
Behaviour change communication (BCC) for community-based volunteers

Volunteer toolkit



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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of Red Cross and Red Crescent Societies

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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 to the Volunteer toolkit

Welcome to the *Behaviour change communication for community-based volunteers* training course. This Volunteer toolkit contains all the technical materials you will need for your training plus summaries of the key guidelines to use as reminders when you are back in your own community after the training. Materials are divided by section. The facilitator of the training will tell you when to use which materials.

Not every activity has accompanying materials in the Volunteer toolkit, but only those which need specific written documentation and reference materials.

Each section in the Volunteer toolkit has:

- session name
- goal
- activities
- key materials

Session 1: Introduction

Goal To allow participants to get to know each other and become familiar with the course outline

Activities

- Welcome
- Setting ground rules
- Logistics
- Training objectives and agenda
- Introduction to the training materials
- Guidelines for sharing feedback

Key materials 1. Training objectives and agenda

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

2. Guidelines for sharing feedback

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.

Session 2: Introduction to behaviour change communication (BCC)

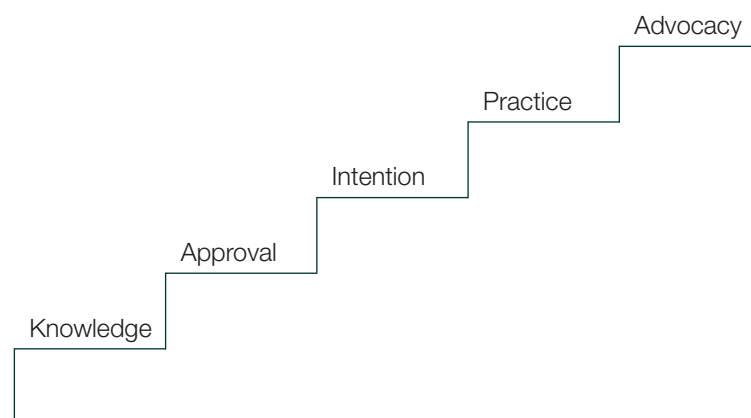
Goal	To help participants increase their understanding of behaviour change communication (BCC) and the steps to behaviour change
Activities	What is BCC? How do people change their behaviour? Steps to behaviour change Facilitating behaviour change communication in the community Elements of effective communication

Key materials 1. Definition of behaviour change communication (BCC)

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

2. Steps to behaviour change



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.

3. BCC Checklist¹

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?

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?

¹ *Community-based health and first aid in action (CBHFA) Facilitator Guide, Volume 2*, International Federation of Red Cross and Red Crescent Societies, March 2009.

Session 3: Developing messages

Goal	To help participants develop effective BCC messages tailored to various audiences
Activities	Principles of a good message Tailoring messages

Key materials 1. Principles of a good message

A. Communicate a benefit

We need to be sure that our messages give our audience a positive reason to do the behaviour.

B. Keep it simple

We need to be sure that we keep our messages as simple as possible. If our 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.

C. Call to action

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 are 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 with 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.

2. Examples of messages

A. Communicate a benefit



B. Keep it simple



C. Call to action



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

Goal	To help participants use health talks, cue cards and demonstrations to convey BCC messages
Activities	Health talks Introduction to cue cards Cue card practice Introduction to demonstrations Demonstration practice

Key materials 1. Principles of a good message

- 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.

2. 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 a question, say so and say that you will find out. Follow up.
- Thank the audience for coming and for their participation.

3. Using cue cards during health talks

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.

4. How to conduct a demonstration

How to conduct a demonstration

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.

5. How to hang a long-lasting, insecticide-treated 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 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.

Session 5: Methods Part 2: Short plays and songs

Goal	To help participants use short plays and songs to communicate BCC messages
Activities	Communicating BCC messages using short plays or skits Communicating BCC messages through songs

Key materials

1. Steps to developing a play to convey BCC messages

- 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.

2. Steps to developing songs to convey BCC messages

Steps to song development

- 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.

3. Hand washing guidelines

Hand washing 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
- after cleaning a child
- before preparing food
- before eating

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

Goal To help participants be able to use home visits to deliver BCC messages

Activities Steps for using BCC methods during home visits
Home visit practice
Handling difficult situations and people

Key materials: 1. APAC² method

APAC method (Ask—Praise—Advise—Check)

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.

2. 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.

² 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.

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

Handling 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).



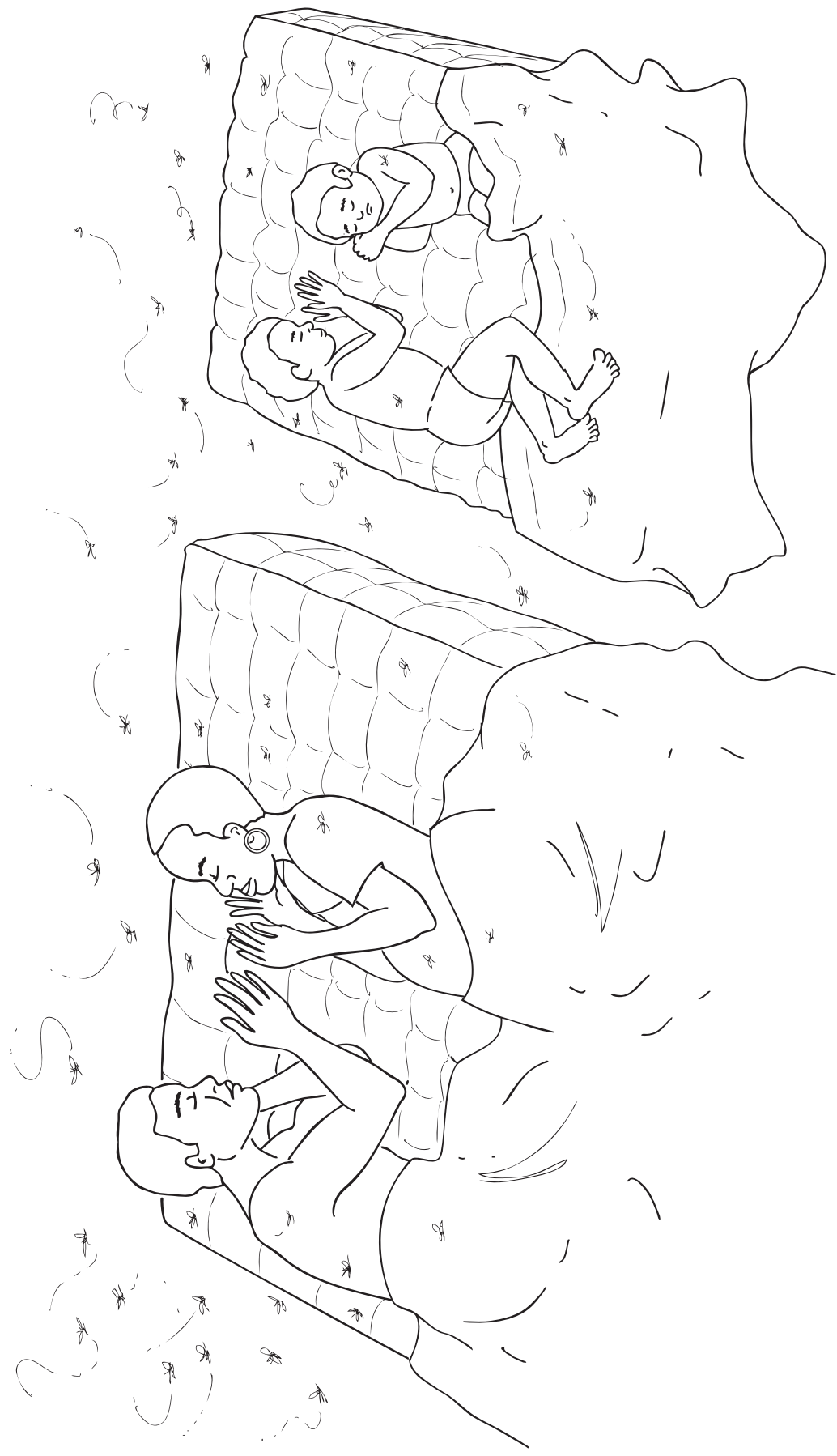
Session 7: Group project and presentations

Goal To provide participants with an opportunity to put into practice the information and skills they have learnt

Activities Small group work
Group presentations and feedback
Wrap up and review
Evaluation

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.

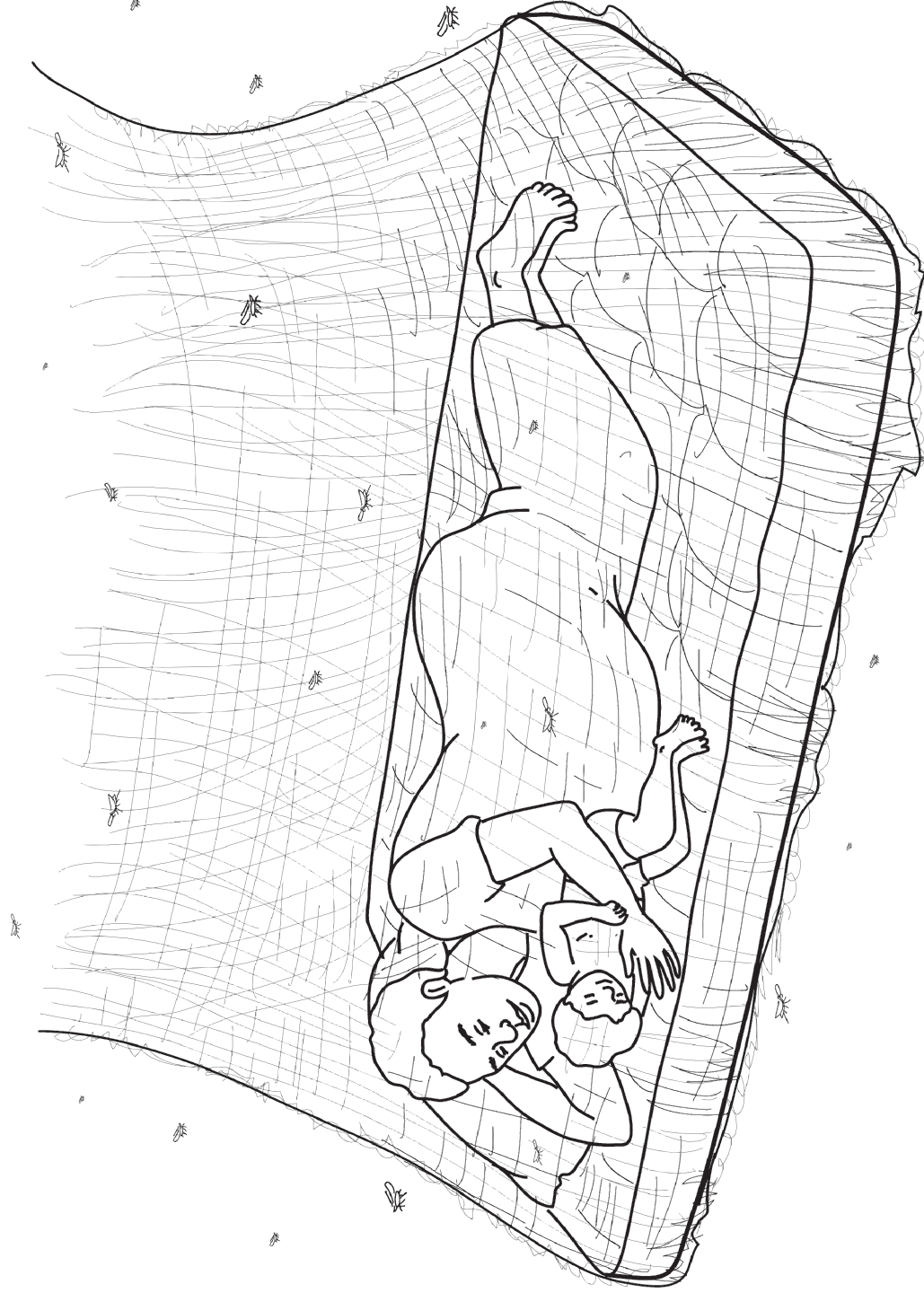
Key message: You can get malaria by being bitten by mosquitoes that come out at night. This is the only way to get malaria.

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

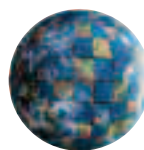
The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



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