



Using The HealthCOMpass to Strengthen Social and Behavior Change Communication Capacity

In 2013, the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs' (JHU-CCP) team in Cote d'Ivoire held a workshop to field test the Health COMpass, a new collection of best practice capacity strengthening tools from the Health Communication Capacity Collaborative (HC3). Through a needs assessment with local non-governmental organizations (NGOs), the JHU-CCP team had identified a social and behavior change communication (SBCC) capacity gap related to gender. To address the gap in knowledge and integration of gender into SBCC programs for HIV prevention, the team used the Health COMpass to search for tools that would help introduce gender concepts to the NGOs.

After reviewing several gender tools, the workshop organizers selected The Inner Spaces, Outer Faces Initiative (ISOFI) toolkit because it met local NBO SBCC capacity needs. ISOFI includes group activities to help program staff identify, explore and challenge their own understanding of gender and sexuality in their lives, the lives of project participants and within the organizations in which they work.

Workshop Preparations

The workshop's two trainers chose five exercises from the ISOFI manual and held working sessions together to prepare for the training (the sharing of tasks, the teaching method, their understanding of the different exercises). They also conducted research to deepen their knowledge of gender issues in Cote d'Ivoire, and visited the training venue.

The Cote d'Ivoire team trained two local NGOs—SIDALERTE and Secours Plus, with each NGO attending separate four-day workshops in order to build capacity in gender communication. After completing the workshop with the first NGO, the training team met to discuss what went well and what did not so they could improve for the workshop for the second NGO.

Tool Implementation

A total of 42 men and women participated in the workshops. The training team began by providing a general overview of the workshop and then surveyed

participants to establish a baseline. The survey was designed to allow them to examine, articulate and understand their feelings on gender and sexuality with the goal of incorporating these ideas into their HIV/AIDS work.

Using the following five ISOFI exercises, the facilitator then encouraged participants to lead discussions by asking questions and responding to participants' responses:

- 1. Exploring Gender and Culture:** Explores what it means to be male or female in the participants' culture, and challenges participants to think of gender as something capable of evolution and change.
- 2. What is Sexuality?:** Increases participants' understanding of sexuality, sexual rights and the connection between sexuality and gender.



- 3. Rebuilding the World:** Explores notions of power and social status. By giving participants the "power" to assign value to different members of society, this exercise is meant to cause some discomfort among participants.
- 4. Talking about Sex and Sexual Pleasure:** Gives participants an opportunity to become more comfortable speaking openly about sex and sexual pleasure.
- 5. Values Clarification:** Challenges participants to examine and articulate their values and attitudes toward certain issues related to gender and sexuality.

Each group reported the results of its exercise to all of the participants and the facilitators, after which a facilitator would summarize the exercise and its

results, extracting what was essential to remember. Then, the participants were asked to write down how their understanding of the topic had changed from before the exercise to after the facilitator's summary, as well as how they might change or carry out an action that week in support of the exercise. Participants were encouraged to share their thoughts with the group.

The trainers conducted a post-test survey at the end of the training, as well as an evaluation and individual interviews.



Lessons Learned

Overall, the trainers and participants considered both workshops a success. The following are some lessons learned and recommendations for similar workshops:

- ISOFI is best implemented using a facilitator, not a teacher. For the best response, participants should be prepared for that shift from a classical model to a facilitator model.
- Try using two facilitators, preferably a man and a woman. This allows facilitators to switch off between observing and taking notes, and formally facilitating. It also boosts participation of both genders.
- If possible, ensure an equal number of male and female participants. This creates balance and facilitates creation of single-sex groups, which helps ease the feeling of embarrassment surrounding sexuality and gender.
- Participation would improve by recruiting participants who:
 1. Are about the same age, to increase openness
 2. Come from a variety of organizations, to reduce chatter and embarrassment.

3. Have varying levels of education, to encourage brainstorming and thorough analysis.
- Icebreakers are critical to lighten the mood.
 - Be sure to adapt the exercises to the local context and language so they are easy for participants to understand.
 - Provide clear instructions to participants on what is expected during each exercise and how much time is allotted. Consider providing worksheets with a summary of the assignment.
 - Watch for participant burnout, especially given the sensitive nature of the topic. It was emotionally and physically exhausting to conduct the second and third exercise in a half-day. Increase the time given for the exercises so participants are not rushed through the process.
 - When choosing a facilitator, be sure they are comfortable with gender and sexuality topics so they may put the participants at ease.

Visit the Health COMPass at www.thehealthcompass.org to find other great tools, specifically the gender focus package that was developed in response to the needs of local SBCC organizations (<http://www.thehealthcompass.org/focus-package-gender>).

About HC3

HC3 is a five-year, USAID-funded global health project designed to strengthen developing country capacity to implement state-of-the-art health communication programs.

Among the important health areas addressed by HC3 are child survival; family planning; maternal and newborn health, HIV and AIDS; malaria; TB and other infectious diseases; non-communicable diseases, and other health and development issues.

The Collaborative

HC3 is led by JHU-CCP, in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR, Forum One and Internews. It is also linked to a network of organizations throughout Africa, Asia and Latin America.