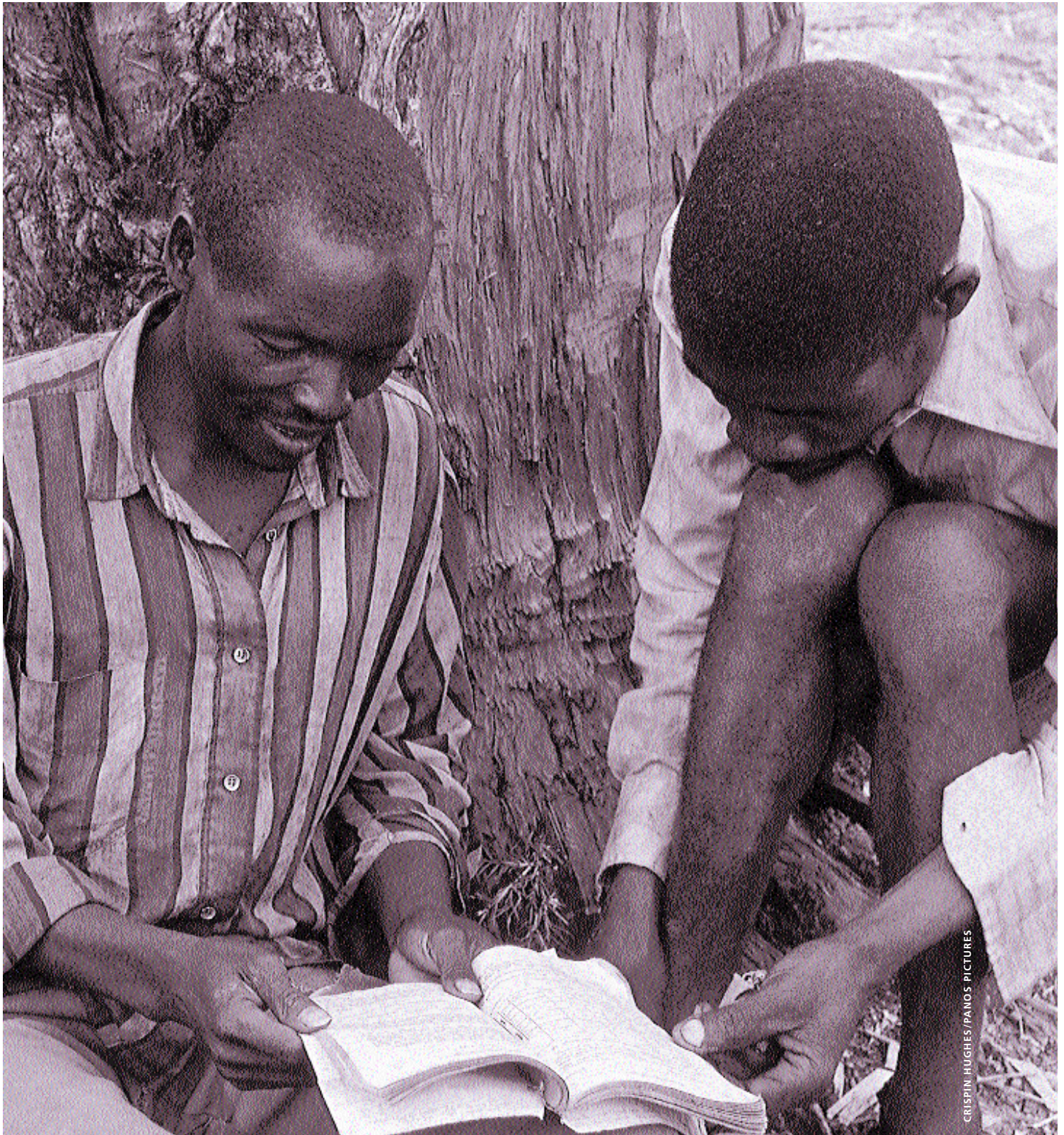


Behaviour change communication uses behavioural and communication theories and research to develop interventions that influence individual behaviours and the social contexts in which they occur.



CRISPIN HUGHES/PANOS PICTURES

TWO MEN READING A BOOK TOGETHER IN ANGOLA DEMONSTRATE THE POTENTIAL OF DISSEMINATING HIV PREVENTION SKILLS AND INFORMATION THROUGH HIP-POCKET-SIZED HANDBOOKS.

CREATING AND APPLYING A TOOL FOR UPGRADING BEHAVIOUR CHANGE SKILLS ON-THE-JOB

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CREATING AND APPLYING A TOOL FOR UPGRADING BEHAVIOUR CHANGE SKILLS ON-THE-JOB

INTRODUCTION

During the past two decades, health educators and health promoters have had to adapt and change their methods in order to meet new challenges. None of these challenges has affected the theory and practice of health communication more profoundly than the HIV/AIDS pandemic.

HIV was initially considered to be a health problem, and Ministries of Health were tasked with getting the word out. The ministries were soon joined by nongovernmental organizations (NGOs), including many new NGOs created specifically to respond to the HIV/AIDS pandemic, and other organizations mounting their own prevention programmes, from the military to the transport industry.

Many of the educators involved were already skilled in providing information and skills training, but they did not know how to address sexual behaviour change. Rather than encouraging relatively easy and acceptable behaviours, such as immunization or hand washing, they were now being asked to talk about much more disturbing changes—changes that at first glance seemed to challenge both their culture and their instincts. These changes would affect the way people would lead the rest of their lives.

From IEC to BCC In earlier years, many health educators had transformed themselves into “information, education and communication (IEC)” specialists—often without the benefit of training. Bestowed by ministries or donor-funded projects, this new title implied that health educators should do more than talk to patients or communities. They were now expected to produce posters and leaflets and the occasional radio programme as well. To their credit, health educators all over the world took up the challenge. However, self-taught as many were, the quality of some products suffered.

By the early 1990s, in response to the HIV/AIDS pandemic and other global health challenges, health educators/IEC specialists in the public and private sectors were confronted with yet another new title: “Behaviour change communication (BCC)” specialist had become the term preferred by many organizations. Again, however, new titles were bestowed without the corresponding skills. The new BCC specialists reported a lack of satisfaction with the results of their work. Few felt that they were having much impact on people’s behaviour.

BCC is not a new concept, but it is often misunderstood and poorly applied. BCC uses

behavioural and communication theories and research to develop interventions that influence individual behaviours and the social contexts in which they occur. To facilitate and support individual behaviour change, a BCC specialist needs to understand the social structures that influence individuals' knowledge, attitudes and behaviours. Consequently, a BCC programme must consider demographics, economics, epidemiology, politics and cultural and social norms. In addition, BCC specialists must be aware of the values, concerns, needs, behaviours, habits, beliefs and difficulties of each audience.

The skills and knowledge required of a BCC practitioner are wide ranging, including anthropology, sociology, psychology, social work, communications, marketing, education and public health. Few people have received training in all these areas. As a result, a variety of talented people—from social workers to mid-level health workers—found themselves struggling on their own with theories of behaviour change, communication strategies, radio scripts and the arcane jargon of printers. What they needed was a way to learn how to become knowledgeable and skilled BCC practitioners who could then develop interventions to take people beyond knowledge of disease and into the realm of real and sustained behaviour change.

A Tool for On-the-Job Training Family Health International's (FHI) task under the AIDS Control and Prevention (AIDSCAP) Project was to provide BCC skills and information to as many people as possible as quickly as possible. With over 500 behaviour-change interventions underway in 40 countries, it was impossible to provide ongoing personal assistance to every

BCC specialist in each of the hundreds of organizations helping FHI implement the AIDSCAP Project. However, the problem seemed more manageable when reports from AIDSCAP field staff and implementing partners revealed a common pattern of information and skill deficiencies. Whether in Latin America, Asia or Africa, the shortage of experienced and trained behaviour-change specialists was evident.

When the cause of a problem is thought to be lack of skills or knowledge, a common response is to organize training sessions. However, sometimes harried workers are sent to so many workshops that their regular work suffers. Moreover, while some training sessions do undoubtedly increase skills, workshops are not the only or even the best way to help people learn BCC skills. People learn in different ways. Some need the stimulation and discussion of group learning. Others need on-the-job practise of a new skill. For some, reading, underlining and rereading material is an easy way to comprehend a new idea. For others, reading is a chore to be avoided.

FHI decided to develop a publication that would facilitate on-the-job learning by all types of learners. This decision was taken in the belief that, both from an adult-learning perspective and a logistical point of view, easy-to-comprehend texts that addressed real field implementation issues would contribute to capacity building and thus to improved HIV/AIDS prevention and care. In addition, it was thought that providing handbooks could be a cost-effective way to help upgrade the skills of large numbers of people.

The content, design, format and style of the publication were based on the following premises:

- Information about behaviour change processes and techniques, as well as about communication theory and practice for behaviour change, was needed.
- One large publication containing all the information would be unwieldy and complex. A series of smaller handbooks would be more user-friendly.
- The handbooks would be written in English, a language known—if rarely used—by most of the intended users. Since users' reading and comprehension levels in this second language would range from very high to very low, rigorous pretesting would be particularly important to eliminate confusion caused by difficult sentence structures and verb tenses. The drafts would be tested against common readability guides.
- Much of the information did not need to be “learned for life.” In the same way that computer manuals come in handy for certain tasks, some of the information that would lead to more effective BCC was reference material.
- The material should appeal to readers in a variety of settings. Examples should transfer or translate to different cultures, stages of the epidemic and target audiences.

MAKING THE HANDBOOKS USER-FRIENDLY

Format Initially, the format was based on the authors' personal judgment and experience. Feedback from pretests and field use confirmed those choices, and very few changes were made. The first decision was size. Rather than one

large, heavy text that was likely to be used only in an office or at home, the material would be presented in small, easy-to-carry booklets. These could be used in the field or read during a bus or taxi ride—a convenient “hip-pocket” guide. The booklets are small (8" x 5") and thin (from 31 to 73 pages).

Easy Indexing Recognizing that the intended users were very busy, and not wanting them to be overwhelmed by the thought of reading an entire book, the authors decided to divide each booklet into subtopics with tabbed dividers. The tabs also serve as a kind of index, making it easy for a reader to flip to the necessary section (such as “Support and Supervision of Peer Educators,” “Steps in Policy Development,” “Influencing Social Norms” or “Choosing Mass Media”).

Readability Readability scales describe (with various degrees of accuracy) the level that a reader needs in order to fully comprehend a text. Most such scales are based on the average number of words in a sentence and the number of syllables in a word. Even though Western reading scales were not a completely reliable method for judging ease of comprehension among the intended users, attention to the scales did ensure that the authors wrote simply and clearly. They did not talk down to the audience, but neither did they make things unnecessarily complicated. For example, the sentence “While the public needs to be informed via the mass media about the virus, this information must be complemented by peer education, in which trusted individuals from the same background as a target group encourage and enable them to change their behaviour” rates at a university

or post-graduate level. The same information can be given at a primary school level: “The public needs to learn about the virus from both mass media and trusted friends.”

Many of the intended users did not read English regularly. Thus, the authors avoided sentence construction and verb tenses that were difficult to decipher. Wherever possible, useful information was put in lists rather than paragraphs.

Essential Information In trying to keep each handbook short and useful, the authors constantly faced decisions about what information to include. Was background information needed? How much explanation was necessary for each step? Were examples needed for clarification? The final criteria were simple: if the reader needed the information in order to perform a task with confidence and ease, it was included; if the information was simply interesting, it was left out. Focus was on the “need to know,” not the “nice to know.”

Reader Involvement If the handbooks were to be real guides, the content had to actively engage readers. Consequently, each booklet was designed to lead a user to a decision. The user is frequently asked to consider lists of actions and to make decisions by checking off the items that pertain to his/her work. If a reader uses one of the handbooks as a guide and actively follows each page, by the last page he or she will have completed a task, such as writing a radio script, planning a communication strategy or pretesting a material.

Conspicuousness and Practicality In many field offices where bookcases are few and crowded, good materials languish on shelves,

unavailable to readers who cannot locate them easily among stacks of papers. FHI hoped to avoid that fate for its booklets by giving them brightly coloured covers that were not easily overlooked. (The colours also help users distinguish one BCC handbook from another. Eventually, the booklets became known by their colours by many users—for example, “the red book” or “the green book.”) Black spiral binding was chosen to enable readers to open and write in the handbooks. However, the main benefit of the plastic spiral binding was that the pages lay flat, making photocopying easy. In Kenya, for example, the Ministry of Health had 200 copies of the blue book made so that all health educators would have the same understanding of BCC principles and tasks.

DESIGNING THE HANDBOOKS

FHI relied on information from its regional and country staff and the words of project implementers to determine which BCC skills were most needed and which skills would have the most impact on behaviour change. Often the people in the field did not know exactly what was needed, but had clear ideas about what was not working: “People are tired of hearing the same old thing.” “Our peer educators keep leaving because they are discouraged—not seeing any progress.” “We find our leaflets in the market used as wrapping paper.” And, most troubling of all, many said: “People know about AIDS, but they just won’t change their behaviour.”

Field-level implementers of behaviour change interventions were the intended users of all the handbooks. Most were expected to be HIV/AIDS programme managers, BCC or IEC specialists, or other field staff, but different

handbooks had different audiences. The “teal book,” for example, was written for managers of sexually transmitted infection (STI) programmes or clinics to help them use BCC to improve services and relations with clients. In most cases, however, the introduction outlines what readers can expect to learn from the booklet rather than specifying who should use it.

The handbooks were rigorously pretested. As each draft was finished, ten copies were sent to each of four countries, where FHI staff distributed them to people who represented the intended users. (The countries differed for each handbook.) To ensure that all field implementers could benefit from the handbooks—not just those with higher education—we specified that most of the reviewers should not be managers or university graduates. Interspersed between each chapter was a coloured page containing five questions. The reader/pretester was asked to read one section at a time and then answer the five questions. This process of reacting to each short section separately provided meaningful feedback.

With as many as 16 sections in some books and 40 copies of each manuscript pretested, FHI sometimes received over 600 pages of pretest comments for one handbook. The pretest participants were thoughtful and thorough, and their comments helped authors clarify hard-to-understand concepts and use language more precisely.

Other BCC professionals were also asked to review the drafts. And copies of each draft handbook were sent to the AIDSCAP resident advisors and BCC officers, who were to serve as the bridge between the intended audience and the authors. More than once, their insights helped the authors rewrite or refocus an entire section.

THE HANDBOOKS

Assessment and Monitoring of BCC

Interventions (red book) A basic premise of the handbooks is that the readers learn by actively doing something. Since most of the intended users were in the midst of ongoing projects, the booklet entitled “Assessment and Monitoring of BCC Interventions” was developed first to help planners and implementers look at the effectiveness of their BCC interventions.

The red book presents a series of seven standards that are generally accepted as necessary principles of effective behaviour-change interventions. The user is asked to examine criteria to determine to what extent the project being monitored adheres to the standard. For example, Standard 4 reads, “A supportive environment needs to be created for HIV prevention and for the protection of those infected with HIV.” The criteria that help the user determine whether a project conforms to this standard require him or her to analyze many aspects of the project, such as the following:

1. What are the social, cultural, environmental, political and organizational conditions that may influence the target audience’s HIV/AIDS risk behaviours?
2. Does this intervention try to influence these conditions? For example, does it attempt to:
 - Support traditional and cultural values that encourage low risk behaviours?
 - Persuade government officials to change public health policies?
 - Influence organizational and corporate officials to discontinue discriminatory practices or policies?
 - Mobilize support among the general public to work for changes in public policy?

- Promote alternatives to risk behaviours?
- Protect human rights of all people affected by HIV/AIDS?
- Actively fight discrimination?
- Educate the whole community for care, compassion and prevention?
- Have any other impact—please describe.

How to Create an Effective Communication Project (blue book) Second in the series, the blue book was more ambitious. It was intended to show users exactly how to plan and design a behaviour change communication project. Starting with a section that helps users understand the factors that put the target audience at risk of acquiring HIV, it continues

with a series of questions that guide users to an understanding of the characteristics of the people who are most at risk. Next, the user considers which attitude and behaviour changes are desirable and describes specific behaviour change objectives. Throughout the process, users are asked to make decisions and note them on a planning chart, which is found in the appendix. The blue book also contains sections on how to develop effective messages and choose appropriate channels for delivering those messages. Finally, after carefully considering the risk factors, the audience, the objectives, the messages and the channels, a user puts them all together to create an effective and measurable communication strategy.

SIDEBAR 1

In Senegal, the BCC handbooks were used as an integral part of a workshop that launched the redesign of the AIDSCAP national strategy. NGO members organized themselves in groups according to geographical area and target audiences. After an initial session during which they shared their very different ideas about messages and activities, they realized that they needed a more systematic approach. Pages from the blue book (*How To Develop an Effective Communication Project*) were photocopied, and together each group tackled project design.

A planning chart in the appendix of the handbook provided the framework and forced the groups to clarify target audiences, risk behaviours and desired behaviours. Participants articulated their objectives and used them to focus on messages and approach. Each group also identified appropriate methods for formative research and made plans to conduct this research within the following month.

By the next meeting, representatives of each NGO had completed sections of the planning chart and had identified risk factors, primary and secondary target audiences, desired behaviour or attitude changes, core messages and communication channels. By working together on the communication strategy and following the guidelines in the handbook, they were able to develop a strong and coordinated implementation plan. It is doubtful that just reading this handbook would have had the same capacity-building impact. In this case, the NGO staff felt the need for a more systematic strategy, and the handbook appeared at just the right time. Using the handbook together for the first few chapters also seemed to motivate them. Once they discovered that it was easy to understand and follow, they had the confidence to continue. As one of the participants said, "This handbook simplified the presentation of something very complicated—the planning process."

Behaviour Change Through Mass

Communication (green book) Health workers and NGO staff members who had no experience dealing with the media requested the next handbook. They asked for step-by-step advice on working with radio, TV, print and public relations workers to use mass communication for HIV prevention. As a result, the green book offers guidelines for:

- Approaching and working with TV, radio and print media staff.
- Writing short scripts for radio and TV programmes.
- Having scripts produced for radio and television.
- Getting stories printed in newspapers and magazines.
- Attracting more media coverage.

How to Conduct Effective Pretests

(purple book) The fourth handbook deals with materials development and conducting pretests. In addition to sections on pretesting methods and readability scales, it contains detailed instructions for organizing a pretest, including preparing the discussion guide and other materials, the test site and the participants. The purple book also includes sections on conducting focus group discussions and individual interviews for pretesting. Users have particularly appreciated the guidelines for analyzing pretest results.

How to Create an Effective Peer Education

Project (brown book) The information in the brown book was based on interviews with over 200 project managers, peer educators and peer beneficiaries in ten countries. It presents

advice from experienced HIV/AIDS BCC practitioners about:

- Activities that are appropriate for peer educators.
- Recruitment and selection of peer educators.
- Community acceptance and support for peer educators.
- Training topics for peer educators.
- Supervision and support for peer educators.
- The role of educational materials and condoms in peer education projects.

HIV/AIDS Care and Support Projects

(pink book) Perhaps the most ambitious of all, this handbook is a guide to project planning for organizations that may not have previous experience in care-related activities. Since care and support projects are relatively new undertakings for many implementers working in HIV/AIDS, the booklet uses questions and checklists to help users decide whether their organizations should work in this area. What kind of experience does your group have? Can this experience benefit an HIV/AIDS care or support project? Do you have the expertise, the staff, the time and the money to take on care and support activities? If users decide that they do want to undertake such a project, the handbook then guides them through 12 important steps, ranging from choosing a target audience to ensuring confidentiality.

Partnership with the Media (orange book)

This handbook grew out of the recognition that journalism workshops do not provide the entire solution to the problem of achieving credible, timely and relevant media coverage of issues related to HIV/AIDS. It is based on the premise that a true partnership with the media requires

a long-term relationship with people at all levels of the media establishment. The booklet provides suggestions for:

- Planning for events to be held with media professionals, including editors, station managers, producers and other “gatekeepers,” writers and school of journalism faculty members.
- Encouraging the development of a network of media professionals interested in HIV/AIDS/STI issues.
- Providing journalists with incentives for covering HIV/AIDS/STI issues.

Policy and Advocacy in HIV/AIDS

Prevention (grey book) This handbook was written for programme managers and others who operate outside the normal policymaking structure, but whose work is regularly influenced by the presence or absence of policy. It provides an overview of how to contribute to making policy an effective component of HIV/AIDS prevention. Although the book describes a process for policy development, readers are urged to adapt the guidelines to their own experiences and to the political dynamics of their countries and organizations.

Behaviour Change Communication for the Prevention and Treatment of STDs

(teal book) Behaviour change specialists and providers of STI services alike eagerly sought this handbook. It is intended to help programme and clinic managers design BCC components for STI control and prevention projects. The teal book provides suggestions and examples for:

- Assessing the STI beliefs, concerns and practices of clients and community members.

- Expanding the role of BCC activities in the clinic.
- Providing the education and understanding that STI clients need for behaviour change.
- Training health workers in the communication aspects of preventing and managing STIs.
- Involving the community in a BCC programme.
- Using the stages of behaviour change to develop appropriate BCC messages.

USING THE HANDBOOKS

The handbooks were initially disseminated to AIDSCAP implementing partners through the project’s country and regional offices. They were sent to AIDSCAP resident advisors and regional directors with a letter urging them to develop a country-specific dissemination strategy to get the booklets to the individuals who could put them to the best use.

Although the small user-friendly handbooks were well received by implementing agencies and donors, their use was not uniformly successful. Careful dissemination and follow-up proved to be key to effective use. In a few cases, a BCC officer simply distributed copies of a booklet and users were expected to refer to them if and when necessary. It is unlikely that this has resulted in a great increase in skills. In more successful cases, the handbooks were used for on-the-job training, as a curriculum for more formal training or as explicit guidelines for project development.

Many implementers have shared the handbooks with staff and field workers and have developed innovative ways to help ensure that the information provided is internalized and used. Managers report that they use specific chapters of the handbooks to help their staff

with particular problems. For example, in the brown book (*How to Create an Effective Peer Education Project*), the section on supporting and supervising peer educators can be used as a training and discussion tool with supervisors. It suggests ten different support activities and asks supervisors to decide which they plan to use or build upon. There are also six supervision suggestions that readers can use or adapt.

On the other hand, the purple book (*How to Conduct Effective Pretests*), with its clear instructions on preparing materials for pretesting, has been used primarily as a reference tool. Users say that they just refer to the handbook when they plan to do pretesting. They also report that the sample interview and focus group discussion questions have been particularly useful.

The green book (*Behaviour Change Through Mass Communication*) is used both as a reference and as a classroom teaching tool. Because it provides specific guidelines on what to consider when choosing radio, television or mass media to convey BCC messages, it has been useful as a reference for communication strategy planning. In other places, the entire handbook has been essential reading for a training-of-trainers course, with required homework based on the sections on how to write a radio or TV script.

In Laos and Cambodia, sections of the blue, green, brown and red books are used as support materials in training curricula, and each of the complete handbooks is given as a handout at the end of the course. As one trainer explained, “Most of the time I select only some chapters that I want to focus on, but I also introduce and go over all components in the book when I give it out at the end of the course. In that

way, participants can continue learning on their own.” Another trainer mentions that he uses the handbooks “to reinforce the concepts after training has ended. I leave copies as reference tools.” This same trainer has used the handbooks for communication training in development and health areas other than HIV/AIDS.

In yet another variation, one FHI field officer reported that she introduces or reviews one handbook at each of her monthly meetings with implementing agencies. She says that when people are given the opportunity to open a handbook and begin discussing the first few sections, they are more likely to take it home, read the entire booklet and use it as a self-teaching tool.

Funds were not available to conduct a formal evaluation of the impact of the handbooks on BCC skills and practice. However, the enthusiastic response to the series and anecdotal reports on its use suggest that the handbooks have made an important contribution to the BCC capacity-building efforts of FHI and many other organizations.

LESSONS LEARNED

The response to the BCC Handbook series shows that there is a growing need for practical publications such as these, which are aimed at field workers in field situations. FHI has had many requests for the handbooks and distributed more than 23,000 copies. Thousands more have been distributed by others as translations or photocopies.

FHI’s experience with the handbooks suggests that donors are willing to support the use of this kind of capacity-building tool. FHI produced all the handbooks in English and several in French and Spanish and received

hundreds of requests for them from donor organizations and their partners. FHI country offices and donors also translated many of the handbooks into local languages. In Indonesia, the Australian foreign aid agency, AUSAID, supported translation of some of the handbooks into Bahasa Indonesia. In Mozambique, Population Services International translated and printed all nine handbooks in Portuguese. UNICEF is in the process of translating and adapting the handbooks in Laos, Cambodia, Thailand and China.

The interactive format of the handbooks engaged readers in a decision-making process that helped them learn, apply and assimilate the information. Even though the assumption that readers would write answers in a workbook proved wrong—books are seen as too precious to write in—the questions in the handbooks are still a useful format for encouraging active learning, and they can be photocopied and used as true checklists.

Rigorous use of readability scales helped make the handbooks useful to a large audience of potential users with a wide range of education levels and language skills. The use of short words and sentences made the text clearer and more precise.

FHI's experience confirmed the importance of pretesting materials thoroughly. Although pretest results revealed that FHI's basic assumptions about format, content and style were correct, they also identified numerous opportunities to clarify concepts and explanations.

These user-friendly handbooks can serve as reference books. But, like most capacity-building tools, they are most effective as part of an ongoing, coordinated effort to strengthen

BCC skills. Whether they use the handbooks as part of a training curriculum, a planning exercise or informal inservice training, supervisors should take an active interest in the continued use of the books by staff to ensure that new BCC skills and principles become internalized and normative throughout their organizations.

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