

SOCIAL AND BEHAVIOR CHANGE TRAINING MANUAL



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MINISTRY OF HEALTH-ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Participant Manual

October, 2024
Addis Ababa Ethiopia



Hulu Betena

SOCIAL AND BEHAVIOR CHANGE TRAINING MANUAL

PARTICIPANT MANUAL
October, 2024

Foreword

Social and Behavior Change (SBC) is essential for addressing the social, behavioral, and structural determinants of health. By promoting positive behaviors and social change, SBC plays a crucial role in reducing disease burdens and improving community health. The Ministry of Health is committed to strengthening health promotion through capacity building.

Ethiopia National Health Promotion Strategic Plan (2021/2–2025/6) highlights the need to strengthen SBC at all levels. However, challenges remain, particularly in the technical competencies of frontline healthcare workers. A recent study revealed significant gaps in SBC knowledge and skills, emphasizing the need for targeted training.

This manual aims to equip health workers, program implementers, and SBC practitioners with the necessary skills to design, implement, and evaluate effective SBC interventions. By empowering professionals with these tools, we can promote healthier behaviors, improve health outcomes, and reduce pressure on healthcare facilities.

I encourage all stakeholders to prioritize this training and extend it to frontline workers to ensure its impact.



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Approval Statement of the Ministry

The Ministry of health of Ethiopia has been working towards standardization and institutionalization of In-Service Trainings (IST) at a national level. As part of this initiative, the ministry developed a national in-service training directive and implementation guide for the health sector. The directive requires all in-service training materials fulfill the standards set in the implementation guide to ensure the quality of in-service training materials. Accordingly, the ministry reviews and approves existing training materials based on the IST standardization checklist annexed on the IST implementation guide.

As part of the national IST quality control process, this national training on social and behavior change training manual. training manual training package has been reviewed and revised based on the standardization checklist and approved by the ministry in November, 2024



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Acknowledgment

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The Ministry also acknowledges the USAID Healthy Behaviors Activity – FHI 360 for providing financial and technical support in the development, design, and printing of this guide. Additionally, this guide would not have reached its current stage without the contributions of development partners, UN agencies and programmer stakeholders. Therefore, the Ministry of Health, Ethiopia express appreciation and recognize all organizations for their contributions in the preparation, fine-tuning and finalization of this document.

- **United States Agency for International Development (USAID)**
- **USAID Healthy Behavior Activities/FHI-360**
- **World Health Organization (WHO)**
- **United Nations Children's Fund (UNICEF)**
- **USAID Empowered Community**
- **USAID Community Nutrition/FHI 360**
- **HOPE WALKS**
- **Zeleman Communication, Advertising, and Production Agency**
- **Ethiopian Health Education and Promotion Professionals Association (EHEPA)**
- **Ethiopian Public Health Institute (EPHI)**

Abbreviations

AWD	Acute Watery Diarrhea
ABS	Applied Behavioral Science
BCC	Behavior Change Communication
BI	Behavioral Insight
CE	Community Engagement
CM	Community Mobilization
EE	Entertainment Education
ERC	Emergency Risk Communication
EPPM	Extended Parallel Process Model
FHG	Family Health Guide
HAD	Health Development Army
HBM	Health Belief Model
HCD	Human Center Design
HEP	Health Extension Programme
HEW	Health Extension Worker
IEC	Information Education Communication
IPC	Interpersonal Communication
PHCU	Primary Health Care Unit
RCCE	Risk Communication and Community Engagement
SBC	Social And Behavior Change
SBCC	Social And Behavior Change Communication
SEM	Socio Ecological Model
SM	Social Mobilization
TPB	Theory of Planned Behavior
WDA	Women Development Army

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Definition of Terms

- **Health Education:** Is defined as any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes.
- **Information, Education and Communication (IEC):** Ranges from didactic one-way communication to more entertaining methods. It can use many types of media channels and materials. The IEC approach assumes that people will follow health advice when they are provided with the «right» information.
- **SBC practitioners:** Any professionals working in the area of SBC at Government structure, NGO and CSO's.
- **Behavior Change Communication (BCC)** Aims to encourage actions in the home, community, health facility or society that improve health outcomes. It aims to promote healthy lifestyles or prevent and limit the impact of health problems, by using an appropriate mix of interpersonal, group and mass-media channels.
- **Social and Behavioral change (SBC):** Is an evidence-driven approach to improve and sustain changes in individual behaviors, social norms, and the enabling environment. Aimed to lower structural barrier that hinder people for adopting positive practices.
- **Social and Behavioral Change communication (SBCC):** Is an interactive process for developing message and approaches using mix of communication channel (TV, Banner, flyer... etc.) to reach multiple level of society to encourage and sustain positive and appropriate behavior. Attempt to influence their knowledge, attitude, social norm via single or verity of communication technics.

Introduction to the manual

Social and behavior change increasingly seen as the crucial program for addressing social, behavioral and structural determinants of health as of promoting positive and protective behavior and social change towards reducing the burden of disease and promoting health literate, healthy and productive generation. Ethiopia's National Health Promotion Strategic Plan (2021/2– 2025/6) is currently being implemented. While it emphasizes the importance of health promotion for achieving broader health and development goals, it faces significant challenges. At the national and regional levels, existing health promotion teams often lack the necessary personnel and technical expertise to reach their targets. Many teams rely on temporary staff dedicated to health promotion, leading to gaps in capacity and coordination, particularly at the zonal and district levels. To effectively implement high-quality health promotion programs on a large scale, it is crucial to address these human resource constraints by investing in capacity building. This will create a dedicated and well-trained workforce capable of supporting health promotion activities across the country¹.

A recent study in Ethiopia further highlighted a critical gap in Social and Behavior Change (SBC) competency among frontline healthcare workers, revealing their lack of knowledge and skills in SBC. This underscores the need for ongoing SBC capacity-building efforts to equip frontline workers with the necessary training and support to implement health program SBC activities effectively and achieve desired health outcomes². Furthermore, the landscape of SBC is evolving rapidly, with new approaches and scientific advancements constantly emerging. This needs a more comprehensive and tailored SBC training to standardize the design, implementation, and knowledge management of SBC interventions, ensuring that practitioners are equipped with the specific competencies needed for their daily responsibilities.

This Social and Behavior Change Training Manual developed to address the shortcomings in existing training material. It provides in-service training for SBC practitioners, equipping them with the skills needed to design, implement, monitor, and evaluate evidence-based SBC interventions across all levels of the health system. The goal is to enhance their competency and improve the effectiveness of social and behavior change initiatives, leading to better health outcomes for individuals, families, communities, and policymakers.

- Core competencies Analyze Human behavior and its drivers
- Apply basic theory and models to inform SBC
- Apply SBC designing process
- Explain SBC implementation approaches
- Apply the steps of creative brief development
- Develop the SBC M&E Frameworks
- Develop indicators to monitor and evaluate social and behavior change activities

¹ MoH, National health promotion strategic plan (2021/2– 2025/6)

² Handebo S, Sharma R, Simireta T, Addissie H, Endalew GB, Girma E, Mossa KA. Social and behavior change communication competency among front-line healthcare system actors in Ethiopia: a cross-sectional study. BMC Public Health. 2024 Mar 1;24(1):663. doi: 10.1186/s12889-024-18084-x. PMID: 38429710; PMCID: PMC10908142.

Course Syllabus

Course description: This four-day in-service training program aims to equip social and behavior change (SBC) practitioners, program implementers and the wider SBC community with the skills to effectively address health challenges rooted in behaviors, social interactions, and the environment they live in. The training will equip participants with the ability to identify and analyze barriers to positive behaviors and social change, develop human-centered SBC strategies tailored to individual needs and community contexts, and implement innovative approaches such as behavioral insight, nudging, strategic communication, community engagement, system strengthening, service improvement and policy advocacy to drive lasting change, and enabling them to effectively respond to both routine public health needs and emergency situations.

Course goal: To equip SBC program implementers, practitioners and the wider SBC community with the necessary knowledge, skills and attitudes needed to design, apply and M&E social and behavior change interventions.

Participant learning objectives: By the end of this course participants will be able to:

- Explain basic concept, principles, theory and models of SBC
- Discuss situational analysis, audience analysis, and program analysis and designing of SBC interventions.
- Discuss SBC programmatic approaches implementation for routine public health needs and emergency situations
- Develop messages, creative brief and M&E Frameworks

Facilitation/Training methods

- Individual Reflection
- Group work
- Plenary discussion
- Case scenarios
- Presentation

Training materials

- Flip-charts, marker, pens
- Masking tape
- Audio-visual

Participant selection criteria

■ Participants for this module should be Health Education and promotion professionals, Health Communication practitioners and program implementers who designs, implements, and evaluates programs aimed at influencing positive changes in social norms, attitudes, and behaviors.

Methods of evaluation

- Participant
 - **Formative**
 - Pre-test
 - Group work (Group discussion, Case Study) assessment during the training
 - **Summative**
 - Post-test
 - Post-training follow-up
- Module evaluation
 - Daily evaluation by participants
 - Daily trainers feedback meeting
 - End of course evaluation by participants

Course duration: Four days

Suggested Class Size: 25 to 30 participants per training room with four facilitators

Training Venue: Accredited CPD center

Criteria for certification of competence (COC):

- Cumulative score is > 80% in the summative assessment,
- Full attendance of the course duration a must
- Scored < 80% in a post testing will be given re-exam after exhaustive coaching
- If the participant cannot pass for the repeated exam, he/she will be eligible for certificates of completion and provide him/her certificate of completion

Course schedule

Module One: Social and Behavior Change

Duration: Four Days

Day	Time	Chapter	Topics		
Day 1	8:30 - 9:00 am	Chapter I	Registration, Opening remark, Climate setting		
	9:00 - 9:30 am		SBC pre-test		
	9:30 -10:10 am		Human behavior and its drivers		
	10:10-10:30 am		Basic concept of SBC		
	10: 30-10:45am		Break		
	10:45-11:20 am		Basic concept of SBC – continued		
	11: 20-11:50 am		Evolution of SBC		
	11: 50 am -12:30 pm		Principles of SBC		
	12:30 -2:00pm		Lunch		
	2:00pm - 2:40 pm		Theory and models to inform SBC		
	2:40 -3:20 pm		Importance of SBC and Chapter Summary		
	3:20 -4:00 pm		SBC program design and planning process		
	4:00 -4:20pm		Break		
	4:20 – 5:15pm		SBC program design and planning process – continued		
Day 2	5:15 -5:30pm	Chapter II	Day 1 Evaluation		
	8:30 – 9:00 am		Day 1 Recap		
	9:00-10:30am		SBC program design and planning process – continued		
	10:30-10:50 am		Break		
	10:50 - 11:50 am		SBC program design and planning process – continued		
	11:50 am -12:30pm		SBC strategic approach		
	12:30 -2:00 pm		Lunch		
	2:00 pm -2:50 pm		SBC strategic approach contin... and Chapter Summary		
	2:50 -3:30pm		SBC programmatic approach implementation		
	3:30-3:50am		Break		
	3:50-11:20pm		SBC programmatic approach implementation continued		
	11:20 - 5:30 pm		Day 2 Evaluation		
	Day 3		08:30 – 09:00am	Chapter III	Day 2 Recap
			09:00 – 10:35am		SBC programmatic approach implementation continued
10:35 - 11:00 am		Break			
11:00 am- 12:20 pm		SBC implementation during emergency			
12:20 – 2:00 pm		Lunch			
2:00 -3:30 pm		Creative brief, message production, and pretesting			
3:30 – 4:00 pm		Break			
4:00 - 4:45 am		Creative brief, message production, and pretesting - Continued and Chapter summary			
4:45 – 5:05 am		Day 3 Evaluation			
Day 4		08:30 am – 09:00am	Chapter IV		Day 3 Recap
	09:00 – 09:30 am	Definition and Concepts of Monitoring and Evaluation			
	9:30 - 10:40 am	Role of monitoring and evaluation in SBC			
	10:40 - 11:10 am	Break			
	11:10 am - 12:05 pm	SBC monitoring and evaluation Framework			
	12:05 - 2:00 pm	Lunch			
	2:00-2:40 pm	SBC indicators			
	2:40-3:10 pm	Monitoring and evaluation of SBC Interventions			
	3:10-3:40 pm	Break			
	3:40 - 4:20 am	Evaluation use and share lesson learned: Definition and basic concepts and Chapter Summary			
	4:20 - 4:50 am	Post Test			
	4:50 – 5:30 pm	Closing remark			

Duration: 4 Hrs. and 5 Minutes

Chapter Description

This chapter overviews the human behavior and its drivers. It also highlights basics of SBC, its importance and list key principles of SBC, theories and models to advance social and behavioral change for health.

Primary Objective: By the end of this chapter, participant will be able to explain Social and behavior changes & its drivers

Enabling Objectives



By the end of chapter, the participants will be able to

- Explain Human behavior and its drivers
- Explain basic concept of social and behavior change
- Explain evolution of SBC
- Describe the principles of SBC
- Explain theory and models to inform SBC
- Explain the importance of SBC

Chapter outline

- 1.1. Human behavior and its drivers
- 1.2. Basics of social and behavior change
- 1.3. Evolution of SBC
- 1.4. Principles of SBC
- 1.5. Theory and models to inform SBC
- 1.6. Importance of SBC
- 1.7. Chapter summary

Activity 1.1 Individual reflection



Instruction: read the following questions and reflect your opinion

1. Think about one of your personal routine activities such as washing hands every morning, brushing teeth...etc. why do you do this regularly? Is that intentional or unintentional?
2. Take one practice that affects your health such as alcohol, cigarette smoking, unhealthy food consumption, etc. even if someone know the health impact of it but still, they practice. Why? Have they been influenced by other social and/or environmental factors that push them for such behavior?
3. Why do we do the things we do?
4. What could influence the things we do?

Time required: 15 minutes

1.1. Human behavior and its drivers

Human behavior refers to the observable actions of individuals or groups and mental ³phenomena such as knowledge, attitudes, beliefs, motivations, perceptions, cognition, and emotions⁴. – It can be derived by culture, norms, attitudes, emotions, values, ethics, authority, rapport, persuasion, coercion and genetics⁵. In many instances, people do not simply consider the benefits and costs of a choice and then make a rational decision on the best course of action. Making the public more aware of an issue can be important in creating an environment conducive for change, but running effective campaigns is quite difficult⁶. Also, knowledge and awareness alone are poor predictors of behaviors, given the criticality of other cognitive, social and structural drivers, and the multiple effects between these⁷. As such, merely presenting individuals with accurate information does not guarantee that they will make the best decision (optimal choices).

This is because people are highly emotional and influenced by their environment, by those who matter to them and by others they interact with. The context in which individuals find themselves is just as significant as their own thoughts and perceptions⁸. This isn't to say the field of behavioral science assumes that people are incapable of making well-informed decisions—it's saying that we often make decisions in an imperfect way. These indicated many judgments and choices are made instinctively and automatically, rather than through deliberate thought processes^{9 10}.

Due to these facts, it is believed that human behaviors are much more complex that can be the main cause and solutions for the problems. Similarly, endorsing such complexity for individual behaviors advocates for more evidence-based programming, since default and one-size-fits-all solutions are unlikely to address the right motives in the right way.

The origins of the SBC programing can be found in seeking an answer to this pivotal question: Why do people do what they do? This will contribute to enhancing the analytical capacity, rigor and sensitivity needed to understand a wide and diverse set of behaviors in their contexts. Any effort to diagnose and analyses what drives a behavior (enablers or constraints on human action), designing effective interventions targeting those drivers, and measuring the achievements of such interventions in the field critical for successful SBC intervention.

1.2. Basic concept of social and behavior change/SBC

Activity 1.2. Think, pair and share activities



Instruction: Answer the following questions and share your experiences for the participant

- What is social and behavior change? When and how do you apply it in your work?
- List examples of social and behavior change activities you implemented?

Time required: 15 minutes

³<https://obssr.od.nih.gov/about/bssr-definition#ref1>

⁴<https://obssr.od.nih.gov/about/bssr-definition#ref1>

⁵<https://courses.aiu.edu/Psychology%20of%20Learning/SEC%207/SEC%207.pdf>

⁶ Personality and Individual Differences: Kahan, 2013; Lilienfeld and Arkowitz, 2014. DOI: <https://doi.org/10.4135/9781526451248.n1>

⁷Yorkovsky Y, Zysberg L. Personal, social, environmental: Future orientation and attitudes mediate the associations between locus of control and pro-environmental behavior. Athens J. Soc. Sci. 2021;8:83-98.

⁸ UNICEF; The Behavioural Drivers Model: A conceptual framework for social and behaviour change programming. <https://www.unicef.org/mena/reports/behavioural-drivers-model>

⁹ UNICEF Ethiopia: Behavioral Science Training Manual, January, 2023. Unpublished document

¹⁰ UNICEF; The Behavioural Drivers Model: A conceptual framework for social and behaviour change programming. <https://www.unicef.org/mena/reports/behavioural-drivers-model>

Basic Concept of SBC

Social and Behavior Change (SBC) is a research-based, consultative process that uses designed interventions to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. It is guided by a comprehensive ecological theory that incorporates both change at the individual level and broader environmental and structural change.

SBC explicitly incorporates a social change perspective that fosters processes of community dialogue and action and sets approaches and strategies that promote healthy, preventive and protective and measurable changes for the community. Behavioral and social results are inextricably linked. Sustained behavior change often requires social change, as these practices frequently depend on their social acceptability, which depends on the dynamics, norms, stigmas and power relationships within a community. SBC is not just telling people to do something about particular problem –which is the biggest mistake in our behavioral communication program.

Scenario 1:

“A woman feeding her child porridge made of millet every day – a woman told what good nutrition is by SBC workers but a child not growing well, she keeps on feeding porridge made of millet ...a national SBC expert /supervisor visited her and asked if she put some oil on it and she replied – “no”, a supervisor added question if she added some milk and she said - no, a bit of sugar? asked the expert (supervisor) – she looked at her and laughing and said “where do you think I am going to get sugar?... my husband took and sold the millet at the beginning of the week, he only gave a measure of millet telling me to feed my child for a week – a porridge made of millet with salt, I don’t get any more than that and a visiting supervisor asked her where her husband eat and she replied “out in the village with his friends but these women were visited multiple times by SBC workers and she has got some knowledge about health and nutrition. So don’t you think needs to be done something differently?”

Now it’s clear that more social and behavioral change (SBC) has to be done to be able to achieve our objective.

Involve her husband, other family members, show them the immediate and long-term impact of malnutrition, the benefit of discussion and or negotiation, bring local means, affordable, culturally acceptable – efficient use.

What is change in SBC and principles of change?

Change in context of public health, refers to efforts put in place to change people’s personal habits and attitudes, to prevent disease. Behavior change in public health can take place at several levels and is known as social and behavior change.

In SBC, people have something in mind, unless you take out that and make it empty, there will be no space for new ideas /change to accept. Think of all the knowledge you have in your life, but you don’t implement it (alcohol, cigarette smoking etc...)

Principles of changes are: People must see the reason for change, People must be ready for change- think of the situation during COVID started to using mask, People must involve in the change- remember the story of millet porridge, People must be surrounded by models of change-like neighbors good at gardening, a neighboring women early ANC or institutional delivery

Scenario 2: Newly engaged couple and the potato story

“She cut the edge off and throw it way – a husband asked why she did like that, she said I really don’t know but mom usually do it when she prepare , she also asked her mom why she do like that, and her mom replied “I just don’t know my mom used to do it ... one day during holiday she visited her grand Mather and asked her grandmother why she cut off the potato edge and the grandmother said “my cooking Pot was too small “ now she has got a reason to change the practices of cutting the potato edge off .

What do we learn from this story?

Other consideration on behavioral change:

- Just because a person know about a behavior doesn’t do it (eg. Cigarette smoking cause harm on health but people smokes)
- Just because we want to do it doesn’t mean we will do it –context matters
- People do things- because good for health, not for the reason we promote so support them till they took it as its their or owned, like not our issue /agenda

SBC activity is context specific take those barrier examples : An agent takes you to the trip (destination) – while going a flood comes – Swimming is not a solution for you because you can’t swim , then you accept to have boat, again another barrier happened a big tree blocked road – that can’t manage it with solution for barrier one , and the agent gave you chain saw – you don’t know how to operate and not acceptable, but you are familiar with axe / enabler again another other barrier a road blocked with big stone / bulldog blocks – an axe does not work for this barrier what do you to solve ? A bulldozer

So SBCC is a process (a journey) that requires dialogues to bring solutions that best fit for the given problem (do not sit in the office and say this is the best – do it by this....)

After the SBC activity is done, people have at least those three points in mind (what is the main issue discussed /raised – if I am asked who and what was my day at the workshop, what do I need to do to bring the intended behavioral change, why is it important to do it? to make sure people understand / feel / evaluate the change.

1.3. Evolution/Historical background /emerging of SBC

Activity 1.3. Individual reflection



Instruction: Answer the following questions and share your experiences for the participant

- What do you know about SBC evolution?
- What are the major assumptions that evolve from health education, IEC, BCC, SBCC and SBC?

Time required: 10 minutes

Evolution of Social and behavior change

Health education is defined as any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes. Information, Education and Communication (IEC) ranges from didactic one-way communication to more entertaining methods. It can use many types of media channels and materials.

The IEC approach assumes that people will follow health advice when they are provided with the (right) information. Behavior Change Communication (BCC) aims to encourage actions in the home, community, health facility or society that improve health outcomes. It aims to promote healthy lifestyles or prevent and limit the impact of health problems, by using an appropriate mix of interpersonal, group and mass-media channels.

Social and Behavior Change Communication (SBCC) is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both change at the individual level and broader environmental and structural change. The addition of an “S” to BCC signifies that individuals depend on larger structural and environmental systems such as gender, power, culture, and political and economic environments. Unlike other terms, SBCC explicitly incorporates a social change perspective that fosters processes of community dialogue and action. Social and behavior change: encompasses any set of strategies and interventions that influences drivers of change and supports local action towards better societies.

Table1: the evolution of social and behavior change

Years	What it was call	Approach	How receiver perceived
1960s & 1970s	In formation, Education and Communication/ IEC	Focus on information dissemination through mass media/traditional media	Audiences as a passive recipient of information
1980s & 1990s	Behavior Change Communication/BCC	Focus on individual knowledge, attitude and behavior	Audiences input and feedback necessary to design campaign
2000s & 2020s	Social and Behavior change Communication/SBCC	Focus on individual in the context of socio cultural norm and social networks	Emphasis for participatory approaches, community engagement in defining issues and identifying option for action
2020+	Social and Behavior change/SBC	Focus on drivers of change on people’s environments, societies, and behaviors.	Audiences are the right holders on their health and wellness

1.4. Principles of SBC

Activity 1.4. Group discussion/lecture



Instruction for participant:

- Be group of 5-6 people
- Discuss on the principles of SBC that assigned by the facilitator for your group
- Jot down in main points on the flipchart based on the following questions and present for the wider group in gallery walk:
 - What those particular principles mean in SBC program?
 - What is the importance of adhering for each principle?

Objective: to understand the principles of SBC and its descriptions

Time required: 20 Minutes

The principles of social and behavior change have been listed as follow:

Social and behavior change approaches build on evidence and targets the determinants that predict behavior.¹¹. SBC relies principles listed below: -

A. Evidence-Based: It uses evidence in their design. This could be researches (existing and new) on our audience behavior, their determinants to help determine the problem and identify change needed.

¹¹ A taxonomy of behaviour change methods: an Intervention Mapping approach: 2016 Sep;10(3):297-312. DOI:<https://doi.org/10.1080/17437199.2015.1077155>

B. Human -centered: Engage audience and put them at the center beginning from planning up to program evaluation process.

C: Culturally sensitive: SBC work takes place across diverse social and cultural settings spanning the globe. It is imperative that the value frameworks across these settings be considered in how SBC is planned and conducted.

D. Multiple approaches: it uses multi-layer approaches to address multiple determinants. It uses the socio ecological based approaches to reach the problem with various levels of intervention,

E. Integration: SBC needs to work in harmony with the relevant programmatic units and services in order to ensure activities are performed.

F. Partnership and Coordination: - Interventions demand coordination of different sectors, program implementers, communities and individuals at all levels.

F: Inclusiveness: SBC needs to include and engage people with special need, disability or other like IDPs

1.5. Theory's and models to inform SBC

Activity 1.5. Individual Reflection



Instruction: read the following questions and reflect your opinion

Question

- What are theories and models in SBC
- What experiences of models and theory in program implantation

Objective: Understand the theories and models in SBC.

Time required: 10 Minutes

Theory's and models to inform SBC

A theory illustrates any causal process that provides a systematic ways of understanding a phenomenon. Theories are used in the formation of SBC to understand how and why a problem exists, and in monitoring and evaluation to understand if SBC solution(s) to the problem are working. Theories help SBC practitioners understand why a problem exists based on past research and considers how to fix that problem using a range of solutions or programmatic approaches.

A model is a conceptual diagram that is larger than a theory and may include more than than one theory. For example a social ecological model is considered a meta-theory in that the model incorporates theories at each level of the model, such as individual-level theories and community-level theories.

There are several theories and models that are commonly used in SBC to guide the design and implementation of interventions. These theories and models provide frameworks for understanding human behavior, designing effective SBC strategies, and evaluating the impact of health SBC interventions. By applying these theories and models, health SBC practitioners can develop evidence-based SBC interventions that promote positive health outcomes.

This section covers theories that have been used in SBC for many years. purpose of this section is not to provide an exhaustive list of SBC theories but rather to introduce the commonly used theories and illustrate their application to the SBC. It is designed to get you think about some constructs of each theory and their application to real world SBC topics and programs.

Most theories and models are sorted into three levels: individual, interpersonal and community level. Choosing a theoretical base depends on the type of change needed, determinants of the behavior or what drives your audience’s behavior (individual preferences, social pressures or cultural norms) and context and audience for the SBC intervention.

Levels of change	Theories/ models	Targets of change needed
Individual	<ul style="list-style-type: none"> ■ Health Belief Model ■ Theory of Planned Behavior (TPB) ■ Trans theoretical Model (Stages of Change) ■ The Extended Parallel Process Model (EPPM): 	
Interpersonal	<ul style="list-style-type: none"> ■ Social learning ■ Social Cognitive Theory (SCT) 	
Community	<ul style="list-style-type: none"> ■ Socio-Ecological Model ■ Diffusion of innovation theory 	

Individual Level

1. Health Belief Model (HBM): The Health Belief Model (HBM) was developed to help understand why people did or did not use preventive services offered by public health departments in the 1950’s according to the HBM. People form behaviors based on perceptions:

- How severe is the illness?
- How likely could I get it?
- What do I benefit from trying to prevent it and how effective is the new behavior?
- What keeps me from taking this action?

The components of HBM

- Individual perceptions: Address personal risk perception and beliefs in severity of disease
 - Identify key benefits and barriers to change and stimulate discussion
 - Demonstrate potential positive results of change
- 2. Trans Theoretical Model /Stages of Change:** According to the Transtheoretical Model (TTM), long-term changes in health behavior involve multiple actions and adaptations over time. Some people may not be ready to attempt changes, while others may have already begun implementing changes in their habits (such as smoking, condom use and so on). The construct of “stage of change” is a key element of the TTM, and proposes that people are at different stages of readiness to adopt healthful behaviors and that different interventions are essential for people at the different stages.
- 3. The Extended Parallel Process Model (EPPM):** developed by communication scholar Kim Witte, is a fear-appeal theory used to understand how people react to messages that evoke fear or threat. It explains how individuals process these messages and decide whether to take action in response. Here are the key points of the EPPM:

Dual Processing:

- The EPPM suggests that people engage in two parallel processes when evaluating fear-inducing messages:
 - **Threat appraisal:** This assesses the severity and susceptibility of the potential threat. (e.g., How bad is it? How likely am I to get it?)
 - **Efficacy appraisal:** This evaluates the effectiveness of the recommended solutions and a person’s confidence in carrying them out. (e.g., Will this solution work? Can I actually do it?)

Behavioral Outcomes:

- The model predicts two possible behavioral outcomes based on the appraisal processes:
 - **Danger control process:** When people perceive a high threat and believe the recommended solutions are effective and achievable, they are more likely to take action to mitigate the threat (adaptive behavior).
 - **Fear control process:** When people perceive a high threat but have doubts about the solutions or their ability to follow through, they might experience negative emotions like fear or anxiety. This can lead to avoidance of the message or maladaptive coping mechanisms (e.g., denial, inaction) that don't address the threat.

Applications:

The EPPM is useful in various contexts where fear appeals are used, such as:

- Public health campaigns (e.g., encouraging smoking cessation, promoting safe sex practices)
 - Environmental awareness campaigns (e.g., highlighting the dangers of climate change)
 - Safety messaging (e.g., promoting seatbelt use, encouraging fire safety practices)
4. **Theory of Planned Behavior (TPB):** The Theory of Planned Behavior posits that individuals' intentions to engage in a behavior are influenced by their attitudes toward the behavior, subjective norms (perceived social pressure to perform the behavior), and perceived behavioral control (perceived ease or difficulty of performing the behavior). This theory is useful for understanding and predicting behavior change.

1. Attitude towards the desired behavior

This is the person's belief that a beneficial outcome will occur by practicing the preventive methods. This depends on individual knowledge, skill and practice which are also affected by age, sex, socioeconomic status, literacy level and so on. To affect individual perception towards the desired behavior, our intervention should aim at highlighting the short term benefits of practicing that intervention.

2. Subjective norm

People around us have a huge impact on our behavior. This factor covers what people such as peers, family, social networks think about the desired behavior. A good perception and practice among this reference group will motivate an individual to comply with these norms. Therefore intervention should target close social networks.

3. Perceived behavioral control

The other factor that influences people's practice is their perception about his/her capacity to practice the desired behavior.

Interpersonal

1. **Social learning theory:** is the philosophy that people can learn from each other through observation, imitation and modeling
2. **Social Cognitive Theory (SCT):** Social cognitive theory (SCT) explains human behavior in terms of a three-way, dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact. SCT synthesizes concepts and processes from cognitive, behaviorist, and emotional models of behavior change, so it can be readily applied to counseling interventions for disease prevention and management. A basic premise of SCT is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions.

Example: Anti-Smoking Campaign to reduce youth smoking rates in a community.

SCT Factors:

- **Observational Learning:** Teenagers are highly influenced by their peers and role models. The campaign can leverage this by showcasing positive social norms around not smoking. This could involve featuring teens who don't smoke and are involved in healthy activities, or showcasing adults who are positive influences and don't smoke.
- **Vicarious Experiences:** Highlight the negative consequences of smoking through testimonials from former smokers who can share their experiences with addiction, health problems, and social disapproval.
- **Self-Efficacy:** Empower teens to resist peer pressure and make healthy choices. The campaign can teach them

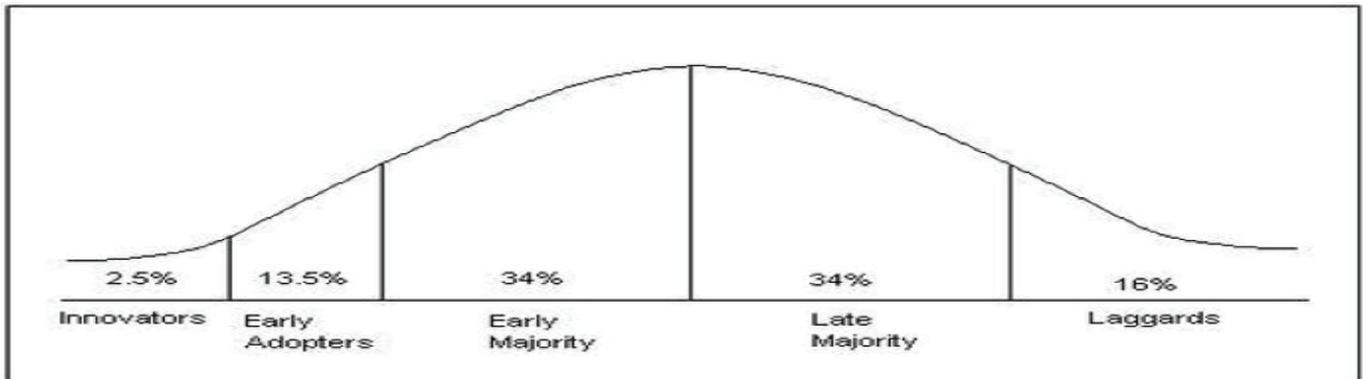
communication skills to say no to cigarettes and provide resources to help them deal with social situations where smoking is present.

By focusing on how teens learn from observing others and building their confidence in making healthy choices, the campaign can encourage them to resist smoking based on SCT principles. This is just one example, and SCT can be adapted to address a variety of social and behavioral issues in SBC campaigns

Community

1. **Diffusion of innovation theory:** explains how new ideas, products, or behaviors spread through populations. It identifies different categories of adopters (innovators, early adopters, early majority, late majority, laggards) and factors that influence the adoption process, such as the perceived attributes of the innovation, communication channels, social networks, and the adopter's characteristics.

Figure 1: Diffusion of innovation theory



Not everyone accepts a new behavior or preventive intervention to create the behavior. It gets adapted with a minority of individuals that progress overtime to influence the majority of the community, although experts still believe that there can be a portion of the community that will never change. According to this theory the critical mass lead is estimated to be about 20% that will influence the remaining 70%.

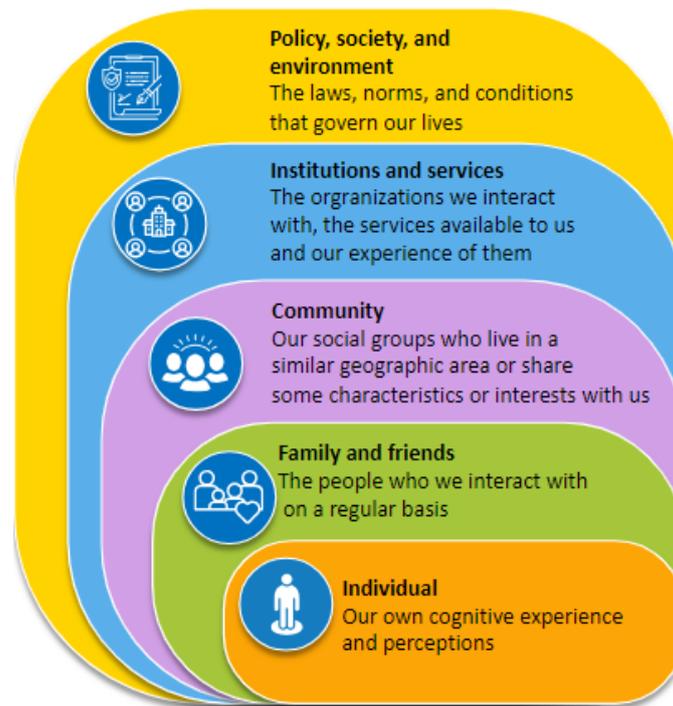
The time/ duration for an intervention to be adopted as a behavior depends on its advantage, whether it is in concordance with the community, how complex it is, whether the change can be witnessed with observable effects. Intervention should aim at practices that are most amenable to change during emergency situations While choosing theories don't hesitate to mix concepts from more than one theory if they seem to apply to the unique characteristics of your activities and your audience.

2. **Socio-Ecological Model (SEM):** is a foundational framework for understanding the complex interactions between an individual and their environment. It emphasizes the multiple levels of influence on human behavior, both at the individual and collective levels. The SEM helps identify gaps in behavior change efforts, organize behavioral analysis, and determine where targeted interventions can have the most significant impact.

The key factors in the Socio-Ecological Model are:

1. **Individual Level:** This includes personal factors such as knowledge, attitudes, beliefs, and skills that influence behavior.
2. **Interpersonal Level:** This involves relationships with family, friends, peers, and other social networks that provide support, advice, and influence.
3. **Organizational Level:** This includes institutions and organizations, such as workplaces, schools, and healthcare facilities, which have formal and informal rules and policies that can influence behavior.
4. **Community Level:** This encompasses the broader social and physical environment, including community norms, cultural values, and the built environment, which can impact behavior.
5. **Public Policy Level:** This includes local, state, and national policies and laws that regulate or support healthy practices and behaviors.

Figure 2: Socio-ecological model



1.6 Importance of SBC

Activity 1.6. Group Exercise



Instruction:

Be in group of 5-6 people and discuss on the following questions

- Why do we talk about SBC and invest in it and its contribution for program goals?
- Does it have any importance?
- Any experience or unforgettable moment you have on its benefit?

Time required: 20 Minutes

Why invest in SBC and its importance?

SBC has been shown to increase successful outcomes by creating an enabling environment, addressing harmful social norms, improving communication, and increasing uptake of on health service uptake and or utilization, the SBC approaches complement and amplify service delivery investments and can be used before, during, and after service encounters to improve with this, SBC demonstrates a high return on investment in both the short term and long term.

How does SBC contribute to the program's goal?

- SBC can be used to address the underlying reasons for patient behavior and health system actor performance.
- SBC is cost effective to learn about and advocate for the contribution of service advancing global, national, regional, community, individual level demand, access, and use.
- SBC can be used to influence attitudes and behaviors among individuals and providers for more effective service delivery programs
- Promote care-seeking behaviors, adherence, collaboration, prosocial behaviors, and policy and priority setting.
- Uses Advocacy and community engagement approaches system strengthening to create enabling environment and community level interventions from high level policy makers.

1.7 Chapter Summary

- People must see the reason for change, People must be ready for change- People must involve in the change- People must be surrounded by models of change.
- Human behavior can be derived by culture, norms, attitudes, emotions, values, ethics, authority, rapport, persuasion, coercion and genetics.
- SBC explicitly incorporates a social change perspective that fosters processes of community dialogue and action and sets approaches and strategies that promote healthy, preventive and protective and measurable changes for the community.
- The principles of social and behavior change include; Evidence-Based, Human -centered, culturally sensitive, Multiple approaches, Integration, Partnership and Coordination, Inclusiveness.
- Theories and models provide frameworks for understanding human behavior, designing effective SBC strategies, and evaluating the impact of health SBC interventions.
- Choosing a theoretical base depends on the type of change needed, determinants of the behavior or what drives your audience's behavior (individual preferences, social pressures or cultural norms) and context and audience for the SBC intervention.
- SBC has been shown to increase successful outcomes by creating an enabling environment, addressing harmful social norms, improving communication, and increasing uptake of on health service uptake and or utilization

Duration: 5 Hrs. and 35 minutes

Chapter Description:

This chapter provides a comprehensive guide to the designing and planning processes essential for effective Social and Behavior Change (SBC) programs. It outlines steps focusing on the situational analysis, audience analysis and segmentation, root cause analysis, program analysis including setting SBC objectives and selecting appropriate SBC strategic approaches.

Primary Objectives: By the end of this chapter, participants will be able to discuss evidence-based and theory-driven SBC program interventions, plans and identify possible implementation strategies.

Enabling Objectives



By the end of chapter, the participants will be able to

- Discuss SBC program design and planning process
- Explain SBC strategic approaches for implementation

Chapter outline

- 2.1 SBC program design and planning process
- 2.2 SBC strategic approach
- 2.3 Chapter summary

Activity 1.1 Individual reflection



Instruction: Answer the following questions and share your experiences for the participant

“If You Fail to Plan, You Plan to Fail”, What do you understand from this proverb?

- Have you ever planned/designed an SBC program, intervention and activities?
- How do you design/plan, social and behavior change programs, activities?
- Are you aware of any SBC program designing and planning processes?

Time required: 10 minutes

2.1 SBC program design and planning process

SBC program design and planning process

Social and behavior change programs and interventions need to have a defined and strategic design and planning process. Different practitioners use different approaches to plan SBC interventions such as C-Change planning, planning phase and P-process and others. All planning process uses a step-by-step approach with grounded in theory based and measurable impact about changing behavior to a strategic and

participatory program. Considering all evidences and process recommendations, SBC program design and planning key steps summarized as follows:

1. Situational analysis,
2. Audience Analysis and Segmentation
3. Program analysis
4. Setting SBC objectives
5. Selection SBC Approaches
6. Developing theory of change

2.1.1 Situational analysis

Situational analysis will help in defining the problem, identifying gaps that can be addressed through SBC. It is important to have a clear understanding of the extent and severity of the problem, as well as the behaviors that will prevent and treat it. During the development of strategy, the first thing to determine is the challenge or problem in social and behavioral change. A problem or challenge can be identified from different primary and secondary data such as admin reports, formative research, literature reviews, routine observations and activities. If additional information is required to understand the details of the problem, quick assessment and qualitative research tools can be used.

Major steps to conduct situational analysis are the listed below

Step 1: Set Shared Vision

To design an effective SBC strategy, a clear statement of what kind of changes that are needed or we want to observe after SBC activities that will be set in the strategy are carried out. Define problems in terms of why there is a difference between what we want (shared vision) and what is happening (current situation) and how to bridge this gap. A vision is able to secure commitment and should be shared by all stakeholders. A clear shared vision, an understanding of the current situation in relation to the shared vision and an understanding of why there is a difference between the two including what would happen if things don't change and our current destination is the questions that we address in the situation analysis.

Basic Strategic Questions

- | | |
|-----------------------------------|----------------------|
| 1. What do we want to happen? | Shared Vision |
| 2. What is happening now? | Current situation |
| 3. What is likely to happen? | Current destination |
| 4. Why are those main challenges? | Key Constraints |
| 5. What do we need to change? | Strategic objectives |
| 6. How do we nurture change? | Strategy |

Step 2: Identify Challenges and Root Cause analysis

Root Cause Analysis (RCA) is a powerful tool for getting to the heart of a problem and preventing future occurrences. In this step, you need to identify the key constraints that block the achievement of the vision. A challenge or an identified problem might be caused by multiple reasons. To direct interventions to challenges that will effectively cause behavioral changes, root cause analysis should be done. Root causes are the reasons why there is a difference between current situations and vision. In depth exploration of a challenge

should be done by answering the question “WHY?” That challenge occurred. Addressing the obvious or most visible aspects of a problem is not likely to succeed and it helps to develop a more effective strategy to overcome the actual problems.

Major procedures to conduct Root Cause Analysis (RCA):

1. Identify potential immediate causes (for the prioritized problems)
2. Identify the root causes using different RCA techniques like the “5 Whys,” to generate a list of potential causes.
3. Identify and categorize social and behavioral challenges as per the socio ecological model that states that behaviors take place within a complex web of social and cultural influences.

Individuals are nested within families, social networks, communities, systems and nations. As much as a behavior and decision are affected by individuals’ understanding and characteristics that can be determined by factors such as level of knowledge, skill, and perception of susceptibility, severity and barriers. At family and peer level, perception of susceptibility and severity for families and identifying who influences the behavior in the family is important. It is also influenced by social and environmental factors and system level factors. Reviewing the RCA findings, data, and potential causes, it is necessary to focus on recurring issues through looking for patterns or consistent problems that keep emerging. Prioritizing and determining the challenges that have the biggest impact on the goals and developing a clear summarized statement of the core challenge. A social and behavioral challenge is a root cause that Strategic SBC can address

Figure 3: Level of socio-ecological model framework to identify and categorize social and behavioral challenges



Case Scenario on Reducing Maternal Mortality

Case scenario:

Project goal
Reduce maternal mortality

Project objectives

- Increase skilled service delivery
- Improved the knowledge of women, husband and family on the importance of skilled service delivery
- Enhance the positive social norm on skilled service delivery

Title: - Social and behavioral change on promoting skilled delivery in two districts of X regions of Ethiopia

Duration of the project: - 6 months

Target: - increasing facility delivery by 20% (20-40%) at the end of the project period

Key SBC intervention: - disseminating public service announcement for early initiation of ANC, adhere to all 8 visits, skilled delivery and participate on pregnant women conference

Output: - A Radio/TV spot was disseminated 80 times and 120 pregnant women conference conducted.

Ministry of health Evaluation result: - skill delivery didn't show improvement in the targeted districts, low partners support and inadequate counseling of health providers.

Activity 2.2 Group discussion



Instruction: discuss the following scenario in group and share your experiences for the participants. All the groups are expected to go through the questions.

Questions for Group Works

1. Based on the provided scenario, what factors we consider for SBC design in situation analysis?
2. What are the root causes of low birth attendance in the above scenario?

Time Required 50 minutes

2.1.2 Audience Analysis and Segmentation

Activity 2.3 Group discussion



Instruction: discuss the following scenario in group and share your experiences for the participants. All the groups are expected to go through the questions.

Questions for Group Works

1. Identify audiences and their characteristics for the above scenario

Time required:35 minutes

This step will help in identifying the priority areas, audiences and gives insight on how to reach them. Audience analysis is the process of collecting, interpreting, and understanding information related to the target audience.

Segmenting the audience is the process of grouping those who share similar demographic and psychographic (socio-psychological) characteristics that differentiate them from the general population. Segmentation of audiences must be done based on a logical group that enhances better fit among the gaps identified in the situation analysis, messages, media, and services. Segmentation must be done because different people have different information needs and because it will ensure effective use of resources.

This will help focus on who to reach and how to reach them and engage them in the SBC program. Demographic characteristics generally include age, marital status, gender, education, occupation, income, geographic location. It can further tailor the description of the demographic categories based on the SBC program needs. The audiences can be also segmented by using psychographic characteristics like attitudes, beliefs, values, social norms, aspirations, interests, and lifestyle and media habits. Information on these characteristics can be obtained based on previous literature and other data sources.

Clearly identifying and understanding the primary, secondary, and tertiary audiences' helps to create SBC strategies that are more likely to reach your intended targets and drive the desired outcomes.

Types of Audience:

2.1.2.1 Defining and segmenting Audience groups

Questions to consider as you define and segmenting participant groups:

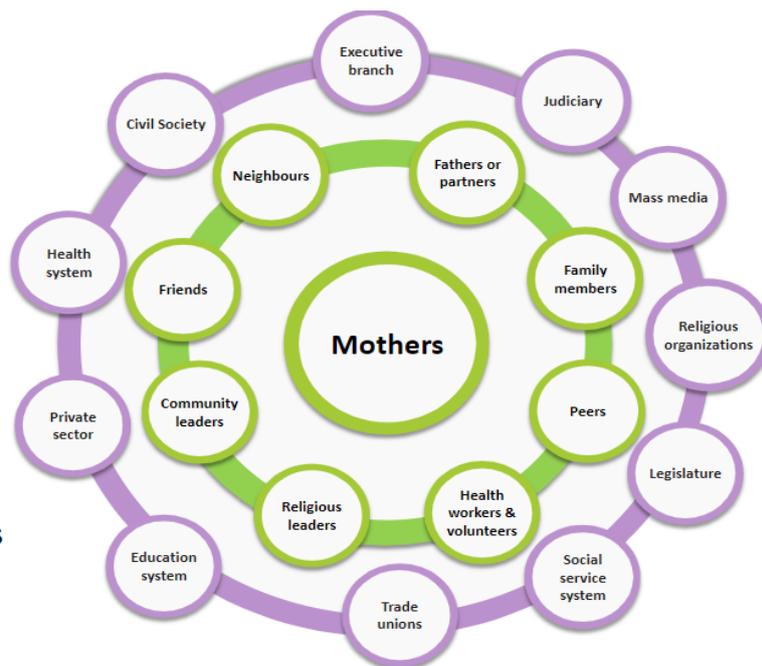
- Which group is most important to reach?
- Which other groups play key roles in influencing them?
- What are the power relations between the groups?
- How can you best spend your resources (budget, staff, facilities allies and partners) to reach these groups?

Audience groups

We can distinguish between three participant groups broadly corresponding to levels in the SEM:

- **The Primary Audience:** are those most affected by the problem, and who will benefit most from individual and social change. Audiences whose behaviors need influencing for change.
- **Secondary Audience:** audiences that have direct influence to the primary audience
- **Tertiary Audiences:** audiences who can support the program by creating an enabling environment (policymakers, traditional leaders, mass media, in some context private sector etc.) for primary and secondary audiences.

Figure 4: Participant groups in SBC program designing



2.1.3 Program Analysis

Activity 2.4 Group discussion



Instruction: discuss the following scenario in group and share your experiences for the participants. All the groups are expected to go through the questions.

Questions for Group Works

1. Based on the given scenario, demonstrate how to conduct program analysis/ SWOT analysis

Time required:35 minutes

2.1.3.1 SWOT

Program analysis focuses on increasing productive capability before implementation of the SBC program. It is a high-level strategic planning process that helps organizations to identify where they are doing well and where they can improve, both from an internal and an external perspective. SWOT (Strength, Weakness, Opportunity and Treats) analysis is one of the most commonly used program analysis frameworks within the current environment may facilitate the assessment of a program’s capabilities, limitations, and potentials.

2.1.4 Setting SBC objectives

Activity 2.5 Group discussion



Instruction: discuss the following scenario in group and share your experiences for the participants. All the groups are expected to go through the questions.

Questions for Group Works

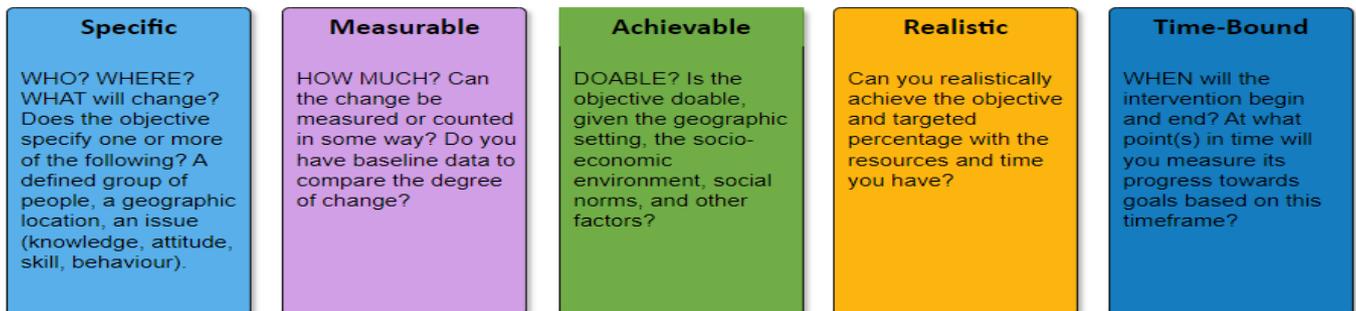
1. Set behavioral objectives for the above scenario

Time required:35 minutes

Objective Checklist		
Criteria to assess Objectives	Yes	No
1. Is the Objective SMART? <ul style="list-style-type: none"> • Specific: Who? (Targeted population and persons doing the activity) and what? (action/activity) • Measurable: How much is expected • Achievable: Can be realistically accomplished given current resources and constraints • Realistic: Addressed the scope of the health program and proposes reasonable programmatic steps • Time-phased: Provides a timeline indicating when the objective will met 		
2. Does it relate to a single results?		
3. Is it clearly written?		

Defining SBC objectives is crucial to design social and behavioral change programs; by establishing clear, measurable, and achievable objectives. SBC initiatives can be more focused, efficient, and impactful. These objectives provide a structured framework for guiding the design, implementation, and evaluation of SBC programming aimed at changing specific behaviors within a target population.

Key Characteristics of SBC Objectives:



Example of a SMART Objective

In programme promoting skilled delivery among pregnant mothers, a SMART objective might be:

By the end of 2026, pregnant mothers seeking skill delivery increases by 20 % by providing SBC training for 200 pregnant women in district X

- **Specific:** Increase mothers’ risk perception associated with home delivery. or Increase mothers who believes home delivery is risky.
- **Measurable:** Achieve a 20 % pregnant mother conference through community conversation sessions.
- **Achievable:** Provide 40 hours community conversation session for pregnant women in district xxx.
- **Relevant:** Training of 200 pregnant women
- **Time-bound:** By the year 2026, attendance of skill delivery increases by 20 percent.

Aligning Objectives with Overall Goals:

It is essential to ensure that the objectives of Social and Behavior Change (SBC) programs are not only well-defined but also aligned with the broader national, regional health and development goals. This alignment ensures that the interventions are impactful, sustainable, and contribute to the overarching mission and vision of the ministry.

- Key takeaways to consider while linking SBC Objectives to Health and Development Goals
 1. **Identify Relevant Health and Development Goals:** Start by understanding the key health and development goals at the regional, national, or global level. These might include reducing child mortality, improving maternal health, combating infectious diseases, or promoting gender equality.
 2. **Map from Objectives to Goals:** Ensure that each SBC objective is directly contributing to one or more of these broader goals. For instance, an objective aimed at increasing vaccination rates directly contributes to the goal of reducing child mortality and improving public health.
 3. **Use Evidence-Based Approaches:** Incorporate data and research to ensure that the SBC objectives are based on proven strategies that effectively contribute to health and development outcomes.
 4. **Monitor and Evaluate Impact:** Establish mechanisms to regularly monitor and evaluate the impact of SBC interventions on health and development goals. This helps in understanding the effectiveness of the objectives and making necessary adjustments.

2.2 Major SBC strategies

Activity 2.6 Group discussion



Instruction: discuss the following scenario in group and share your experiences for the participants. All the groups are expected to go through the questions.

Questions for Group Works

1. Identifying suitable/potential SBC strategies for the given scenario.

Time required: 45 minutes

2.2.1 SBC strategies in health and development programs

- **Behavioral change communication** is an approach that seeks to apply tactics or strategies from marketing, social and community mobilization, mass media, entertainment, advocacy, interpersonal communication, social media, and other communication approaches to support positive social and individual change.
- **Community engagement:** is a way of working with community, civil society, government, and opinion groups and leaders that facilitate their active participation in addressing the issues that affect their lives. Community engagement empowers social groups and social networks, builds upon local strengths and capacities, and increases local participation in finding solutions that they can adapt and have ownership over.

Social Mobilization:

- **Advocacy:** It is the art of influencing the attitudes, practices, and policies of decision-makers at various levels.
- **Social marketing:** Social Marketing for Behavior Change is a strategic approach that uses marketing principles and techniques to influence individual and community behaviors for the greater social good. Unlike commercial marketing, which aims to sell products or services, social marketing seeks to promote behaviors that benefit society, such as improved health, safety, or environmental sustainability.
- **System strengthening:** is a process of appropriately selecting, training, and engaging human resources, establishing a functional financial system, transparent and accountable information system, supportive public policies, and empowering and establishing sustainable community structure. It can be conducted at individual, community, institutional or societal levels.
- **Service Improvement:** A joint effort and collective action by citizens, groups, and communities organized by themselves to bring a shift in belief systems and systematic change. It is the idea of the expression of those who are disenfranchised which is nurtured activism, dialogue, networking,

mobilization, and media engagement and action.

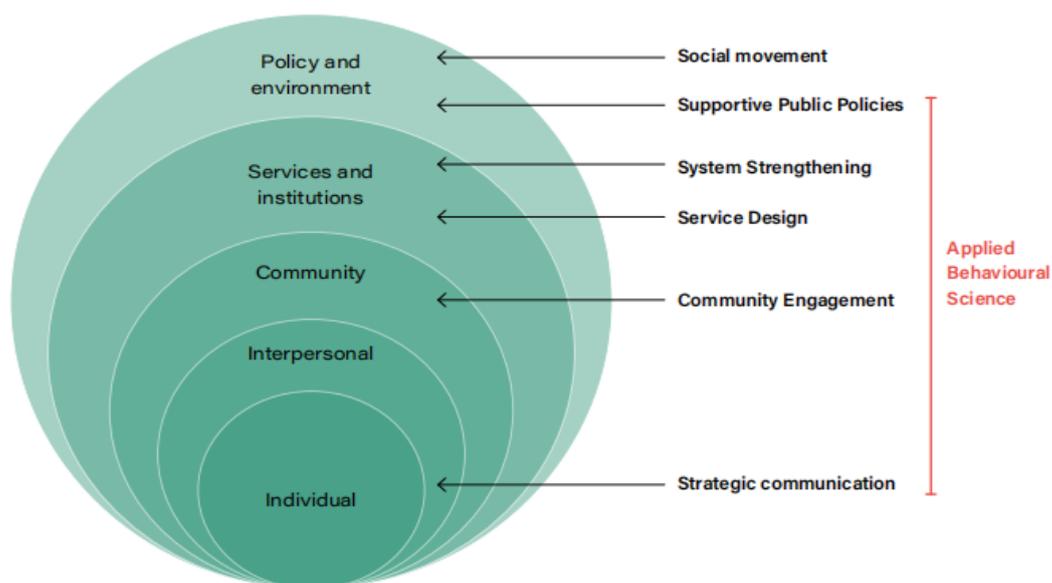
2.2.2 Selection of SBC strategic Approaches

The strategic approach is the combination of strategies that you will use to achieve SBC objectives. It reflects how these strategies will work together to produce the optimum results-based resources. SBC Objectives cannot be met through limited or to a single strategy. It can be one or combination of strategies depends on Target Audience analysis. In addition, to select best fits of SBC strategy, it is advisable to use socio ecological model as an entry point to get focused approaches for intended results.

SBC practitioners use the following considerations, and contexts to select a combination of best fitting SBC strategies

1. Level of Intervention

- Individual: Strategies targeting personal attitudes, beliefs, and behaviors.
- Social: Approaches aimed at influencing social norms, community practices, and peer influence.
- Structural and policy level: Interventions focused on changing policies, regulations, and physical or organizational.



2. Implementation Timeline

- Assess the time required to implement different strategies.
- Ensure the chosen strategy can be effectively applied within the program's timeframe.

3. Resource Capacity

- Human Resources: Evaluate the availability, skills, and expertise of existing staff.
- Financial Resources: Consider the cost implications and budget constraints of different strategies.

4. Alignment with Local Context

- Cultural Relevance: Ensure strategies are culturally appropriate and resonate with the target population.
- Geographical Considerations: Adapt strategies to suit local geographic conditions and logistical challenges.

5. Evidence of Effectiveness for the program under consideration

- Review the success rates and outcomes of similar strategies in comparable contexts.
- Prefer evidence-based strategies with a proven track record.

6. Required Stakeholder Engagement

- Involve key stakeholders, including community leaders, beneficiaries, and partner organizations, in the selection process.
- Ensure their support and buy-in for the chosen strategy.

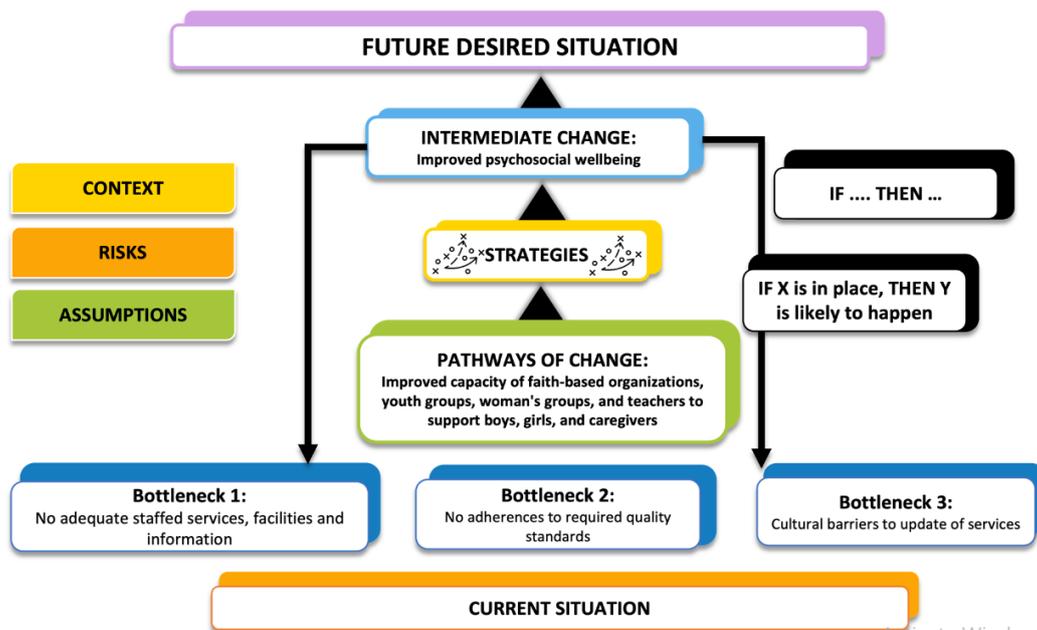
Checkbox to select the SBC strategies

List of SBC strategies	Individual level Intervention	Community level intervention	Multi-sectoral engagement	Decision Makers buy-in (resource, and attitude change)	Products promotion
Behavior Change Communication	<input checked="" type="checkbox"/>				
Community Engagement		<input checked="" type="checkbox"/>			
Social Mobilization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Advocacy		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Social marketing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
System Strengthening			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Service improvement			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2.2.3 Developing theory of change

After identifying the approaches necessary to solve your problem, you need to bring them together into a Theory of Change (ToC). This will serve as a visual map of the journey to change, explaining the logic behind each intervention and how they come together to bring about change. It will also structure your results at various levels and guide which variables need to be tracked and measured. Theories of change are informed by the scientific theories and models that address key questions, such as how to change behavior. The ToC is a powerful tool for communicating the essence of the strategy in a concise and coherent way. It ensures that you have captured the complexity of the situation and addressed all its causes. It also will help manage the implementation process.

Figure 5: Conceptual framework for ToC



2.3 Chapter Summary

- Before diagnosing the situation at hand, broadly identifying the primary issue, think about the core organizations and people that should be involved in the analysis, design and implementation of the strategy.
- Conducting a situational analysis will help in defining the problem, identifying gaps that can be addressed through SBC.
- Root Cause Analysis is a powerful tool for getting to the heart of a problem and preventing future occurrences
- Socio-ecological model will help to identify and categorize social and behavioral challenges at different levels.
- Audience analysis and Segmentation must be done to enhance better fit among the gaps identified in the situation analysis, messages, media, and services.
- Program analysis helps to identify strengths, weaknesses, opportunities and threats in a program and thereby fine-tune SBC objectives.
- Defining SBC objectives is crucial to design social and behavioral change programs. By establishing clear, measurable, and achievable objectives, SBC initiatives can be more focused, efficient, and impactful.
- It is essential to ensure that the objectives of Social and Behavior Change (SBC) programs are not only well-defined but also aligned with the broader national, regional health and development goals
- Strategic approach is the combination of strategies that you will use to achieve your campaign's SBC objectives.
- You are not limited to a single strategy. Which one or combination of strategies to use depends on your Target Audience analysis.

Duration: 7 Hrs. and 20 minutes

Chapter Description:

This chapter describes the basic SBC implementation components such as developing, testing, and implementation of selected SBC Programmatic Approaches.

Primary Objectives: At the end of this chapter, the participant will be able to discuss SBC programmatic approach implementation.

Enabling Objectives



By the end of chapter, the participants will be able to

- Discuss SBC programmatic Approach implementation
- Describe SBC implementation during Emergencies
- Demonstrate the steps of creative brief development, message development, pretesting and interpret the testing results

Chapter outline

- 3.1. Implementation of SBC Programmatic Approaches
- 3.2. SBC implementation during Emergencies
- 3.3. Creative brief, message development, and pretesting
- 3.4. Chapter summary

3.1 Implementation of SBC programmatic Approaches

Activity 3.1 Individual reflection



Instruction: Share your experiences based on the following questions for the participants.

Questions

1. Do you have any experience of designing and implementation SBC programs?
2. What are the major SBC programmatic approaches that you are familiar with?
3. What were the major challenges and successes?

Time required: 15 minutes

Implementation of SBC programmatic approaches

At this point, there is a deep understanding of the situation, its challenges and opportunities, the key groups (most affected, most likely to help, gatekeepers and influencers) and even have some ideas around how to initiate and support a change process (ToC). Now is the time to convert this knowledge into an action plan. Finding a single strategy/approach to achieve social and behavioral objectives is rare. It needs multiple Social and Behavior Change approaches to manage the complexity of human behavior. Comprehensive SBC strategies often aim to address numerous reinforcing behaviours, as well as the structures and networks that drive these behaviours and affect an individual's well-being. Social change can be even more complex and

systemic. Sharing information and raising awareness cannot uproot systemic issues and bring about lasting social and behavioral change. The Ministry of Health takes an ecological approach to influencing behaviors and societies, addressing individual, social and environmental determinants. Selecting the right blend of approaches at each level will depend primarily on the nature of the challenges, their root causes and the context in which you are working. Secondary factors such as available evidence, costs, human resources and time may also come into play.

3.1.1 Applied behavioral science, behavioral insights and nudge theory

Activity 3.2 Think, pair and share activities



Instruction: Pair with your nearby colleges, discuss based on following in a pair

Questions for think n pair and share

1. What do you understand when we say applied behavioral science, behavioral insights and nudge theory?
2. What is the key thinking of applied behavioral science, behavioral insights and nudge theory?
3. What experience do you have on applied behavioral science, behavioral insights and nudge theory?

Time required: 10 Minutes

Applied behavioral science

Behavioral science is an analytical approach to the study of human behavior through systematic observation and experimentation. It asks questions such as:

- Why do we do the things we do?
- What could influence the things we do?

Behavioural Science is an interdisciplinary approach that leverages insights and evidence from psychology, cognitive science, social science and economics to understand the relationship between our innate human traits and the context we live within, in order to encourage and inhibit behavior. Separately, each of these disciplines do not provide a complete picture of human behavior. Hence, combined under the umbrella of behavioral science, they provide a comprehensive toolset to analyze human decision making and rationality/irrationality. SBC practitioners use insights from Behavioural Science to uncover how elements of everyday life influence people to behave in ways that do not align with their goals and intentions.

What does behavioral science tell us about human behavior?

Behavioral scientists understand that humans are emotional, easily distracted by the modern world, and susceptible to outside influences. It's saying that we often make decisions in an imperfect way.

Predictable irrationality

Applied Behavioral science is about understanding how people think and designing interventions that address the irrational decision-making which is predictable. The infographic below highlights some factors that result in irrational decision-making. As practitioners, it is important to keep these in mind while diagnosing behavioral challenges.

Our irrational behavior is predictable.



Risk

How risky is the decision? What happens if I don't decide? Will I risk losing more than I gain? *Loss aversion*



Time

How long will it take? Is it quicker to do something else, even if it is not as good? *Present bias*



Updating Information

What information do I need to change my mind about something? How strong are my existing beliefs?



Social Networks

What are other people doing? What do my peers think and do? What is popular right now? *Herd effect*



Identity

Who do I identify with? What experiences have I had in the past? How easy is it for me to justify the decision?

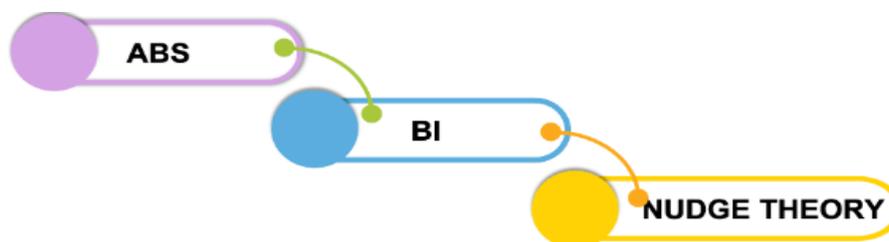


Complexity

How complicated is it to do? How much effort does the decision require of me?

Applied Behavioral Science (ABS) is more than an SBC approaches. ABS is an applied field of research and practice that seeks to understand real world problems and shape human behavior. ABS has many applications that can include or complement other SBC approaches (and Theories) across the SEM. Hence ABS can be considered both an approach and a methodology.

- As an approach, it means using theories and models when trying to understand people's behavior. The use of theories and models guides the collection of evidence and ensures that SBC practitioners better understand drivers and influence of behaviors.
- As a methodology, it means the application of evidence and methods, primarily behavioral insight and nudge theory, to solve problems.



Key principles

- **Context matters:** People's decisions and behaviours are shaped by the context in which they operate:
- **Changing knowledge and attitudes** is often not sufficient to change behaviour.
- People often fail to predict how they will behave in a given situation.
- Small changes to the context can lead to significant changes in behaviour.

Key terms

- **Cognitive biases (mental heuristics)** are natural distortions in thinking that affect the decisions and judgements people make. One of the objectives of Behavioural Science is to understand how these innate cognitive biases shape behaviour.
- **Intention-action gaps** describe the discrepancy between what people say they want to do and what they actually do. Applied Behavioural Science seeks to shape the context to help people follow through on their intentions, eliminating that gap
- **Friction** is another word for the inconveniences or hassles that can prevent people from following through on their intentions. Applied Behavioural Science seeks to minimize the friction that inhibits healthy or desired behaviours.

- **Choice architecture** is the design of how (and what) choices are presented to people whose behaviour you want to influence – the number of choices presented, how each is framed, the proximity or ease of one choice over another

Behavioural Science allows program designers and policymakers to:

- Better understand the drivers of and barriers to uptake of specific behaviours that align with people’s goals and intentions
- Design behaviorally-informed communications, interventions, technologies, policies and programmes, including messages and strategies that effectively address specific behavioural drivers in unique contexts.
- Focus on the experiences of the people impacted by policies and programmes, instead of the preferences and perspectives of experts and policymakers
- Address the underlying determinants of behaviours and motivations, beyond knowledge and attitudes, by understanding how behaviours result from the interaction between cognitive, social and environmental influences
- Use an evidence-based approach to develop and test hypotheses around the contextual drivers of specific behaviours followed by an iterative, experimentation-based approach to design solutions.

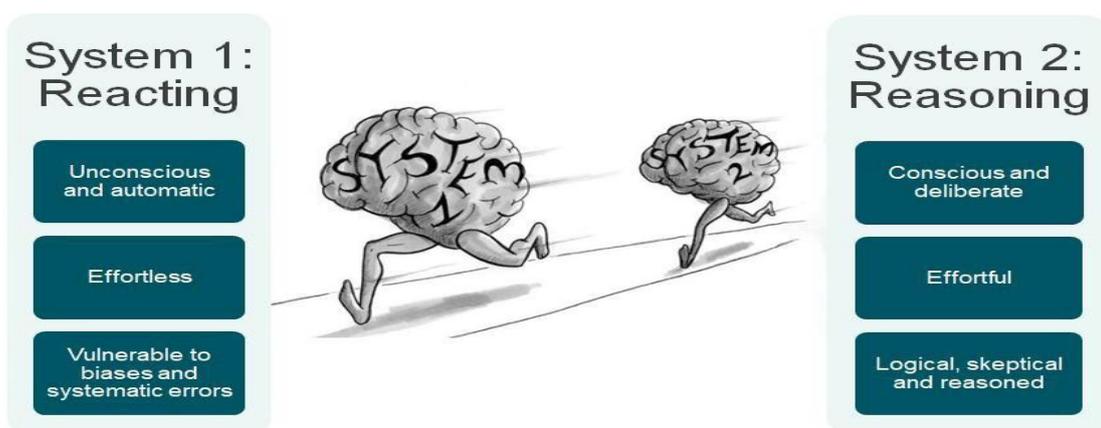
Behavioral Insight (BI)

Behavioral insight (BI) is a multidisciplinary term that is increasingly used to describe lessons derived from the behavioral and social sciences, including decision making, psychology, cognitive science, neuroscience, organizational and group behavior. Behavioral Insights is the practical application of findings from ABS to solve real-world problems.

BI is closely aligned with behavioral economics, the study of how people make economically motivated decisions. Much of BI is focused on the intention-action gap, i.e., the difference between what people want to do and what they actually do. The simple reason is that people are human, and human decision-making is complex.

BI suggests that there are two ways that human being think and make decision called System 1 and system 2.

Figure 6: BI System 1 and system 2 thinking and decision making



Peoples are more likely to relay on mental short cuts and quick, intuitive thinking. Thus, most people spend most of their time in system 1, rather than system 2, thinking.

SBC practitioners use BI as a framework to understand decision-making and create interventions that move people from system 1 to system 2, or create nudges, environments, or messages that yield desired outcomes in system 1 thinking.

Nudge theory

Nudge Theory is a specific concept within Behavioral Insights that refers to the subtle changes in the environment or the way choices are presented to influence behavior without restricting options or changing economic incentives significantly. Nudge theory is based on the idea that you can influence behavior by shaping a person's decision environment or choice architecture to promote or "Nudge" one option over another.

Individual choice is a key part of nudge theory. A person still has freedom to decide what they do, but the nudge aims to make the healthier or promoted choice easier.

How to apply and test solutions inspired by behavioural science

Applying evidence and methods from the behavioural sciences is critical to understanding and addressing the cognitive, social, and environmental drivers of behaviours. Behavioural Insights (methods and insights derived from the behavioural sciences) can be applied for the design and testing of behaviourally informed solutions.

Practically, understanding biases in the way human beings think can help us understand why people sometimes do not make the choices we might hope for or even expect. Understanding why and how people misjudge things, and choose the way they do, allows us to design more influential and impactful behavioural change interventions that take natural human tendencies into account. A few common biases are listed next.

A few common cognitive biases (of many)

Loss aversion: Losses feel more painful to people than an equivalent gain. We're more motivated to complete an action to avoid losing something than we are to gain something.

Present bias: In the moment of making a decision, people care more about the immediate costs/benefits of a behaviour compared to future costs/benefits.

Confirmation bias: People are more likely to pay attention to information that confirms their pre-existing beliefs.

Information avoidance ("ostriching"): People tend to avoid seeking out important information (that is easy and costless to acquire) when we expect that information to be unpleasant.

Hot-cold empathy gap: When in a "cold" state (e.g., when we are calm, happy, and satisfied), people often fail to predict how they will act when in a visceral or "hot" state (e.g., when we are hungry, tired, stressed, or sexually aroused).

Restraint bias: Overconfidence in one's self-control (particularly when in a visceral or "hot" state).

A few common behavioural tactics (of many!)

Once we understand biases, we can design interventions that take them into account. Here are some examples of tactics or nudges that can be included in behaviourally informed interventions.

Commitment Devices: Encouraging behavioural follow-through by asking people to publicly pre-commit to a given action when they are most motivated to do so. Commitment devices are helpful to counter procrastination and hot-cold empathy gaps.

Social Comparison and Benchmarking: Showing people how their behaviour compares to that of their peers in order to motivate behaviour change.

Reminders: Providing timely cues to engage in a behaviour when people are able to do so.

Implementation Intentions: A form of plan making in which people form and record a specific plan for how they will complete an action, including anticipating possible barriers and plans for overcoming them ("if x, then y...").

Defaults: Making the choice that most aligns with people's intentions the status quo - people can opt OUT rather than opting in.

Feedback: Providing immediate feedback to people upon completion of a behaviour in order to make benefits/costs more salient.

Framing: Presenting information in a manner that harnesses biases to shape choices (e.g., leveraging loss aversion to prompt people to consider the costs of inaction).

Implementation steps

- Defining behavioural outcomes
- Collecting behavioural insights
- Designing behaviourally-informed solutions
- Testing, implementation, learning, and scaling

3.1.2 Human Centered Design (HCD)

Activity 3.3 Individual reflection



Instruction: Share your experiences based on the following questions for the participants.

Questions

1. What previous HCD application experience do you have?
2. What major steps did you follow?
3. When do we apply HCD?

Time required: 10 minutes

There are debates about whether HCD is a mindset or an approach. Well, it can be both. As a mindset, HCD takes the position that problems are best identified and defined by the people who face them in the first place and that solutions are best developed directly with these people. Furthermore, a human-centered mindset believes that community voices and perspectives must be involved systematically from beginning to end, from programme inception and design through to evaluation. As an approach, HCD is a methodical means to uncover insights, discover solutions, and iteratively test and adjust them in context.

Human Centered Design (HCD) is a problem-solving approach that draws on existing motivations, daily realities, habits and limitations to find effective solutions.

The approach includes:

1. **A planning process:** that looks beyond knowledge and awareness to consider intent to the desired behavior, opportunity costs, service experience, and community feedback.
2. **A ‘rapid inquiry’ research process:** that focuses locally to understand the many influences on caregivers, health workers, and community members.
3. **A creative ideation process:** that ends with tailored and innovative solutions that can be owned by, and integrated into, the community.
4. **An iterative implementation process:** that invites community participation and focuses on low-cost adjustments to end with solutions that are most desirable to the community, including its health workers and caregivers

When do we use HCD?

Communities know their own needs best but may lack the tools to turn their insights into action. This is where HCD is most useful. The most effective way to put HCD into practice is when the community members themselves define their needs and design their own solutions. HCD is uniquely suited for challenges where:

- Previous solutions don't perform as expected: Understand the user and their environment to design solutions that add value
- Existing research is generic and hard to activate: Test our assumptions and address the right challenge
- Budgets are limited: Make low-cost adjustments to programmes before scaling a solution
- The situation is complicated: Solve for the imperfect context and understand that something is better than nothing
- Health services are available but not used: Understand the perspectives and needs to both caregivers and HCW to create demand
- People are being overlooked: Address pockets of hesitancy with the most disadvantaged
- Solutions must be tailored: Diversity within languages, customs, geography, etc within a population
- Immediate action is required: Agile and flexible solutions respond to unpredictable complications like misinformation

Figure 7: HCD processes with simple tools

An iterative process with simple tools



3.1.3 Community Engagement

Activity 3.4 Individual reflection



Instruction: Share your experiences based on the following questions for the participants.

Questions

1. What previous CE implementation experience do you have?
2. What major steps did you follow?
3. What were the major challenges and successes?
4. What are the levels of CE?

Time required: 10 minutes

Community Engagement is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being and achieve positive health impact and outcomes¹². It is a way of working with traditional, community, civil society, government, and opinion groups and leaders that facilitates their active participation in addressing the issues that affect their lives.

¹² <https://www.who.int/publications/i/item/9789240010529>

The primary goal of community engagement is to collaborate with specific groups of people, whether linked by geographic location, shared interests, or affiliations, to identify and address issues impacting their health and well-being. Effective community engagement ensures that communities are informed and empowered to foster social and behavioral change and social norms; and utilizing social evidence. This requires a series of interactive communication processes to inform, mobilize, and empower communities.

Community Engagement can be transformational. Beyond including the people we serve and creating space for dialogue, effective Community Engagement ultimately builds a relationship of trust in which communities are empowered to explore, plan and act together on and use the systems in place to identify and address their most pressing issues.

The key social and behavioural objectives of Community Engagement include:

- Strengthening relationships,
- Building trust and promoting sincere collaboration, and
- Increasing collective self-efficacy and resilience.

When we used Community Engagement as a more explicit intervention to create lasting dialogue and collaboration mechanisms, it can be invaluable in designing programmes that cater to the needs of the people we aim to support and are therefore more likely to be implemented and create lasting behaviour change. Community Engagement also establishes platforms to rapidly interpret and influence community behaviour, greatly improving emergency response in times of crisis.

Guiding Principles of Community Engagement

Considering principles prior to beginning of engagement are necessary for successful community engagement.

The following principle covers a broad practical area of engagement that addresses multiple issues.

- **System building:** Community Engagement should be systematic in order to have sustainable impact. Community Engagement should be integrated in policy design, planning, budgeting and financing, execution, and monitoring of interventions.
- **Two-way communication:** An open line of communication should be maintained to allow communities to give and receive clear, appropriate and accurate information on a regular and predictable basis. Two-way communication gives communities a way to reach out, request information, and keep stakeholders accountable to them.
- **Participation:** Create participatory spaces that bridge barriers, foster two-way dialogue and build trust— which is central to development and humanitarian programmes.
- **Inclusion:** The power imbalance among stakeholders and community groups will make it challenging to reach members of vulnerable and marginalized groups. Create space for these groups to have their voices heard.
- **Empowerment and ownership:** Empowering communities requires acknowledgement of the value within the communities, such as resources, assets, structures and networks. Maximizing the strength and potential of these existing facets will help foster autonomy and ownership.
- **Adaptability and localization:** Community Engagement approaches should be developed around local contexts and should be flexible and responsive to the evolving needs, conditions and concerns of local populations.
- **Building on local capacity:** Community Engagement should build upon existing skills and resources within communities, and work with local groups and organizations that already serve them

Level of community engagement

Community engagement can be understood through various levels, each representing a different degree of involvement and influence.

Level 1. Sharing information: Share accurate, timely, relevant and easily understood information to participate in addressing immediate short-term concerns, with strong external support

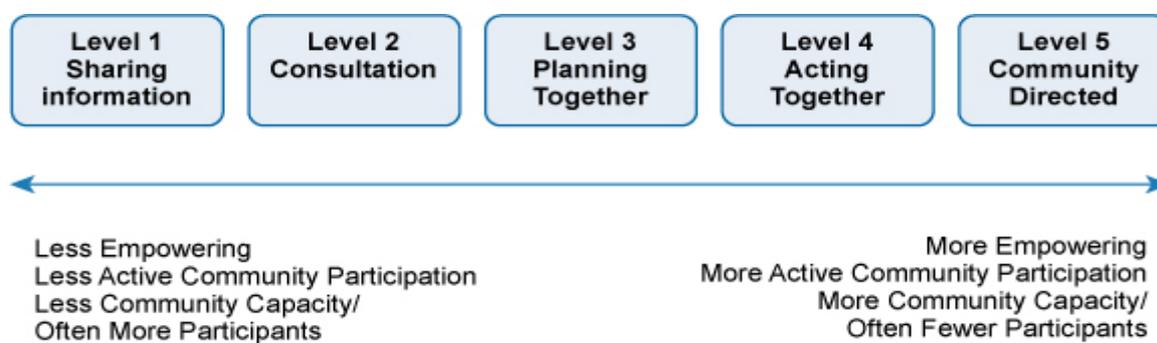
Level 2. Consulting: To actively seek community opinions, before a decision is made.

Level 3. Involving (Planning together): To ensure that the issue is understood and considered

Level 4. Collaborating (Acting together): To collaborate with the community in identifying and analyzing issues, developing alternatives and identifying preferred solutions.

Level 5. Empowering: (Community directed/share leadership): To support or enable the community to identify issues and solutions, make decisions and implement them and hence forward to manage a service. Community may be referred to as a partner.

Figure 8: Level of Community engagement Adapted from MFSH, 2008



Steps of Community Engagement

Step 1: Assess Community Engagement Needs

Evaluate the community's strengths, needs, and vulnerabilities to determine the appropriate engagement strategy. Conduct a community assessment to gather data on demographics, health status, and socio-economic factors. This helps build trust, improve decision-making, and enhance community satisfaction and strategy robustness.

Step 2: Establish an Advisory Committee

Form an inclusive advisory committee with clear roles and responsibilities. The committee should represent diverse community stakeholders to provide expert input and guide decision-making processes.

Step 3: Define Engagement Scope, Goals, and Outcomes

Clarify the goals, scope, and expected outcomes of the engagement. This ensures the design and effectiveness of engagement activities, ranging from information sharing to involvement in decision-making.

Step 4: Identify and Coordinate Stakeholders and Influencers

Identify key stakeholders and influencers within the community. Tailor engagement activities to their needs and consider cultural and social factors. Utilize existing social structures like Ethiopia's Gada System and Iddir for effective community engagement in health interventions.

Step 5: Select community engagement strategies/approach

There is no simple solution or "one size fits all" approach to identifying an effective engagement strategy. To achieve the best results, it is often necessary to combine a variety of complementary methods. When selecting

these methods, it is important to consider the types of engagement activities being planned to ensure they are inclusive and maximize participation potential. Community Engagement (CE) strategies/approaches emphasizes the use of local channels and platforms that include face-to-face dialogue, community radio, traditional media, and social media. It stresses dialogue, debate, negotiation, and role modeling on issues that resonate with members of the community.

Step 6: Develop and Implement an Operational Plan

Create a community engagement operational plan that guides how to involve the public in decision-making. Ensure the plan reflects cultural connections and can be applied to specific engagements or a range of activities.

Step 7: Monitor, Evaluate, and Improve the Plan

Regularly monitor and evaluate the community engagement strategies to identify and address emerging issues. Each activity should include a review focusing on successes, best practices, and lessons learned, ensuring continuous improvement.

3.1.4 Social and Behavior Change Communication (SBCC)

Activity 3.5 Think, pair and share activities



Instruction: Pair with your nearby colleges, discuss based on following in a pair

Questions for think n pair and share

1. What is Social and Behaviour Change Communication, and why is it important?
2. What previous SBCC implementation experience do you have?
3. What major steps did you follow?
4. What were the major challenges and successes?

Time required: 15 Minutes

Social and Behavior Change Communication (SBCC) is a strategic, research-driven approach that uses interactive, theory-based communication methods to promote change at individual, community, and social levels. It focuses on identifying and leveraging tipping points—critical moments or factors that can accelerate the shift from temporary trends to lasting change. These tipping points might involve key determinants which drive change by overcoming barriers.

Social and Behaviour Change Communication (SBCC) seeks to apply tactics from marketing, social and community mobilization, mass media, entertainment, advocacy, interpersonal communication, social media and other communication approaches to support positive social and individual change. As part of a multi-pronged SBC strategy, these strategic communication tactics are critical tools to promote action and create an environment that supports it.

- Effective SBCC requires engaging with individuals and communities, fostering sustainable changes in social behaviors and public health. It involves collaboration among communities, organizations, and governments to achieve lasting positive outcomes.

SBCC has Three Characteristics:

- SBCC is a process.
 - It is interactive, researched, planned, and strategic.
 - It aims to change social conditions and individual behaviors.

- SBCC applies a comprehensive, socio-ecological model to identify effective tipping points for change by examining:
 - Individual knowledge, motivation, and other behavior change communication concepts
 - Social, cultural, and gender norms, skills, physical and economic access, and legislation that contribute to an enabling environment
- SBCC uses three key strategies:
 - **Advocacy**—to raise resources as well as political and social leadership commitment to development actions and goals
 - **Social mobilization**—for wider participation, coalition building, and ownership, including community mobilization
 - **Behavior change communication**—for changes in knowledge, attitudes, and practices among specific audiences

Common steps for developing communication plans:

- **Understand the programme and where communications** can add value: Collecting primary and secondary data and using participatory processes will help you develop a better understanding of the people, contexts and barriers that the SBCC strategy will address.
- **Define your communication objectives:** What role can communication play in the SBC strategy? What do you want to achieve through communication? By identifying the goal of your communication efforts, you can design ways to measure their impact.
- **Identify your audiences:** Having a deep understanding of who you are trying to reach will make your communications more effective. Communication tactics that consider the local context will be more targeted, appropriate and effective.
- **Develop and test your key messages:** Develop clear and concise messaging that will resonate with your audience. By testing these messages with the intended audience, you can identify concrete ways to improve your messaging in the next iteration.
- **Select your communication tactics and materials:** Your audience and your communication objectives should determine what communication channels you use. Consider how your audiences receive information, whose opinions they value, and what forms those valued communications come in. Tactics can be broadly grouped into mass media, interpersonal, social and community channels. It is often necessary to combine tactics across these groups to increase their chances of success. Every tactic should be developed using a two-way process so that audiences can provide information and feedback and influence decisions.
- **Finalize your strategy:** The communication arm of your work should support and reinforce your overall SBC strategy. A finalized strategy should include your message, how you will communicate it and measure its impact based on the context, objectives, and target audiences. Your strategy should always include how to measure the impact of your communications.
- **Measure your results:** Your communication objectives should be measurable and linked to your programme and social and behavioural results. Consider intermediate measures, to allow regular adjustments and introduction of new strategic phases based on the evidence you collect.

Communication objective

The social and behavioral objectives set for the program form the basis for communication objectives, who we want to reach, the channels or platforms we will use and what outcomes we expect. Communication efforts are not an end in themselves but are valuable when they contribute directly to the overall impact or outcomes of the program. Simply counting the number of people who watched or listened to a broadcast program, recalled message in public service announcement or shared a social media post is not enough.

We need to show that participant groups have increased knowledge of desired action or are considering a behavior change.

In the following nutrition example, the short-term communication objective focuses on improving reach of exclusive breastfeeding messages, as one step towards achieving the **programme objective** of increasing knowledge about exclusive breastfeeding.

Other programme objectives may be about shifting norms and/or behaviour regarding exclusive breastfeeding.



COMMUNICATION OBJECTIVE

By the end of Year 1 of the five-year nutrition SBC programme, 80% of mothers of children 6-23 months old in District X will have seen at least one SBCC programme message about exclusive breastfeeding on written programme materials in the community.



PROGRAMME OBJECTIVE

By the end of Year 1 of the five-year nutrition SBC programme, 80% of mothers of children 6 - 23 months old in District X will demonstrate correct knowledge of two benefits of exclusive breastfeeding.

Table 2: Different obstacles that could interfere with home water treatment and the corresponding interventions (UNICEF: Increase Home Water Chlorination).

Design of intervention	Free bottles delivered at home	Discount coupon redeemable at local shop	Detailed instructions	Improved storage	Persuasion messages	Using promoters from social network	Chlorine dispenser at point of collection
Potential obstacles							
People do not understand how to use chlorine							
Procrastination may cause individuals to postpone visits to the store where the chlorine is sold							
People are not motivated to use chlorine because the effect on health is delayed							
People forget to chlorinate the water							
People are affected by what others in the community do.							
Product may be too expensive.							
Some people are not convinced about the importance of clean water.							

As we observe from the above table three of the seven intervention designs (free bottles delivered at home, discount coupon, and chlorine dispenser at point of collection) are examples of Nudge theory that shows how changing the environment or choice architecture can encourage the behavior.

Three others (detailed instructions, persuasion messages, and promoters) are about demand generation using a mix of communication strategies. The use of promoters from social network attempts to tackle a social norm by addressing the obstacle, “People are affected by what others in the community do”

Most Common Communication tactics

- Advocacy
- Social/community mobilization
- Behavioral Change communication
- Entertainment Education (EE)
- Social Marketing
- Digital Engagement
- Media Campaign

3.1.4.1 Advocacy

Advocacy is a continuous and adaptive process of gathering, organizing and formulating information with a view to raising resources or gaining political and social leadership acceptance and commitment for a particular health goal or program. If public policies, laws, administrative regulations, court rulings, and budget allocations support development goals, they are enablers of SBC. If public policies do not, or fail to do so adequately, they are barriers. Laws and policies often change after election, when the new government tries to implement its campaign agenda. At other times change comes through advocacy.

It is the organized effort to inform and motivate leaders to create an enabling environment for achieving program objectives. This includes influencing healthcare policies, promoting disease prevention, and supporting the health needs of vulnerable populations. Advocacy involves continuous efforts to gather and present information that encourages resource allocation and political commitment to health goals.

Purpose of Advocacy:

- To change existing laws and policies or ensure they are implemented, or to replace them with new laws and policies
- To redefine public perception and social norms
- To influence budget or funding decisions for specific initiatives
- Amplifies voices
- Increases credibility and visibility
- Enhances access to and influence over decision-makers
- Broadens support and message dissemination

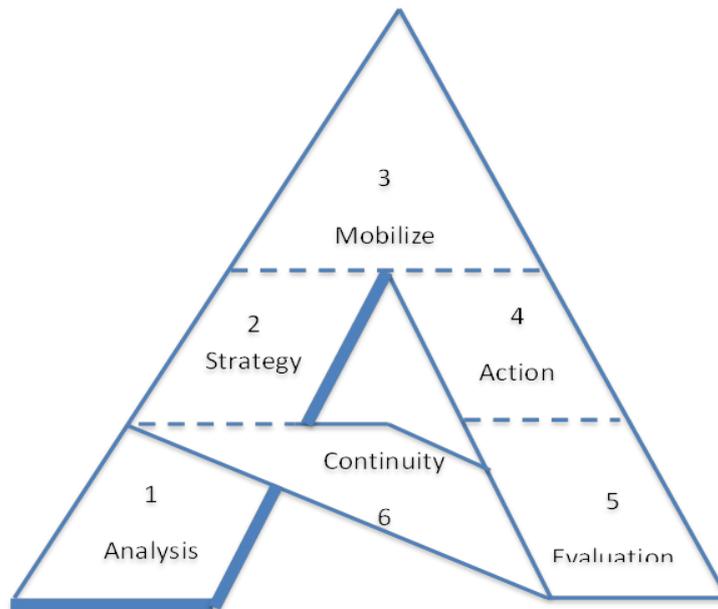
Levels of Advocacy:

- **National Level:** Aims for stronger political commitment, policy influence, and equitable healthcare services.
- **Organizational Level:** Involves stakeholders in focusing resources and efforts toward achieving health goals.
- **Subnational Level:** Addresses local health policies and multi-sectoral engagement for regional needs.
- **Community Level:** Focuses on overcoming barriers to health-seeking behavior and improving service utilization by engaging influential local leaders.

Advocacy Framework: The “A” framework outlines steps for effective advocacy:

1. **Analysis:** Understand the problem, stakeholders, and policies.
2. **Strategy:** Plan and focus on specific goals.
3. **Mobilization:** Design activities and messages aligned with objectives.
4. **Action:** Implement and maintain advocacy efforts.
5. **Evaluation:** Regularly assess progress.
6. **Continuity:** Maintain long-term goals and adapt to changing situations.

Figure 9: «A» frame for advocacy framework,



3.1.4.2 Social Mobilization

Social mobilization is the coordinated effort to engage various segments of society to foster an environment conducive to positive behavior and social change. It encourages stakeholders to actively participate in change efforts, using diverse strategies to achieve common goals. Social mobilization involves forming networks and coalitions, viewing community members as change agents, and promoting collective advocacy for long-term systemic changes.

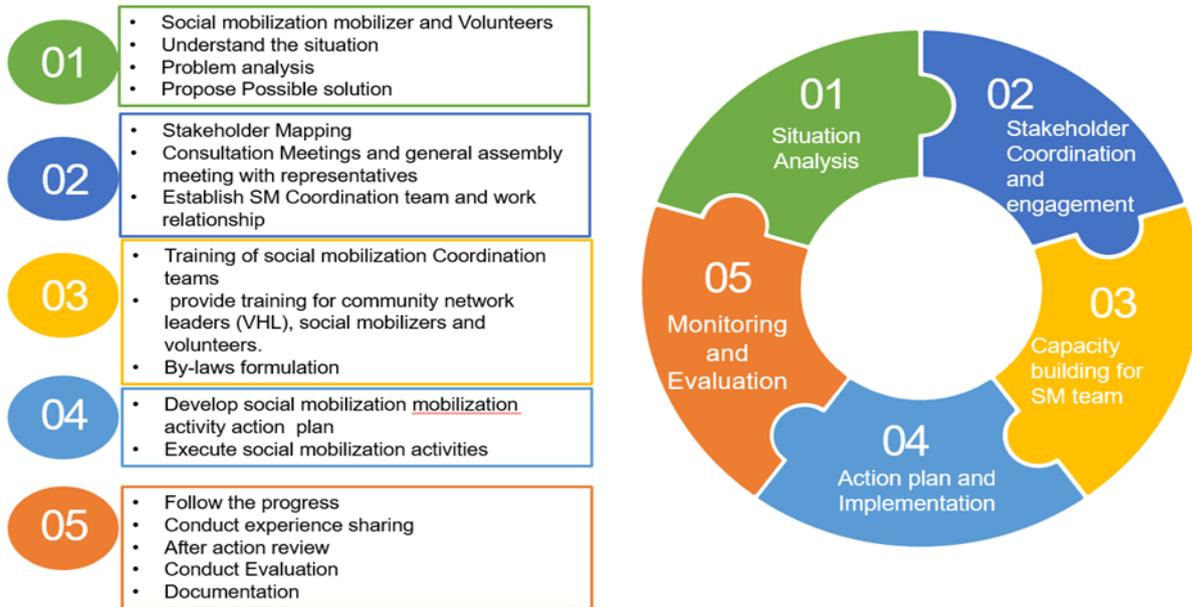
Approaches to Social Mobilization:

- 1. Community Dialogue/Conversation:** Engages community members to take ownership of their issues and motivate them to identify and solve health problems using local resources.
- 2. Education/Seminars:** Provides academic or professional instruction to inform and engage participants.
- 3. Consultative Meetings:** Facilitates the exchange of opinions and advice among stakeholders.
- 4. Study Tours:** Offers experiential learning opportunities to discuss and reflect on specific themes.
- 5. Media Forums:** Uses various media to disseminate information and engage the public.

Social Mobilization Steps:

This involves a series of building-block processes where each step leads to the next, with ongoing evaluation and adjustments to guide the effort effectively. The social mobilization process would typically involve several steps, as described below:

Figure 10: Social mobilization steps adopted from Community Action Cycle (CAC)



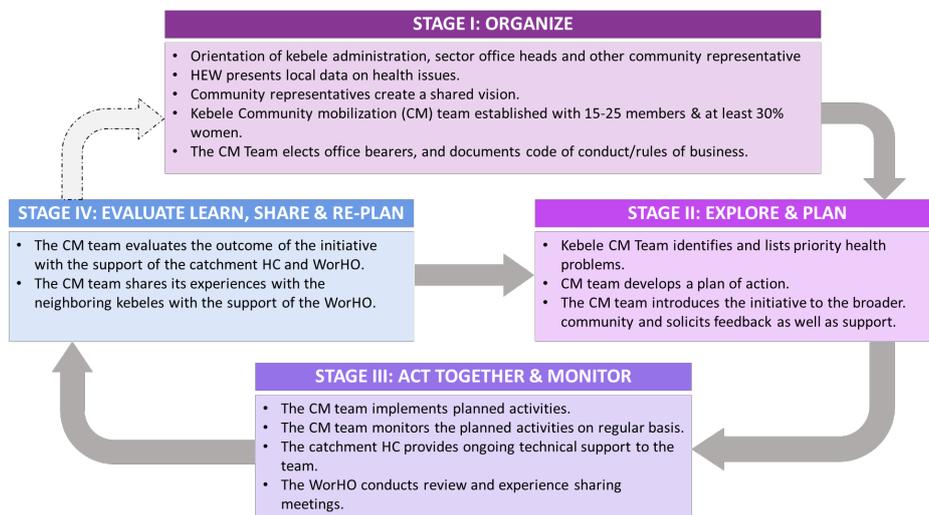
Community Mobilization (CM)

Community Mobilization is a sub-strategy of social mobilization aimed at coalition building on certain issues at a community level that uses deliberate, participatory processes to involve local institutions, local leaders, community groups, and members of the community to organize for collective action toward a common purpose. Community mobilization is characterized by respect for the community and its needs key actors in social mobilization may include heads of state, government ministries, the donor, community, civil society (including religious organizations, Community-based organizations, nongovernmental organizations), political and traditional leaders, families and individuals at all levels, especially the global, national and district levels.

To mobilize the communities, various methods are used including community action cycle. The Community Action Cycle which is a process of community level advocacy and collective action.

The Community Mobilization (CM) process entails 4 stages with associated steps. This process enables the community to better organize, identify and address pressing community health issues.

Figure 11: Implementation Framework & Key Objectives at each stage of Community Mobilization



3.1.4.3 Behavioral Change Communication (BCC)

Behavioral Change Communication (BCC) is to change knowledge, attitudes, beliefs, and practices of the target audience.

3.1.4.4 Entertainment Education (EE)

Educational-Entertainment (EE), also known as edutainment, is a highly effective strategy in Social and Behavior Change Communication (SBCC). It combines the elements of education and entertainment to engage audiences, impart knowledge, and promote positive behaviors in a more engaging, memorable, and relatable manner. EE defined as “the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favorable attitudes, and change overt behavior.”¹³.

EE leverages storytelling and performing arts, which have deep cultural roots, to bridge the gap between rational and emotional appeals. By blending educational content with emotional engagement, EE makes complex or sensitive topics more accessible and relatable, encouraging audience identification with characters and situations. This emotional connection helps reinforce learning and can lead to lasting behavior change. Educational-Entertainment (EE) spans various formats, including both fictional and non-fictional content, such as radio and TV dramas, films, songs, theater performances, puppetry, games, and social media, all designed to convey educational messages while entertaining and engaging audiences.

How does EE lead to Behavioral Outcome? Its theoretical basis is the social learning theory that people learn through observing and modeling the behavior of others: not only family, neighbors, or community members but fictional characters portrayed in media.

The goal of EE is to allow people to learn from the experiences: successes and failures of characters with whom they have an emotional connection, rather than from their own life experiences. The ability of a character: someone with whom they can identify and someone who looks like them can also increase their sense of self-efficacy, their beliefs in their ability to improve their well-being and that of their family. At the heart of EE is the balance between entertainment and education.

3.1.4.5 Marketing

Effective health interventions require diverse strategies to ensure widespread adoption and sustained behavior change. Key approaches include free distribution, social marketing, and commercial marketing, each playing a distinct role in addressing public health challenges. Whether through making essential health products accessible to vulnerable populations, using culturally resonant campaigns to encourage healthy practices, or integrating products into everyday consumer markets, these strategies collectively support social and behavior change (SBC) interventions, ultimately improving health outcomes across the country.

¹³ Singhal, A., & Rogers, E. M. (1999). *Entertainment-Education: A Communication Strategy for Social Change*. Mahwah, NJ: Lawrence Erlbaum Associates.

Free Distribution:

In Ethiopia, the free distribution of health products like insecticide-treated bed nets and oral rehydration salts (ORS) plays a vital role in combating malaria and dehydration, particularly in rural and low-income areas. This approach is critical in reducing financial barriers, ensuring that even the most vulnerable populations have access to lifesaving tools. For instance, providing bed nets at no cost has significantly reduced malaria incidence in high-risk regions. However, the success of these initiatives relies on ongoing community engagement to encourage consistent use and to educate people on the proper utilization of these products, reinforcing behavior change.

Social Marketing:

Social Marketing describes the use of marketing and advertising techniques to promote changes in knowledge, attitude, and behaviors. Social marketing draws on the

Social marketing campaigns in Ethiopia, such as those promoting the use of Water Guard for safe drinking water and socially marketed contraceptives like Safeguard, are tailored to resonate with the cultural and social realities of the population. These campaigns often involve local influencers and community leaders to spread messages that align with local values, making the products more acceptable and widely used. For example, promoting WaterGuard through culturally relevant messages about protecting family health has helped increase its adoption. Social marketing thus plays a key role in SBC interventions by breaking down barriers to adoption and encouraging healthier behaviors within the community.

Basic Principles of Social Marketing

Social marketing has five principles that have made it popular and effective as a health promotion and social behavior change communication strategy:

1. Focusing on behavioral outcomes
2. Prioritizing consumers' rather than marketers' benefits
3. Maintaining an ecological perspective
4. Developing a strategic marketing mix of communication elements according to the four p's (product, price, place and promotion) of marketing, and
5. Using audience segmentation to identify meaningful differences among consumers that affect their response to the product or service being offered.

The Role of Social Marketing in SBC

Social marketing in Social and Behavior Change (SBC) is rooted in understanding the social, political, and economic contexts that shape the market. It operates within three key domains: the sociopolitical environment, health service delivery systems, and community interactions. By engaging these domains, social marketing helps create supportive environments for healthy practices, enhances health services, and fosters preventive behaviors. Approaches can be product-driven, focusing on branding and making health products appealing; consumer-driven, targeting social norms to build demand; or market-driven, positioning healthier choices as attractive alternatives. Overall, social marketing combines strategic communication with insights from commercial advertising to influence behaviors, address barriers, and support voluntary adoption of beneficial health practices.

Commercial Marketing:

Commercial marketing in Ethiopia has successfully integrated health products like AquaSafe water treatment solutions and Sensodyne toothpaste into the retail market. By making these products widely available in shops and pharmacies, this approach not only increases accessibility but also promotes the perception of quality and necessity. For example, the commercial availability of AquaSafe has helped urban populations prioritize safe drinking water as part of their daily routine. This market-driven approach supports SBC interventions by normalizing the use of health products, making them a regular part of consumers' lives, and driving sustainable behavior change through commercial channels.

3.1.4.6 Digital Engagement

The rapid digital spread of digital devices has transformed the SBC landscape, offering new opportunities to engage billions of people who were once difficult to reach through other channels. The flexibility of digital and their touch points in almost all aspects of life offer key SBC opportunities, including:

- Rapid deployment, particularly in emergency context
- Large-scale reach and engagement
- Customized messaging, enabling both mass communication of content and one to one communication
- User tracking, allowing for follow-up engagement and evaluation.
- Programme and platform data generated in real time to help inform decision-making, as in social listening.

3.1.5 System strengthening

Activity 3.6 Individual reflection



Instruction: Share your experiences based on the following questions for the participants.

Questions

1. What is Sectoral Systems Strengthening, and why is it important in SBC?
2. **Time required: 10 minutes**

Strengthening sectorial systems is essential for achieving sustainable Social and Behavior Change (SBC) objectives. Robust sectorial systems are characterized by well-selected, trained, and motivated human resources, efficient financial systems, transparent and accountable information systems, supportive of public policies, and empowered community structures. These elements work together to create an environment where SBC efforts can succeed.

System strengthening takes place at three levels – policy, service and community level across the system components. Impactful, cost-effective and sustainable SBC programmes are often led by those closest to the communities being served and supported by regional and national leadership and policy-makers. The first step in system strengthening is an SBC capacity assessment, usually undertaken with a mix of qualitative tools including site visits, review of project documents and reports, and key informant interviews with staff. Use SBC capacity assessment tool annexed.

- Building human resource capacity with training and improved performance monitoring
- Improving service delivery, e.g in the health facilities by making it people centered

- Building and maintaining transparent information systems to collect, analyze and interpret data.
- Educating policymakers about SBC, and hiring SBC specialists into government agencies
- Improving public financing with targeted budgets and increased accountability
- Strengthening community engagement, and giving communities a voice in government decision-making

Advocating for political commitments, laws, regulations, policies and resources to support SBC In Ethiopia, a strong sectoral system attempts to ensure the delivery of high-quality services, backed by effective leadership and governance. This foundation is crucial for reaching underserved and high-priority groups, ensuring that SBC interventions promote greater equity, dignity, and participation across communities. By fortifying these systems, SBC programs can more effectively address the unique challenges faced by different segments of the population, making it possible to achieve meaningful and lasting behavior change on a national scale.

3.1.6 Service improvement

Activity 3.7. Think in pair and share

 <p>Think about the question</p> <p>Pair with your partner</p> <p>Share your ideas with others</p>	<p>Instruction: Pair with your nearby colleges, discuss based on following in a pair</p> <p>Questions for think n pair and share</p> <p>What is Service improvement, and why is it important in SBC?</p> <p>Time required: 10 Minutes</p>
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Service improvement is related to system strengthening, making public services as accessible, useable and valuable as possible. Service improvement in the context of Social and Behavior Change (SBC) involves designing services that are not only accessible and usable but also drive meaningful behavior change among the population, especially the most disadvantaged and marginalized. Similar to product design, service design in SBC focuses on ensuring that services are relevant and valuable to the people they are intended to serve, rather than merely convenient for providers. This user-centered approach is crucial in fostering positive health, educational, and social outcomes.

In Ethiopia, service design for SBC requires a deep understanding of the community’s cultural, social, and economic contexts. By engaging communities in co-creating services, we can ensure that these services resonate with local values, fit seamlessly into daily routines, and address the specific barriers to behavior change. For example, designing a health service that incorporates local health beliefs and practices can enhance its acceptance and effectiveness.

Service design can significantly boost the impact of SBC interventions by making services more appealing and easier to use. This might involve simplifying the steps needed to access services, ensuring they are culturally appropriate, or integrating digital components like mobile reminders that are particularly effective in the Ethiopian context. Moreover, by transferring initiative and ownership to the community, service design ensures that SBC interventions are not only adopted but also sustained over time, leading to lasting behavior change.

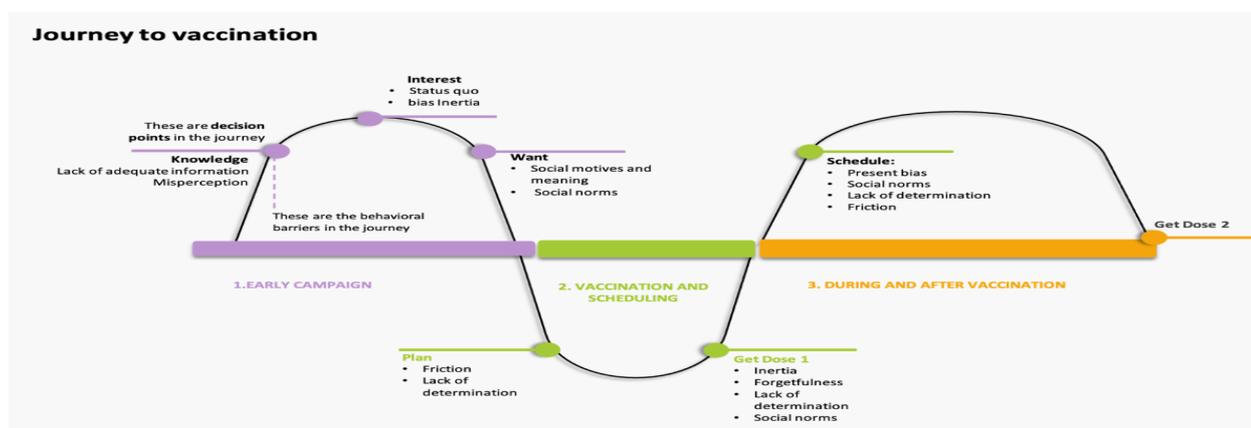
Through this approach, it has become a powerful tool in increasing the uptake of positive behaviors, improving equity, and enhancing the overall effectiveness of SBC efforts in Ethiopia.

Service Design is a tool to increase and sustain positive behaviors. In particular, it is used to:

- Make an existing service more accessible, in particular to underserved populations
- Improve equity
- Improve the quality of the service and make it more appealing to its target users
- Simplify the number of steps or tasks required to use a service
- Digitize components that can be made more efficient online (feedback, reminders, etc.) when suitable
- Transfer initiative and ownership to citizens

One way to think about service design is to plot the user journey. This is a map or chart that includes all the steps a person takes (including decision points) to arrive at the point of service.

Figure 12: Journey map that shows the journey to vaccination



Activity 3.8 Group discussion



Instruction: Based on the first scenario, discuss the following questions in group and share your experiences for the participants.

All the groups are expected to go through the questions.

Questions

1. Based on the selected strategy on the previous chapter, develop an implementation activity plan using the template shared?
2. Conduct a possible stakeholder mapping for the implementation of your plan.
3. Identify and list recommended SBC resources.
4. Identify possible risks/threats and put potential mitigation mechanisms

Time required: 40 minutes

Activity plan template for the group work

NO	Prioritized /identified SBC programmatic approaches / strategies	Major activities	Stakeholders	SBC Resource mapping	Define expected result	responsible body	Time	Remark Identify possible risks/threats

3.2 Social and Behavior Change during Emergencies

Activity 3.8 Group discussion



Instruction: Be in five groups and discuss on the following questions.

Questions:

- What is different in SBC during an emergency?
- What should be considered in selecting appropriate risk communication and implementation strategy? And what are the risk communication strategies?
- Discuss the RCCE activities at different phases of a public health emergency situation.
- What are the Significances and challenges of SBC in Emergencies?

Time required: 30 minutes

Social and Behavior Change during Emergencies

Risk communication is a crucial strategy for social and behavior change (SBC) in emergencies. It involves sharing real-time information and advice between experts and those at risk, enabling informed decisions to protect individuals and communities. Effective risk communication helps manage public perceptions, reduce misinformation, and promote health and safety behaviors. It must be timely, accurate, transparent, and empathetic, addressing the concerns of all, especially vulnerable populations. By tailoring messages to cultural and social contexts and using appropriate communication channels, risk communication builds trust, reduces panic, and enhances the effectiveness of emergency responses.

3.2.1 Risk communication implementation strategy

Selecting effective risk communication and implementation strategy is a crucial step to have effective SBC activities during emergency response. Most commonly used phases of risk communication during an emergency are risk assessment and measuring risk perceptions.

Risk Assessment

This phase involves understanding the magnitude of the risk in terms of the size of population it poses, its velocity to reach people, or the level of exposure. Using the pertinent information regarding the vulnerability of specific groups of population and their capacity to deal with, the hazard/threat needs to receive attention. As a result, they can be reached with interventions that appeal to their needs.

Gauging/measuring Risk Perceptions

Having determined the magnitude of risks or hazards, the next crucial step is to analyze the risk perception of people. Perception, in its technical sense, refers to the set of processes we use to make sense of the different stimuli we're exposed to. The perceptual process begins with receiving stimuli from the can happen for many times within a day.

Risk perception for experts are high when the result levels of morbidity/mortality, disability, loss of property, financial and political loss is high. Public perception about COVID-19 or any other health threat or public health emergencies differ from experts and the decision when to act or respond depends on many reasons. The public may not react to response if the perception of risks is when they come across the risk voluntarily, chronic and familiar, or diffuse. On the other hand, if their risk perception happens involuntarily, they will tend to take some actions.

The risk communication map presented below helps to assess the magnitude of the risk associated with the hazard against the level of fear/outrage and select which SBC strategy to use.

Figure 13: Risk Communication strategies



1. Precaution Advocacy:

- **When hazard is high and outrage is low:** Focus on alerting people to serious risks. Use clear, directive messaging to enhance awareness and provoke cautious behavior.

2. Outrage Management:

- **When hazard is low and outrage is high:** Employ strategies to calm the public and reassure them, addressing exaggerated concerns with facts and supportive communication.

3. Crisis Communication:

- **When hazard is high and outrage is also high:** Engage in open, empathetic communication to help people cope with serious risks. Focus on emotional support and solidarity, ensuring transparency in communications.

4. Health Education and Dialogue:

- **When hazard and outrage are both low:** Provide educational content and foster dialogue about significant, though not urgent, risks to raise awareness and knowledge.

3.2.2 Stages of Risk communication

Social Behavioral Change (SBC) in emergency (RCCE) uses a mix of tactics and approaches (implementation strategies).

The SBC activities are implemented at different phases of a public health emergency situation; before emergency (preparedness), during emergency (response) and after emergency (recovery) phases of an emergency. The below table summarizes the RCCE activities to be done at different phases of an emergency.

	PREPAREDNESS phase	RESPONSE Phase	Recovery phase
RCCE activities	<ul style="list-style-type: none"> • Set up the capacities and mechanisms for public health ERC strategies • Develop operational documents and training materials • Provide capacity building training • Map and establish coordination mechanisms and build partnership • Map at risk communities or households • Build capacity of community-level responders • Prepare and distribute promotional and awareness creation materials • Strengthen health care delivery facilities • Take advantage of events to integrate awareness-raising activities • Share any warning and preparedness messages • Ensure community engagement • Mobilize resource to support RCCE • Conduct SIMEX on RCCE • Access unreached groups • Promote regular health service including immunization, family planning, surveillance, sanitation, ODF • Etc 	<ul style="list-style-type: none"> • Implement public health ERC strategies • Engage the community and key influencers in planning and implementation • Orient HDAs, community and religious leaders, etc. • Correct myths through responses • Mobilize communities and ensure engagement • Monitor implementation of recommended interventions • Update any emergency related legislations • Share regular updates concerning the emergency situation • Provide media brief and press conference on the existed emergency • Regularly release press • Develop messages on the emergency and disseminate it • etc 	<ul style="list-style-type: none"> • Evaluate public health ERC strategies • Involve the community in the monitoring and evaluation phase • Document and share best practice • Make sure the lessons learned are integrated in the plan following etc

3.2.3 Significances and challenges of SBC in Emergencies

3.2.3.1 Significance of SBC in Emergencies

One of the most important and effective interventions in a public health response to any event is to proactively communicate what is known, what is unknown, and what is being done to get more information, with the objectives of saving lives and minimizing adverse consequences.

- RCCE helps prevent “infodemics” (an excessive amount of information about a problem that makes it difficult to identify a solution), builds trust in the response, and increases the probability that health advice will be followed.
- It minimizes and manages rumors and misunderstandings that undermine responses and may lead to further disease spread.
- Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings.

- Effective RCCE can help bridge that gap by determining what people know, how they feel, and what they do in response to disease outbreaks, as well as what they ought to know and do to bring the outbreak under control.
- It involves communities in the response and develops acceptable and beneficial interventions to stop further amplification of the outbreak and to ensure that individuals and groups take protective measures.
- It is essential for surveillance, case reporting, contact tracing, caring for the sick, delivering clinical care, and gathering local support for any logistic and operational needs for the response.
- In addition to protecting health, it can minimize social disruption and protect jobs, tourism, and the economy.

3.2.3.2 Common Risk Communication challenges

The below points are some of the common Risk Communication challenges that we anticipated

- Changing nature of community's interest
- Demand of public health emergencies for greater community participation
- Low tolerance of public to threats
- High expectation of emergency service
- Declining level of trust
- Concern shifts from the public to private
- Changing in communication modalities

3.3 Creative brief, message production, and pretesting

Activity 3.10. Think in pair and share



Instruction: Pair with your nearby colleges, discuss based on following in a pair

Questions for think n pair and share

1. Based on your experience what are some of the relevant activities for, messages, materials and products development in order to increase service seeking behavior for facility delivery?
2. With whom do we test activities, messages, and products?
3. What are the criteria for effective messages contents

Time required: 10 Minutes

3.3.1 Creative brief

The Creative Brief is a document that will guide the creative design team or agency in designing tailored messages, materials and products. A Creative Brief ensures that the messages, materials and product are aligned with the behavioral objectives and target audience profile.

The Creative Brief has the following sections:

1. **Goal:** overall aim of the produced materials and product which is aligned with the program objective.
2. **Target audience:** Whom do you want to reach, be specific in terms of primary audience? If the creative brief is for a single specific material or product, please indicate just the primary audience.
3. **Desired behaviors:** What do you want the audiences to do after they hear, watch, or experience this communication?
4. **Barriers and motivators:** set what behavioral change related barriers that affect the desired behavior

and identify key motivators or emotional drivers that led them to practice intended behavioral objectives.

5. **Message Brief:** The message brief could include key promise, support statement and call to action

6. **Key Content and Tone:** set the content and tone of the materials and products

7. **Channel mix and other considerations:** What combinations of channels are chosen to form a strategic approach to behavior change? And other creative considerations that will help to deliver messages for intended audiences.

3.3.2 Develop messages and Create Materials

Develop key Message(S).

Once the creative brief is done, key messages will be developed considering barriers and drivers of behavioral acts. The audience profile created by the Key Message can now be developed. Remember to address the key driver or motivating factor in the Key Message.

The Key Message is the information to be conveyed to the Target Audience to motivate them to accept the desired behavior. The Key Message addresses the key driver or motivating factors for the current behavior. The Key Message usually has a: Reason: Why the Target Audience needs to perform the Desired Behavior (appeal targeting the driver or motivating factor) and Call to Action – what action is needed and where/when that action can be taken. The Key Message needs to appeal to the heart (emotional) and the mind (rational, logical).

7 C's of effective message

1. **Command Attention:** Attract and hold the audience's attention. Use colors, images, key words, and design so that the material stands out, is noticed and memorable.
2. **Clarify the Message:** Ensure the material conveys the message clearly, with easy-to-understand words and images. There should be one clear, single-minded message. The simpler the better!
3. **Communicate a Benefit (or a Consequence):** Stress how the audience will benefit from adopting the desired behavior or how the current behavior poses personal risks to the Target Audience (conveying a benefit is generally more effective than a negative consequence).
4. **Consistency Counts (for Multiple Materials):** Be single-minded. Ensure that content within and among various materials have the same message and "look". Repeat messages throughout the materials. Use the same words and phrases. Use the same or related images. This will avoid confusion. Remember: Repetition of the same message in various materials and media enhances the impact of the message.
5. **Create Trust:** Well-developed materials encourage the audience to trust the organization or program using them. Trust and credibility allow and encourage the audience to heed the message.
6. **Cater to the Heart and Mind:** People are swayed by both facts and emotions. Use both to maximize the material's persuasiveness.
7. **Call to Action:** Include a clear "Call to action" in materials. Tell Target Audience members precisely what they can do.

3.3.3 Methods of testing

The Key Message and material(s) need to be pretested. Why do we need to pretest? You need to pretest messages/materials to ensure that the Target Audience finds the materials appealing, attractive, easily understandable, believable, relevant to their needs or situation and are motivated to act on the messages. The materials tested can be mockups of print materials or storyboards of video materials. A pretest will provide information on the following five elements:

1. **Appeal** – the materials and messages command attention and are attractive.
2. **Understandability** – the Target Audience readily understands what the material is saying without having someone else explain it.
3. **Believability** – the Target Audience accepts what the message/material is saying is correct and true.
4. **Relatability (resonance)** – the Target Audience feels that the message/material is talking to them.
5. **Motivation to action** – the message/material moves the Target Audience to change their attitudes, beliefs, values and behaviors.

How to conduct a pretest

- Recruit members of your Target Audience as respondents. The ideal scenario is to recruit actual or potential consumers. If not possible, recruit respondents who have the same demographic and psychographic characteristics as current/potential consumers/Target Audience members
- Conduct focus group discussions (FGDs) or individual interviews.
- Prepare and use a discussion guide that will obtain information on the five elements to be pretested.
- Use open-ended questions that will elicit What, Why and How rather than a simple Yes or No

Key Points To Remember when conducting a pretest

- Five to eight respondents for each group is a good size that allows for optimal discussion.
- If possible, conduct at least three FGDs for triangulation in order to validate responses across groups.
- Use a discussion guide with open-ended questions. Avoid asking closed-ended questions that lead to a simple Yes or No. Probe for What Else, Why and How.
- Reassure participants that all their responses are strictly confidential and will not be individually identified in the reporting process.
- Reassure participants that there are no right and wrong answers and all opinions count.
- Use a room that is comfortable and ensures privacy. Offer drinks and snacks.

Sample pretest questions

- **Appeal:** What do you like about the (material)? What do you not like about it?
- **Understandability:** What do you think the material is saying? What else? Is there anything that is not clear to you? What is not clear? Why is it not clear? How would you restate what the material is saying so that it is easier to understand?
- **Believability:** What in the material is believable to you? What is not believable? If there is anything that is not believable, what is it?
- **Relatability (resonance):** Do you feel what the material says is speaking to you personally? Why? Why not?
- **Motivation to action:** What will you do after seeing/ reading this material? Why?

3.3.4 Channel Selection and placement (Prepare a Media Plan)

Channel selection and placement are critical components of developing an effective media plan for Social and Behavior Change (SBC) interventions. The diverse cultural, linguistic, and socioeconomic landscape of the country necessitates a strategic approach to ensure that messages reach the intended audience in a meaningful and impactful way.

Understanding the Audience

The first step in selecting the appropriate channels is to deeply understand the target audience. In Ethiopia, where rural and urban populations have vastly different media consumption habits, it's essential to tailor the media plan to these varying needs. For instance, while urban areas like Addis Ababa have higher access to television and internet services, rural areas might rely more on radio broadcasts and community meetings. Thus, an effective media plan must consider these differences to ensure broad and inclusive outreach.

Utilizing Radio for Rural Outreach

Radio is one of the most effective channels for reaching Ethiopia's rural population, where literacy rates may be lower and access to other media limited. For example, promoting handwashing and safe water practices can be effectively done through radio programs broadcast in local languages like Amharic, Oromiffa, and Tigrigna. These programs can be scheduled during peak listening times, such as early mornings or late evenings, when most people are at home. Additionally, interactive radio shows that allow listeners to call in and ask questions can further engage the community and reinforce key health messages.

Leveraging Television and Social Media in Urban Areas

In urban centers, television and social media are powerful tools for SBC interventions. Television channels like EBS, Fana TV, and ETV have a wide reach and can be used to air commercials, educational programs, and public service announcements that target behaviors such as the use of condoms or the importance of regular health check-ups. Social media platforms, particularly Facebook and Telegram, are also increasingly popular in urban areas, especially among the youth. These platforms can be used for targeted campaigns that include short videos, infographics, and interactive content that encourages sharing and participation, thereby amplifying the reach of the message.

Community-Based Channels

In addition to mass media, community-based channels are crucial for ensuring the message reaches all segments of the population. This includes using traditional communication methods like community gatherings (known as Idirs or Ekubs), religious meetings, and market day announcements to disseminate information. For example, a campaign promoting the use of bed nets to prevent malaria could involve local leaders or health extension workers delivering key messages during these gatherings, ensuring that the information is trusted and well-received.

Combining Channels for Maximum Impact

A well-rounded media plan in Ethiopia should combine multiple channels to reinforce the message across different platforms. For instance, a campaign on maternal health could use a combination of radio, television, social media, and community meetings. Radio could reach rural audiences with daily health tips, while television and social media might feature testimonials from mothers who benefited from antenatal care,

creating a comprehensive and impactful SBC intervention.

In summary, preparing a media plan for SBC in Ethiopia requires careful consideration of the diverse media landscape and the specific needs of different population groups. By strategically selecting and placing channels, SBC messages can effectively reach and resonate with the intended audiences, driving meaningful behavior change across the country.

Activity 3.11 Group discussion

Instruction: Work in groups and respond to the following questions.

Questions

1. Develop a creative brief based on increasing service seeking behavior for facility delivery.
2. Develop key messages based on the creative brief developed and template. (See Annexes for
 - Creative brief
 - Radio and TV Script
 - Pre-Testing of messages)
3. Develop media plan (channel selection and placement pro and cons)

Time required: 50 Minutes



Chapter Summary

- Finding a single strategy/approach to achieve social and behavioral objectives is rare. It needs multiple Social and Behavior Change approaches to manage the complexity of human behavior. Social change can be even more complex and systemic.
- Major SBC approaches includes ABS, including Behavioral Insights and Nudge theory, HCD, CE, SBCC , Advocacy, Social/Community mobilization, System strengthening and service improvement
- The most commonly used stage of risk communication strategy includes precautionary advocacy, outrage management, crisis communication and health education in emergency situations.
- The different emergency phases for RCCE intervention includes the pre-disaster, warning, during, and recovery phases and each stage has specific objectives and activities to effectively communicate risks and engage with communities.
- The Creative Brief guide in designing tailored messages, materials and products that are aligned with the behavioral objectives and target audience profile.
- Once the creative brief is done, key messages will be developed considering barriers and drivers of behavioral acts.
- The Key Message and material(s) need to be pretested in order to ensure that the Target Audience finds the materials appealing, attractive, easily understandable, believable, and relevant to their needs or situation and are motivated to act on the messages.
- SBC implementation strategies (Community Engagement, Social Behavior Change Communication, Social Mobilization, Advocacy and Social marketing) will be selected by considering various parameters.

Duration: 4 Hrs. and 25 Minutes

Chapter description:

This chapter focuses on the basics of monitoring, evaluation and learning in social and behavioral change in health and health related issues. Aiming to enhance the knowledge and skill of training participants

Chapter Objective: By the end of this chapter, participants will be able to describe the basics of Monitoring and evaluation.

Enabling Objectives



By the end of chapter, the participants will be able to

- Define and understand basic concepts of Monitoring, evaluation.
- Describe the Role of Monitoring and Evaluation In social and behavior change interventions
- Develop the SBC M&E Frameworks
- Develop indicators to monitor and evaluate social and behavior change Interventions
- Explain Monitoring and Evaluation of social and behavioral change activities
- Describe How to Ensure use of SBC evaluation findings and share lesson learned

Chapter outline

- 1.1 Definition and Concepts of Monitoring and Evaluation
- 1.2 Role of monitoring and evaluation in SBC
- 1.3 SBC monitoring and evaluation Framework
- 1.4 SBC indicators
- 1.5 Monitoring and evaluation of SBC Interventions
- 1.6 Evaluation use and share lesson learned: Definition and basic concepts
- 1.7 Chapter Summary

4.1 Definition and Concepts of Monitoring and Evaluation

Activity 4.1 Think/Pair/Share



Instruction: Pair with the nearby trainee to discuss on the following Questions. And Reflect your ideas on the below questions.

Questions :

- When you think of the following terms, what comes to your mind?
 - Monitoring and Evaluation
 - What do you think the difference between monitoring and evaluation?
 - What are the Types of Monitoring and Evaluation?

Time required: 20 minutes

Definition of terms and concepts

Monitoring - Monitoring involves tracking the implementation of the Social behavior change intervention in real-time to ensure it is progressing as planned. It helps in identifying issues early on and making necessary adjustments to ensure the intervention stays on track. Monitoring often involves collecting and analyzing data on various indicators related to the behavioral change efforts.

- Usually tracks input, activities and output; but occasionally can also tracks outcome and impacts

Monitoring answers:

- What we are doing and how we are doing?

Monitoring couldn't try to answer:

- Why our activities succeeded or failed?
- Did the program/ project is responsible for the change brought?

Evaluation - is about assessing the effectiveness of the behavioral change intervention. This involves measuring the outcomes and effects of the intervention to determine its effectiveness in bringing about the desired changes in norms and behaviors. Evaluation helps in understanding what works well, what didn't, and why, allowing for informed decision-making for future interventions.

In general Evaluation answers:

- What, How and why we are doing and not doing?

Types of Monitoring and Evaluation

Input / Output Monitoring:

- Input monitoring is the tracking and reporting of project resources, activities and immediate results
- It tracks and compares the availability of project/ program resources, implementation of activities and immediate results with the plan
- Collect information using project/ program indicators on continuous basis

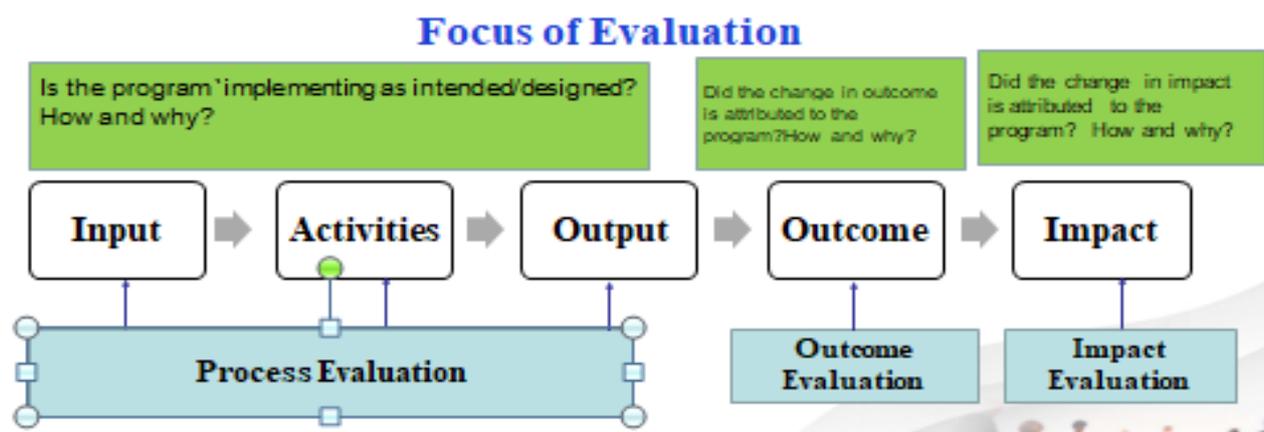
Outcome Monitoring

- Outcome monitoring is the tracking and reporting of intermediate results of the project or program on target group of people
- It tracks change in knowledge, attitude and behavior and compares with the plan or baseline
- Collects information using indicators of project or program

Impact Monitoring

- Impact monitoring is the tracking and reporting of long term results of the project or program on the society at large
- It tracks change in incidence and prevalence of health problems and compares with the plan or baseline
- Collects information using indicators of project or program

Evaluation type based on Focus



A. Process Evaluations

- Also called implementation evaluation.
- Focus on the implementation of program activities answering questions like:
 - What is the implementation degree of the program and what program/context/users related factors may explain the observed degree of implementation?
 - Are the planned actions reaching the targeted population? Do the users have access to the intervention? What were the barriers?

B. Outcome/Impact Evaluation

- Evaluations focusing on the assessment of net effects of programs on target populations are called outcome/impact evaluations.
- Outcome – focus on intermediate results
- Impact – focus on long term or “ultimate” results

Involves comparison of:

- Levels of social conditions intended to be addressed by the program with
- The counterfactual (what would have been there if the program was not in place)

4.2 Role of M&E in SBC

Activity 4.2 Group discussion

**Instruction:**

Discuss with a group of 3-4 persons what you have known and experienced from your response to the *Case study*

Title:- Social behavioral change promoting skilled delivery in two districts of X regions of Ethiopia

Duration of the project:- 6 months

Target :- increasing facility delivery by 20% (20-40%) at the end of the project period

Key SBC intervention:- disseminating public service announcement for skilled delivery and pregnant women conference

Output: - A Radio/TV spot was disseminated 80 times and 120 pregnant women conference conducted.

Ministry of health Evaluation result:- skill delivery didn't show improvement in the targeted districts

Donors evaluation result:- considered the project as unwise investment of resources

Instruction:

- **Be in your group to discuss the following questions.**

Brainstorming questions

- What went wrong in this project in terms of M&E?
- Why do you think the implementers couldn't make adjustments?
- Why do you think that the donor feels that the investment was wastage?
- Based on the case story, what do you think is the importance of M&E?

Total Time required: 40 minutes

Roles of monitoring, evaluation and learning in SBC Program

Monitoring and evaluation is conducted to provide valid and reliable information about the program to support real time decision making of managers or policy makers

In general, Monitoring and evaluation have the following broad purposes:

- It provides valuable insights into the effectiveness of interventions aimed at promoting positive behavior change within communities.
- It helps in assessing the progress towards program objectives, evaluating the outcomes of SBC initiatives, and facilitating continuous learning and improvement in program design and implementation.
- It enables organizations to make evidence-based decisions, identify best practices, and address challenges in achieving behavior change goals by systematically collecting and analyzing data.

4.3 SBC M&E Framework

4.3.1 SBC Framework

Activity 3.10. Think in pair and share



Instructions: Pair with the nearby trainee to discuss on the following

Questions:

- What is program framework and its purposes
- What are the importance of logical frameworks
- Discuss the components of M&E logical framework?

Time required: 15 minutes

In Evaluation; Once the components of the program description (need, target, resources/inputs, activities, activities, outcome, R/ship of activities and outcomes, stage of development and context) have been identified, a visual depiction may help to summarize the relationship among components, thus helps the evaluation to focus on the most central and important questions. And this can be done with program frameworks/model.

Program framework

Pictorial or tabular representation of an intervention or its components with or without the description of external factors

Program framework enables us to:

- Clearly understand what the results a program intends to achieve
- Visualize how a program will achieve its intended results
- Clarify and communicate how different components of a program interact within the organization
- Understand how external factors interact and affect the implementation of a program and its success in achieving intended results

Program logic model: - is a flowchart that summarizes the key element (**resources/program input, activity, output, and intermediate and end term outcomes**) of a program. It shows the logical relationships among the resources that are invested, the activities that take place, and the benefits or change that result

Components of Logic Model:

Situation

- The environment in which a problem or an issue exists from where priorities are set to direct the programmatic response
- Is the foundation for logic model development
- Understand the situation correctly and diagnose the problem; otherwise everything that follows is likely to be wrong

Inputs and Outputs

- **Inputs:** Are the resources that we invest in the program and help to mount activities. Include human resource, budget, infrastructure etc...
- Outputs:** Are the products created after conducting the activities

Outcomes and Impacts

- The benefits that individuals, groups, communities realize
- The change that occur on the target beneficiaries due to program output

Assumptions and External factors

- Beliefs we have about the program and the people involved and the way we think the program will work
- Assumptions are principles, beliefs, ideas about:
 - The problem or situation; the resources and staff
 - The way the program will operate
 - What the program expects to achieve
 - The external and internal environment
 - The participants: how they learn, their behavior, motivations, etc.

- External factors: The environment in which the program exists. It includes: Cultural milieu/ environment; The climate; Economic structure; Housing patterns; Demographic patterns; Political environment; Background and experiences of program participants; Media influence; Changing policies and priorities
- External factors may have a major influence on the achievement of outcomes. We can't ignore them! They may affect a variety of things including the following:
 - Program implementation; Participants and recipients ; The speed and degree to which change occurs ; Staffing patterns and resources available

Activity 4.4. Group discussion

Instruction:

Discuss with a group of 3-4 persons what you have known and experienced from your response to the *Case study*

Project goal

- Reduce maternal mortality

Project objectives

- Increase skilled service delivery
- Improved awareness on importance of skilled service delivery
- Improved attitude on skilled service delivery

Title:- Social behavioral change promoting skilled delivery in two districts of X regions of Ethiopia

Duration of the project:- 6 months

Target :- increasing facility delivery by 20% (20-40%) at the end of the project period

Key SBC intervention:- disseminating public service announcement for skilled delivery and pregnant women conference

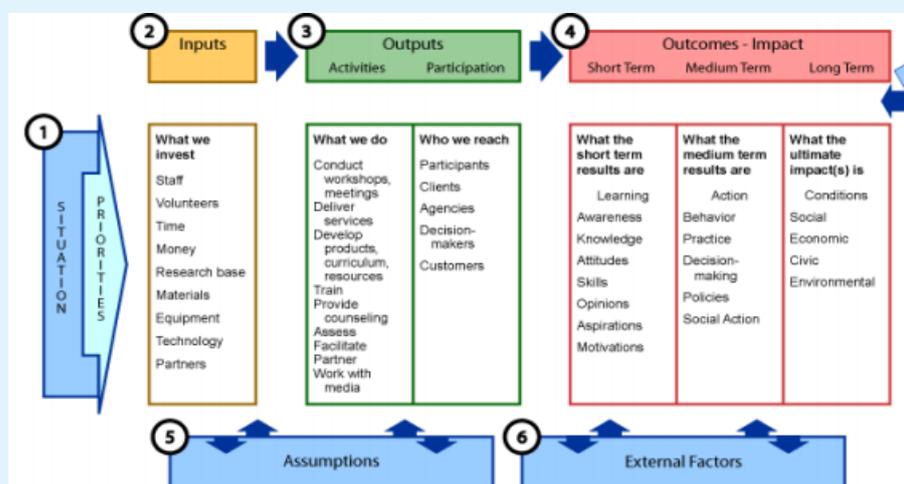
Output: - A Radio/TV spot was disseminated 80 times and 120 pregnant women conference conducted.

Instruction:

- Be in your group to discuss the following questions.

Questions

- fill out logical framework in the below template
- From the case scenario develop at list one indicator per each logical frameworks components



Total Time required: 30 minutes

Purposes of Logic Model: in general logic model can use as:

- A. A communication tool- Help to understand our program and communicate to potential stakeholders (This facilitate funding)
- B. M&E tool- Help to monitor programs focus program evaluation and identify balanced set of indicators
- C. Planning tool- Help to identify gaps and non-realistic effects, goal and objectives and guides prioritization and allocation of resources

4.4 Indicator

Activity 4.5. Reflection activity



Instruction: Reflect your ideas on the below question.

Question:

- What came in your mind when you think of indicator?
- Have you ever set an SBC Indicator in your program area?
 - If yes, how do you set your indicators

Total Time required: 20 minutes

Indicator - Indicators are signals that reveal progress (or lack thereof) towards objectives; means of measuring what actually happens against what has been planned in terms of quantity, quality and timeliness.

Based on the component of a program indicators could be classified as:

A. Inputs indicators: - are measures of resources required or availed to implement program activities.

Measure the amount or quality of investment on a certain program or any of its components

Examples

- The number of physicians providing HIV care in a hospital
- The presence of audiovisual equipment's for patient education

B. Process indicators: - Are indicators which measure the characteristics of a procedure or an activity in a program

could be related to either of the following

- The content of a process – what was done
 - E.g. The proportion of HCT clients who received all components of counseling
- The way processes are implemented – how it is done
 - E.g. Average waiting time to see a doctor

C. Output indicators: - Outputs are immediate results of activities performed and resources utilized.

Output indicators measure the amount of these products

Most of the time output indicators are measures of the volume of work done regardless of its quality.

Examples

- Number of IEC materials developed
- Number of IEC materials distributed

D. Outcome indicators: - Are indicators which measure the intermediate effect of an intervention on its beneficiaries. Include indicators of knowledge, attitude and practice (adoption or abandonment of certain practices)

Examples

- The proportion of youths with comprehensive knowledge on HIV
- Condom utilization rate during casual sex
- Knowledge of HIV prevention Mechanism among targeted populations

E. Impact indicators: - Are indicators which measure the long term accumulative effect of an intervention on its beneficiaries. These indicators are very sensitive to various factors apart from the intervention and changes in the characteristics of beneficiaries.

Include epidemiologic indicators of morbidity and mortality

Examples

- Adult prevalence of HIV
- Quality of life of patients with HIV infection

Steps to Develop Indicators

There is no standard procedure on how to set indicators in healthcare. However, there are some basic procedures that need to be followed

1. Build a team representing relevant stakeholders

❖ Why a team?

Indicator selection has both technical and political features

Technically, selecting indicators needs variety of expertise including technical knowledge in the subject, M&E, Data collection and statistics

Politically, information on agreed set of indicators is more credible to stakeholders. And credibility determines utilization of information for decision making.

Who should be included in the team?

- Those involved in data collection, analysis and reporting on indicators
- Intended users of information

2. Clarify the subject

Clarifying the subject of interest allows team members to identify most relevant indicators

What is going to be measured?

- Access to health care
- Quality of care
- Health status of patients ...

3. Clarify the purpose and primary users of the indicator

Purpose

Why is the indicator required?

- Planning resource allocation
- Monitoring performance
- Evaluation of interventions

Who are the audiences (users)

- Program implementers
- Donors
- Peoples' representatives ...

4. Select relevant indicators from recognized sources

International organizations like WHO set indicators in different areas of healthcare but National sources should also be used as references when there is a need to select indicators at sub-national level.

Whenever possible, using these standard indicators facilitates comparison of measures with others and through time but when such indicators are found to be inadequate to serve local information need, teams could also develop their own indicators

5. Develop additional locally relevant indicators, if needed

Information use at the local level is a very important principle in M&E

In cases where international or national set of indicators cannot meet local information needs, additional indicators could be set or existing indicators could be modified.

6. Prioritize and select optimum number of indicators

Most of the time, teams involved in indicator selection will end up with large number of potential indicators. However, there exists only limited resource for collection and analysis of data therefore a Systematic prioritization should be made to identify most effective ones

How many indicators?

- Optimum balance between resources available and information required
- The lower level tend to need more information

7. Define characteristics of selected indicators

Once an indicator is selected, it should be well defined. Definition of an indicator should include:

- Title and definition
- Purpose
- Method of measurement
- Measurement frequency
- Data disaggregation
- Guidelines for interpretation and use
- Strengths, weaknesses and challenges, if any

8. Regularly revise list and definition of indicators

Why we need revision?

- Change in the need for healthcare
- Transformation of health programs (change in resources, strategies, activities, targets...)
- Problems on indicators (lack of sensitivity, specificity, data integrity ...)
- Changing priorities of M&E

How frequently

- Very frequent – affect comparability
- Very infrequent – fail to serve changing needs of information

Characteristics of a Good Indicator

A good indicator has the following characteristics:

- I. **Sensitive and specific:** - indicators should, as much as possible, measure the state of an issue that M&E is interested in.
 - Sensitivity is the ability of an indicator to identify changes in the state which is being measured.
 - Specific is the level of resistance of an indicator for factors other than the one it is planned for.
- II. **Reliable:** - Reliability is the level to which measurements on an indicator come up with similar findings on repeated measurements of the same situation.
 - Inter-observer: same situation by different observers
 - Intra-observer: same situation by an observer on different times.

Decision makers trust the information that the indicator is providing only when the indicator is proven to be reliable.

III. Measurable:-

- Feasibility of measurement is an important issue that should be considered during indicator selection.
- Data required for a specific indicator should either be available from current sources or there has to be a mechanism to collect primary data.
- The amount of resource required to collect data (time, money, personnel, etc.) should not deplete implementation of actions.
- Time is a very important resource shared by collection of information and acting based on that information.

IV. Quantitative when possible: - Whenever possible, it is better to use quantitative indicators because:

- Quantitative measures are most of the time more objective than qualitative ones
- Stakeholders are more likely to agree on interpretation of quantitative measures as compared to that on qualitative

V. Understandable: - In order for decision makers to know when to take action, they must understand what an indicator is telling

- Effective indicators are easy to understand, even by people who are not experts
- An indicator may be understandable to a group of audiences
- Particular emphasis should be given to understandability by primary users of information

VI. Comparable:- Indicators for M&E of health programs usually need to be compared with: Standard levels of performance, Performance of other institutions and Past levels of performance Using comparable indicators facilitates appropriate interpretation of measurements the Possible measures to ensure the comparability of indicators Whenever possible, use standard indicators from international sources.

4.5 Monitoring and Evaluation of SBC activities

Activity 4.5. Think-Pair-Share



Instructions: Pair with the nearby trainee to discuss on the following Questions.

Questions:

- What are the ways and steps to monitor and evaluate SBC activities?

Time required: 15 minutes

The monitoring mechanism for SBC should make provisions for both a continuous assessment of progress on defined activities, outputs and expected outcomes.

Monitoring mechanisms includes:-

- Filed visiting
- Review meeting
- Community Feedback Collection
- Supportive Supervision

Evaluating Social Behavior Change (SBC) activities is essential to understanding their impact, effectiveness, and areas for improvement. Here are the key steps typically involved in the evaluation process:

1. Define the Evaluation Purpose and Objectives

- **Identify the purpose:** Determine why the evaluation is being conducted (e.g., for accountability, learning, or program improvement).
- **Set specific objectives:** Outline clear evaluation questions that you want to answer, such as assessing changes in knowledge, attitudes, or behaviors related to the SBC activities.

2. Develop an Evaluation Framework

- **Choose an evaluation design:** Decide on a methodology, such as experimental, quasi-experimental, or non-experimental designs to best answer your evaluation questions.
- **Identify indicators:** Select quantitative and qualitative indicators that will measure process, outcomes, and impact based on your objectives.

3. Collect Baseline Data

- **Conduct baseline assessments:** Gather initial data on the target population before the implementation of SBC activities. This data will serve as a comparison point for measuring changes.
- **Determine data collection methods:** Choose appropriate tools for data collection, such as surveys, interviews, focus groups, or observations.

4. Analyze the Data

- **Quantitative analysis:** Use statistical methods to analyze numerical data and identify trends or changes in the indicators.
- **Qualitative analysis:** Analyze feedback, comments, and narratives to capture the nuances of participant experiences and perceptions.

5. Interpret the Findings

- **Compare baseline and follow-up data:** Assess the changes observed in the indicators to understand the effectiveness of the SBC activities.
- **Consider contextual factors:** Interpret the results in light of the local context, including any external factors that may have influenced behavior changes.

6. Draw Conclusions and Recommendations

- **Formulate conclusions:** Based on the analysis, determine the overall effectiveness of the SBC activities and whether objectives were met.
- **Develop actionable recommendations:** Provide insights and suggestions for improving future SBC activities based on the findings.

7. Communicate Results

- **Prepare evaluation reports:** Summarize the methods, findings, conclusions, and recommendations in a clear and accessible format.
- **Share with stakeholders:** Distribute the results to relevant stakeholders, including program staff, community members, and funders. Consider using presentations, workshops, or discussions to facilitate understanding.

8. Utilize Findings for Improvement

- **Integrate feedback into future activities:** Use evaluation results to inform the design and implementation of future SBC initiatives, ensuring continuous learning and improvement.

4.6 Ensure Use and Share Lessons Learned

Activity 4.6 Think-Pair-Share



Instruction: Pair with the nearby trainee to discuss on the following questions.

Questions:

- What is evaluation use and sharing lesson learned?
- What are the approaches of sharing lesson learned?

Time required: 15 minutes

Evaluation Use: Definition

Evaluation use is the application of evaluation processes, products, or findings to produce an effect. (Kelli Johnson, *et al.*, 2009)

It is intentional and serious consideration of evaluation information/findings by an individual with the potential to act on it. (King and Pechman, 1984)

Practical Steps to Ensure Utilization:

- Engage stakeholders in identifying ways they can apply evaluation findings
- Conduct regularly scheduled meetings with stakeholders
- Review evaluation findings and recommendations in regularly scheduled staff meetings
- Coordinate, document, and monitor efforts of staffs/ stakeholders to implement recommendations
- Develop multiple, tailored evaluation reports to address specific stakeholders information needs

Share lesson learned

Learning - Involves capturing insights and lessons from monitoring and evaluation efforts. By reflecting on what worked and what didn't, organizations can adapt their strategies and approaches to improve future social and behavior change initiatives.

- Everyone has moral obligation to share information and lesson learned to build knowledge for generalizability and broader utility. Such type of information can be shared among program staff, funders, program beneficiaries, community members, policy makers and other interested stakeholders.
- Evaluation with this purpose answers:
 - What can be learned from the evaluation and
 - How can the knowledge can be applied to other contexts

Approaches for sharing lesson learned

Sharing insights gained from monitoring and evaluating social and behavioral change interventions is crucial for improving practices, and fostering broader community engagement.

Here are some effective methods for disseminating these insights:

■ Formal Reports

- **Comprehensive Evaluation Reports:** Document the evaluation methodology, findings, lessons learned, and recommendations in structured reports aimed at stakeholders.
- **Executive Summaries:** Create succinct versions of reports for quick reference by decision-makers and stakeholders.

■ Presentations

- **Conferences and Seminars:** Present the results at conferences and seminars to engage with practitioners, policymakers, and academics.
- **Community Meetings:** Organize public meetings to present findings directly to community members and gather feedback.

■ Workshops and Training

- **Skill-Building Workshops:** Offer training sessions to practitioners and stakeholders on implementing findings in future interventions.
- **Interactive Workshops:** Conduct participatory workshops that allow stakeholders to brainstorm ways to apply lessons learned.

■ Case Studies and Success Stories

- **Documenting Case Studies:** Describe specific instances of success or challenges encountered in interventions to provide practical insights.
- **Sharing Personal Narratives:** Highlight personal stories of individuals impacted by the intervention to illustrate findings.

By employing this approaches can enhance the visibility and impact of findings from monitoring and evaluation efforts, facilitating learning and encouraging the application of insights in future social and behavioral change initiatives.

Summary

Monitoring - Monitoring involves tracking the implementation of the Social behavior change intervention in real-time to ensure it is progressing as planned.

- Usually tracks input, activities and output;
- Monitoring answers:
 - What we are doing and how we are doing?
- Monitoring couldn't try to answer:
 - Why our activities succeeded or failed?
 - Did the program/ project is responsible for the change brought?

Evaluation - is about assessing the effectiveness of the behavioral change intervention.

In general Evaluation answers:

- what works well, what didn't, and why,

Purpose of M&E

- Program improvement
- Accountability
- Knowledge generation

Indicator - Indicators are signals that reveal progress (or lack thereof) towards objectives; means of measuring what actually happens against what has been planned in terms of quantity, quality and timeliness.

- Indicators can be input, output, outcome, or impact indicators.

Evaluation use - is the application of evaluation processes, products, or findings to produce an effect. (Kelli Johnson, et al., 2009)

Annexes

Annex I: SBC capacity assessment tool

S.no	Category	Questions
	Existing capacity	To what extent does the organization already implement SBC programmes? Are they at the national or subnational levels?
	Approaches and tools	Which SBC approaches and tools does it typically use? Every organization uses different terminology, so do not expect the approaches to exactly match those used to describe UNICEF's approaches.
	Research experience	What kinds of research (if any) does the organization conduct? Can it be applied in SBC? University faculty produce research on social issues, but some is for presentation at academic conferences and publication in peer-reviewed journals. In other words, it is not applied research. The desk review should identify academic studies related to the issue you are addressing. You need to consider if, and how much, it applies. Are the hypotheses tested and the questions asked relevant?
	Staffing and skills	Who in the organization is responsible for SBC work? Does it have dedicated staff, or is SBC one among several areas of responsibility? How much do they know about SBC? Are there gaps in knowledge and/or skills that can be addressed?

Annex II: Creative Brief

S.No	Creative Brief Component	Content
	Overall aim of the communication (የተግባብቱ አላማ)	
	Target Audience(s):(የሚፈለጉ ታላሚዎች) Whom Do you want to address	
	Desired Behavior(s) እንዲመጣ የምንፈልገው ባህሪዎ <i>What do you want your target audiences to think, feel, or do after this communication?</i>	
	Obstacles (ታላሚዎቻችን የሚፈለገውን ጤናማ ባህሪ ለመተግበር የሚያሰቡት ምክንያት ምንድነው (ተግዳሮቶች) <i>What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired behavior? (reasons why the audience is currently not doing this)</i>	
	Key constraint (የሚፈለገውን ጤናማ ባህሪ ለመለመድ የሚያስችሉ ተግዳሮቶች አንዱን ዋናው) Choose from the obstacles the one that is providing the biggest barrier to adopting behaviors)	
	Key Promise/benefit (የባህሪው ዋና ጥቅም) ታላሚዎቻችን እዲተገበር የምንፈልገው ጤናማ ባህሪ ከሰሙ፣ካዩ፣ካነበቡ እና ተግባራዊ ካደረጉ በኋላ ሊያገኙ የሚችሉትን አንድ ዋና ጥቅም <i>a single benefit that will outweigh the obstacles in the mind of your target audience if you do (communication objective) -----you will (key promise) -----</i>	
	Communication objective (የተግባብቱ አላማ) <i>by audience (addressing the key constraint.</i>	
	Support Statements (reasons why) (ደጋፊ ሀሳቦች) <i>This is the substantiation for the key promise; i.e.; the reasons why the promise is true. start with because</i>	
	Positioning and Long Term identity (brand)(ዘላቂነትና በቀላሉ ሊታወስ ወይም ሊለይ የሚችል (የሚታወቅ መለያ)How will this be linked to an existing campaign? brand)	
	Tone (ድምፅ) <i>What feeling should your communication have?</i>	
	Call to Action (What do you want people to do or where to go to use the new product? (E.g., for more information, call the hotline at...))	
	Key content (ቁልፍ ይዘት) :- (Give key content bullet points grouped in the order it should appear in the material)	
	Channels <i>What channel(s) will you employ for the communication? TV spots? Radio Spots? Print Ads?</i>	
	Openings (መልዕክቱ የሚተላለፍበት ጊዜና ቦታ) <i>What opportunities (times and places) exist for reaching your audience? Market day, world AIDS day</i>	
	Creative Considerations: <i>Any graphical, political legal consideration?</i>	

Annex III: Radio/ TV spot

ስፖት 1: _____:

Target audience:

- Primary:
 - o.
 - o.
- Secondary:
 - o.
 - o.
- Economic:
 - o Women: .
 - o Men: .
 - o Home set up:.

Communication objective: .

Channel of Communication: .

Call to Action: :

Scene no	Time	Dialog	Footage
	0'' -5''	Intro	
	55'' 60''		

Annex IV: Audio & Audiovisual Material Pretesting Guide form for Pre-test

- Facilitator: _____
- Note taker: _____
- Place: _____
- Date: _____
- Time _____

Type of material: brochure, poster or Stickers

Communication Objective: To inform the intended audience about community nutrition focusing on diet and food diversity among pregnant and lactating mothers

Target Audience:

- **Primary Audience:** pregnant and lactating mothers,
- **Secondary Audiences-**husband, families, neighbors and community

Promoted Behavior: balanced diet and diversity of food among mothers in 1000 days

ISSUES TO PROBE FOR DURING PRETEST

- **Relevance** - Find out if the target audience considers the materials relevant to address the barriers to the desired behavior change.
- **Comprehension** –Establish the extent to which the respondents understand the materials, find out whether anything is unclear confusing or hard to believe.
- **Acceptability** – Establish whether the materials are compatible with local culture and if there is offensive language.
- **Audience attraction** – Find out whether the audience finds the materials attractive or not.

Opening – warm up: 5 min.

“Welcome. My name is _____ and On behalf of Zeleman Advertising, Communications & Research PLC, I welcome you to this discussion. We are here today to ask for your ideas about some messages. I would like to show you some Logos that may be used in your community. These designs are not finished because we want your opinions and thoughts on them first. Take a few minutes and look carefully at these designs.

Let participants take as much time as necessary.

Explain that we don't work for any of the companies or products that we will be talking about, so don't mind what is said about them.

Explain that we are merely taking opinions and there is no right or wrong answers and that we want their honest views.

Explain that we appreciate the importance and value of their contribution.

Inform participants that we will be audio recording the session only or the purpose of compiling a report.

Explain that the session's conversation will be treated with utmost confidentiality.

Inform participants that the approximate time for the discussion is – **approx. 1 hour.**

Respondent introduction: 10 min

Each participant to introduce himself or herself:

- Name
- Age
- Marital Status?
- Family Size?
- Do you have child/ren? How many?
- What they do for a living?

I have some materials that I would now like us to discuss. Please give me your honest opinion on them.

Section 1: pretesting audio & audiovisual materials

Moderator: please ask the participants the following questions after displaying **all the materials** (the video, the audio and audiovisual) on the screen or in print, and ask. Then do the same for the remaining.

Initial reactions on - **5 min.**

1. What do you hear/see? Can you describe it to us?
2. What is the first thing that comes to your mind when you see this material?
3. What is the main message(s) of the radio spot/tv spot?

attractiveness **5 min.**

4. What was the first thing that caught your eye/ear?
5. What do you **like** about this message?
6. What do you **not like** about this message?

Comprehension **5 min.**

7. Whom do you think the message is speaking to? Please describe the kind of people who would be most interested in this message.
8. Was the message delivered in a clear and easy-to-understand manner? Did the pace and tone of the voice over contribute to comprehension?
9. Is there anything confusing? Are there any words, sentences or ideas that you did not understand? Which ones? *[if so, explain the meaning and then ask respondents to suggest other words that would convey the meaning.]*
10. Do you find the language in the material easy to comprehend? If no, why?
11. Did the video have a good pace, or did it seem rushed or slow at times? Did the flow of information feel natural and easy to follow?

Acceptance **5 min.**

12. Is there anything about the message/material that you find offensive or inappropriate? If yes, which part do you find offensive/inappropriate?
13. Is there anything about the message/material that someone in your community may find offensive or inappropriate? If yes, which part do you find offensive/inappropriate?

Relevance **5 min.**

14. What type of people do you think should read/watch this message/material?
15. Did the audio/video portray characters and situations that feel culturally relevant to your background? Did it avoid any stereotypes or insensitive portrayals?
16. In what way are those people different from you or the same as you?

Motivation/persuasion **5 min.**

17. Why do you think you should do what the message asks you to do?
18. How likely are you willing to recommend others to see this message?

Call to action **2 min.**

19. What does the message ask the audience to do?

Improvement **3 min.**

20. What would you change in this message to make it more appealing to you?
21. Was anything missing that you would have liked to see included?
22. What can be done to improve this material?

Section 2: rating of the best concept

Moderator: after all materials reviewed, ask the following questions

23. If you could only choose one message to get a quick understanding of the topic, which one (audio, video) would you pick and why?
24. Which concept (audio or video) has the most visually appealing design that grabs your attention and makes you want to look at it?
25. Which concept (audio or video) depicts a situation that feels closest to your own life experiences and challenges?
26. Which concept presents the message in the clearest and easiest way to understand?
27. Which concept (audio or video) is most likely to catch your eye and make you stop to pay attention to the information?
28. Which concept (audio or video) presents information in a way that feels most credible and trustworthy?
29. Which concept (audio or video) best reflects the values and norms of your cultural background?

Thank respondents and close!!!

Annex V : Pre/post Test

1. What makes it challenging to change behavior by simply increasing knowledge and awareness?
 - A. Knowledge alone can always predict behavior
 - B. People are highly emotional and influenced by various external and social factors
 - C. Knowledge does not play a role in decision-making
 - D. People need more accurate information
2. Why are one-size-fits-all solutions ineffective in addressing human behavior?
 - A. Human behavior is too simple
 - B. Human behavior is complex, with diverse drivers like emotions, social norms, and the environment
 - C. Only awareness matters
 - D. Rational decision-making is universal
3. What key question underpins the origins of SBC programming?
 - A. How do we provide more information to people?
 - B. Why do people do what they do?
 - C. How do we increase awareness?
 - D. What are the effects of social norms only?
4. What is the key difference between IEC, BCC, SBCC, and SBC?
 - A. IEC provides knowledge via one-way communication; BCC focuses on individual behavior change; SBCC adds social change through community and structural factors; SBC encompasses all strategies for individual, community, and structural change.
 - B. IEC is a two-way group discussion; BCC focuses on individual change; SBCC uses mass media only; SBC focuses on health promotion.
 - C. IEC entertains and educates; BCC promotes awareness; SBCC changes laws; SBC focuses on individual behavior only.
 - D. IEC focuses on policy change; BCC influences public opinion; SBCC targets government change; SBC focuses on social media campaigns.
5. What is the purpose of a situational analysis in the SBC planning process?
 - A. To determine the key constraints and challenges of the program
 - B. To identify and segment the target audience
 - C. To define the problem, identify gaps, and understand the behaviors that prevent or treat the issue
 - D. To develop a theory of change based on current evidence
6. What is the primary goal of conducting a root cause analysis (RCA) in the SBC design process?
 - A. To collect primary data for program design
 - B. To categorize social and behavioral challenges
 - C. To explore the underlying reasons behind the difference between the current situation and the shared vision
 - D. To assess the current status of knowledge and attitudes within a community
7. How is the socio-ecological model applied in root cause analysis (RCA) to understand social and behavioral challenges?
 - A. It focuses only on individual-level factors such as knowledge and skills.
 - B. It categorizes social and behavioral challenges across different levels, including individual, family, community, and system-level factors.
 - C. It identifies immediate causes of the problem by looking at system-level issues.
 - D. It highlights the importance of setting strategic objectives to address challenges.

8. Why is audience segmentation important in Social and Behavior Change (SBC) programs?
- A. It allows for uniform messaging across all groups, saving time and resources.
 - B. It helps identify key power relations between audience groups for resource allocation.
 - C. It focuses solely on demographic characteristics like age, gender, and income for effective targeting.
 - D. It ensures that messages, media, and services are tailored to specific groups with different demographic and psychographic characteristics.
9. In designing a SMART SBC objective for promoting skilled delivery, what role does the “Achievable” criterion play in ensuring the success of the intervention?
- A. It defines the time frame for achieving the objective.
 - B. It ensures that the target population aligns with the intervention.
 - C. It confirms that the objective can be realistically accomplished given the resources and context.
 - D. It guarantees the relevance of the objective to the community’s needs.
10. Why is the selection of a combination of SBC strategies essential for achieving SBC objectives?
- A. It reduces the cost of the intervention.
 - B. It ensures a more comprehensive approach by addressing different levels of influence on behavior.
 - C. It simplifies the process by focusing on one strategy.
 - D. It limits stakeholder engagement to essential players only.
11. What is the primary focus of Applied Behavioral Science (ABS) in the context of SBC programs?
- A. To understand real-world problems and shape human behavior using evidence-based insights from psychology, economics, and social sciences.
 - B. To provide theoretical knowledge of behavior without application.
 - C. To focus solely on changing economic incentives for behavior change.
 - D. To prioritize expert opinions over the experiences of the target population.
12. Which of the following is NOT a characteristic of SBCC?
- A. It uses interactive and two-way communication
 - B. It relies solely on media-based message dissemination
 - C. It aims to change social conditions and individual behaviors
 - D. It leverages multiple communication channels and platforms
13. Which Risk Communication strategy is used when hazard is high and public outrage is also high?
- A. Outrage Management
 - B. Crisis Communication
 - C. Precaution Advocacy
 - D. Health Education and Dialogue
14. What is the primary purpose of a Creative Brief in Social and Behavior Change (SBC) communication?
- A. To conduct focus group discussions.
 - B. To guide the creative team in designing messages and materials.
 - C. To define budget allocation for media planning.
 - D. To evaluate the impact of SBC campaigns.

15. Which of the following is NOT part of the “7 C’s of Effective Message”?
- A. Command Attention.
 - B. Communicate a Benefit.
 - C. Clarify the Budget.
 - D. Call to Action
16. Why is pretesting important in Social and Behavior Change (SBC) communication?
- A. To determine the final cost of producing materials.
 - B. To finalize the media plan before message dissemination.
 - C. To recruit community leaders for SBC interventions.
 - D. To ensure that the audience finds the materials appealing, understandable, and motivating.
17. Which of the following is correctly matched?
- A. Monitoring can answer ---Why our activities succeeded or failed
 - B. Monitoring can answer-- What we are doing and how we are doing
 - C. Evaluation can answer -- why we are doing and not doing the program
 - D. Evaluation can answer ---What we are doing
 - E. B&C
 - F. A&D
18. Which types of monitoring can be used for tracking and reporting of long-term results of the project or program on the society at large
- A. Outcome Monitoring
 - B. process/activity monitoring
 - C. Impact Monitoring
 - D. Output Monitoring
19. ----- is the application of evaluation processes, products, or findings to produce an effect.
- A. lesson learned
 - B. Evaluation use
 - C. Approaches of SBC
 - D. all
20. Which of the following is not Characteristics of a good indicator
- A. Sensitive and specific
 - B. Measurable
 - C. Reliable
 - D. Qualitative when possible
 - E. all

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Reference

1. MoH, National health promotion strategic plan (2021/2– 2025/6)
2. Handebo S, Sharma R, Simireta T, Addissie H, Endalew GB, Girma E, Mossa KA. Social and behavior change communication competency among front-line healthcare system actors in Ethiopia: a cross-sectional study. *BMC Public Health*. 2024 Mar 1;24(1):663. doi: 10.1186/s12889-024-18084-x. PMID: 38429710; PMCID: PMC10908142.
3. «A» frame for advocacy framework, from population communication service, Center for Communication Programs, John Hopkins School of public health
4. John Hopkins. Roll back malaria partnership advocacy for resource mobilization (ARM) for malaria guide, may 2015



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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

SOCIAL AND BEHAVIOR CHANGE TRAINING MANUAL

Participant Manual

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