Healthy Village Facilitator's Guide

Health Communication for Behaviour Change





Ministry of Health and Medical Services, Solomon Islands

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1. Introduction

Communication is simply the act of transferring information from one place, person or group to another. Every communication involves at least one sender, a message and a recipient or receiver. Behaviour Change Communication (BCC) is a communication strategy which encourages individuals and communities to change their behaviour by triggering them to adopt healthy, beneficial and positive behavioural practices.

To enable BCC, facilitators are required to provide essential training and tools to help people make decisions "without taking over the wheel", so that they do the work on their own. It is essential that facilitators have effective communication skills and be open for change. They must be a good listener and observer, especially when working with the communities.

This Guide aims to provide some key communication strategies to enhance behaviour change and work effectively with the community.

2. Characteristics of facilitators

2.1 Who is a facilitator?

Healthy village facilitators are respectable people identified at the Ward and the health centre level to facilitate implementation of healthy village activities in the local villages. They will work closely with the community leaders or Village Health Committee (VHC) members. Facilitators will include the health facility nurse, health promotion officer, public health officer, ward representative and church leader at the Ward or health centre level.

Roles of a facilitator:

It is essential that facilitators play multiple roles to be effective, when training and working with the communities, which include:

- Teacher
- Guide
- Coach
- Motivator
- Task maker
- Challenger
- Peace maker
- Negotiator
- Bridge builder
- Timekeeper



Here's the key actions to be an effective facilitator:



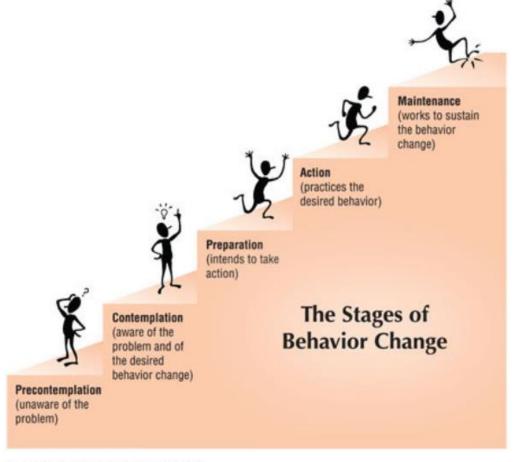
2.2 Roles of healthy village facilitators

- Carry out the initial training of VHCs and Healthy Village Promotors (HVPs) in communities
- Provide regular mini-training sessions for VHCs and HVPs at health centres
- Organise regular meetings with village leaders, VHCs and HVPs to monitor, feedback and support healthy village activities
- Implement supportive supervision (e.g. provision of materials, tools, mentoring and coaching)
- Collaborate with Provincial Health Promotion officers, nurses and other partners to respond to various community needs
- Collect and share good practices among different villages, facilitators and partners

3. Understanding how people learn and change behaviours

3.1 From knowing to practicing

There are five stages in behaviour change, from no knowledge of the problem to practicing desired new behaviour in their daily life. These stages bring about behavioural change by triggering people to become aware of problems, understand desired changes, motivate to take action, practice the desired behaviour and sustain the change, so that they adopt healthy, beneficial and positive behaviour. This process of learning and behaviour change are made possible by working with individuals, families and communities through different communication channels.



Sources: Grimley 1997 (75) and Prochaska 1992 (148)

Some people experience difficulties in changing behaviour even if they are aware of the problem. Facilitators may support and encourage the process of learning, taking actions and maintaining healthy practices in the community in collaboration with community leaders such as members of Village Health Committee. They can be motivators or role models for people to change and maintain the healthy behaviour.

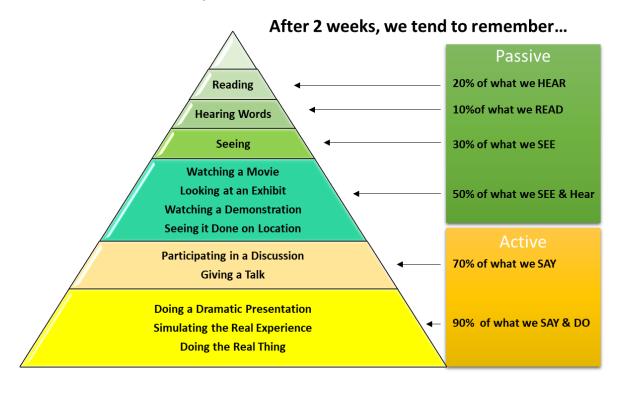
Stages of Behaviour Change – An Example

Stage1 – Village people were not aware of malaria. They listened to a health talk on malaria given by a clinic nurse, who also presented data on malaria deaths in the village.

- **Step 2** They learned from the nurse that malaria can kill and is caused by mosquitoes and that they can eliminate malaria by draining stagnant water serving as the breading sites.
- **Step 3** Village leaders organised a community activity to clear all stagnant water in the village and managed to convince the people to participate.
- **Step 4** The whole community worked together to dig drains and destroy stagnant water pools, and established rules not to through rubbish into the drains.
- **Step 5** The community continued to clean their drainage and clear stagnant pools once a week. As a result, the villagers became free of sickness malaria and enjoyed a healthy life.

3.2 Learning and remembering

People often forget what they learn, especially if they only read or hear. People remember more if they actively engage in actions by saying and doing. Active learning is much more effective than passive learning.



4. Types of teaching and learning methods

4.1 Basics of teaching

It is essential to:

- Talk less and listen more to what participants have to say.
- Always **prepare well**: read teaching materials, check presentation slides and practice your talk beforehand.



- Make a teaching plan with more than one practical exercise such as:
 - Brainstorming (Everyone freely expresses their ideas, feelings and thoughts)
 - Group work (Participants discuss ideas in a group)
 - Questions and answers (what, why, when, where, who, how) to know degree of understanding
 - Case study (Participants study and discuss real-life stories)
 - Journal activities (Participants write about topics)
 - Role plays (Participants practice situations by playing certain roles)
 - Do an energiser between the sessions
- Ask participants to:
 - Read a sentence
 - Write the sentence
 - Read the sentence again

4.2 Health talk in small groups

Talking in a small group is an effective way to communicate.

 Small gatherings (5–10 people) are recommended. The larger the group, the less chances there are for each person to participate.



- Change health messages to **fit the needs, interests and education levels** of each group.
- Modify messages to the **local context** by referring to locally familiar stories and proverbs.
- Invite testimony and experiences from the audience or participants.

Example: Talk about Nutrition

- 1) Know the group: Find out their needs and interests, as well as active groups in the area.
- 2) Select an appropriate topic: If the topic is too large to address in one session, break it down into simple topics such as breastfeeding, complementary feeding and balanced diets.
- 3) List the key points: Talk only on the key points.
- 4) Write down what you will say: Prepare examples, traditional statements and local stories to emphasize your points and positive health messages.
- 5) **Use visual aids:** Posters, flipcharts, handouts and photos will help people to learn.
- 6) **Practice your talk beforehand:** If possible, ask someone to listen to your talk and give feedback.
- 7) **Determine how much time you need:** Example; talk for about 10-15 minutes, and allow more time for questions and discussions.



4.3 Lecture

Lecture is usually a simple and quick talk to **introduce knowledge in a direct and logical manner** to a small or large group of audience.

It is important to note that lecture is:

- ineffective if the audience is passive
- often difficult to measure how much the participants have learned without an evaluation or a test.



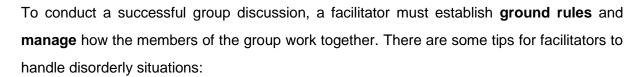
- not always understood when given by experts or people who knows a lot.
- a one-way talk, if there is no feedback from the audience or participants.

4.4 Group discussion

Group discussion is a group of individuals in a meeting which allows **free flow of communication**, such as sharing of ideas, feelings, dreams, concerns and doubts, as well as collective decision making.

Group discussion is useful because:

- participants will have an equal chance to talk freely and exchange ideas with one another.
- participants can develop **common goals and plans** and jointly implement health-related activities.



- When people want a fight: Do not get involved. Let the group decide on their benefit.
- When the group focuses on too much details: Remind them of the objective and the time limit.
- When someone keeps on talking: Ask him a question to focus on the point being discussed.
- When everyone is afraid to speak: Ask easy questions. Give them praise to raise their confidence.
- When someone insists on his/her own agenda: Ask to focus on the topic agreed upon by the group.
- When someone's idea is unclear: Reword the sentence using simple words. Ask if the explanation is correct.

4.5 Demonstration

Demonstration is a practical way to show and explain how something works or is done: that is, **learning by seeing**.

- The aim of demonstration is to show and help learners to do the activities themselves.
- Characteristics of good demonstration
 - 1) Must be realistic
 - 2) Fit with the local culture
 - 3) Use familiar and available materials
 - Prepare with enough materials for everyone to practice
 - Ensure there is **enough space** for everyone to see or practice
 - 6) Provide enough time for practice
 - Check that everyone has acquired the proper knowledge and skills



Hear, forget.
See, remember.
Do, understand.

4.6 Role play

Role play is an unplanned or no practiced acting of real-life situations, where others watch and learn by seeing and discussing how people might behave in certain situations.

Examples of role play

- Ask a person to tie eyes with a cloth and move around a building, to develop an understanding of what it feels like to have limited vision and movement.
- Act as a member of Village Health Committee with different ideas and discuss how to develop the village's action plan that would work for the community.



 Ask a man to act out the role of a pregnant woman by carrying a 3-8 kg bag on his belly to understand the weight that pregnant women experiences. Role play is usually played by a **small number** of 4 to 6 people. Remember, role play is a powerful learning tool. Here are a few tips:

- Role play works best when the people know one another.
- A real situation or happening must be set up for the audience.
- Ask people in the audience to take a role.
- Role play may result in some **misunderstanding**, when people understand the situations and roles differently. This can also be a learning opportunity.
- Encourage your audience to ask questions.

4.7 Traditional way of communication

Some communication methods are part of the local culture which are passed **through generations** by telling stories and doing things.

Examples include:

- Custom stories passed on from the elderly people.
- Songs passed on from Uncles and Aunts.
- Stories and teachings from Uncle in the "Oha" (boys house) and Aunt in the family home.
- Various activities to celebrate events in the church.
- Dances and games organised in the annual cultural festival events.
- Skit play; a small, often comical, play or performance with a quick little scene.

Beneficial characteristics of traditional means of communication are:

- Realistic and based on the daily lives of the people.
- Take account of attitudes, beliefs, values and feelings in powerful ways.
- Do **not require** understanding of teaching methods in **modern education**.
- Share real problems and solving abilities in community life.
- Need little or no money.
- · Require only imagination and practice.



Annex

Examples of health learning materials



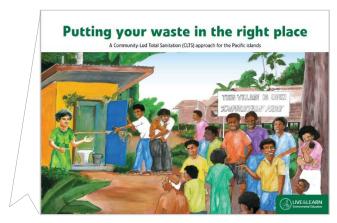
Unhealthy lifestyles

Unhealthy lifestyles
one some erices
New Communicible
Disease (PCO).

When Indices
When

Leaflets

Posters



Flipcharts



Find out your favourite health programs from radio and internet.



Health Promoting Village Project

Japan International Cooperation Agency