
Behaviour change communication (BCC) for community-based volunteers

Trainer's manual



International Federation
of Red Cross and Red Crescent Societies

The International Federation's Global Agenda (2006–2010)

Over the next years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

International Federation of Red Cross and Red Crescent Societies, Geneva, 2009

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Foreword

The burden of malaria

Malaria is a disease that affects between 300 and 500 million people each year. The disease is endemic to 109 countries in Africa, Asia, Latin America, the Middle East and the South Pacific, although 90 per cent of cases are in Africa.

An estimated 3,000 children die every day from malaria. Those under five years of age and pregnant women are most vulnerable. Malaria also contributes to anaemia in children, undermining their growth and development. It is a primary cause of poverty, slowing economic growth. For this reason, given the burden of malaria on the entire population, the Roll Back Malaria partnership (RBM) has endorsed a universal coverage policy for ensuring access to prevention and treatment for all populations at risk.

Millennium Development Goal (MDG) 6 refers directly to malaria. The target is, by 2015, to have halted and begun to reverse the incidence of malaria and other major diseases. Malaria also affects other MDGs: reduction of poverty, reduction of child mortality and improvement in maternal health.

Malaria is the concern of everyone. The International Federation of Red Cross and Red Crescent Societies is a member of the RBM partnership and works closely with partners such as the World Health Organization, UNICEF, Centers for Disease Control and Prevention, USAID, Population Services International, Malaria No More and many others.

A preventable disease

Malaria is preventable. There is growing scientific evidence that mass distribution campaigns to scale-up coverage of the population at risk rapidly with long-lasting insecticide-treated nets (LLINs) are an effective method for moving towards the Roll Back Malaria 2010 targets and MDGs. There is also evidence of the effectiveness of volunteer actions for ensuring distributed LLINs are hung properly and being used. The International Federation works to support National Societies to find funding to procure and distribute, free of charge, LLINs during large-scale integrated programmes, such as measles vaccination. In these distribution campaigns, our volunteers play a significant role in educating the community about how to prevent malaria. In follow-up “hang-up” and “keep-up” campaigns, volunteers are a valuable resource, with knowledge of their own community and how best to ensure messages are received and understood.

Malaria toolkit

This set of publications is the latest in the International Federation’s fight against malaria. For the first time, it puts together in one package training guides for facilitators, supervisors and volunteers, documentation and examples of good practice. It is aimed broadly at anyone in National Societies around the world who wants to ensure that the battle to prevent and control malaria has behind it a policy, a set of tactics and techniques and useful example documents that will be effective in, and modified for, their own culture and environment. I am sure that it will be a useful tool in malaria prevention programmes everywhere.



Bekele Geleta
Secretary General

Acknowledgements

Parts of this curriculum have been adapted from previous Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (CCP) documents, including the Community Health Education Skills Toolkit (CHEST kit) from Ghana, the Partnership for Transforming Health Systems (PATHS) Community Mobilization Training Manual for NGO/CBO Master Trainers in Nigeria and the Leadership in Strategic Health Communication training materials. The introduction has been adapted from the 2005 Freedom from Hunger training, Confronting Malaria in Our Community: Together We Can Defeat It! with other sections coming from the Preventing malaria in the community training manual. Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs carried out the adaptations and contributed additional components.

We would like to thank the Red Cross volunteers and staff in Indonesia who were involved in the pilot testing of this curriculum. Their valuable feedback has been incorporated into this version of the materials.



Introduction

The purpose of the Trainer's manual is to prepare trainers to facilitate the Behaviour change communication for community-based volunteers training.

Behaviour change communication (BCC) can be a very effective way to combat public health problems by encouraging health behaviour changes. The information in this manual is intended to help prepare you to facilitate the BCC learning sessions so as to build the capacity of volunteers to work to change behaviour in their communities. Your role is part of a broader effort by the Red Cross Red Crescent in your community.

You have the exciting opportunity to be part of this effort. Training field staff to offer information and to motivate individuals to change their health behaviour is a significant way to help group members improve the well-being of their community. This manual prepares you and your staff to help volunteers use BCC successfully in their communities.

The Trainer's manual provides all the instructions and technical materials needed to conduct a three day training course for trainers (ToT) and a two day training course for community-based volunteers on BCC. The manual has a companion publication, the Volunteer toolkit, which contains key messages, short guides and other tools that will be handed out to training participants and used by volunteers to help them conduct BCC activities in their own community.

The Trainer's manual is organized into 12 learning sessions. The first seven are intended to be passed on to volunteers by the trainer once he or she has learnt and understood their content and purpose. The remaining five sessions are concerned with training techniques and adult learning. Copies of Sessions 1 to 7 will need to be supplied to trainers.

Trainers will also need a copy of the accompanying Volunteer toolkit. When training volunteers, he or she will need to make copies for all participants in the training.

Objectives

Training of trainers objectives

By the end of the training, trainees will be able to:

1. explain behaviour change communication (BCC)
2. explain the stages of behaviour change and how they are used to tailor BCC messages
3. write a BCC message that follows good principles
4. use key BCC methods (cue cards, demonstrations, song, drama, home visit)
5. plan a BCC strategy
6. conduct a health promotion activity using appropriate BCC methods and messages
7. understand how to create an adult learner-based training environment
8. manage a small group session
9. conduct a mini training session

Volunteer training objectives

By the end of the training, volunteers will be able to:

1. explain behaviour change communication (BCC)
2. explain the stages of behaviour change and how they are used to tailor BCC messages
3. write a BCC message that follows good principles
4. use key BCC methods (cue cards, demonstrations, song, drama, home visit)
5. plan a BCC strategy
6. conduct a health promotion activity using appropriate BCC methods and messages

Proposed training of trainers agenda

Time	Session	Minutes
Day 1		
08.30	Session 1: Introductory session	70
09.40	Session 2: Introduction to behaviour change communication What is BCC Steps to behaviour change	60
10.40	Break	15
10.55	Session 2: Introduction to behaviour change communication Facilitating behaviour change communication in the community Elements of effective communication	60
11.55	Lunch	60
12.55	Session 3: Developing BCC messages	70
14.05	Session 4: Methods Part 1: Health talks, cue cards and demonstrations	70
15.15	Break	15
15.30	Session 4: Methods Parts 1: Health talks, cue cards and demonstrations	60
16.30	Session 5: Methods Part 2: Short plays and songs	75
17.45	Close of the day	
Day 2		
08.30	Re-cap of day 1	15
08.45	Session 5: Methods Part 2: Short plays and songs	60
09.45	Session 6: Methods Part 3: Home visits to deliver health messages	75
11.00	Break	15
11.15	Session 6: Methods Part 3: Home visits to deliver health messages	20
11.35	Session 7: Group project and presentations	60
12.35	Lunch	60
13.35	Session 7: Group project and presentations	90
End of volunteer training		
15.05	Break	15
15.20	Session 8: Training techniques for effective learning	75
16.35	Session 9: Promoting engagement through small group work	60
17.35	Close of the day	



Proposed training of trainers agenda

Time	Session	Minutes
Day 3		
08.30	Re-cap of day 2	15
08.45	Session 10: Preparation to present the training sessions	120
10.45	Break	15
11.00	Session 11: Practice presentations and feedback	70
12.10	Lunch	60
13.10	Session 11: Practice presentations and feedback	120
15.10	Break	15
15.25	Session 12: Workshop summary and evaluation	60
16.25	Close of workshop	

Proposed volunteer training agenda

Time	Session	Minutes
Day 1		
08.30	Session 1: Introductory session	70
09.40	Session 2: Introduction to behaviour change communication What is BCC Steps to behaviour change	60
10.40	Break	15
10.55	Session 2: Introduction to behaviour change communication Facilitating behaviour change communication in the community Elements of effective communication	60
11.55	Lunch	60
12.55	Session 3: Developing BCC messages	70
14.05	Session 4: Methods Part 1: Health talks, cue cards and demonstrations	70
15.15	Break	15
15.30	Session 4: Methods Part 1: Health talks, cue cards and demonstrations	75
16.45	Completion of day 1	
Day 2		
08.30	Re-cap of day 1	15
08.45	Session 5: Methods Part 2: Short plays and songs	135
11.00	Break	15
11.15	Session 6: Methods Part 3: Home visits to deliver health messages	95
12.50	Lunch	60
13.50	Session 7: Group project and presentations	150
16.20	Volunteer training ends	

Features of the manual

The sessions have some common features to help make your presentations easier. At the beginning of each session, there are generally six summary elements stated:

1. Overall goal of the session.
2. Objectives: list of objectives that the steps in the activities are designed to accomplish.
3. Steps to follow to implement all the activities.
4. Time: an estimate of the amount of time needed to implement all the steps of the session.
5. Methods: learning methods used in the activities.
6. Materials/preparation: a list of materials that the trainer(s) must ensure are ready before the activity, and tasks the trainer must do before the activity can be presented.

Most handouts are included in the Volunteer toolkit. Handouts that are not included, such as the evaluation form, are included at the end of the relevant chapter in the Trainer's manual. Materials are listed in the order in which they are needed.

Special features for the trainer to note include:

- *Italics font* = for the trainer to read to the participants
- Regular font = specific information, instructions or questions for the trainer to read or closely paraphrase to the participants
- Arrow(➡) = symbol that highlights specific questions to ask
- Shaded box around text = special technical or summary information to share with the participants

Facilitator preparation¹

The materials included in this Trainer's manual are intended to be used as a guide. All exercises, methods and lesson plans are only suggestions. You are encouraged to adapt any of the materials or timing of activities to meet the needs of your volunteers. Successful training begins with thorough preparation. It is vital to have a good understanding of each topic's content and to have the necessary materials to facilitate the various classroom and community activities. It is recommended that you:

- read the Trainer's manual and become familiar with the technical content of the sessions
- review the list of materials needed for each topic to ensure that you have all necessary supplies
- read the facilitator's information before training each session, think about the specific needs of your audience and the training room and be prepared to change or tailor the training to make it interactive for your audience
- check that your training room is available and arranged to your liking
- communicate the time and location of the training to the volunteers

It is important to note that the activities may need to be adapted for a smaller or larger audience size. For example, if an activity calls for paired discussions but you only have three participants, you will need to change the activity to a small group discussion. Modify the agenda and any materials in the Volunteer toolkit to fit your local context.

¹ Material on facilitator preparation and suggestions for the trainer adapted from *Community-based health and first aid in action (CBHFA), Facilitator guide, Volume 1*, International Federation of Red Cross and Red Crescent Societies, March 2009.

Materials needed during training

- flipchart/newsprint paper, stand and markers or blackboard, whiteboard, eraser, chalk or markers
- watch or clock to keep track of time
- a copy of the Trainer's manual and Volunteer toolkit for each participant in the ToT, or Volunteer toolkit only for the volunteer training (make sure agenda and other materials have been modified if needed)
- copies of the agenda for each staff member and participant
- long-lasting, insecticide-treated mosquito nets with strings for hanging, and sleeping mats, one for each group of four to six participants (decide how big the groups will be before purchasing nets)

Before you begin: suggestions for the trainer

Managing time

The times suggested for each activity in this Trainer's manual are approximate. You will know your audience best and should be able to judge from their body language when more or less time is needed to meet their learning needs. The goal, objectives and activity steps at the beginning of each topic provide the structure and important content that must be covered. If you lose control of time or audience goes off topic, use your ground rules to get back on topic.

Room arrangement

Design seating arrangements so that volunteers can make eye contact with each other and so that you can easily facilitate group conversation. Make sure that participants are comfortable. Ensure that demonstrations can be seen by all. Try to avoid having lines of chairs or long tables. The preference would be for small tables for four to six people, or a u-shaped formation.

Dividing participants into small groups

In order to get participants involved in activities and discussions, the manual often suggests that you divide the participants into several small groups. This allows for physical activity, gets participants engaged and lets them socialize with different groups of participants. You can divide the groups randomly by counting, or by distributing different coloured objects or strips of paper with group names. It is usually a good idea to assign a group leader and note-taker for each activity. This person will need to take notes and report the small group's responses to the larger group. You can assign leaders by choosing the most recent birthday, birth order, number of siblings, shortest name and so on. This is often a good way to involve and re-energize the audience. All participants should have an opportunity during the training to lead a group and to be note-taker.

Taking part in activities and having discussions help participants to learn. Your job is to get participants interested and listen to them with respect and attention. The suggestions below can help you conduct the sessions more effectively.

Group talk

- When a person talks, thank that person for speaking.
- Avoid stopping people while they are speaking. If you must stop someone who is talking too long, do so, but say you are sorry.
- Encourage as many people as possible to speak. You can help this by saying: "I'd like to hear from someone who has not spoken yet."
- Listen to what people say. Speaking up in a group takes courage. Being listened to increases the speaker's sense of confidence and safety.
- Build the participants' confidence by telling them that in terms of knowing their own communities, they are the "experts" and they need to share their expert knowledge with you and each other.

- If people give a very short answer, you might want to encourage them to say more. You could say: “That sounds very interesting. Tell us more about that.”
- Ensure participants work with partners when the sessions tell you to do so. More people will be able to share their thoughts and ideas when they talk with a partner.

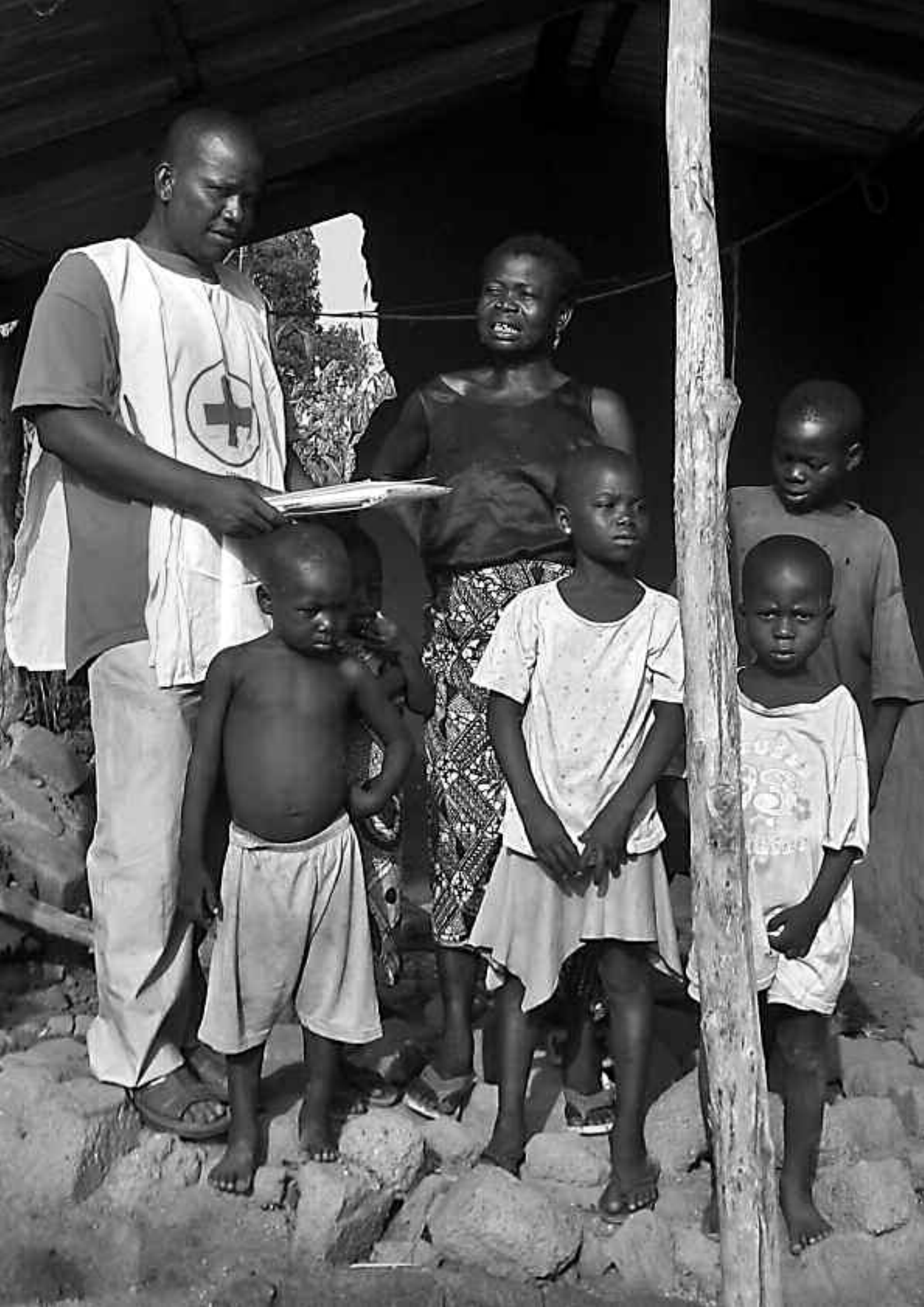
Presenting during the sessions

- Know important points so you do not have to read them from the paper.
- Keep the presentation within the recommended time.
- Do not speak too quickly because the participants will not hear everything you say.
- Do not speak too slowly because they might get bored.
- Look at the participants as you give the information. Even if you read the information, look up occasionally so that people do not feel ignored.
- After an important point, pause for a moment to let the participants think about it.
- Watch people to see if they look confused. If they look confused, stop and ask if they have any questions. Clarify any points, using different words.


Asking questions

- Pause after asking a question to give participants time to think of their answers. Look around the group as you wait for someone to answer.
- If no one responds, ask the same question using different words and pause again, waiting for them to answer.
- Once someone volunteers a response, do not be too quick to go on to the next question. Instead, ask if someone else has something to add to the first response.
- Give participants an opportunity to answer each other’s questions.
- Listen to the responses for important points and praise each speaker.

See also tips for establishing an adult learning-based environment in Session 8 and managing small group work in Session 9.



Session 1: Introduction

Overall goal	For participants to get to know each other and become familiar with the course outline
Steps	<ol style="list-style-type: none"> 1. Welcome, introductions and icebreaker (25 minutes) 2. Ground rules (5 minutes) 3. Administrative and other announcements (5 minutes) 4. Training objectives and agenda (10 minutes) 5. Introduction to the training materials (15 minutes) 6. Guidelines for sharing feedback (10 minutes)
	70 minutes
Methods	Icebreaker, large group discussion, presentation
Materials/ preparation	<ol style="list-style-type: none"> 1. Prepare your own brief welcome 2. Prepare a list of 10 to 15 items for the “Have you ever?” activity (1.3) 3. Pre-prepare a flipchart sheet with the title “Ground rules” (2.3) 4. Write the list of training objectives on flipchart paper (4.1) 5. Go over the proposed agenda and adjust the timing as needed. Decide start, end and break times. Make a copy for each participant (4.3) 6. Print one copy of the Trainer’s manual for each ToT participant (5.1) 7. Print one copy of the Volunteer toolkit for each participant (5.9) 8. Write the “Guidelines for sharing feedback” on flipchart paper (6.2)

Steps

1. Welcome, introductions and icebreaker (25 minutes)

- 1.1 The trainer should determine the welcome activities. When the welcome activity is completed, greet the trainees and thank the host organization for their hospitality, support and logistical arrangements.
- 1.2 Explain that over the next two days (three for ToT) you will cover a great number of topics, including how to improve behaviour change communication skills in order to engage communities in key health issues.
- 1.3 Say that you will begin with a quick introductory activity, called “Have you ever?”²
- 1.4 Explain that you will call out different things that may or may not apply to each person. If what is called out applies to a participant, they should run up to the front of the room and introduce themselves to the larger group. They may also shake hands, bow, or do whatever else may be culturally appropriate. Once they have introduced themselves to the group, they can go back to their seats to wait for the next category.

² Adapted from wilderdom.com/games/descriptions/HaveYouEver.html.

- 1.5 A list of 10 to 15 items should be tailored to the particular group and setting in order to be culturally appropriate and not embarrassing for the participants. Possible "Have you ever?" items include:
 - Have you ever ridden a horse?
 - Have you ever kept your New Year's resolution?
 - Have you ever climbed to the highest point in your country of birth?
 - Have you ever sung karaoke?
 - Have you ever run more than 10 kilometres?
 - Have you done volunteer work sometime in the last month?
 - Have you ever cooked a meal by yourself for more than 20 people?
 - Have you ever spoken a foreign language?
 - Have you ever had an unusual pet?
- 1.6 Keep asking questions until everyone has been in front of the room at least once and participants begin to know each others' names. After enough questions have been asked, thank the group for their participation.
- 1.7 Explain that now that we know each other a bit better, we will spend our time together exploring approaches to behaviour change and practising using different methods for delivering health messages.

2. Ground rules (5 minutes)

- 2.1 Explain that ground rules are developed to ensure that all participants have a common understanding of acceptable practices during the training, in order to make the training as enjoyable and productive as possible. It is important that these rules are developed by the participants as a group, and not by the training facilitator alone.
- 2.2 Ask participants to call out suggestions to cover the following:
 - ➔ *What are some rules that we should all follow during this training?*Examples might include:
 - speaking one at a time
 - being on time for the activities
 - paying attention and respecting others' opinions
 - no use of laptops
 - turning off mobile or cell phones
- 2.3 Write all the rules mentioned on a flipchart, discuss, rank and agree on a set that everyone will consent to follow.
- 2.4 Thank the participants for their suggestions and remind them to follow the rules they have established. Tape the ground rules up on a wall and leave them there for the duration of the training. Revisit the ground rules if participants are not following them during the training. Sometimes, rules need changing to reflect the reality of the situation.

3. Administrative and other announcements (5 minutes)

- 3.1 It is hard for participants to concentrate on the content of a training course if they are worried about administrative matters. Therefore, it is beneficial to address these issues right away. Topics to cover include:
 - per diems
 - breaks

- meals
- accommodation
- who to contact for specific questions
- security
- location of washroom facilities

3.2 Ask:

➔ *Are there any questions about administrative arrangements for the training?*

3.3 Answer any questions and explain that the next session will set the stage for the rest of the training.

4. Training objectives and agenda (10 minutes)

4.1 Post up the flipchart with the objectives of the training and ask different participants to read them out loud. During the ToT course, go over both volunteer training objectives and ToT objectives.

Volunteer training objectives

By the end of the training, volunteers will be able to:

1. explain behaviour change communication (BCC)
2. explain the stages of behaviour change and how they are used to tailor BCC messages
3. write a BCC message that follows good principles
4. use key BCC methods (cue cards, demonstrations, song, drama, home visit)
5. plan a BCC strategy
6. conduct a health promotion activity using appropriate BCC methods and messages

Training of trainers objectives

By the end of the training, trainees will be able to:

1. explain behaviour change communication (BCC)
2. explain the stages of behaviour change and how they are used to tailor BCC messages
3. write a BCC message that follows good principles
4. use key BCC methods (cue cards, demonstrations, song, drama, home visit)
5. plan a BCC strategy
6. conduct a health promotion activity using appropriate BCC methods and messages
7. understand how to create an adult learner-based training environment
8. manage a small group session
9. conduct a mini training session

4.2 Ask

➔ *Are there any questions or comments about the training objectives?*

Discuss the objectives and answer questions as needed.

4.3 Distribute (or refer to if already given to participants) the training agenda.

4.4 Read the agenda out loud to participants and explain training logistics.

4.5 Ask:

➔ *Are there any questions about the content and timing of the training activities?*

5. Introduction to the training materials (15 minutes)

ToT ONLY

5.1 Pass out copies of the Trainer's manual.

5.2 Explain that participants will use the manual to lead their own training sessions with volunteers. Tell participants that all of the activities and information they need to lead BCC training are included in the Trainer's manual, although modifications to account for local context may be necessary.

5.3 Ask them to open the manual at the table of contents. Read aloud the title of each section and briefly describe what is in each section based on your review and revision of the agenda.

5.4 Ask them to turn to the introduction. Explain that they need to read the introduction before planning their own training sessions. It contains planning and teaching tips that will be useful. Take them through the introduction page by page. You do not need to read through it, but you should describe what is on each page of the introduction and how they should use it. Be sure to go over the features of the Trainer's manual in detail so that they understand optimal use of the manual.

5.5 Next ask the participants to turn to Session 1.

5.6 Explain that sessions 1 to 7 are the sessions they will carry out as participants during their training here with you and then as trainers for other volunteers in the future. Sessions 8 to 13 are extra ToT sessions to help trainers build their capacity and practise presenting the BCC for community-based volunteers training.

5.7 Choose one of the learning sessions as an example and explain what is in the box at the beginning. Give examples of the various features in the activity, such as text to say aloud versus text that gives action instructions for them.

5.8 Give participants a few minutes to look through the Trainer's manual on their own.

ToT AND VOLUNTEER TRAINING

5.9 Pass out the Volunteer toolkit. Explain that all the handouts and technical information that are needed for the volunteer training are in the toolkit and that the toolkit is something for the volunteers to keep and read at home (for literate volunteers) to remind them of what they learnt. Give time for participants to look through the toolkit briefly on their own for a few minutes.

5.10 Ask:

➔ *Are there any questions or comments about the training materials?*

6. Guidelines for sharing feedback (10 minutes)

6.1 Explain that during the session, there will be opportunities to give each other feedback on the skills they are learning together. When giving feedback, we need to follow some guidelines.

6.2 Display the guidelines for feedback on the pre-prepared flipchart and go through each point.

Giving feedback


1. **Be specific.** Rather than say: “You did a good job”, say: “I thought you spoke at an appropriate volume and clearly”.
2. **Be constructive.** Give options for how the presentation could be improved. For example, you might say: “When you showed the picture, the people in the back could not see it. Why not move around the room while you are explaining it?”
3. **Use the positive/negative sandwich.** Provide a positive specific comment, followed by a constructive point, and then finish with another positive comment.

Receiving feedback

1. **Listen openly.** Let the person providing feedback finish his/her comment.
2. **Clarify.** If you do not understand the comment, make sure to ask for clarification before responding. For example, you might say: “Could you give me an example of what you mean?”
3. **Try not to get defensive and justify your actions.** Consider the recommendation and thank the person who made it. You do not have to accept every comment.
4. **Be thankful.** Remember that feedback is an opportunity to benefit from the experience of others and improve your performance.

- 6.3 Tape up or keep the flipchart with the feedback guidelines at the front of the room and refer to them as needed during the training.
- 6.4 Wrap up the session by reviewing the objectives and key messages of the session.

Session 2: Introduction to behaviour change communication

Overall goal	For participants to increase their understanding of behaviour change communication (BCC) and the stages of behaviour change
Objectives	By the end of this session, participants will be able to: <ul style="list-style-type: none"> ■ explain behaviour change communication ■ explain the stages of behaviour change and how they are used to tailor BCC messages
Steps	<ol style="list-style-type: none"> 1. What is BCC? (15 minutes) 2. How do people change their behaviour? Steps to behaviour change (45 minutes) 3. Facilitating behaviour change communication in the community (45 minutes) 4. Elements of effective communication (15 minutes)
	120 minutes
Methods	Pairwork, presentation, small group work, large group discussion
Materials/ preparation	<ol style="list-style-type: none"> 1. Ensure that each participant has a copy of the Volunteer toolkit 2. On flipchart paper, write the definition of BCC (1.5) 3. Draw the steps to behaviour change on flipchart paper (2.4) 4. Blank flipchart pages for BCC checklist exercise (3.4) 5. Prepare flipchart paper with "Barriers" and "Helpers" as headings (4.1)

Steps

1. What is behaviour change communication? (15 minutes)

- 1.1 To begin, explain that **communication is the process of sharing information.**
- 1.2 Next ask each participant to pair up with the person to their right and take three minutes to list on a piece of notebook paper as many ways to communicate as they can (e.g. talking, writing letters, e-mail, SMS, group work, songs, dramas, discussions, newspapers, radio, books, television).
- 1.3 After three minutes, ask the pairs to call out how many ways of communication they identified. Ask the pair with the highest number to read their list. Ask the group to add any different ideas. Write the ways of communication on a flipchart.
- 1.4 Explain that we are going to talk about behaviour change communication which is communication with a particular purpose.
- 1.5 Post up the flipchart with the following definition of behaviour change communication³.

³ Community-based health and first aid in action (CBHFA), Facilitator Guide, Volume 2, International Federation of Red Cross and Red Crescent Societies, March 2009.

Behaviour change communication (BCC)

Behaviour change communication means working with individuals and their communities to:

1. promote positive behaviours that fit their circumstances
2. provide a supportive environment which will enable people to initiate and sustain positive behaviours

1.6 Ask:

➔ *Can someone please read this definition aloud to the group?*

1.7 Ask:

➔ *What does it mean to promote positive behaviours that fit your circumstances, or are appropriate in your community?*

Ensure that the group understands that every individual has different needs and BCC means that we have to promote appropriate behaviours for each target community and household.

1.8 Ask:

➔ *What does it mean to provide a supportive environment?*

Ensure that the group understands that BCC involves identifying appropriate methods, times, location and messages so that target audiences are comfortable and able to begin and maintain positive behaviours.

2. How do people change their behaviour? Steps to behaviour change

(45 minutes)

2.1 Ask:

Please spend some time thinking about a time when you changed your own behaviour or began a new behaviour.

Examples might include:

- began eating more fruits and vegetables
- brought the children to the health clinic to get vaccinated
- used a mosquito net
- lost weight
- began washing hands with soap and water before cooking and after using the toilet

Encourage them to think through which steps they went through to get to this new behaviour.

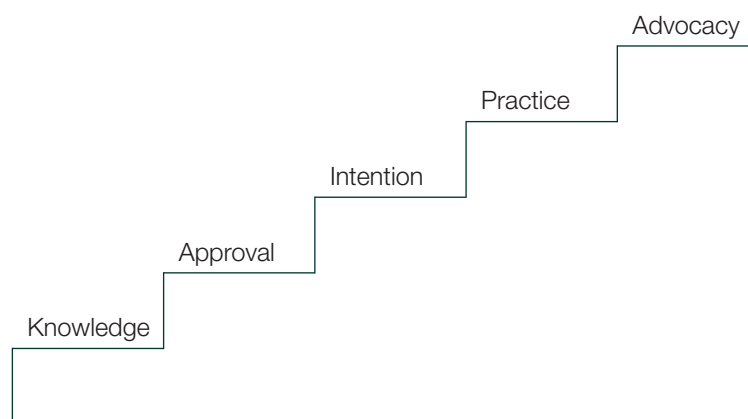
2.2 Ask:

➔ *How long did it take you to be successful in changing your behaviour?*

Let participants think through these questions on their own for a couple of minutes.

2.3 Explain that starting new health behaviours or changing old behaviours takes time and in many cases, can be challenging because many barriers need to be overcome.

- 2.4 Explain that behaviour change is a process. This process includes steps that people go through to finally make positive behaviour change. This process is called the “Steps to behaviour change”. Display the flipchart with the “Steps to behaviour change”.



- 2.5 Go through each of the steps, starting with the bottom step and going up.

Knowledge: First learns about a new behaviour

Example: a pregnant woman learns that it is best to give only breast milk until her baby is six months old, as it will keep her baby healthy for the first months of life.

Approval: Approves of the new behaviour

Example: the pregnant woman thinks giving only breast milk for the first six months is a good idea and will help her baby stay healthy.

Intention: Believes the behaviour is a good one and decides to adopt the behaviour

Example: the pregnant woman decides that she does want to give only breast milk to her baby until the baby is six months old.

Practice: Begins to practise the new behaviour

Example: the new mother gives only breast milk to her baby until he or she is six months old.

Advocacy (promoting the behaviour and persuading others to change their behaviour):

Feels that there is a benefit to the new behaviour

Promotes the new behaviour to family and friends

Persuades people to change their own behaviour

Example: the new mother now believes that giving only breast milk for the first six months has helped keep her baby healthy and growing well. She now tells other mothers about the benefits of exclusive breastfeeding and encourages them to do the same.

- 2.6 Give participants the example of a man who smokes cigarettes and ask participants to give an example of each behaviour change step in stopping smoking.

Ask:

➔ *If a smoker was just at the “knowledge” step towards stopping smoking, what would that mean?*

A possible response: A man who smokes cigarettes knows that smoking cigarettes is bad for his health and puts him at higher risk than non-smokers for lung cancer, amongst other diseases.

Ask:

➔ *If a smoker was at the “approval” step towards quitting smoking, what would that mean?*

A possible response: The man who smokes cigarettes believes that he would be healthier if he stopped smoking and would lower his risk of lung cancer.

Ask:

➔ *If a smoker was at the “intention” step towards quitting smoking, what would that mean?*

A possible response: The man who smokes cigarettes decides he is going to stop next month and tells his family of his plans.

Ask:

➔ *If a smoker was at the “practice” step towards quitting smoking, what would that mean?*

A possible response: The man stops smoking cigarettes.

Ask:

➔ *If a smoker was at the “advocacy” step towards stopping smoking, what would that mean?*

A possible response: The man who used to smoke cigarettes tells his friends who smoke that it is dangerous and he can show his friends where to go for help to stop.

2.7 Ask participants to get into groups of three or four and to share the behaviour that they changed (from 2.1) and which path they took to changing that behaviour.

Ask:

➔ *Did they follow the steps to behaviour change?*

What stage were they at when they first thought about changing their behaviour?

Did they skip some steps or stay at one step longer than others?

From the examples given in their group, ask them if there is a difference in how the steps are taken. Does it matter if the behaviour is very difficult to change?

Would the steps to stop smoking be different from the steps to begin washing hands with soap and water?

2.8 Ask the groups to come back together and ask three participants to share their personal experience of changing their behaviour with the larger group.

2.9 After each participant has spoken, ask the larger group to identify the steps that the individual took in changing his or her behaviour, referring to the flipchart.

Ask:

➔ *Did he or she follow the steps to behaviour change?*

What stage was he or she at when he/she first thought about changing the behaviour?

Did he/she skip some steps or stay at one step longer than others?

2.10 Ask the larger group to summarize what they discussed in their small groups and what they have just discussed together with the three participants who shared their stories.

Ask:

➔ *What were some of the similarities in their experiences?*

Were there any differences?

What were some of the factors that helped them change their behaviour?

Did they all follow the steps or did some skip steps or even find themselves going back to previous steps?

- 2.11 Explain that people may not go through the steps one at a time or in order and that the participants may have seen this with their own experiences. Not everyone goes through each of the steps. Some may skip steps. For example, a person may go from “knowledge” directly to “practice”. Some may go forward with the steps and then stop and stay at a step for a while. Some may even go forward with the steps and then find themselves going back down the steps. For example, a person may intend to stop smoking, does stop for a while, but begins smoking again. Finally, some people may need reminders to continue a behaviour. For example, people may need to hear or see reminders to wash their hands or to use a condom each time they have sex.
- 2.12 Explain that these personal experiences can provide some insight into how others change their behaviours. It is important as effective communicators that we relate to the behaviour change experience and that we know where our audience is on the steps to behaviour change.

3. Facilitating behaviour change communication in the community

(45 minutes)

- 3.1 Ask each participant to turn to the BCC checklist in the Volunteer toolkit.
- 3.2 Explain that once the current position on the behaviour change steps of the target individual or group has been assessed and determined, a BCC strategy should be developed. This can be done by answering a series of questions listed on the BCC checklist.
- 3.3 Ask different participants to take it in turns to read aloud the BCC checklist questions.

3. BCC Checklist⁴

WHAT information needs to be communicated?

WHY does this information need to be communicated?

- Why is the message important?
- How will people benefit if they change their behaviour?

HOW will the information be communicated?

- How can the message be most effectively communicated?
- Which materials/channels can be used to communicate the message?

HOW OFTEN does the message need to be communicated?

- How often should the message be repeated?
- What type of reinforcement can be given for positive actions and behaviour change?

WHEN should the information be communicated?

- Is the individual or group ready to initiate behaviour change?
- What time of day or year is best to communicate the message?

WHO will communicate the information and who will receive it?

- Who is the best person to communicate the message?
- Who is the most informed or knowledgeable on the topic?
- Who speaks the local language and understands the cultural expectations?
- Who should receive the message?
- Who has access to the groups that need to hear the message?

⁴ Community-based health and first aid in action (CBHFA), Facilitator Guide, Volume 2, International Federation of Red Cross and Red Crescent Societies, March 2009.

3. BCC Checklist

WHERE is the best location to communicate the message?

- Where should the message be communicated?
- What opportunities are there in the community to communicate health messages to large groups of people?

3.3 Ask and discuss:

➔ *Is there anything else you need to know to plan a BCC strategy?*

If relevant items are mentioned, tell participants to note them in their Volunteer toolkit.

3.4 Give the following instructions:

Now we are going to practise developing a BCC strategy to promote sleeping under long-lasting, insecticide-treated nets (LLINs). Participants will be divided into (five) teams. (The number of teams will depend on the number of participants in the training.)

Each team will be assigned a target group of households at a certain behaviour change step. Teams should identify a geographical location where the target group lives. Each team should write on flipchart paper the answers to the seven BCC checklist questions for their target group to design a strategy to help move their target group up the behaviour steps.

3.5 Divide the participants into (five) groups.

3.6 Assign each team a target group:

Team 1: a group of households that do not know that sleeping under LLINs will help prevent malaria.

Team 2: a group of households that have been taught that sleeping under LLINs will help prevent malaria, but they do not believe it.

Team 3: a group of households who believe sleeping under LLINs is a good behaviour, but have no intention of doing it.

Team 4: a group of households who say they will sleep under LLINs in the future.

Team 5: a group of households who are already sleeping under LLINs.

3.7 Repeat the instructions. Answer the BCC checklist questions to develop a BCC strategy for your target group to move them up the behaviour change steps related to sleeping under LLINs to prevent malaria. Give a time limit of approximately 20-30 minutes.

3.8 Circulate around the teams to make sure they understand the directions and provide guidance and correction if needed.

3.9 Once finished, ask the teams to tape up their strategies on the walls around the room. Instruct the participants to walk around the room and read the different strategies.

3.10 Bring the participants back to the large group and ask for comments and key differences between the strategies according to the behaviour change step.

4. Elements of effective communication (15 minutes)

4.1 Explain to participants that even though we have a well-designed BCC strategy, it still can be difficult to communicate. Divide a flipchart into two vertically, label the left half "Barriers" and the right half "Helpers".

Example:

Barriers	Helpers

4.2 Read the following scenario twice to the participants:

A 17 year old male volunteer meets individually with the mother of a newborn in her house. He states: "Breast milk is the only food and drink a baby needs in the first six months". The mother is friendly but does not seem to listen to the volunteer.

4.3 Ask:

➔ *What are the possible barriers or reasons why the mother may not pay attention to the message*

Write up responses on a flipchart under barriers. Responses should include:

- volunteer too young
- volunteer is inappropriate gender

4.4 Read the second scenario twice to the participants:

A volunteer attends a food distribution at the local clinic. She tries to talk to the mothers about the importance of stocking food for the coming rainy season when it often floods in the village. The mothers are running after their children and do not seem to be listening.

Ask:

➔ *What are the possible barriers or reasons why the mothers may not pay attention to the message?*

Write up responses under barriers. Responses should include:

- children running around so mothers cannot concentrate
- mothers at food distribution so location assumes they are hungry now and not yet thinking about something in the future
- mothers at food distribution so will have no extra food to stock

Summarize that the mothers have other immediate priorities, do not have sufficient resources and it is an inappropriate environment.

4.5 Ask:

➔ *What are other possible barriers to communicating effectively?*

Write up additional responses on the flipchart. These might include:

- lack of trust in the person who communicates the information
- a different belief system or disagreement with the message
- the health behaviour is not a priority because of other interests or needs
- there is a desire to change, but there is a lack of resources or lack of access to health centres
- individuals are unable to change without community approval or unless all members of the community agree to change

- lack of support from others
- socio-economic differences between communicator and audience
- lack of technical knowledge
- use of a communication method that is not appropriate for the situation (an example of this would be using a small pamphlet during a health talk with 30 men gathered at the marketplace)
- trying to give too many messages in a short time

4.6 Ask:

➔ *What are possible helpers or ways to avoid these problems?*

On the right side of the flipchart, write down possible ways to avoid or lessen the barriers. Their responses may include the following:


- ability to speak the language and understand the context of the audience
- ability to secure and maintain attention
- ability to respond to the audience and answer questions
- positive attitude towards the audience: welcoming, helpful, cheerful
- high level of knowledge on the subject matter
- understanding of the audience's culture and/or beliefs
- clear and concise messages
- time is adequate for what needs to be communicated, so that the communicator is not rushed
- an appropriate communication channel is chosen, for example, the communicator uses a large flipchart to talk to men gathered at the market place
- few distractions for the audience

4.7 Explain that it is up to the communicator to understand how these factors influence their audience and to identify the barriers and helpers to effective health communication.

4.8 Explain to the participants that the next activities will provide more information on messages and how to deliver messages effectively.

4.9 Wrap up the session by reviewing the objectives and key messages of the session.

Session 3: Developing BCC messages

Overall goal	For participants to be able to develop effective BCC messages tailored to various audiences
Objectives	By the end of this session, participants will be able to: <ul style="list-style-type: none"> ■ write a BCC message that follows good principles ■ plan a BCC strategy
Steps	<ol style="list-style-type: none"> 1. Principles of a good message (30 minutes) 2. Tailoring messages (40 minutes)
	70 minutes
Methods	Presentation, large group discussion, small group work
Materials/ preparation	<ol style="list-style-type: none"> 1. Previous flipchart with Steps to behaviour change (Session 2, 2.4) 2. Handouts of message examples (1.4) 3. Ensure BCC checklist exercise flipcharts are still hung up on walls for reference (Session 2, 3.9)

Steps

1. Principles of a good message (30 minutes)

- 1.1 Explain to participants that now that we know what the different steps to behaviour change are, plus some of the issues to check when creating a BCC strategy, we are going to discuss how to design the exact **message** to deliver. In this session, we will talk about messages and what makes a **good message**.
- 1.2 At the top of a new flipchart, write the title "Principles of a good message". Explain that we are going to talk about three core principles of a good message. Write "1. Communicate a benefit" on the flipchart.
- 1.3 Explain that we need to be sure that our messages give our audience a positive reason to do the behaviour.
- 1.4 Give the participants a copy of Handout 1 and ask one of the participants to read the text out loud.



- 1.5 Explain that this message encourages pregnant women to sleep under a mosquito net and to take medicine to prevent malaria.
- 1.6 Read the main messages from the material:
- Prevent malaria during pregnancy.
 - Malaria is bad for your health and the health of your unborn child.
 - Sleep under an insecticide-treated net.
 - Take a first dose of Fansidar after you feel the baby move.
 - Take a second dose of Fansidar at least one month later.
- 1.7 Ask:
- *Does this message communicate a benefit?*
 - *What is this message telling us to do? (sleep under a LLIN and take medicine to prevent malaria during pregnancy)*
- 1.8 Write “2. Keep it simple” on the “Principles of a good message” flipchart. Explain that we need to be sure that we keep our messages as simple as possible. If messages are complicated and try to say too much, our audience may get confused and not understand. We want to limit the messages in one presentation or on one poster.



- 1.9 Give participants a copy of Handout 2 and ask one participant to read the text out loud. Explain that this message is a simple one that outlines the benefits of children receiving Vitamin A supplements.
- 1.10 Read the main messages from the poster:

Strong and Healthy with Vitamin A

From 6 months to 5 years, your child should receive Vitamin A every six months to grow healthy and strong. Take your child to the health center for Vitamin A supplements.

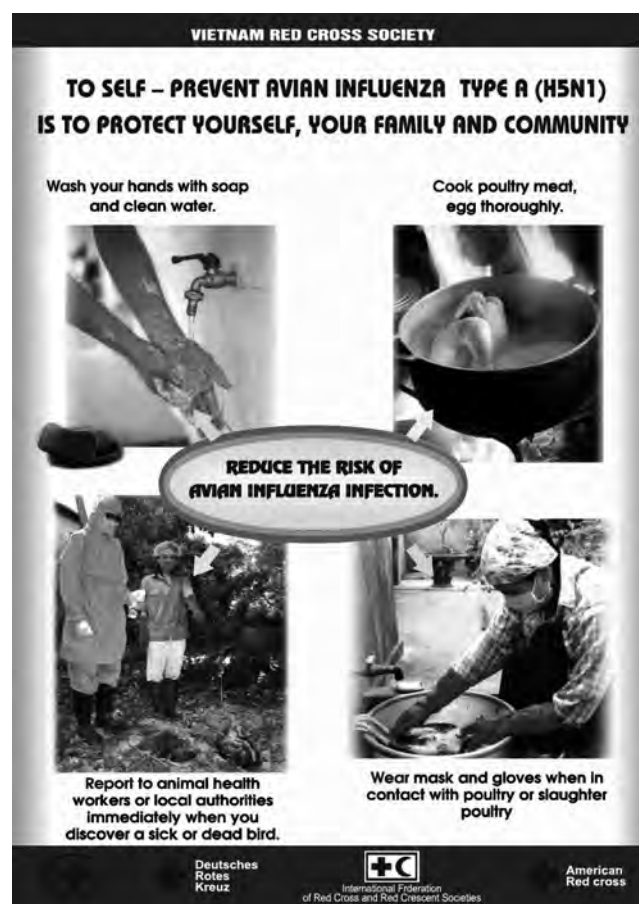
Ask:

- *Is this message simple or complicated?*
- *What is the message? (take your child to the health centre for Vitamin A every six months)*
- *Why do you think it is important to keep our messages simple?*

Listen to the participants' responses and provide more information if needed.

1.11 Write "3. Call to action" on the "Principles of a good message" flipchart. Explain that: We need to be sure that our messages include something that our audience can do. It is best to encourage small, do-able actions. This means that we are asking them to make small changes in their behaviour that they will be able to accomplish. As they make these small do-able actions, they will begin feeling empowered and able to take on bigger and bigger challenges. If we start by asking them to do something that they would have a harder time to accomplish, they may just give up and feel that they have failed.

1.12 Give participants Handout 3 and ask one of the participants to read the text out loud.



1.13 Explain that this message encourages people to reduce the risk of avian influenza infection.

Read the main messages from the poster:

- To self prevent avian influenza is to protect yourself, your family and community.
- Wash your hands with soap and clean water.
- Cook poultry meat and eggs thoroughly.
- Report to animal health workers or local authorities immediately when you discover a sick or dead bird.
- Wear masks and gloves when in contact with poultry.

Ask:

- ➔ Does this message have a call to action?
- ➔ What is this message telling us to do? (wash hands, cook chicken thoroughly, report sick birds, and wear masks and gloves when handling or slaughtering poultry)

- 1.14 Refer back to the “Principles of a good message” flipchart and read the three main principles.
 1. Communicate a benefit
 2. Keep it simple
 3. Call to action
- 1.15 Explain that by following these three principles, we can develop messages that will help us meet our objective of changing behaviour.
- 1.16 To summarize, post the following messages on a flipchart and discuss with participants which ones follow the principles of a good message and which do not.

Message 1

AIDS kills.

(No, this does not follow our message principles. Although simple, it does not communicate a benefit and does not communicate a call to action.)

Message 2

To prevent diarrhoea, wash your hands with soap and running water before eating and after defecating.

(Yes, it communicates a benefit, provides a clear message, and communicates a call to action.)

Message 3

Ensure that your family is safe from disasters. Stock food, know your evacuation point, have extra medications, have candles or a flashlight, listen to the radio for warnings, watch the weather, build your house with strong materials, place your house out of danger, take a first aid kit and keep your first aid kit stocked.

(No, this does not follow our message principles. It does communicate a benefit and has a call to action, but is not simple.)

Message 4

Prevent malaria = prevent death.

(No, this does not follow our message principles. It does communicate a benefit and is simple, but it does not have a call to action.)

Message 5

To prevent burns when cooking, turn pot handles inward, stay nearby when food is cooking and do not leave spoons or other utensils in pots.

(Yes, it communicates a benefit, provides a clear simple message, and communicates a call to action.)


- 1.17 Ask participants if they have any questions. Answer their questions as needed. Explain to participants that we are going to spend more time on messages so that they feel comfortable coming up with their own.

2. Tailoring messages (30 minutes)

- 2.1 Explain that to be effective communicators, it is important to know exactly who we need to reach with our BCC messages and to know where they are in the stages of change. It is also important to understand their specific needs and situations.
- 2.2 Refer back to the “Steps to behaviour change” flipchart and to the “Principles of a good message” flipchart. Revisit both flipcharts with the participants and ask them to keep both in mind for the next exercise.

- 2.3 Explain that to communicate effectively, we need to put ourselves in our audience's situation and see things from their point of view. We need to know where they are in the stages of behaviour change so that we can prompt them to the next stage. We need to know how they make decisions and who in their lives can help influence them to move forward. Refer back to the BCC strategies created during the BCC checklist exercise.
- 2.4 Tell participants that they are now going to develop good BCC messages, using the three principles of a good message identified in the previous exercise, with the same subject matters as in the previous exercise. These messages need to be communicated to the target group ("WHAT information needs to be communicated?"). Each team should develop at least one message that they would use in their BCC strategy.
- 2.5 Ask participants to return to their BCC checklist exercise teams. Tell them to begin and assign a time limit for the exercise. While they are working, circulate around the teams to make sure they understand the activity and are using the three principles to develop at least one message for their BCC strategy. Make corrections if the messages are not targeted toward the particular target group's step of behaviour change.
- 2.6 Once completed, invite teams to post their messages next to their strategies on the wall. Ask a representative from each group to read out their message in turn.
- 2.7 Tell participants that each person should now vote for the message they think is the best by putting an 'X' or checkmark next to the message they consider best meets the criteria. They cannot vote for their own. Count up the votes, congratulate the winner, and initiate a discussion to analyse why the winning message is successful for the chosen target group.
- 2.8 Summarize the session by reminding participants that we not only need to have messages that communicate a benefit, are simple and have a call to action, but the message design also needs to address the step of behaviour at which our target group finds itself.
- 2.9 Wrap up the session by reviewing key points and objectives. Ask participants if they have any questions from the session and answer their remaining questions. When all questions have been answered, thank participants for their attention and participation and explain that in the next activity they will be learning about BCC methods they could use in their communities.

Session 4: Methods Part 1: Health talks, cue cards and demonstrations

Overall goal	For participants to be able to use health talks, cue cards and demonstrations to convey BCC messages
Objectives	By the end of this session, participants will be able to use key BCC methods (health talks, cue cards, demonstrations)
Steps	<ol style="list-style-type: none"> 1. Health talks (20 minutes) 2. Introduction to cue cards (20 minutes) 3. Cue card practice (30 minutes) 4. Introduction to demonstrations (15 minutes) 5. Demonstration practice (60 minutes)
	145 minutes
Methods	Presentation, small group work, large group discussion, demonstration, role-play
Materials/ preparation	<ol style="list-style-type: none"> 1. Blank flipchart paper with the title “BCC methods”. Tape to the wall (1.2) 2. Pre-prepared flipchart with “Look, Listen, Learn, Share and Care” key points (1.5) 3. Five pieces of paper. Write “Look” at the bottom of one sheet, “Listen” on another, “Learn” on the third, “Share” on the fourth and “Care” on the fifth (1.6) 4. Pre-prepared flipchart with “Tips for giving health talks” (1.8) 5. One copy of cue cards 1 and 2 for each participant. Make sure they are printed double-sided (picture on one side and corresponding writing on the back) (2.3) 6. Prepare a demonstration on how to use cue cards 1 and 2 using the guidelines (2.7) 7. Prepare a demonstration on how to set up a LLIN (4.7) 8. One long-lasting, insecticide-treated net for every five participants (5.5) 9. One sleeping mat for every five participants (5.5)

Steps

1. Health talks (20 minutes)
 - 1.1 Begin the session by explaining that the next few sessions will focus on how we can do BCC.
 - 1.2 Tape a blank flipchart page at the front of the room. Write the heading “BCC methods” at the top of the flipchart. Write “Health talks” under the heading. Explain to participants that in this session, we will be talking about how to conduct health talks. These commonly take place at a health centre or health post, or in a community group setting, but they can be given to any group of people.
 - 1.3 Explain that in order to plan a health talk, volunteers must first identify who they will be talking to and where the talk will take place. Explain that before the talk is given, volunteers should answer the following questions:
 - At which step of behaviour are the participants?
 - What do the participants need to learn?
 - What should the participants do after the session?

- 1.4 Explain that before the health talk, volunteers should review information about the topic, decide how they are going to present the information and gather necessary materials together.
- 1.5 Tell participants that you will share some tips with them about how to give a good talk. Show participants the flip chart with "Look, Listen, Learn, Share and Care" key points. Explain that when communicating information in their health talks or even when having one to one conversations, it is important for volunteers to:

- Look: make eye contact and observe your audience's behaviour.
- Listen: to what people say and practise the fundamental principle of impartiality.
- Learn: understand why your audience is having a problem with the health issue.
- Share: invite your audience to share their experiences with the topic.
- Care: show compassion and empathy.

- 1.6 Tell the group that since people remember better what they see rather than just what they hear, they will design symbols to help them remember the five points of how to communicate. Divide the participants into five groups. Give each group one piece of paper with one of the words "Look, Listen, Learn, Share or Care" written at the bottom. Give each group five to ten minutes to draw a symbol representing their category.
- 1.7 When finished, ask each group to tape their symbol around the flipchart. During the remainder of the session, whenever they make presentations or are talking to the group, keep reminding participants of the five points.
- 1.8 Explain that beyond the general communication points we just discussed, we want to talk about specific tips for giving talks to small or large groups of people. Show the flipchart paper with the following tips written out. Go over each point and discuss it in the full group.

Tips for giving health talks

- Be punctual and greet and welcome participants warmly.
- Encourage the audience to participate and ask questions.
- Try to use either visual aids or a demonstration to help your audience learn.
- Summarize key points.
- Provide information on where participants can obtain more information or services.
- After the talk, ask a few questions to make sure the audience understood.
- Ask if there are any questions, and answer if you can. If you are unable to answer question, say so and say that you will find out. Follow up.
- Thank the audience for coming and for their participation.

- 1.9 Ask:
- *What else have you found in your experience helps to make your talks effective?*

Add any items to the list. Tape the list on the wall so that participants can use it for reference later in the training.

2. Introduction to cue cards (20 minutes)

- 2.1 Remind participants that because adults remember 20 per cent of what they hear, 40 per cent of what they see, and 80 per cent of what they practise, using visual aids or demonstrations as part of health talks greatly increases the likelihood of having an impact.

- 2.2 Write “Cue cards” as the second bulleted point under the “BCC methods” flipchart.
- 2.3 Ask participants to look at cue cards 1 and 2 in their Volunteer toolkits. Explain that these are examples of cue cards that can be used during health talks. These are examples of cue cards which are to be used to help communicate health information (in this case malaria) to members of their community. Hold up cue card 1 and say:

You will see that each card has a picture on one side and writing on the other. Both the picture and the writing are related to the topic covered in that cue card. For example, this cue card is designed to help explain how you get malaria. The picture lets target audiences visualize the key messages and help them remember better. The questions on the back remind the volunteer what the key messages are and ensure that volunteers are giving standard and correct information out each time they talk to someone. Cue cards help volunteers start conversations with households or community members.

- 2.4 Explain that these cue cards can be used by all of us, even if we find reading difficult. This is because the pictures on the cards are the most helpful tool in communicating with community members.
- 2.5 Show participants the flipchart “Using cue cards during health talks”. Ask for volunteers to read the steps out loud.

Using cue cards during health talks

1. **Choose a cue card** that best addresses the topic of your health talk.
2. **Hold the cue card** so that the audience can see the picture on the front and you can see the writing on the back.
3. **Ask the audience what they see in the picture.** Explain what the picture depicts.
4. **Cover all the key messages** listed on the back of the card.
5. **Respond to beliefs and concerns** as best you can by providing correct information on questions and clarifying any myths.
6. **Repeat the key messages** at the end of the session.

- 2.6 Ask for three volunteers to come up to the front of the room to play pregnant women at an antenatal care session at the local clinic. Ask them to sit on a bench, on the floor or on three chairs in front of you.
- 2.7 Demonstrate how to use the cue card to get across key messages. Ask participants to tell you what they see in the picture, while you prompt them with the writing on the back of the card. Remember to follow the tips on using cue cards.
- 2.8 Thank the volunteers for their help.

Ask:

➔ *Which techniques did you see me using with the cue cards?*

Make sure they capture the key points.

- 2.9 Ask:

➔ *In which situations should you use cue cards? In which situations should you not use cue cards?*

- 2.10 Explain that cue cards are one type of visual aid but they can also use flipcharts, posters or other printed materials that their Red Cross Red Crescent national society gives them.

Remind participants that the visual aid needs to be appropriate for the size of audience. Cue cards on letter sized paper, for example, are appropriate for household visits, or for talks with three to five people who can sit very close and see the pictures.

2.11 Ask if there are any questions about cue cards.

3. Cue card practice (30 minutes)

3.1 Explain that they will now have an opportunity to practise using cue cards to communicate about malaria during a role-play exercise. Break participants into pairs and ensure that each has a copy of the two cue cards.

3.2 Describe the role-play as follows:

Each pair should decide who is going to play the volunteer first and who is going to be a community member who will pretend to believe that malaria is caused by eating too many mangoes and bananas. Using cue card 1, the volunteer's job will be to explain what really causes malaria and how it spreads from one person to another through the bite of an infected mosquito.

After 10 minutes, they should switch roles so that each person gets an opportunity to practise using a cue card. They should try to use as many of the steps to using cue cards as possible. In the field they should have more time, but in this practice they should just try to fit in as many as possible.

Explain that you will walk around to observe, but they should not stop when you come close to them.

3.3 Walk around the room and observe participants during the role-play. After 10 minutes, tell everyone that they should now switch roles. Then after 20 minutes ask everyone to come back to the whole group.

3.4 Offer some of your own general feedback (do not single anyone out) on the role-play exercise including what people generally did well and what people generally need to improve upon.

Ask:

➔ *For those playing the volunteer, how did you feel using the cue cards to communicate about malaria? Did the cue cards help or make it more difficult? Why?*

Ask:

➔ *For those pretending to be community members, how did it feel receiving information with the help of cue cards? Did it help you understand the information better? Why or why not?*

Ask if anyone has questions about the use of cue cards.

4. Introduction to demonstrations (15 minutes)

4.1 Write "Demonstrations" as the third bullet on the "BCC methods" flipchart.

Ask:

➔ *Has anyone learnt how to do something after watching someone else do it?*

Give examples of a mother showing her daughter how to cook something, a teacher showing a student how to solve an arithmetic problem, or a first aid trainer showing a volunteer how to bandage a wound. Tell participants that showing people how to do a healthy behaviour is a very good way for people to learn.

4.2 Explain that demonstrations are a very effective BCC method to convey messages. Ask participants to open up their toolkits to “How to conduct a demonstration” to use as a reference for the next steps.

4.3 Choose several participants to read the steps for conducting demonstrations out loud.

How to conduct a demonstration

For your assigned section of questions:

1. **Choose a task** that can be divided into steps and demonstrated in a fairly short amount of time in front of a group.
2. **Hold the demonstration** in a place where the audience can see what you are doing during every step.
3. **Use local products and materials** to which the audience has access.
4. **Prepare all your materials and practise** the demonstration before conducting to make sure you have everything you need and everything works.
5. **Introduce yourself** and explain why what you are doing is important.
6. **Go slowly through each step** of the demonstration, saying what you are doing as you do it. After each step ask if everyone understands what you just did and if there are any questions. Make sure everyone can see what you are doing.
7. **Repeat steps** and key messages.

4.4 Ask:

Ask:

➔ *Are there any questions or comments about these steps?*

Ask:

➔ *When should you use demonstrations? For which topics?*

Ask:

➔ *When should you not use demonstrations? For which topics would demonstrations not be appropriate?*

Ask:

➔ *Who has done a demonstration before? What was it? Any tips for the group?*

4.5 Say that it is not easy to be good at all the steps from the beginning, but they will improve their demonstration skills over time by practising.

4.6 Explain that you are now going to demonstrate how to hang up a LLIN. Request four participants to help hold up the sides of the nets (unless there are posts or something to which to tie the net strings).

4.7 Demonstrate hanging up a LLIN. Make sure to verbalize every step, ask if there are any questions after each key step and repeat the key messages at the end.

4.8 Ask for any questions on what you just did.

5. Demonstration practice (60 minutes)

- 5.1 Explain that participants will now have an opportunity to practise doing a demonstration to communicate how to hang a LLIN during a role-play exercise.
- 5.2 Ask participants to open up their toolkits to the "How to hang a long-lasting, insecticide-treated net (LLIN)" instructions which list the steps for hanging the net. Ask for a few participants to read the instructions out loud. Reiterate the key points and make sure everyone understands how to hang a net.

How to hang a long-lasting, insecticide-treated net (LLIN)

To protect yourself and your family from malaria, it is important to use your long-lasting, insecticide-treated mosquito net correctly.

1. When you first get your new net, hang the net outside in the shade to air out for 24 hours. This helps the insecticide to become strong.
2. The net has loops on each corner. Tie a string to each loop if there is not already one there.
3. Hang the net by tying each corner string up so the sides of the net are straight.
4. Hang the net so that it can be tucked under your mattress or mat.
5. Make sure the net is fully tucked in and there is no way for mosquitoes to enter.
6. Fix any holes.
7. During the day, fold the net up so it does not get damaged, or move the net out of the way in the morning and set it up again at night before going to sleep.

- 5.3 Ask the participants if they have any questions on how to hang a long-lasting, insecticide-treated net.
- 5.4 Explain that the volunteers will now get into groups to practise demonstrations. Each group will receive a LLIN and sleeping mat. Describe the role-play as follows:

Participants will be in teams of five people. (The trainer can decide on more or fewer teams based on group size. You will need an even number of teams.) All team members are volunteers putting on a 10 minute demonstration for community members about to receive a LLIN from the clinic. The volunteers' job will be to explain why everyone should sleep under a LLIN every night, particularly pregnant women and children under the age of five, and to demonstrate how to hang a net correctly.

Each team will pair up with another team and conduct their demonstration. The team not demonstrating will play the community members. After the first team is finished, the teams will switch roles. Explain that you will walk around to observe, but they should not stop when you come close to them.

- 5.5 Allow participants 30 minutes to practise hanging their nets and the steps for demonstrations. At the end of the time, explain that each group should find another group to pair up with. They should select who will demonstrate first and who will play the role of community volunteers. They will role-play a scenario using the LLINs.
- 5.6 Walk around the room and observe participants during the role-play. After 10 minutes, tell everyone that the teams should now switch roles. Observe participants during the second round of role-plays. After 10 minutes, ask everyone to come back to plenary.

Ask:


➔ *How did it feel doing the demonstration? Was it easy? What would you do differently next time?*

Ask:

➔ *How did the people pretending to be community members feel receiving information with the help of a demonstration? Did it help them understand the information better? Why or why not?*

- 5.7 Congratulate the teams on doing a good job. Offer some of your own general feedback (do not single anyone out) on the role-play exercise including what people generally did well and what people generally need to improve upon.
- 5.8 Wrap up the session by reviewing the objectives and key messages.

Session 5: Methods Part 2: Short plays and songs

Overall goal	For participants to be able to use short plays and songs to communicate BCC messages
Objectives	By the end of this session, participants will be able to use key BCC methods (short plays and songs)
Steps	<ol style="list-style-type: none"> 1. Communicating BCC messages using short plays or skits (70 minutes) 2. Communicating BCC messages through songs (60 minutes) 3. Summary session (5 minutes)
	135 minutes
Methods	Presentation, large group discussion, small group work
Materials/preparation	<ol style="list-style-type: none"> 1. "BCC methods" flipchart from previous session 2. Pre-prepared flipchart with steps to developing a play to convey BCC messages (1.2) 3. Pre-prepared flipchart with steps to developing a song to convey BCC messages (2.5) 4. Blank flipchart sheets

Steps

1. Communicating BCC messages using short plays or skits (70 minutes)

1.1 Write "Short plays" as the fourth bullet point on the "BCC methods" flipchart. Explain that short plays can be a creative and fun way used to communicate health information, particularly sensitive or behavioural change issues.

Ask:

➔ *Have you had experience with plays in your community work? For those who have, what are the benefits? What are the difficulties or challenges?*

Add the following points if not covered by the participants' responses:

Benefits:

- does not require special equipment
- possible to address difficult or sensitive topics
- can model "good" behaviour
- allows the audience to get a better understanding of another point of view
- interesting and entertaining

Challenges:

- takes time to develop
- needs an appropriate venue

1.2 Ask participants to turn to "Steps for developing a play" in the Volunteer toolkit. Present your pre-prepared flipchart paper and discuss each point:

- Define the problem or point of conflict to address.
- Determine what stage of behaviour change your audience is in.
- Define the key messages to convey.
- Decide the role each actor will play and what they will say.
- Let the actors practise their parts.
- Rehearse the play.

- 1.3 Explain that there needs to be a problem or a point of conflict in the play. This conflict is the focus of the play and the resolution of the conflict is what your audience will gain from watching.
- 1.4 Also mention that a play should be both amusing and serious. The amusing parts will keep the audience's attention while they enjoy the performance. The serious parts will help people to understand the health messages.
- 1.5 Explain that once the play has been acted out, it is important to have a discussion and make sure the audience received the key messages. You must engage the audience group in a discussion on the issues presented in the play.
- 1.6 Read the scenarios below and explain that these are examples of a story line that could be used for a skit.

Preventing malaria: One person plays the role of the malaria-carrying mosquito, buzzing around trying to bite people and feeling frustrated that so many people in this village are now sleeping under LLINs. Other actors can play the roles of people who are sleeping under nets and those who are not. One can play a nurse who treats those with malaria and explains the importance of preventing malaria by sleeping under an insecticide-treated net every night.

Reducing HIV stigma: One person plays the role of someone infected with HIV. Other actors play the roles of community members who shun the actor with HIV, moving away from him, not willing to touch something he has touched and saying unkind things. One or two actors can play the role of community members who explain how HIV is transmitted and that there are no risks to being near someone with HIV or touching what they have touched. At the end everyone gathers around and has a meal with the person infected with HIV.

Preparing for a disaster: A couple of actors play a household that is working hard to prepare for a potential disaster, stocking food, making their house secure and talking to their children about what to do if a disaster hits. Other actors play a household that thinks it is crazy to prepare, yelling to the other household to come over and have a party with them, and not to work so hard. Then a disaster (such as a flood or an earthquake) hits the area. The first household is fine, while the other household is in trouble and realizes they should have prepared.

- 1.7 Ask:

➔ *What ideas do you have for topics that would be good for a play? What would be hard to perform as a play?*

Encourage participants to suggest topics that bring out the benefits of a play. If the group decides that a suggestion is appropriate for a play, write the topic ideas on the flipchart.

- 1.8 Divide the participants into three or four groups (depending on group size) and assign each group one of the topics listed on the flipchart. You will need to have enough topics generated from the participants before dividing them into groups.
- 1.9 Ask each group to develop a short play of no more than five minutes. Remind them that it is important to begin with an outline of the play. Each group should follow the steps to developing a play and be prepared to present the outline prior to performing the play. Explain that in their communities, they can present plays lasting a little longer but since time is limited during this training, we need to keep the plays short.

1.10 Give participants 30 minutes to develop their plays, and then ask them to present their plays to the group. To begin, ask each group to present their outlines, stating the situation, problem, and stage of behaviour change, as well as introducing the characters who will be in the play.

1.11 After each group has presented its play, ask the whole group for comments. Did the play meet its goal of addressing the topic and problem? What did they learn from the play? What did they think the group did very well with their play? What could the group do better?

1.12 Ask if there are any questions about communicating BCC messages using short plays.

2. Communicating BCC messages through songs (60 minutes)

2.1 Write "Songs" as the next bullet point on the "BCC methods" flipchart.

Ask:

➔ *Can you think of any songs that promote health or other messages? Can you sing them for us?*

Ask:

➔ *Have you had experience using songs in your community work? What are the benefits? What are the difficulties or challenges using songs?*

2.2 Begin by singing a familiar tune which participants will recognize. Ask participants to think about some of their favourite songs from childhood. Give four or five people the chance to sing their favourites.

2.3 After you have heard some of the favourite childhood songs, ask the participants what it is about these children's songs that lets us remember them so well. Explain that these songs are often short and simple and have a "catchy" tune. As we can see from songs that we still remember from our childhood, songs and poems are a great way to help remember important information, including health information.

2.4 Explain that the shorter and simpler the songs are, the easier it will be for your audience to remember them. Keep in mind the children's songs mentioned by the group. They are most likely simple and often repetitive.

2.5 Present the following steps to song development you wrote on a flipchart and discuss.

- Identify a health topic.
- Choose no more than three key messages to be included in your song.
- Use a familiar or simple tune.
- Make sure the song meets the good principles of a message: communicate a benefit, simple and call to action.
- Write out words.
- Practise.

Ask:

➔ *What ideas do you have for topics that would be good for a song? What would be hard to perform as a song?*

- 2.6 Give the example of hand washing as a health topic for a song. Ask a participant to read out loud the information on hand washing in the Volunteer toolkit.

Handwashing guidelines

Hand washing with soap and water is one of the best ways to avoid getting sick. It is one of the best ways to prevent diarrhoea and pneumonia from which many children die each year. It is also one of the best ways to prevent influenza.

It is important to wash your hands with soap and water, scrubbing all over your hands for 20 seconds and rinsing well. You should wash your hands:


- after using the toilet or latrine
- after cleaning a child
- before preparing food
- before eating

- 2.7 Ask participants to divide into four or five groups (depending on group size). Ask them to develop a song on hand washing, lasting around 20 seconds. Give them 30 minutes to develop their songs.
- 2.8 While they are working on their songs, give each group a piece of flipchart paper. Ask them to write the title of their song and the words to their song on the paper. After 30 minutes, ask participants to come back together for a song competition.
- 2.9 Ask each of the groups to come to the front of the room and sing their song. After they have sung their song, ask them to hang their flipchart paper on the wall in the front of the room.
- 2.10 Once all the groups have sung their songs, ask participants to go to the front of the room and mark the flipchart paper with the song they liked best. Ask them to evaluate the song by how easy it will be to remember, how well it covered the key messages, and how close it gets to being 20 seconds long, which is the length of time it takes to ensure effective hand washing.
- 2.11 Once everyone has voted, count up the votes for each song and write the total number on each flipchart paper. Announce the winning song with the most votes. Congratulate the winners of the competition and ask everyone to sing the winning song together.
- 2.12 To close, ask participants how they could use songs in their work in their communities. Possible responses could include:
- Use songs to get everyone's attention before conducting a health talk.
 - Encourage schoolchildren to develop their own songs about a health topic, and to perform their songs in front of their parents and/or their community.
 - Have a song contest in your community similar to the one we just had.
 - Sing songs as part of a festival or meeting.
 - Use songs as a way for people to remember the key information you have given them.

3. Summary session (5 minutes)

- 3.1 End by saying that short plays and songs are very versatile and can be used for a variety of topics and in a variety of settings. Explain that both plays and songs can be used in any of their work as a creative way to get a message communicated.
- 3.2 Wrap up the session by reviewing the objectives and key messages of the session. Thank participants for their sharing and creativity.

Session 6: Methods Part 3: Home visits to deliver health messages

Overall goal	For participants to be able to use home visits to convey BCC messages
Objectives	By the end of this session, participants will be able to use key BCC methods (home visits)
Steps	<ol style="list-style-type: none"> 1. Steps for using BCC methods during home visits (15 minutes) 2. Home visit practice (60 minutes) 3. Handling difficult situations and people (20 minutes)
	95 minutes
Methods	Demonstration role-play, large group discussion, small group role-play
Materials/preparation	<ol style="list-style-type: none"> 1. Write up APAC points on a flipchart (1.3) 2. Prepare a home visit role-play counselling for a mother using the APAC method on a topic with which you are familiar (1.4) 3. Print out one copy of the four home visit scenarios included at the end of this session for every four participants (2.1) 4. Arrange home visit role-play stations with four chairs at each (2.1)

Steps

1. Home visits to deliver health messages (15 minutes)

1.1 Explain that home visits are an excellent opportunity to deliver targeted health messages to an individual or small group of people in the household.

Ask:

➔ *Who has done a home visit? What are the advantages of home visits? What are the challenges?*

Ask:

➔ *What type of topics are best to cover in home visits? Which topics are difficult for a home visit?*

1.2 Explain that while home visits take time to complete, they are a key opportunity for volunteers to listen and understand the problems of the household being visited. They can then provide advice directly targeted at solving the problems or helping the household prevent or prepare for disasters, injuries or illness.

1.3 Explain that when talking to households it is good to use the APAC⁵ method (Ask—Praise—Advise—Check). Ask participant volunteers to read out loud the four APAC steps from the flipchart:

5 WHO concept. Adapted from presentation in the *Facilitator guide, Volume 2 for Community-based health and first aid in action (CBHFA)*, International Federation of Red Cross and Red Crescent Societies, March 2009.

ASK: find out which behaviours the person is currently practising well and identify which ones need improving. Determine which step of behaviour the person is at.

PRAISE: always praise the person for the healthy behaviours or what s/he is doing that is correct.

ADVISE: give advice regarding behaviours that need improvement. If possible, demonstrate what the behaviour looks like. Use cue cards and other BCC methods to convey needed information. Remember which step of behaviour the person(s) is at and target messages to move up the scale.

CHECK: ask the person to describe what they understand and to repeat the information you have given him/her. Reinforce a do-able action you recommend.

1.4 Request for a volunteer from the audience to act as a mother with a child under five in a role-play. Using a topic with which you are familiar, demonstrate how to counsel a mother using the APAC method in a role-play lasting three to five minutes.

1.5 Once finished, ask:

➤ *Did you see all four steps being used? What did I ask? Praise? Advise? Check?*

Ask:

➤ *What do you see as the advantages of this method?*

1.6 Explain that before you can use APAC you should ensure that the person/people you are visiting in the household are receptive to your visit and open to hearing what you have to say. When you visit, how you enter a house and how you act all influence whether a message will be well received. Encourage the group to discuss the best ways to enter a household to do a home visit.

1.7 Ask participants to read the “Tips for making home visits” in their Volunteer toolkit.

Tips for making home visits

1. Choose a **time of day** when people are likely to be home and have time to talk.
2. **Greet** the person(s) warmly and introduce yourself. Give them your full attention as soon as you meet them. Be polite, friendly and respectful. Explain what will happen during the visit and how long it will take. Ensure that it is acceptable for you to come in and talk to them.
3. At the end, **thank** the person(s) and **set up a return visit** if needed (and programme activities allow for a return visit). **Return** as promised.

Ask:

➤ *Are there any questions or comments about these steps? What else would you add?*

2. Home visit practice (60 minutes)

2.1 If you were not able to do it previously, arrange chairs in groups of four (depends on group size) and distribute copies of Scenarios 1-4 included at the end of this session, one set for each group of four. Make enough groups of four to accommodate all participants.

- 2.2 Explain that now everyone is going to get an opportunity to practise conducting a home visit. Describe the role-play as follows:
Participants will be divided into groups of four. One of them will play a volunteer while the others will pretend to be members of a household as described on each scenario sheet. They can decide who will play which role in the four scenarios, but make sure everyone is a volunteer at least once.

The volunteer's job will be to act as if he/she is entering the house for a home visit to find out if the family is dealing with any health issues. The household members may have different views about health issues and may be at different stages of change, and the volunteer will need to communicate messages that will help them move to the next stage.

Each scenario gives guidance to the family on their roles, as well as an appropriate health message for the volunteer to give.

After 10 minutes, the groups will move on to role-play the second scenario. Each person in the group should practise being the volunteer at least once. Explain that you will walk around to observe, but they should not stop when you come close to them.

Divide participants into groups of four and send them to one station of four chairs. Remind them they only have 10 minutes for each scenario.

- 2.3 Walk around the room and observe participants during the role-play. After 10 minutes, call out that they should go on to the second scenario, and should change roles, so that a different person becomes the volunteer. Repeat for four rounds.
- 2.4 After four rounds, ask them to spend five minutes discussing within the group how they did, and providing feedback to each other on the role of the volunteer.

Walk around the room during the feedback process and observe and listen to what participants are saying. (Refer to "Principles of giving and receiving feedback during training" and guide participants in the feedback process if needed.)

- 2.5 After five minutes tell everyone their time is up and offer some of your own general feedback (do not single anyone out) on the role-play exercise, including what people generally did well and what people generally need to improve upon.
- 2.6 Thank everyone for their participation.

3. Handling difficult situations and people (20 minutes)

- 3.1 Explain that no matter how good we are at providing behaviour change communication, we will at times run into difficult people and difficult situations, but there are techniques to help prevent or improve these situations.

Ask:

➔ *Does anyone have an example of a difficult situation or person you encountered when trying to provide health information? How did you handle the situation?*

Make sure you have a couple of examples to give if participants do not respond.

- 3.2 Explain that we have put together a few tips for handling difficult situations and people. Ask participants to read the "Tips for volunteers to handle difficult situations or people in the community" and then discuss.

Tips for volunteers to handle difficult situations or people in the community

Prepare: inform leadership of plan, get permission, make appointments, and have materials ready.

Be positive.

Stay neutral and do not take sides in any arguments or local politics.

Stay calm and do not let others see you are bothered by a situation.

Pay attention to both verbal and non-verbal communication to pick up clues about how people are feeling so you can adapt to the situation.

Give difficult people a role in your presentation to re-channel energy.

Encourage others to participate if one person is dominating a situation.

Encourage the group to **set ground rules** that you can refer to if problems occur.

Be **flexible** enough to change your activity or methods.

Confront the behaviour (not the person).

Ask:

➔ *Does anyone have anything else to add?*

- 3.3 Request three participants to volunteer to try to handle a difficult situation or person in a role-play. Briefly explain the role-play and ask them to act out the situation including providing a possible solution.

Role-play 1: a volunteer is counselling a mother in a home visit about family planning options when the husband walks in and demands to know what the volunteer is doing there and why is she talking to his wife about family planning.

After the role play, ask:

➔ *Did the volunteer successfully handle the situation? Are there any suggestions for what she could have done differently?*

- 3.4 Go on to role-play 2. This time, request five participants to volunteer to try to handle a difficult situation or person in a role-play. Explain briefly the role-play and ask them to act out the situation including providing a possible solution.

Role play 2: a volunteer is trying to conduct a first aid training course for community members. One woman continues to talk loudly on her phone or to her neighbour while you are trying to give instructions.

Actors: Volunteer, a talking woman, three other community members taking the first aid class

After the role play, ask:

➔ *Did the volunteer successfully handle the situation? Are there any suggestions for what s/he could have done differently?*

- 3.5 Role-play 3 requires six participants to act out the situation and suggest a solution.

Role play 3: a volunteer has arrived in a village ready to conduct a health talk, but when she gets to the community centre, it is being re-painted and all the furniture is outside. The women she is supposed to talk to are beginning to arrive. The director of the centre is inside painting.

Actors: Volunteer, community centre director, four women arriving for health talk

After the role play, ask:

➔ *Did the volunteer successfully handle the situation? Any suggestions for what s/he could have done differently?*

- 3.6 Thank the group for their participation. Wrap up the session by reviewing the objectives and key messages of the session.

Home visit scenario 1

Josephine's baby has diarrhoea that has lasted three days. Her sister-in-law and her brother are visiting her and want her to take the child to the clinic to get Oral Rehydration Salts (ORS). Josephine does not think this is necessary. A home visit has been scheduled by a volunteer.

Roles: Josephine, Josephine's sister-in-law, Josephine's brother, volunteer

Health message: Diarrhoea kills children by draining liquid from the body. As soon as diarrhoea starts, it is essential that a child be given extra fluids as well as regular foods and fluids. If the diarrhoea lasts for days, go to the health clinic to get Oral Rehydration Salts.

Home visit scenario 2

Martha is home taking care of her two children and her husband has just arrived back from his farm. Her mother is also there. Martha owns a mosquito net but does not hang it because her husband says it is too hot. Her mother does not think they are safe. Martha's baby recently got malaria.

Roles: Martha, Martha's husband, Martha's mother, volunteer

Health message: Malaria is transmitted by mosquitoes which bite at night. Children under the age of five are particularly vulnerable. Sleeping under a mosquito net treated with a recommended insecticide is the best way to prevent mosquito bites.

Home visit scenario 3

Gladys is preparing the evening meal for her family. Her baby is crying, has a fever, and is breathing fast and wheezing. She is not sure if she should go to the clinic. Her grandmother and her aunt are there too and say to treat the baby with herbs.

Roles: Gladys, Gladys' grandmother, Gladys' aunt, volunteer

Health message: Sometimes, coughs and colds are signs of a serious problem. A child who is breathing rapidly or with difficulty might have pneumonia, an infection of the lungs. This is a life-threatening disease and the child needs immediate treatment at a health facility.


Home visit scenario 4

Mukesh is a young man who saw the tsunami wave smash through his friends' houses. Although he and his family were fine, Mukesh is now worried about going swimming at the beach. His mother says not to talk to Mukesh about the tsunami and soon Mukesh will just forget about it. Mukesh's sister insists that Mukesh should just forget it, as it did not affect him, and he should come to the beach with her.

Roles: Mukesh, Mukesh's mother, Mukesh's sister, volunteer

Health message: It is natural to continue to have thoughts about a disaster even if not directly affected. It is important to recognize signs of distress even years after the event and to continue to provide reassurance and to listen to his fears and not dismiss them.

Session 7: Group project and presentations

Overall goal	To provide participants with an opportunity to put into practice the information and skills they have learnt
Objectives	By the end of this session, participants will be able to plan a BCC strategy and put it into effect in a practice session
Steps	<ol style="list-style-type: none"> 1. Small group work (60 minutes) 2. Group presentations and feedback (60 minutes) 3. Wrap up and review (10 minutes) 4. Evaluation and next steps (for volunteer training only) (20 minutes)
	150 minutes for volunteer training 130 minutes for ToT
Methods	Small group work, game
Materials/preparation	<ol style="list-style-type: none"> 1. List of five to eight health issues (or Disaster Preparedness (DP), water and sanitation (Watsan) or other sector) relevant to participants' work (1.3) 2. Blank pieces of paper for creative group work 3. "Cabbage ball" for review. Write out questions about various learning points of the training, one per piece of paper. Ideally, have one page per participant, but fewer if the group is very large. Ball up one page as small as possible and then surround it with layer after layer of the other pages until all the pieces of paper are used up (3.3) 4. Volunteer training only: Make enough copies of the evaluation form (found at the end of the session) for all participants (4.1) 5. Volunteer training only: Create and print out certificates of completion for all participants (4.2)

Steps

1. Small group work (60 minutes)

- 1.1 Introduce the session by saying that this is the last BCC session. The group is now going to have time to practise what they have learnt about BCC.
- 1.2 Divide participants into groups of 5-6 people (if there are more than four groups you will need more than 60 minutes to present, so will need to adjust timings).
- 1.3 Assign each group a health issue (or Disaster Preparedness, Watsan or other sector) from a list you developed earlier based on issues relevant to participants' work. You should also assign the step of behavioural change from which the groups should work. Topics and steps of behaviour may look something like:
 - appropriate treatment for malaria: approval
 - hand washing: intention
 - dengue: practice
 - evacuation drills regularly practised: intention
 - avian influenza: knowledge
 - road safety: approval

- 1.4 Groups should use the BCC checklist to design a 10-minute presentation providing BCC messages on their health topic using one of the methods discussed during the training. Presentations should be aimed at community members, but groups may define what type of community and who in the community the presentation will be targeting (e.g. mothers' group, men, elderly). If using one to one counselling, the group can do a role-play with participants playing family members and the volunteer as they did in Session 5.
- 1.5 Refer them to the flipchart on the "Steps of behaviour change" to guide them. Remind groups of the principles of a good message.
- 1.6 Circulate from group to group to answer questions and provide guidance as needed. Make sure to review the methodologies of all the groups to ensure they are following directions.
- 1.7 Upon completion of the projects, ask participants to gather back in plenary to present.

3. Group presentations and feedback (60 minutes)

- 2.1 Remind participants of the guidelines for giving and receiving feedback.
- 2.2 Establish the order of presentations, and ask each group to present for 10 minutes. Be strict about time, alerting each group when five and nine minutes have elapsed.
- 2.4 Encourage participants to provide feedback using the feedback guidelines (for a maximum of five minutes after each presentation). Give your own supplementary feedback, pointing out what was generally well done, and what generally needs improvement.

3. Wrap up and review (10 minutes)

- 3.1 Ask if anyone has any questions or comments in general about the presentations.
- 3.2 Thank everyone for their participation and feedback.
- 3.3 Explain that now we want to review a few key points from the training. Bring out the cabbage ball and ask everyone to stand up and form a circle. Explain that you are going to throw the ball to a participant who will take the top layer (one sheet) off the ball, read the question on the paper and answer. If he/she cannot answer the question, anyone from the group can answer. Then the participant throws it to someone else who has not answered a question. Continue until the ball is finished. Ideally, every participant should have at least one question to answer.

Possible questions to include are:

- What are the three principles of a good message?
- What is the first step to behaviour change? (then second, third, and so on)
- What type of song is good to adapt for use in health promotion?
- What is the positive/negative sandwich when giving feedback?

- 3.4 Thank everyone for their participation and ask them to sit down.

VOLUNTEER TRAINING ONLY**4. Evaluation and next steps** (20 minutes)

- 4.1 Explain that we have now completed the BCC for community-based volunteer training, but before everyone leaves, we would like to ask all the participants to provide some feedback on the training so we can improve the next one. Hand out the evaluation forms to each participant.

Say:

The paper I just gave you has a series of faces on it to help you share your thoughts on this training. I will read a series of topics that we covered and after each topic, please circle the face that best describes how satisfied you are with the skills and knowledge you gained for that topic during the training. On your form are eight topics. I will read each topic out loud and will ask you to circle the face that best describes how you feel about what you have learnt about that topic. The faces stand for, starting with the first one, very satisfied, satisfied, no opinion, unsatisfied, and finally, very unsatisfied. There are also numbers underneath each face if this helps. The number "5" is very satisfied, "4" is satisfied, "3" is no opinion, "2" is unsatisfied, and "1" is very unsatisfied.

I will now read the topics and ask that you circle the face that fits with how you feel about what you have learnt about that topic.

Number 1: How satisfied are you with what you have learnt about ***behaviour change communication?***

(Wait a few seconds before reading the next topic.)

Number 2: How satisfied are you with what you have learnt about ***the steps to behaviour change?***

(Wait a few seconds before reading the next topic.)

Number 3: How satisfied are you with what you have learnt about ***developing good messages?***

(Wait a few seconds before reading the next topic.)

Number 4: How satisfied are you with what you have learnt about ***conducting health talks using cue cards?***

(Wait a few seconds before reading the next topic.)

Number 5: How satisfied are you with what you have learnt about health ***talks using demonstrations?***

(Wait a few seconds before reading the next topic.)

Number 6: How satisfied are you with what you have learnt about ***using short plays to communicate health messages?***

(Wait a few seconds before reading the next topic.)

Number 7: How satisfied are you with what you have learnt about ***using songs to communicate health messages?***

(Wait a few seconds before reading the next topic.)

Number 8: How satisfied are you with what you have learnt about **conducting home visits?**

(Wait a few seconds before reading the next topic.)

Now, in the space provided, please list three things you are going to do differently in your work as a result of this training.

- 4.2 After the participants have completed their evaluation forms, hand out certificates to all participants. Make any last administrative announcements. Thank everyone for their attendance and participation and dismiss group.

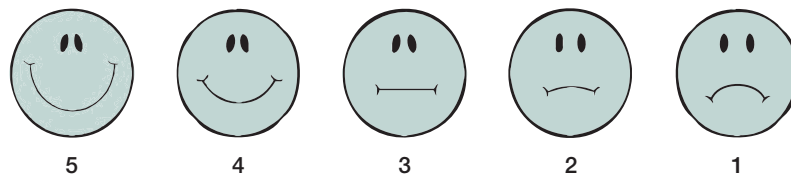
ToT ONLY

- 5.1 Explain that now that we have covered the needed BCC information and skills, we will review some basic principles of adult education and public speaking as it is important as trainers to understand how to help adults learn better, how to present information effectively and how to coordinate a group.
- 5.2 Continue by explaining that following the adult education and public speaking sessions, they will move on to practise the BCC sessions.

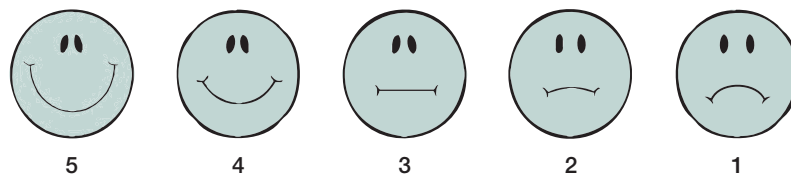
Material to use in Session 7 (one copy for each participant in volunteer training):

BCC for community-based volunteers
Workshop evaluation

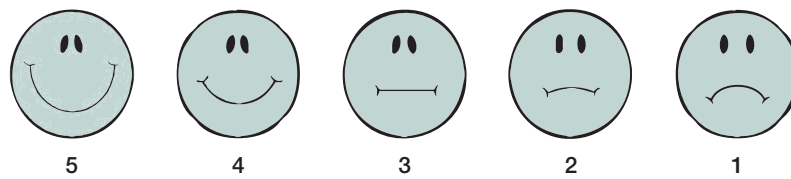
1. Behaviour change communication



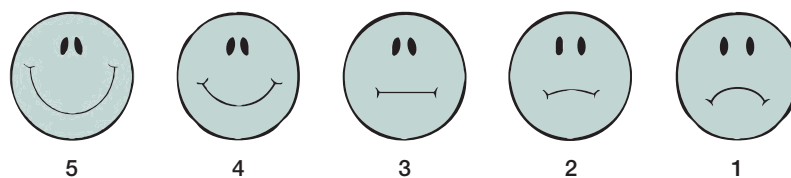
2. Steps to behaviour change



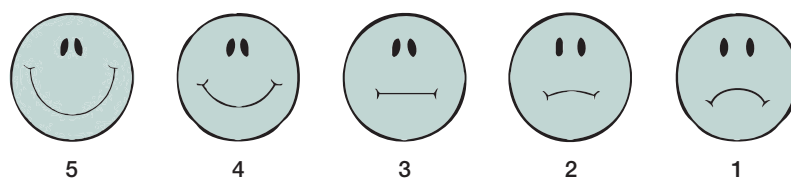
3. Developing good messages



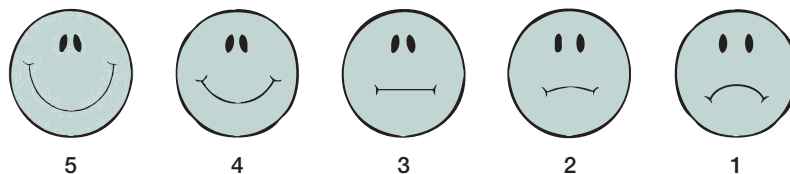
4. Health talks using cue cards



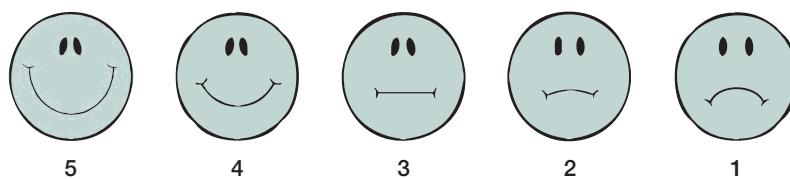
5. Health talks using demonstrations



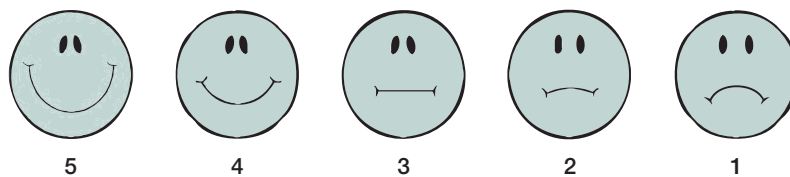
6. Using **short plays** to communicate health messages



7. Using **songs** to communicate health messages



8. Conducting **home visits**




8. Now, in the space provided, please list three things you are going to do differently in your work as a result of this training.

Training of trainers

Sessions 8 to 13 are Part 2 of the training of trainers course. These sessions are needed by the ToT facilitator.



Session 8: Training techniques for adult learning⁶

Overall goal	To stimulate participants to consider important principles and practices of training adults, drawing on their own experience as learners
Objectives	By the end of this session, participants will be able to create an adult learner-based training environment
Steps	<ol style="list-style-type: none"> 1. Factors that create a good learning environment (15 minutes) 2. Adult learner-based training (20 minutes) 3. Case study (40 minutes)
	75 minutes
Methods	Pairwork, large group discussion, case study
Materials/preparation	<ol style="list-style-type: none"> 1. Blank flipchart paper to write up participant experiences (1.6) 2. Large drawing of hexagon or projection on screen (2.1) 3. One copy for each participant of “Characteristics of adult learner-based training” found at the end of this session (2.4) 4. One copy for each participant of the case study found at the end of the session (3.1)

Steps

1. Factors that create a good learning environment (15 minutes)

- 1.1 Welcome the participants to the second half of the ToT. Say that the first seven sessions are what they as trainers will be using to train volunteers, but now they will be studying some tips for training and will practise presenting the BCC course.
- 1.2 Explain that there are five sessions in the ToT portion of the training. Go through the session titles, review the agenda and give a quick overview of what will be covered. Emphasize that it is very important that as trainers they understand all the material and directions for the training, so if they have any questions on the first seven sessions, they should ask. Remind the participants that this is their opportunity to learn and practise in a safe supportive environment and they should take advantage of that to push themselves to be the best trainers they can be.

Ask:
➔ *Are there any questions?*
- 1.3 Explain that since they are going to be training other volunteers, it is important for them to think about how to help facilitate the process of learning.
- 1.4 Ask the participants to break into pairs and to describe to each other a really good learning experience they have had. It can be either a formal (in an organized educational setting) or an informal experience. They should talk about what made the experience so good and will have five minutes to discuss this with one another.

⁶ Adapted from *Confronting Malaria in Our Community: Together We Can Defeat It!* (2005) Freedom from Hunger. Used with permission; and *Training of Trainers for Patent Medicine Sellers* (2003) The Health Communication Partnership, BASICS, The State Ministry of Health, Nigeria.

- 1.5 After each person has had a chance to describe his/her best learning experience with their partner, say:

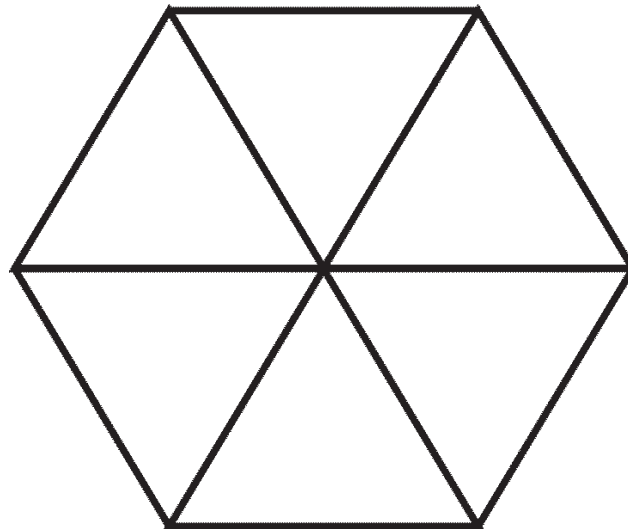
Ask:

➔ *Please share with the group what you discussed with your partner. Be as specific as possible. For example, if you say a key factor was that the learning was participatory, you should describe what made the experience participatory, and why it was good.*

- 1.6 Write the points they mention on the flipchart. Encourage people to be as precise as possible.
- 1.7 Tell the participants to keep these experiences in mind as we learn more about adult learning and how to create learning environments that will best help adults learn.

2. Adult learner-based training (20 minutes)

- 2.1 Explain that not all adults learn in the same way. Show the following picture and ask what people see:



Participants may see a number of things including: 1) the top of an umbrella and 2) a cube.

- 2.2 Point out that since adults learn in different ways, or “see” different things in the same picture, it is important that as a trainer you offer different methods and approach issues from multiple angles.
- 2.3 Explain that adults do not learn in the same way as children, and it is important to set up your training to be a positive learning environment for adults.
- 2.4 Ask for a few participants to volunteer to read out the “Characteristics of adult learner-based training” included at the end of this session. Discuss the items and make sure participants understand each characteristic.

Ask:

➔ *Are any of these characteristics similar to what you wrote on the list? Are there any other factors to add?*

Write down any additional factors participants mention on the flipchart.

3. Case study (40 minutes)

- 3.1 Explain that they are now going to read a case study of a training event and examine which adult learning-based characteristics were used and which were not used.
- 3.2 Break the participants into four to five groups (based on group size). Instruct each group to read the case study at the end of this session and answer the questions that follow. Give them a time limit of 20 minutes.
- 3.3 At the end of the time, choose one group to give their answers to the first question. Ask other groups if they have anything different. Continue in the same format for the second and third questions.
- 3.4 Finish the session by returning to the original list of positive learning experiences of the participants and examine them for adult learning characteristics.
- 3.5 Wrap up the session by reviewing the objectives and key messages of the session.

Materials to use in Session 8 (copy one page for each participant)

Characteristics of adult learner-based training

Learning occurs best for adults when it:

- **Allows for some self-direction**

Participants need to feel that they have some control over their learning. They may resist situations where they feel that they are being placed in a dependent role.

- **Values their experience and builds on it**

Participants usually come with some experience. Trainers should respect learners, acknowledge existing knowledge and help learners relate new learning to their own experiences.

- **Is relevant to the person**

Participants learn best by drawing on their own knowledge and experience. Learning must meet their real life needs and be useful to their jobs, family and life.

- **Fills an immediate need**

People are most motivated to learn when the information or skill meets their immediate needs and they can use the information or skill right away.

- **Engages the participant (is not passive)**

A learner gets more involved through discussion, small groups, and learning from others.

- **Provides feedback and praise**

Effective learning requires feedback that is corrective but supportive. It also requires that praise is given, even for small attempts.

- **Uses visual materials and practice of new skills**

Adults remember best when they practise the new skill (they remember 20 per cent of what they hear, 40 per cent of what they see, and 80 per cent of what they practise).

- **Provides a safe comfortable atmosphere**

A cheerful, relaxed person learns more easily than one who is hungry, cold, afraid, embarrassed or angry.

Case study

Mariam is a trainer for her Red Cross Red Crescent branch malaria hang-up project. She just led her first training session, but it did not go well. Her supervisor asked her to explain the agenda of the training. Mariam explained what happened in the training:

- There were 45 participants.
- The training was held in an open air community centre. It was hot and there were lots of flies. The electricity was out, so the fans were not working.
- The first session was a lecture for 90 minutes on the symptoms of malaria, reproductive life cycle of mosquitoes and malaria vaccine development.
- Afterwards everyone broke up into small groups and did role-plays of community volunteers demonstrating how to hang up a net in a household.
- No one had any questions so everyone was told their roles for the hang-up campaign scheduled four months from now.


Answer the following questions:

Which characteristics of adult learner-based training did Mariam follow?

Which characteristics of adult learner-based training did Mariam not follow?

What advice would you give to Mariam before the next training, if you were her supervisor?

Session 9: Promoting engagement through small group work⁷

Overall goal	To learn interactive BCC methods for engaging audiences and encouraging behaviour change
Objectives	By the end of this session, participants will be able to manage a small group
Steps	<ol style="list-style-type: none"> 1. The principle of engagement (15 minutes) 2. Making small groups work better (10 minutes) 3. Small group management (25 minutes) 4. Assignment of BCC sessions for sample presentations (10 minutes)
	60 minutes
Methods	Presentation, small group discussion, role-play, sign-up
Materials/preparation	<ol style="list-style-type: none"> 1. One copy for each participant of “Keys to managing small group work” found at the end of the session instructions (2.2) 2. 10 to 20 pieces of paper to make paper aeroplanes (3.4) 3. BCC presentation assignment sheet (ensure number of spots available matches number of participants) (4.1)

Steps

1. The principle of engagement (15 minutes)

1.1 Explain that one of the key principles of adult learning we just reviewed was to engage learners in what they are doing. Additionally, it is important to make sure learners are given opportunities to self-direct and practise their learning. One of the methods used in training to involve participants in learning is to use small groups. When people feel more involved or engaged, they learn better. Explain why it is crucial to link learning to action. If people do not change their behaviour, no real learning can take place.

1.2 Invite the participants to form small groups of three to four people (depending on group size) and ask them to discuss the following questions in their groups for about five minutes.

Ask:

➔ *In a learning event (training or educational session), what can happen in small group work that cannot happen in the larger group? How does this increase involvement of volunteers?*

1.3 Bring the participants back together and ask one group to provide one idea. Write it on a flipchart and go to the next group for a different idea. Continue until all ideas are on a large sheet. Some ideas they may raise include:

- builds solidarity
- provides safety
- allows a greater number of people to discuss/speak out on a topic

⁷ Adapted from *Confronting Malaria in Our Community: Together We Can Defeat It!* (2005) Freedom from Hunger. Used with permission.

- more effectively uses limited time
- allows for greater individual engagement

2. Making small groups work better (10 minutes)

- 2.1 Explain that as a trainer it is important to manage small group work correctly to make sure the level of involvement and engagement is as high as it can be.
- 2.2 Hand out the “Keys to managing small group work” (included at the end of this session). Ask for a few participants to read the items out loud.
- 2.3 Ask if there is anything about this list that they find particularly interesting. Then ask if there is anything else you could add to it.
- 2.4 Once any items have been added, encourage them to keep this list with them as a reference in their own training activities.

3. Small group management (25 minutes)

- 3.1 Explain that as adults learn by doing, we are going to practise small group management. Select four to five participants to be trainers and ask them to come forward.
- 3.2 Divide the rest of the participants into four to five groups. The groups should go to corners of the room, but remain standing.
- 3.3 Tell each participant “trainer” that they are to manage a small group to make a far-flying paper aeroplane. The trainer is responsible for getting the group to sit down, telling them the task, and ensuring that they do the task in an efficient manner with everyone participating. They have 10 minutes to complete the task. Even if the “trainer” does not know how to make a paper aeroplane, he or she can still manage the group by leading a discussion on how to complete the task, and encouraging them to experiment.
- 3.4 Send the trainers off with sufficient paper to create a far-flying paper aeroplane in their groups.
- 3.5 Remind the trainers that they are not to take over or give answers, but rather they want everyone in the group to learn, so it is important to have group participation and self-directed learning. Circulate around to make sure the directions are clear and the volunteer trainers are not dominating the process.
- 3.6 After 10 minutes, bring the groups back together. Ask a representative from each group to bring their plane to the front of the room (or somewhere where it is safe to fly the planes) and fly the plane as far as possible. Cheer for the winner.
- 3.7 Ask the groups:
 - ➔ *How did your trainer do? Did s/he give sufficient instructions? Did s/he organize the group in a manner so that there was wide participation and self-directed learning?*
- 3.8. Ask the trainers:
 - ➔ *Was it easy to manage a small group? What was difficult? What advice do you have for managing small groups?*

4. Assignment of BCC sessions for sample presentations (10 minutes)

- 4.1 Post the assignment sheet flipchart and explain that each participant is expected to sign up as part of a team to present 30 minutes from one of the BCC volunteer training sessions. Participants can choose which objectives or activities to address within their session, but it must take only 30 minutes. After 30 minutes they will be cut off.
- 4.2 Explain that participants will be divided into two groups, each group giving the same five presentations, so there will be two presentations on each session happening at different sides of the room.
- 4.3 Explain that presentations are targeted at community volunteers. The participants who are not presenting will pretend to be community volunteers attending BCC training. Presentations should simulate a real training environment, so the presenters should “control” the room, set up the room as they need and use whichever flipcharts and materials are available.
- 4.4 Explain that once finished, other participants and you as the trainer will give feedback.
- 4.5 Explain that they will have a chance to prepare for their session tomorrow, but tonight they could start thinking about what they would like to do.
- 4.6 Ask participants on their way out of the room to sign up for a session. Only one name should appear per line. Remind participants to challenge themselves and try to take on topics with which they are not wholly comfortable, as this is their opportunity to practise. (Note: if there is only one facilitator, then you will have to find someone to assist to manage the second group. Alternatively, you can decrease the presentation times or increase group size and ask all groups to present in one forum.)

BCC session assignment sheet


BCC session activity number (from Trainer’s manual) and title	Group 1 presenters	Group 2 presenters
Session 2: Behaviour change communication	1. _____ 2. _____	1. _____ 2. _____
Session 3: Developing messages	1. _____ 2. _____	1. _____ 2. _____
Session 4: Methods Part 1: Health talks, cue cards and demonstrations	1. _____ 2. _____	1. _____ 2. _____
Session 5: Methods Part 2: Short plays and songs	1. _____ 2. _____	1. _____ 2. _____
Session 6: Methods Part 3: Home visits to deliver health messages	1. _____ 2. _____	1. _____ 2. _____

Materials needed for Session 9

Keys to managing small group work

- **Be sure to define the activity and product** of the small group work clearly. Ensure that everyone understands the group size before breaking into groups. Instructions may be given after groups have formed.
- **Make sure that participants move physically so they can face each other** and hear each other. Encourage quick physical movement.
- **Use groups of different sizes** by dividing into pairs, groups of three to four, and so on.
- **Set clear norms** to ensure that people feel safe and comfortable to express themselves honestly and frankly. Encourage people not to judge others quickly and to listen to others with open minds.
- **Appreciate that small group work may have highs and lows.** Observe and listen carefully. Be ready to intervene if you think a group is having problems. Avoid people getting frustrated.
- **Move around while discussions are occurring** to ensure understanding, answer questions and note important points of discussion. You may even want to encourage some groups to share specific points you think are key with the larger group when the time comes.
- Avoid each individual member of a group reporting to the larger group. **Ask groups to assign one person to report.**
- If you find there is **confusion**, stop all groups and clarify the activity.

Session 10: Preparation to present the training sessions

Overall goal	To allow the participants time to prepare to facilitate a learning session
Objectives	By the end of this session, participants will be able to plan a BCC strategy and put it into effect in a practice session
Steps	<ol style="list-style-type: none"> 1. Preparation for the volunteer training session presentations (15 minutes) 2. Preparation time (105 minutes)
	120 minutes
Methods	Presentation, small group work
Materials/preparation	<ol style="list-style-type: none"> 1. Ensure “Learning session assignment sheet” is posted on wall (1.1) 2. Flipchart with “Steps to prepare for the learning session presentation” (1.4) 3. Flipchart with four points: 1. Technical content, 2. Session management and organization, 3. Facilitation and teaching skills, 4. Attitudes displayed (1.5) 4. One copy for each participant of the evaluation table rubric, found at the end of the session (1.7)

Steps

1. Preparation for the volunteer training session presentations (15 minutes)

- 1.1 Refer to the BCC session assignment sheet developed during Session 9 to remind participants which session they were assigned. Explain that each group will have 30 minutes to present a practice session. The sessions are all longer than this and so they will have to pull out a part of their session that can be done in 30 minutes. **They cannot create their own lessons, but must use a part of the BCC sessions from the Trainer’s manual.**
- 1.2 Remind participants that presentations are targeted at community volunteers. The participants who are not presenting will pretend to be community volunteers attending BCC training. Presentations should simulate a real training environment, so the presenters should control the room, set up the room as they need and use whichever flipcharts and materials are available.
- 1.3 Ensure that each participant is signed up for a session
- 1.4 Post the flipchart with the steps to prepare for the learning session presentation. Review the steps and answer any questions.

Steps to prepare for the learning session presentation

- **Read** the learning session, noting any questions or areas of confusion. Decide which parts to present.
- **Review** any materials needed for the presentation.
- **Decide on the key point or main idea** of the session and repeat in different ways to help your audience understand and remember. End with the key message.
- **Practise** the steps within your small groups.

- 1.5 Post the flipchart with the following written on it:
 1. Technical content
 2. Session management and organization
 3. Facilitation and teaching skills
 4. Attitudes displayed
- 1.6 Explain that in order to evaluate presentations in a standard and fair way, rubrics or tables with categories listing examples of worst to best performance for category are created.
- 1.7 Hand out the scoring rubric and go through the categories, highlighting at least the poor and excellent categories.
- 1.8 Explain that this is how participants' presentations will be evaluated, so when participants are preparing their presentations they should try to aim as high as possible.
- 1.9 Ask if there are any questions.

2. Preparation time (105 minutes)

- 2.1 Ask participants to join their groups and explain that, after they have read and reviewed their session, they will work as a group to prepare their presentation. Each member of the group, however, must be responsible for a part of the presentation. Explain again that they must use activities from their assigned session from the Trainer's manual.
- 2.2 Circulate among the groups during this preparation time to answer questions. Keep track of the time, encouraging the groups to move through the steps listed above. **Make sure that they understand that they have to use activities from the Trainer's manual.** Once the preparation time has passed, ask if there are any last questions.

Materials to use in Session 11

(one copy for each participant, 40 additional copies for Session 12)

Scoring rubric	1	2	3	4	5
Technical content	Session objective not presented No clear and effective opening or ending Incorrect information given	Session objective poorly presented Poor opening or ending Mostly incorrect information given	Session objective partially presented Mediocre opening or ending Mixture of correct and incorrect information given	Session objective presented Good clear and effective opening or ending Mostly correct information given	Session objective presented clearly Excellent clear and effective opening or ending All correct information given
Session management and organization	Presenter was disorganized Had no materials ready Time was managed very poorly	Presenter was mostly disorganized Did not have all materials ready Time was managed poorly	Presenter was organized and had most materials ready Time was managed well with some improvement to be made	Presenter was well organized and had all materials ready Time was managed well	Presenter was very organized and had all materials ready and distributed efficiently Time was managed very well
Facilitation and teaching	No interaction with the audience Talked softly and/or mumbled Visual aids were not used	Little interaction with the audience Often talked softly and/or mumbled Visual aids were poorly used, few people could see them or understand them	Some interaction with the audience Mostly spoke clearly and loudly Visual aids were used and many could see and understand them	Abundant interaction with the audience Spoke clearly and loudly Visual aids were used well, most could see and understand them	Constant interaction with the audience Spoke clearly and loudly the entire session and repeated when necessary Visual aids were used very well, everyone could see and understand them
Attitudes displayed	Presenter showed disrespect to the audience Only negative feedback given Audience was totally unengaged	Presenter showed little respect to the audience Mostly negative feedback given Audience was mostly unengaged	Presenter showed respect to the audience Some negative, some positive feedback given Audience was mostly engaged	Presenter showed respect to the audience Mostly positive feedback given Audience was engaged	Presenter showed high levels of respect to the audience Excellent balance of positive and negative feedback given Audience was very engaged


Totals

Overall (Out of 20):

Comments:

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Session 11: Practice presentations and feedback


Overall goal	To enable trainees to practise presenting, to receive feedback on their presentations, and to make local modifications to the curriculum
Objectives	By the end of this session, participants will be able to conduct a mini training session
Steps	1. Practice presentations and evaluation (190 minutes)
	190 minutes
Methods	Practice presentation, practice evaluation
Materials/preparation	<ol style="list-style-type: none"> 1. Set up two rooms for presentations, or two sides of the same room 2. 40 copies of the rubric (20 per group) 3. Feedback principles flipchart from Session 1 should be visible on the wall

Steps

1. Practice presentations and evaluation (190 minutes)

- 1.1 Welcome the group back to the last content session.
- 1.2 Explain that after each presentation, the other three groups watching will each fill out a rubric to evaluate the presentation, along with the facilitator.
- 1.3 Remind participants that when giving feedback on their rubric scores, they should follow the principles for feedback discussed back in Session 1. Go over the principles posted on the flipchart on the wall.
- 1.4 Explain that the groups will now take turns giving a short practice BCC training session. Note that these are the steps you will follow with each practice presentation:
 - Each group has 30 minutes. They will be warned of the time and stopped at 30 minutes.
 - When finished, the group presenting will give brief comments on what they felt went well and what could have been improved.
 - After the session, the other groups will take five minutes to complete the rubric and will give feedback on the practice presentation.
 - The facilitator will add any comments that did not come up from the other groups.
 - Feedback will be kept to 15 minutes including time to complete the rubric.
- 1.5 Direct the groups to where they will present.
- 1.6 Invite the groups to give their presentations in the order that the topics are listed on the sign-up sheet. Make sure to keep groups on time, warning them at 15 minutes and with five minutes to go.
- 1.7 After each presentation finishes, and the presenting group has made their comments, ask each non-presenting group to fill out a rubric. Choose one group to present and explain their feedback. Ask other groups if their scores differed and why. If you have any additional comments, provide them. Ask groups to give their rubrics to the presenting group.
- 1.8 Once presentations are finished, thank all the groups for all their hard work. Wrap up by going over key messages and objectives.

Session 12: Training summary and evaluation

Overall goal	To bring closure to the training
Objectives	To provide participants with an opportunity to ask final questions about the training, and to fill out a training evaluation sheet to share their thoughts on the training.
Steps	<ol style="list-style-type: none"> 1. Training summary, questions and answers (20 minutes) 2. Training evaluation (20 minutes) 3. Closing ceremony (20 minutes)
	60 minutes
Methods	Pairwork, evaluation
Materials/preparation	<ol style="list-style-type: none"> 1. Flipchart paper to record their “three-two-one” feedback (1.2) 2. One copy for each participant of the evaluation form, found at the end of the session instructions (2.1) 3. Create a certificate of completion and make a copy for each participant (3.1)

Steps

1. Training summary, questions and answers (20 minutes)

- 1.1 This is the final activity of the training, and participants have the opportunity to ask questions or request additional information on any topic covered during the training. Review the main objectives of the training and ask participants if and how they have been met.
- 1.2 The “three-two-one” activity. Ask participants to get into groups of two and come up with three things they learnt, two skills they gained, and one thing they are going to do differently in their work as a result of the training. Allow 10 minutes to discuss.
- 1.3 At the end of the time, ask different pairs to share their knowledge, then their skills, and finally things they are going to do differently in the future. List what is mentioned on a whiteboard or flipchart.
- 1.4 Ask participants if they have any questions. Ask other participants to respond to any questions, and only answer if no one else can do so.
- 1.5 Thank participants for their contributions and their participation during all the activities of the training.

2. Training evaluation (20 minutes)

- 2.1 Distribute the training evaluation form. Explain that you would like to know what they thought of the training and what they learnt.

Say:

➔ *The paper I just gave you has a series of questions to help you share your thoughts on this training. Please circle the number that best describes how satisfied you are with the skills and knowledge you gained for that topic during the training with "5" being very satisfied, "4" satisfied, "3" no opinion, "2" unsatisfied, and "1" very unsatisfied.*

➔ *After the topic ratings, please answer the questions:
Which session did you think was most useful?
Which session did you think was least useful? Why?
Is there anything you would add or change in the training?*

2.2 Collect the evaluation forms and thank the participants for their hard work over the last two days.

3. Closing ceremony (20 minutes)

3.1 The training ends with a final ceremony where participants receive their certificates of completion.

3.2 The training facilitator should make some concluding remarks to bring closure to the training.



Materials for Session 12
BCC for Community-based volunteers
ToT evaluation form

Please rate the following topics from 5 to 1 (“5” being very satisfied, “4” satisfied, “3” no opinion, “2” unsatisfied, and “1” very unsatisfied).

	5	4	3	2	1
1. Behaviour change communication					
2. Steps to behaviour change					
3. Developing good messages					
4. Using cue cards					
5. Using demonstrations					
6. Using short plays to communicate health messages					
7. Using songs to communicate health messages					
8. Conducting home visits					
9. Training techniques for adult learning					
10. Engagement through small group work					
11. Practice sessions					

12. Which session did you think was most useful and why?

13. Which session did you think was least useful and why?

14. Is there anything you would add or change in the training?

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Trainers' evaluation form for Behaviour change communication

Trainers using this manual are invited to assist in an evaluation of the Behaviour change communication module and associated Volunteer toolkit. Your feedback will be used in any future updating of the module and useful suggestions incorporated.

Please score the following areas: 5 = Very useful, 4 = Useful, 3 = Mostly useful, 2 = Not very useful, 1 = Not at all useful.

Please add comments if you wish. These will help us to find the best way to keep the material up to date and of most use to you in your work in the Red Cross Red Crescent Movement.

Overall impression	5	4	3	2	1
Comments					
Coverage	5	4	3	2	1
Comments					
Language, tone, style	5	4	3	2	1
Comments					
Applicability to the training of trainers and volunteers in your programme(s). Please note for which programme(s) you are using the manual Programme(s)	5	4	3	2	1
Comments					
Advocating good practice	5	4	3	2	1
Comments					



Relevance and ease of use of workshop activities	5	4	3	2	1
Comments					

Relevance and ease of use of procedures and practices described in the module	5	4	3	2	1
Comments					

Design and use of cue cards	5	4	3	2	1
Comments					

Can you suggest any additional topics or materials that might be helpful?

Can you list any specific recommendations for deletion or correction?

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Finally, please complete this section and return the form to the address given below.

Your name (surname): _____

First name: _____

Position and title: _____

Red Cross Red Crescent Society: _____

Full address: _____

Phone: _____

E-mail: _____

Please photocopy and send to:

Jason Peat, Senior Health Officer, Malaria
International Federation of Red Cross and Red Crescent Societies
P. O. Box 372
1211 Geneva
Switzerland
e-mail: jason.peat@ifrc.org

handout

PREVENT MALARIA DURING PREGNANCY



Malaria is Bad for Your Health and the Health of Your Unborn Child

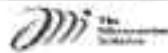
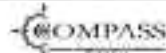
handout



**Strong and Healthy
with Vitamin A**

**From 6 months
to 5 years, your child
should receive Vitamin A
every six months to grow
healthy and strong**

**Take your child to the health center
for Vitamin A supplements**



handout

VIETNAM RED CROSS SOCIETY

TO SELF – PREVENT AVIAN INFLUENZA TYPE A (H5N1) IS TO PROTECT YOURSELF, YOUR FAMILY AND COMMUNITY

**Wash your hands with soap
and clean water.**



**Cook poultry meat,
egg thoroughly.**



**REDUCE THE RISK OF
AVIAN INFLUENZA INFECTION.**



**Report to animal health
workers or local authorities
immediately when you
discover a sick or dead bird.**



**Wear mask and gloves when in
contact with poultry or slaughter
poultry**



**Deutsches
Rotes
Kreuz**

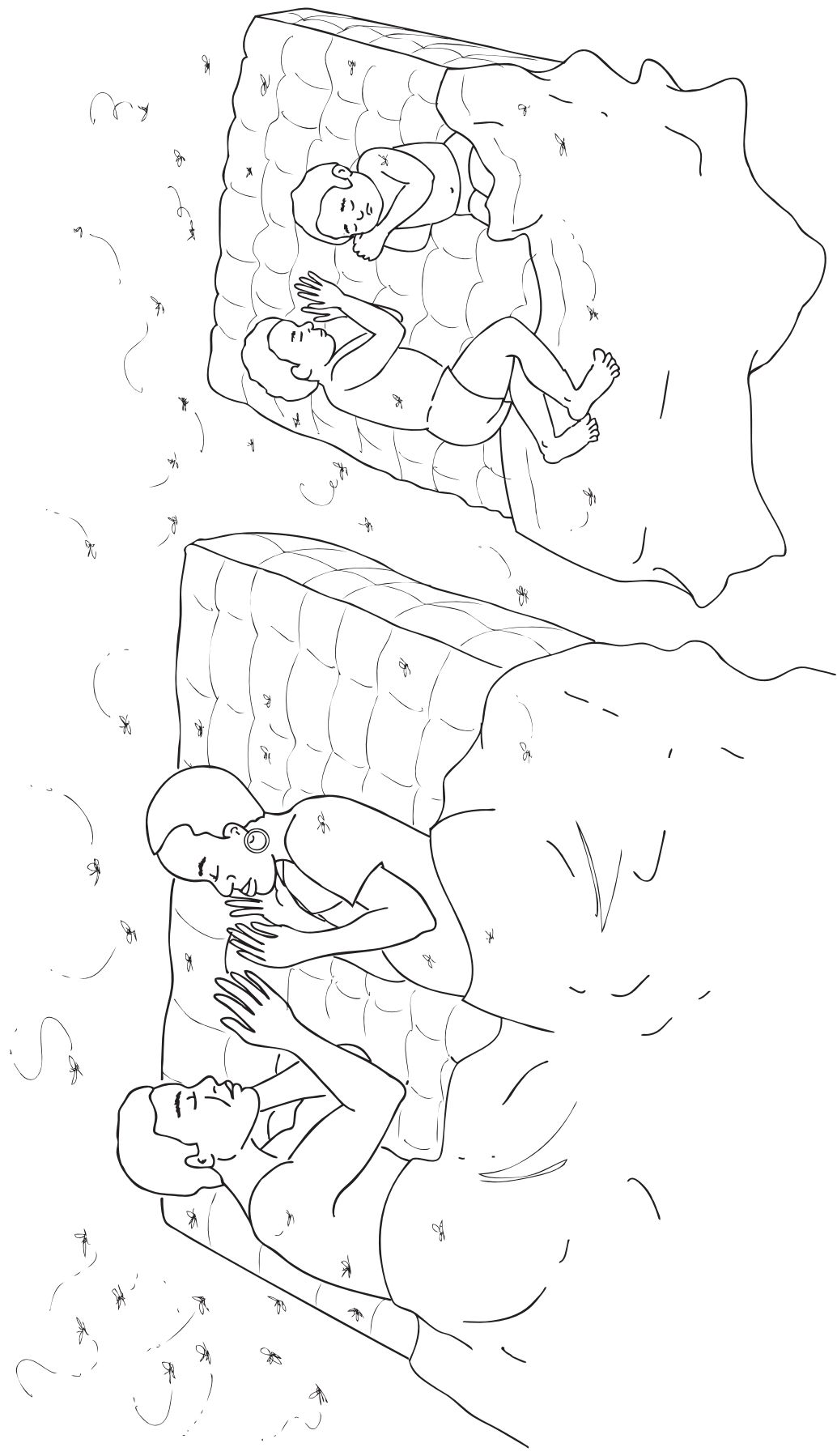


**International Federation
of Red Cross and Red Crescent Societies**

**American
Red cross**

Cue card 1

How do you get malaria?



Question: *What do you see in this picture?* [Point to the pictures as you ask and explain.]

Responses: A family, two parents and two small children are sleeping in a room without mosquito nets. Mosquitoes are in the air in the room.

Question: *What risks are there in this situation?*

Response: Malaria.

Question: *What causes a person to get malaria?*

Response: A mosquito bite at night.

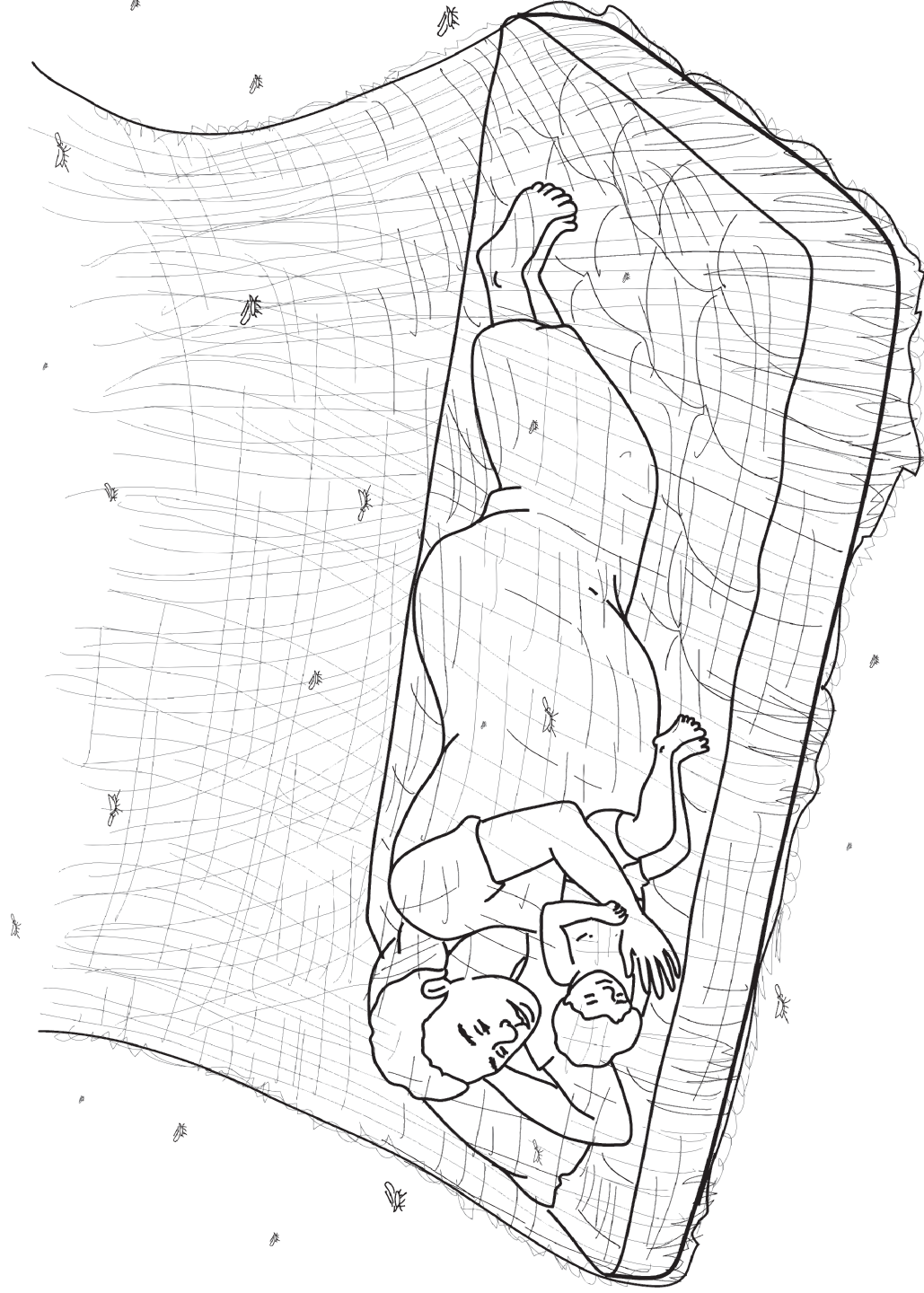
Key message: You can get malaria by being bitten by mosquitoes that come out at night. This is the only way to get malaria.

Malaria myths

Some people do not understand that malaria is only caused by mosquito bites. They may believe that malaria is caused by other things, such as food (mangoes, bananas, milk and other things), too much hard work, a change in weather (rain, sunshine) or bad spirits. It is important to ask the people you visit in the community what they think causes malaria. If they believe any of these myths, you should explain to them that they are not true. **The only way you can get malaria is to be bitten by a mosquito at night.**

Cue card 2

Prevention of malaria in high risk groups: children under five, pregnant women and people with HIV



Question: *What do you see in this cue card?* **[Point to the pictures as you ask and explain.]**

Responses: A pregnant woman and a small child are sleeping under a mosquito net. Mosquitoes are in the air in the room, but they are outside the mosquito net.

Question: *What do you think is important about this cue card?*

Response: The mosquitoes cannot bite the woman and child because they are protected under the net.

Question: *What causes a person to get malaria?*

Response: A mosquito bite at night.

Key message: Parents, please protect your children, especially those under the age of five, by making sure they sleep under a LLIN.

Pregnant women, you should also sleep under a LLIN. This will help you to protect your health and the health of your babies.

People living with HIV, you need to sleep under a LLIN as well.

More malaria facts

Malaria in HIV-positive persons, especially pregnant women, can cause severe problems.

- HIV-positive persons, and pregnant women, are especially vulnerable to malaria.
- Malaria can become severe in HIV-positive persons, especially pregnant women.
- Pregnant women who are HIV-positive are at a greater risk of having all the health problems associated with malaria during pregnancy.

Malaria myths

You may meet people in your community who think that the chemical on mosquito nets can make people sick. You may also hear people say that a child can die sucking or chewing on a mosquito net. Neither of these things is true. The chemical on the nets will only hurt mosquitoes. **Adults, children and babies are all safe.**

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

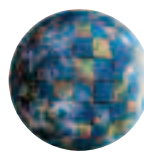
The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.



**Our world is in a mess.
It's time to make your move.**
ourworld-yourmove.org