

Communicate for Health in Ghana

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# **FACILITATORS HANDBOOK CHANGE AGENT DEVELOPMENT PROGRAM**

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# Foreword



I am delighted to introduce the Capacity Building Support Plan (CBSP) and all its associated support materials that have been designed and tailored to meet the needs of all levels of staff within the Health Promotion Department of the Ghana Health Service.

One of the key aims of the revised National Health Promotion Policy (2013) and the National Strategy and Action Plan for Health Promotion (2014-2018)

is to build the capacity of health promotion staff at all levels. The CBSP provides an excellent contribution to helping us achieve this objective. Made possible through support from our partner Communicate for Health, a USAID funded project and colleagues from the Human Resource Department, GHS it has been designed to fill some of the critical capacity gaps amongst the HPD. It is timely as we introduce the new cadre of Technical Officers in Health Promotion at the district level and continue to work hard to increase the effectiveness of our existing national and regional health promotion teams.

I welcome this programme and have high hopes for its ability to strengthen the effectiveness of health promotion staff within my Department. I look forward to excellent results and encourage health promotion officers to make the most of this great opportunity.

Mrs. Grace Kafui Annan  
Deputy Director/Head of Health Promotion Department,  
Family Health Division  
Ghana Health Service.

# Acknowledgements

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Mrs. Joan Schubert, Chief of Party, USAID/Communicate for Health Project in Ghana  
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# 1. Purpose of this document

This document provides a guide for the facilitator and presenters.

1. It gives context through a brief introduction to the background, purpose and targeted participants of the Change Agent Development Programme (CADP) and the outcomes it hopes to achieve.
2. It sets out the role and responsibilities of the facilitator and the session presenters/ contributors and provides a house style and approach.
3. It provides details of the curriculum content and learning objectives participants can expect to achieve through their involvement and what the presenters need to cover
4. It provides some inspiration for the facilitators for fun energisers and closers, introduction exercises, ways to gauge the learning and areas that may remain unclear, group discussion exercises or questions to address in pairs for each of the topic areas.

## 2. Background to the CADP

One of the aims of the National Health Promotion Policy (2007) and the draft National Strategy and Action Plan for Health Promotion (2014-2018) is to build the capacity of health promotion staff at all levels. Communicate for Health, a five-year USAID funded project (2014 – 2019), has as one of its three key objective the mandate to strengthen the capacity of the Ghana Health Service Health Promotion Department (HPD). In collaboration with the GHS HPD) the project has developed a Capacity Building Support Plan (CBSP) with three key elements:

- **‘Change Agent Development Program’ (CADP)** for national, regional and district level staff.
- **‘Set for Change’ (SfC)** a series of six action learning sets for the new cadre of district Technical Officers for Health Promotion (TOHPs).
- **‘Change Challenge Fund’ (CCF)** an open competition for participants who have completed either of the above to apply for funding of up to 5,000 GHC to implement an innovative SBCC initiative at the district or regional level.

Other additional support and encouragement is available to consolidate learning and prompt the adoption of behaviours, through free on-line courses such as Health Compass <http://healthcommunicationcapacity.org/health-communication/sbcc-online-courses-2/>, mobile text messages to consolidate learning and prompt participants to action, tool kits for planning and delivering effective activities and support with the development of personal development plans.

### 3. Purpose and expected outcomes approach of the Change Agent Development Programme (CADP)

Purpose of the Change Agent Development Program (CADP) is to strengthen the individual capacity and enhance the existing skills and knowledge gaps of select national, regional and district-level staff to effectively coordinate and deliver SBCC and health promotion campaigns.

Expected outcomes of the CADP include:

- **Deeper understanding** of new skills and knowledge in evidence based SBCC theory and practice.
- **Strategies and tactics for the application of new knowledge and skills** to participants own work setting.
- **Insights and new ideas** on how to understand, tackle and influence social norms that negatively impact health.
- **Greater awareness** of current SBCC campaigns and practical ways to utilise and co-ordinate them effectively at regional and district level.
- **Greater understanding** of the Health Promotion (HP) role generally and ways for HPOs to improve their own personal effectiveness.
- **Transfer of SBCC knowledge and skills** to peers through organised mentorship scheme.
- **Implementation of innovative SBCC activities** at a local level supported through the Change Challenge Fund.

### 4. Broad approach of the CADP

Facilitators and presenters should be guided by the following principles when developing their contributions:

- Presentations should directly relate to the learning objectives set out after the description of each session and help participants achieve these.
- Content should be connected to real-life context, daily work and current campaigns: Presentations should not be entirely theoretical but should be rooted in practical applications. Facilitators and presenters should draw on national health policies in Ghana, make direct references to the situation/evidence in Ghana or includes some real life examples and case studies from Ghana to illustrate theoretical points and bring the presentations and issues to life. For example, content should draw on current SBCC campaigns under the Good Life, or current social marketing campaigns for commodities such as DKT's social marketing

approach to Fiesta the oral contraceptive brand, as well as existing formative or situational assessments conducted recently in Ghana.

- **Good, Bad and the Ugly:** Facilitators and presenters should promote the idea that failure is an opportunity to learn and improve. Real life examples should ideally therefore, be a mix of those that were deemed to be successful alongside those where improvements or changes could be made or things done differently to make the effort even better and more impactful.
- Contributors such as regional and district directors, local government, NGOs and development partners should share their experiences of working in their current role, particularly the imperatives that drive their work priorities, the challenges and finally how they feel the HPD can best collaborate with them and others like them in similar roles.
- Use a mix of delivery methods: Facilitators and presenters should as much as possible use different approaches in their presentations, such as video and/or audio clips, visual images, power point slides, role-play, or include practical group work on tasks that reflect actual daily working realities, panel discussions, question time, case studies drawn from current SBCC. Presenters should be as creative as they feel comfortable with in their session to really engage people as much as possible and also cater to different learning styles.

## 5. Participants

Approximately 25 participants from the HPD at national, regional and district level will participate in the first pilot CADP to be held in June 2016. Lessons learned from this pilot will inform improvements to future CADPs that are planned for Technical Officers in Health Promotion in years 2017 and 2018. All participants will be expected and supported to act as mentors to their peers and share the learning and resources from the programme.

## 6. The facilitators role in the delivery of the CADP

Two facilitators will be attached to every programme.

The role of the facilitator is to:

- Manage the pre and post assessment
- Welcome participants and manage introductions
- Coordinate the programme, introduce and thank the speakers
- Keep contributors and the programme to time
- Oversee and moderate the sessions and link presenter contributions to the learning objectives
- Lead discussions and question and answer sessions
- Manage the logistics venue, hospitality and equipment and respond to concerns and issues that arise
- Deliver the personal development sessions.

- Design and organize group discussions and ‘evening tasks’
- Lead on the mentor support and prepare participants for next steps
- Support participants develop their Personal Development Plans.
- Enable the participants to get the most possible from the CADP experience and support the presenters. Tools that can help the facilitator do this can be found later in section 10.

## **7. Pre and post CADP assessment**

(Leave around 20 minutes at the start of the programme and 45 minutes at the end of the programme for this activity.)

Facilitators will administer both pre and post training assessments to determine how successful the CADP training has been in increasing the SBCC knowledge and competence of individual participants. The questionnaire should be circulated to all participants at registration for completion prior to the start of the programme. Facilitators should distribute the post assessment in hard copy before the close of the programme, collected and submitted for analysis along with the pre assessment to the M&E officer.

The facilitator will also be required to facilitate a discussion on participants experience and feelings about the programme. This can be done by asking the participants to work together in groups of three to discuss very quickly (15 minutes) their key points on: content; process; highlights; key takeaways that they feel they can apply in their workplace immediately and finally areas for future improvement. Facilitators can bring this back to the wider group for 30 minutes taking feedback and exploring some of the points in more detail. It is better if one facilitator manages this discussion and the other captures the feedback for analysis later. Facilitators can also provide the groups with a simple template, located in the annex of this handbook.

## **8. Curriculum content and learning objectives**

The CADP programme will be organised into 1, 2 and 3 hour sessions that look in depth at specific skills or knowledge areas. The content of each session and associated learning objectives, a list of additional resources and the details of the session presenter are set out in the following pages alongside links to the power point presentations of contributors.

### **8.1 Health Promotion Principles and Practice**

Foundations of Health Promotion and Sustainable Development Goals (SDGs) in the Ghanaian Context: This session provides a comprehensive overview of the foundational principles of health promotion practice. In addition, key domains of health promotion practice including advocacy,



community mobilization/social mobilization, and health communication will be examined. The presentation will then contextualize the Sustainable Development Goals by delineating the crucial role of health promotion in the attainment of the SDGs.

## Learning Objectives

By the end of this session participants will:

- Be able to describe the key principles underpinning health promotion practice in Ghana and elsewhere
- Appreciate the major domains of health promotion practice in Ghana and elsewhere
- Become familiar with emerging trends in health promotion practice globally and in particular Ghana.
- Appreciate the essential role of health promotion in the attainment of the SDGs in Ghana

**Presenter:** Mr. Paul Okyere, Lecturer – School of Public Health, KNUST

### Essential Learning Resources

#### Text

Naidoo, J. & Wills, J. (2009) Foundations of Health Promotion. 3rd edition. Edinburgh. Bailliere Tindal Elsevier.

Downie, R.S., Tannahil, C. & Tannahil, A. (2005) Health Promotion: Models and Values. 2nd edition. Oxford: Oxford University Press.

Healey, B.J. & Zimmerman Jr., R.S. (2010) The New World of Health Promotion: New Program Development, Implementation and Evaluation.

#### Selection of Websites

<https://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2h-principles-health-promotion/responsibilities-health-physical-mental>

The World Health Organisation website <http://www.who.int/en/>

[www.uclan.ac.uk/hsdu](http://www.uclan.ac.uk/hsdu)

<http://www.asph.org/document.cfm?page=782>

<http://www.apha.org/codeofethics/ethics.htm>

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/fs/en>

[http://www.lshtm.ac.uk/pehru/ipeph/library\\_box.pdf](http://www.lshtm.ac.uk/pehru/ipeph/library_box.pdf)

<http://www.nice.org.uk/guidancesearch.aspx?o=GuidanceFinder&ss=Health+promotion>

## 8.2 Theoretical Underpinnings of SBCC

Overview of the theoretical underpinnings of both social and individual behaviour change and the steps to develop, implement and monitor an effective SBCC approach: This session will explore the underpinning theories of social and behaviour change and the steps to developing a successful SBCC intervention built around three key components: social mobilisation, advocacy and behaviour change communication. These steps will include: identifying and understanding the behaviours it is sought to change through situational analysis/formative assessments; understanding how to apply relevant theories, drawing on the existing evidence base and good practice; developing a strategy with SMART communication objectives; identifying targeted populations and channels; creating effective material and message design; implementation through the media; community mobilization; social media and technology; advocacy; then monitoring through indicator development, data collection, analysis and utilization of monitoring data.

Participants will follow one recent SBCC campaign developed in Ghana to see first-hand how these steps above were taken to produce a campaign. In addition a past campaign (developed by either a health implementing partner in collaboration with HP or led solely by the health promotion service) will be examined and considered in light of what has been learned in terms of strengths and weaknesses, context, opportunities and constraints. This will allow for some reflections and how campaigns can be improved in the future.

Some of the steps such as media buys, the creative process, community mobilization, advocacy and monitoring and evaluation will be examined in more practical 'how to' detail in later sessions.

### Learning Objectives

By the end of this session participants will:

- Understand the some SBCC theories and models with emphasis on the socio-ecological model to better understand how the presenting issues/problems/behaviours can be influenced through SBCC.
- Understand the steps to developing a strategic SBCC intervention.
- Discussed the role and examples of advocacy, social mobilization, and behaviour change communication in SBCC.
- Assessed a current SBCC intervention against the planning process for evidence based SBCC.

**Presenter:** Mrs. Joan Schubert, Chief of Party for Communicate for Health, USAID/FHI 360.

Resources and additional reading

1. A Short Guide to Social and Behaviour Change (SBCC) Theory and Models

[http://www.thehealthcompass.org/sites/default/files/strengthening\\_tools/SBCC%20Theory%20PowerPoint\\_August%202011.pdf](http://www.thehealthcompass.org/sites/default/files/strengthening_tools/SBCC%20Theory%20PowerPoint_August%202011.pdf)

2. O'Sullivan, Gael, Joan Yonkers, Win Morgan, and Alice Payne Merritt. 2003. A field guide to designing a health communication strategy. Baltimore: Johns Hopkins Bloomberg School of Public Health/Centre for Communications Programs. Shares steps and tools for the strategic development of health communication and BCC efforts in which all stakeholders participate.

<http://ccp.jhu.edu/documents/A%20Field%20Guide%20to%20Designing%20Health%20Comm%20Strategy.pdf>

3. UNICEFs Communication for Development covering Advocacy, Social mobilization and Social and Behaviour Change. <http://www.unicef.org/cbsc/>

4. Using a template for developing an SBCC strategy

[http://www.thehealthcompass.org/sites/default/files/project\\_examples/SBCC-Strategy-Template-for-partner-useFINAL\\_0.pdf](http://www.thehealthcompass.org/sites/default/files/project_examples/SBCC-Strategy-Template-for-partner-useFINAL_0.pdf)

## 8.3 The Role of Culture in SBCC

How does culture and tradition shape us and influence what we do, can we change it?: This session will be in two parts, first a lecture followed by small group discussions. Part two will examine a real life case study of how an aspect of a culture was changed and a traditional practice ultimately ended to improve health outcomes.

**Part One:** Our culture shapes us. It informs how we think and behave but what does this mean for those of us who seek to influence and change behaviour? Culture shapes and influences us but what influences and changes culture? What do we mean by culture, how does it shape us and what can influence it? These sessions will examine the powerful role of culture, traditions, beliefs, values and gender in shaping and influencing how we live our daily lives and how they can be influence to bring about improved health outcomes and social change.

**Presenter:** Prof. Kodjo Senah – Lecturer, Department of Sociology – University of Ghana, Legon.

Part Two: The spirit child phenomenon has been part of the cultural beliefs of the people of Kas-sana Nankana in the Upper East Region of Ghana for decades. It was also a practice and belief that resulted in the death or out-casting of children and women from the community in order to protect the wider community from the perils of the evil spirit allegedly possessing. Through a range of community based approaches over time, the beliefs of this community changed and this practice was successfully ended and those who were once the guardians of it have become the greatest advocates for its demise. AfriKids were a catalyst in this change and will share their approach and work over the last decade with this community. This session will examine how this social change was achieved and what were the key principles and approaches used.

**Presenter:** Mr. Nicholas Kumah Cudjoe, Executive Director - Afrikids, Bolgatanga.

## Learning objectives

By the end of this session participants will:

- Define and understand the relevance of culture to health related behaviour.
- Gain insights into a wide range of practices that are influenced by culture but negatively affect health.
- Understand the history of health related cultures, the relationship between culture and social norms and finally how to influence and re-shape these.
- Know how to challenge social norms appropriately and how to approach taboo or controversial issues such as family planning in conservative communities.

Resources and additional reading

1. Integrating Gender into Social and Behaviour Change Communication

<http://sbccimplementationkits.org/gender/lessons/set-gender-transformative-vision/>

2. Addressing the social and cultural factors that influence sexual and reproductive health. [http://www.care.org/sites/default/files/documents/social\\_analysis\\_manual.pdf](http://www.care.org/sites/default/files/documents/social_analysis_manual.pdf)

## 8.4 Formative Assessment in SBCC

Understanding the situation around the problem you seek to address: Formative assessments, whether a comprehensive situational analysis or a rapid formative assessment, are critical to ensuring an SBCC intervention is built on evidence as opposed to assumptions and really 'touches' and 'speaks' to the target audiences you seek to influence. This session will help participants understand the importance of this step and in practical terms how you go about an assessment based on available time, resources and the issue being addressed. Examples of previous assessments carried out for existing SBCC campaigns and social marketing activities will be reviewed. This session will end with a group exercise designing a rapid formative assessment.

This is a very practical session and will be an opportunity for participants to use the results of a formative assessment to design an appropriate communication approach that includes advocacy, social mobilization, and behaviour change communication ensuring materials and messaging directly touches the heart of the situation/problem.

**Presenter:** Dr. Collins Ahorlu, Lecturer, Noguchi Memorial Institute, University of Ghana, Legon

## Learning objectives

- Appreciate the importance of understanding the people affected and involved, the context in which they live or work, and the role that gender plays in a problem before deciding how to address it.
- Able to design a formative assessment and apply the results to outline a strategy for an SBCC intervention.
- Know how to segment and prioritize audiences, create SMART communication objec-

- tives, select the most effective approach and channel mix for a program.
- Understand relevant gender issues and consider how it should be tackled in SBCC plans.

### **Resources and additional reading**

1. How to conduct a situation analysis  
<http://www.thehealthcompass.org/how-to-guides/how-conduct-situation-analysis>
2. How to conduct qualitative research  
<http://www.thehealthcompass.org/how-to-guides/how-conduct-qualitative-formative-research>
3. Conducting Focus Group Interviews  
[http://pdf.usaid.gov/pdf\\_docs/pnadw110.pdf](http://pdf.usaid.gov/pdf_docs/pnadw110.pdf)

## **8.5 Designing and Implementing SBCC:**

Designing and implementing effective Social and Behavior Change Communication programs: It can be tempting when developing SBCC to dive into the creative work first on the assumption that the behaviour sought is known and much is known about the context around existing behaviours. This should be avoided as the process of creating effective communication products is both a science and an art. Participants will know from the previous session that they need the results from the formative assessment to inform the creation and testing of effective communication products. There is a science to creating concepts, visuals, and text that is based on evidence and situation analysis and an art to creating products that evoke emotion, motivate audiences, and fit within the communication strategy.

The shift in terminology from Behaviour Change Communication (BCC) to Social and Behaviour Change Communication (SBCC) is a recent milestone in health communication that reflects renewed emphasis on improving health outcomes through more healthful individual and group behaviours as well as strengthening the social context, systems and processes that underpin health.

SBCC for health is a research-based, consultative process that uses communication to promote and facilitate behaviour change and support the requisite social change for the purpose of improving health outcomes. To achieve social and behaviour change, SBCC is driven by epidemiological evidence and client perspectives and needs. SBCC is guided by a comprehensive ecological theory that incorporates both individual level change and change at broader environmental and structural levels. Thus, it works at one or more levels: the behaviour or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment.

SBCC employs innovative, Interactive Research Techniques to ensure a deep understanding of people's needs and preferences using a message brief and Seven C -Module. A key feature of the 7 C-Module describes a learning cycle and the steps to behaviour change encouraging deeper and

in-depth understanding of the target beneficiaries including the environment within which they find themselves to be able to craft messages that will engender behaviour change.

SBCC will integrate best practices from disciplines such as social psychology, user-centered design, anthropology, behavioral economics, social marketing, and other behavioral sciences as well as the use of proven practices such as:

Innovative, interactive SBCC research techniques to ensure a deeper understanding of people's needs and preferences.

Participatory action research and media, ethnographic methods, value systems research, and commercial marketing techniques.

Infusion of User-Centred Design approaches that will ensure that the end-user is an integral part of intervention design, formative research, prototyping, and implementation.

Theory-based Socio-Ecological Model which will recognize the relationship between people and their environment and allow participants to find underlying causes and tipping points for change. Employment of Small, Doable Actions (SDAs) that are more likely to be adopted by targets because they are considered feasible by individuals and are effective from a public health perspective when practiced consistently and correctly. Citing examples from WASH and malaria Campaigns among others.

The completion of creative briefs using the above theories and practices will assist in the generation of materials and campaigns that will be pretested and used for campaigns on a myriad of health related topics across the country.

This session will help participants to find their way through creating and testing effective communication products. Materials do not stand-alone; they support certain interventions or activities. For example, posters and billboards normally work as reminders of the messages and content of a TV or radio spot. Materials also support activities and vice versa. For example, peer education sessions can engage audiences around messages of a television or radio campaign. It is important to think about how activities and materials support each other during the creative process.

This session will involve the use of formative assessment to inform the design, creation/ development and testing of effective Social and Behavior Change Communication Materials/ Campaigns. This session will help participants to find their way through designing, creating and testing **effective Social and Behaviour Change Communication Materials/Campaigns**. From a creative brief, participants will use the results from formative research to help shape their creative outputs. The session is built around practical SBCC tools and encourages teaching through actual field examples. It will also motivate participants to apply what they learn to their own programs.



Participants will be able to assess their learning throughout the session through practical learning. The entire session will utilise an approach in which the facilitator and participants will contribute in different—but equally important—ways to the learning. Participants will be provided with relevant SBCC content—concepts and examples including setting up learning exercises that will give participants ample time to grapple with ideas, debate the content, and practice new skills. Based on a review of current literature, this session aims to clearly define SBCC, and clarify key health communication terms. It is meant to help participants more precisely select and define their approaches, programs and activities.

Equally, the session will employ a socio-ecological model to view the complex interplay between individual, interpersonal, community, and societal factors that affect behaviors. It will assist participants to select interactive, participatory strategies to ensure a holistic view of people's desires, needs, and barriers and facilitators to change.

Lastly, participants will be exposed to some very practical insights into how a number of the current campaigns built around the Good Life Live it Well concept and its recent refresh have been developed from the creative brief through to testing, implementation and monitoring. They will also get to understand the purpose and how to develop a Creative Brief which will serve as the bedrock for material and SBCC Campaign development.

At the end of this session participants will:

- Understand how to use formative data and the creative brief to effectively develop messages and SBCC Campaigns.
- Understand the guidelines for creating complementary SBCC materials and campaign activities.
- Know the value of how to plan and lead for stakeholder reviews and audience pre-tests leading to finalization of materials and campaign launch.

Presenter: Mr. Maurice Ocquaye, Executive Director – Infinity970

#### Selection of Websites/References

A Learning Package For Social And Behavior Change ... <https://www.fhi360.org/sites/default/files/media/.../Preparation-Facilitator.pdf>

C-Modules: A Learning Package for Social and Behavior Change Communication... <https://www.fhi360.org/resource/c-modules-learning-package-social-and-behavior-change-communication>

2Karen Glanz, et al. Health Behavior and Health Education: Theory, Research, and Practice Edition 4 Wiley, John & Sons, Inc. 2008.

3Douglas Story and Maria Elena Figueroa. "Toward a Global Theory of Health Behaviour and Social Change." The Handbook of Global Health Communication, First Edition. Edited by Rafael Obregon and Silvio Waisbord. John Wiley & Sons, Inc. 2012.

- 4 Suzanne M Leclerc-Madlala. Relating social change to HIV epidemiology. *Future Virol.* (2011)6(7)  
5 UNICEF C4D [www.unicef.org/cbsc/index\\_42352.html](http://www.unicef.org/cbsc/index_42352.html)

#### Resources and additional reading

1. Developing a Creative Brief: A creative brief explains crucial details of the design concept and content. The creative brief states the intended audience, desired change, barriers to change, and what can help facilitate change. <https://c-changeprogram.org/sites/default/files/C-Bulletin-3.pdf>
2. Working with a Creative Team: The creative team, who can include artists, graphic designers, video producers, writers, actors, musicians and other professionals, bring to life the concepts and ideas in a creative brief. <https://www.c-changeprogram.org/sites/default/files/C-Bulletin-7.pdf>
3. **Conducting a Stakeholder Review:** A stakeholder review gives experts such as technical advisors, community leaders, and representatives of partners, donors, government ministries, or another level of government, an opportunity to review the technical content of SBCC materials and provide feedback. <https://www.c-changeprogram.org/sites/default/files/C-Bulletin-9.pdf>
4. **Testing SBCC Materials** What Is Concept Testing, Stakeholder Review, Pretesting, and Field Testing? Four kinds of testing occur during the process of creating SBCC products. Each type serves different purposes and happens at different points in time during the material development process. <https://www.c-changeprogram.org/sites/default/files/C-Bulletin-8.pdf>
5. **How to create a brand strategy** <http://www.thehealthcompass.org/how-to-guides/how-create-brand-strategy-part-1-using-audience-insight-drive-your-brand#additional-manuals>
6. **Developing and testing creative concept.** [http://www.thehealthcompass.org/sites/default/files/strengthening\\_tools/Creative%20Concepts%20.pdf](http://www.thehealthcompass.org/sites/default/files/strengthening_tools/Creative%20Concepts%20.pdf)

## 8.6 Understanding Social Mobilization in SBCC

Understanding social mobilization, one of three key approaches within an effective SBCC strategy: This session will explore the concept of social mobilization for creating wider participation and ownership of change. Creating a momentum for change involves identifying and developing advocates, building coalitions, creating enabling environments and platforming issues and messages. Social mobilization may be associated with the use of media including TV, social media and social networks, champions, national advocates and profile events. While at a community level the above can be further enhanced with more localised approaches to engage people and create a momentum for the messages and the need to change.

The values and principles that need to underpin effective social and community mobilization and the development of advocates for SBCC and use of community volunteers will be examined



through the analysis of existing models alongside real life effective examples.

Participants will explore social and community mobilization activities in Ghana. Examine ways recent or existing programs can be technically improved in a resource constrained environment and how to work effectively in this area at a local level.

### Learning Objectives

At the end of this session participants will:

- Understand the critical role of social and community mobilization to social and behaviour change.
- Be aware of examples of social and community mobilization activities that promote SBCC
- Identify the key characteristics and principles of successful social and community mobilization efforts from some real life examples.
- Know how to plan and execute community mobilization to support the implementation of a national SBCC campaign locally.

**Presenters:** Mr Edward Adimazoya, Deputy Chief of Party, Communicate for Health FHI360/USAID & Alhaj Sufyan Abubakar – Deputy Chief Health Promoter, HPD/GHS.

### Resources and additional reading

1. How to mobilize communities for health and social change. <https://www.k4health.org/toolkits/pc-bcc/how-mobilize-communities-health-and-social-change>
2. Models of social mobilization [http://www.unicef.org/cbsc/index\\_65175.html](http://www.unicef.org/cbsc/index_65175.html)

## 8.7 Advocacy, Building Strategic Partnerships, Alliances and Collaborations

This session will look at how to advocate effectively to raise resources for SBCC, as well as gain the commitment of political and social leadership. How can you be a successful advocate at the national, regional and district level and what does that involve? Who are the key individuals, groups, structures and organisations that should be targeted?

The critical importance of building both formal and informal strategic partnerships, alliances and collaborations, what form these partnerships and alliances may take or look like and finally the techniques and approaches to building and sustaining such partnership through some existing examples will be explored. Understanding how to develop and grow strong strategic partners at all levels to promote opportunities for shared efforts in relation to promoting social and behaviour change across sectors and within key CSOs. Some examples of successful strategic partnerships

will be examined for example, the ICC HP, a formal national strategic partnership, its role, the challenges, potential and opportunities it presents for the HPD to gain support and leverage will be explored. The session can be seen as an opportunity to consider how the HPD can be considered as an expert resource internally within the Government as well as identify the kind of investments needed for a successful ICC HP.

The session will also look at how to work more effectively with donor agencies through greater understanding of: how they work; the different operating environments they work within; their priority setting and decision making processes.

#### Learning objectives

At the end of this session participants will:

- Understand the basic principles of advocacy;
- Understand the potential role of partners, allies, and gatekeepers in subsequent phases of the SBCC program and know how to apply some practical ways to engage them
- Know how to apply different strategies and advocacy approaches, ways to: influence decisions; create champions; profile your agenda.
- Critically assess the potential partnerships and collaborations that can be developed to support your objectives.
- Reflect on the ICC HP, its role and potential for replication at regional and district level.
- Better understand donor agencies, how they operate and how to work with them.

**Presenter:** Dr George Amofah, Former Deputy Director General of Ghana Health Services and Senior Technical Advisor to Communicate for Health and HPD/GHS.

#### Resources and additional reading

1. Advocacy Toolkit: A Guide to Influencing decisions that improve children's lives.(2010). [http://www.unicef.org/evaluation/files/Advocacy\\_Toolkit.pdf](http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf)
2. Monitoring and Evaluating Advocacy [http://www.unicef.org/evaluation/files/Advocacy\\_Toolkit\\_Companion.pdf](http://www.unicef.org/evaluation/files/Advocacy_Toolkit_Companion.pdf)

## 8.8 Understanding Social Marketing

Understanding Social Marketing and where it fits within SBCC: The impact of SBCC ultimately often hinges on services or commodities being available. Social marketing and SBCC work in a complementary way. SBCC that drives people to a health facility or increases demand for a product or service that is not available or cannot be easily accessed such as contraceptives, water purification tablets, treated bed nets act., will have little impact on health outcomes. However, when combined with a social marketing approach then impact can be achieved.

Social marketing occurs when commercial marketing techniques are effectively adopted and applied to a development context for social results and health improvement. The social marketing process that leads to the introduction and establishment of a product into the market include researching the market, branding the product, establishing price points through willingness to pay studies, understanding the target group, creating sales out-lets close to the target group, training the distributors in the use of the product, marketing and sales of commodities.

In this session social marketing of commodities such as contraceptives, long lasting nets and other health related products will be examined in this session through real life case studies.

Two very well established social marketing organisations and a creative agency will share their experiences in Ghana of marketing health commodities for health improvement. Health Keepers is a community agent distribution system supported by below the line social marketing while DKT is a national distribution system supported by significant above the line social marketing and some community based experiential marketing.

#### Learning objectives

At the end of this session participants will:

- Understand the principles and processes for social marketing a commodity.
- Know how to identify the opportunity for combined efforts between SBCC and social marketing of commodities.
- Acknowledge and understand the need for commodity or service availability or access for the target group.

**Presenters:** Mr Daniel Mensah, Director of Health Keepers, Ghana and Mr. Antonio Quarshie-Awu-sah, Country Director, PSI. A copy of a presentation from DKT will also be shared.

#### Resources and additional reading

1. Understanding Social Marketing: Encouraging Adoption and Use of valued Products and Practices. <http://ctb.ku.edu/en/sustain/social-marketing/overview/main>
2. Social Marketing: Leveraging the private sector to improve contraceptive access, choice, and use <http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Social-Marketing-Brief.pdf>
3. Big Pocket Guide to using social marketing for behaviour change: [http://www.thensmc.com/sites/default/files/Big\\_pocket\\_guide\\_2011.pdf](http://www.thensmc.com/sites/default/files/Big_pocket_guide_2011.pdf)

#### 8.9 Working with Media

How to work effectively with the media: The world of TV, radio, newspapers, journalists can be quite different to that of health promotion specialists. Different rules operate, what we think they may be interested in, they may not be. This session will provide very practical hands on tips on how

to work with people in this field. How to negotiate discounted rates when buying airtime on radio or TV requires not only some understanding of the industry, the language and terms used, but also perhaps some contacts and even some previous purchasing history. This session will help fill in some of the gaps to increase understanding of how the media works and how to get the best out of working with them.

In addition, the session will give a broad overview of what you need to know in the following areas: how to design a creative brief; how to make a radio or TV buy; how to monitor to ensure you are getting what you are paying for; how to hold a press conference; how to write a press release; how to get it widely circulated and used; and more generally but importantly how to invest in and nurture sustainable relationships with selected media colleagues/contacts.

### Learning objectives

At the end of this session participants will:

- Understand the world of media, how it works and how you can get the best out of it
- Know how to write a press release, get it out there and get it used.
- Know how to make a 'media buy' for radio or TV air time and monitor it.
- Have tips on how to invest and nurture a relationship with one or two key contacts in the media.
- Understand the role of the MoH / GHS press officers and what they can offer in the way of support.

**Presenters:** Mr. Andy Nana Opoku, Media Advisor, Communicate for Health and Mrs. Rebecca Ackwonu, Public Relations Officer, GHS.

### Resources and additional readings

#### 1. The beginners guide to social media

[http://d2eeipcrd6.cloudfront.net/guides/beginners\\_guide\\_to\\_social\\_media.pdf](http://d2eeipcrd6.cloudfront.net/guides/beginners_guide_to_social_media.pdf)

<http://www.thehealthcompass.org/sbcc-tools/beginners-guide-social-media>

#### 2. Developing a Communications Strategy

<http://www.ipa.co.uk/Document/communication-strategy-best-practice-guide>

3. Strategic Design of Mass Media to Promote Breastfeeding in Viet Nam: This tool outlines the six steps used to design Alive & Thrives "talking babies" mass media campaign in Vietnam, discusses the behavioural theory and research behind the strategy and presents the results.

<http://www.fhi360.org/sites/default/files/media/documents/alive-thrive-mass-media-Update-Feb-2015.pdf>.

#### 8.10 Working with Mobile Technology in Health Promotion

Increasingly mobile technology is playing a significant role in Ghanaian society. Ownership of mobile phones is estimated to be over 80% and with improved network coverage across the country,

it provides a direct communication route into communities and people's daily lives. Even those who may not own a phone, such as women or teenagers in some of the poorer or more remote areas of Ghana, still have access to a mobile.

This session will cover in practical terms the different ways in which mobile technology can be used as part of an SBCC intervention. These different uses include: 1) large highly co-ordinated messaging services that are integrated into the work of the health care system such as MOTECH which sends voice messages to all pregnant women registered with a local CHPS in a number of regions as well as small local interventions with targeted groups using simple technology and with very low resources; 2) collecting data on recall of messages heard or intention to change behaviour to evaluate SBCC interventions; and, 3) to gather data to help design interventions; to help consolidate learning from a training programme or a decision making aid on a mobile phone to be used by a health care provider.

The session will also touch on the role of the mobile technology companies, how to access open source platforms and services for free or low cost. VOTO and Grameen Foundation will share some of the ways they are currently using mobile technology for SBCC as well as give very practical hands on demonstration of the platform they use. Participants will have the chance to design their own simple SBCC intervention using this platform.

Session lead: Dr. Nii Heward Mills: Social and Behaviour Change Communication Advisor VOTO Mobile, Mr. Sam Dogbatse: Head of Programmes, VOTO Mobile and Mr. David Hutchful, Director of Technology and Innovations, Grameen Foundation Ghana.

#### Learning objectives

At the end of this session participants will:

- Understand the uses of mobile technology for SBCC and how to determine when they are appropriate.
- Know how to design a simple SBCC intervention using the VOTO platform.
- Be introduced to the role of the TELCOs and how to work with them.
- Gain an overview of how mobile technology is currently being used in Ghana to promote health and improve health systems.

#### Resources and additional reading

1. **mHealth:** New horizons for health through mobile technologies  
[http://www.who.int/goe/publications/goe\\_mhealth\\_web.pdf](http://www.who.int/goe/publications/goe_mhealth_web.pdf)
2. **mHealth Knowledge:** Advancing mhealth by connecting global health professionals to people, products and ideas  
<http://mhealthknowledge.org>
3. Everything you need to know about social media management and marketing

<http://www.onblastblog.com/social-media-cheat-sheet/#infographic-section>

4. Mobile technology for community health in Ghana. What it is and what Grameen Foundation has learned. 2012 edition.

<http://www.grameenfoundation.org/sites/default/files/MOTECH-Lessons-Learned-Sept-2012.pdf>

## 8.11 Working Community Radio to Create Change

This session will be led by Ghana Community Radio Network (GCRN) and will provide information on where community radio stations exist, the coverage and type of listeners they have, it will explain how community radio stations are organized and managed, how frequently they are on air, how they balance pre-recorded and live broadcasts and how they have worked with health promotion and the GHS in the past will be examined including what has worked well and what has worked less well.

An introduction to some of the different ways in which community radio can be used for health promotion and SBCC, from resource intensive participatory approaches to the production of radio programmes with the community themselves through to live call in's. GCRN will give top tips on how to get the best out of working with community radio stations. This will include the need to build relationships, develop a dialogue and a clear understanding of what is being sought from the program. It is also important to ensure that stations not only receive materials and key messages from national campaigns but are also provided with a good understanding of the tenets and rationale behind the campaign so that the station can make best use and develop programmes effectively around them.

A presentation from a community radio station will describe the process they went through to develop a successful community radio programme as part of an SBCC intervention and share lessons learned and pitfalls to avoid including the miscommunication of messages and experiences working on taboo or controversial issues.

The session will describe the key to a good working relationship and end product as well as the production process, good programme formats suitable for radio and how to involve local people in the design, production and broadcasting of a radio programme. Participants will work in small groups to develop a step-by-step process on how they will go about working with a community radio station to develop a radio programme.

**Session lead:** Mrs. Wilna Quarmyne, Executive Director, Ghana Community Radio Network

### Learning objectives



At the end of this session participants will:

- Understand how a community radio station works, is funded and managed.
- Understand how to determine if community radio is a suitable channel for the messages you seek to communicate.
- Know how to work effectively with a community radio station to produce a successful programme as part of an SBCC intervention.
- Understand how to engage local people and professionals in the programme production to create ownership and greater impact within the target groups.

Resources and additional reading

1. Community Radio for Change and Development. Colin Fraser and Sonia Restrepo-Estrada. Society for International Development. SAGE Publications (London, Thousand Oaks, CA and New Delhi), 1011-6370 (200212) 45:4; 69–73; 030175.
  2. Community Radio for Nutrition. <https://www.spring-nutrition.org/technical-areas/sbcc/community-media>
  3. Research based community radio for health promotion. HIV case study from Ethiopia. [www.jopinie.nl/Report\\_Definitive\\_Final%20version.pdf](http://www.jopinie.nl/Report_Definitive_Final%20version.pdf)
- 8.12 Planning and Co-ordinating SBCC

In this session guidance on processes for planning and budgeting for the development and then subsequent implementation of an SBCC plan will be provided. Participants will be grouped and tasked with two possible challenges. One group will respond to a national cholera outbreak by developing a budgeted action plan for SBCC, another group will be required to develop a plan and budget for the local implementation of a national campaign. Background Information or scenario for each challenge will be provided such as the available budget and the time available. Groups will then be asked to develop an action plan to cover: who/what organisations need to be involved in the development and implementation of the campaign, their roles and responsibilities; the target populations for the intervention; the communication objectives; identify appropriate activates and channels for the messages, materials and resources required; evaluation indicators methods and tools identified.

**Session Lead:** Mr Mathew Kobina Okor Ahwireng, Regional Health Promotion Officer, Central Region, GHS.

### Learning objectives

By the end of the session groups will have:

- Developed a costed plan of activities against objectives.
- Identified key partners in the implementation and co-ordination of a SBCC intervention
- Adjusted implementation plans based on a template of anticipated costs.

- Refined their rough implementation plan into a detailed work plan including targets, resources and a timeline.

#### Resources and additional reading

1. How to develop implementation plans for local implementation

[https://www.c-changeprogram.org/sites/default/files/sbcc\\_module4.pdf](https://www.c-changeprogram.org/sites/default/files/sbcc_module4.pdf)

2. A guide for planning and implementing SBCC for post partum family planning. <https://www.k4health.org/toolkits/ppfp/guide-planning-and-implementing-social-and-behavior-change-communication-activities>

## 8.13 Monitoring and Evaluation in SBCC

This session will look at the importance of monitoring and evaluation and the different approaches available to do this from a number of different angles:

- o monitoring and evaluation of a national health promotion function and adopting the national routine HP monitoring system and data collection
- o designing the monitoring and evaluation of health promotion interventions including those at a local level
- o measuring social and behaviour change
- o monitoring and evaluating the impact of SBCC interventions.

Most importantly this session will be a practical opportunity to confront existing problems and discuss progress being made on key issues such as the current HPD M&E system. Using the classroom as a laboratory to explore and test out ideas and thinking.

The session will also touch on the evidence base for SBCC and share some published work in this area. UNICEF will be present to describe the RCT they are undertaking which sets out to evaluate the comparative effectiveness of three community based approaches to SBCC: community theatre, mobile technology and community radio.

Working in the same groups as in the earlier planning session, participants will develop some indicators and a monitoring approach for the SBCC activities they developed earlier.

**Session Lead:** Mrs. Eunice Sefa, M&E Advisor Communicate for Health and Dr Godwin Y. Afenyadu, Senior Capacity Development Advisor, Evaluate for Health.

#### Learning Objectives

At the end of this session participants will:

- Have awareness and understanding of the national routine M&E data set for HP and



reporting mechanisms.

- Know how to develop indicators and monitor locally designed SBCC activities.
- Understand the issues and approaches to measuring behaviour.
- Know how to access the body of evidence for SBCC as an effective intervention for improving health outcomes.

### **Resources and additional reading:**

1. Training manual on basic monitoring and evaluation of SBCC health programs

[http://www.popcouncil.org/uploads/pdfs/2014RH\\_BCCTrainingManual.pdf](http://www.popcouncil.org/uploads/pdfs/2014RH_BCCTrainingManual.pdf)

2. On line training course:

[https://www.c-changeprogram.org/sites/default/files/sbcc\\_module5.pdf](https://www.c-changeprogram.org/sites/default/files/sbcc_module5.pdf)

## **8.14 Writing Winning Proposals**

Undoubtedly, implementing SBCC programs require the use of financial resources which are not always available due to dwindling government funding to Ministries, Departments and Agencies (MDAs). It is therefore imperative to equip the participants with the knowledge, skills and abilities for writing proposals to source funding from other donor agencies for the implementation of innovative SBCC programs. The session should articulate the key elements of a winning proposal. Clear distinction between technical and financial aspects of a proposal should be made. The session will also discuss the log frame, an M&E plan and a budget as key elements of a proposal. Emphasis would be made on writing proposals to source funding from donors, partners, MMDAs and private sector. The session will also introduce the participants to the Change Challenge Fund (CCF) which is designed make funds available to the CADP and SfC beneficiaries on a competitive basis.

There will be group work that allows participants to develop proposals and present for discussion.

### **Learning Objectives**

The goals of the workshop are to:

- Strengthen the capacity of health promoters in order to gain vital skills in:
  - o identifying resource mobilization opportunities
  - o analysing resource mobilization opportunities
  - o developing proposals towards resource mobilization
  - o implementing resource mobilization strategies.

Educate participants on ways of putting available resources to optimum use, eliminate wastage as much as possible and take steps to grow the Department's finances or funding.

By the end of this session participants will have:

- Understood the concept of proposal writing.
- Understood the steps to developing a winning proposal.

- Discussed and understood the key elements of a proposal.
- Understood the difference between a technical and financial proposal.
- Developed and present a proposal in groups.
- Identified key sources and partners to whom to present proposals to for consideration.

## Workshop Outline

**Module 1** – The aid ecosystem in Ghana. There are the big traditional development partners such as the UN, EU, USAID, DFID, JICA, etc and there are also private sector actors who fund a lot of development initiatives under their various CSR programmes. In addition to that, there are also non-traditional donors such as the Bill & Melinda Gates Foundation, Mastercard Foundation etc.

**Module 2** – Planning and developing a grant proposal. What do you do before submitting a grant proposal? 80% of all grants and contracts are won before the competition. You should therefore design HPD's programmes and image so that the potential donor understands and appreciates what HPD stands for in relation to other organisations. The importance of networking and building relations with all actors and stakeholders at the district level is emphasized.

Identifying your strengths – Securing funding begins long before the proposal reaches the donor. You therefore need to know how to present yourself and the work you do in one minute – which is the time it takes to gain the attention of top executives and decision makers.

Proposals - The purpose of a proposal is to persuade the funding agency to do something. A proposal offers a plan to fill a need. Their proposal should therefore answer the questions of...

- WHAT you are proposing
- HOW you plan to do it
- WHEN you plan to do it
- HOW MUCH it is going to cost

The RFP process – Every RFP asks the questions Who? What? When? Where? Why? How many? How much? So what?

- Characteristics of Winning Proposals – They are well written, responsive and persuasive, use research and evidence to back claims
- Characteristics of a Good Pitch
- Characteristics of Losing Proposals
- How to lose
- Importance of Performing
- Resources available to you
- Internal processes

### Module 3 – Writing the Grant Proposal

The nine basic components of a proposal.

- The proposal summary
- Introduction of the institution
- Problem statement
- Project objectives
- Project methods or design
- Project monitoring & evaluation
- Project management arrangements
- Sustainability
- Project budget

Presenter: Mr. Michael Ohene-Effah, Independent Development Consultant

#### Essential Learning Resources

5 Guidelines for Writing Winning Proposals - RAIN Group

<https://www.rainsalestraining.com/.../sale-closing-techniques-how-to-write-winning-pr...>

Shipley Nordic ApS. Writing Winning Proposals. 2003

Selection of Websites

FundsforNGOs. [www.fundsforngos.org](http://www.fundsforngos.org)

7 Steps To A Winning Business Proposal - Entrepreneur

<https://www.entrepreneur.com/article/2183>

<https://www.inc.com/geoffrey-james/how-to-write-a-winning-proposal.html>

Grants and Funding

<https://phpartners.org/grants.html>

[www.health.act.gov.au/healthy.../health-promotion-grants.../current-funding-opportu...](http://www.health.act.gov.au/healthy.../health-promotion-grants.../current-funding-opportu...)

<https://cgh.uchicago.edu/page/funding-agencies-global-health-opportunities>

<https://www.ruralhealthinfo.org> › ... › Funding & Opportunities ›

[www.hprcd.org/grants/](http://www.hprcd.org/grants/)

[www.dhhs.tas.gov.au/healthpromotion/funding\\_opportunities](http://www.dhhs.tas.gov.au/healthpromotion/funding_opportunities)

## 8.15 Leadership and Personal Development

Often the focus of capacity strengthening centres solely on technical skills in SBCC as the primary requirement for an effective health promotion officer. This session however recognises and addresses the personal and professional skills that are also needed to be effective. Participants will gain a level of personal awareness of their own and others individual styles of working. This session will be enlightening and motivating as well as build skills and confidence.

Using professional development tools and materials participants will gain a greater understanding of their professional profile in terms of their strengths and weaknesses and key areas for improvement to work more effectively alone, with others in their team and across organisations. This exercise will help participants work on developing their own leadership style appropriate for their role and define in actions to test out as a way of improving their 'day to day' effectiveness and later in developing their personal development plan.

**Presenter:** Mr. Adetor Frank Kwasi – Senior Organizational Development Specialist, Communicate for Health

### **Learning objectives**

By the end of the session participants will:

- Have a greater understanding of their personal and professional strengths, weaknesses and development needs to be an effective health promotion officer.
- Have an understanding of the importance of an awareness of personal presentation of self and the ability to recognise different styles of working of others for effective collaborations
- Be able to recognise and value the working styles of others and be better able to work with colleagues and stakeholders across other organisations.

Resources and additional reading

What is the Myers Briggs Type Indicator?

<http://www.myersbriggs.org/my-mbti-personality-type/mbti-basics/>

<http://www.teamtechnology.co.uk/mmdi/questionnaire/>

What role do you play in a team?

<http://www.teamtechnology.co.uk/mmdi/questionnaire/>

David Goleman talking about leadership and how to develop good leadership skills: video

<https://www.youtube.com/watch?v=vCjexQzsreY>

## **8.16 Unpacking the tool kit of an effective change agent**

This session will engage participants in a review of their job description for HP within the wider system, roles and relationships within the system, challenges faced and anticipated, strategies and opportunities for greater effectiveness. Participants will gain a better understanding of their roles and responsibilities and that of others and identify the key personal and professional skills needed to be more effective.

Learning advocacy and influencing skills can help them be more effective in the political and social

environment in which they operate. They will develop an understanding of the use of political skills within organisations, revisit their professional values, sharpen or awaken an opportunistic mind set, and understand how to manage both upwards and across in order to get the best from their colleagues. How can these be used in the day-to-day working life of a HP officer to promote change and work towards the broad objectives of the HP strategy?

A simulation exercise which will involve some role play and a light hearted approach will be used to generate important insights amongst participants of ways to increase their effectiveness and influence in their HP role through the use of advocacy, political skills, personal awareness of self-presentation and understanding the working styles of others.

### **Learning objectives**

By the end of the session participants will have:

- Better understanding of the HP role, the technical and personal skills and attributes needed and practical ways of how to develop these in order to be more effective.
- Understanding and ability to effectively and appropriately use political and advocacy skills to promote change and implement tactics and strategies for advocacy and influence.

**Presenter:** Mr. Adetor Frank Kwasi – Senior Organizational Development Specialist, Communicate for Health.

Resources and additional reading

Emotional intelligence

<http://www.businessballs.com/emotionalintelligencecompetencies.pdf>

<https://www.verywell.com/the-7-habits-of-emotionally-intelligent-people-2795431>

Political skills

<http://insights.ccl.org/wp-content/uploads/2015/04/UsingPoliticalSkill.pdf>

<http://insights.ccl.org/multimedia/podcast/six-aspects-of-political-skill/>

<http://jom.sagepub.com/content/33/3/290.abstract>

Foundations of Public Health - open for public access <http://courses.peoples-uni.org/course/view.php?id=308>

Technical on line courses <https://phpartners.org/workforcedevelopment.html>

Developing as a public health /health promotion professional: things to think about. [http://www.nyu.edu/mph/discover/professional\\_development\\_article.html#network](http://www.nyu.edu/mph/discover/professional_development_article.html#network)

Free on line courses <https://www.youtube.com/playlist?list=PLm1gFsAxw9xmP9b21jq7Tjej7fnViu-9CA>

JHSPH Free Public on line courses in public health

<http://ocw.jhsph.edu/index.cfm/go/imageLib:il.search/#courses>

## 8.17 Developing Personal Development Plans

This session will introduce participants to the concept of a personal development plan as a structured way of thinking about the range of technical and personal skills you may need to develop and improve upon, in order to do your current job effectively. It is also help an individual think about how they may want to progress their career in the future and how to plan for that too. PDPS are the basis of Continuing Professional Development (CPD). CPD embraces everything that you do to improve your job performance and is another way to ensure that you achieve the right abilities to do your job and maintain/enhance your expertise and your lifelong employability.

Participants will have already looked at their role and their job description in a previous session and the kinds of activities and responsibilities they are required to conduct. Participants will also have examined their strengths and weaknesses in technical knowledge and skills but also personal skills such as working within a team, personal presentation skills, influencing skills etc. and begin to establish areas where they feel they need to improve and develop. Through the use of a template participants will consider a series of questions such as: 1) what do I want to learn; 2) what do I have to do; 3) what support and resources will I need; 4) how can I access these; 5) how will I measure success; and, 6) how regularly will I review progress? Based on this participants will develop SMART goals for themselves to help ensure they are clear about what they want to do, and that it is attainable, realistic and time bound,

Given that financial resources are likely to be limited guidance will be offered on how to access free resources such as on-line courses, consider self-directed learning through journals or electronic resources, shadowing more senior colleagues or colleagues in other organisations to have a better understanding of their work, stretch assignments and to think creatively about how they can achieve their learning objectives.

Facilitators should support participants to create PDPs that are realistic and achievable but also aspirational. Part of the mentoring role of participants will be to offer support to their mentees in developing PDPs so the investment in developing their own well, will prepare them for this.

### Learning objectives

By the end of the session participants will have:

- An appreciation of the value of a PDP
- Clarified a series of goals for their own personal professional development.
- Developed an action plan for how to achieve these goals.
- Know how to access free on line resources and other ways to access low or no cost pro-



fessional development.

Presenter: Mr. Adetor Frank Kwasi – Senior Organizational Development Specialist, Communicate for Health

Resources and additional reading

1. What is a personal development plan: <https://www.managers.org.uk/~media/ET/checklist/Personal-Development-Plan-Example-Guide.pdf>

<http://www.mindofwinner.com/create-personal-development-plan/>

<https://hr.wustl.edu/forms/Documents/DevelopmentPlanningStaffGuide102011.pdf>

<https://www.managers.org.uk/~media/ET/checklist/Personal-Development-Plan-Example-Guide.pdf>

2. Reflective learning: <http://www.cipd.co.uk/cpd/reflective-learning.aspx>

## **8.18 Introduction to the Mentoring Scheme and the role of the mentor**

Mentorship is a relationship in which a more experienced or more knowledgeable person, the mentor, helps to guide a less experienced or less knowledgeable person. The mentor may be older or younger, but will have a certain area of expertise to share or help steer, guide or counsel the mentee. Participants will be mentoring their peers to share with them the new knowledge they have gained from the CADP and will help and support their mentees to develop a personal development plan of their own.

This session will introduce the mentoring scheme to participants, their role as mentors and what is expected of them. Participants will be provided with a handbook that has been designed to support them in carrying out this role.

The mentor programme aims to support the creation of a community of practice within the HPD by creating a structure for the cascade of knowledge and provision of mutual support and encouragement. This will help improve performance and motivation and build strong relationships between HP staff. The result sought is i) appreciation of the value of routine sharing ideas, lessons learned, successes and failures, challenges and opportunities with colleagues and peers to provide support, inspiration and evidence and ii) the development and pursuance by HP staff of personal development objectives and plans.

### Learning objectives

- Understand the objectives of the mentor scheme and how the scheme will be managed.
- Know what will be expected of you, how to provide mentorship to your mentee and how to access support if needed.
- Understand the mentor handbook and how to use it.

**Presenter:** Mr. Adetor Frank Kwasi – Senior Organizational Development Specialist, Communicate for Health.

#### Resources and additional reading

1. <http://www.bbk.ac.uk/lod/services/mentoring-scheme-for-professional-and-support-staff/mentoring-guidance/Mentoring%20scheme%20Final%203.12.14.pdf>
2. <http://polaris.gseis.ucla.edu/jrichardson/documents/mentor.htm>
3. <http://lrsuccess.com/qualities-good-mentor/>
4. <https://www.ucsf.edu/news/2013/01/13390/study-examines-qualities-good-and-bad-mentoring-relationships>

## 9. Different World Views: Invited Evening Contributors

Being able to understand your wider professional environment and who and how the key players within it work are as important as technical skills if you want to have impact and leverage resources and a profile for your SBCC work. Guest evening contributors have been invited to offer an informal and relaxed window into the world of wider stakeholders and those in positions of power and influence either within a district, region or at a national level to give some insight into their perspectives, how they work and operate who they are accountable to and what that means for their professional priorities. Health Promotion Officers need to understand the environment and the roles and responsibilities of those they seek to influence or collaborate with if they are to successfully navigate their way around organisations with different cultures and priorities. They need to influence people, create partnerships and collaborations and raise the profile of health promotion and attract resources. These sessions will help the participants get that better understanding and to hear first-hand from those they may seek to influence or collaborate with.

There are a range of different types of speakers to draw from for the different CADP participants. Speakers for the CADP for national and regional staff will be different from those for the CADP for TOHP.

### World View of a District Health Director

Health Promotion Officers at all levels work with the District Directors yet what is it that makes these people tick? What are their priorities? How do they see their role? Who manages them? What



are their bottom lines? What keeps them awake at night? What are their biggest challenges? How and when will health be de-centralized into local government? What will that mean for the district health management team? What do they think of the role of health promotion and if you want to get their attention and engage them in a collaboration what do you need to think about and do? Listen to them first then ask questions later.

By the end of the session participants will have a better understanding of

- the overall role and responsibilities of the speaker
- how they work and their key relationships
- how their priorities are set
- what professional issues keep them awake at night
- how they are measured in terms of their performance and what they are accountable for
- how resources flow to them and how they can use them
- the best approaches to use to influence them.

**Guest Speaker:** A District Health Director of Health Service

## World View of a District Coordinating Director

How does local government work? How do the elected representatives work with the management in local government? Given health is influenced by wider determinants such as education, environment, housing, transport, infrastructure etc. how do those in local government understand and see the role of health promotion? These are very critical and influential roles within a District that can impact on policies, decisions and resource allocations not only to do with health but all other sectors that can have an effect on the health and well-being of people and communities. What do we know about the role of these important district figures and how they work, what their priorities are, what influences them, what do they see as their greatest challenges as well as opportunities? What keeps them awake at night, what do they know and think about health promotion and how can you help them in their role and have an influence on their decisions?

By the end of this session participants should have an understanding of:

- the overall role and responsibilities of the speaker
- how they work and their key relationships
- how their priorities are set
- what professional issues keep them awake at night
- how they are measured in terms of their performance and what they are accountable for
- how resources flow to them and how they can use them
- best approaches to use to influence them.

**Guest Speaker:** A District Coordinating Director.

## World View of a National NGO: Hope for Future Generations

NGOs play a critical role in the health space and yet often do not get the credit they deserve or have a voice at the policy and planning table. How NGOs work with development partners and their implementing partners such as projects like C4H may for some within the government organisations have been an area of contention for the and perhaps even for the HPD, some of whom feel they have seen NGOs as receiving funds for work that they could do.

This session provides an opportunity for participants to see the distinct role NGOs play and how they can be more proactive in their relationship with them to achieve the same goals and to work collaboratively with like-minded NGOs to achieve common goals. Greater collaborations at the national, regional and district level can only create stronger partnerships and collaborations in improving the health of Ghanaians. Having a better understanding of how NGOs operate, their challenges and their strengths is a very good place to start.

Guest Speaker: TBD

## 10. Facilitator Tools

### 8.1 Tools to start the Programme

Below are a number of different tools to help facilitators ensure that during the opening session all participants self-introduce themselves and are encouraged to make a connection that ties them into the larger group. Here are a few ideas:

- **Expectations:** Share your list of learning objectives at the start of each module. Then divide everyone into small groups and ask them to name their personal expectations for the day/module. Each group should create a chart listing collective expectations for that group. Post lists on the wall so the facilitator can comment (i.e., what will be addressed and when). At midpoint in the module, or at any natural break, ask participants to peruse the expectations lists and check those that they feel have been met. Review the lists in plenary. This is a great reference for the facilitator throughout a module. You can also have this done by review teams for each day selected at the beginning of the workshop.
- **Timelines:** Ask participants to individually create a quick timeline of their lives by drawing a horizontal line with the word “birth” on the far left and then adding details by noting anything they consider significant in their lives, personally or professionally. Let them know they’ll explain their timeline to a few others in the room. Next, have participants share their timelines in small groups as a way for them to get to know each other. Have each group join with one other small group and have them create a collective timeline for their field of work. For example, they might all work in the area of malaria prevention. If so, their timeline would begin as far back as any of them can cite a significant event in the

field of malaria prevention. Then have the groups add details to their collective timelines up through the present moment.

- **Training Excellence:** Ask participants to work in trios. Have them reflect on a past training in which they've participated that's in any way related to today's topic. Have the participants reflect individually on that training by posing questions such as:
  - o What do you remember about what was learned?
  - o What is one way you've used what you've learned?
  - o What is one thing you liked about the training approach or structure?

Working as a large group, field answers across the room, noting what implications this has for today's training (e.g., how can the group build on previous knowledge, enhance or adjust ways of working, maintain an approach/structure that people like).

- **Is that really true:** Participants need to share three things about themselves two should be true and one should be false. Participants have to guess which ones are true and which are false. This can be fun and lighten the mood. The facilitator should start and then ask the participants to follow. It can also be something done in pairs so your partner introduces your three things about you.
- **If I were a rich man:** This exercise is pretty fast and can also be fun or 'telling'. Ask participants to imagine that they perhaps uncharacteristically bought a lottery ticket yesterday and discovered this morning, on the way here that they had won (you can make the amount up) 100 USD or 1 million Ghana Cedis! Participants should take turns telling what they would use that money for. The only proviso is they can't give it to their church or a charity!

## 8.2 Energisers for when the energy is low

It really depends on how much time there is available but here are a few ideas. Otherwise many more can be found at this link: [http://www.icaso.org/vaccines\\_toolkit/subpages/files/English/energiser\\_guide\\_eng.pdf](http://www.icaso.org/vaccines_toolkit/subpages/files/English/energiser_guide_eng.pdf)

- **Names in the air:** Ask participants to write their name in the air first with their right hand, then their left hand. Finally, ask them to write their name in the air with both hands at the same time.
- **Taxi rides:** Ask participants to pretend that they are getting into taxis. The taxis can only hold a certain number of people, such as two, four, or eight. When the taxis stop, the participants have to run to get into the right sized groups. This is a useful game for randomly dividing participants into groups.
- **Life Boat:** Similar to the above you call out the number of people that can be in the life-boat and then those who have not found a group are out. Keep going until there are only two people left
- **Fizz buzz:** Go round the group counting upwards. The group replaces any number divisible by three with 'fizz', any number divisible by five with 'buzz', and any number divisible by both three and five with 'fizz buzz'. Count up and see how high you can go!

- **Stand, sit and sing:** Participants sit in a circle and sing a song they all know. Choose two letters that occur frequently in the song, and ask the men to stand up when they sing a word beginning with one letter and the women to stand up when they sing a word beginning with the other letter. For example, all the men have to stand up each time the group sings a word that starts with the letter 'm', while all the females have to stand up every time the group sings a word that starts with the letter 'f'.

### 8.3 Review exercises

- **Gallery Walk:** Most sessions in this course make use of large visuals (e.g., graphics/charts) posted by the facilitator and created by project teams. To start a day, invite all participants to walk around the room and review the postings from the previous day. They can work alone or in pairs/trios to reflect on the following questions, and then return to the large group to share: What did you find particularly useful yesterday? Why? What is unclear from yesterday? Having “slept” on it all, what new insights do you have now about the work yesterday? What do you see happening in the field? What would influence the future trajectory of this field?

### 8.4 Closures

- **Partner Quiz:** A good 30 minutes (or more) before the end of the day, ask participants to form pairs with someone with whom they have not worked with so far. With their learning materials in hand, have the pairs take turns creating quiz questions for each other on the day's work. The “quizzier” affirms their partner's response and adds to it or clarifies something. Then, the other person creates and poses a question. After sufficient time, the facilitator can pull the group together and field one question from each pair that the pair would like to explore further. This is a great way for you to assess learning as it happens and to see where the participants want more explanation, guidance, or practice.
- **Team Debate:** Divide the group into two equal-sized teams (mixing fields of work as much as possible). Create a set of provocative statements related to SBCC such as, “It is essential for all SBCC programs to include advocacy, social mobilization, and behaviour change or they won't be effective.” Write the statement on a chart and pose it to one team. This team then has to decide what position to take on the statement and quickly come up with an argument to defend their position that they present to the other team. You give the team points (on a scale of 1 to 4, with 4 being an excellent defence of their position). Then, it is the other team's turn, with a new statement. The team with the most points in the end wins.
- **Secret Question:** A workshop often shakes up old ways of thinking and doing things that (hopefully!) leaves the participants with questions. Pass around a basket of index cards and ask pairs to take at least one—more if they like. Have participants or their partner secretly write a question about anything they've thought of that relates to SBCC. Ask the participants to be as clear as possible. Then read each question aloud and offer responses

or reactions, while inviting others in the room to add their own. This is a great way for you to track what is unclear and what ought to be addressed at some future stage.

- **What I Got from Today:** Draw a large quadrant on a chart with the following four words: Know, Challenge, Change, and Feel. Ask each participant to do the same on a regular sized sheet. Have each participant fill in the quadrants by responding to these four (or your own version of these four) questions: Know: What did you study today that confirmed something you already knew about SBCC? Challenge: What challenged you today? Change: What is one way you plan to change your work, based on today's learning. Feel: How do you feel about what you are learning here? Have the participants discuss their answers in small groups. You can wander around to the groups and/or ask to collect the sheets (which are anonymous) to review in the evening.

## 11. Annexes

### 11.1 Programme

TIME	ARRIVAL: Sunday July 9, 2017	PERSON (S) RESPONSIBLE
	<ul style="list-style-type: none"> <li>• <b>Arrival and Check-in</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Dinner</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Socialization</b></li> </ul>	
	<b>DAY ONE: Monday July 10, 2017</b>	
	<ul style="list-style-type: none"> <li>• <b>Registration of Participants</b></li> </ul>	Ms. Irene Hamba & Mr. Saul Williams Evans
	<ul style="list-style-type: none"> <li>• <b>Completion of Pre-Assessment Form</b></li> </ul>	Mr. Adetor Frank Kwasi & Mrs. Uzoma Tetteh
	<b>Formal Opening:</b> <ul style="list-style-type: none"> <li>• <b>Introductions</b></li> <li>• <b>Remarks by USAID Representative</b></li> <li>• <b>Remarks by Mrs. Joan Schubert: Chief of Party, Communicate for Health</b></li> <li>• <b>Remarks by Mrs. Grace Kafui Annan: Head, Health Promotion Department – Ghana Health Service</b></li> <li>• <b>Launch of the 2<sup>nd</sup> Cohort CADP by Dr. Patrick Aboagye: Director, Family Health Division - Ghana Health Service</b></li> <li>• <b>Program Objectives</b></li> <li>• <b>Ground Rules</b></li> </ul>	Mrs. Uzoma Tetteh & Mr. Adetor Frank Kwasi

	<p><b>Presentation 1:</b></p> <p><b>Health Promotion Principles, Practices and the Sustainable Development Goals (SDGs)</b></p> <p>An examination of Health Promotion Principles and the Practice of HP in general and particularly in Ghana</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Be introduced to some of the fundamental principles that inform the practice of health promotion in Ghana</li> <li>• Understand key domains of health promotion practice in Ghana and how it applies to everyday practice</li> <li>• Understand the health promotion practices within the context of the SDGs</li> <li>• Understand the emerging trends in HP practice in Ghana and across the globe</li> </ul>	<p>Mr. Paul Okyere – Lecturer, Department of Health Promo- tion - KNUST</p>
	<b>Snack Break</b>	



	<p><b>Presentation 2:</b></p> <p><b>How does culture and tradition shape us and influence what we do, can we change it?</b></p> <p>An examination of the powerful role of culture, traditions, beliefs, values and gender in shaping and influencing how we live our daily lives.</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Define and understand the relevance of culture to health related behavior.</li> <li>• Gain insights into a wide range of practices that are influenced by culture but negatively affect health.</li> <li>• Understand the history of health related cultures, the relationship between culture and social norms and finally how to influence and re-shape these.</li> <li>• Know how to challenge social norms appropriately and how to approach taboo or controversial issues such as family planning in conservative communities.</li> </ul>	<p>Prof. Kodjo Senah – Lecturer, Department of Sociology – University of Ghana, Legon</p>
	<b>Lunch Break</b>	
	<p><b>Presentation 3:</b></p> <p><b>Social Change in Practice:</b> The spirit child phenomena has been part of the cultural beliefs of the people of Kassana Nankana in the Upper East Region of Ghana for decades. It is also a practice and belief that has resulted in the death or out casting of children and women from the community in order to protect the wider community from the perils of the evil spirit possessing them. Afrikids were a catalyst in this change and will share their approach and work over the last decade with this community. This session will examine how this social change was achieved and what were the key principles and approaches used.</p>	<p>Mr. Nicholas Kumah Cudjoe, Executive Director - Afrikids, Bolgatanga</p>
	<b>Wrap-up &amp; close</b>	
	<b>Snack</b>	



## EVENING DAY ONE: DINNER SESSION – 7:00-8:00pm

### Take a step in a District Health Director's Shoes

Health Promotion Officers at all levels work with the District Directors yet what is it that makes these people tick, what are their priorities, how do they see their role, who manages them and what are their bottom lines, what keeps them awake at night, what are their biggest challenges. How and when will health be decentralized into local government what will that mean for the district health management team. What do they think of the role of health promotion and if you want to get their attention and engage them in a collaboration what do you need to think about and do ....? Listen to them first then ask questions later ....

**Guest Speaker: Mrs Patricia Antwi – District Director of Health Services, Awutu Senya**

	<b>DAY TWO: Tuesday July 11, 2017</b>	<b>CONTRIBUTOR</b>
8:00 am	Recap from day one.	Participants – HPD, ER & UER
8:15 am	<p><b>Presentation 4:</b></p> <p><b>Understanding SBCC: Overview of the theoretical underpinnings of both social and individual behavior change and the steps to develop, implement and monitor an effective SBCC approach.</b> This session will explore the theory of social and behavior change through the window of an in-depth comparative analysis of the development process and tenets of two or three SBCC campaigns. It will be both instructive and participative via a technical presentation, video clips and a practical exercise to do in pairs or small groups.</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understand the some SBCC theories and models with emphasis on the socio-ecological model to better understand how the presenting issues/problems/behaviours can be influenced through SBCC.</li> <li>• Understand the steps to developing a strategic SBCC intervention.</li> <li>• Discussed the role and examples of advocacy, social mobilization, and behavior change communication in SBCC</li> <li>• Assessed a current SBCC intervention against the planning process for evidence based SBCC.</li> </ul>	Mrs. Joan Schubert, Chief of Party of Community-Health.
	<b>Snack Break</b>	

	<p><b>Presentation 5:</b></p> <p><b>Understanding Formative Assessments in SBCC process to understanding your target audiences and how to shape your SBCC campaign:</b> Technical presentation will cover why formative assessments are critical; whether a comprehensive assessment or a rapid 'back of an envelope' assessment. This session will help shape participants understanding of why formative assessments are so important and how you go about an assessment based on your available time, resource and issue being addressed.</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Appreciate the importance of understanding the people affected and involved, the context in which they live or work, and the role that gender plays in a problem before deciding how to address it.</li> <li>• Able to design a formative assessment and apply the results to outline a strategy for an SBCC intervention.</li> <li>• Know how to segment and prioritize audiences, create SMART communication objectives, select the most effective approach and channel mix for a program</li> <li>• Understand relevant gender issues and consider how it should be tackled in SBCC plans.</li> </ul> <p><b>Group Work &amp; Feedback:</b> Examples of previous assessments carried out for existing SBCC campaigns and social marketing activities will be shared and this session will end with a group exercise.</p>	<p>Dr. Collins Ahorlu – Lecturer, Noguchi Memorial Institute - University of Ghana, Legon</p>
	<p><b>Lunch Break</b></p>	

<p>1: 30 pm</p>	<p><b>Presentation 6:</b></p> <p><b>Designing and Implementing effective Social and Behaviour Change Communication programs:</b> This session will involve the use of formative assessment to inform the design, creation/development and testing of effective communication materials. This session will help participants to find their way through designing, creating and testing <b>effective communication materials</b>. From a creative brief they use the results from formative research to help shape their creative outputs.</p> <p>The presenter will share some very practical insights into how a number of the current campaigns built around the Good Life Live it Well concept and its recent refresh have been developed from the creative brief through to testing, implementation and monitoring. Know the purpose and how to develop a creative brief.</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understand how to use formative data and the creative brief to draft effective messages.</li> <li>• Understand the guidelines for creating complementary SBCC materials and activities.</li> <li>• Know the value and how to plan and lead for stakeholder reviews and audience pre-tests.</li> </ul> <p><b>A. Designing Creative briefs for an SBCC campaign.</b> This session will use the results of the formative assessments done during the just previous session to design creative brief for a particular intervention. This session will emphasize the critical role of a creative brief in SBCC campaigns serving as a guide for the production of materials. The session will discuss all the elements necessary for the creative development of the production and conclude on the five broad categories to a creative brief:</p> <ol style="list-style-type: none"> <li>1. <i>Goal and selected audience(s) for the activity or material(s)</i></li> <li>2. <i>Desired changes, barriers, and communication objectives</i></li> <li>3. <i>Message brief</i></li> <li>4. <i>Key content and tone</i></li> <li>5. <i>Media mix and other creative considerations.)</i></li> </ol> <p><b>B. Creating and Implementing Effective Social and Behaviour Change Communication (SBCC) Messages:</b></p> <p>This session will discuss the fundamental approach to creating and implementing SBCC messages namely:</p> <ul style="list-style-type: none"> <li>• <b>Key Promise</b></li> <li>• <b>Support Statement</b></li> <li>• <b>Call to Action</b></li> <li>• <b>Lasting Impression</b></li> <li>• <b>Effective Messages and Guidelines for Effective Communication</b></li> </ul> <p>This session will also discuss the Seven Cs of Communication to serve as a valuable reminder of what to keep in mind when developing effective materials (Piotrow et al 1997).</p>	<p>Mr. Maurice Ocquaye: Director – Infinity 970</p>
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	<p><b>1. Command attention</b></p> <p><b>2. Clarify the message</b></p> <p><b>3. Communicate a benefit</b></p> <p><b>4. Consistency</b></p> <p><b>5. Cater to the heart and the head</b></p> <p><b>6. Create trust</b></p> <p><b>7. Call to action</b></p> <p><b>Group Work &amp; Feedback</b></p> <p><b>C. Conducting Pretesting for Social and Behaviour Change Communication (SBCC)</b></p> <p><b>This session will cover:</b></p> <ul style="list-style-type: none"> <li>• What is pretesting?</li> <li>• the focused five areas of assessment (Comprehension, Attractiveness, Acceptance/Believability, Personal Involvement and Relevance)</li> <li>• Convincing (inducement to Action)</li> <li>• Tips for audience pretesting</li> <li>• Issues to Probe</li> <li>• Sample tool</li> <li>• Rating of the best concept: format, design, and layout</li> <li>• Analysis of Pretesting results and revisions</li> </ul> <p><b>Group Work &amp; Feedback</b></p>	
4: 30 pm	<b>Wrap-up &amp; close</b>	
4: 45 pm	<b>Snack</b>	

## **EVENING OF DAY TWO: AFTER DINNER SESSION – WORLD VIEW OF NGOs: 7:30-8:30pm**

Given the critical role NGOs play in the health space, this session provides an opportunity for participants to see the distinct role NGOs play and how they can be more proactive in their relationship with them to achieve the same goals and to work collaboratively with like-minded NGOs to achieve common goals. Greater collaborations at the national, regional and district level can only create stronger partnerships and collaborations in improving the health of Ghanaians. Having a better understanding of how NGOs operate, their challenges and their strengths is a very good place to start.

**Guest Speaker: TBD**

TIME	DAY THREE: Wednesday July 12, 2017	CONTRIBUTOR
8:00 am	Recap from day one.	Participants– NR& VR
8:15am	<p><b>Presentation 7:</b></p> <p><b>Monitoring and Evaluation in SBCC.</b> This session will look at the critical role M&amp;E plays alongside some of the challenges and opportunities to overcome them. It will consider the many various aspects of M&amp;E in relation to SBCC looking at the approaches and techniques that can be used. The HP M&amp;E system and progress will also be examined using this classroom setting as a learning laboratory for M&amp;E. Learning objectives:</p> <ul style="list-style-type: none"> <li>• understand the issues and challenges in monitoring and evaluation of a national health promotion function</li> <li>• familiarity with the the national routine HP monitoring system and data collection and how to adopt it at the national, regional and district level</li> <li>• how to design the monitoring and evaluation of health promotion interventions designed at a local level</li> <li>• measuring social and behavior change</li> <li>• monitoring and evaluating the impact of SBCC interventions</li> <li>•</li> </ul> <p>By the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• have developed awareness and understanding of the national routine M&amp;E data sets for HP and reporting mechanisms.</li> <li>• know how to develop indicators and monitor locally designed SBCC activities.</li> <li>• understand the issues and approaches to measuring behaviour.</li> <li>• know how to access the body of evidence for SBCC as an effective intervention for improving health outcomes.</li> </ul>	<p>Eunice Sefa, M&amp;E Advisor – Communicate for Health</p> <p><b>&amp;</b></p> <p>Ms. Yvonne Ampeh, Senior Program Officer – GHS/ HPD</p>
	<b>Snack Break</b>	

	<p><b>Presentation 8:</b></p> <p><b>Understanding social mobilization and community based BCC one of three key approaches within an effective SBCC strategy.</b> This session will explore the concept of social mobilization for creating wider participation and ownership of change. Creating a momentum for change involves identifying and developing advocates, building coalitions, creating enabling environments and platforming issues and messages. Advocates go on to become channels of IEC at the community level.</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understand the critical role of social and community mobilization to social and behaviour change.</li> <li>• Be aware of examples of social and community mobilization activities that promote SBCC</li> <li>• Identify the key characteristics and principles of successful social and community mobilization efforts from some real life examples.</li> <li>• Know how to plan and execute community mobilization to support the implementation of a national SBCC campaign locally.</li> </ul> <p><b>Group Work &amp; Feedback</b></p>	<p>Mr. Edward Akologo Adimazoya – Deputy Chief of Party, Communicate for Health</p>
	<p><b>Presentation 9:</b></p> <p><b>How to make the best use of the national BCC campaigns and messaging at the local level:</b> how to mobilize communities and particularly key opinion shapers to act as advocates for the messages and behaviours one is promoting such as FBOs, teachers, key opinion leaders etc.</p> <p><i>By the end of this session participants will:</i></p> <ul style="list-style-type: none"> <li>• Understand the critical role of social and community mobilization to social and behaviour change.</li> <li>• Identify the key characteristics and principles of successful social and community mobilization efforts from some real life examples.</li> <li>• Know how to plan and execute community mobilization to support the implementation of a national SBCC campaign locally.</li> <li>• Know how to identify resources within the community and to galvanize support for social change and action</li> </ul> <p><b>Group Work: Community Mobilization Plan</b></p>	<p>Alhaj Sufyan Abubakar – Deputy Chief Health Promoter, HPD/GHS</p>
1:00pm	<b>Lunch Break</b>	



2:00pm	<p><b>Presentation 10:</b></p> <p><b>How to effectively work with the media:</b> Practical tips on how to work with a creative agency using a creative brief to produce your mass media products and then go on to negotiate and buy air time on radio or TV with good discounted rates requires not only an understanding of the industry, but also how they work and how you can best work with them. This session will cover these areas and give a broad overview of what you need to know from designing a creative brief to making a radio or TV buy and then how to monitor to ensure you are getting something close to what you are paying for. How can you engage and nurture relationships with the media?</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understanding of the world of media, how it works and how you can get the best out of it</li> <li>• How to write a press release, get it out there and get it used.</li> <li>• How to make a 'media buy' for radio or TV air time and monitor it.</li> <li>• Tips on how to invest and nurture a relationship with one or two key contacts in the media.</li> <li>• Understanding of the role of the MoH / GHS press officers and what they can offer in the way of support.</li> </ul>	<p>Mr. Andy Nana Opoku – Media Advisor, Communicate for Health</p> <p><b>&amp;</b></p> <p>Mrs. Rebecca Ackwonu, Public Relations Officer - GHS.</p>
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3:30pm	<p><b>Presentation 11:</b></p> <p><b>Working together with Community Radio to Create Change.</b> This session will involve an introduction to community radio and broadly what makes community radio stations different from commercial radio stations. How they work and are funded will be shared as well as tips and guidance on how to get the best from a local community radio. The session will explore these areas through presentations from a community radio station and a NGO or stakeholder describing the process they went through to develop a community radio programme.</p> <p>At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understand how a community radio station works, is funded and managed.</li> <li>• Understand how to determine if community radio is a suitable channel for the messages you seek to communicate.</li> <li>• Know how to work effectively with a community radio station to produce a successful programme as part of an SBCC intervention.</li> <li>• Understand how to engage local people and professionals in the programme production to create ownership and greater impact within the target groups.</li> </ul>	Mrs. Wilna Quarmyne: Executive Director – Ghana Community Radio Network
5:30pm	<b>Wrap-up &amp; Close</b>	
5:45pm	<b>Snack</b>	

## **EVENING DAY THREE: WORLD VIEWS OF DISTRICT COORDINATING DIRECTOR & DISTRICT DIRECTOR OF HEALTH SERVICES – 7:30-8:30pm**

*‘Take a Step in My Shoes’ District Local Government Co-ordinating Director*

How does local government work? How do the elected representatives work with the management at local government? Given health is influenced by wider determinants such as education, environment, housing etc. how do those in local government understand and see the role of health promotion? These are very critical and influential roles within a District that can impact on policies, decisions and resource allocations not only to do with health but all other sectors that can influence the health and well-being of people and communities. What do we know about the role of these important district figures and how they work, what their priorities, what influences them, what do they see as their greatest challenges as well as opportunities. What keeps them awake at night, what do they know and think about health promotion and how can you help them in their role and have an influence on their decisions?

**Guest Speaker: ..... DCD, .... District Assembly.**

TIME	DAY FOUR: Thursday July 13, 2017	CONTRIBUTOR
	Recap on Day Three	Participants – CR & UWR
	<p><b>Presentation 12:</b></p> <p><b>Understanding Social Marketing and where it fits within SBCC</b></p> <p>This session will look at the way in which commercial marketing approaches can be effectively adopted and applied to a development context for social results and health improvement. Social marketing of commodities such as contraceptives, long lasting nets, water purification tablets, nutritional food supplements and other health related products will be examined alongside the range of methods and approaches used to socially market them.</p> <p>The process social marketing go through to introduce and establish a product into the market such as researching the market, branding the product, establishing willingness to pay and price points, understanding the market, creating outlets, distribution, marketing and sales.</p> <p>By the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understand the principles and processes for social marketing a commodity.</li> <li>• Know how to identify the opportunity for combined efforts between SBCC and social marketing of commodities.</li> <li>• Acknowledge and understand the need for commodity or service availability or access for the target group</li> </ul>	<p>Mr. Daniel Mensah, Director of Health Keepers</p> <p><b>&amp;</b></p> <p>Mr. Antonio Quarshie-Awusah: Country Director - PSI</p>
	<b>Snack Break</b>	
	<p><b>Presentation 13:</b></p> <p><b>Working with mobile technology in health promotion:</b> Increasingly mobile technology is playing a role in nearly everyone's life providing a direct communication route into people's lives and daily routine. Even those who may not own a phone, such as women or teenagers in some of the poorer more remote areas of Ghana, still have access to a mobile. This session will cover in practical terms how mobile phones can be used for SBCC.</p> <p>By the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• understand the use of mobile technology for SBCC and how to determine when they are appropriate.</li> <li>• know how to design a simple SBCC intervention using the VOTO platform.</li> <li>• understand the role of the TELCOs and how to work with them.</li> <li>• gain an overview of how mobile technology is currently being used in Ghana to promote health and improve health systems.</li> </ul>	<p>Mr. David Hutchful: Director of Technology Innovation, Grameen Foundation</p> <p><b>&amp;</b> Dr. Nii Lante Heward-Mills: Social and Behaviour Change Communication Advisor, VOTO Mobile.</p>

	Lunch Break	
	<p><b>Presentation 14:</b></p> <p><b>Advocacy, Building Strategic Partnerships, Alliances and Collaborations:</b> Understanding how to develop and grow strong strategic partners at all levels to promote opportunities for shared efforts in relation to promoting social and behaviour change across sectors and within key CSOs. Some examples of successful strategic partnerships will be examined.</p> <p>Insights into how donors work and how to work with them and get the best out of the relationship to achieve your own objectives.</p> <p>Examining the role, challenges and the opportunities for the ICC HP and using this as an opportunity to consider how the HPD can maximise the opportunities and consider the kind of investments needed for a successful ICC HP.</p> <p>By the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Understand the basic principles of advocacy.</li> <li>• Understand the potential role of partners, allies, and gatekeepers in subsequent phases of the SBCC program and know how to apply some practical ways to engage them.</li> <li>• Know how to apply different strategies and advocacy approaches, ways to: identify advocacy issues, influence decisions; create champions; profile your agenda.</li> <li>• Critically assess the potential partnerships and collaborations that can be developed to support your advocacy objectives.</li> <li>• Reflect on the ICC HP, its role and potential for replication at regional and district level.</li> <li>• Better understand donor agencies, how they operate and how to work with them.</li> </ul>	<p>Dr. George Amofah: Former Deputy Director General &amp; Senior Technical Advisor to Communicate for Health and HPD/GHS</p>
	<b>Wrap-up &amp; Close</b>	
	<b>Snack</b>	

## EVENING OF DAY FOUR: AFTER DINNER SESSION: ASSOCIATION OF HEALTH PROMOTION PRACTITIONERS MEETING – 7:30-8:30pm

TIME	DAY FIVE: Friday July 14, 2017	CON-TRI-BU-TOR
8:00am	Recap on Day Four	BAR & GAR
8:30am	<p><b><u>Day One: Session One</u></b></p> <p><b>Presentation 15:</b></p> <p><b>Writing Winning Proposals:</b></p> <p>The session should articulate the key elements of a winning proposal. Clear distinction between technical and financial aspects of a proposal should be made. The session should also discuss the log frame, an M&amp;E plan and a budget as key elements of a proposal. Emphasis should be made on writing proposals to source funding from donors, partners, MMDAs and private sector.</p> <p>There should be group work that allows participants to develop proposals and present for discussion.</p> <p><i>By the end of this session participants will have:</i></p> <ul style="list-style-type: none"> <li>• Understood the concept of proposal writing.</li> <li>• Understood the steps to developing a winning proposal.</li> <li>• Discussed and understood the key elements of a proposal.</li> <li>• Understood the difference between a technical and financial proposal.</li> <li>• Developed and present a proposal in groups.</li> <li>• Identified key sources and partners to whom to present proposals to for consideration.</li> </ul> <p><b>Module 1 – The aid ecosystem in Ghana.</b> There are the big traditional development partners such as the UN, EU, USAID, DFID, JICA, etc and there are also private sector actors who fund a lot of development initiatives under their various CSR programmes. In addition to that, there are also non-traditional donors such as the Bill &amp; Melinda Gates Foundation, Mastercard Foundation etc.</p>	Mr. Michael Ohe-ne-Effah: Independent Development Consultant
	<b><u>Snack Break</u></b>	

	<p><b><u>Session Two</u></b></p> <p><b>Writing Winning Proposals (continues):</b></p> <p><b>Module 2 – Planning and developing a grant proposal.</b> What do you do before submitting a grant proposal? 80% of all grants and contracts are won before the competition. You should therefore design HPD’s programmes and image so that the potential donor understands and appreciates what HPD stands for in relation to other organisations. The importance of networking and building relations with all actors and stakeholders at the district level is emphasized.</p> <p><b>Identifying your strengths</b> – Securing funding begins long before the proposal reaches the donor. You therefore need to know how to present yourself and the work you do in one minute – which is the time it takes to gain the attention of top executives and decision makers.</p> <p><b>Proposals</b> - The purpose of a proposal is to persuade the funding agency to do something. A proposal offers a plan to fill a need. Their proposal should therefore answer the questions of...</p> <ul style="list-style-type: none"> <li>– WHAT you are proposing</li> <li>– HOW you plan to do it</li> <li>– WHEN you plan to do it</li> <li>– HOW MUCH it is going to cost</li> <li>• The RFP process – Every RFP asks the questions Who? What? When? Where? Why? How many? How much? So what?</li> <li>• Characteristics of Winning Proposals – They are well written, responsive and persuasive, use research and evidence to back claims</li> <li>• Characteristics of a Good Pitch</li> <li>• Characteristics of Losing Proposals</li> <li>• How to lose</li> <li>• Importance of Performing</li> <li>• Resources available to you</li> <li>• Internal processes</li> </ul>	Mr. Michael Ohe- ne-Effah
1:15pm	<b><u>Lunch Break</u></b>	



2:1pm	<b>Writing Winning Proposals (continues):</b> <b>Module 3 – Writing the Grant Proposal</b> The nine basics components of a proposal. <ul style="list-style-type: none"> <li>• The proposal summary</li> <li>• Introduction of the institution</li> <li>• Problem statement</li> <li>• Project objectives</li> <li>• Project methods or design</li> <li>• Project monitoring &amp; evaluation</li> <li>• Project management arrangements</li> <li>• Sustainability</li> <li>• Project budget</li> </ul>	Mr. Michael Ohe-ne-Effah
4:30pm	<u><b>Session Four</b></u> <b>Presentation 16:</b> <b>Introduction to the Change Challenge Fund</b>	Mr. Adetor Frank Kwasi
5:00pm	<b>Wrap-up &amp; Close</b>	
5:15pm	<b>Snack</b>	

TIME	DAY SIX: Saturday July 15, 2017	CONTRIBUTOR
8:00am	<b>Recap on Day Five</b>	AR & WR

8:30am	<p><b>Presentation 17:</b></p> <p><b>Leadership and Personal Development.</b> This session will cover:</p> <p>Understanding of professional self in terms of personality type (MBTI), team player role, understanding and working with others;</p> <p>Skill development in leveraging change and influence in the professional environment; How to develop your own leadership style within your own role and defining what it means to be an agent of change.</p> <p>By the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Gain greater understanding of personal and professional strengths, weaknesses and development needs to be an effective health promotion officer.</li> <li>• Be able to recognise and value the working styles of others and be better able to work with colleagues and stakeholders across other organisations.</li> </ul> <p><b>Developing a Personal Development Plan</b></p>	Mr. Adetor Frank Kwasi
	<b>Snack Break</b>	
	<p><b>Presentation 18:</b></p> <p><b>Unpacking the tool kit of an effective change agent:</b> influencing skills, political skills, advocacy skills, understanding people and organisations and the environment in which stakeholders operate. How can these be used in the day to day working life of a HP officer to promote change and work towards the broad objectives of the HP strategy? A case study as well as some role-play, exercises and fun approaches will be used.</p> <p>By the end of this session participants will:</p> <ul style="list-style-type: none"> <li>• Gain a better understanding of the HP role, the technical and personal skills and attributes needed and practical ways of how to develop these in order to be more effective.</li> <li>• Understand and be able to effectively and appropriately use political and advocacy skills to promote change and implement tactics and strategies for advocacy and influence.</li> <li>• Understand the importance of personal presentation of self and the ability to recognise different styles of working with others for effective collaboration.</li> </ul>	Mr. Adetor Frank Kwasi
	<b>Lunch Break</b>	

2.00pm	<p><b>Presentation 19:</b></p> <p><b>Introduction to Mentoring Scheme and the role of a mentor</b></p> <p>This session will introduce the mentoring scheme to participants, their role as mentors and what is expected of them. Participants will be provided with a handbook that has been designed to support them in carrying out this role.</p> <p>Learning objectives</p> <ul style="list-style-type: none"> <li>• Understand the objectives of the mentor scheme and how the scheme will be managed.</li> <li>• Know what will be expected of you, how to provide mentorship to your mentee and how to access support if needed.</li> <li>• Understand the mentor handbook and how to use it</li> </ul>	Mr. Adetor Frank Kwasi
	<ul style="list-style-type: none"> <li>• <b>Completion of the Post- Assessment Form</b></li> <li>• <b>Reflections and evaluation on the programme</b></li> <li>• <b>Thanks and Close</b></li> </ul>	Mr. Adetor Frank Kwasi & Mrs. Uzoma Tetteh
	<b>Presentation of Certificates</b>	Mrs. Grace Kafui Annan – Deputy Director/ Head of HPD, Ghana Health Service
	<b>Snack Break</b>	
	<b>DAY SEVEN: Sunday July 16, 2017 - Departure after Breakfast</b>	

## 11.2 General feedback template

Key Areas for Feedback	Key Feedback Points
Content	
Process	
Highlights or take-always that can apply in their work place immediately	
Things that should be removed from the programme or done differently	

## 11.3 Contributors



**Adetor Frank Kwasi** holds a Master of Business Administration (MBA) degree in Human Resource Management from the University of Ghana Business School (UGBS), Legon in 2008 and a BA (Hons) degree in Economics and Psychology from the same university in 1998. He is a member of the Institute of Human Resource Management Practitioners (Ghana). He is currently the Senior Organizational Development Specialist at FHI360, on the USAID funded Communicate for Health Project. In this role he leads Capacity Building Support Program (CBSP) designed to strengthen the capacity of the Health Promotion Depart-

ment of the Ghana Health Service and Prolink/Infinity 970 to effectively co-ordinate and deliver Social and Behaviour Change Communication (SBCC) and health promotion campaigns.

Prior to joining FHI360, he worked as the Project Administrator for the Project Support Unit (PSU) of the Council for Technical and Vocational Education and Training (COTVET) working on the World Bank/DANIDA funded Ghana Skills and Technology Development Project (GSTDP) and the African Development Bank funded Development of Skills for Industry Project (DSIP). He worked as the Human Resource and Management Specialist and acted as the Project Manager of World University Service of Canada (WUSC) on the USAID funded Ghana Education Decentralization Project (GEDP). He was the Director of Human Resource & Administration of DEVTRACO Ltd. He was the Regional Human Resource Manager of the Ghana Health Service.

With 15 years combined experience in International NGO, Private and Public Sector Organizations Frank has supported the implementation of international development assistance programmes and projects with expertise in organizational restructuring, organizational development, human resource management, planning, budgeting, financial management, training and capacity building, project management, program administration and coordination.



**Alhaj Abubakar Sufyan** holds a Bachelor of Arts degree in Sociology from the University of Ghana, Legon in 1986. He also holds a PGCert. in Social Mobilization from the School of Public Health from the University of Ghana, Legon and a PGCert. in Health Promotion/Public Health from Griffith University, Australia.

Abubakar has since 1999 been working with the Ghana Health

Service as a Health Educator. By dint of hard work, commitment and dedication, he has risen to the rank of Deputy Chief Health Promoter. He is now the Deputy Head of the Health Promotion Department of the Ghana Health Service.



**Edward Akolgo Adimazoya** holds a Master's Degree in Sociology, University of Ghana, Legon. He is currently the Deputy Chief Party of USAID/ Communicate for Health project, providing direction and technical leadership to project activities. Prior to this, he served as Head of Implementation providing overall technical guidance and leadership for Grameen Foundations Mobile Technology for Community Health (MOTech) and for one year 2010-2011 served as Program Manager for UNDP's Human Security Program across Ghana's three Northern Regions. He also served as the Regional Program Manager for JSIs FOCUS Regions Health Systems Strengthening project (2009 -2010) providing technical direction

and overall leadership, and program management. Between 2005-2009, he served as the Head of Programming, Team Leader Advocacy and BCC to USAID/AED/Ghana Sustainable Change Project with focus on SBCC, advocacy, social marketing and capacity building. He played major roles in designing and developing USAID strategies, project initiatives, consulted for UNDP, UNICEF, Plan International and World Vision. Edward conducted and participated in evaluations (7 major evaluations, serving as Team Leader on several).

Edward has 15+ years of experience and held senior management and technical positions in the field of public health with particular focus on health systems strengthening, maternal and child health, social and behaviour change communication, advocacy, mhealth, human security, community development, adult education, social mobilization, peace building and conflict transformation, decentralization and governance. He is a strategic conceptual thinker with the big picture in mind and attention to detail and an excellent facilitator and presenter.



**Dr. George Amofah** was the Deputy Director General of Ghana Health Service until his retirement in December 2011, after serving in various capacities at all levels of Ghana's health care delivery system as Primary Health Care coordinator, District Director and Regional Director of Health Services, as well as National Director of Public Health. He has acquired considerable technical and managerial experience over more than 30 years and has been actively involved in Ghana's health sector reforms from its inception including Sector Wide Approaches to financing health system, multi-donor budget support and establishment of Ghana Health Service.

He has made major contributions to global health through my involvement in many international bodies. He served as chairman of Roll Back Malaria Partnership Board in its formative years (2003-2004). He was part of group of experts that conceptualized and implemented the Affordable Medicine Facility malaria (AMFm) and was a member of Scientific Advisory Committee (SAC) of TDR/WHO Business Line 9 addressing Evidence for Antimalaria policy and access for 2008-2009. He was also a member of GAVI's Independent Review Committee that in 2008 reviewed and made proposals to GAVI's Board on the Yellow Fever and Cerebro-Spinal Meningitis (CSM) investment portfolios.

He was the lead person that developed Ghana's Millennium Accelerated Framework (MAF) which outlined strategies for achieving MDG5 in Ghana, as well as actively involved in development of the Child Health Policy and Newborn Care Strategy. He has also undertaken a number of consultancies for many other international and bilateral organizations including UNICEF, UNFPA, USAID, IFC/World Bank, UNDP, and GIZ-ReCHT.

His expertise covers health systems strengthening, health policy, planning and service delivery, monitoring and evaluation of health services, epidemiology and disease control, maternal and child health, health systems research, and proposal development and programme implementation.



**Nicholas Kumah Cudjoe** is the Country Director of AfriKids Ghana, a grass roots child rights Non-Governmental Organisation working with families in northern Ghana to improve life for their most vulnerable and disadvantaged children. He is responsible for the successful operation of 27 major projects and over 160 staff, which combine to help over 120,000 beneficiaries. As the Country Director Nich initiated several projects which resettled 160 children working on the streets of Kumasi back in Bolga in various vocational trade of their choice and with support from ILO withdrew

150 from worst form of child labour and prevented over 450 from entering worst form of child labour in mining in the Talensi Nabdam District

He holds an Executive Masters in Business Administration from GIMPA, a degree in Sociology from University of Ghana, East Legon and an HND in Marketing from Bolgatanga Polytechnic; his background is in Social Entrepreneurship and Development.





**Dr. Nii Lante Heward -Mills** is a Social Behaviour Change Communication Advisor for Votomobile , with expertise in both primary healthcare and National Social Behaviour Change Communication Campaigns. He has experience in the M4D arena and Mhealth especially, having implemented projects in Ghana, Sierra Leone ,Uganda and the United Kingdom . Previous organisations he has worked with span from the Ministry of Health, Ghana Health Service to various NGOs . Nii is also the Director of Partnerships for Chale Foundation, an NGO that seeks to empower minority groups which include disabled persons, orphans and persons who live in

abject poverty. He holds a Doctorate Degree in Optometry from Kustia MSc in Health Promotion from the Leeds Beckett University, UK and is a member of the International Union for Health Promotion and Education.

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**David Hutchful** is User Experience Researcher with more than 15 years of experience in software development, David Hutchful is committed to and passionate about designing and creating appropriate technology solutions that are informed by a nuanced understanding of the socio-economic and cultural contexts of the problems.

Mr. Hutchful is currently the Director of Technology Innovation at the Grameen Foundation working at the intersection of technology and international development. In this capacity he contributes to the strategic design and implementation of innovative solutions including the award winning mHealth intervention, MOTECH.

Previously, David was a member of the Technology for Emerging Markets (TEM) Group at Microsoft Research where he conducted research, published and consulted on the design and use of technology in low resource settings in the areas of education and financial services. In addition to other award winning innovations, Mr. Hutchful co-developed a scalable content creation model and a software platform that has simplified and reduced the cost of creating and sharing educational courses freely online.

David received undergraduate degrees in Computer Science and Philosophy from Calvin College and a Master's degree in Information with a specialization in Human-Computer Interaction from the University of Michigan. Mr. Hutchful loves traveling, listening to and reading good stories, fidgeting with technology and is an avid fan of the game of football (soccer).



**Daniel Mensah** has several years of experience in community-based work to promote health and development dating back to his school days. He also has over 15 years of experience in health care management and financing and, over 10 years of experience in healthcare provider network development including community-based distribution systems design and implementation.

In addition, Daniel has behind him, several years of experience in social marketing, social franchising, micro-financing, health insurance management, and health promotion. He has practical experience in project design, implementation, monitoring and evaluation and has demon-

strated ability to manage projects and initiatives that have achieved their objectives successfully and on schedule. He has experience with budgetary and supervisory responsibility over a team of professionals as well as skills in staff and client coaching and mentoring.

Currently Daniel Mensah is the Executive Director, Health Keepers Network, a USAID funded Ghanaian NGO. Past Positions he held include: Country Manager -Ghana, Freedom from Hunger, Davis, California, USA; General Manager, GSMF Enterprises Limited, a subsidiary of GSMF International; Senior Manager, Metropolitan Insurance Company, Health Insurance Department and Country Manager, Servier International, France. Mr. Mensah has served on a number of Boards and provided consultancy services to a number of organizations in and outside of Ghana. Mr. Mensah holds a Masters of Business Administration (MBA) from the UNIVERSITY OF GHANA BUSINESS School (2000) and a Bachelor of Pharmacy (Honors) from KNUST (1990)



**Maurice Ocquaye** is an International Health Promotion and Communication Expert and a Graduate of Advances in Health Communication from Johns Hopkins University Center for Communications Programs. He has over 16 years' experience across Africa having built his capacity for strategic health communication, planning, implementation, monitoring research and evaluation of evidence based Social behavior change communication programs.

He has extensive national and international experience in social and Behavior Change Communication, and Gender mainstreaming.

Maurice has held and effectively delivered different technical and managerial positions working with international agencies and organizations such as UNICEF, DFID, FHI/360, URC, FAO, IBTCL, JHU/CCP among other reputable organizations. At the local level, Maurice has worked with Ghana AIDS Commission, Ghana Health Service,

Ministry of Local Government and Rural Development, the Ministry of Food and Agriculture, Ghana Education Service and the Christian Council of Ghana at all levels.

A graduate of the University of Ghana with a Master's Degree in Theatre Arts. Maurice has produced many documentaries in health and radio magazine shows for adolescents, NGOs and Community Health Extension Workers (CHEWS) in Ghana and in Nigeria, trained journalists on effective reporting on various health topics and other development issues across Africa. He is currently working on his PhD from Walden University with Specialization Community Health Education and Advocacy.



**Michael Ohene-Effah** has been an independent international development consultant since March 2014. Between 2011 and February 2014, Michael provided timely, practical and policy/programme relevant governance advice across the DFID Ghana portfolio, including big picture thinking on emerging areas (democratic consolidation, aid graduation, inclusive development, second wave reforms etc).

Before joining DFID Ghana, Michael had between 2007 and 2011 worked in various roles within the UK Government establishment in Ghana,

first heading the Political, Press & Projects Section at the UK High Commission. Through this role, he gained experience in working with all arms of government at the highest levels, international relations and diplomacy, understanding the government business cycle and international development.

Michael has authored and published 'Beyond The Extra Mile', 'Why Keep Your Axe Blunt?' and 'Why Not The Best?'

He holds an MBA in Global Business & Sustainability – Social Entrepreneurship Track, Sacred Heart Catholic University, Milan, a Bachelor of Business Administration, Ghana Institute of Management & Business Administration, Higher National Diploma In Marketing, Accra Polytechnic and Diploma in Public Relations, Advertising & Marketing, Ghana Institute of Journalism.



**Paul Okyere** holds a Master of Science degree in Public Health – Health Promotion from Leeds Beckett University (formerly Leeds Metropolitan University), United Kingdom. He obtained his first degree in BA Sociology and Social Work from Kwame Nkrumah University of Science and Technology. He currently teaches on the MPH/MSc Health Education and Promotion programme at the School of Public Health, KNUST. His teaching responsibilities extend beyond the School of Public Health as he teaches a number of courses to undergraduate students in the School of Medical Sciences and the Faculty of Allied Health, KNUST.

Before joining KNUST as a lecturer, he was a tutor at the College of Health and Wellbeing, Kintampo. He has considerable experience in teaching at the higher level of the educational system and has a number of publications on a range of relevant public health issues in peer-reviewed journals. He has a strong interest in health behaviour research and the processes that lead to effective community engagement for health improvement. Besides, his skill sets also include teaching and research, technical proposal development, systematic review, health impact assessment, thesis/dissertation supervision, and curriculum development.



**Andy Nana Opoku** holds a Master of Arts degree in Human Rights from the University of Education Winneba, a Bachelor of Arts degree in Communication Studies –Public Relations Major from the University of Ghana and a Diploma in Communications Studies – Journalism and PR Majors from the Ghana Institute of Journalism.

Andy is an experienced communications professional with over sixteen years of practice in the media serving at various capacities as Promotions Executive, a Print Journalist, a Broadcast Journalist, a Public Relations Manager, a TV Host, TV Producer and Director, a Programmes Coordinator, a Marketing and Communications Manager, and currently a Media Advisor for USAID Communicate for Health project.

Andy begun his media career from Choice FM in 1999 and later on moved to Radio Gold, Joy FM, Daily Graphic, Metro TV and also served as TV host, Producer/Director for the Ghana Police Service anti-crime TV programme dubbed Crimefighters TV which aired on GTV from 2008-2013 and most recently on Multi TV's Joy News Channel from 2013-2014. He is also the former Marketing and Communications Manager for Marie Stopes International Ghana.

Andy has substantive experience in developing and implementing strategic communication programmes and campaigns for corporate firms. He is a tough negotiator and has the requisite knowledge and skills in managing huge communications campaigns. He has in-depth knowledge and understanding of the media and its operations.



**Antonio Quarshie-Awusah** is a management executive with over 16 years extensive Marketing and Brand Management, Advertising, Media Relations, Media Production and Content Development, Events Organization, Project Management, Community Mobilization, Behaviour Change Communication, Strategy and Analysis, Financial Management, Sexual and Reproductive Health, Gender Relations experience in diverse industries including Nongovernmental Organizations, Public Relations, FMCG and the Print Media.

Experience gained in operations improvement, business growth, profits maximization through achievements in finance management, cost reductions, internal controls, productivity/efficiency improvements,

general management, and business planning, budgeting and developing productive cross-enterprise alliances.

Currently working as the Chief of Party for the Ghana Social Marketing Program for Population Services International Ghana. Prior to that, I worked as the Director of Marketing and Business Development for Marie Stopes International Ghana (MSIG) – a sexual and reproductive health organization which is operational in 37 countries worldwide. Experience gained from working in MSIG includes optimizing the private sector channels for delivery of family planning services, leading the process for the integration of primary health care services into the franchise network and developing and producing relevant IEC materials (films, documentaries, flipcharts, brochures etc.) to support the education of clients on Family Planning and Sexual and Reproductive Health Choices at both the community and facility levels.

Experience was also gained in setting up call centres. Marie Call the MSIG call centre was step up to increase access to quality SRH information to clients in Ghana. This included performance management, ensuring call quality as well as content provision, Back of House task management and the selection of appropriate hardware, relevant software.

I also led the African Health Markets for Equity (AHME) partnership in Ghana during this period by coordinating the various partners including Grameen Foundation, Pharmaccess and IFC as well as representing Ghana on the AHME Leadership Team.

Other professional experience includes brands stewardship of Club Premium Lager and Vitamalt in



Accra Brewery Limited, Product Management of the Assets Portfolio in Standard Chartered Bank, Advertising and Public Relations as well as Music Promotion – Osibisa.

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**Eunice Sefa (MPH, BSc, SRN)** is a Public Health Specialist and qualified nurse with over eighteen years of experience in the setting up systems for monitoring and evaluating of health projects including conducting research in Ghana. Projects she has worked on have been funded mainly by USAID, DFID and Susan Buffet have covered health issues such as social and behaviour change communication, maternal and child health, family planning, HIV and AIDS.

In her field of work, Eunice has employed both qualitative and quantitative study methodologies. She has strengthened the capacity of Ghana Health Service (GHS) and Civil Society Organizations in the

use of Lot Quality Assurance Sampling methods (LQAS) to monitor program performance and improved their use of data for decision making. She has a wealth of experience in designing M&E frameworks, indicators, data collection instruments, training enumerators and data entry clerks, data analysis, report writing, and dissemination of research findings. Mrs. Sefa has recently started a PhD program in Community Development.

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**Professor Kodjo Senah** obtained the B.A. (Honors) degree in Sociology from the University of Ghana in 1974 and Master of Philosophy degree in Sociology from the same University in 1981. In 1977 he gained his doctorate in Medical Anthropology in 1997 from the University of Amsterdam in the Netherlands. Professor Senah is in his 30th year in the Department of Sociology, University of Ghana as a Medical Anthropologist/Sociologist. He also lectures in Criminology, Rural Sociology and Rural Development and has published extensively on health -related issues in Ghana and has consulted for a number of international agencies.



**Joan W. Schubert** is the Chief of Party for Communicate for Health. She has been working in the field of public health and health communication for over thirty years beginning with a three-year stint in Cameroon as a Peace Corps volunteer doing health promotion work at the community and national levels for improved water and sanitation. She has held senior management positions in the US, Democratic Republic of Congo (DRC), Cameroon, Niger, Ghana and Senegal and has broad experience in the design, implementation and management of public health and social and behaviour change programs around the world including social mobilization and TV,

radio, print and traditional media. Examples of national communication strategies and campaigns include malaria prevention (Senegal and East Timor), infant and young child feeding (Ghana, Cambodia and Ethiopia), family planning (Burkina Faso, Cote d'Ivoire, Niger and Mali), immunizations and diarrheal disease (DRC, Niger), health systems strengthening (Cameroon), HIV/AIDS (Cameroon and Niger) and the Prevention of Mother to Child Transmission of HIV/AIDS (Ethiopia, Tanzania). She holds a MPH from the Tulane University School of Public Health and Tropical Medicine and a BA in Anthropology from the University of Massachusetts at Amherst.