

New Skill-Building Tool for Field Staff: Behavior Change

The global development community is calling for an increased focus on local capacity building.
Here's a response from CORE Group's Community Health Network.

Social and Behavior Change for Family Planning

How to Develop Behavior Change Strategies for Integrating Family Planning into Maternal and Child Health Programs

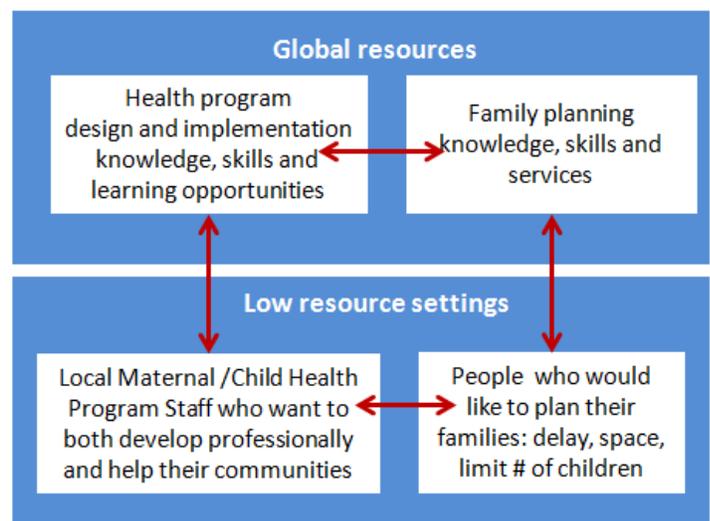
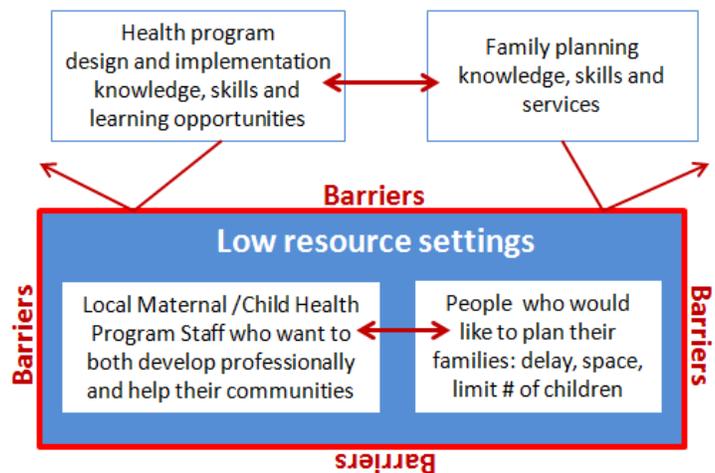
An "Off-the-Shelf" Facilitator's Guide for Conducting a 2.5-day Training for NGO and Civil Society Staff in Low-Resource Settings

The problem: Family planning behavior change efforts are often based on health program staff *assumptions* of why people do and don't use family planning. These efforts often fail because those assumptions are wrong.

The irony: Excellent tools DO exist to enable effective program design and implementation—but the knowledge and skills are typically not accessible to local NGO program staff in the field.

The solution: Local staff learn—within their home settings—how to employ the best available tools for designing effective health behavior change interventions. These simple tools first guide methodical collection of local data, and then enable application of the data for effective family planning efforts.

This module teaches health program staff how to design, conduct and interpret research to understand barriers to family planning use (or other health behaviors), and design strategies to overcome those barriers.



Frequently Asked Questions

We agree that more local capacity building is called for. We'd also like to use state-of-the-art social and behavior change techniques in our field offices, but we don't have the budget to bring in an international trainer or send staff abroad for training. How can this help?

Yes, this tool is designed to be used “**off-the-shelf.**” That means a person or team from your field office can manage the whole effort internally. This role (an excellent professional development opportunity in itself) is best taken on by a person or team with an aptitude for leadership and facilitation. To prepare, they will need to choose dates and a location (in the office or a good meeting place), assign roles and responsibilities, and follow the step-by-step directions to prepare handouts and flipcharts. They will need to make plans for the community-based component of the training. Then, they need to lead the training. Headquarter staff can co-facilitate or provide support as needed (perhaps even in more than one field office).

How does this relate to the *Designing for Behavior Change* curriculum and *Barrier Analysis* tools? No need to reinvent the wheel. This curriculum is based on the frameworks and key concepts of those tools, and has been reviewed by experts in those arenas. If any of your staff has already received any training related to those, or plans to in the future, this training will reinforce what they've already learned or will learn.

Why focus on incorporating family planning into maternal and child health programs? Can this be used for other behavior change work? In response to calls from CORE Group's *Safe Motherhood/Reproductive Health Working Group*, this module has focused on family planning behavior change. However, the concepts and tools can be applied to ANY social and behavior change efforts.

Is it really possible to learn these skills in two-and-a-half days? While this timeframe doesn't allow for in-depth training, it does offer exposure to the basics of *Designing for Behavior Change* and a practical run-through where participants actually conduct a *Barrier Analysis*. The short time frame is a practical concession to the reality of scarce resources and full workloads of most field offices.