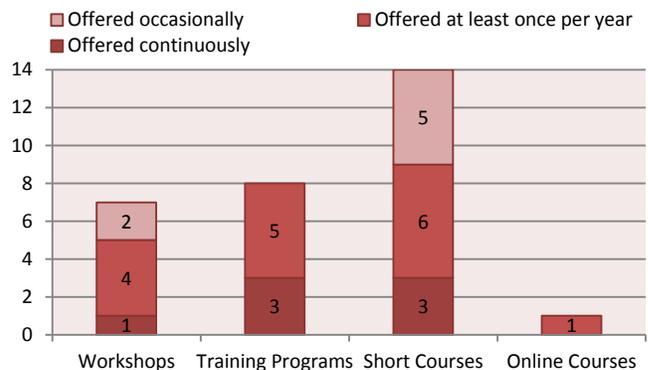
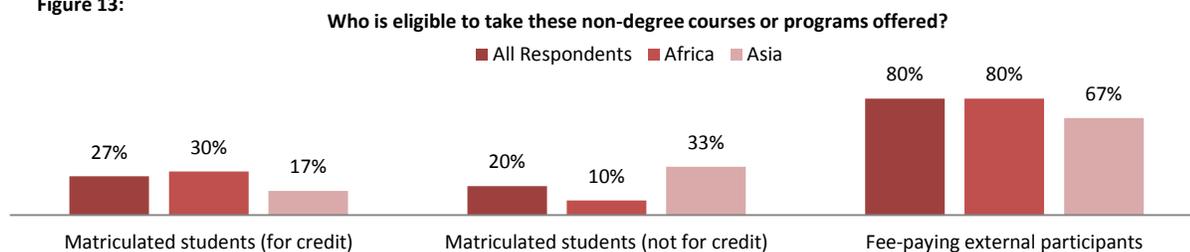


Figure 13:



Examples of non-degree programs and courses

Examples of program/course titles: When asked to provide titles of non-degree SBCC courses and programs, respondents described a wide range of offerings, some of which may be marginally related to behavioral research and program practice or may only touch on some aspect of SBCC within a larger topical focus. This suggests very broad views about what the SBCC umbrella covers. Titles included: Competency-based training in Health Promotion; Community Mobilization; Social Marketing; Leadership for Behavioral Change; Community Mobilization for Health and Development; Social Marketing for Health Behavior Change; Personal Development; Behavior Change Communication; Behavior Change Information; Strategic Behavior Change Communication; Executive Postgraduate Diploma in Hospital Administration; Postgraduate Diploma in Public Health Practice; International Summer Course on Disability and Development; Strategic Communication for Health and Development; Disaster Management; Human Resource and Health Financing; Capacity and Leadership Management for Mid-level Managers; Diploma in Health Promotion; Certificate in Leadership in Strategic Health Communication; Workshops in reproductive, child health and family planning; Workshop with primary level health care workers on BCC; Training Programs on BCC among community health workers for management of common health problems; HIV/AIDS programming; Workplace HIV/AIDS policies; Gender, Reproductive Health and HIV/AIDS

Nearly 1,300 participants have taken part in these non-degree courses in the past 5 years, far more in African than in Asian universities.

Table 4:

	All Respondents	All - Median	Africa	Asia
How many people have completed these non-degree programs or courses in the past 5 years?	1,277	53	1857	118

The SBCC skills that are emphasized in these non-degree courses (Table 4) include, developing SMART objectives, conducting situation analysis, developing communication objectives and identifying and using communication channels (highlighted in dark red). SBCC skills that are least likely to be covered in these non-degree programs include materials development and pretesting, using mHealth, interactive technologies and social media and knowledge management systems. These skill areas missing from non-degree programs are potential areas of focus for capacity building.

Table 5:**Skills a participant in your non-degree program/courses would develop by the end of his/her period of study (By region)**

	All Respondents	Africa	Asia
Situation Analysis	87%	90%	80%
Audience Analysis	60%	60%	60%
Developing communication objectives	87%	80%	100%
Developing a campaign strategy	60%	50%	80%
Creating a conceptual framework	67%	50%	100%
Identifying and using appropriate and coordinated communication channels	80%	70%	100%
Developing a budget	60%	50%	80%
Materials development and pretesting	40%	30%	60%
Developing specific, measurable, achievable, results-based and time-bound (SMART) objectives	93%	90%	100%
Using a participatory process to inform a SBCC activity	73%	60%	100%
Using adult learning methodologies	67%	60%	80%
Materials dissemination/media planning	73%	70%	80%
Using mHealth, Interactive Communication Technologies, and/or social media	33%	20%	60%
Developing indicators for social and behavioral change communication (SBCC)	67%	60%	80%
Developing a M&E plan	60%	40%	100%
Quantitative data analysis	60%	40%	100%
Qualitative data analysis	67%	50%	100%
Managing a knowledge management system	33%	20%	60%
Establishing a forum for knowledge sharing	53%	60%	40%

SECTION 5. RESEARCH ACTIVITIES

Engagement in primary research and research on SBCC

Figure 14 shows that half to two-thirds of surveyed faculty members are engaged in primary research activities, but that only a little more than one-quarter are engaged in research related SBCC or health communication.

Faculty in the surveyed universities actively publish the results of their primary research, about half the time as lead author (Figure 15).

Universities also report that about 60% of students (more in Africa than in Asia) participate in at least one original research project under the supervision of a faculty member during their degree program (Table 5).

Figure 14:

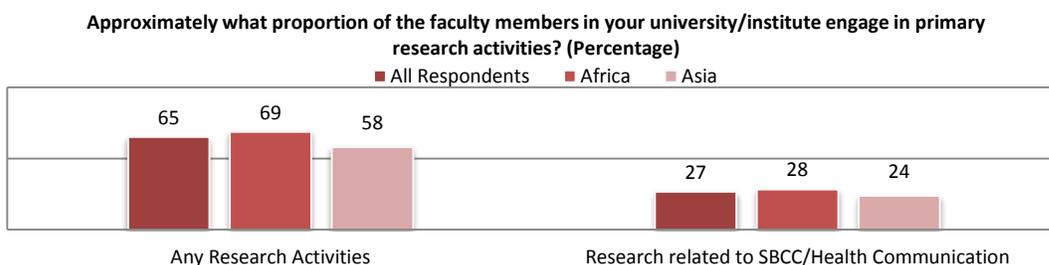


Figure 15:

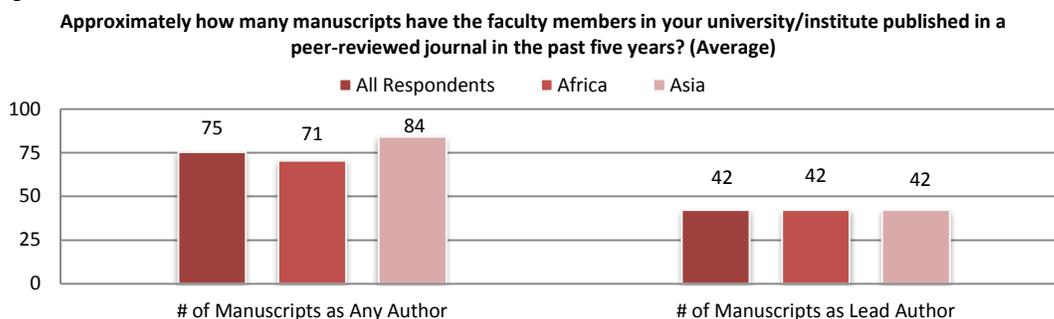


Table 6:

	All Respondents	Africa	Asia
Approximately what proportion of STUDENTS participates in at least one original research project under the supervision of a faculty member during their degree program? (Percentage)	60.2	67.3	48.8

Challenges and barriers that limit the involvement of the faculty members in research activities

Challenges that limit faculty involvement in research include:

(1) Opportunities limited by time & resources: There is limited exposure to and opportunities to work with SBCC programs on research; Heavy workload/limited capacity of faculty and department to take new projects; Faculty are overloaded with routine activities; Information and communication challenges in preparing grant proposals; Lack of access to information about research projects; Lengthy manuscript review process for publication in scientific journals; Limited funding for research; Prohibitive manuscript publication processing fees

(2) Lack of research/publication skills & access to research resources: Lack of access to up-to-date publications in SBCC; Lack of access to scientific journals; Limited capacity on research methodology, (e.g., how to design, conduct, analyze data, write reports, effectively communicate results, manage the publication process); Inadequate and limited funding opportunities for research projects; Lack of proposal writing skills

(3) Limited mentoring for faculty: Inadequate mentoring between senior and junior staff

Challenges and barriers that limit the number of peer-reviewed publications by the faculty members

(1) Opportunities limited by time & resources: Limited exposure to and opportunities with SBCC programs; Limited budget/funding; Existing workload is already too heavy

(2) Lack of research/publication skills, motivation & access to research resources: Lack of access to up-to-date publications; No logistics support for research and publication; Lack of motivation to convert research report into manuscript; Lack of skill on manuscript preparation; Inability to properly identify appropriate journals and adhere to journals' requirements and standards; Lack of skill in publication management; Limited capacity for data analysis and report writing

(3) English language ability: Poor English language skills; Limits ability to consume and publish in international journals

(4) Lack of incentives to publish: No funds for journal subscriptions; No funds for editing help; Lack of incentives to publish; Lack of opportunities to publish; Easier to get articles published in non-peer reviewed outlets

Challenges or barriers that limit the participation of students in original research conducted by faculty members

(1) Limited funding: Lack of funding for research/research assistant positions; Lack of opportunity for faculty to conduct original research.

(2) Time constraints: School calendar/limits time for research outside of class; Time for conducting research does not coincide with student availability for research work.

(3) Limited mentoring for students: Limited effort made to mentor students; Student participation in research work is optional.

(4) Limited research skills: Students have limited research experience outside of classroom which limits opportunities to gain more experience; Advisors lack research knowledge and skills; Classwork emphasizes theory and examinations, not research.

(5) Limited research facilities: Inadequate research facilities; Lack of coordination between research centers and academic programs; Limited original research carried out by faculty

(6) Language barrier: Weak academic English skills among students

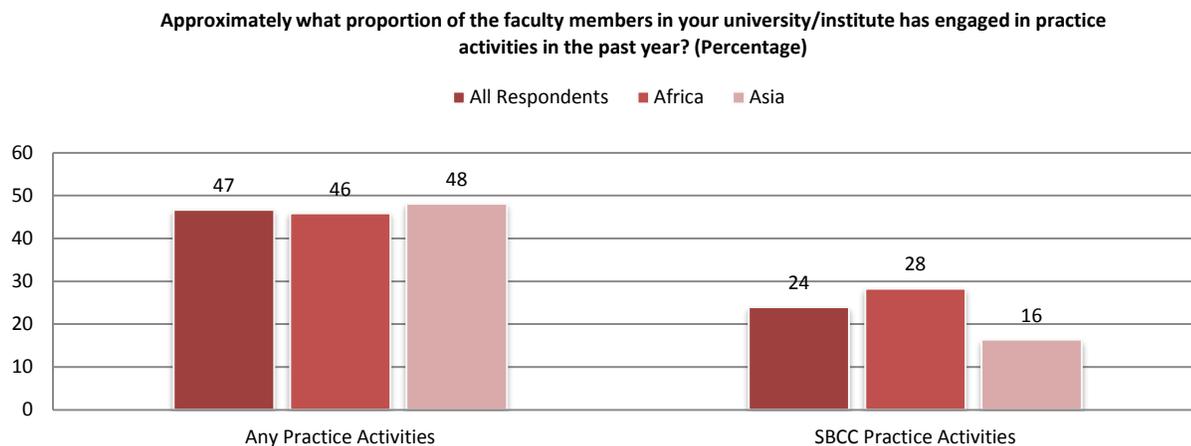
SECTION 6. PRACTICE

Ways that faculty members engage with practice (including paid or unpaid collaboration or consultation with governmental, non-governmental or private sector groups)

Opportunities for faculty and students to engage with SBCC practice are more limited than opportunities for research. Less than half of all faculty were involved in practice activities in the previous year and only about one-quarter are involved in SBCC practice activities (Figure 16).

Examples of practice engagement by faculty: Consultancies/MOUs with central, district and local governments, NGOs and international health organizations; Serving as advisor/expert for advocacy, policy development, program development, management, report development, staff training, monitoring and evaluation; Serving on NGO and private sector organization management boards and other committees advising on issues related to areas of expertise; Unpaid collaborations; Working as researcher, trainer, materials developer, external examiner and evaluator; Working through local higher education associations or consortia; Working on university-led initiatives or projects funded through one's university department; Conducting university field laboratory work; Working on community-based education programs; Leading seminars, workshops or trainings; Participating in consultative conferences or stakeholder forums.

Figure 16:



Challenges and barriers that limit the involvement of the faculty members in practice

(1) Limited opportunities, time, staff & funding: Lack of time; Limited benefits/low wages; Lack of funds; Small staff and large workload; Limited consultation opportunities

(2) Limited networking opportunities: Lack of committed partners; Unable to link with relevant organizations/government agencies; Outside organizations not aware of the kinds of expertise available within the institution; Low visibility and poor dissemination of academic staff work

(3) No relevant research topics: Faculty feel that there are no relevant or interesting research topics raised by existing practice activities.