SBCC Tools: Development and Use

CHAMBERLAIN DIALA
SARAH MEYANATHAN
KARA TURESKI
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MODERATOR: ANTJE BECKER-BENTON
C-Change’s mission: Combine and operationalize methods used in social and behavior change communication

- Adopted principles of social change communication
- Applied in materials development

Social and behavioral change is more likely and more sustained if the individuals and communities most affected own the process and content of communication.
Principles of Social Change Communication

SBCC should
- be empowering and horizontal
- encourage communities as agents of their own change
- promote dialogue, debate and negotiation
- emphasize process of interactions, shared knowledge, and collective action
- focus also on social norms, policies, culture
The C-Change Community Conversation Toolkit on HIV Prevention: A Catalyst for Community Dialogue and Action

CHAMBERLAIN DIALA
Background

- Lack of HIV prevention materials for adults at community level
- Materials usually not geared for people with lower literacy
- Existing materials often not interactive (inter-personal and group facilitation)
Development Process in South Africa

- Inventory of existing materials on HIV prevention
- Action media: Audience consultation with low-literacy audiences in Limpopo, South Africa (SA)
- Creative briefs and development in SA
- Concept testing in Limpopo
Regional Concept Testing

- Regional concept testing in Malawi, Zimbabwe, and Namibia (SAT partners)
- Adaptation and pretesting in local languages (Soul City partners)
- Repeated stakeholder reviews at national levels (Soul City partners)
- Finalization and repeated processes in Swaziland, Lesotho, and Nigeria
• While used in seven countries, by 26 NGOs and adapted in 11 languages
• Toolkit evaluation focuses on 4 NGO partners in Malawi and Zambia only
• 524 downloads in nine languages.
**Phase I**

**Peer-educator training: Livingston, Zambia**

- Identified 4 CBO partners in Malawi and Zambia
- Oriented CBO leaders on toolkit, community dialogue processes, and monitoring specific actions
- Trained CBO staff and 49 peer educators
Toolkit Implementation

- **Phase II**
  - Identified and engaged community groups
  - Peer educators conducted and recorded outcomes with specific groups

- **Phase III**
  - Review group actions for potential program implications
  - Evaluation conducted
  - Strategies discussed with CBO leaders for sustaining actions
Dialogue Groups: Malawi

- Dialogues held with:
  - bicycle taxi operators
  - discordant couples
  - former sexual cleansers
  - HIV-tested couples
  - community leaders
Community Leaders

- **Before:** For HIV issues, groups often discussed prescribed topics and messages.

- **Now:** Groups increasingly use dialogue to explore local risks for HIV, and harmful cultural practices.

- Indigenous actions:
  - Formed small groups to speak in other communities.
  - Local NGOs obtained funds from local governments to address gender-based violence (GBV).
  - Local leaders speak at funerals on retaining traditions but modifying harmful cultural practices.
Shapa Boys (Bike Taxi Operators)

- **Before**: For HIV issues, they held campaign meetings and attended trainings

- **Now**: They raise their own risk issues (e.g., clients offer sex in lieu of payment).

- **Indigenous actions**:
  - Counseled passengers while giving them rides.
  - Talk to spouses about personal challenges of being faithful.
  - Introduced dialogues with churches, market women, hairdressers, and colleagues.
  - Distributed condoms to shops and to friends.
Voices of Users

• “If I had this toolkit years ago, the chief would have discussed HIV with me and not thrown me out of his house.”
  —NGO director, Malawi

• “As a facilitator, I am able to engage my friends on HIV or any other topic to improve our community.”
  —Peer educator, Zambia
Evaluation Method

- Hypotheses:
  - The use of the toolkit increases HIV prevention knowledge, reduces risky sexual practices, and changes attitudes
  - Dialogue participants engage in activities that address HIV prevention in their communities.

- Case study approach
  - allows a story to be told
  - shows how the toolkit works in context
  - informs gaps and limitations
  - informs approaches and methods for future implementation

- Evaluation
  - Document review
  - Interviews with key stakeholders
  - Focus group discussions with participants
## Evaluation Model

<table>
<thead>
<tr>
<th>Conceptual resonance: Did participants understand what toolkit components do?</th>
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</thead>
<tbody>
<tr>
<td><strong>Situational resonance:</strong> Was the toolkit and dialogue relevant to personal and community circumstances?</td>
</tr>
<tr>
<td><strong>Social resonance</strong> Did being part of the dialogues lead to sense of purpose regarding HIV prevention at a social level?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internalized meaning: Did use of the toolkit allow participants to internalize their own or their community’s HIV vulnerability?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions and commitments:</strong> Did toolkit use bring about individual and/or group-level action in response to HIV?</td>
</tr>
<tr>
<td><strong>New social meaning:</strong> Did toolkit use lead to new ways of understanding of how to respond to HIV at a social level?</td>
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</tbody>
</table>
**Emerging Findings**

- Increased partner communication on concurrency
- Commitment to get tested for HIV for self, friends, and family

<table>
<thead>
<tr>
<th>• Tested couples used toolkit to engage other couples and coordinated with local health facilities to obtain and distribute condoms</th>
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</thead>
<tbody>
<tr>
<td>• Community leaders enforce age limits and hours of operations for local bars.</td>
</tr>
<tr>
<td>• Local police to enforce laws when rape cases are reported.</td>
</tr>
</tbody>
</table>
More Emerging Findings: Select NGOs

- Funding obtained to expand toolkit to new groups and audiences (Zambia)
- Scale up to meet demands for increased voluntary counseling and testing (Malawi)
- Additional toolkits procured using outside funds (Malawi)
Lessons Learned

- Toolkit elicits individual and community actions, which promotes behavior change
- Toolkit adaptable to local context and language
- Complements and strengthens activities of existing groups
- Peer educators foster dialogue and action, rather than presenting messages
- Emerging actions provide examples for addressing similar challenges in other contexts
Voluntary Medical Male Circumcision Communication Toolkit Development in Kenya

SARAH MEYANATHAN
Demand Creation for Voluntary Medical Male Circumcision (VMMC) in Kenya

1. Supported rollout of Government of Kenya’s VMMC program
2. Worked under leadership of the National Male Circumcision (MC) Taskforce and the Ministry of Public Health and Sanitation (MoPHS)
3. Played key role in demand creation and in maintaining high uptake for VMMC
Methods

- Operationalized the National Communication Strategy for VMMC by developing the VMMC Communication Guide
- Developed a strategic planning process to coordinate VMMC communication
- Strengthened capacity in SBCC and developed a VMMC Communication Toolkit
Development of the VMMC Communication Toolkit

- Formative research: Consultations with men; their partners; health providers; and business, faith, and traditional leaders

- Selected results
  - Did not know VMMC was only partially protective for men and thought it would protect women from HIV
  - Barriers: Fear of pain, being subject to mandatory HIV test, six-week abstinence period, potential loss of libido
  - Business, faith, and traditional leaders motivated to educate and mobilize, but lacked information
Development of the VMMC Communication Toolkit

- Communication objectives for each audience
- Overall goal: To promote VMMC as a healthy lifestyle choice and support community understanding of how it fits into the context of HIV prevention
- Creative briefs for each material
Development of the VMMC Communication Toolkit

- Concept testing and pretesting:
  - Medical authority theme
  - Soccer theme
  - Biblical references to male circumcision for faith leaders

- Stakeholder reviews before and after pretesting
## VMM MC Communication Toolkit

<table>
<thead>
<tr>
<th>Audience</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men and women</strong></td>
<td>Radio spots (2)</td>
</tr>
<tr>
<td></td>
<td>General VMMC posters, General VMMC leaflet</td>
</tr>
<tr>
<td></td>
<td>Urinal poster</td>
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<tr>
<td></td>
<td>VMM MC video and discussion guide</td>
</tr>
<tr>
<td><strong>Health providers</strong></td>
<td>Flipchart</td>
</tr>
<tr>
<td><strong>Community leaders and mobilizers</strong></td>
<td>Handbook for community mobilizers</td>
</tr>
<tr>
<td></td>
<td>Community dialogue cards</td>
</tr>
<tr>
<td></td>
<td>Leaflets for faith leaders, business leaders, community leaders</td>
</tr>
<tr>
<td><strong>Stakeholders</strong></td>
<td>Nyanza communication guide</td>
</tr>
<tr>
<td></td>
<td>VMM MC communication materials adaptation guide</td>
</tr>
<tr>
<td></td>
<td>Guide to working with the media to promote VMM MC</td>
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</tbody>
</table>
“All the VMMC communication materials have addressed the critical issues that most women have had with VMMC. Women are important stakeholders, and we are happy that the Ministry of Health, task force, and C-Change recognized our role.”

—Silvia Auma, Women Health Network, Kisumu
“We are particularly grateful that we have the fact sheet for faith leaders [and] are happy that the material has strong Biblical and scriptural references. The Ministry of Health, the task forces on VMMC, [and] USAID should be commended for recognizing the critical role that the churches in Kenya play.”

—Rev. Daniel Ahoi, AFCEA Churches, Western Kenya
The toolkit, especially the media guide, have helped us to do our work effectively... accurately report on VMMC issues, and engage the public on VMMC more collaboratively and from an informed standpoint.”

—Kephers Otieno, Journalist, Standard Newspaper
Kenya Results

- Strong ownership and use of materials by VMMC partners; some leveraged their own funds to print

- Partners downloaded materials for immediate use prior to print and dissemination
  - 77 downloads of toolkit in local languages

- To increase coverage on VMMC, developed a media guide in consultation with journalists, based on gaps in reporting
Results Beyond Kenya

- Guidance on strategic planning process requested by countries: Malawi, Lesotho, Swaziland
  - Case study on rollout of VMMC communication in Kenya

- Guidance for material adaptation requested by other countries
  - VMMC Communication Materials Adaptation Guide
Results Beyond Kenya

- Top downloaded materials on C-Hub
  - 648 visits to the toolkit
  - 571 downloads
Lessons Learned

1. Ownership of the rollout of VMMC communication by the MoPHS and VMMC task forces was key.

2. Detailed implementation guidance was needed to operationalize an existing national communication strategy.

3. Formative research showed crucial gaps in audience segmentation and content presentation.

4. Stakeholder opinions sometimes conflicted with findings from audience consultations.
Communication Tools for Use with Key Affected Populations

KARA TURESKI
### Background

<table>
<thead>
<tr>
<th>Situational analysis</th>
<th>Communication support material needs</th>
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<tbody>
<tr>
<td>HIV prevalence:</td>
<td>Government and civil society programs</td>
</tr>
<tr>
<td>○ 1.7% general public</td>
<td></td>
</tr>
<tr>
<td>○ 4.1% female sex workers (SW)</td>
<td>Materials not limited to a specific audience</td>
</tr>
<tr>
<td>○ 31.2% men who have sex with men (MSM)</td>
<td>Need for materials that address the wider socio-ecological context and HIV drivers</td>
</tr>
<tr>
<td>Sex work and sexual acts between men illegal and highly stigmatized</td>
<td></td>
</tr>
</tbody>
</table>
## Action Media
- Participatory action audience consultation process
- Conducted in Jamaica and The Bahamas with SW, MSM, and community educators

## Findings
- **HIV vulnerability:**
  - Safety, age, financial incentives, substance use, stigma, discrimination, sexual identification, concurrent partnerships, etc.
- **Communication preferences:**
  - Internet or electronic media
  - Issues with take-home materials
  - Job aids for peer educators
## Material Development Process

### Additional Formative Steps

- Literature reviews
- C-Change research study findings incorporation
- Creative briefs

### Audience Consultations

- Consultations held throughout development process
- Changes made based on audience preferences
- Final reviews and pre-tests held in multiple locations with primary audience and key informants

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“Card dem sell off” (The cards will be sold out)

– FGD participant
**Overall aim:** To reduce HIV incidence among SWs and their partners and empower SW individually and collectively to take steps toward their own protection

**Desired changes:**
- Increased correct and consistent condom use
- Increased visits to clinics for RH and STI/HIV services
- Increased personal safety measures adopted to decrease risk
- Increased knowledge of legal rights and action (when safe and appropriate)

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**Sexy, Smart, and Safe—Rated SSS Materials**
Triple S Logo

rated

sexy  smart  safe
SSS Materials

- Facilitator’s handbook
- Discussion cube
- Proverb cube
- Providers and other services leaflet
- Wrist bands
Counseling Cards
Other Products

- Cellphone screen savers
- Ring tones (long and short)
**Materials: “What’s Your Story?”**

- **Overall aim:** To support adoption of individual and collective HIV risk reduction strategies by MSM and their partners and reduce the crippling stigma and discrimination faced by MSM in Jamaica.

- **Desired changes:**
  - Increased consistent and correct condom and lubricant use
  - Decreased number of sexual partners
  - Increase in those that are aware of the effects of stigma and discrimination against MSM in their community.
Comic: “What’s Your Story?”

- Three storylines:
  - Andrew/Prince
  - Mikey/Dean
  - Andrea

- Facilitator’s questions

- Factsheets
What's Your Story?

Prince: That lecturer too wicked enuh. You lose five percent of your grade for every day your paper is late.

Andrew: It simply means that your paper mustn't be late.

Too late for that, Prince. Your paper is already three days past the deadline. Ha ha ha.

Andrew: And by the time you hand it in, it won't make any sense. Ha ha ha.

Hey, that is the real zero man. Is a battyman dat enuh. I never yet see him with a woman. Is like him allergic to girls. Ha ha ha.

These guys talk as nasty as they eat. Look how they dirty up the table and at least that boy is not a nooligan like them for sure.

That's nothing new, Prince is a walking zero. Wow!!
Advocacy Posters

"I don't want to be gay. I don't want it but no matter what I do it don't change."

"Suppose those guys find out about my friend and think I am gay too?"

"I don't want my son to be gay. I trying to understand but all I can see before him is pain. I just feel so afraid for him."

"I think I want to do more to help gay men like me who need support. It's not enough to just give them a number to call."
"Is like I don’t exist for my family now they know I’m gay. My mother tell me she sorry she never choke me when I born. Can you believe that?"

What’s Your Story?
ALL A WI A ONE—LOVE, RESPECT AND UNDERSTANDING
WHAT ROLE DO YOU PLAY?
“We would like to commend your team for tackling this area that has not had much educational/training material being developed. It is evident that much research was done around the issues affecting the MSM community, as I have heard similar stories first hand and am happy that we are beginning to recognize and address them. The conversations are very real and poignant...We are pleased with the products and have no objection to endorsing them.”
Material Use

- Materials will be used by group facilitators in National HIV Programme and civil society programs with SW and MSM
- Modified versions of SW materials will be available to Bahamian partners
- Materials—in particular MSM materials—will disseminated electronically for use by MSM (social media sites, etc.)
Lessons Learned

- Importance of participatory development approach to end product’s acceptability and effectiveness.
- Participatory processes do not replace other formative research processes, but add to their value.
- Participatory processes take time.
- Benefits of strong, detailed creative briefs for both:
  - the end product created
  - as a tool to ensure the products are on target and have stakeholder buy-in
C-Hub

TAJ SHERIFF
C-Hub is a global repository of health and development communication materials

- HIV/AIDS
- Nutrition
- Malaria
- Family Planning
- Water & Sanitation
- Environment
- Capacity Strengthening
- Emerging Pandemic Threats
- Maternal & Child Health
- mHealth
- Democracy & Governance
- Infectious Diseases
- Food Security
Launched by C-Change in June 2010

Evolved from previous work by Health Communication Partnership (HCP) led by Johns Hopkins

Materials date from 2009 onwards, but there are older, gold-standard materials from HCP
Audience

- Health communication practitioners and program implementers
- Health and development workers in resource-constrained countries who really need these materials
Objectives

- Provide quality health and development communication materials with documentation in an organized, accessible platform
- Be the “go-to” source globally for health and development workers seeking resources
- Develop a community of health communication practitioners who share and contribute resources
Find & Add Resources

FIND RESOURCES

Search by Keyword

Youth Peer Education Network (Y-Peer)
Y-Peer is a collaborative project initiated by the United Nations Population Fund (UNFPA) and supported by FHI.

Toolkit on Concurrent Sexual Partnerships
The toolkit is intended to guide research, design, implementation, monitoring, and evaluation of concurrent sexual partnership programs.

Breakaway
PMC has created an electronic game for young boys aimed at preventing violence against women and girls.
Jun 2012 | Producers: Population Media Center (PMC), Emergent Media Center, Champlain College | Topic: Health Communication, Behavior Change Communication (BCC), Gender Equality, Gender-Based Violence, Male Involvement

Reducing Alcohol-related HIV Risk in Katutura, Namibia: A Multi-level Intervention
Formative research from AIDSTAR-One to understand how bar owners, staff, patrons, and community members perceive the risks and benefits of alcohol consumption.
Jun 2012 | Producers: AIDSTAR-One | Topic: Non-Communicable Diseases (NCDs), Alcoholism, Sexual and Reproductive Health, Sexually Transmitted Infections / Diseases, HIV and AIDS, HIV Prevention

ADD RESOURCES

Add Resources to C-Hub

New content. Your draft will be placed in moderation.

Title*

Add Date Produced
Year
Month
Day

Add Producer*
Instructions: Add Source, Author of Resource(s)

Add Description (Edit summary)

Add Image
Instructions: Enter an overview, executive summary, or abstract for the resource.

Upload
Instructions: Upload an image that best represents the resource.

Files
Instructions: Attach content and media files for the resource.

Add new file(s)

Topic

Location

Language
C-Hub is a growing global community
Unconditional Love: Anti-Homophobia PSA

2012 | Producer/Author: Jamaica Forum for Lesbians All Sexuals and Gays (J-FLAG), Caribbean Vulnerable Communities Coalition (CVC), AIDS Free World and Jamaica AIDS Support for Life (JASL)

Share | [Like] | [Tweet] | [Comment] | [Report]
Was this material useful? | (0)

Comments

Fajjal April 13, 2012, 7:42 pm
I think in reproductive health we should support religious values in order to make our programme become acceptable to them, not challenge the religion.

Cushnie May 2, 2012, 12:03 pm
Response to Does moral have value in reproductive health

Thank you for your comment. C-Change is working in Jamaica to improve access to services for populations most at risk for HIV, this includes men who have sex with men, the population with the highest HIV prevalence in Jamaica. Evidence shows that homophobia is a barrier to effective HIV outreach, prevention, testing and care and a key driver of the epidemic locally. The National HIV Program in Jamaica has been sensitizing the leaders of faith based organizations locally to the implications of intolerance on society. Currently, there are faith based organizations involved in outreach to men who have sex with men because they recognize that compassion and tolerance are a public good and the wider society inevitably benefits from MSM being able to access health and prevention services. The PISA does not aim to contradict personal religious views but addresses intolerance in the hope that family members, as key influencers, will also recognize the negative implications of intolerance. Further, the MSM population is a minority and presents no threat to reproductive rates.
BLOG

Bill Gates visits Urban Health Initiative in India

June 26, 2012 by Taj Sherif

This is repost from Gates Notes. This post authored by Bill Gates originally appeared here.

June 24, 2012 | By Bill Gates

The Urban Health Initiative in India

One of the reasons I look forward to visiting India is the opportunity to meet people who are benefiting from projects we’re funding. It gives me a chance to see how our investments in such areas as family planning, polio eradication, and HIV/AIDS are helping to improve people’s lives.

On my recent trip, I spoke with several women in one of Lucknow’s urban slums who told me how supported they are by the Urban Health Initiative. That hasn’t always been the case and there are still challenges to overcome. But the community Health Workers have made a significant difference.

HIV Treatment in Complex Emergencies

HIV and AIDS

Author

ARTSTAR.org

Identify steps that can be taken before, during, and after a complex emergency to help ensure the continuity of HIV treatment.

Also, I discussed a study on couples communication and contraceptive use. The study found that poor communication can lead to contraceptive failure.

Couples Communication is Key Factor in Contraceptive Uptake

June 25, 2012 | By Taj Sherif

The Urban Health Initiative in India

More...
Use

- **Users:** 19,440 and growing
- Number of registered community members
  - 550 to date
- Number of resources
  - 3,000 to date
- Download of resources
  - 40,000 to date
User Feedback

- “This is a very informative website in the fight against malaria and HIV. Long life to your site.”
  
  Dr. Ngolo Bagayoko, Mali

- “The French versions are very interesting and encourage me to contribute to the collection.”
  
  Jérémie Nlandu, France

- “Thanks for a very useful e-newsletter.”
  
  Vivienne Kernohan, SAFAIDS
Lessons Learned

- Community is key to growing repository, but community building takes time!
- Social media is helping build community and establish C-Hub identity.
- Investment in careful resource selection, quality control, and maintaining standards is paying off.
- If you build it for low-bandwidth users, they will come!
CONNECT WITH US
Visit c-hubonline.org