BEHAVIOR CHANGE COMMUNICATION (BCC) Learning Resource Package

Facilitator’s Guide

The Stages of Behavior Change

Precontemplation (unaware of the problem)

Contemplation (aware of the problem and of the desired behavior change)

Preparation (intends to take action)

Action (practices the desired behavior)

Maintenance (works to sustain the behavior change)

Sources: Grimley 1997 (75) and Prochaska 1992 (148)

Feb 2010

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**ABBREVIATIONS:**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ANDS</td>
<td>Afghanistan National Development Strategy</td>
</tr>
<tr>
<td>APHI</td>
<td>Afghan Public Health Institute</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>BPHS</td>
<td>Basic Package of Health Services</td>
</tr>
<tr>
<td>CBHC</td>
<td>Community Based Health Care</td>
</tr>
<tr>
<td>CM</td>
<td>Community Mobilization</td>
</tr>
<tr>
<td>CME</td>
<td>Community Nursing Education</td>
</tr>
<tr>
<td>HSSP</td>
<td>Health Services Support Project</td>
</tr>
<tr>
<td>HF</td>
<td>Health Facility</td>
</tr>
<tr>
<td>HPD</td>
<td>Health Promotion Department</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
</tr>
<tr>
<td>IPCC</td>
<td>Interpersonal Counseling and Communication</td>
</tr>
<tr>
<td>LRP</td>
<td>Learning resource Package</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENT

The Save the Children/ Health Services Support Project (HSSP) would like to express our sincere thanks to Ms. Mary McCabe the Technical Consultant who in partnership with the Health Promotion Department of MoPH, the HPD Taskforce Committee and the Health Promotion team of the HSSP Project facilitated the development process for the compilation and production of this National Behavior Change Communication Learning Resource Package (BCC LRP). Their dedication, time, knowledge and experience has resulted in a learning resource package that is a best practice, practical and culturally appropriate capacity building Behavior Change Communication tool box that we hope will be an invaluable asset to those working so hard to improve healthier behaviors and environments in communities across Afghanistan.

The HSSP would also like to express their sincere appreciation to the HPD Regional IEC/BCC Coordinators for their participation in the BCC LRP Train the Trainer Course conducted in Kabul, Afghanistan February 13 - February 18, 2010 and their most important recommendations which have been included in the final draft of the BCC LRP ensuring its relevance and acceptability for the people of Afghanistan.

Participants of BCC LRP Key Stakeholder Workshop

Dr. Zohra Palwasha Maryam Dr. Farhat Dr. Ahmadullah Dr. Nadia Dr. Najib Dr. M. Sulaiman Dr. Abdul Wakil Ziar Dr. Popal Dr. Hamid Folad Dr. Ahmad Rashed Wassif Dr. S. Haroon Rastagar Dr. Mofleh Dr. Nafi Kakar Dr. Akmal Samsor Dr. Ilyas Azami Dr. Mansoor Staniczai

CARE COMPRI-A MSI Ibn Sina UNPA BDN BASICS MoPH IMC HSSP MoPH MoPH MoPH HSSP MoPH HSSP

Deputy Program Manager BCC Coordinator BCC Officer CME Program Manager Program Coordinator MCH Manager Technical Officer Technical Officer, Health Promotion Department Medical Coordinator Technical Officer, Health Promotion Department Regional IEC Coordinator Technical Manager, Health Promotion Department Acting Director, Health Promotion Department IPCC Officer BCC Advisor BCC Manager
Participants of BCC LRP Train the Trainer Workshop

Halima Azizi                  Save the Children/USA
Palwasha                     COMPRI-A
Maryam                       MSI
Kamila                       CARE
Dr. Daoud Lali               MoPH
Dr. Wakil Ahmad              MoPH
Dr. Najib                     BASICS
Dr. Kemia Jamal              MoPH
Dr. Abdul Wakil Ziar         IMC
Dr. Bawar                     MoPH
Dr. Hamid Folad              AADA
Dr. Ahmad Rashed Wassif      HSSP
Dr. S. Haroon Rastagar       MoPH
Dr. Mofleh                   MoPH
Dr. Tawfiq                   MoPH
Dr. Akmal Samsor             HSSP
Dr. Ilyas Azami              HSSP
Dr. Mansoor Staniczai        HSSP
Nasir Ahmad Yama             HSSP
Dr. Diana                   MoPH
Qudsia                       MoPH
Dr. Ali Ahmad               MoPH

Sn. Health Officer
BCC Coordinator
BCC Officer
Master Trainer
Regional IEC Coordinator
Regional IEC Coordinator
Technical Officer
CBHC
Medical Coordinator
Health & Islam Coordinator, Health Promotion Department
Technical Manager
BCC Officer
Regional IEC Coordinator
Acting Director, Health Promotion Department
Trainier, APHI
IPCC Officer
BCC Advisor
BCC Manager
CM Officer
Training Manager, APHI
Health Promotion Department
Regional IEC Coordinator

This Behavior Change Communication Resource Learning Package has been developed to contribute to attaining the MoPH overall public health outcomes for Afghanistan and was developed specifically in response to an identified need in the National Health and Nutrition Communication Strategy. It is proposed the BCC LRP will also provide a tool to support the effectiveness of BCC national practice, provide a tool to standardize the quality of BCC practice in the field, provide a tool to ensure BCC practice sustainability and provide a BCC tool appropriate for the Afghanistan cultural and religious context.

The BCC LRP has been developed for use by MoPH Health Promotion Department, BPHS Implementing Partners, Other NGO’s working in BCC and Health Facility staff for the benefit of the whole Afghan community.
HOW TO USE THE MANUAL

The Manual includes the followings:

1. Outline of the BCC LRP training
2. BCC LRP Training content
3. Detailed schedule of the BCC LRP training
4. Annexure

1. Outline of the BCC LRP: This includes the rational for the implementation of the BCC LRP, beneficiaries of the BCC LRP, Goal and Objectives of the BCC LRP and the BCC LRP teaching methodologies.
   - Rational of implementation of the BCC LRP provides a detailed description of the rational for the development of the BCC LRP. How does the BCC LRP assist address the current health challenges in Afghanistan and how the BCC LRP contributes to the MoPH Mission and Goal.
   - The beneficiaries: Who are the direct and indirect beneficiaries; direct beneficiaries are the BCC LRP training participants. The indirect beneficiaries are the community who will indirectly benefit from the training. A suggested number of BCC LRP training BCC training participants for each BCC LRP training session is given.

2. Training Content: The BCC LRP training content includes BCC training modules, the output of each training module and individual sessions included in each module. This manual contains a total of 5 modules and 32 sessions. Each module is described in a table at the beginning of the respective sessions. The table contains the Module Title, Module Target Group, Module Purpose and Output, Module sessions and Module facilitation time requirements.

3. Detailed Schedule: The BCC LRP Training is designed to take place over a period of five days with each training day beginning at 8:30am and ending at 4:00pm.

4. Annexure: The annexure part of the manual provides BCC LRP implementation resources.

In addition at the end the manual there are some annexes as below:

- Pre-test, post test questionnaire
- Daily recap guideline forms
- Power point presentation
- References
FLEXIBILITY OF THE GUIDE:

The training manual is prepared to assist trainers to conduct the sessions in appropriate manner to achieve the training goal and objectives. It is better to strictly follow the guide to achieve desired goal. However, considering the level of participants, education, knowledge, skill and expectations the following flexibilities are acceptable.

- Methodologies can be changed to make the sessions more participatory.
- Time for different sessions may be readjusted but it should not exceed the total training time.

FRAMEWORK OF THE TRAINING

1. Outline of the Training

1.1 Rationale of implementation of the Training

Ministry of Public health has developed the mission and goal for public health of Afghanistan und ANDS (Afghanistan National Development Strategy) process as below:

Mission
The mission of the ministry of health is to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through the provision of quality health services and the promotion of healthy lifestyles.

Goal
The Goal of the ministry of health is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and underserved areas of the country.

(Ministry of Public Health, 2008 a, pg 1)

Behavior Change Communication (BCC) is a process of working with individuals, families and communities through different communication channels to promote positive health behaviors and support an environment that enables the community to maintain positive behaviors taken on. Behavior Change Communication moves people from awareness to action.

A Behavior Change Communication Resource Learning Package will contribute to attaining the MoPH overall public health outcomes for Afghanistan, contribute to addressing the eight public health gaps identified in the National Health and Nutrition Communication Strategy, provide a tool to support the effectiveness of BCC practice, provide a tool to standardize the quality of BCC practice in the field, provide a tool to ensure BCC practice sustainability and provide a BCC tool appropriate to the Afghanistan cultural and religious context.
1.2 Beneficiaries

Direct Beneficiaries:
- Ministry of Public Health
- BPHS Implementing Partners
- Other NGO’s working in BCC
- Health Facility Staff

Indirect Beneficiaries
- The whole community

1.3 Goal

To build the capacity of the MoPH and implementing NGO’s to plan implement, monitor and evaluate behavior change strategies to ensure that BCC is effective in creating an environment that encourages individuals, families and communities to take on positive health behaviors and supports appropriate affordable access to quality health services.

1.4 Objectives

1. The participants will understand the concept of Health.
2. They will understand the concepts of the Almata Declaration and the Ottawa Charter
3. They will understand theories of Human Behavior
4. They will understand the definition of BCC
5. They will understand the concepts and theories of BCC
6. They will understand how BCC programs impact on positive health outcomes
7. They will be able to facilitate a Needs Assessment
8. They will be able to effectively utilize BCC Tools
9. They will be able to plan, implement and evaluate a BCC program
10. They will be able to advocate for and develop environments that enable the maintenance of positive health behaviors

1.5 Teaching Methods

- Lecture
- Brainstorming
- Journal Activities
- Role Plays
- Individual Activities
- Case Studies
- Group Work
- Questions and Answers
## 2. Training Content

<table>
<thead>
<tr>
<th>Module</th>
<th>Output</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Participants complete the training registration, understand the training guidelines and agenda, and receive information on module outputs.</td>
<td>Participant Registration Introduction to training agenda, guidelines and housekeeping. Pre Test Training Survey</td>
</tr>
<tr>
<td><strong>One Introduction to Behavior Change Communication</strong></td>
<td>Participants will understand the Mission and the Goal of the MoPH, concepts of health, principles of the Almata Declaration and Ottawa Charter, the definition of BCC and related concepts.</td>
<td>1.1. Mission and Goal of Ministry of Public Health (MoPH) 1.2. Goal and Objectives of the Training 1.3. What is Health 1.4. The Almata Declaration and Ottawa Charter 1.5. Definition of Behavior Change Communication 1.6. Daily Recap 1.7 Behavior Change Related Concepts</td>
</tr>
<tr>
<td><strong>Two Health and Human Behavior</strong></td>
<td>Participants will understand concepts of Human Behavior and influence, theoretical approaches to health behavior and behavior change models.</td>
<td>2.1. Introduction to Human Behavior, Levels of Influence in Behavior Change, Levels of Influence in Behavior Change unique to the Afghanistan context 2.2. Social determinants of Health 2.3. Stage of Change Models 2.4. Daily Recap</td>
</tr>
<tr>
<td><strong>Three Needs Assessment</strong></td>
<td>Participants will understand what a needs assessment is, be able to identify needs within a community, be able to plan and implement a needs assessment and understand data collection methods.</td>
<td>3.1 What is a Need 3.2 What is a Needs Assessment 3.3 Planning your Needs Assessment, Need Assessment Steps 3.4. Daily recap</td>
</tr>
<tr>
<td><strong>Four Planning a Behavior Change Communication Program</strong></td>
<td>Participants will be able to identify issues, target group and focus of a BCC program, be able to design a comprehensive BCC program incorporating an Action plan inclusive of budget, required resources and evaluation</td>
<td>4.1 Designing a Behavior Change Communication Program 4.2 Developing an Action plan 4.3 Budgets and Resources 4.4. Daily recap</td>
</tr>
<tr>
<td><strong>Five Implementing and Managing a BCC Program</strong></td>
<td>Participants will be able to implement and manage a quality BCC program</td>
<td>5.1 Approaches to Implementation 5.2 BCC Information Tools 5.3 Evaluating BCC Program Progress and Success – Process, Impact and Outcome Evaluation 5.4. Daily recap</td>
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3. Detailed Schedule

### Day One

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<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
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</table>
|        | Registration, Opening, Introduction, and Participants Expectations | 8:30 - 10:30 (120 minutes) | Pair up with the participant seated next. Participants should introduce themselves to each other and then each of them should introduce his partner to the plenary:  
- Name  
- Place  
- Designation  
- One beautiful moment of life Expectation from the training. |

|        | Tea Break | 10:30 - 10:45 (15 minutes) |
|        | Ground Rules, Logistics and Agenda of the Training | 10:45 – 11:05 (20 minutes) | Bain storming on BCC training rules. Record suggestions on a flip chart and post it on the wall. |

|        | Pre test | 11:05 – 11:35 (30 minutes) | Individual Activity |
|        | Lunch and Prayer Break | 12:00 – 01:00 (60 minutes) |

| One Introduction to Behavior Change Communication | Energizer (Optional) | 01:00-1:10 (10 minutes) | Group Activity |

| Mission and Goal of Ministry of Public Health (MoPH) | 1:10 – 2:20 (10 minutes) | Lecture Question and Answer  
Brainstorming |

| Tea Break | 2:20-2:35 (15 minutes) |

| Goal and Objectives of the Training | 2:35-2:50 (15 minutes) | Lecture and Q & A |

| What is Health | 2:50-3:00 (10 minutes) | Lecture Question and Answer  
Brainstorming |

| The Almata Declaration and Ottawa Charter | 3:00 – 3:15 (15 minutes) | Lecture and Q & A |

| Definition of Behavior Change Communication | 3:15 – 3:45 (30 minutes) | Lecture  
Brainstorming  
H1N1 Case Study Example  
Question and Answer |

| Daily Re Cap | 3:45 – 4:00 (15 minutes) | Individual / Group Activity |
### Day Two

<table>
<thead>
<tr>
<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Behavior Change Related Concepts</td>
<td>8:30 – 9:30 (60 minutes)</td>
<td>Lecture Brainstorming Question and Answer</td>
</tr>
<tr>
<td></td>
<td>Tea Break</td>
<td>9:30 – 9:45 (15 minutes)</td>
<td></td>
</tr>
<tr>
<td>Two Health and Human Behavior</td>
<td>Introduction to Human Behavior, Levels of Influence in Behavior Change, Levels of Influence in Behavior Change unique to the Afghanistan context</td>
<td>9:45 – 11:45 (120 minutes)</td>
<td>Lecture Question and Answer Brainstorming Group Work</td>
</tr>
<tr>
<td></td>
<td>Lunch and Prayer Break</td>
<td>11:45 – 01:00 (75 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Determinants of Health</td>
<td>1:00 – 2:45 (105 minutes)</td>
<td>Lecture Question and Answer Brainstorming Group Activity</td>
</tr>
<tr>
<td></td>
<td>Stage of Change Models</td>
<td>2:45 – 3:45 (60 minutes)</td>
<td>Lecture Question and Answer Case Studies</td>
</tr>
<tr>
<td></td>
<td>Daily Re Cap</td>
<td>03:45 -04:15: (30 minutes)</td>
<td>Individual/ Group Activity</td>
</tr>
</tbody>
</table>

### Day Three

<table>
<thead>
<tr>
<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
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</thead>
<tbody>
<tr>
<td>Three Needs Assessment for Behavior Change Communication</td>
<td>What is a Need</td>
<td>8:30am – 10:30 (120 minutes)</td>
<td>Lecture Question and Answer Brainstorming</td>
</tr>
<tr>
<td></td>
<td>Tea Break</td>
<td>10:30 -10:45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is a Needs Assessment</td>
<td>10:45 – 12:30 (105 minutes)</td>
<td>Lecture Question and Answer Brainstorming</td>
</tr>
<tr>
<td></td>
<td>Lunch and Prayer Break</td>
<td>12:30 – 01:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning Your Needs Assessment Need Assessment Steps</td>
<td>01:30 – 03:30 (120 minutes)</td>
<td>Lecture Question and Answer Brainstorming Group Activity</td>
</tr>
<tr>
<td></td>
<td>Daily Re Cap</td>
<td>03:30 – 04:00 (30 minutes)</td>
<td>Individual / Group Activity</td>
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</tbody>
</table>
### Day Four

<table>
<thead>
<tr>
<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning a Behavior Change Communication Program</td>
<td>Designing a BCC Program - Theory</td>
<td>08:30 – 10:30 (120 minutes)</td>
<td>Lecture Question and Answer Brainstorming</td>
</tr>
<tr>
<td></td>
<td>Tea Break</td>
<td>10:30 -10:45 (15 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Designing a BCC Program – Practical</td>
<td>10:45 - 12:30 (105 minutes)</td>
<td>Question and Answer Brainstorming Group Work</td>
</tr>
<tr>
<td></td>
<td>Lunch and Prayer Break</td>
<td>12:30– 01:30 (60 minutes)</td>
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<tr>
<td></td>
<td>Developing an Action Plan to Implement the BCC Program</td>
<td>1:30– 3:15 (105 minutes)</td>
<td>Lecture Case Studies Group Work</td>
</tr>
<tr>
<td></td>
<td>Budgets and Resources</td>
<td>03:15 – 03:45</td>
<td>Lecture Question and Answer Brainstorming Group Work</td>
</tr>
<tr>
<td></td>
<td>Daily Re Cap</td>
<td>03:30 – 04:15</td>
<td>Individual / Group Activity</td>
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### Day Five

<table>
<thead>
<tr>
<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing and Managing a BCC Program</td>
<td>Approaches to Implementation</td>
<td>08.30 – 9.30</td>
<td>Lecture Question and Answer Brainstorming</td>
</tr>
<tr>
<td></td>
<td>BCC Information Tools</td>
<td>09.30 – 10.30</td>
<td>Lecture Question and Answer Brainstorming</td>
</tr>
<tr>
<td></td>
<td>Tea Break</td>
<td>10.30 -10.45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BCC Information Tools</td>
<td>10.45 – 12.30</td>
<td>Lecture Question and Answer Group Work Material Review</td>
</tr>
<tr>
<td></td>
<td>Lunch and Prayer Break</td>
<td>12.30 -01.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluating the BCC Program Progress and Success Process Evaluation Impact Evaluation Outcome Evaluation</td>
<td>01.30 -03.30</td>
<td>Lecture Question and Answer Brainstorming</td>
</tr>
<tr>
<td></td>
<td>Daily Re Cap</td>
<td>03.30 – 04.00</td>
<td>Individual / Group Activity</td>
</tr>
</tbody>
</table>
REGISTRATION, OPENING, INTRODUCTION AND PARTICIPANTS’ EXPECTATIONS

Duration: 120 minutes

Objectives
At the end of the session participants will:

1. Understand and comply with the BCC training registration process.
2. Have developed an initial relationship with the facilitator(s) and other training participants.
3. Be able to list their individual expectations of the training.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registration</td>
<td>30 mins</td>
<td>Individual Activity</td>
<td>• Registration sheet&lt;br&gt;• Pen&lt;br&gt;• File for each participant including training materials and stationery</td>
</tr>
<tr>
<td>2</td>
<td>Welcome and recitation of Holy Quran</td>
<td>10 mins</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Opening speeches</td>
<td>15 mins</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Introduction of the facilitator</td>
<td>5 mins</td>
<td>Lecture</td>
<td>• Marker&lt;br&gt;• Flip chart</td>
</tr>
<tr>
<td>5</td>
<td>Introduction of the participants and their expectations</td>
<td>60 mins</td>
<td>Group Activity</td>
<td>• Meta card</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Registration
- Provide guidance to participants on training registration procedure and signing of registration sheet. Distribute training folders to each participant. Check each participant has received a file that includes participants’ manual and stationery.

Step 2: Welcome and recitation of Holy Quran
- Welcome the guests and participants. Guests may include representatives from Provincial Ministry of Public Health (MoPH) and technically, and financially supporting NGO(s) officials.
- Ask previously identified training participant to recite a few verses of Holy Quran. (Identify the participant in advance).
- Provide a general overview of the training.

Step 3: Opening speeches
- Request each guest to give their opening speech.
- On conclusion of speeches thank the guests for coming to the opening ceremony and extend an invitation to guests to the training closing ceremony.

Step 4: Introduction of the facilitator(s)
- Let participants know the training is a 5 day program which will begin with an introduction to each other.
- Facilitator(s) should introduce himself/themselves first including his/her name(s), profession, designation and experience. (Write the information on the flip chart)
- Ask the participants if they would like any further information about the facilitator(s).

**Step 5: Introduction of the participants and their expectations**
- Divide the participants into pairs seated close to each other.
- Ask the participants to introduce their paired partner to the rest of the training participants.
  - Introduction should include the following information:
    - Name
    - Where is he/she from (Province/district)?
    - Designation (Job Title)
    - One beautiful moment of their life
    - What is their expectation from the training?

- Provide a Meta card to each participant and let them know they have five minutes to work with their partner in pairs.
- Ask the participants to introduce their partner to the rest of the training participants.
- Write participants’ expectations on the flip chart.
- Thank participations for sharing information and encourage participants to continue to share experiences with each other throughout the five days of training. Explain that sharing experiences is a valuable and important way to learn.
GROUND RULES, LOGISTICS AND AGENDA OF THE TRAINING

Duration: 20 minutes

Objectives

At the end of the session participants will:

1. Contribute to the accepted ground rules for the training.
2. Be familiar with the training venue.
3. Be familiar with the training agenda.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ground Rules</td>
<td>10 mins</td>
<td>Brainstorming</td>
<td>• Marker</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Flip chart</td>
</tr>
<tr>
<td>2</td>
<td>Training Venue and Logistics</td>
<td>5 mins</td>
<td>Lecture Question and Answer</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revision of the Training Agenda</td>
<td>5 mins</td>
<td>Lecture Question and Answer</td>
<td>• Participants’ manual</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Ground rules
- Explain to participants that to provide the most supportive effective training program it is important to set some rules and regulations that will be agreed on and followed by all throughout the training.
- Brainstorm with training participants what rules they would like to see included and followed in the training? Write all agreed rules on a flip chart.
- Give some suggestions to the group if they are not clear, for example:
  - Mobile phones should be silent or in the vibration mode
  - Everyone should be on time
- Review the ground rules and thank the participants for participating in setting the ground rules for the training.
- Emphasize that during the training all participants and facilitators try to follow the ground rules.
- Brainstorm with participants what should happen if a participant or a facilitator does not follow the ground rules?
- Display the ground rules on the wall for all to see. Leave in place on the wall throughout the training.

Step 2: Logistic facilities
- Review with participants facilities of the training venue and training program logistical and administration requirements – Meals, tea breaks and per diems etc.
- Ask if the participants require any further information/clarification on the training venue facilities or training logistics and administration.
Step 3: Revision of the agenda

- Ask the participants the related page of the participants’ manual to review the Training Agenda.
- Review the agenda and ask the participants if they need further information/clarification on the agenda.
**PRE-TEST**

Duration: 30 minutes

Objectives

At the end of the session facilitator will:

1. Have a baseline on training participants’ knowledge of BCC.
2. Be able to tailor the contents of the training sessions to the needs of the training participants.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-test</td>
<td>30 mins</td>
<td></td>
<td>• Pre-test questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

**Step 1: Pre-test**

- Explain to participants the purpose of the pre-test. Advise answers to the listed questions will assist the facilitators to tailor contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and that the facilitators greatly appreciate honest responses.
- Distribute the pre-test questionnaire to every participant. Check all participants have received a copy.
- Review the pre-test questionnaire with participants by reading the pre-test questionnaire aloud and providing guidance on each section.
- Ask the participants if they need further information/clarification on any section of the pre-test questionnaire.
- Advise the participants that they have 25 minutes to complete the questionnaire.
- At the end of the 25 minute time period collect the pre-test questionnaires and thank participants for their participation in the Pre Test.
## 1. MODULE ONE: INTRODUCTION TO BEHAVIOR CHANGE COMMUNICATION

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Introduction to Behavior Change Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group trainee</td>
<td>MoPH, HFs, BPHS implementing partners, and other stakeholders staff who are involved in planning, implementing, monitoring, and evaluation of BCC activities</td>
</tr>
<tr>
<td>Purpose</td>
<td>The participants refresh their knowledge in mission and goal of MoPH, training goal and objectives, definition of behavior change communication, the Almata Declaration and Ottawa Charter, and definition of health.</td>
</tr>
<tr>
<td>Output</td>
<td>Participants’ capacity built on the mission and goal of MoPH and how does the training contribute to the mission and goal of MoPH, definition of behavior change communication, the Almata Declaration and Ottawa Charter, and definition of health.</td>
</tr>
</tbody>
</table>
| Sessions | 1.1. Mission and Goal of Ministry of Public Health (MoPH)  
1.2. Goal and Objectives of the Training  
1.3. What is Health  
1.4. The Almata Declaration and Ottawa Charter  
1.5. Definition of Behavior Change Communication  
1.7 Behavior Change Related Concepts  
1.7. Daily Recap |
| Duration | 170 minutes |
Session 1.1: Mission and Goal of Ministry of Public Health (MoPH)

**Duration:** 10 minutes

**Session Objectives**

At the end of the session participants will:

1. Understand the MoPH mission and goal.
2. Understand how the BCC training contributes to the mission and goal of MoPH.

**Overview of the Session Plan**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2mins</td>
<td>Lecture</td>
<td>• PowerPoint presentation of the Mission and Goal of MoPH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• LCD projector</td>
</tr>
<tr>
<td>2</td>
<td>Mission and Goal of MoPH and BCC LRP</td>
<td>5 mins</td>
<td>Lecture</td>
<td>• PowerPoint presentation of how the BCC LRP contributes to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>the mission and goal of MoPH.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• LCD projector</td>
</tr>
<tr>
<td>3</td>
<td>Questions Summary</td>
<td>3mins</td>
<td>Q &amp; A</td>
<td></td>
</tr>
</tbody>
</table>

**Process and Methodology**

**Step 1: Introduction**
- Greet the participants and introduce the session.
- Present the session objectives from PowerPoint presentation.
- Review the information presented with the participants. Questions to participants on information presented will provide the facilitator with information on whether knowledge has been transferred successfully.

**Step 2: Mission and Goal of MoPH**
- Present mission and goal of MoPH and how the BCC LRP training BCC training contributes to the goal and mission of MoPH as a Power Point presentation.

**Step 3: Summary**
- Summarize the session focusing on mission and goal of the MoPH and how the BCC LRP contributes to the goal and mission of MoPH.
- Ask the participants if they have any questions or require any further clarification on any information presented.
- After participants’ questions (if they have any), ask participants a question on each objective of the session.
Facilitator’s Note:

Ministry of Public Health MoPH has developed the Afghanistan mission and goal for public health under ANDS (Afghanistan National Development Strategy):

Mission:
The mission of the ministry of public health is to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through the provision of quality health services and the promotion of healthy lifestyles.

(Ministry of Public Health, 2008 a, pg 1)

Goal:
The goal of the ministry of public health is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and under-served areas of the county.

Behavior Change Communication (BCC) is a process of working with individuals, families and communities through different communication channels to promote positive health behaviors and support an environment that enables the community to maintain positive behaviors taken on. Behavior Change Communication moves people from awareness to action.

A Behavior Change Communication Resource Learning Package will contribute to attaining the MoPH overall public health outcomes for Afghanistan, provide a tool to support the effectiveness of BCC practice, provide a tool to standardize the quality of BCC practice in the field, provide a tool to ensure BCC practice sustainability and provide a BCC tool appropriate for the Afghanistan cultural and religious context.
Session 1.2: Goal and Objectives of the Training

Duration: 15 minutes

Session Objectives

At the end of the session participants will be able to:

1. Know the training goal and objectives.
2. Compare their expectations with the training objectives.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Energizer (Optional 10 mins) Introduction</td>
<td>2mins</td>
<td>Lecture</td>
<td>• PowerPoint presentation of the goal and objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• LCD projector</td>
</tr>
<tr>
<td>2</td>
<td>Goal and objectives of the BCC LRP</td>
<td>5mins</td>
<td>Lecture</td>
<td>• PowerPoint presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• LCD projector</td>
</tr>
<tr>
<td>3</td>
<td>Comparison of the BCC training objectives with participants’ expectations</td>
<td>5mins</td>
<td>Q &amp; A</td>
<td>• Marker</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Flip chart(s) of participants’ expectation</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3mins</td>
<td>Q &amp; A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the participants to the session.
- Present the session topic and objectives as a PowerPoint presentation.

Step 2: Goal and objectives of the training (Power Presentation)
- Present training goal and objectives as a PowerPoint presentation.

Step 3: Comparison of the training objectives with participants’ expectations
- After presenting training objectives, compare them with the participants expectations written on the flip chart(s), as follow:
  - Read each expectation of the participant from flip chart(s) and ask them if their expectation is covered in the training objectives or not.
  - Point out those expectations not covered in the training objectives. Let participants know we will try to make sure participants’ expectations not listed in the training objectives are covered.

Step 4: Summary
- Summarize the session clarifying that throughout the training the facilitators will try to achieve training objectives and participants’ expectations of the training.
- Ask the participants if they have any further questions or need any further clarification on any information presented.
Facilitator’s Notes

BCC LRP Goal:
To build the capacity of the MoPH and implementing NGO’s to plan implement, monitor and evaluate behavior change strategies to ensure that BCC is effective in creating an environment that encourages individuals, families and communities to take on positive health behaviors and supports appropriate affordable access to quality health services.

BCC training Objectives:

At the end of the training:

- The participants will understand the concept of Health
- They will understand the concepts of the Almata Declaration and the Ottawa Charter
- They will understand how the BCC LRP contributes to the MoPH Mission and Goal
- They will understand theories of Human Behavior
- They will understand the definition of BCC
- They will understand the concepts and theories of BCC
- They will understand how BCC programs impact on positive health outcomes
- They will be able to facilitate a community needs assessment
- They will be able to effectively utilize BCC Tools
- They will be able to plan, implement and evaluate a BCC program
- They will be able to develop environments that enable the maintenance of positive health behaviors
Session 1.3 What is Health

Duration 10 mins

Session Objectives

At the end of the Session participants will:

Understand the Concept of Health

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to the Concept of Health</td>
<td>2 mins</td>
<td>Brainstorm with Group</td>
<td>Flip chart, Pen</td>
</tr>
<tr>
<td>2</td>
<td>Definition of the Concept of Health</td>
<td>5 mins</td>
<td>Lecture, Question and Answer</td>
<td>Power Point Presentation, LCD, Computer</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>3 mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce session topic and objective as a Power point presentation
- Ask the group to think about what health is for them. Ask them to share their ideas with the group. Record all suggestions on a flip chart
- Ask the group to think about what contributes to health. Ask them to share their ideas with the group. Record all suggestions on a flip chart

Step 2: Definition of the Concept of Health
- Give definition of Health as the state of total physical, emotional, mental and spiritual wellbeing as a power point presentation.
- Place Definition of Health on the wall for the duration of the training.

Step 3: Summary
- Review the Definition of Health.
- Ask participants if they have any questions or require any further clarification of any information presented.

Facilitators Notes

Definition of Health is the state of complete physical, mental, emotional, social and spiritual wellbeing not merely the absence of disease or infirmity

Many things contribute to the state of true Health. For a community to be in a state of health they need peace, sustainable resources, social justice and equity, stable eco system and access to shelter, education, food and an income.
Session 1.4 The Almata Declaration and Ottawa Charter

Duration 15 mins

Session Objectives

At the end of the session participants will:

1. Have an understanding of the Almata Declaration and the Ottawa Charter
2. Have an understanding of the origins and rationale for the new direction in Health

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Almata Declaration and Ottawa Charter</td>
<td>10 mins</td>
<td>Lecture Question and Answer</td>
<td>Power Point Presentation LCD Computer</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>3mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1
- Introduce the session topic and objective as a power point presentation to participants
- Explore with participants if they have heard either of these terms before and what if anything they know about them.
- Give the participants information on the history of the Almata Declaration and the concepts of the Ottawa Charter as a power point presentation
- Record the concepts of the Almata Declaration and the Ottawa Charter on a flip chart and paste on the wall for the duration of the training.
Facilitators Notes

Health for All was put forward as the Goal for the WHO as part of the Almata Declaration in 1973. The Almata declared health as a fundamental human right and called for a change to traditional health system approaches and for a more collaborative participatory approach to health care where primary health care and health promotion were integrated practices to achieving health within health systems. To improve health outcomes health services and products needed to become affordable, accessible, appropriate and acceptable for individuals, families and communities.

The Ottawa Charter is set of principles for Health Promotion which was formulated at the first International Conference on Health Promotion held in Ottawa Canada in 19086.

The Ottawa Charter sets out the following five essential components as the framework for Health Promotion.

- Building Public Policy
- Strengthening Community Action
- Developing Personal Skills
- Reorienting Health services
- Creating Supportive Environments
Session 1.5 Definition of Behavior Change Communication

Duration 30 mins

Session Objectives

At the end of the session participants will:

1. Be provided with a definition of BCC
2. Understand how BCC relates to Health behavior
3. Understand BCC as an inter related concept to health’
4. Understand how BCC impacts on Health Outcomes

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 mins</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Definition of BCC</td>
<td>10 mins</td>
<td>Lecture</td>
<td>Power Point Presentation LCD Computer</td>
</tr>
<tr>
<td>3</td>
<td>How BCC relates to Health and impacts on Health Outcomes</td>
<td>10 mins</td>
<td>Lecture</td>
<td>Power Point Presentation Flip Chart Pen H1N5 Case Study Example Handout</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce participants to the session topic and objective as a power point presentation

Step 2 BCC Definition
- Present a definition of Behavior Change Communication as a power point presentation
- Discuss the BCC definition with the group. Ask participants if they agree with the definition and if they have other ideas on a definition for BCC.

Step 3 How BCC relates to Health
- Ask participants for their ideas on how they think BCC relates to Health and Health outcomes.
- Record all suggestions on a flip chart.
- Present the 5 elements of BCC as a power point presentation and demonstrate how each relates to health behavior with the H1N1 Case Study example.

Step 4 Summary
- Ask participants if they have any questions or they require any further information on anything presented.
Facilitators Notes

BCC Definition: BCC is a process of working with individuals, families and communities through different communication channels to promote positive health behaviors and support an environment that enables the community to maintain positive health behaviors taken on.

BCC Moves People From Awareness to Action!
For some time it has become clear that while IEC programs have resulted in improved health knowledge they have often failed to produce behavior change. IEC campaigns are often better at imparting knowledge and information than they are at moving people from awareness to action.

Behavior change is a complex process motivated by many factors including:

- A person's awareness of the need to change,
- A person's understanding of the benefits of such a change,
- A person's belief in their ability to change
- A person having the confidence in their ability to maintain a behavior change.

To be successful, BCC must move people from awareness to action by motivating people to believe that health benefits will be obtained by changing behavior and by increasing individuals’ sense of control over their own health behavior choices. BCC must go beyond just providing information to an approach that provides both information and appeals to individuals emotions. With this understanding the following elements have been identified as being crucial to the success of BCC health messages and programs.

Example H1 N1 Transmission

- The rational element, based on knowledge: People need to know the basic facts about a health issue. How the virus is and is not transmitted, how likely they are to become infected, and what they can do to avoid infection.
- The emotional element, based on the intensity of attitudes or feelings: Individuals need to feel an intense and personal vulnerability to the virus in order to develop an emotional commitment to the behaviors needed to avoid it.
- The practical element, based on personal skills in a new behavior: People need to be competent in practicing the new behavior and be confident in their ability to do so. They need a sense of self-efficacy to adopt new, health-protective behaviors.
- The interpersonal element, or social networks: People need to associate with and be supported by their significant others (such as family members and peer groups) whose knowledge, emotions and skills can reinforce healthy behavior changes.
- The structural element, or the social, economic and legal context in which behavior takes place: People need to have access to necessary supplies and services (such as hand washing facilities and voluntary counseling and testing facilities), and to live in an environment where safer behaviors are accepted and promoted while risky behaviors are discouraged.
Session 1.6 Behavior Change Related Concepts

Duration: 60mins

Session Objectives

At the end of the session participants will:

1. Understand the concept of IEC and Health Promotion and how these concepts relate to BCC
2. Be able to identify the three approaches to Behavior Change
3. Understand and be able to explain the elements of each BCC approach

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>5mins</td>
<td>Lecture</td>
<td>Power point Presentation</td>
</tr>
<tr>
<td>2.</td>
<td>Behavior Change Related Concepts – IEC and Health Promotion</td>
<td>20 mins</td>
<td>Lecture, Question and Answers</td>
<td>LCD Computer</td>
</tr>
<tr>
<td>3.</td>
<td>Behavior Change Approaches</td>
<td>30 mins</td>
<td>Lecture, Brainstorming Group Activity</td>
<td>Power Point Presentation</td>
</tr>
<tr>
<td>4.</td>
<td>Summary</td>
<td>5mins</td>
<td>Question and Answer</td>
<td>Case Study Handout</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the session topic and objective to participants as a power point presentation

Step 2 Behavior Change Related Concepts
- Present information on Health Promotion and IEC as a power point presentation
- Ask participants to explain differences between IEC, Health Promotion and BCC. Record all ideas on a flip chart

Step 3 Behavior Change Communication Approaches
- Present Information on the different approaches to BCC as a power point presentation
- Break participants into small groups using numbering system to do Journal Activity. Ask participants to record their ideas and present back to the larger group.

Step 4 Summary
- Ask participants if they have any questions or if there is any further information required on material presented
Information Education and Communication

Health Information, Education and Communication is described as a strategy to inform the public about health concerns and to maintain important health issues on a public agenda. The use of health education and the mass and multimedia to disseminate useful health information to the public, increases awareness of specific aspects of individual and public health as well as the importance of health in development.

Disseminating information through multimedia channels and health education provides important information to individuals and the general public however provision of information on its own has done little in the past to motivate or support individuals and the general public to take action on the information they are given.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve their health.


Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals to make healthy behavior choices and change health behaviors, but also action directed towards improving social, environmental and economic conditions to support public and individual health.

Health promotion is the process of enabling people to increase control over the issues or the determinants of their own health and thereby improve their health. Participation by individuals and community is essential as part of the health promotion process to sustain healthy behavior and health promotion action.

The Ottawa Charter identifies three basic strategies for health promotion. These are:

- Advocating To gain political economic social and cultural support for health
- Enabling To assist people achieve their fullest health potential
- Accessibility
- Affordability
- Acceptability
- Appropriateness
- Mediating

With Government and Non Government agencies, industry and media to achieve coordinated action.

These strategies are supported by five priority action areas as outlined in the Ottawa Charter for health promotion:

- Building Public Policy
  - Public health policy enables a healthy choice to be an easy choice
- Strengthening Community Action
  - Health Promotion acts to empower communities
- Developing Personal Skills
  - To make healthy decisions people need information and education
Reorienting Health services
- The health system must go beyond clinical and curative services and needs to also focus on promoting health and preventing disease

Creating Supportive Environments
- Living and working conditions should promote health

Behavior Change Communication Approaches

Individual Approaches
Behavior Change Communication on a one-to-one basis is an important part of many health service providers' work. This one-to-one BCC focus continues to play an important role particularly in the area of secondary prevention (ie. when you want to reverse the early symptoms of disease) and tertiary prevention (ie. when you want to slow the progress of a disease which already exists). Individual methods in primary prevention are not as cost effective if you are targeting large target audiences although it can be useful in reducing risk factors for certain diseases.

The main methods of individually focused BCC are patient education and information, counseling and risk assessment/screening. These methods can occur in hospitals and other health care settings such as general practice surgeries and community health centers, as well as in the community. The advantages of an individually focused activity is that they can be personalized and the health service provider is often seen as a credible source of information. There are also limitations. Individual approaches are time consuming, not cost effective and very labor intensive. However when applied at the right moment in the right way, individual methods can be highly effective.

Group Approaches
Group methods of Behavior Change Communication have been used widely and offer an intermediary approach between one-to-one approaches and wider community approaches. Groups can vary in size and methods used for groups can be classified as being didactic or experiential. Didactic methods include lectures, seminars, workshops and conferences, although active participation is often also a part of these methods. Experiential methods include skills training, behavior modification, inquiry learning/problem solving, simulation, role play and self-help groups.

Group methods have been shown to have a role in assisting individuals to gain knowledge and change attitudes and behavior, as well as providing a supportive setting for people who may share a common goal (such as a group of people attending a ante natal clinic). They can also play a role in assisting members of a community or organization to improve their ability in approaching their own health problems or getting them empowered to facilitate change within their community or organization (eg. A group of hospital workers attending a workshop to improve hygiene practices may be empowered to bring about changes in their hospital in relation to a hand washing by implementing a hand washing policy and increasing the number of hand washing facilities available in the hospital).

For group approaches to BCC to be effective, an experienced facilitator or group leader is very important.

Community Approaches
Community based approaches to Behavior Change Communication can potentially have a greater impact on a larger amount of people. One of the principles of BCC is work with individuals, families and communities to support an environment that enables the community to maintain positive health behaviors take on.
BCC works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.

By developing this principle some major changes can potentially be made at a community level as a result of community based BCC programs.

Population and community approaches to health include:

- Mass media approaches
  - Television and Radio campaign on the importance of Ante Natal Care
- Community development processes
  - Family Action Group to support women’s attendance to Ante Natal Care
- Public policy and legislation
  - Community Health Centers to offer affordable accessible acceptable Ante Natal Care
- Environmental approaches
  - The Ante Natal Clinic is clean and quiet
- Organizational approaches
  - The Ante Natal Clinic is well staffed with qualified midwives
- Technological approaches
  - The Ante Natal Clinic ultrasound is functional and accurate.

**Group Activity**

- List the activities undertaken within your current health programs?
- On review of these activities are they IEC type activities or the broader BCC type activities?
- How can you expand the activities in your current program to involve the broader BCC type strategies?
Session 1.7: Daily Recap

Duration: 30 minutes

Session Objectives

At the end of the session facilitator will:

1. Be able to continue to tailor the contents and approach of the training sessions to the needs of the training participants.
2. Have an understanding of participants increased knowledge on information presented in the session

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily Recap</td>
<td>30 mins</td>
<td></td>
<td>• Daily Recap questionnaire</td>
</tr>
<tr>
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<td>Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Daily Recap

- Explain to participants the purpose of the Daily Recap. Advise answers to the listed questions will assist the facilitators to tailor contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and that the facilitators greatly appreciate honest responses.
- Distribute the Daily Recap questionnaire to every participant. Check all participants have received a copy.
- Review the Daily Recap questionnaire with participants by reading the Daily Recap questionnaire aloud and providing guidance on each section.
- Ask the participants if they need further information/clarification on any section of the Daily Recap questionnaire.
- Advise the participants that they have 25 minutes to complete the questionnaire.
- At the end of the 25 minute time period collect the evaluation questionnaires and thank participants for their participation in the evaluation..
## 2. MODULE TWO: HEALTH AND HUMAN BEHAVIOR

<table>
<thead>
<tr>
<th>Title</th>
<th>Health and Human Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target group trainee</strong></td>
<td>MoPH, HF, BPHS implementing partners, and other stakeholders staff who are involved in planning, implementing, monitoring, and evaluation of BCC activities.</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>The participants refresh their knowledge on the role of human behavior in health, determinants of health behavior, levels of influence on human behavior particular to the Afghanistan context, social determinants of health, the role of supportive environments and public health policy in shaping the social environment, stage of change model in order to identify different stages of thought and behavior in people.</td>
</tr>
<tr>
<td><strong>Output</strong></td>
<td>The Capacity of participants built on the role of human behavior in health, determinants of health behavior, levels of influence on human behavior particular to the Afghanistan context, social determinants of health, the role of supportive environments and public health policy in shaping the social environment, stage of change model.</td>
</tr>
</tbody>
</table>
| **Sessions**           | 2.1. Introduction to Human Behavior, Levels of Influence in Behavior Change, Levels of Influence in Behavior Change unique to the Afghanistan context  
  1.2 Social determinants of Health  
  1.3 Stage of Change Models  
  1.4 Daily Recap |
| **Duration**           | 315 minutes |
Session 2.1 Introduction to Human Behavior, Levels of Influence in Behavior Change, Levels of Influence in Behavior Change unique to the Afghanistan context

Duration 120 mins

Session Objective

At the end of the session participants will:

1.  Describe the role of Human Behavior in Health
2.  Broadly describe the determinants of Health Behavior
3.  Describe the unique levels of influence on Human Behavior particular to the Afghanistan context.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2mins</td>
<td>Lecture</td>
<td>Power Point Presentation</td>
</tr>
<tr>
<td>2</td>
<td>Introduction to Human Behavior</td>
<td>25 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>LCD Computer Picture of old lady / young woman</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Flip Chart Pen</td>
</tr>
<tr>
<td>3</td>
<td>Levels of Influence in Behavior Change</td>
<td>60 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power Point Presentation LCD Computer</td>
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<td></td>
<td>Flip Chart Pen</td>
</tr>
<tr>
<td>4</td>
<td>Levels of influence in Behavior Change unique to the Afghanistan context</td>
<td>30 mins</td>
<td>Lecture Group Activity Question And Answer</td>
<td>Power Point Presentation LCD Computer</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Flip Chart Pen</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>3 mins</td>
<td>Lecture</td>
<td>Power Point Presentation LCD Computer</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Flip Chart Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1 Introduction

- Introduce topic and session objectives to participants as a power point presentation

Step 2 Introduction to Human Behavior

- Present the concepts of human behavior to participants as a power point presentation
- Present picture of old woman / young lady as a power point presentation. Ask participants to look carefully at the picture. Go around the group and ask participants to describe what they saw. Some participants will see an old lady and some participants will see a young woman. Both pictures are contained within the one picture. Discuss perceptions and how different people see the same thing however maybe see it differently to others.
Step 3 Levels of influence in Behavior Change
- Ask participants to think about what they think influences behavior. Record all suggestions on a flip chart.
- Present the levels of influence on behavior as a power point presentation.

Step 4 Unique Influential Opportunities and Challenges to Afghanistan
- Group participants using numbers from 1 to 6. Ask participants to think about and record their thoughts on the unique influential opportunities and challenges on Health Behavior that exist within the Afghanistan cultural and religious context.
- Ask participants to present their suggestions to the broader group. Keep a record of all suggestions.

Step 5 Summary
- Review concepts of perception, levels of influence and the opportunities and challenges that exist within the unique Afghanistan context for influencing behavior.
- Ask participants if they require any further information on this topic or if they have any further questions.

Facilitators Notes
Changing behavior is a very important part of Behavior Change Communication and it is important that people working in this area have an understanding of the behavior change process. Human behavior, particularly when related to health is a complicated area to understand and over the years there have been many theories devised in an attempt to explain why certain behaviors occur.

Health behaviors are behaviors that a person engages in to prevent a disease or health problem occurring or to prevent an existing disease or health problem from getting worse. Like other behaviors, a health behavior is motivated by stimuli in an individual’s environment. For example, an individual who smokes may be finding that they are getting increasingly puffed when they walk up stairs and this may be the stimuli that motivate them to quit smoking. The motivation to change a behavior isn’t always related to a health reason but may indirectly affect the person’s health. For example a young woman may start an exercise program to look good rather than for the health benefits that will be gained from exercising.

By understanding some of the factors that motivate behavior the health promotion practitioner can address the challenge of selecting strategies and methods to change behavior in order to improve overall health.

Levels of Influence in Behavior Change
Behavior may be influenced by:
- Rational Elements e.g. A woman may not attend the Ante Natal Clinic because she does not understand why an Ante Natal Check is important to the health of her baby.
- Interpersonal Elements e.g. A woman may not attend the Ante Natal Clinic because she knows her doctor as a friend and is too embarrassed or she does not want to go to a male doctor.
- Practical Elements e.g. A woman does not attend the Ante Natal Clinic because she is unable to visit the clinic during clinic hours due to her work and family commitments.
- Structural Elements factors, e.g. A woman does not attend Ante Natal Clinic because she lives a long way away from the clinic and there is no transport to allow her to get to the clinic.
Emotional Elements e.g. A woman does not perceive that there is any health risks associated with being pregnant and that she is in no way vulnerable.

Antecedents to Behavior Change describes antecedent determinants of behavior as something that occurs before a behavior. An antecedent:

- Prompts a behavior to occur
- Signals a behavior to occur
- Increases the likelihood of a behavior occurring

An example of an antecedent is when someone drinks tea, they feel the need to eat something sweet. The tea is the antecedent to the person eating sugary foods. Therefore if you want to change a behavior you need to examine and consider antecedents.

Consequences of a Behavior
What happens, as a result of a behavior will also influence whether the behavior continues or stops.

- A consequence can provide negative or positive reinforcement.
- May strengthen, weaken or stop a behavior.
- A consequence that occurs immediately after a behavior is the most powerful in influencing that behavior.
- How important or relevant the consequence is to the individual will affect the behavior.
- Concrete consequences are more likely to cause change than abstract ones.

For example, if someone is stressed and feels calmer after having a cigarette, then they will probably continue to smoke whenever they get stressed. Alternatively, if someone coughs a lot after having a cigarette and feels short of breath, then this might be a consequence that deters them from smoking.

When working with an individual who might want to change a particular behavior, it is important to explore the antecedents and consequences of that behavior so that appropriate strategies can be devised to address them.

Afghanistan Context
There are many unique aspects to the influences which exist within the Afghanistan cultural and religious context. Within this context there also exists a unique set of opportunities and challenges.
• Religion
  - Mullahs powerful influencers
  - Koran supports health practices e.g. Breast Feeding and Birth Spacing. Surah Baqara verse #233.
  - Absolute acceptance of Islam Religion by Muslims. Not readily questioned

• Access to Education
  - Limited access to education for girls
  - Limited access to education by the poor
  - Education disrupted by unstable security

• Cultural Traditions
  - Husbands decision makers in families
  - Extended large families traditional
  - Communities affiliate with Tribal origins
  - Delivery in Hospital continues to be perceived as a shameful act

• Family and relationships
  - Mother in Laws powerful influencers. Prominent position in families.
  - Elders respected powerful influencers. Prominent position in families.
  - Women generally disempowered

• Ethnicity
  - Several Tribal groups to which populations affiliate
  - Ethnic stratification. Some ethnic groups perceived as more powerful than others

• Community Leaders
  - Respected or feared leaders within a community
  - Warlords, Shura’s, Health Workers, Teachers, Hajibibi

• Post Conflict Environment
  - Unstable security in many Provinces
  - Disruptive chaotic environments powerful influence.

• Government and Institutional Corruption
  - Mistrust in government influences community buy in
  - Corruption influences national socio economic conditions
Session 2.2 Social Determinants of Health

Duration 105 mins

Session Objectives

At the end of the session participants will:

1. Have an understanding of the Social Determinants of Health
2. Be able to identify the Ten Social Determinants of Health
3. Be able to describe how the Social Determinants of Health impact on Health Behavior
4. Understand the important role Supportive Environments and Public Health Policy play in shaping the Social Environment.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Overview of the Social Determinants of Health</td>
<td>15 mins</td>
<td>Lecture</td>
<td>Power Point Presentation LCD Computer</td>
</tr>
<tr>
<td>3</td>
<td>The Ten Social Determinants of Health</td>
<td>30 mins</td>
<td>Lecture Question and Answer</td>
<td>Power Point Presentation LCD Computer</td>
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<tr>
<td>4</td>
<td>Social Determinants of Health Group Activity</td>
<td>45 mins</td>
<td>Group Activity Case Studies</td>
<td>Case Studies Flip Chart Pen</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>3 mins</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the participants to the session topic and objective as a power point presentation

Step 2: Overview of the Social Determinants of Health
- Ask participants what they think the Social Determinants of Health are and who in the group have previously heard of them.
- Present information on the concept of the Social Determinants of Health as a power point presentation

Step 3: The Ten Social Determinants of Health
- Present information on the Ten Social Determinants of Health as a power point presentation
- Ask participants their thoughts on how important the Social Determinants of Health are on Public Health outcomes in Afghanistan.

Step 4: Social Determinants of Health Case Study
- Using the numbering system (count around the group using numbers 1 to 6) to separate the participants into smaller groups and give each group the Social Determinant Group Activity. Participants need to think of and record strategies under each of the Ten Social
Determinants of Health to reduce the impact of the Social Determinants of Health on Health Outcomes.

**Step 5 Summary**
- Review the list of the Ten Social Determinants of Health. Summarize the importance of the Social Determinants of Health with the quote from the Solid Facts: “Peoples lifestyles and the conditions in which they live and work strongly influence their health”

**Facilitators Notes**

Even in the most affluent countries, people who are less well off have substantially shorter life expectancies and more illnesses than the rich. Not only are these differences in health an important social injustice, they have also drawn scientific attention to some of the most powerful determinants of health standards in modern societies. They have led in particular to a growing understanding of the remarkable sensitivity of health to the social environment and to what have become known as the social determinants of health.

While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place.

While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place. Nevertheless, universal access to medical care is clearly one of the social determinants of health.

It is not simply that poor material circumstances are harmful to health; the social meaning of being poor, unemployed, socially excluded, or otherwise stigmatized also matters. As social beings, we need not only good material conditions but, from early childhood onwards, we need to feel valued and appreciated. We need friends, we need more sociable societies, we need to feel useful, and we need to exercise a significant degree of control over meaningful work. Without these we become more prone to depression, drug use, anxiety, hostility and feelings of hopelessness, which all rebound on physical health. By tackling some of the material and social injustices, through addressing the Social Determinants of Health it is hoped that not only will there be opportunity to improve health and well-being, but also an opportunity to improve the effects of a range of other social problems that flourish alongside ill health and are rooted in some of the same socioeconomic processes.

As social beings we need not only good material conditions but from an early childhood onwards we need to feel valued, appreciated and useful.

**The Social Gradient**
Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. Nor are the effects confined to the poor: the social gradient in health runs right across society, so that even among middle-class office workers, lower ranking staff suffer much more disease and earlier death than higher ranking staff. Both material and psychosocial causes contribute to these differences and their effects extend to most diseases and causes of death.
Stress
Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.

Social and psychological circumstances can cause long-term stress. Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life, have powerful effects on health. Such psychosocial risks accumulate during life and increase the chances of poor mental health and premature death.

Early Life
A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime. Observational research and intervention studies show that the foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood. Poor early experience and slow growth become embedded in biology during the processes of development, and form the basis of the individual’s health, biological and human capital, which affects health throughout life.

Social Exclusion and poverty
Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives.

Poverty, relative deprivation and social exclusion have a major impact on health and premature death, and the chances of living in poverty are loaded heavily against some social groups.

Absolute poverty – a lack of the basic material necessities of life. The unemployed, many ethnic minority groups, guest workers, disabled, people, refugees and homeless people are at particular risk. Those living on the streets suffer the highest rates of premature death.

Relative poverty means being much poorer than most people in society and is often defined as living on less than 60% of the national median income. It denies people access to decent housing, education, transport and other factors vital to full participation in life.

Being excluded from the life of society and treated as less than equal leads to worse health and greater risks of premature death. The stresses of living in poverty are particularly harmful during pregnancy, to babies, children and old people.

Work
Stress in the workplace increases the risk of disease. People who have more control over their work have better health.

In general, having a job is better for health than having no job. But the social organization of work, management styles and social relationships in the workplace all matter for health.

Evidence shows that stress at work plays an important role in contributing to the large social status differences in health, sickness absence and premature death. Several workplace studies have shown that health suffers when people have little opportunity to use their skills and low decision-making authority. Having little control over one’s work is particularly strongly related to an increase in sickness absence and cardiovascular disease. Studies have also examined the role of work demands. Some show an interaction between demands and control. Jobs with both high demand and low control carry special risk. Further, receiving inadequate rewards for the effort put into work has
been found to be associated with increased cardiovascular risk. Rewards can take the form of money, status and self-esteem. These results show that the psychosocial environment at work is an important determinant of health and contributor to the social gradient in ill health.

**Unemployment**
Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness and premature death. Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. Evidence from a number of countries shows that, even after allowing for other factors, unemployed people and their families suffer a substantially increased risk of premature death. The health effects of unemployment are linked to both its psychological consequences and the financial problems it brings particularly debt. Because very unsatisfactory or insecure jobs can be as harmful as unemployment, merely having a job will not always protect physical and mental health: job quality is also important. Unemployed people and their families suffer a much higher risk of premature death.

**Social Support**
Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. Social support and good social relations make an important contribution to health. Social support helps give people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. This has a powerful protective effect on health. Supportive relationships may also encourage healthier behavior patterns. Support operates on the levels both of the individual and of society. Social isolation and exclusion are associated with increased rates of premature death and poorer chances of survival. People who get less social and emotional support from others are more likely to experience less well-being, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases.

**Addiction**
Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting. Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health. It offers users a mirage of escape from adversity and stress, but only makes their problems worse.

Illicit drug use, alcohol dependence and cigarette smoking are all closely associated with markers of social and economic disadvantage.

The causal pathway probably runs both ways. People turn to illicit drugs and alcohol to numb the pain of harsh economic and social conditions, and drug and alcohol dependence leads to downward social mobility. The irony is that, apart from a temporary release from reality, drugs and alcohol intensify the factors that led to its use in the first place.

**Food**
A good diet and adequate food supply are central for promoting health and well-being. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries. Food poverty exists side by side with food plenty. The important public health issue is the availability and cost of healthy, nutritious food. Access to good, affordable food makes more difference to what people eat than health education.

Local food production can be more sustainable, more accessible and support the local economy.
Dietary goals to prevent chronic diseases emphasize eating more fresh vegetables, fruits and pulses (legumes) and more minimally processed starchy foods, but less animal fat, refined sugars and salt.

**Healthy Transport**
Healthy transport means less driving and more walking and cycling, backed up by better public transport.

Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution. Because mechanization has reduced the exercise involved in jobs and house work and added to the growing epidemic of obesity, people need to find new ways of building exercise into their lives. Transport policy can play a key role in combating sedentary lifestyles by reducing reliance on cars, increasing walking and cycling, and expanding public transport. Regular exercise protects against heart disease and, by limiting obesity, reduces the onset of diabetes. It promotes a sense of well-being and protects older people from depression.

**Social Determinant Case Study.**

**Social Gradient**
BCC program to advocate to the Government for Policy to support
- Welfare Safety Nets – Social Security Payments
- Quality Affordable Accessible Education
- Quality Affordable Accessible Housing
- Quality Affordable Accessible Health Care

**Stress**
- BCC program to support Family Health Action Groups to advocate for improved social and physical environments in schools, workplaces and institutions.
- BCC program to support Family Health Action Groups to address both psychosocial and material needs of communities. Programs to
  - Support families with young children
  - Support community activity and cohesion
  - Support the reduction of material and financial burden

**Early Life**
- BCC programs to increase access to basic Maternal and Child Health information and services
- BCC programs to support sustainable Nutritious Food Production
- BCC programs to support parental knowledge of child cognitive emotional needs

**Social Exclusion**
- BCC programs to support community cohesion and exclude social stratification
- BCC programs to encourage community cohesion and community networks
- BCC programs to advocate for equitable access to education, health care, social services.

**Work**
- BCC programs to support increase in decision making processes within work environments.
- BCC programs to support rewards for effort within work environments
- BCC programs to support an improvement to work physical environments
**Unemployment**
- BCC programs to advocate to government for improved management of the economy to reduce highs and lows of business cycles to reduce unemployment,
- BCC programs to advocate for better equipping people for work available.
- BCC programs to advocate for Social Security safety net

**Social Support**
- BCC programs to support most vulnerable in communities, young children, pregnant women, elderly, unemployed.
- BCC programs to advocate for supportive social and health care services to provide social support to the most vulnerable groups within the community.

**Addiction**
- BCC programs that support clean needle exchange
- BCC programs that support addiction treatment centers
- BCC programs to encourage and support children go to school

**Food**
- BCC programs to improve access to affordable nutritious food
- BCC programs to encourage and support breast feeding.
- BCC programs to increase community knowledge on sources of nutritious food.
- BCC programs to advocate to government for the regulation on safe processed food.

**Transport**
- BCC programs to advocate improvements to public transport systems
- BCC programs to increase number of outdoor recreational area’s like parks.
- BCC programs to advocate to government for Bike paths and walking paths.
Session 2.3 Stages of Change Model

Duration 60 mins

Session Objectives

1. Describe the Stages of Change Model in order to identify different stages of thought and behavior in people;
2. Apply stages of change model to assist in identifying the characteristics of your target group; and
3. Apply stages of change model to develop appropriate Behavior Change Communication strategies.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Energizer (Optional 10 mins) Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td>Power Point Presentation LCD Computer</td>
</tr>
<tr>
<td>3</td>
<td>Stages of Change Health</td>
<td>18 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power Point Presentation LCD Computer</td>
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<tr>
<td>4</td>
<td>Behavior Change Models Group Activity</td>
<td>40 mins</td>
<td>Group Activity</td>
<td>Group Activity Scenario’s Role Play</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1 Introduction
- Introduce the session topic and objective to the participants as a power point presentation

Step 2
- Ask participants what aspects they think are important that make a BCC program successful
- Present an overview of information on the Behavior Change models as power point presentation

Step 3
- Ask participants if they have heard of or work before with Behavior Change Models
- Present Information on the Stages of Change Model as a power point presentation

Step 4
- Using the numbering system (count around the group using numbers 1 to 6) to separate the participants into smaller groups and give each group the Stages of Change Model Case Study. Participants need to discuss the Case Study, decide which stages of behavior change is represented and present their idea in term of which stages of behavior is the object in the case study.
- Role Play.
- Select two participants randomly from the larger group. Using the Stages of Change Model ask the two participants to role play for the rest of the group a Health Professional assisting to move an Injecting Drug User from the Contemplation Stage to the Decision Stage.
Step 5

- Summarize the session by reviewing the Stages of Change Models by name and emphasizing the key concepts of Stages of Change model.

Facilitators Notes

Introduction to Behavior Change Models

Behavior Change Communication programs can be used to improve health, reduce disease risks, manage chronic illness and improve the overall well-being of individuals, families and communities. However as we know, not every program is successful. It has been demonstrated that the ones most likely to succeed are those that are based on a very clear understanding of the targeted health behavior and the environmental context. There are many theories of health behavior and these theories have been helpful when planning, implementing and evaluating Behavior Change Communication interventions.

Behavior change theories provide the building blocks for understanding health behavior and how it can be influenced.”

Stages of Change Model

The Stages of Change Model has a significant influence on Behavior Change Communication. The model was developed by Prochaska and Di Clemente in 1983 and focuses on an individual’s readiness to change or attempt to change a behavior. It evolved from work done with smoking cessation and the treatment of drug and alcohol addiction and works on the idea that behavior change is a process and that it is important to identify at what level of readiness an individual is at, if they are to make a change in their behavior. Because individuals are at different stages of readiness to change, they can benefit from a range of interventions that are appropriate to the stage they are at.

The “Stages of Change” model has five stages:
- Pre-contemplation
- Contemplation
- Decision/determination/preparation
- Action
- Maintenance

<table>
<thead>
<tr>
<th>Stages of Change Model</th>
<th>Concept</th>
<th>Definition</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Unaware of their problem. Hasn’t thought about change. Not consciously intending to change.</td>
<td>Increase awareness of need for change, personalize information on risks and benefits of changing.</td>
<td></td>
</tr>
<tr>
<td>Contemplation</td>
<td>Thinking about change in the near future.</td>
<td>Motivate and encourage to make specific plans.</td>
<td></td>
</tr>
<tr>
<td>Decision/determination</td>
<td>Making a serious commitment and a plan to change.</td>
<td>Assist in developing concrete action plans and setting gradual goals.</td>
<td></td>
</tr>
<tr>
<td>Preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>The stage at which behavior change is initiated.</td>
<td>Assist with feedback, problem solving and social support and provide reinforcement.</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Sustaining the change and achievement of predictable health gains. Relapse can occur.</td>
<td>Assist in coping, reminders, finding alternatives, avoiding slips/relapses (as applies).</td>
<td></td>
</tr>
</tbody>
</table>
Behavior Change Models Case Study

Stages of Change Model
You as a health professional may encounter someone with drug abuse problem who has not yet acknowledged it as a problem or you could encounter someone who is concerned enough about the problem to actively seek to do something about it. Obviously the intervention that you would use for each of these people would be very different. By being aware of the stage that an individual is at, you can assist them to set realistic goals that will enable them to move forward through stages of change.

For example, by giving a person who is using drugs and who is not really interested in changing their behavior some targeted information about the dangers of drug use this may allow them to move to a stage where they come back to see you requesting further information or perhaps move onto the next stage where they may go to a treatment center and actually give up drugs and stay a non user.

Role Play.
Select two participants randomly from the larger group. Using the Stages of Change Model ask the two participants to role play for the rest of the group a Health Professional assisting to move an Injecting Drug User from the Contemplation Stage to the Decision Stage.
Session 2.4: Daily Recap

Duration: 30 minutes

Session Objectives

At the end of the session facilitator will:

1. Be able to continue to tailor the contents and approach of the training sessions to the needs of the training participants.
2. Have an understanding of participants increased knowledge on information presented in the session

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily Recap</td>
<td>30 mins</td>
<td></td>
<td>• Daily Recap questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Daily Recap

- Explain to participants the purpose of the daily recap. Advise answers to the listed questions will assist the facilitators to tailor contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and that the facilitators greatly appreciate honest responses.
- Distribute the daily recap questionnaire to every participant. Check all participants have received a copy.
- Review the daily recap questionnaire with participants by reading the daily recap questionnaire aloud and providing guidance on each section.
- Ask the participants if they need further information/clarification on any section of the daily recap questionnaire.
- Advise the participants that they have 25 minutes to complete the questionnaire.
- At the end of the 25 minute time period collect the pre-test questionnaires and thank participants for their participation in the daily recap.
3. MODULE THREE: NEEDS ASSESSMENT

<table>
<thead>
<tr>
<th>Title</th>
<th>Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group trainee</td>
<td>MoPH, HF, BPHS implementing partners, and other stakeholders staff who are involved in planning, implementing, monitoring, and evaluation of BCC activities.</td>
</tr>
<tr>
<td>Purpose</td>
<td>The participants refresh their knowledge on what is a need, types of needs, what is a needs assessment, methods of collecting data, planning needs assessment and needs assessment steps.</td>
</tr>
<tr>
<td>Output</td>
<td>The capacity of participants built on definition of need, types of needs, definition a needs assessment, methods of collecting data, planning needs assessment and needs assessment steps.</td>
</tr>
</tbody>
</table>
| Sessions            | 3.1 What is a Need  
3.2 What is a Needs Assessment  
3.3 Planning your Needs Assessment, Need Assessment Steps  
3.4. Daily recap |
| Duration            | 345 minutes |
**Session 3.1 What is a Need**

**Duration 120 mins**

**Session Objective**

At the end of the session participants will be able to:

1. To describe Bradshaw’s Model of Needs
2. To identify and give examples of each type of need

**Overview of the Session Plan**

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2mins</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What is a Need</td>
<td>25 mins</td>
<td>Lecture Question and Answer Brainstorming</td>
<td>Power point Presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Brainstorming</td>
<td>LCD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Flip Chart Pen</td>
</tr>
<tr>
<td>3</td>
<td>Types of Needs</td>
<td>90mins</td>
<td>Lecture Question and Answer Group Activity</td>
<td>Power Point Presentation</td>
</tr>
<tr>
<td></td>
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<td>LCD</td>
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<td>Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Type of Needs Handout</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Lecture Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

**Process and Methodology**

**Step One Introduction**
- Introduce Participants to the session topic and objective as a Power point presentation

**Step Two What is a Need**
- Brainstorm with participants how they would define need.
- Present information on defining what a need is as a Power point presentation

**Step Three Types of Needs**
- Present Bradshaw’s classifications of Need as a Power point presentation
- Present examples of each type of Need as a Power point presentation
- Group Activity. Need Case Studies. Break participants into smaller groups using the numbering system of 1 – 6. Ask participants to give their own examples of each type of Need and to record their ideas on what they think the strengths and weaknesses of each need classification is. Ask participants to present their groups ideas back to the larger group. Keep all ideas presented from groups on flip charts.
- Summarize needs emphasizing the four types of need under Bradshaw’s classification.
- Ask participants if they have any questions on any of the information that has been presented.
Facilitators Notes

Introduction
Needs assessment is an important element of the planning stage of Behavior Change Communication programs as they provide information that assists in allocation of resources and planning of activities and strategies. The target group should be actively involved in identifying their needs and their knowledge and experience appreciated. This will also assist in ensuring that a Behavior Change Communication Program is relevant to their needs and will be therefore useful.

What is a Need
Ask participants to think about how they would define need and to write down their own definition. Ask participants to share their definition with the group.

A Need is defined as a state, situation or condition in the community which by its presence or absence reduces, limits or prevents normal acceptable function.

Types of Need
Bradshaw’s Hierarchy of Needs

Normative Need (Expert Need)
These are the needs of a community as defined by experts who judge what a community needs on the basis of research and their professional experience and opinion.
Examples of normative need are:
- What health professionals say are the essentials for quality Ante Natal Care.
- What water specialists say are safe levels of water contaminants for drinking water.

Felt Need
These are what the members of a community say they want or need. It is important that you remember with felt needs that you may get information that does not necessarily reflect the views of the entire community.
Examples of felt needs are:
- What health professionals say directly about their educational needs in Behavior Change Communication
- What mothers may say about needing for the health of their children

Expressed Need
These are those needs that have been expressed by members of the community by observing their use of services. Expressed needs can be open to misinterpretation. For example, poor use of a service may be related to unacceptable and inappropriate service rather than community need.
Examples of Expressed needs are:
Long waiting times at a Health Clinic
Women not having PAP smears because the doctors performing them are male.

Comparative Need
These are needs that are identified when one community is compared to another similar community.
Examples of comparative needs are:
What Midwifery education programs are available in one district but not in another which might contribute to the quality of services provided by Midwives.
Calls for more hospital beds based on numbers needing them in a particular community that is similar to another community that already has them.

Group Activity
Give your own examples of each of the following needs, as defined by Bradshaw:

- Normative
- Felt
- Expressed
- Comparative

What do you think are the strengths and weaknesses/limitations of using each of these needs.

Normative
Strengths - Research and evidence based
Weaknesses - Expert opinions change

Felt
Strengths – Encourages involvement and opinions of target population
Weaknesses – May not be true reflection of whole community

Expressed
Strengths – Useful in identifying the true issues behind the poor or heavy use of services
Weaknesses - Expressed needs can be open to misinterpretation. For example, poor use of a service may be related to poor service quality rather than community need.

Comparative
Strengths – Comparison of services utilized in one community can provide a basis for determining service provision in another community with similar demographics.
Weaknesses – Communities can all be subtly different and have differing service requirements.

Number of toilets per head of population in a rural area compared
Session 3.2 What is a Needs Assessment

Duration 105 mins

Session Objectives

At the end of the session participants will:

1. Understand the purpose of a Needs Assessment
2. Be able to describe processes for identifying specific health issues in a community
3. Be able to identify the different methods for collecting data

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2mins</td>
<td>Lecture</td>
<td>Power point presentation</td>
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<td>Computer</td>
</tr>
<tr>
<td>2</td>
<td>What is a Needs Assessment</td>
<td>30 mins</td>
<td>Lecture Question and Answer</td>
<td>Power point Presentation</td>
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<td>Computer</td>
</tr>
<tr>
<td>3</td>
<td>Methods of Collecting Data</td>
<td>75 mins</td>
<td>Lecture Group Activity Case Study</td>
<td>Power point presentation</td>
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<td>Computer</td>
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<td></td>
<td>Flip Chart Pen</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1 Introduction
- Introduce topic session and objective to participants as a power point presentation.

Step 2 What is a Needs Assessment
- Ask participants if they have ever undertaken or been involved in doing a Needs Assessment and what was the context of the Needs Assessment? What did they want to know?
- Present information on what is a Needs Assessment as a Power point presentation

Step 3 Methods of Collecting Data
- Present information on the different methods of collecting data as a power point presentation
- Using the numbering system separate participants into smaller groups and give each group the Data collection case study. Ask participants to record their ideas to share with the larger group.

Step 4 Summary
- Summarize the information presented emphasizing that a Needs Assessment provides the base for effective planning of a BCC program and provides a clear picture of what the health needs are in a Community
- Ask participants if they have any Questions on any of the information presented in the session.
Facilitators Notes

What is a Needs Assessment
A needs assessment is the collection of information which will provide a clear picture of the health problems in a community or group which in turn provides a basis to plan Behavior Change Communication interventions which can be implemented to address these problems. A needs assessment will help:

- Identify as much relevant information as possible to guide the development of best practice programs and activities
- Ensure that programs and activities that are planned, are as effective as possible and are most likely to achieve their goals and objectives
- Ensure that communities are engaged in identifying their needs.
- Determine the nature and characteristics of a community;
- Determine whether current services and initiatives are responding appropriately to illness and are promoting health;
- Determine where there is a gap in services;
- Determine where new services are necessary to remove an existing health inequity;
- Determine what environmental changes are necessary to improve health;
- Determine how community structures are affecting health and the need for community development.

Needs assessment is a key element in planning services and activities that have an effect on health and they provide important information that can be used in allocation of resources, planning of services and other initiatives and activities that affect health. It is important that needs assessments don’t look at needs in isolation but rather as an overall picture that considers the wider social and environmental contexts. They must involve extensive collaboration with other key stakeholder groups, including those other than in the health sector and they should be part of an ongoing process rather than a “one off” event.

Methods of Collecting Data
It is important before you begin collecting data for your Needs Assessment you are aware of data that may already exist and be available about your community. Data on your community may have been collected through research undertaken by the MoPH or other studies such as Knowledge Attitudes and Practice Surveys undertaken by international projects and donors.

There are many methods for collecting data. It is important that you think about the type of data you need and that you have some knowledge about your target group to enable you to use the most appropriate method to collect the data you need.

Types of Data Collection Methods
- Individual Interviews

Face-to-face interviews are conducted as part of a survey. They can be done by visiting individuals houses, approaching people on the street, or through captive populations such as in a hospital clinic or school setting.

It is important to be aware of the sort of things that can affect a face-to-face interview and these include:
The advantage of face-to-face interviews is that it allows the interviewer to establish a rapport with the respondents and complete the survey with or on behalf of the respondent decreasing chances of misinterpreting questions and answers.

The disadvantages are that they are time consuming and you may have to travel long distances between sites and that sometimes you may have to visit a particular area several times before you find people at home.

**Focus Groups**

A focus group is a discussion group of about 6 – 20 people guided by a facilitator to explore a particular topic. The purpose of the group is to promote discussion amongst people who share some common characteristics such as the pregnant women, youth, the elderly etc. It is not intended to be representative of the community but rather the views of a particular group of people. In the focus groups the researcher takes the role of moderator and his or her function is to probe significant points raised by participants and ensure that the discussion proceeds in a meaningful and orderly manner. It is an opportunity for participants to explore and express their own views as well as to listen to the views of others. Focus groups should be facilitated in comfortable quiet space and be no longer than an hour in duration. The facilitator should ensure the focus group begins and ends on time. Data from focus groups can provide a valuable overview of concerns about a range of topics.

**Community Forums**

A community forum is a public meeting to which residents are invited to express their opinions about community problems and needs. They can be enormously useful in obtaining information and have the following advantages:

- Provides an opportunity for people of diverse backgrounds to share ideas and experiences
- Can provide a quick and inexpensive picture of community concerns
- Can effectively involve local citizens in planning, publicizing, moderating, evaluating, etc
- Gives community issues broad visibility
- Local citizens feel as though they have been heard
- Inexpensive
- Useful to identify problems, assess needs, or to suggest questions requiring further study
- Design is flexible and a variety of techniques can be used

It must be remembered, however, that in order for community forums to be a success they need good leadership and organization. There is the problem that it may raise people’s expectations and frustration’s if objectives are unclear or if expectations are not met. Opinions will be limited to those who attend so you may get biased information.

- Focus Groups
- Community Forums
- Observation
- Rapid Appraisal
Observation
Participant observation can be useful to verify if what people say is actually occurring. It is labor intensive and can be relatively expensive but can assist the researcher in fully understanding an issue.

A Rapid Appraisal
A rapid appraisal is a systematic, semi-structured activity conducted on-site by a multidisciplinary team, with the aim of quickly and efficiently acquiring new information and hypotheses about community life and community resources. It is an alternative form of doing a need’s assessment that differs from traditional need’s assessments in that the data collection and analysis are often conducted by local people with “experts” facilitating rather than controlling the process.

The rapid appraisal techniques can be used to:
- Ascertain “felt” needs
- Establish priorities for development of activities
- Examine specific topics
- Identify conflicting interests between groups
- Empower communities to take responsibility

Rapid Appraisal Group Activity
- Community: Who are the people in their community? What are they like? What is their vision for what they would like their health and health services to be in the future?
- Environment: What is happening to the environment (how does it sustain the community/how does the community sustain it – does it affect the community’s health? If so, how?)
- Economy: What is happening to the local economy? (Does it affect the community’s health? If so, how? In positive and negative ways).
- Geography: What are the geographical boundaries of that community?
- Needs across the life span: how many people are in each age group, where are they found (e.g. in workplaces, at home, in the fields, schools etc)? What are their health needs and what affects their health?
Session 3.3 Planning your Needs Assessment, Needs Assessment Steps

Duration 120 mins

Session Objectives

At the end of the session participants will be able to

1. Plan and produce a needs assessment design/plan.
2. Identify the steps in facilitating a needs assessment within their own communities.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3 mins</td>
<td>Lecture</td>
<td>Power point presentation LCD Computer</td>
</tr>
<tr>
<td>2</td>
<td>Planning a Needs Assessment</td>
<td>70 mins</td>
<td>Lecture, Brainstorming, Question and Answer</td>
<td>Power point Presentation LCD Computer Flip Chart Pen</td>
</tr>
<tr>
<td>3</td>
<td>Needs Assessment Steps</td>
<td>40 mins</td>
<td>Lecture, Group Activity</td>
<td>Power point Presentation LCD Computer Group Activity Handout</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>7 mins</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

**Step 1 Introduction**
- Introduce the participants to the session topic and objective.

**Step 2 Planning a Needs Assessment**
- Present information on planning a needs assessment
- Reading and Group activity on their current Community Needs. Break participants into smaller groups using the numbering system. Ask participants to record their ideas to share with the larger group.

**Step 3 Needs Assessment Steps**
- Present information on Needs Assessment Steps

**Step 4 Summary**
- Ask participants if they have any questions on any of the information presented
- Summarize the session by reviewing the Stages steps of planning needs assessment.
Planning A Needs Assessment
There are many different ways of conducting needs assessments. The sequence of what is done will vary according to the situation. A need’s assessment may examine existing information and data as well as collecting new information and data.

Before you start doing a need’s assessment there are some important questions that must be asked. These are:

- What exactly do you want to know?
- Why do you want to know it?
- What will be done with the information when you get it?

Once you are clear about the “what” and the “why”, you need to ask some other questions to set a direction for the needs assessment.

- What information is already available?
- What additional information do you need?
- How is the information best acquired?
- How much information can be obtained within the resources and the budget you have available to you?
- What are the individual responsibilities of team members?

By answering these questions you will be able to develop a framework to set the direction for the needs assessment.

During the planning phase there are certain steps that must be done regardless of their order. There are many planning models that have been described to assist in planning processes and Hawe et al (1990) describe a model that has two major stages and nine steps in doing a needs assessment.

Stage I  Identifying the priority health problem

- Step 1  Consultation
- Step 2  Data collection
- Step 3  Presentation of findings
- Step 4  Determining priorities

Stage II Analysis of the health problem

- Step 5  Literature review
- Step 6  Describing the target group
- Step 7  Explaining the health problem
- Step 8  Analysis of factors contributing to the health problem – causal pathways
- Step 9  Reassessing and strengthening community resources
Facilitators Notes

In Stage I the purpose is to collect data and canvas a range of opinions to determine a priority health problem. The magnitude of the problem should be clearly specified along with details of the target group.

In Stage II the purpose is to collect additional data about the factors that are contributing to the health problem. This helps to explain why the problem is occurring and being maintained.

You will need to consider the people that will be needed to conduct the needs assessment and if you are using existing personnel what are the constraints in terms of the time they are able to devote to collecting the required information. The type of skills and abilities required to do the research must also be considered.

Stage 1
Consultation
Extensive community consultation is an important part of any needs assessment. You may need to talk to community members, health workers, local health agencies, doctors, nurses, community organizations etc. Ensure that you consult with sectors outside the health sector as well as they too can provide important and relevant information. This will allow you to get a feel for the health issues that are important and how different groups of people feel about them.

Data Collection
It is important to ensure that you are aware of existing data that is available on your community, as established data may cut down on the information that you need to collect.

When you have reviewed the existing data you will have a clearer idea about missing gaps in existing information and what additional data you will actually need to collect. At this stage you will consider what methodology will be used to collect the other data you require. You also need to give careful consideration as to how much data you will collect keeping in mind that the information will have to be analysed and be meaningful.

Presentation of Findings
It is important that you present the findings of your research to individuals, groups and organisations that may have been consulted or involved in some way during the data collection phase. This may be done through further consultation or you may elect to present your findings at a community forum or public meeting. You may generate a report outlining your findings and you need to allow for comment and feedback on any of your findings.

Determining Priorities
It is likely that you will uncover an enormous amount of information during your needs assessment and be inundated with “needs”, not all of which can be addressed. Priority setting can be difficult and there are a number of questions worth asking about each identified need, in order to assist in the prioritizing process.

- What type/s of need is/are present? Does the individual, group or community consider this as a need?
- Who does it affect and does it affect one group in particular that may be disadvantaged or
**Behavior Change Communication, Learning Resource Package**

**Stage 2**

Once you have identified the health issue and target group you are then able to plan the BCC intervention/s. However, there are some important steps that still need to be conducted before you proceed too far with your plans. The following steps are an important part of the need’s assessment process to ensure that you develop the best possible interventions to address the issue/s.

**Literature review**

It is important to be aware of any work that may have already been done in your particular area of research. The purpose for a literature and resource review include:

- Increasing the researcher’s knowledge of the topic;
- Informing the researcher of results and materials that can be further developed by the proposed research;
- Avoiding needless repetition;
- Placing the needs assessment results within the context of other research;
- Providing support for the findings of your needs assessment and perhaps providing a contrary view.

**Describing the target group**

You need to collect as much information as possible on your target group to ensure that your intervention/s reflect the nature of the group. This will include demographics such as age, sex, marital status, cultural and religious beliefs, numeracy and literacy level, where they live, socio-economic status, what sort of work they do, etc.

**Exploring the Health Problem**

You need as much information as possible on the health problem so that the focus of the intervention/s are appropriate and relevant. Hawe et al (1990) have developed a framework for assessing the factors associated with or contributing to the health problem or health behaviour.
<table>
<thead>
<tr>
<th>Factor</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Attitudes, knowledge, beliefs, values, literacy, self esteem, self efficacy</td>
</tr>
<tr>
<td>Social</td>
<td>Cultural norms, Social Supports, Role Models, Social Desirability</td>
</tr>
<tr>
<td>Environmental</td>
<td>Physical Environment, Housing, Water Supply, Pollution, Transport</td>
</tr>
<tr>
<td>Health Services</td>
<td>Availability, accessibility, acceptability to target audience.</td>
</tr>
<tr>
<td>Financial</td>
<td>Affordability of services, financial incentives for prevention</td>
</tr>
<tr>
<td>Political</td>
<td>Political self-efficacy, opportunities for participation in decision making, policies on health and equity</td>
</tr>
<tr>
<td>Legislative</td>
<td>Immunization policy, pharmaceutical product regulation</td>
</tr>
</tbody>
</table>

**Analysis of the factors causing the problem**

After all of the above steps have been completed you will be aware of the things that may be contributing to the health problem. This will include:

- Predisposing factors such as knowledge, attitudes and beliefs.
- Enabling factors such as those things that enable a behavior or situation to occur.
- Reinforcing factors such as those factors that contribute towards a behavior or situation being maintained.

**Reassessing and Strengthening Community Resources.**

Once you are clear about the health problems and priorities and all the associated factors and information has been collected you need to consider what strengths are in your community that will help you with your BCC activities being developed and implemented. It is important that the target group and relevant community people are involved at all stages.
Session 3.4. Daily Recap

Duration 30 minutes

Session Objectives

At the end of the session facilitator will:

1. Be able to continue to tailor the contents and approach of the training sessions to the needs of the training participants.
2. Have an understanding of participants increased knowledge on information presented in the session

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily Recap</td>
<td>30 mins</td>
<td></td>
<td>Daily Recap questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Daily Recap

- Explain to participants the purpose of the Daily Recap. Advise answers to the listed questions will assist the facilitators to tailor contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and that the facilitators greatly appreciate honest responses.
- Distribute the Daily Recap questionnaire to every participant. Check all participants have received a copy.
- Review the Daily Recap questionnaire with participants by reading the Daily Recap questionnaire aloud and providing guidance on each section.
- Ask the participants if they need further information/clarification on any section of the Daily Recap questionnaire.
- Advise the participants that they have 25 minutes to complete the questionnaire.
- At the end of the 25 minute time period collect the pre-test questionnaires and thank participants for their participation in the Daily Recap.
## 4. Module Four: Planning a Behavior Change Communication Program

<table>
<thead>
<tr>
<th>Title</th>
<th>Planning a Behavior Change Communication Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group trainee</td>
<td>MoPH, HFs, BPHS implementing partners, and other stakeholders staff who are involved in planning, implementing, monitoring, and evaluation of BCC activities.</td>
</tr>
<tr>
<td>Purpose</td>
<td>The participants refresh their knowledge on designing a behavior change Communication Program, developing an action plan, budgets and resources</td>
</tr>
<tr>
<td>Output</td>
<td>The capacity of participants built on designing a behavior change communication program, developing an action plan, and budgets and resources</td>
</tr>
</tbody>
</table>
| Sessions                                   | 4.1 Designing a Behavior Change Communication Program  
4.2 Developing an Action plan  
4.3 Budgets and Resources  
4.4 Daily recap |
| Duration                                   | 210 minutes |
Session 4.1 Designing a Behavior Change Communication Program

Duration 225 minutes

Session Objective

At the end of the session participants will:

1. Be able to describe the steps and processes involved in planning a Behavior Change Communication Program
2. Demonstrate the ability to be able to design and plan a Behavior Change Communication Program to address an identified health issue for an identified target group

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td>Power point Presentation LCD Computer</td>
</tr>
<tr>
<td>2</td>
<td>Designing a BCC program Theory</td>
<td>120 mins</td>
<td>Lecture Question and Answer Brainstorming</td>
<td>Power point presentation LCD Computer Flip chart Pen</td>
</tr>
<tr>
<td>3</td>
<td>Designing a BCC program Practical</td>
<td>100 mins</td>
<td>Lecture Question and Answer Brainstorming Group Activity</td>
<td>Power point presentation LCD Computer Flip chart Pen</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Step 1: Introduction
- Introduce session topic and objective as a power point presentation

Step 2: Designing a BCC program
- Ask participants if they have designed a BCC program previously. What type of framework did they use to assist them design their BCC program. Was the framework they used helpful and why?
- Present information on designing a BCC program as a power point presentation
- Brainstorm with participants examples of BCC strategies using the five BCC element framework.

Step 3: Designing a BCC program – Practical
- Using the numbering system separate participants into smaller groups. Give each group the Designing a BCC program practical activity. Ask participants to record their work to share with the larger group.

Step 4: Summary
- Summarize session emphazing the importance of the BCC Five Elements as a framework to planning and to having SMART Goals and Objectives to ensure your BCC program planning is effective and clear.
Facilitators Notes

Designing the program is an exciting time when the details of what will happen are clearly identified. Goals and objectives need to be made and strategies designed that will help meet the goals and objectives. It is important at this time that you are careful to ensure that the resources necessary to successfully implement the program are available and you have carefully familiarized yourself with your target audience. It can be useful to segment your target group into three parts; the primary target audience, the secondary target audience and the tertiary target audience.

- Primary Target Audience: This is the group of people that you are hoping will change in some way as a result of the BCC program. Example Pregnant women
- Secondary Target Audience: This is the people who have significant influence on the primary target audience. For example it may be Mother in Laws, husbands and TBA’s.
- Tertiary Target Audience: These are the people that wield significant power to assist you in your program. For example, they may be able to influence policy and funding for resources that will support your intervention. Examples of tertiary target audiences may be Community leaders or mullahs, MoPH ministers, Midwives Association, NGO’s.

Goals and objectives need to be made and strategies designed that will help meet the goals and objectives.

A Goal of a BCC program should relate to the identified health risk factor you want your BCC program to address

Objectives should lead on from the Goal and are about what has to change in the short term to get closer to achieving the project goal

Objectives should be SMART
- Specific
- Measurable
- Achievable
- Relevant
- Time Specific

The following table is an example of how to analyze a problem and create a goal and objectives for your Behavior Change Communication program.
**Problem:** The number of young mothers coming to the health centre with babies and young children with diarrheal disease from April to July each year has progressively increased by at least 5% every year for the last 3 years.

**Risk Factors:**
- Poor water quality
- Poor hygiene practices
- Exposure to bacteria and viruses from polluted water sources
- Overcrowding in houses and poor sanitation

**Chosen risk factor:**
Poor hygiene practices in young mothers with babies and small children

**Goal:**
To reduce the number of young mothers who have poor hygiene practices.

**Contributing factors:**
Factors which lead to or contribute to the risk factors.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young mothers unaware of the link between poor hygiene practices and diarrheal disease.</td>
<td>1. Within 6 months, 70% of young mothers will have increased their knowledge of the relationship between poor hygiene practices and diarrheal disease by at least 50%.</td>
</tr>
<tr>
<td>Young mothers have poor hand washing and food preparation practices</td>
<td>2. Within 6 months, 70% of young mothers will have improved their hand washing and food preparation knowledge and techniques.</td>
</tr>
<tr>
<td>Husbands unwilling to spend part of the family budget on Chlorine for the preparation of clean water and the cleaning of vegetables.</td>
<td>3. Within 6 months husbands of young mothers will have improved their knowledge of the benefits of using Chlorine to clean vegetables and prepare clean water for the family and be purchasing Chlorine for family use as part regular spending from the family budget.</td>
</tr>
</tbody>
</table>

**Strategies related to each objective. Strategies describe what needs to be done to achieve the objectives.**

**GOAL**

- **Objective**
  - Strategy 1
  - Strategy 2
  - Strategy 3

- **Objective**
  - Strategy 1
  - Strategy 2
  - Strategy 3

- **Objective**
  - Strategy 1
  - Strategy 2
  - Strategy 3
When planning the strategies that you will use in your program it is useful to consider a mix of strategies that could help in achieving your objectives. The Five Elements of BCC is able to provide a good framework for planning this mix of strategies. Consider whether what you are doing addresses the mix of:

- Rational Element – Level of Knowledge
- Emotional Element – Intensity of Feeling
- Practical Element – Competency of Personal Skills
- Interpersonal Element – Social Networks
- Structural Elements – Required Resources, Supplies and Services

Other important elements to consider
- Available Communication Channels

What Communication channels are available to you. Which channels will be most appropriate for your messages and reach the most people in the most effective way.
- Role of Key People

When designing a BCC program it is important to consider who the key people are and who will be involved in the program.
- Review and Adapt an Existing Program

If a Behavior Change Communication Program has been previously implemented and shown to be effective, you may be able to adapt or modify existing strategies and methods for your own program. There is no point in re inventing the wheel.
- Human Resources

Do you have the right people with the right skill set to facilitate the BCC program
- Financial Resources

How much will be needed to implement the program

Community Resources
- What resources are available within the community to support the program and what resources need to be available and improved to support the program

BCC Program Planning Activity
Using the How to Analyze a Problem and Create a Goal and Objectives Table given above create your own analysis of the following problem, creating a Goal and objectives for your BCC program.

Don’t forget to plan with the Five BCC Elements in mind!

Problem: Women delivering their babies in Hospital has decreased by 18% in the last 12 months

<table>
<thead>
<tr>
<th>Risk Factors:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chosen risk factor:</td>
<td>Goal:</td>
</tr>
<tr>
<td>Contributing factors:</td>
<td>Objectives:</td>
</tr>
</tbody>
</table>

(Choose which contributing factors will be addressed. Write objectives to match the contributing factor/s.)
Session 4.2 Developing an Action Plan

Duration 105 minutes

Session Objective

At the end of the session participants will:

1. Be able to describe the steps and processes involved in planning a Behavior Change Communication Action Plan.
2. Demonstrate the ability to be able to design and plan a Behavior Change Communication Action Plan to address an identified health issue for an identified target group

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Energizer (Optional 10 mins) Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td>Power point Presentation LCD Computer</td>
</tr>
<tr>
<td>2</td>
<td>Designing a BCC Action Plan Theory</td>
<td>30 mins</td>
<td>Lecture Question and Answer Brainstorming</td>
<td>Power point presentation LCD Computer</td>
</tr>
<tr>
<td>3</td>
<td>Designing a BCC Action Plan Practical</td>
<td>60 mins</td>
<td>Question and Answer Brainstorming Group Activity</td>
<td>Power point presentation LCD Computer</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Step 1 Introduction
- Introduce session topic and objective as a power point presentation

Step 2 Designing a BCC Action Plan
- Ask participants what they think the difference is between a BCC program plan and a BCC Action plan.
- Present information on designing a BCC Action Plan as a power point presentation

Step 3 Designing a BCC Action Plan – Practical
- Using the numbering system separate participants into smaller groups. Give each group the Designing a BCC Action Plan practical activity. Ask participants to record their work to share with the larger group.

Step 6 Summary
- Summarize session emphasizing the importance of developing a BCC Action Plan to ensure the organization and timeframe of a BCC program tasks and activities is logical and realistic.
**BCC Action Plan Activity**

Using the table provided in the example above develop strategies under 2 of your objectives building on your analytical plan for increasing the number of women who deliver their babies in hospital.

**Objective 1**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>What has to be done (activities)</th>
<th>By whom</th>
<th>By when</th>
<th>Outcomes (what happened)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy 1:</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy 2:</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Objective 2**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>What has to be done (activities)</th>
<th>By whom</th>
<th>By when</th>
<th>Outcomes (what happened)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy 1:</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy 2:</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Session 4.3 Budgets and Resources

Duration 30 minutes

Session Objective

At the end of the session participants:

1. Will be able to describe the type of resources that need to be considered to facilitate a BCC Program
2. Will understand the importance of budgeting for a BCC program as an important part of the overall planning for a successful BCC program.

Overview of the Session

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2mins</td>
<td>Lecture</td>
<td>Computer LCD Power point Presentation</td>
</tr>
<tr>
<td>2</td>
<td>Budget and Resources</td>
<td>10mins</td>
<td>Lecture Question and Answer</td>
<td>Computer LCD Power Point Presentation</td>
</tr>
<tr>
<td>3</td>
<td>Group Activity</td>
<td>15 mins</td>
<td>Brainstorming Group Activity</td>
<td>BCC Budget and Resources Group Activity</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
   • Introduce session topic and objective as a power point presentation

Step 2: Resources and Budget Overview
   • Present information on Budgets and Resources as a power point presentation
   • Ask participants if they have any questions on any information presented.

Step 3: Budget and Resources – Practical
   • Using the numbering system separate participants into smaller groups. Give each group the Budget and Resources practical activity. Ask participants to record their work to share with the larger group.

Step 4: Summary
   • Summarize session emphasizing the importance of including consideration of budgets and resources to ensure your BCC Program is successful.
Budgets and Resources

Setting your budget is an important part of planning a Behavior Change Communication program because there is nothing worse than having big plans about what you want to do and then realizing you have not got the funds to do it.

Examples of things you may need to budget for are:

- Staff
- Equipment – Computers, Mobile Phones,
- Administration – Photocopying, Telephone, Office Material
- Outsourcing – Graphic Art
- Production of Print Materials
- Air time on Radio and Television
- Travel to meetings at MoPH
- Per Diems for Health Education
- Development of Training Materials
- Funding to improve resources for BCC

There is often not enough in a budget to do all the things you would like to do in a BCC program. So it is important to be able to prioritize the needs of a BCC program if you need to while ensuring the program and the strategies prioritized will still be successful in assisting people move from awareness to action!!

BCC Budget and Resource Activity

Your clinic has been allocated $15,000 to facilitate a BCC program to increase the number of women delivering in Hospital. Ask participants to brainstorm and prepare a budget that includes all the resources they think they will need to facilitate this BCC program within their community. Remember to allocate resources using the BCC five elements strategic planning framework.
**Session 4.4 Daily Recap**

**Duration 30 minutes**

**Session Objectives**

At the end of the session facilitator will:

1. Be able to continue to tailor the contents and approach of the training sessions to the needs of the training participants.
2. Have an understanding of participants increased knowledge on information presented in the Session.

**Overview of the Session Plan**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily recap</td>
<td>30 mins</td>
<td></td>
<td>Daily Recap questionnaire Pen</td>
</tr>
</tbody>
</table>

**Process and Methodology**

**Step 1: Daily recap**

- Explain to participants the purpose of the Daily recap. Advise answers to the listed questions will assist the facilitators to tailor contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and that the facilitators greatly appreciate honest responses.
- Distribute the Daily recap questionnaire to every participant. Check all participants have received a copy.
- Review the Daily recap questionnaire with participants by reading the Daily recap questionnaire aloud and providing guidance on each section.
- Ask the participants if they need further information/clarification on any section of the Daily recap questionnaire.
- Advise the participants that they have 25 minutes to complete the questionnaire.
- At the end of the 25 minute time period collect the pre-test questionnaires and thank participants for their participation in the Daily Recap.
5. MODULE FIVE: IMPLEMENTING AND MANAGING A BEHAVIOR CHANGE COMMUNICATION

<table>
<thead>
<tr>
<th>Title</th>
<th>Implementing and Managing a Behavior Change Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group trainee</td>
<td>MoPH, HFs, BPHS implementing partners, and other stakeholders staff who are involved in planning, implementing, monitoring, and evaluation of BCC activities.</td>
</tr>
<tr>
<td>Purpose</td>
<td>The participants refresh their knowledge on approaches to implementation of a BCC program, BCC information tools, evaluating BCC program progress and Success – Process, impact and outcome evaluation</td>
</tr>
<tr>
<td>Output</td>
<td>The capacity of participants built on approaches to implementation of a BCC program, BCC information tools, evaluating BCC program progress and Success – Process, impact and outcome evaluation</td>
</tr>
<tr>
<td>Sessions</td>
<td>5.1 Approaches to Implementation</td>
</tr>
<tr>
<td></td>
<td>5.2 BCC Information Tools</td>
</tr>
<tr>
<td></td>
<td>5.3 Evaluating BCC Program Progress and Success – Process, Impact and Outcome Evaluation</td>
</tr>
<tr>
<td></td>
<td>5.4. Daily recap</td>
</tr>
<tr>
<td>Duration</td>
<td>315 minutes</td>
</tr>
</tbody>
</table>
Session 5.1 Approaches to Implementation

Duration 60 mins

Session Objective

At the end of the session participants will:

1. Have an understanding of the skills required to implement a BCC program.
2. Have an understanding of the skills required to maintain the quality of a BCC program throughout implementation.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td>Power point presentation LCD Computer</td>
</tr>
<tr>
<td>2</td>
<td>Approaches to Implementation</td>
<td>30 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power point presentation LCD Computer</td>
</tr>
<tr>
<td>3</td>
<td>Ensuring Quality Implementation</td>
<td>25 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power point presentation LCD Computer</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Lecture Question and Answer</td>
<td>Power point presentation LCD Computer</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce session topic and objective as a power point presentation

Step 2: Approaches to Implementation
- Present information on approaches to BCC program implementation as a Power point presentation from information presented in the facilitators notes
- Ask participants to brainstorm what potential problems could occur if a BCC program is not piloted properly before implementation. Record suggestions on a Flip chart.

Step 3 Ensuring Quality Implementation
- Ask participants to brainstorm what type of BCC tools could help ensure quality implementation of a BCC program
- Present information on ensuring quality implementation as a Power point presentation from information presented in the facilitators notes

Step 4 Summary
- Summarize the session highlighting the importance of a quality BCC program implementation process as points from the information presented.
Facilitators Notes

Approaches to Implementation
The implementation of a BCC program occurs when all the careful and well thought out planning comes to fruition. Because so much attention is often placed on the planning and development of objectives, strategies and methods, the process of implementation is often overlooked. Nevertheless the implementation phase is very important and certain considerations should be kept in mind to ensure a smooth implementation process.

There are several very important components of the implementation of the program and these include:

- recruiting the appropriately skilled people to implement the program.
- clarifying exactly what needs to be achieved throughout the implementation.
- clarifying the roles and responsibilities of the entire program team including the program coordinator/s, project facilitators, community leaders, community health committees
- establishing systems to monitor the implementation of program strategies and activities to ensure that quality is maintained and potential problems or opportunities are identified early and dealt with quickly and efficiently.

It is important that all aspects of the implementation phase of the program are clear to all people who are involved and that there are clear lines of communication between the team members to ensure smooth implementation.

The implementation phase is the time when process evaluation occurs and this gives an opportunity for any problems or opportunities to be identified.

There can be a range of approaches to implementing a BCC program. Below is an example of three potential useful approaches.

The pilot approach: It is important that any BCC program activities are carefully piloted and assessed for their quality and appropriateness. Process evaluation and feedback will be required on all of the program activities. This should be done before a program is implemented on a large scale. Piloting a program also allows for community input in design, evaluation and delivery which will in turn assist in ensuring ongoing community support.

The phased-in approach: Once a program has been piloted, it may be implemented at different sites, areas or regions. The pilot approach has hopefully allowed any problems to be identified and corrected and appropriate adjustments made.

Implementation of the total program: If programs have been evaluated as being successful they may then be implemented elsewhere in their totality.

Brainstorm Activity

Ask participants to brainstorm what potential problems could occur if a BCC program is not piloted properly before implementation. Record suggestions on a Flip chart.
Ensuring Quality Implementation

Following the BCC program action plan is an important way of ensuring quality throughout the implementation phase of a BCC program. Other important elements of a BCC program to monitor throughout the implementation process are:

- Ensuring you set realistic timeframes for implementation
- The BCC program budget is monitored closely on a regular basis. A budget spreadsheet or table should be developed to record all money in and out for each aspect of the program
- Ensure effective BCC program communication
  - Have regular implementation meetings with the team
  - Present program progress to the target population at community meetings
  - Present program progress to the donor at donor meetings
- Risk Management. Often unexpected challenges can occur during the implementation phase of a BCC program. To ensure when unexpected events occur that their impact is minimal it is always good to plan in extra time and plan with a generous budget to deal with unexpected program delays and budget requirements.
- Identify opportunities to raise the BCC program profile. Identifying opportunities maybe able to broaden the effectiveness and increase the sustainability of a BCC program.
  - BCC program participation rates maybe unexpectedly high and draw topical media attention
  - The skills and knowledge of the target group maybe strengthened who in turn may become advocates of the program.
  - Promote the BCC program through influential Key Stakeholders and Community Leaders who in turn may become advocates for the program
  - A BCC program may have potential to influence policy development, improve service provision and levels of community involvement in a change to health behaviors.
Session 5.2 BCC Information Tools

Duration 105 mins

Session Objectives

At the end of the session participants will:

1. Have an understanding of the different BCC information tools available to assist with the design and the implementation of a BCC program.
2. Be able to describe when and how to use the different information tools available to enable the most effective BCC program with the widest reach.

Overview of the Session

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td>Power point presentation, LCD, Computer</td>
</tr>
<tr>
<td>2</td>
<td>BCC Information Tools</td>
<td>60 mins</td>
<td>Lecture, Question and Answer</td>
<td>Power point Presentation, LCD, Computer, Flip Chart, Pen</td>
</tr>
<tr>
<td></td>
<td>*Working with the Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Development of Printed Materials</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>*Health Education for Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>BCC Information Tools Group Activity</td>
<td>45 mins</td>
<td>Brainstorm, Group Activity</td>
<td>Power point Presentation, LCD, Computer, Flip Chart, Pen</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce session topic and objective as a power point presentation

Step 2: BCC Information Tools
- Present information on BCC Information Tools as presented in the facilitators notes
  - Working with Mass Media
  - Development of Print Materials
  - Health Education for Adults
- Review with participants examples of effective and ineffective Mass Media and Print Materials
Step 3 BCC Information Tools
- Break participants into smaller groups and give out a copy of the practical BCC Group Activity to each group.
- Ask groups to review the information on the BCC Group Activity sheet and develop an appropriate BCC message for the target population using a media communication method they think will be most effective to address the health issue presented. Ask groups to record their ideas and media piece developed to share with the larger group.

Step 4 Summary
- Summarize the session highlighting major points under each tool from the information presented.
  - There are many different types of communication channels available to health professionals to assist facilitate BCC. It is important each method is carefully considered when planning a BCC program and communication channels are chosen that are appropriate to your target population and ensure messages are effective and have the widest possible reach.
  - Adult Learners learn differently to children. Adults are self motivated and independent learners and need to be actively involved in the learning process where learning can be related to their life experiences and be shared.
  - Developing effective Print and Mass Media Materials requires a significant amount of skill and time.
  - Messages should be simple, clear, and constructed in a comprehensive way using a mix of written information and graphics that tell an interesting story and engage your target audience.

Facilitators Notes

Working with the Media
The major roles of media in Behavior Change Communication are to:
- **Inform** (or educating) people about the ill effects of unhealthy behaviors.
- **Remind** people of the ill effects unhealthy behaviors of which they are already aware and maintaining the relevance of this knowledge.
- **Increase people’s motivations** to adopt various healthy lifestyle practices, either directly or indirectly, by sensitising or predisposing individuals to other contributory influences.
- **Provide self-help** information on “how to get help” or “how to help oneself”.
- **Provide social support** by showing some evidence that society (at least to some extent) disapproves of the unhealthy behavior practices in question.
- **Provide a context** within which regulatory change can be introduced.
### Facilitators Notes

#### Summary of Media Methods

<table>
<thead>
<tr>
<th>Type</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamphlets</td>
<td>Information transmission. Best where cognition rather than emotion is the desired outcome</td>
</tr>
<tr>
<td>Flip Charts</td>
<td>Instructional. Motivational. Effective tool for use with low literacy and numeracy target groups</td>
</tr>
<tr>
<td>Information sheets</td>
<td>Quick convenient information. Use as series with storage folder. Not for complex behavior change</td>
</tr>
<tr>
<td>Newsletters</td>
<td>Continuity. Personalized. Labor intensive and requires detailed commitment and needs assessment before commencing</td>
</tr>
<tr>
<td>Posters</td>
<td>Agenda setting function. Visual message. Creative input required. Possibility of graffiti might be considered</td>
</tr>
<tr>
<td>T-Shirts</td>
<td>Emotive. Personal. Useful for cementing attitudes and commitment to program/idea</td>
</tr>
<tr>
<td>Stickers</td>
<td>Short messages to identify/motivate the user and cement commitment. Cheap, persuasive</td>
</tr>
<tr>
<td>Videos</td>
<td>Instructional. Motivational. Useful for personal viewing with adults as a backup to other programs</td>
</tr>
<tr>
<td>Community Outreach Programs – Puppet Theatre</td>
<td>Emotive. Personalized. Labor intensive and requires commitment and piloting before implementing full program.</td>
</tr>
</tbody>
</table>

#### Summary of Media Methods (Continued)

<table>
<thead>
<tr>
<th>Type</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>Awareness, arousal, modeling and image creation role. May be increasingly useful in information and skills training as awareness and interest in health increases</td>
</tr>
<tr>
<td>Radio</td>
<td>Informative, interactive (talkback). Cost effective and useful in creating awareness, providing information</td>
</tr>
<tr>
<td>Newspapers</td>
<td>Long and short copy information. Material dependent on type of paper and day of the week</td>
</tr>
<tr>
<td>Magazines</td>
<td>Wide readership and influence. Useful as in supportive role and to inform and provide social proof</td>
</tr>
</tbody>
</table>

An important part of getting the message right is careful consideration of who your target audience is and what your communication objectives are before you start to design your message.  
**Defining your target audience will consist of:**
• Reviewing your data and research on target population health needs to determine the health priorities you want to focus on.
• Determining the risk factor/s that you will target
• Which groups are most affected by the health issue or risk factors
• Gaining some understanding of attitudes, beliefs and behaviors within the selected target group.
• Once you know exactly who your target audience is, you can then determine ways to locate them and consult with them in developing your message.

Your Communication objectives should be ones that aim to:
• Command Attention
• Clarify the Message
• Communicate a Benefit
• Consistency Counts
• Cater to the Head and Heart
• Create Trust
• Call to Action

Getting the message right is important if you want to ensure effectiveness of your campaign. You need to ensure that materials produced are in a language, style and tone that match the target audience you are aiming to reach. The messages not only need to be appropriate and understandable but also must be able to motivate the target audience in some way. It is very important that the messages are developed in consultation with the target audience and that they are pre-tested for understandability, credibility and appropriateness before you finally produce them ready for distribution. It can be a terrible waste of financial resources if materials are produced and the message is not suitable or understood by the target audience.

Useful ways of pretesting materials is to use focus groups or individual one-on-one interviews. One method would be to randomly select people at a public venue such as a market and ask them to review your materials and give you some initial feedback. This allows for any problems in interpretation of the messages to be addressed before final production of the materials.

What are we testing for when pre-testing materials?

Comprehension
- Ease of understanding of graphics and words
- Appropriateness of reading level
- Technical accuracy

Acceptability
- Cultural sensitivity
- Socially acceptable
- Quality of the illustrations
- Length of the presentation
Other considerations with pre-testing

- Each revised version should be tested again until the material is well understood and acceptable to the target audience. The same part respondents should not participate in more than one round of pre-testing.
- Individual pre-tests are preferable for audiences with low literacy levels to ensure that their answers are not influenced by other people.
- Group pre-testing is preferable for literate people and for testing material containing primarily textual messages.
- The text and picture of each message should be tested separately.
- When pre-testing ask questions that are open-ended rather than close-ended.
- Use probing rather than leading questions.
- Be neutral and do not judge what respondents say.

Adult Learners

It is useful for anyone who might be developing educational learning experiences/programs to have some knowledge about the characteristics of adult learners.

There are some significant differences between how children and adults learn and as health professionals creating effective learning experiences for adults as the major caretakers of children requires a different approach to learning experiences.

Below is a table that demonstrates some of the important differences in the way Children and Adults learn.

<table>
<thead>
<tr>
<th>CONTRASTS BETWEEN CHILD AND ADULT LEARNERS</th>
<th>CHILD</th>
<th>ADULT</th>
</tr>
</thead>
</table>
| DEPENDENCE                                | Learner is dependent  
Teacher determines what, how and when anything is learnt | Adults are independent  
They strive for autonomy and self-direction in learning |
| RESOURCES FOR LEARNING                     | Learner has fewer resources  
The teacher devises transmission techniques to store knowledge in the learner’s head | Adults use their own and others experiences to learn |
| REASONS FOR LEARNING                       | Learn in order to advance to the next stage | Self motivated from ideas on what they want or need to know |
| FOCUS OF LEARNING                          | Learning is subject centered  
It is focused on a prescribed curriculum | Learning has a real life focus |
| MOTIVATION                                | External motivation – parents, teachers, tests, competitiveness | Internal motivation – self esteem, confidence, recognition |
| ROLE OF TRAINER                           | Designs learning process  
Imposes content  
Knows best | Enabler or facilitator  
Collaborative  
Respectful and open  
The teacher is also a learner |
Facilitators Notes

Characteristics of Adult Learners

Adult learners:

- Have an accumulation of experience that becomes a source for learning;
- Learn most effectively if the new learning is presented in the context of application to real-life situations, that is, task or problem-centered learning, and to develop a readiness to learn in order to cope with real-life situations;
- Need to know why they need to learn something before they undertake to learn it;
- Have a self-concept of being responsible for their own decisions and being self-directed, although they can regress and ask to be told what to learn, and need to have some input into the planning of their education; and
- Have strong internal motivators to learn, such as the relevance of the program to their future aspirations, although they are also responsive to external ones.

Facilitators Notes

How to Create and Assess Print Materials

- Reading Skills

As we develop written materials for the general public, we need to think about vocabulary and sentence structure, organization of ideas, as well as layout and design elements so that we can eliminate as many unnecessary barriers as possible.

Reading is a complicated task. The components of reading include the following:

**Alphabetic:** the process of using letters in an alphabet to represent sounds in the spoken word. Needed skills include knowledge of basic sounds [phonemes] and an understanding of the relationship between these sounds and letters [phonics].

**Fluency:** ability to read with speed and ease.

**Vocabulary:** knowledge of the meaning of a word. Understanding less common words requires background knowledge.

**Reading comprehension:** a construction process. This process involves all the elements of a reading process to derive meaning from text.

Beginning readers are developing skills in sounding out words. They learn to link sound to meaning. Over time, they learn about linked words in short sentences. They often read one word at a time and may skip over unfamiliar words. New readers may tire easily. As a result, new readers often focus on individual words and have difficulty focusing on the meaning of a sentence.

Intermediate readers are building background knowledge and vocabulary. At the same time, they are improving word recognition and fluency. They are learning to derive meaning from text and to make inferences.
Advanced readers read with speed and ease. They understand the context and can make inferences. They are using the written word and applying literacy skills to a variety of academic and mundane tasks.

- Creating Materials

Many guidelines are available to address key issues for the development of appropriate materials. In general, these guides suggest that it is important to address the following key components:

Language: vocabulary, sentence length, active voice

Organization: presentation of ideas, grouping of like ideas, highlights of key points, summaries, and, in general, attention to what people want to know as well as what professionals think they ought to know

Layout and design: white space, font style and size, bolded headings and sections, use of charts, graphs and illustrations

Facilitators Notes

Below, we draw from various guides and offer key points about plain language, layout and design and formative evaluation to guide you in creating health education materials. We refer you to the resources linked at the end of this page for more detailed guidelines and illustrative examples.

PLAIN LANGUAGE

Plain language is defined as a clear, simple, conversational style and one that presents information in a logical order. Recommendations for plain language writing often include the following:

- Organization
  - Provide needed background information or needed context
  - Group information into meaningful sections with clear headings
  - Emphasize and summarize main points

- Style
  - Use everyday words
  - Explain technical terms and use examples
  - Avoid long, complex sentences
  - Write in the active voice
  - Engage the reader. Suggestions include: making reference to a shared context, using a question and answer format
  - Link information to trusted sources

LAYOUT AND DESIGN

The design of material can make reading easier or more difficult. Recommendations often include the following:

- Type and Spacing
  - Use a readable type style – generally a footed font [serif] in 12 point size
  - Use appropriate space between lines [generally 1.2 to 1.5 spacing]
  - Provide good contrast between the paper and the text
Facilitators Notes

PARTICIPATORY FORMATIVE EVALUATION

Recommendations for the development of appropriate materials include processes for review, piloting, and revisions.

- Review all materials and use a consistent check list
- Engage members of the intended audience in a critical review process
- Re-work the materials based on reviews
- Pilot materials with members of the intended audience
- Re-work materials based on pilot test findings and solicited suggestions
- Members of the intended audience can offer insight and guidance long before materials are piloted.

Group Activity

- Ask groups to review the information on the BCC Group Activity sheet and develop an appropriate BCC message for the target population using a media communication method they think will be most effective to address the health issue presented.
- Your target population is pregnant women in your community. Your Goal is to increase the number of pregnant women presenting to hospital for delivery.
Session 5.3 Evaluating BCC Program Progress and Success – Process, Impact and Outcome Evaluation

Duration 120 mins

Session Objectives

At the end of the session participants will:

1. Have an understanding of the three types of evaluation required to be undertaken to evaluate the progress and success of a BCC program.
2. Be able to perform a critical assessment of the good and bad points of an intervention and how it can be improved using process, impact and outcome evaluation

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Energizer (Optional 10mins) Introduction</td>
<td>2 mins</td>
<td>Lecture</td>
<td>Power Point LCD Computer</td>
</tr>
<tr>
<td>2</td>
<td>Evaluation Overview Why Evaluate What to Evaluate</td>
<td>20 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power Point LCD Computer Handout</td>
</tr>
<tr>
<td>3</td>
<td>Types of Evaluation Process Impact Outcome</td>
<td>65 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power Point LCD Computer Handout</td>
</tr>
<tr>
<td>4</td>
<td>Challenges to Evaluation</td>
<td>30 mins</td>
<td>Lecture Brainstorming Question and Answer</td>
<td>Power Point LCD Computer Handout</td>
</tr>
<tr>
<td>6</td>
<td>Summary</td>
<td>3 mins</td>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1 Introduction
- Introduce participants to the session topic and objective as a power point presentation

Step 2
- Present participants to the overview of evaluation as a power point presentation.
- Ask participants to brainstorm why they think evaluation is important. Record all suggestions on flip chart
- Present information on Why to Evaluate and What to Evaluate and as a power point presentation

Step 3
- Ask participants if they have ever heard of Process, Impact and Outcome Evaluation or been involved in facilitating these evaluation processes.
- Present information on Process, Impact and Outcome Evaluation as a power point presentation
Step 4
- Ask participants to think about and suggest what they think some of the challenges might be to Evaluation. Record all suggestions on a flip chart.
- Present information on Challenges to Evaluation as a power point presentation.

Step 5 Summary
- Summarize with major points under each evaluation type.
  - Process Evaluation – Assesses the implementation quality of a program
  - Impact Evaluation – Measures the short term effects of a program. Measures the program Objectives
  - Outcome Evaluation – Measures the long term effects of a program. Measures the program Goal

Facilitators Notes

Evaluation Overview.
Planning for evaluation is an essential part of the initial Behavior Change Communication program planning process.

Evaluation
- Making a value judgment about something.
- A critical assessment of the good and bad points of an intervention, and how it can be improved.
- Answers the question: “Have the programme objectives been achieved?”

Definitions
- Evaluation is the process of assessing what has been achieved (whether the specified goals, objectives and targets have been met) and how it has been achieved. *(Simnett, I)*

- A process that attempts to determine as systematically and objectively as possible the relevance, effectiveness and impact of activities in the light of their objectives. *(Last, J.M., A Dictionary of Epidemiology)*

Evaluation Terms

Effectiveness
1. what has been achieved

Efficiency
2. how the outcome has been achieved, and how good is the process (value for money, use of time & other resources)

Why Evaluate.
1. To assess results and to determine if objectives have been met.
2. To justify the use of resources.
3. To demonstrate success in order to compete for scarce resources.
4. To assist future planning by providing a knowledge base.
5. To improve our own practice by building on our success and learning from our mistakes.
6. To determine the effectiveness and efficiency of different methods of BCC. This helps in deciding the best use of resources.
7. To win credibility and support for BCC
8. To inform other health professionals so that they don’t have to reinvent the wheel. This helps others to improve their practice.

**What to Evaluate**

- WHAT has been achieved - the outcome
- HOW it has been achieved - the process

There are three different levels of evaluation which can be used to assess the effectiveness of a BCC program:

- process evaluation
- impact evaluation
- outcome evaluation

These must be done in a logical order - the short term effects of the Behavior Change Communication program must be assessed before any long term benefits can be measured.

**Process evaluation**

Process evaluation assesses the BCC program’s quality, the way the program was run, and whether the target group was reached.

Process evaluation usually focuses on the following key areas:

- Is the program reaching the target group?
- Are participants satisfied with the program?
- Are the activities of the program being implemented as planned?
- Are the materials and components of the activity of good quality?

**Outcome evaluation**

Outcome evaluation measures the short term effects of the program and is concerned with whether the objectives were met.

Outcome evaluation measures changes in behavior, environments, health knowledge, social participation, lifestyle or risk factors.

Examples of questions asked:

- What proportion of the target group have heard of the BCC activities?
- Has there been a change in an environment e.g. are there more hand washing facilities available in clinics.

**Impact evaluation**

Impact evaluation assesses whether the BCC program has been effective in the long term and whether its overall goal has been met.

Examples of questions asked:

- Has there been an increase in breast feeding?
- How much has the death rate from maternal post-partum hemorrhage been reduced?

**Qualitative and quantitative methods**

There are many tools which can be used to evaluate a BCC program.

Qualitative evaluation methods use words and meanings that focus on describing people's experience and feelings about the program. There are many qualitative evaluation tools including focus groups and in-depth interviews.

Each of these approaches to evaluation has advantages and disadvantages. Qualitative evaluation is useful in understanding why particular effects occurred as a result of the Behavior Change
Communication program e.g. why more women started to present to the Ante Natal Clinic. Quantitative methods allow the size of any changes to be measured and comparisons to be made between particular groups.

Quantitative evaluation methods concentrate on systematically measuring changes and effects using numbers and statistics e.g. the % of people who have stopped injecting drugs. Surveys are the most commonly used quantitative evaluation tool.

The most comprehensive Behavior Change Communication evaluations use a combination of both methods.

**Challenges to Evaluating a BCC Program**

Deciding what to measure
- Some objectives are difficult to measure e.g. attitudes and behaviors.
- Need to select appropriate evaluation criteria and performance indicators (specific, sensitive, relevant etc.)

**Contamination of BCC Outcome**
- BCC is a long term process and can be influenced by many extraneous situational factors.
- How to adjust for these confounding factors?
- Difficult to ensure that any change detected is only due to the program input and not to any outside influence.

**When to evaluate?**

The timing of evaluation affects the assessment of the overall success or failure of a program due to time effects.

- Delay of impact
  The effects of a program may not be immediate e.g. behavior change. Immediate evaluation might not yield positive results.

- Decay of impact
  Changes due to program are not sustained, and after some time the situation reverts to pre-program. Late evaluation will not yield results.

- Adjusting for secular trends
  Many factors are already changing in the desired direction even in the absence of a BCC program. Only those changes over and above the general trend may be attributed to the program.

- Backlash or boomerang effect
  A backlash or unexpected result may occur at the end of the program which may not be present in the early stages. Depending on when evaluation is done, findings may be positive or negative.
Session 5.4 Daily Recap

Duration 30 minutes

Session Objectives

At the end of the session facilitator will:

1. Be able to continue to tailor the contents and approach of the training sessions to the needs of the training participants.
2. Have an understanding of participants increased knowledge on information presented in the session.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>Steps</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily Recap</td>
<td>30 mins</td>
<td></td>
<td>• Daily Recap questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Daily Recap

- Explain to participants the purpose of the Daily Recap. Advise answers to the listed questions will assist the facilitators to tailor contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and that the facilitators greatly appreciate honest responses.
- Distribute the Daily Recap questionnaire to every participant. Check all participants have received a copy.
- Review the Daily Recap questionnaire with participants by reading the Daily Recap questionnaire aloud and providing guidance on each section.
- Ask the participants if they need further information/clarification on any section of the Daily Recap questionnaire.
- Advise the participants that they have 25 minutes to complete the questionnaire.
- At the end of the 25 minute time period collect the pre-test questionnaires and thank participants for their participation in the Daily Recap.
ANNEX 1: PRE /POST TEST QUESTIONNAIRE ANSWER KEY

BCC LRP TRAINING COURSE
Pre /Post Test Questionnaire Answer Key

1. Healthy behaviours are important in health as:
   a. **People’s behaviour has a role in maintaining health.**
   b. They can improve the Community environment
   c. Behaviours have no link with health
   d. Hospitals are the only way to prevent people getting sick

2. Is The Ottawa Charter:
   a. A Canadian Political Party working in Public Health
   b. **A Framework for Health Promotion Practise**
   c. A Clinical Practise Guideline

3. Behaviour Change Communication:
   a. **Is a complex process motivated by many factors**
   b. **Can move people from awareness to action**
   c. Does not need to involve research with a Target Population

4. Behaviour may be influenced by the following:
   a. **Community Environment**
   b. Mass Media
   c. **Government Policy**
   d. Negative Consequences

5. Which of the following are Behaviour Change Model Theories
   a. **Stages of Change**
   b. **Diffusion of Innovation Model**
   c. Health Consequences Model
   d. **Social Learning Model**

6. A Need Assessment
   a. **Can give you important information about your Communities Health Problems**
   b. Can be done quickly as Internet only research
   c. Allows the health provider to look at needs in isolation

7. Objectives should be
   a. **Specific**
   b. **Measurable**
   c. Average
   d. **Rationale**
   e. **Time Specific**

8. Strategies relate directly to a program Goal and tell us what contributing factors will be addressed.
   a. True
   b. **False**
9. Which evaluation methods mentioned below relate to BCC Program evaluation
   
   a. **Process Evaluation**
   b. Reach Evaluation
   c. **Impact Evaluation**
   d. **Outcome Evaluation**
   e. Methodology Evaluation  
   
   5 Marks

10. Behavior Change Communication Approaches are the same for Individuals, Groups and Communities
   
   a. True
   b. **False**  
   
   5 Marks

11. Please list all the Multi Media Communication methods you can think of?
   
   Pamphlets, Flip Charts, Information sheets, Newsletters, Posters, T-Shirts, Stickers, Videos, Community Outreach Programs – Puppet Theatre, Television, Radio, Newspapers, Magazines.  
   
   10 Marks

12. What is the Goal of the Ministry of Public Health?
   
   The goal of the ministry of public health is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and under-served areas of the county.  
   
   10 Marks

13. Please describe your Definition of Health?
   
   Definition of Health is the state of complete physical, mental, emotional, social and spiritual wellbeing not merely the absence of disease or infirmity  
   
   15 Marks

*Note: Answers are marked in bold style*
ANNEX 2: DAILY EVALUATION

BCC LRP Training Course
Daily Evaluation

Please fill out this questionnaire to help us adjust materials and sessions according to your needs and suggestions. This evaluation is only for today’s sessions. This is an anonymous questionnaire. Please mark each of the elements accordingly:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- Quality of the presentations
- Content of the presentations
- Facilitation style
- Exercises and Group work

1. **Which activities did you like the most?**

2. **What did you find most useful about the topics covered in today's sessions?**

3. **What did you like the least about today's sessions?**
4. What could if anything be done to improve the sessions?

5. Any other comments and suggestions:

Thank you for your time.
ANNEX 3: FINAL EVALUATION

BCC LRP Training Course
Final Evaluation

1. Please rate the workshop as a whole by circling your answer.
   Poor: 1 2 3 4 5 6 7 8 9 10
   Excellent

2. Please rate the following items by circling your answer.
   a. Course content:
      Poor: 1 2 3 4 5 6 7 8 9 10
      Excellent
   b. Quality of Instruction:
      Poor: 1 2 3 4 5 6 7 8 9 10
      Excellent
   c. Group Work /Exercises during Sessions:
      Poor: 1 2 3 4 5 6 7 8 9 10
      Excellent
   d. Achievement of workshop objectives:
      Poor: 1 2 3 4 5 6 7 8 9 10
      Excellent
   e. Quality of facilitation:
      Poor: 1 2 3 4 5 6 7 8 9 10
      Excellent

3. Which concepts or ideas presented in the workshop did you find particularly useful or helpful?
4. Has the workshop inspired you to change or introduce new ideas into your work? Please explain.

5. Which sessions did you find were most relevant to your current work? Why?

6. Who do you think would benefit most from this training course?

7. On which topics would you have preferred additional time?
8. Do you feel you could confidently develop and implement a BCC program having now participated in this workshop?

9. Please rate the training facilities by circling your answers:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
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<td>Location:</td>
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<td>Conference Room:</td>
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<tr>
<td>Daily Meals:</td>
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10. Please provide additional comments you think will help make this a better learning experience.

Thank you for your feedback!
ANNEX 4: REFERENCES


Education Support and Evaluation Resource Unit. 1997. Module Two: Adult Learning


**Project Name:**
Health Services Support Project (HSSP)

**Cooperative Agreement Number:**
306-A-00-06-00523

**HSSP Office**
House No. 113, Street 3, (beside the German Clinic),
Ansari Watt, Shar-e-naw, District 4,
Kabul, Afghanistan