Module 4. Management for Integrated NTDPs

Session 4. Community Sensitization and Social Mobilization
Overview

- Information, Education, Communication (IEC)
- Behaviour Change Communication (BCC)
- Social Mobilization (SM)
- Health Education (HE)
- Barriers to change/compliance
- Key principles
- Designing key NTD messages, pretesting
- BCC goals
- Communication channels: traditional and modern
- Poster display and discussion
- FAQ discussion
- Key messages
Information, Education, Communication (IEC)

- Provides people with factual information about topics such as LF, schistosomiasis, STH, or trachoma.
- Tries to inform people about these diseases and tell people how to protect and treat themselves.
Behaviour Change Communication (BCC)

- In addition to providing people with information, helps people change their behaviour that exposes them to greater risks.
- A facilitated process that allows individuals and communities to think about their experiences performing (or not performing) a behaviour and then discussing why/how they can make the decision to change their behaviour.
Social Mobilization (SM)

- Broad scale movement to engage people's participation in achieving a specific development goal through self-reliant efforts.
- Populations need to be well informed though preferably numerous and varied channels appropriate to the cultural context.
- Activities may need to be ‘phased-in’, building stages up to the climax such as MDA.
- Timing is essential, especially in stressed, impoverished, HTR and/or illiterate populations.
Health Education (HE)

• Provides people with factual information about topics.
• Tries to inform people about diseases and tell people how to protect and treat themselves.
• An ‘expert’ communicates knowledge relative to specific results to the target audience.
• Compared to BCC, where educators facilitate change through a process.
Behaviour Change Communication (BCC)

- What experiences do you have in implementing programs requiring behaviour change?
- What makes it easier for people to change their behaviour and what are the barriers?
- Have you investigated reasons for poor compliance in MDAs, for example through conducting a post MDA survey, interviews or focus group discussions? What was your experience?
- What were some of the reasons reported for not taking the drugs?
Barriers to Change/Compliance

- Knowledge of health problem and of what needs to be done to be healthier.
- Perceived risk and severity of the disease.
- What they believe the benefits of changing their behaviour is.
- Ability, skills, fears
- Inaccessible drug distribution points.
- Attitude of distributors
- Personal cost of taking part:
  - minor side effects, time spent to get the drugs
- Influence of family, peers, leaders
- Requiring permission from family/community leaders.
Key Principles

- Know exactly who your group is - look at everything from their perspective.
- Understand the cultural context.
- Ultimately it is what people do that counts, not their beliefs.
- People change behavior when they recognize the benefits.
- Understand the barriers keeping people from changing.
- BCC emphasizes the benefits and minimizes the obstacles.
- Base all decisions on evidence and not on suppositions or assumptions.
- Many endemic communities have high illiteracy/visual illiteracy rates.
- Pre-test all materials/methods on a sample representative of the target, then modify them according to the evidence before scaling them up for widespread distribution.
Designing NTD Key Messages

Tailor key messages to:

• Target audience
• What is the disease (from their perspective)
• You are at risk, without being over-alarming
• The drugs are safe
• Taking the MDA drugs will protect you
• You/your family/your community need to take the drugs every year for xx many years
• Time and place of drug distribution
• How you/your community can facilitate the process
• Behaviours can prevent transmission
See Examples of NTD Materials
(posters, notebooks, stickers, etc.)
What is the message in these posters?

How specific is the message?

What could be mis-interpreted by the various audiences?

Remember the aim is to reinforce behavior change
BCC Goals for NTDs

- To get the at-risk populations to comply with PC.
- To take precautions to prevent re-infection (use latrines).
- Reduce stigma associated with morbidity (LF).
**BCC for NTDs – Key Principles**

- Social mobilization strategies for the first round of MDA will be different to those for future MDAs. Should address new problems if arisen.
- There might be more than one target group with different perspectives and in different settings (rural vs. urban).
- Do not overload people with information – find out what it is important for people to know in order to have them take the drugs.
- We should know what people are thinking (involve social scientist/communication specialists).
- Evaluate communication tools and document best practices, pre-test materials.
Communication Channels

Consider:

• Number of people to be reached.
• Are you missing specific target audiences?
• Different approaches work better for getting across different messages.
• Repeated and varied exposure to key messages is important.
• Clarity is of paramount importance.
• Be mindful of the M&E and surveillance needs that may require people attendance and compliance to some frequent invasive procedures (skin snips, blood for mf) and develop strategies to address them.
• Costs
‘Traditional’ Communication Channels

HW lead meetings with:
- Traditional leaders, chiefs, headman
- Elected councilors
- Religious leaders from all faiths
- Representatives from inter-religious councils where they exist
- Trade Unions, Workers Associations
- Services and police forces
- Media: TV, Newspapers, Radio
- Representatives from active civil society groups
  - Womens’ groups
  - Adolescent/youth groups
  - Special needs groups: blind, deaf, physically challenged
  - Ex-combatants (in post conflict counties)
‘Modern’ Communication Channels

Social Media
- Twitter, Facebook, blogs, discussion groups, etc.

Interactive radio broadcasts
- Phone-in discussions
- SMS messages discussion and responses on radio
- SMS messaging
- HE and announcements of MDA dates

Frequently Asked Questions (FAQs)
- By radio
- During advocacy and community mobilization meetings
- Distributed widely on the internet
Places Information Can Be Disseminated

- Festivals, Ceremonies
- Religious meetings
- Markets
- Local stores
- Health posts
- Work place
- Bus stops
- Schools...
Examples of Images Used in NTDPs

- **Disease Identification**: what the disease is and the common characteristics/complications of a specific disease or condition.
- **Disease Transmission**: what the modes of transmission are for specific diseases.
- **Disease Treatment**: what drugs are available to prevent or treat disease. When and where are treatments available.
- **Disease Prevention**: what behaviors can prevent disease transmission.
What do you think are the key messages from this session?
Key Messages

• Need to clearly identify your behaviour change goal and be clear that the purpose of all social mobilization activities is to achieve this goal.
• It is important to know who are the target audiences and key messages should be designed accordingly.
• Know what it is that motivates people to take drugs and what their barriers are.
• Care should be taken to choose the most cost-effective communication channels.
• It is important to pre-test and evaluate all material.