

PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of working with communities and outlines key information regarding *behaviour change communication* (BCC) activities in emergency settings. Detailed technical information is covered in Part 2. Words in *italics* are defined in the glossary.

Working with communities

All emergency related programming needs to work with the support of the community and this is enhanced by good relationships, effective communication and mutual trust & respect. Active community participation, particularly from women, is needed to support situation assessment and programme design.

Relationship building requires an understanding of the prevailing culture, of how things work and the importance of collaboration and mutual respect. Good communication with host populations is a two way process and it is necessary to:

- Listen to the priorities and needs of a range of community members.
- Outline the mandate, aims, and proposed activities of the agency as well as making clear what the agency cannot address.
- Negotiating the roles and responsibilities of the host community
- Explaining the time frame, exit strategy and limitations of the agency.

Understanding the community

A community is not a homogenous group of people, but is made up of various different groups separated by gender, religion, economic status, ethnicity and many other factors. Different groupings have different levels of influence and powerful members, such as administrative or religious leaders, can be very helpful to an agency hoping to gain the trust and support of a community.

Established community groups and organisations, such as women's groups, village development committees and farming associations, can also be influential and may have similar interests or concerns to your agencies mandate.

It is important in an emergency to ensure that those affected are directly involved in all stages of the response. As stated in the Sphere Common Standard 1, people's capacity and strategies to survive are integral to the design and approach of the humanitarian response and agencies should act to progressively increase the disaster affected people's decision making power and ownership of programmes during the course of a response.

Typically the most marginalised and vulnerable groups have the most needs, but are often the least involved in programming, as they are occupied by day to day survival. It is important that their priorities and opinions are sought out and considered even though they can be hard to find.

Community Participation is the active involvement of the community in the planning, management, implementation, monitoring and evaluation of services and projects. Active community participation is essential for effective health and nutrition programming in emergencies to ensure relevance, acceptability and to enhance sustainability of project interventions. Community participation should be broad-based across the society and it is particularly important to seek involvement with women since in almost all communities they are the primary care givers for the children and family.

The Humanitarian Charter

The importance of working with communities is core to the Sphere Minimum Standards in Disaster Response. Standard 1: **People-Centred Humanitarian Response.**

'People's capacity and strategies to survive with dignity are integral to the design and approach of humanitarian response' and

'Agencies should act to progressively increase the disaster affected people's decision making power and ownership of programmes during the course of a response.'

Working with volunteers

Humanitarian agencies often recruit volunteers from the community as well as paid staff. The issue of motivating and retaining volunteer staff needs careful consideration and should be in line with local rates of pay.

Behaviour change communication (BCC)

BCC is a programming approach that can be used with communities to improve their nutrition and health outcomes; it uses a considered communication strategy developed from evidence based theories and models of behaviour change. There are varied approaches to BCC undertaken by different agencies to support optimal behaviour and to communicate effectively with groups of people though these at times require a lengthy reiterative process, which may not be possible in all emergency contexts.

Nutrition BCC has recently started to be recognized as an important part of emergency nutrition programming, and well-designed BCC activities can increase the effectiveness of the emergency response and ensure that those affected are able to participate in the emergency response. Adequate knowledge, skills and motivation to ensure adequate nutrition is a needed for survival, especially during times of crisis.

Nutrition BCC can be widely used and can help

- a. To promote good behaviour and to discourage poor practices
- b. To familiarise communities with the use of new products or services
- c. For community sensitisation and investigating barriers to service uptake

Examples of nutrition BCC activities in emergencies

- Promotion of exclusive breastfeeding
- Communication on the dangers of bottle feeding.
- Supporting appropriate complementary food preparation
- Promotion of micronutrients: their importance, deficiency related diseases and compliance
- Training community volunteers to recognise and refer the clinically malnourished
- Introducing unfamiliar or new foods/commodities (e.g., micronutrient powders, CSB+)
- Supporting hand washing and hygiene
- Promoting health seeking behaviour

What are the characteristics of a successful BCC approach?

BCC approaches must be participatory and grounded on existing local knowledge and behaviours or practices about nutrition in order to be successful. Participatory assessment tools can be used to engage with the community and these include semi-structured interviews with key informants, group interviews, mapping and ranking exercises.

BCC approaches should use specifically tailored activities, messages and recommendations that are targeted at promoting specific behavioural changes. Successful approaches often have the following characteristics:

- Recognize that people have strong and varied beliefs, that approaches should be based on observed behavioural practices and not on anecdotal evidence or preconceived notions.
- Be based on a clear assessment of the nutrition problem, analysis of its causes and a considered plan of action to address it.
- Clearly defining the behaviour problems that should be changed or improved.
- Assessing the most effective motivations and most significant barriers to new practices.
- Include a variety of communication channels with a consistent message between them. A two-way communication channel should be included.
- Take into account the motivations of particular population groups and work with communities and community leaders.
- Be targeted at a specific group(s) and communicate a clear message.
- Provide information to allow a reasoned choice.
- Updated based on continuous monitoring and evaluation

Communication channels

There are several ways in which BCC activities can be carried out including training volunteers or health workers; using social and mass media such as TV, radio, mobile phones or using small media such as posters and leaflets.

In many successful BCC approaches, a combination of methods has been applied. The skills of staff from a range of sectors should be harnessed. Special training of local staff may be necessary. It is extremely important to make sure that the messages delivered through various channels are consistent and/or complementary and are not contradictory.

- **Face-to-face or interpersonal communication**

This is a two-way and effective approach not simply to impart knowledge but to promote behaviour change. The relatively small number of people who can be reached however will limit its impact. Practical demonstrations (e.g. demonstrations and practical cooking sessions of how to prepare *blended foods for complementary feeding*) are also used.

- **Group communication**

Group communication includes the use of existing social forums and can support new ones. These have been targeted by many nutrition programmes in emergencies to disseminate nutrition-related information. The best approach is to focus on short and positive messages. Examples of existing social forums include:

- Religious and political meetings
- Women's associations
- Farmers' associations
- Youth groups
- Local markets

- **Mass media communication**

This has the potential advantages of reaching large numbers of people rapidly. Well planned mass media communication has been used successfully for public information campaigns in emergency situations. It should use the most appropriate means of communication, target a single problem or behaviour, and communicate a single message clearly and in a positive way.

Common forms of mass media communication include radio and television messages that are listened to by a large number of people, printed messages in newspapers, magazines or posters, and messages relayed through popular media such as village singers, village announcers, traditional storytelling, participatory theatre, puppet theatre, song and dance.

There are also potential drawbacks to a mass media approach including the misinterpretation of messages, the inability of carers to ask questions about what they hear and thus dispel any confusion, and the risk of marginalizing those without access to mass media.

Key messages

1. A good understanding of the community, its context and its concerns are key to the design of relevant, acceptable and effective projects.
2. Working with communities is at the heart of the Minimum Standards in Disaster Response. Common standard 1: Participation states that 'The disaster affected population actively participates in the assessment, design, implementation, monitoring & evaluation of the assistance programme'.
3. The motivation & retention of staff, both paid and volunteer, needs careful consideration and should be in line with local rates of pay.
4. An understanding of local nutrition practices and the communication of appropriate information increase the effectiveness of an emergency response.
5. BCC activities should have evidence based content that is targeted, context specific and implemented via a range of locally understood communication channels. They can be widely used in nutrition programming
 - To promote the use of good behaviours
 - To familiarise communities with the use of new products or services
 - For community sensitisation and investigating barriers to service uptake.

