



USAID | **ZAMBIA**
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COMMUNICATIONS SUPPORT FOR HEALTH (CSH) PROGRAMME

**BEHAVIOUR-CENTRED PROGRAMMING: AN APPROACH TO
EFFECTIVE BEHAVIOUR CHANGE**

2013 TRAINING WORKSHOP FINAL EVALUATION REPORT

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I. Background

The Communications Support for Health (CSH) project aims to strengthen the capacity of the Government of the Republic of Zambia (GRZ) to manage effective information, education, and communication/behaviour change communication (IEC/BCC) activities. The four objectives of the CSH project are to

- Strengthen national health communication campaigns,
- Increase GRZ’s use of evidence-based health communication approaches,
- Strengthen local capacity to support sustained implementation of IEC/BCC activities, and
- Increase coordination of IEC/BCC activities among United States Agency for International Development (USAID) partners.

To support this mandate, CSH collaborated with GRZ to build Zambia’s ability to develop and implement evidence-based BCC campaigns—campaigns that were designed on the basis of formative research, monitored to ensure that they were implemented, managed effectively for maximum impact, and evaluated to assess their effect on achieving the stated objectives. Therefore, CSH created three complementary training workshops: Behaviour-Centred Programming: An Approach to Effective Behaviour Change; Understanding Formative Research: Methods, Management, and Ethics; and Understanding Monitoring and Evaluation Concepts and Common Methods for Behaviour Change Communication Campaigns.

CSH piloted the Behaviour-Centred Programming (BCP) workshop in 2011 and then conducted 10 trainings that mainly targeted GRZ staff in 2012. The BCP workshops introduced participants to the various elements of BCC, covering topics such as understanding the role of strategic communication, knowing fundamental concepts for applying a strategic framework, and learning methods for managing the entire BCC intervention process. This report presents findings from a 2014 follow-up assessment of the five BCP trainings that CSH facilitated in 2013 (Table 1).

Table 1: 2013 Training Dates
19–22 March 2013
7–11 May 2013
17–28 June 2013
19–22 August 2013
25–28 November 2013

A. Training Audience

CSH designed the BCP training for BCC programme designers, managers, and implementers from GRZ at the national, provincial, and district levels. The training also targets staff from USAID partners and other nongovernmental organisations that collaborate with GRZ to implement BCC activities and campaigns. Workshops from 2013 included Technical Working Group (TWG) members of the Ministry of Community Development Mother Child Health (MCDMCH), National Malaria Control Centre (NMCC), and National HIV/AIDS/STI/TB Council (NAC).

Also targeted were staff from the General Nursing Council of Zambia (GNC), Zambian Institute of Mass Communication Trust (ZAMCOM), and the University of Zambia’s Institute of Economic and Social

Research (INESOR). The GNC training audience included senior nurse tutors from various Zambian provinces and districts. The ZAMCOM workshop was intended for a range of ZAMCOM staff (e.g., editors, lecturers, technicians) and stakeholders, which included writers, officers, senior managers, and chairpersons for mass communication organisations. The INESOR workshop aimed to reach Zambian CSH partner organisations that had a health communication component in their programming and targeted programme officers, Chief Executive Officers or project directors, prevention or communication coordinators, monitoring and evaluation (M&E) staff, and others.

B. Standard BCP Workshops

Learning Objectives

The BCP trainings for GRZ TWG members, GNC, and ZAMCOM used the standard workshop approach that was developed by CSH. The learning objectives for these workshops were to

- Differentiate between BCC and traditional IEC;
- Understand communication’s strategic role in behaviour change and recognise its role in achieving behaviour change;
- Identify best practices in BCP;
- Apply a strategic framework to developing campaigns (including identifying key behaviours, conducting behavioural analysis, and clearly defining a responsive strategy and programme); and
- Competently manage the entire process of BCC interventions (including project planning, strategy development, formative research, materials creation, pre-testing, partnership building, and activities/communications development).

The workshops provided grounding in BCC and built GRZ’s capacity to manage project partners who plan and conduct BCC on its behalf.

Training Methodology

The five-day workshops included presentations, discussions, group work, role-playing, and practical exercises. Facilitators used lectures to present key concepts and incorporated adult learning methods to improve participant comprehension, skill, confidence, and retention. The workshops used facilitated and self-directed discussions—including scenario-based individual and group exercises—to allow participants to draw on their experiences, connect their experiences to the information they were receiving, and then practise the taught skills.

Training Structure

Facilitators organised each day into sessions dedicated to delivering key content. Morning and afternoon breaks and lunch provided opportunities for participants to network and relax in between sessions. Facilitators also led *energiser exercises* after lunch to help participants refocus on workshop content.

To maximise participation and achieve high commitment levels, when possible, CSH held the workshops in residential areas outside of Lusaka, where participants were better able to concentrate and not derail the training process (Table 2). Prior experience with trainings showed that participants became distracted by commitments at local offices or other in-town activities when some meetings were held within the city of Lusaka. Hence, the CSH field office determined the training locations based on the aforementioned criteria, the ease of travel by attendees from the different provinces, and partner agreements.

Table 2: BCC Training Locations

<i>Training Dates</i>	<i>City</i>	<i>Province</i>	<i>Kilometers (Miles) From Lusaka</i>
19–22 March 2013	Lusaka	Lusaka	–
7–11 May 2013	Kabwe	Central	144 km (90 miles)
19–22 August 2013	Lusaka	Lusaka	–
25–28 November 2013	Kabwe	Central	144 km (90 miles)

Training Content

As outlined in Table 3, the training workshops for the GRZ TWG members, GNC, and ZAMCOM consisted of four main units that introduced participants to the elements of BCC; each unit was organised into sessions that covered key topics. Participants learned about topics such as determining best practices in BCC, conducting situational assessments and appropriate research methods, identifying research questions and audiences, developing strategic communication plans and partnerships, and using M&E methods. Each participant received a participant guide with the training materials.

Table 3: 2013 BCC Training Content

<i>Units</i>	<i>Topics Covered in Sessions</i>
1. Introduction	<ul style="list-style-type: none"> ▪ What Is Behaviour Change? ▪ Best Practices: Case Studies of Successful Programmes
2. Applying a Strategic Framework	<ul style="list-style-type: none"> ▪ Behaviour-Centred Programming Overview ▪ The Situational Assessment ▪ Overview of Behavioural Analysis ▪ Introduction to BCC Theories ▪ Conducting Research ▪ Defining Behavioural Objectives and Audience Groups ▪ The Behaviour Change Strategy ▪ The Communications Plan
3. Implementation/Roll-Out	<ul style="list-style-type: none"> ▪ Overview of Issues in Implementation ▪ Partnerships ▪ Pre-Testing
4. Monitoring and Evaluation for BCC	<ul style="list-style-type: none"> ▪ What Is M&E for BCC? ▪ Development of an M&E Plan ▪ Indicators ▪ Methods Overview ▪ Using the Data

CSH used evaluation findings from each workshop to enhance the trainings that followed without changing the core training format. With the INESOR training as an exception, the core content, methodology, and structure of all workshops remained the same. The ways in which the training was adapted for INESOR are explained below.

C. INESOR Revised BCC Workshop

The BCC training workshop for INESOR was revised to collaborate with and fit the needs of CSH partner organisations in Zambia. This workshop was merged into a Strategic Communication for Health and

Development course that incorporated training manuals and materials from AfriComNet/University of Zambia Strategic Communication for Health and Development courses, a C-CHANGE Social and Behavior Change Communication training, and CSH’s BCC training workshop. While the core methods for all workshops remained the same, the objectives, structure, and content for this training slightly differed from the other 2013 BCC workshops.

Training Objectives

Although the overall objectives for all 2013 workshops remained the same, those for the INESOR revised workshop incorporated BCC elements in more detail, with added emphasis on strategic communication, communication theories, message and materials development, and M&E tool use.

Training Structure and Content

The INESOR training took place over 10 work days instead of five and was adapted into a University of Zambia strategic communication course that was held at the university in the city of Lusaka. This workshop included longer sessions and more detailed content on BCC elements such as strategic communication, communication theories, message and materials development, management, and use of evaluation tools. The training consisted of eight modules, each with sessions covering key concepts (Table 4). This adapted workshop contained an interactive module that incorporated two field activities. Module 6, Materials Development and Message Testing, included an activity that took participants to view communication materials at the Ministry of Health so that they could see the types of materials they could develop. A second activity under this module allowed workshop participants to pre-test the materials they developed in residential areas in Lusaka.

Table 4: INESOR Training Content

Modules	Topics Covered in Sessions
1. Preliminary Activities	<ul style="list-style-type: none"> ▪ Knowledge and Skills Pre-Assessment ▪ Administrative Activities
2. Introduction	<ul style="list-style-type: none"> ▪ What Is Behaviour Change? ▪ What Is Strategic Communication? ▪ Best Practices: Case Studies of Successful Programmes
3. Communication Theories	<ul style="list-style-type: none"> ▪ Introduction to Communication Theory ▪ Ecological and Determinants Models ▪ Theories of Behaviour Change
4. Analysis for Strategic Communication and Development	<ul style="list-style-type: none"> ▪ Analysis for Strategic Communication and Development ▪ Identifying and Understanding the Problem ▪ Identifying Potential Audiences ▪ Identifying Potential Communication Channels ▪ Situational Analysis
5. Strategic Design and Communication Approaches for BCC	<ul style="list-style-type: none"> ▪ Goals and Objectives ▪ Developing Behaviour Change Strategy ▪ Developing Communication Strategy ▪ Communication Channels ▪ Practical Application
6. Materials Development and Message Testing	<ul style="list-style-type: none"> ▪ Materials Development ▪ Pre-Testing Materials

Table 4: INESOR Training Content

7. Management, Implementation, and Monitoring	<ul style="list-style-type: none"> ▪ Management and Organisational Development ▪ Dissemination, Implementation, and Monitoring ▪ Indicators
8. Evaluation and Re-Planning	<ul style="list-style-type: none"> ▪ Understanding M&E ▪ Development of M&E Plans ▪ BCC Programmer’s Role in M&E ▪ The Re-Planning Process ▪ Evaluation of Health Communication Programmes

II. Evaluation Design and Methodology

CSH designed and implemented a follow-up evaluation of the 2013 BCC trainings to discover the effectiveness of the training in achieving its stated objectives and to assess the relevance and usefulness of the content to the participants’ daily work. The follow-up evaluation design employed a qualitative approach through in-depth interviews (IDIs) that were conducted about one year after the workshops. The data presented in this report are drawn from several sources, including training workshop reports and documentation and a thematic analysis of the IDIs.

A. Data Collection Instruments and Guides

CSH staff developed a semi-structured IDI guide (see the Appendix) to explore several themes, including the participants’ thoughts about the value of the training, whether the participants had developed BCC protocol, if and how they had applied their learning to daily tasks, and their plans for future use. Furthermore, the IDIs inquired about any barriers the participants experienced in applying lessons from the training to their work and sought suggestions for improving the training.

B. Data Collection Process

CSH used the semi-structured interview guide to conduct phone and in-person IDIs. Through random selection, CSH staff contacted at least four participants from each workshop for the interviews. To maximise response rates, CSH staff selected participants who were based in Lusaka City—those in proximity to the CSH office—for the in-person interviews. Staff also selected participants who were known to be responsive and those who had not recently participated in multiple evaluation interviews for other CSH efforts. Table 5 lists the total number of IDIs conducted for each workshop group. In-person interviews were conducted to increase participation rates when feasible; however, the majority of the interviews were conducted by phone. CSH staff made at least three attempts, via phone and e-mail, to recruit participants and schedule the IDIs.

Table 5: Participants in Data Collection Efforts

<i>Training Group</i>	<i>Number of Participants</i>
TWGs (MCDMCH, NAC, NMCC)	7
GNC	4
ZAMCOM	3
INESOR StratComm	4
Total Participants	18

C. Data Analysis

The IDI responses were entered into Microsoft Excel and then analysed for emerging themes. The IDIs were audio-recorded and transcribed before they were entered into Excel. As needed, the analysis team also referred to notes taken at the time of the interviews. Due to the adjusted curriculum, findings from participants of the INESOR workshop were entered into a separate Microsoft Excel sheet and analysed separately.

D. Evaluation Limitations

This evaluation faced some limitations. Reaching participants for the follow-up assessments was, at times, difficult due to the lack of clear or consistent phone connections. Some respondents included in this evaluation had participated in other trainings within the same period and, as a result, sometimes had difficulty recalling specific details about CSH trainings.

III. In-Depth Interview Findings

This evaluation covers findings from the administered IDIs and reports the qualitative results of a thematic analysis of interview responses. Interviewers asked participants to discuss (1) their overall perceptions about the training, (2) if they had used or plan to use what they learned in the training, (3) the challenges they had encountered to applying training concepts, and (4) their recommendations for addressing barriers and improving the training.

Throughout this section, this report first presents the follow-up assessment findings from the four 2013 workshop trainings that followed the standard BCC training curriculum. These findings are followed by a separate discussion of findings to the follow-up assessment of the INESOR workshop.

A. Participant Job Tasks and Responsibilities

Respondents discussed a wide range of roles and responsibilities to their current positions. Several participants held positions that required them to oversee; supervise, advise, and train other staff members; and coordinate programme implementation. Role responsibilities included providing technical support and guidance, health promotion, planning activities, and M&E for organisations or departments that carried out IEC or BCC activity. Four participants were nursing lecturers or tutors who were responsible for teaching students, supervising clinical staff, or carrying out administrative tasks. These participants mentioned that they guided student projects or field activities that required BCC research, planning, or measurement and evaluation work. Three of the participants held senior leadership roles (e.g., Editor-in-Chief, CEO, Chairman) at mass communication organisations or institutions.

INESOR training participants consisted of senior leaders from partner organisations (e.g., directors, district supervisors, managers) who held oversight and supervisory roles. Most also coordinated implementation, developed workplans, and provided technical support.

B. General Perceptions About the Training

Usefulness of the Training

Participants were asked about their overall thoughts on the workshop, and the majority expressed that they liked the training and found it useful. Several respondents thought the workshop was *good* or *very good* and liked the group discussions, interactive exercises, and practical content. Respondents also often mentioned liking the content on conducting situational analysis, setting objectives, identifying target audiences, and developing messages and materials.

CSH concepts really build on the knowledge and skills that I have in a logical manner ... the logical way for developing materials, and how to evaluate and review them.

It [the training] gives you an insight. When you are a communication generalist you don't look at things from the point of the audience ... [we] always look at it from our point of view.

This actually made me realize that each community has their own way of looking at messages ... [when creating materials] you should look at other issues other than developing for the sake of developing. Before the training I would not think beyond the message.

[In groups] we were coming up with targets, which group are you targeting, analysing the problem ... I found it to be very useful. At the end of the day I was able to remove some of the objectives that I had thought were okay ... I found that these objectives did not really make sense. I truly found that to be very useful.

Most participants found the training relevant and useful to their work duties. Respondents found content that discussed actual issues and case studies more useful than the taught theories. One participant added that he or she was not a public health specialist and could therefore not relate to the theories. Participants also often cited training on messages and materials development as most useful—some shared that this most directly related to their job tasks.

Willingness To Recommend the Training to Others

When asked to rate how likely they would recommend the training to colleagues involved in BCC, participants had overwhelmingly positive responses. The average participant response was 9, on a scale from 1 (would not recommend) to 10 (would strongly recommend). Participants generally attributed the high rating to the usefulness of taught skills and the need to improve BCC activities in GRZ. *“The advantage of this programme is I can implement it in any area. It will help people to make a change and improve the population's health,”* shared one respondent.

Likewise, INESOR participants also reported liking the workshop and finding it useful. They had an average rating of 10 when asked how strongly they would recommend the workshop. One respondent felt it was insightful and shared that the training *“really helped me because I am able to plan properly. Before you came on board we were haphazard and not planning well.”* Often, participants mentioned liking the interactive sessions. Others liked training with participants from different sectors and the sessions on identifying suitable audiences and messaging. One participant found the handouts most useful.

Perceived Gaps in the Training

Although the participants enjoyed the training, found it useful, and were highly likely to recommend it to colleagues who engaged in IEC or BCC activities, they saw some shortfalls. A large number of the participants thought the training was too brief; some stated it felt compressed and that a lot of content was covered in a short period of time. Many participants expressed that some of the examples used were not suitable, as they did not reflect their environment or particular type of work, or that they were not clear enough. One participant felt the examples were too distant, as none were from hospital environments, while a second saw the need for examples or case studies of work with people with disabilities (blind or hearing impaired), and a third indicated a need for case studies from BCC activities conducted in Zambia or Africa.

There was not enough time. Too condensed and congested. Too short. For me it worked because I come from that background, I work for the National AIDS Council, so I know a bit about it and developing the materials, but I didn't know about 75 percent of what we learned. If I didn't know what I knew before the training, what about that? What about someone who didn't know anything about the subject.

We just received information, but no time to reflect. It was difficult to project this to our actual work environment.

Sometimes I don't think the facilitator gave the explanation of new materials not as clearly as it should have been taught. This was more so the case with the examples.

One participant who liked the training but felt the M&E session was lacking shared that it should have been *addressed better so people can really understand it*. The respondent explained that he or she did not have a strong M&E background and felt the session had *just given definitions and not something applicable*.

INESOR workshop participants also saw some shortfalls and found the training duration too brief for the amount of content that was covered. Two participants disliked the training location; one felt it was too far and that this resulted in some participants arriving late, while another added without elaboration that he or she also did not enjoy the food that was served. A third expressed that he or she had challenges with computer work when groups had to develop materials and felt that not everyone had the expected level of computer skills.

C. Application of Training Concepts to Work Duties

Participants reported not having developed any BCC campaigns over the last year but reported applying what they learned to their job duties. Most participants indicated that they had used the taught skills to develop better messaging and materials, with many adding that they now conduct better research and take steps to identify suitable target audiences. *"We are taking what we learned, especially understanding and appreciating our audience. We come up with the content and communication plan,"* stated one participant. Another respondent shared that, because of the training, he or she was able to improve materials developed for the hearing impaired, train others in that community, and then apply for and receive funding from the Open Society Initiative for Southern Africa for additional activities. Many participants also indicated that they used what they learned to advise others who engage in IEC or BCC, or to teach colleagues and students. Nurse tutors often expressed that they use the concepts when teaching research classes or to guide student field projects. A few added that there were also waiting for the GNC board to formally incorporate the concepts into the curriculum before they could dedicate more time to teaching what was taught.

On my own I shared with other coworkers about the training and shared with them we could be able to implement behaviour change in this area.

I taught the students to look at and approach behaviour change, because there is a difference between health education and behaviour change.

I've been teaching my students how to use behaviour change and incorporated it into the curriculum ... I weave it into many topics.

The majority of participants said the training improved the way they or their unit worked. Most mentioned that it had changed their approach to tasks, improved their overall skills, and allowed them to distinguish between health education and BCC. Many added that they now spend more time researching or trying to understand the target audience and community before developing messages or materials. *“Before we were just doing IEC work and looking at it as one-way traffic and not wondering if they understood or not. Now we see it is more interactive and people focused,”* stated one respondent. Another shared that he or she now takes pre-production seriously and spends more time developing plans and scripts. A third said he or she advises the field reporters he or she supervises to understand and consider target audiences before writing material.

Unlike other participants, INESOR workshop attendees had been involved in developing BCC campaigns, in addition to applying what they learned to other work-related duties after the training. One respondent shared that he or she revised an existing strategy for family planning and HIV prevention and, after interviewing community members, decided to work closely with traditional chiefs. *“We integrated a family planning and HIV prevention service and used some of the techniques we learned by going into the community,”* the participant shared. Others stated that they had applied what they learned by evaluating and revising existing materials based on the skills they learned. *“Now we know how to appropriately plan our communication strategies, and we also know which materials would be more useful, and get feedback from the people regarding the materials.”* Likewise, INESOR respondents often mentioned having advised or trained colleagues on what they learned.

INESOR workshop participants also reported that the workshop had improved their and their unit’s work. Most stated that they now consider their audiences more and spend time researching, analysing situations, pre-testing materials, or planning. Another participant added that he or she now develops better proposals.

This training ensured we went back to the root to understand why people behave in a certain manner. That’s what really changed and this changed everything, even the way we wrote proposals, looking at risk factors. It’s essential ... we have to understand that and what kinds of interventions are better depending on these areas.

Prior to the training when we worked in the community we didn’t necessarily look at how things would be perceived. After the training we looked at understanding the ideal behaviour of the people in the community before we started the particular intervention. And also consulting with the stakeholders to involve the community. Much of the time, most of the activities were centralised. We would plan them at the office and we would implement in the community. After the training we had to involve the community and then bring the training back to the community.

In addition to assessing how the training concepts were applied, participants were asked to discuss how they intended to apply the taught concepts within the following year. Most respondents who participated in the standard workshops said they planned to continue using the skills they learned and many intended to teach the skills to additional colleagues or students. One participant shared that he or she had been approached by the International Organization for Migration for a grant to create sexual and reproductive health BCC materials for the blind and planned to start working on this within the next month. Similarly, INESOR participants indicated that they intended to continue applying the concepts that were taught.

D. Challenges to Applying Training Concepts

Some participants reported experiencing barriers to using or applying what was taught in the workshop. Respondents commonly reported that they lacked the funds to conduct audience research, and mentioned that funding needed for distant travel to rural areas and incentives (particularly as they are often expected in urban areas) was a barrier. Others felt that convincing reporters to understand their audiences before writing material was a very difficult task as the reporters they did not take the idea seriously. One respondent experienced cultural barriers to conducting research with target audiences; some community members, particularly clergy, did not feel comfortable or did not want to discuss issues related to condom use. A few respondents felt that some of the people they rely on and trained (e.g., volunteers) had a difficult time grasping the workshop concepts.

When asked, participants offered suggestions on how to best mitigate the barriers they encountered. One respondent, who felt that audience research was not taken seriously, shared that he or she offers to take leadership roles in tasks and at workshops in order to influence planning—by incorporating research—and to teach others. Another participant encouraged audience research, then periodically checked written materials to see if audiences were considered, and often conducted the research when needed.

Others offered the following suggestions:

- Allocate funding for BCC activities,
- Include formative research in action plans, and
- Train other colleagues and volunteers.

INESOR participants mentioned fewer barriers to using or applying what was taught. One participant mentioned funding and explained that his or her work unit was not always able to follow through with their plans due to budget constraints. Another felt that some partners they worked with did not value the taught concepts, which made it difficult to apply them. As with other workshop participants, a third respondent experienced cultural barriers with some community members (e.g., parents, religious leaders) not wanting to discuss condom use.

E. Recommendations for Improvement

When probed for suggestions on how the training could be improved and made more relevant to their work duties, participants offered a number of recommendations. Overwhelmingly, participants mentioned training others in their organisation or field (e.g., students, nurses, volunteers, grassroots implementers, and church leaders). One respondent, who felt the training was too technical for managers, recommended that future trainings involve a mixed group of participants—including programme managers and community-level technical staff. Respondents also frequently suggested including a practical portion in the field or improving follow-up, with some participants suggesting CSH trainers accompany them to their office or the communities in which they work to guide them and assess how they are applying the skills post-training; others recommending frequent follow-ups. Extending the duration of the workshop—one participant suggested a three-month training—was also often mentioned. Additionally, participants often suggested incorporating additional or more relatable examples. They saw the need for and suggested more message development examples and case studies that included people with disabilities (specifically hearing and vision impaired), hospital or clinical settings, and Zambians or Africans.

Other participant recommendations included

- Providing funding that supports research activities,
- Connecting participants with local trainers and others who conduct BCC,
- Having additional trainers in workshops, and
- Formally incorporating BCC into GNC curricula.

Likewise, INESOR participants recommended that others be trained and that training duration be increased, including time for practical training in the field. Regarding additional follow-up, one participant suggested having a refresher training or convening participants post-training. *“We need a refresher. It should not be an isolated training. We need to get back to a roundtable and see others and share our experiences.”*

IV. Summary of Findings

The overall findings revealed that participants benefited from the trainings and found the workshops valuable and applicable to their work duties. The majority of participants worked in various communication or health promotion roles, and most participants often reported appreciating the training content that addressed selecting target audiences, developing messages and materials, conducting situational analysis, and setting objectives.

The IDI results revealed that all training groups used the taught skills with work duties and had benefited from some aspect of the trainings; however, INESOR participants had engaged in BCC campaign planning whereas others had only contributed to some BCC steps. This suggests that future workshops or follow-up trainings for some groups may need to consider and focus on the activities that most relate to those implementers, particularly for those reporting a lack of funding. The IDIs also suggested a need for better follow-up with participants, particularly the inclusion of practical activities within the communities in which participants work, and a need to have CSH provide technical assistance at participants’ workplace. Further, participants often mentioned the need for longer trainings and a desire for examples or case studies that better relate to them. This suggests that CSH needs to explore how to further adapt aspects of each training for each intended audience.

Overall, participants have continued to benefit from the knowledge and skills they gained from the training and were able to apply what they learned to work responsibilities. Further, most expressed the desire for additional trainings for colleagues and others who work in BCC.

V. Appendix: In-Depth Interview Guide

IN-DEPTH INTERVIEW GUIDE: BCC Training

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I have been hired by the Communications Support for Health Programme based in Lusaka as an outside consultant to conduct these interviews.

If asked: The Communications Support for Health is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is composed of staff from ICF International, Chemonics International, and the Manoff Group.

I'd like to ask you some questions regarding the Behaviour Change Communication training led by the Communication Support for Health (CSH) Project that you participated in. The answers from the interview are intended to help improve the training and contribute to building Zambia's capacity to implement Behaviour Change Communication activities. There are no right or wrong answers to the questions that I am going to ask. I want to hear your honest opinions about the topics we will discuss today. Your answers will be kept confidential and will not be linked to any identifying information. Further, your participation in this interview will not in any way affect your job or participation in any activities related to the CSH Project.

Please remember that your participation in this interview is completely voluntary. You may choose not to answer any question you do not want to answer. If at any time you would like to stop the interview, you may do so.

Do I have your permission to continue with the interview? Any questions before we start?

QUESTION 1: What is your job title and the name of the organisation you work for?

Probe:

- Can you describe your job tasks and role responsibilities?
- How have any of these tasks and/or roles changed since you participated in the training?
- Since the training, have you worked on developing any Behaviour Change Communication campaigns?
 - If yes, can you describe what your role was?

QUESTION 2: What do you think about the Behaviour Change Communication training that you participated in?

Probe:

- What did you like about it?
- What did you not like about it?
- What aspects of the training have been useful? What aspects have not been useful?

QUESTION 3: Since the training, how have you used or applied what you learned in the training in your job?

Probe:

- Please describe how you have used or applied what you learned.
- What (if any) specific tasks or responsibilities have you been involved in where you found the training especially helpful?
- If possible, do you have a specific example or examples you can share with me?

If participant has not used the training, probe:

- What do you think are the reasons why you have not been able to use or apply the content of the training to the specific tasks or responsibilities of your job?
- What, if any, modifications to the training would you recommend in order for it to be more useful or applicable in carrying out the work that you or your unit does?

NOTE: If the participant responded 'no' to question 3, then skip Question 4 and go directly to Question 5.

QUESTION 4: What, if any barriers have you encountered in being able to use or apply what was taught in the training to your work?

Probe:

- Please describe what barriers you have encountered.
- How do you think these barriers could be addressed?

If participant has not encountered barriers, probe:

- What, if anything, have you heard about any of your colleagues in your unit (entity) encountering barriers in being able to use or apply what was taught in the training?

QUESTION 5: How has the way you carry out your work changed (if it has changed at all) since you participated in the training?

Probe:

- Please describe how the training changed the way in which you carry out your work. What do you do differently?
- How has the unit for which you work changed the way it carries out its work since you participated in the training?

If participant reports no changes, probe:

- How has the unit for which you work changed the way it carries out its work since you participated in the training?
- What changes would you like to see in the way you carry out your work? How about the way your unit carries out its work?

QUESTION 6: How do you think you will apply what you learned in the training to your work in the next year?

Probe:

- Please describe how you think you will use the training in your work.
- What aspects of the training do you think you will use? In what circumstances will you use them?

If participant will not be using training, probe:

- What are some reasons you think you will not use the training in your work?
- How could we have made the training more applicable to the work you will be doing?

QUESTION 7: On a scale of 1 to 10, where 10 means you would *strongly* recommend this training to a colleague and 1 means you would NOT recommend the training to a colleague, how strongly would you recommend this training to colleagues working in the area of behaviour change communication interventions or campaigns?

Probe:

- What are some reasons you would or would not recommend it that strongly?

QUESTION 8: What, if any, additional recommendations or suggestions would you like to share for how the training could be improved to be more relevant and useful for your work?

Thank you so much for your time! We'll be writing a report on our findings from these interviews, so if you have any additional comments you would like to share with us in the next week, please contact us at _____.