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COMMUNICATION

Understanding of Social and Behavior Change Communication Intervention in Health
Programs: The case of Amref Health Africa International Non-Governmental
Organization

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This is to certify that the thesis prepared by Solomon Tamerat entitled: **Understanding of Social and Behavior Change Communication Intervention in Health Programs: The case of Amref Health Africa International Non-Governmental Organization** and submitted in partial fulfillment of the requirement for the Degree of Master of Arts Journalism and Communication complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

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Title: Understanding of social and behavior change communication intervention in Health programs: The case of Amref Health Africa International Non-Governmental organization.

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Abstract

The effective communication of information on prevention disease and healthy lifestyles has played an important part in the improvement of the health status of the population. The benefits of good health communication are many, from better relationships between providers and patients to improved treatment compliance to reduced inequities of care. Amref Health Africa implemented its major programs in the developing regions, (Afar, Benishangul, Gambela and Somali). The population in these communities is found under a significant level of illiteracy and their living standard is also immeasurable. Therefore, in order to address these disadvantaged communities it is crucial that health professionals and stakeholders that have been working on the health prevention and control should communicate them strategically. This study is, therefore, primarily focused on the absence of communication strategies in the Social and Behavior Change Communication endeavors planned and executed by Amref health Africa, an international NGO. So as to bring the desired social and behavior changes, the Social and Behavior Change Communication (SBCC) should employ a well-developed communication strategy that takes stakeholders, target groups and gatekeepers into account. Qualitative research method was basically used to deal with the study problem, and quantitative research method was employed in order to supplement the data analysis. Data were collected through semi-structured in-depth individual interviews, 15 Amref health Africa program staffs who participated in the in-depth interview and focus group discussion (FGD) by using technology (zoom meeting) because of COVID-19. In-depth interviews were conducted with 15 Amref Health Africa program staffs and three focus group discussions (FGD) were conducted with program officers, project managers, and program managers since they are part of the SBCC programs directly and indirectly. Based on the findings of the research, the study recommends the need to develop integrated social and behaviour change communication (ISBCC) strategy. Developing integrated SBCC strategy to address the three program areas, Reproductive,

Maternal, Newborn, Child and Adolescent Health (RMNCH), Disease Control and Prevention (DCP) and WASH.

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List of Acronyms

AIDS - Acquired Immuno-Deficiency Syndrome

BCC - Behavior Change Communication

CCP - Center for Communication Program

CCRDA-GAVI - Consortium of Christian Relief and Development Associations - Global Alliance for Vaccines and Immunization

CDC - Center for Disease Control DOI - Diffusion of Innovation

DPC - Disease prevention control

FAO - Food and Agriculture Organization

FGD - Focus Group Discussion

FGM - Female Genital Mutilation

HEWs - Health Extension Workers

HLM - Health Learning Materials

ICPD - International Conference on Population and Development

IEC - Information Education Communication

IPC - Interpersonal Communication

ISBCC - Integrated Social Behavior Change Communication

JHU - Johns Hopkin's University

NGO - Non-Governmental Organization

RMNCH - Reproductive maternal and new born child health

SBCC - Social Behavior Change Communication

SCT - Social Cognitive Theory

SLT - Social Learning Theory

SMCC - Social Mediated Crisis Communication

SNNP - Southern Nation and Nationality People

SRHR - Sexual Reproductive Health and Right

TOC - Theory of Change

TTM - Trans Theoretical Model

UNESCO - United Nations Educational, Scientific and Cultural Organization

UNFPA - United Nations Population Fund

UNICEF - United Nations Children's Fund

USAID - United States Agency for International Development

WASH - Water and supply hygiene

WHO - World Health Organization

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Chapter One

1.1 Background

The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship. No one should get sick and die just because they are poor, or because they cannot access the health services, they need. Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality. (WHO, 2017)

Amref Health Africa partners with the government of Ethiopia and local stakeholders to implement a diversified health project portfolios throughout the communities. Amref Health Africa in Ethiopia has projects in Addis Ababa, Afar, Amhara, Gambella, Benishangul-Gumuz, Oromia, SNNP, and Somali regions and nationwide health systems strengthening interventions focusing on the capacity building of the National Health Extension Program. (Amref, 2019).

Amref Health Africa, the largest African led international organization on the continent, provides training and health services to over 30 countries in Africa. Founded in 1957 in East Africa to bring critical health services to remote communities, Amref Health Africa now delivers preventative, community-based health care. With a focus on women and children, it manages a full range of medical and public health programs tackling the most critical health challenges facing country focusing on three key programmatic areas: Reproductive, maternal, neonatal and child health; water, sanitation and hygiene and communicable and non-communicable

diseases. Gender and human resources for health are crosscutting, reflected throughout the organization's health portfolio. Reach in to 35 countries in Africa and 11 countries in Europe and North America.

1.2. Introduction

AmrefHealth Africa was founded in 1957 as an international African health development organization by three reconstructive surgeons working in Kenya who were concerned that rural Africans were failing to access the surgical care they needed. The surgeons concluded that if the patients could not get to them, then they would go to the patients – and so the “Flying Doctors” were born. Continuing that tradition of innovative solutions, today it carries out pioneering interventions that provoke health care improvements of significant importance, in Kenya and beyond (Amref, 2007).

The idea of improving the health of Africa's disadvantaged was first raised in 1956 over sundowners at Orien farm on the slopes of Mt. Kilimanjaro by three men, Sir Archibald “Archie” McIndoe, Sir Michael Wood and Dr. Tom Rees all reconstructive surgeons, who were destined to become lifelong friends (Amref, 2018).

It was in the days before independence from Britain when millions of people living in remote areas had no access to proper medical treatment. So why not, they suggested, take specialized and essential health care to the small bush hospitals that were isolated by terrain and inadequate means of communication. And why not connect these same hospitals to expert medical advice by setting up a radio network with Nairobi as the hub. It was a daunting challenge, but if anyone could do it, it was these three. They had traits in common: vision, charisma, deep compassion,

the courage to explore medical frontiers and the constitution of an ox. Today their names are embedded in Amref's history. Sir Michael Wood, Dr Thomas Rees and Sir Archibald McIndoe.(Amref, 2018).

All the project proposals shown the program activity which Amref implements has a social and behaviour change activities which is expected to bring tangible impact within the community but doesn't have any social and behaviour change communication strategy except one project.

1.3 Statement of the problem

Social and behavior change communication is a research-based, consultative process that uses communication to promote and facilitate behavior change for improving health outcomes. According to socialchange communication principles, SBCC should be empowering and horizontal; encourage communities to be agents of their own change; promote dialogue, debate, and negotiation (as compared to information and persuasion techniques); emphasize the process of interactions, shared knowledge, and collective action (rather than a sender–receiver model); and focus – beyond but to include individual behaviors – on social norm change, policies, and culture to unfold sustainable change in communities and among individuals (Karin Gwinn Wilkins et al., 2014).

Integrated social and behaviour change communication programs implementation kit explains a strategically designed and culturally appropriate social and behaviour change communication strategy is of the utmost importance to increasing demand for health information and services by the target audiences which the program planned to be reach and bring the intended desired behaviour(JHU, 2017).

Amref health Africa in Ethiopia annual report explains there are 24 different projects implemented in seven regions throughout the countries. According to the researcher's review, almost all the projects have social and behaviour change communication programs. But the organization does not have a social and behaviour change communication strategies as well as experts to implement SBCC strategies for an effective outcome. The study will make attempts to show the gaps in the application and utilization of SBCC strategies in Amref's social and behavior change communication programs. In addition to this the study will help the organization to measure its impact contribution in the area of health programs.

SBCC examines challenges from multiple sides by analyzing personal, societal, and environmental factors in order to find an effective way to achieve sustainable change. SBCC also employs strategies that influence the physical, socio-economic, and cultural environment to facilitate healthy norms and choices and remove barriers to them (C-Change. 2012.)

Amref's attempts to bring about developmental changes in social and behavioral aspects of healthy living have been encouraging that they have realized planned goals, i.e. reproductive, maternal, neonatal and child health. Nevertheless, the effectiveness of the SBCC has been far less than the anticipated level due to the absence of strategic communication approaches. Yosef (2014) stresses that social and behaviour change strategies should be at the forefront of any advocacy works that the primary stage of SBCC must be ensuring the presence of communication strategies that guide campaigns and awareness-related communication projects. According to Yosef (2014), designing effective communication strategies in SBCC is paramount to achieve anticipated results. In his study, Mikias (2014) underscores that the central effectiveness of a communication campaign bases on the strategies employed to carry it out. On a similar token, communication strategies contribute in achieving defined goals and objectives (Engdawork, 2013). Since SBCC is a strategic use of communication to promote

positive health outcomes, a carefully designed communication strategies happen to be of high importance (Samuel Ngigi et al., 2018). The researcher noted that the need for effective communication strategies to be incorporated in SBCC has been a central focus of studies conducted locally and internationally on a similar area. With this in mind, the health programs planned and executed by Amref Health Africa in Ethiopia appear to have lacked the understanding and application of effective intervention strategies.

1.4 Objectives of the study

General objective

To show the absence of appropriate understanding towards the implementation of SBCC interventions in Amref Health Africa in Ethiopia without SBCC strategy.

Specific Objectives

- To show how the organization implemented the SBC interventions in its different projects and its gaps
- To show the importance of social and behavior change communication strategies.

1.5 Research Questions

- What is the role of communication strategy in SBCC intervention programs?
- How has the absence of effective communication strategy affected the achievement of health programs of Amref Health Africa in Ethiopia?
- What type of SBCC materials developed for health programs (for the community, health professional, religious leaders, youths) based on the specific projects?

1.6 Significant of the study

Amref Health Africa in Ethiopia implemented the very important health programs in different regions with different areas. To bring tangible and remarkable change in the society in terms of health behavior it should be has a scientific and research based social and behavior change communication strategy. It helps for decision makers and program implementers to undertake the SBCC activities and to reinforce a continuity of vision and purpose for health and social programming.

Social and behavior change communication is guided by a comprehensive ecological theory that incorporates both individual and at broader environmental and structural levels change. (The Manoff Group, 2017). Amref Health Africa is committed to improving health and health care in Africa with the vision of “Lasting health change in Africa”. Therefore, this study is very significant in investigating the impact of absence of effective communication strategies in the health programs designed and executed by Amref Health Africa in Ethiopia and providing remedial insights as to how the programs could achieve the anticipated outcomes by applying communication strategies.

1.7 Limitation of the study

The major limitation of this study is the lack of access to follow up a significant amount of the SBCC activities planned and implemented in the health programs. In addition to this, the reluctance from the concerned staff members to cooperate due to the absence of adequate understanding towards the subject area, i.e. SBCC strategies, posed impediment on the ease of access for resources relevant to the study.

Chapter Two: Literature review

2.1 Introduction

Traditional interventions are no longer seen as enough to effectively prevent and control major health threats. Research shows that properly designed behavior-based health communication activities can have a significant positive impact on health-related attitudes, beliefs and behaviors.

2.2 Information, Education and Communication (IEC)

Threads along with agricultural development, population issues have had a large influence in the evolution of development communication. The acronym IEC—Information, Education and Communication—has achieved greatest prominence in programs designed to influence knowledge, motivation and behavior related to contraception and family planning. National governments, NGOs, multi-national agencies, and the private sector have conducted many studies and interventions in which communication and population issues have been central components (Colle, 2002). These programs, through their successes and failures, have enriched development communication through their practically-oriented explorations in message design, media use, incentives and other aspects of communication whose implications extend beyond population issues (Ibid).

Royall added that for several decades IEC has been associated with population and family planning programs around the world. United Nations Population Fund (UNFPA) was among the first to use the term IEC when in 1969 it used the label for its communication activities. Specifically, IEC has referred most frequently to the use of information, education and

communication to promote adoption of contraceptives or other practices to limit births. The traditional approach to IEC campaigns and community mobilization used information to try to influence people's contraceptive behavior according to policies generated by governments and population authorities (Ibid).

A variety of issues has influenced the IEC approach during the past two decades. Among them were concerns about gender equality and the conditions of women and children. These sometimes linked with human rights issues. Population issues also were linked to the AIDS situation, to providing assistance to infertile couples, and to development in general. Along with these issues was the introduction of different approaches to reaching populations including social mobilization, social marketing, advocacy, and interventions emphasizing participation and empowerment (Colle, 2002).

In 1994, the International Conference on Population and Development (ICPD) that held in Cairo helped broaden the scope of population programs. At the core is the concept of reproductive health (RH). The ICPD defined reproductive health as a state of physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (WHO, 1997).

Thus, reproductive health is at least concerned with family planning, prevention of maternal and newborn deaths and disabilities, prevention and management of sexually transmitted disease and AIDS, harmful traditional practices such as FGM, rape, domestic violence, forced prostitution and human trafficking, infertility, malnutrition and anemia, osteoporosis, uterine prolapse,

reproductive tract infections and cancers. The new definition of population programs has a potentially profound influence on how one approaches the IEC.

The Programs of Action of ICPD reflects the convergence of many issues that have significance for a communication agenda. Obviously, the task for communicators associated with reproductive health programs is substantially broader than generally perceived in IEC, including, once again, the question as to who the stakeholders are. The issue of reaching men has also broadened. Earlier, men were targets largely in the context of condom use; now men are targeted because of their often-dominant roles in decisions crucial to women's reproductive health. (Drennan, 1998, p. 671).

This brings us to the process called advocacy which has become a key concept in developing reproductive health communication strategies and in other development communication contexts. According to Jan Servaes the primary aim of advocacy is fostering public policies that support the solution of an issue or problem (Servaes, 2000, p.104)

The stakeholders for advocacy include political, religious and community leaders as well as a wide range of institutions. Advocacy has become a key part of the activities for social and behavior change communication programs. Piotrow explained that for reproductive health advocacy a vital need is giving voice to the silent majority that supports these programs, even in the face of sometimes-vocal minority opposition support reproductive health programs adequately only if they feel a groundswell of demand from the grassroots. And grassroots organizations can demand this effectively only by making advocacy a top priority. (2005)

Piotrow and her colleagues suggest that the next decades will see continuing rapid demographic, political and technological change that will require family planning and reproductive health communication programs to adapt to a variety of dynamic situations. These include: changing audiences, changing channels of communication, changing behavioral science theory and research, changing values and mandates, changing organizational structures and changing political environments and resources (Piotrow, Kincaid, Rimon II and Rinehart, 1997. pp.187–188).

2.3 Social Marketing

Social marketing came into being as a separate discipline in the 1970s as a result of the acceptance of environmental approach by the Western countries. Now a days, social marketing principles are being used in developing countries in areas such as health promotion, population control, environment conservation, economic development, racism and human rights. Social marketing is not a new phenomenon as its roots can be seen in development strategies, social reform campaigns in olden days.

In ancient Greece and Rome anti-slavery campaigns were launched. During industrial revolution period, campaigns were launching to grant voting rights to woman and abolition of child labor in Great Britain. Notable social reforms movements, such as, abolition of self-immolation system, abolition untouchability, prevention of child marriages, woman education etc. were successfully organized during Pee-independence era in India. (Kotler&Zeltman 1971, pp 3 -12)

Philip Kotler and Gerald Zaltman defined social marketing as “ the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving

considerations of product designing, pricing, communication, distribution and marketing research” (Kotler and Zaltman, 1971, p.35)

Social marketing is an approach used to develop activities aimed at changing or maintaining people’s behavior for the benefit of individuals and society as a whole. Combining ideas from commercial marketing and the social sciences, social marketing is a proven tool for influencing behavior in a sustainable and cost-effective way. It helps individuals to decide which people to work with, what behavior to influence, how to implement it and how to measure it (Marie, 1983, p.506)

Health learning materials (HLM) are often important components of social marketing programs in health education and training. They are frequently the medium used to convey the health message should be designed and tested accordingly to ensure that the health message is suitable for the required target group, can be understood by them, and incorporates all the important elements of effective message design to achieve the optimum impact. (Marie, 1983.)

The design and testing methodology used in social marketing ties in closely with usability and field testing of health learning materials and provides a systematic approach for the production of materials with a view to promoting specific health messages. HLM writers, editors and project managers could usefully adopt some of the techniques and disciplines of social marketing when adapting or producing their own documents. Several of the references quoted give examples of the application of objective testing and marketing strategies to HLM within particular areas of health. Social marketing of HLM also fits well with a strategy of learning by objectives (Guilbert et al. 1987).

The past 25 years of health education in Africa has experienced the growth of indigenous health education service, training and research programs and activities. Research in Africa for Africans has provided a basis for developing culturally relevant principles of practicing of training and service. (William, 2000, p. 389). According to Adeniyi, Africa was witnessing considerable changes brought about by population movement, industrialization and new patterns of life resulting from the cultivation of western life style by increasing numbers of Africans. Such changes predicted to impact on emphasis and direction in health education. The year 2000 provides a time to reflect on progress, and consider gaps and challenges in organizing and promoting health education in Africa. Today at the dawn of the 21st century, the situation of health education practice in Africa is far from encouraging; in spite of at least 25 years of concerted inter agency effort to develop a science base and human and financial resources. (Adeniyi. 1981, pp.26-32).

During the recent years of political instability in many countries official development assistance has come to favor the private sector, NGO and non-for profit sectors over MOHs for planning and implementing health education programs.

The first textbook on health education developed in Africa published by the African medical and research foundation (Scotney, 1976). Five over-riding themes for health education practice in rural Africa have been draw from experiences in several countries over many years. People are different and need to be approached in different ways, health education must change with changes in services and changes in health problems, developments in psychology, sociology and related sciences like the behavioral sciences have provided new foundations for skillful health

education, and Amref continues to use these principles in implementing community health and education programs throughout the region. (Williams. 2000, pp.285)

2.4 Health communication

Health communication is an area of study finds its origins in the communication discipline of the 1980s and the areas of interpersonal interaction - communication between doctors and patients and mass communication - public health communication campaigns. Health communication is the study of the impact of communication on health and health care delivery, with attention to the role played by communication in the definition of health and wellness, illness and disease as well as strategies for addressing ways to deal with those health issues. (Lederman, Kreps & Roberto. 2017).

It has always focused on the real world and on communication in everyday life. Health education and communication efforts are critical elements in improving individual acceptance of desired health behavior and of community participation in health programs. In particular, communication efforts are needed to involve informal groups and community leaders in promoting preventive health measures. (Atkin, & Marshall, 1996. pp. 93-100).

According to Atkin and Marshal one of the main tasks of health education is to inform about lifestyles and behaviors that prevent people from various diseases. In this sense, health education aims to influence a person's knowledge, attitudes and behaviors connected to health in a positive way. Initiatives can either focus on improving existing medical problems or preventative education in any combination of planned learning activities. Health education models of

intervention have evolved in the past three decades. The field is quite diverse in Europe on what concerns approaches and levels of integration with public health programs.

It grew at first out of two different areas of study: interpersonal interaction, where researchers became interested in the communication between doctors and patients, and mass communication, where researchers began to use the media to promote public health campaign (Kreps, Bonaguro & Query, 1998, pp 1-15). Over the years the study of health communication has come to take into account factors such as the influence on health of the patient's age, gender, race, culture or previous medical experience. This added additional areas that eventually grew to include these factors as well as the impact of technologies on delivering health care. (Lederman, Kreps, & Roberto, 2017).

Renata Schiavo (2007) emphasizes health communication may be a multifaceted and multidisciplinary approach to succeed in different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers, and therefore the public to champion, introduce, adopt, or sustain a behavior, practice, or policy which will ultimately improve health outcomes.

Health communication is usually conceived as a strategic process aimed toward achieving a rational use of health services and improving the efficiency and effectiveness of programs directed at disease prevention and health promotion. Research has shown that health communication programs supported solid theory may bring health to the forefront of the general public agenda, reinforce sanitary messages. Stimulate people to hunt more and better information, and in some cases lead towards healthier lifestyles four key elements of the communication process are typically utilized in health communication: source, message,

channel, and audience, increasingly coupled with social mobilization and participation components and with rigorous research (Piotrow, 1997).

Health communication could also be a way to disease prevention through behavior modification (Freimuth, Linnan, and Potter, 2000, p. 337). It has been defined because the study and use of methods to tell and influence individual and community decisions that enhance health. Health communication may be a process for the event and diffusion of messages to specific audiences so as to influence their knowledge, attitudes and beliefs in favor of healthy behavioral choices (Hansen, A. et.al 1998).

Health communication is that the use of communication techniques and technologies to positively influence individuals, populations, and organizations for the aim of promoting conditions conducive to human and environmental health (Maibach and Holtgrave, 1995, pp. 219–238). it's getting to include diverse activities like clinician-patient interactions, classes, self-help groups, mailings, hotlines, mass media campaigns, and events, (Health Communication Unit, 2006).

Ratzan et al. (1994) health communication as motivating individuals: The art and technique of informing, institutional and audiences about important health issues is scope includes disease prevention, health promotion, health care policy, and business, also as enhancement of the standard of life and health of people within the community.

Clift and Freimuth (1995) health communication is change behaviors. Health communication, like health education, is an approach which attempts to vary a group of behaviors during a large-scale audience regarding a selected problem during a predefined period of your time. Health

communication is that the scientific development, strategic dissemination, and important evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public (Bernhardt, 2004: 51 cited by RenataSchiavo).

2.5 Behavior Change Communication(BCC)

One of the most cost effective ways of targeting the issues of health is through behavior change communication. It is the whole range of processes and methods used to encourage positive health outcomes by making planned and strategic usage of communication to strengthen health seeking behaviors through health literacy, and can be either focused at the community or individual level. It can be targeted at different levels of communities such as local, regional, and national levels, through wide varieties of mechanisms delivered by different modes of channels and forms. BCC can be used for community mobilization, health education, and different public outreach programs (Hannah K. 2015).

It is defined as a research-based consultative process of addressing knowledge, attitudes and practices through identifying, analyzing and segmenting audiences and participants in programs by providing them with relevant information and motivation through well-defined strategies, using an audience-appropriate mix of interpersonal, group and mass-media channels, including participatory methods (UNICEFROSA, 2005, p 6).

Behavior change communication in public health includes interventions that focus on communicating health messages to individuals, households or communities through various mediums and in ways that can tangibly impact health behavior. It can be delivered in a diversity

of ways to individuals and communities, through Inter Personal Communication (IPC) or group discussions. Mini-media or edutainment such as songs, folk, dances, street shows, dramas, and the multifarious use of the fine and performing arts, and, mass media including print media such as newspapers, posters, flyers, leaflets, booklets etc., electronic media including radio, television and online/digital platforms and the Internet are also a platform to deliver the BCC activities. (CCP-SBCC strategy, 2010)

A major channel for BCC in contemporary human society is via the digital or electronic mode such as mobile phones (m-health), internet, social media, blogs, chat rooms (e-health), video games, health apps computer-mediated delivery of individual healthcare advice (e.g. online physicians), face-to-face educational sessions (Bailey, 2010).

These newer technologies such as e-platforms and mobile phones can be effectively used for BCC. Lack of accessibility to internet (due to various barriers) restricts the reach and impact of health communication in LMIC's, but it is evident that the usage of mobile phones is growing phenomenally in these countries too. The mobile phone gives favorable opportunities to deliver health messages through text messages to a widespread audience (Riboli- Sasco et al., 2015).

2.6 Development communication

Prior to the 1970s, almost all of Latin American communication development theory and practice was based on concepts and models imported from the United States and Europe and used in ways that were both incommensurable with and detrimental to the region's social context (Beltrán, 1975, pp 187-193). These concepts and models were guided philosophically by a combination of

behaviorism and functionalism prevalent in the social sciences and by persuasion definitions of communication dating back to Aristotle in the humanities (Beltrán, 1980, pp 5-14).

The development programs and research projects falling out of this philosophical frame tended to focus on individual attitudes and effects, while ignoring social, political, and economic structures that frequently stood in contradiction to development goals. Development was often defined in terms of the adoption of new behaviors or technologies, which were rarely, if ever, examined in terms of their social, political, and economic dimensions. (1975)

Development communication is using communication to change or improve the way of living of the citizen of a country. The messages in development communication are designed to transform the behavior of people or to improve their quality of life. Development communication refers to a spectrum of communication processes, strategies and principles within the field of international development, aimed at improving the conditions and quality of life of people struggling with underdevelopment and marginalization (Servaes, 1999, p. 17).

Development is all about causing sustainable development in the community. This is based on the definition of development as a process of social change, which has its own goal as the improvement of the quality of life of all or majority of the people without doing violence to the natural resources, or cultural environment in which they exist. Development communication as the uses to which communication is put in order to further development. Such applications are intended to either further develop in a general way, such as by increasing the level of the mass media exposure among the nation's citizen, in order to create a favorable climate for development, or to support specific definite program or project (Rogers, 1983).

Rogers (1983) says the development of any aspect, the community will create an environment or climate for development. According to Narula Uma (1994), development communication has two primary roles: a transforming role, as it seeks social changes for a higher quality of life and a socializing role, by seeking to maintain some of the established values of the society.

Development communication rests on the premise that successful rural development calls for the conscious and active participation of the intended beneficiaries at every stage of the development process; for in the final analysis, rural development cannot take place without changes in attitudes and behavior among the people concerned. To this end, development communication is the planned and systematic use of communication through interpersonal channels, and audio-visual and mass media.

Many projects have failed in the past because assumptions were made about the willingness and capacity of rural people to absorb new technology and development infrastructures into their way of living and working. Abandoned irrigation schemes and settlement programs, broken down equipment, and the slow adoption of improved crop varieties are examples that bear witness to this failure to bring about attitudinal and behavioral change. As an adjunct and complement to the usual situation analysis that is done for project formulation, development communication helps to identify attitudes, felt needs, capacities, and constraints to the adoption of change. And through the dialogue and consultation process it employs, it naturally elicits the participation of the intended beneficiaries of a development action. (FAO, 1991)

Problems of mobilizing rural people for development action and ensuring an information flow among all concerned with a development initiative. If a rural development project has been planned with its beneficiaries, their participation and mobilization are almost certain to follow

quite naturally. However, in any event, communication support during project implementation keeps people informed, helps to mobilize them, and to stimulate the more conservative to action. This is especially so when communication is used to spread knowledge of successful development action taken by some communities and individuals to other communities and individuals that have not yet mobilized. Furthermore, even the best project designed with its beneficiaries cannot be rigid. As it progresses, there will be need to review and refine its activities and introduce changes of emphasis. A good communication system can keep a dialogue open among those involved in a development project, thereby addressing problems as they arise. Such an ongoing information flow can also help to ensure coordination and proper orchestration of inputs and services to a development initiative. (Servaes, 2007).

Any development initiative that depends for its success on rural people modifying their attitudes and behavior and working with new knowledge and skills will normally benefit from communication support. So also will projects that have a multi-disciplinary nature, that is to say those which involve a number of subject-matter ministries and authorities, and which are therefore inherently difficult to manage. Communication can provide the linkages that will ensure coordinated management. (Royal D. Colle, 2002)

2.7 Models of Development Communication

2.7.1 The Participatory Model

The participatory model incorporates the concepts in the emerging framework of multiplicity development. It stresses the importance of cultural identity of local communities and of democratization and participation in the least levels international, national, local and individual.

It points to a technique, not merely inclusive of, but largely emanating from, the normal receivers. Paulo Freire (1983, p.76) refers to the present because the right of all people to individual and collectively speak their word, this is often not the privilege of some few men, but the right of every man.

Consequently, nobody can say a real word alone nor can he say it for an additional, during a prescriptive act which robs others of their words. In order to share information, knowledge, trust, commitment, and a right attitude in development projects participation is extremely important in any decision-making process for development. This involves new attitude for overcoming stereotyped thinking and to market more understanding of diversity and plurality, with full respect for the dignity and equality of peoples living in different conditions and acting in different ways (International Commission for the Study of Communication Problems, 1980, p.254).

This model stresses reciprocal collaboration throughout all levels of participation. Listening to what the others say, respecting the counterpart's attitude, and having mutual trust are needed. Participation supporters don't underestimate the power of the masses to develop themselves and their environment. Development efforts should be anchored on faith in the people's capacity to discern what is best to be done as they seek their liberation, and how to participate actively in the task of transforming society. The people are intelligent and have centuries of experience. Draw out their strength. Listen to them. (Xavier Institute, 1980, p.11)

According to many authors, authentic participation directly addresses power and its distribution in society. Participation may not sit well with those who favor the status quo and thus they may be expected to resist such efforts of reallocation more power to the people (Lozare,1989. P.

2).Therefore, development and participation are inextricably link. According to Jan Servaes and PatchaneeMalikhao participation involves the more equitable sharing of both political and economic power, which often decreases the advantage of certain groups. Structural change involves the redistribution of power. In mass communication areas, many communication experts agree that structural change should occur first so as to determine participatory communication policies. (Mowlana and Wilson 1987. p.143)

They tend to legitimize the prevailing power relations in society, and thus, they can't substantially change unless there are fundamental structural changes in society which will alter these power relationships themselves. Since dialogue and face to face interaction is inherent in participation, the event communicator will find him/herself spending longer within the field. It will take a while to develop rapport and trust. (Servaes, 2007, P.170)

Development of social trust precedes task trust. Both parties will need patience. It is important to notice that once we treat people the way we ourselves would really like to be treated, we learn to figure as a team, and this brings about rural commitment and motivation too. Thus, honesty, trust, and commitment from the higher-ups bring honesty, trust, and commitment for the grassroots also. This brings about true participation. Moreover, true participation brings about appropriate policies and planning for developing a country or community within its cultural and environmental framework. (McQuail, 1983)

Subsequently also the perspective on communication has changed. It is more concerned with process and context, that is, on the exchange of meanings, and on the importance of this process, namely, the social relational patterns and social institutions that are the result of and determined by the process. Another communication 'favors multiplicity, smallness of scale, locality, and

deinstitutionalization, interchange of sender-receiver roles and horizontality of communication links in the least levels of society (McQuail, 1983, 97).

As a result, the most target moves from a communicator to a more receiver-centric orientation, with the resultant emphasis on meaning sought and ascribed rather than information transmitted. With this shift focused, one is not any longer attempting to make a requirement for the knowledge one is disseminating, but one is quite disseminating information that there is a need. Experts and development workers respond instead of dictate, they choose what's relevant to the context during which they're working. The emphasis is on information exchange instead of on the persuasion within the diffusion model.

There are two major approaches to participatory communication, which everybody today accepts as sense. The first is that the dialogical pedagogy of Paulo Freire, and therefore the second involves the ideas of access, participation and self-management articulated within the UNESCO debates of the 1970s. Every communication project which calls itself participatory accepts these principles of democratic communication.

The Freirian argument works by a dual theoretical strategy. He insists that subjugated peoples must be treated as fully human subjects in any political process. This implies dialogical communication. Individual opportunity, Freire stresses, is no solution to general situations of poverty and cultural subjugation. These ideas are deeply unpopular with elites, including elites within the Third World, but there's nonetheless widespread acceptance of Freire's notion of dialogic communication as a normative theory of participatory communication. (1983, p.204)

The problem with Freire is that his theory of dialogical communication is predicated on group dialogue instead of such amplifying media as radio, print and tv .Freire also gives little attention to the language or sort of communication, devoting most of his discussion to the intentions of communication actions.

The UNESCO discourse includes the thought of a gradual progression. Some amount of access may be allowed, but self-management may be postponed until sometime in the future. Freire's theory allows for no such compromise. One either respects the culture of the opposite or falls back to domination and therefore the 'banking' mode of imposed education. Finally, it discourse puts the main focus on the institution. Participatory radio means a station that's self-managed by those participating in it.

2.7.2 Extended Parallel Process Model

Although all theories are helpful in informing SBCC activities, not all are suitable for setting. In most cases, the extended parallel process model is suggested because it acknowledges the increased risk perception populations are likely to experience as a result of the emergency. The extended parallel process model stipulates that, for people to require protective action, they need to feel threatened by the results of a specific behavior and, at an equivalent time, feel ready to take the required action to avoid that threat and believe that the action are going to be effective in mitigating the threat. The degree to which individuals feel threatened by a problem will determine motivation to act. Action won't occur unless people's confidence in their ability to require protective measures is high, and that they believe that those actions will actually be effective in reducing risk. (Witten, 1998).

2.7.3 Social Mediated Crisis Communication Model

The Social Mediated Crisis Communication (SMCC) model plays an important role in recent crisis communication theory. This model holds that in the context of a crisis, multiple audiences exist in the world of social media.

- **Influential:** These individuals create information that others access
- **Followers:** These individuals follow the influential and access the information they disseminate
- **Inactive Members:** Those individuals who do not directly access information from social media and rather seek information from other sources or are exposed to information from social media indirectly.

Essential to this model is both the direct and indirect dissemination of information across social media, as well as between traditional and social media (Hutchins. 2016, p.163).

2.7.4 Elaboration Likelihood Model

The elaboration likelihood model posits there are two pathways through which messages are processed. The first pathway is characterized by fast judgments made by individuals that are based on simple associations that they have (positive or negative). Here, peripheral cues, such as persuasive communication messages, may often lead to temporary changes in attitudes or beliefs. The other pathway demands more scrutiny and time to process the information. Although this pathway takes longer and more effort, the change in attitudes or beliefs tends to last longer (Petty & Cacioppo, 1986, 1981). In emergency situations, where the limited timeframe may affect an

individuals' motivation to think deliberately and critically about a message, the elaboration likelihood model can be used to identify topics where persuasive communication could be most effective.

2.7.5 The Trans Theoretical Model

The Trans-theoretical model also called the stages of change model, developed by Prochaska and DiClemente within the late 1970s, evolved through studies examining the experiences of smokers who quit on their own with those requiring further treatment to know why some people were capable of quitting on their own. It was determined that folks quit smoking if they were able to do so. Thus, the Trans theoretical Model (TTM) focuses on the decision-making of the individual and may be a model of intentional change. The TTM operates on the idea that folks don't change behaviors quickly and decisively. Rather, change in behavior, especially habitual behavior, occurs continuously through a cyclical process.

The TTM posits that individuals move through six stages of change: pre-contemplation, contemplation, preparation, action, maintenance, and termination. Termination wasn't a part of the first model and is a smaller amount often utilized in application of stages of change for health-related behaviors. For each stage of change, different intervention strategies are best at moving the person to subsequent stage of change and subsequently through the model to maintenance, the ideal stage of behavior. According to Lamorte, (2019) the followings are the ideal stage of behavior: pre-contemplation, contemplation, preparation, action, maintenance and termination.

2.8 Behavior Theory

2.8.1 Theory of Planned Behavior

According to this theory, behavior is influenced by three factors.

1. Attitude toward the desired behavior. This is determined by the individual's belief that a beneficial outcome will occur if the desired behavior is practiced.
2. Subjective norms: these relate to the individual's belief about what people in their reference groups think about the desired behavior as well as their motivation to comply with these norms.
3. Perceived behavioral control: this refers to the individual's belief about his or her capacity to practice the desired behavior. The theory of planned behavior acknowledges the individual's role in changing a behavior (attitude and perceived ability), as well as the influence of significant others subjective norms (Ajzen, 1991, pp 11-39)

2.8.2 Social Cognitive Theory

Social Cognitive Theory (SCT) started because the Social Learning Theory (SLT) within the 1960s by Albert Bandura. SCT has developed in 1986 and posits that learning occurs during a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is that the strain on social influence and its emphasis on external and internal social reinforcement. SCT considers the unique way during which individuals acquire and maintain behavior, while also considering the social environment during which individuals perform the behavior. The thought takes into account a person's past experiences, which factor into whether behavioral action will occur. These past experiences

influence reinforcements, expectations, and expectancies, all of which shape whether a personal will engage in specific behavior and thus the reasons why a personal engages therein behavior. (Bandura, 1998, p.628)

Many theories of behavior utilized in health promotion don't consider the upkeep of behavior, but rather concentrate on initiating behavior. This is often unfortunate as maintenance of behavior, and not just initiation of behavior, is that truth goal publicly health. The goal of SCT is to elucidate how people regulate their behavior through control and reinforcement to know goal-directed behavior which may be maintained over time.

In this model of reciprocal determinism, behavior, cognitive, and other personal factors and environmental events operate as interacting determinants that influence one another bi-directionally. Reciprocally does not imply that the numerous sources of influence are of equal strength. Nor do the reciprocal influences occur simultaneously. It takes time for a determinant to exert its influence and to activate reciprocal influences. (Bandura, 1998, p 639)

The social cognitive theory also emphasizes human capacities for self-direction and self-motivation (Bandura, 1998, p. 643). The self-regulation of motivation and action operates partly through people's internal standards and their evaluations of their own behavior. People seek self-satisfaction from fulfilling valued goals, which they're motivated by discontent with substandard performances. Thus, discrepancies between behavior and private standards generate self-reactive influences, which function motivators and guides for action designed to know desired results. Through self-evaluative reactions, people keep their conduct in line with their personal standards. (Bandura, 1998, p. 647)

2.8.3 Diffusion of Innovations Theory

Diffusion of Innovation (DOI) Theory, developed by E.M. Rogers in 1962, is one of the oldest social science theories. It originated in communication to explaining how, over time, an idea or product gains momentum and diffuses through a specific population or social system. (SBCC for Emergency Preparedness I-Kit 20) This model tells us that SBCC activities and messages need to create a balance between perceived threat and perceived efficacy.

Adoption of a new idea or behavior does not happen simultaneously in a social system; rather it is a process whereby some people are more apt to adopt the innovation than others. Researchers have found that people who adopt an innovation early have different characteristics than people who adopt an innovation later. When promoting an innovation to a target population, it is important to understand the characteristics of the target population that will help or hinder adoption of the innovation. There are five established adopter categories, and while the majority of the general population tends to fall in the middle categories, it is still necessary to understand the characteristics of the target population. When promoting an innovation, there are different strategies used to appeal to the different adopter categories. (Rogers, 1971)

2.8.4 The Social Norms Theory

Perkins and Berkowitz first used the social norms theory in 1986 to address student alcohol use patterns. As a result, the theory, and subsequently the social norms approach, is best known for its effectiveness in reducing alcohol consumption and alcohol-related injury in college students. The approach has been used to address a wide range of public health topics including tobacco use, driving under the influence prevention, seat belt use, and more recently sexual assault

prevention. The target population for social norms approaches tends to be college students, but has recently been used with younger student populations.

This theory aims to understand the environment and interpersonal influences such as peers in order to change behavior, which can be more effective than a focus on the individual to change behavior. Peer influence, and the role it plays in individual decision-making around behaviors, is the primary focus of social norms theory. Peer influences and normative beliefs are especially important when addressing behaviors in youth. Peer influences are affected more by perceived norms rather than on the actual norm. The gap between perceived and actual is a misperception, and this forms the foundation for the social norms approach. (Perkins and Berkowitz, 1986, pp. 961-76)

2.8.5 Nudge Theory

According to Richard nudge theory seeks to improve understanding and management of the heuristic influences on human behavior which is central to changing people. Central to behavior is decision-making from the choices available. (Richard. 2008, p.293)

Nudge theory is especially concerned with the planning of choices, which influence the choices we make. It proposes that the designing of choices should be supported by how people actually think and choose instinctively and rather irrationally, instead of how leaders and authorities traditionally and typically incorrectly believe people think and choose, logically and rationally. Nudge theory may be a radically different and more sophisticated approach to achieving change in people than traditional direct instruction, enforcement, and punishment. It accepts that folks have certain attitudes, knowledge, capabilities, etc., and allows for these factors whereas

autocratic methods ignore them. Nudge theory is predicated on understanding and allowing the truth of situations and human tendencies unlike traditional forcible instruction, which frequently ignores or discounts the truth of situations and people.

This theory offers a wonderful methodology for identifying, analyzing, and reshaping existing choices and influences that people are given by governments, corporations, and other authorities. Given that numerous of those choices and influences are extremely unhelpful for people, this is often a serious area of opportunity for the event and use of Nudge theory, even if it weren't envisaged intrinsically by its creators. It is extremely relevant to leadership, motivation, change management, and lots of aspects of personal/self-development. Nudge theory also draws from and connects to several other models of motivation and management, for example:

- the classic motivational theories of Maslow, McGregor, Herzberg
- philosophical thinking, like the psychological contract, and ethical business and management

Nudge theory seeks to minimize resistance and confrontation, which commonly arise from more forceful directing and autocratic methods of changing behavior. (Benartzi et al., 2017). Perhaps the foremost frequently mentioned nudge is that the setting of defaults, which are pre-set courses of action that become if nothing is specified by the decision-maker. This type of nudge, which works with a person's tendency for inaction, appears to be particularly successful, as people may persist with a choice for several years (Gill, 2018).

Individuals choose nudge theory based on the principle that byshaping the environment, also known as the choice architecture, one can influence the likelihood of opting for a choice over

another. A key factor of Nudge Theory is the ability for an individual to maintain freedom of choice and feel in control of their decisions (WHO, 2009). The researcher chose to use this theory in the study as it helps to investigate the influence of the health programs of Amref in the social and behavioral change communication intervention in relation to the target groups' decision.

Chapter Three: Methodology

3.3 Introduction

The purpose of this chapter is to explain in details of the research methods and the methodology implemented for this study. This paper includes the opinion of program managers, project managers and program officers. It addresses the problem caused by lack of social and behavior change communication strategy in the organization's endeavor to bring about behavioral changes in relation to health issues.

To answer the major research questions such as what kind of communication strategies and campaign components have been used to bring intended behavioral changes within the major three programs, the researcher used qualitative research methodology.

Qualitative research methodology is employed due to the fact that this research approach claims to describe life world 'from the inside out', from the point of view of people who participate and

the research focuses on the practice rather than showing the seriousness of the problem in numbers. It is appropriate to use qualitative methods in communication research when the goal of the research is to gain insights into an intended audience's lifestyle, culture, motivations, behaviors, and preferences (Mack et al., 2005).

This study can explain how social and behavior change communication strategy is vital for the organization to implement its health program in Ethiopia. The concern of research design, area of study, population, and samples of the population, sampling technique, and instruments for data collection and methods of data analysis are presented.

3.2 Research design

This study preferred to depend more on the qualitative research method because the study has been more of explanatory. According to Holland and Campbell (2005) "While quantitative research prioritizes deceptive, analytical breadth of coverage, qualitative research is noted, above all for its explanatory power and for the richness and depth of information. Rather than standardizing to describe the norm, qualitative research seeks to explain differences" (p.5).

Yin (2011) also states qualitative research strives to collect, integrate, and present data from a variety of sources of evidence as part of any given study. The variety will likely follow from your having to study a real-world setting and its participants. The complexity of the field setting and the diversity of its participants are likely to warrant the use of interviews and observations and even the inspection of documents and artifacts. (p.9). Hence to understand and get more information from the study participants chosen the qualitative method. Thus, qualitative methods are used purposively.

3.3 Research approach

There are three approaches or methods for conducting research: qualitative methods, quantitative methods, and mixed methods (Kotheri, 2004). Seeing that, this research study involves collecting and analyzing qualitative data methods approach is implemented to address the research questions.

Though data sources, samples, and sample sizes are different, the approaches are ranking likewise. Since they are intended equivalently to response the same research questions together. The researcher believes that the qualitative method, provides a better understanding of a research problem or issue than either the research approach alone. Qualitative method has been employed since the researcher proposed to collect data over in-depth interviews and content analysis.

The reason used to the qualitative research approach is the method attempt to gain an understanding of underlying reasons and enthusiasm for activities and establish a better answer. Qualitative methods provide insights into the setting of a problem, generating ideas and/or hypotheses. The data type and data source will be primary and secondary data type (Kotheri, 2004).

The robust point for qualitative research is its capability to offer complex textual metaphors of how people know-how a given research issue like communication strategy. The strength and major contribution of qualitative approach is the fact that it generates in a holistic and deep understanding of the process that is in focus of the study.

The researcher believed that qualitative methods are effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent.

3.4 Sample size and sample Techniques

Sample size determination is the act of selecting the number of observations or replicates to include in a statistical sample. The sample size is a significant feature of any empirical study in which the goal is to make implications about a population from a sample. In practice, the sample size used in a study is usually determined based on the cost, time, or convenience of collecting the data, and the need for it to offer sufficient statistical power.

The year of 2014 – 2019 were selected purposely, due to this, the programs evaluated in the aspect of universal standard of social behavior change communication strategy. The researcher selected five program managers, five project managers, and five program officer/implementers. This helped the research to get more insight how SBCC activities implemented in the organization starting from the business development until the actual execution at the grass root level.

The total sample sizes are determined by the operational definition. The intention of data collection for qualitative data is to establish and gain information from a small sample however to collect in-depth information from this sample.

Sampling is the process of selecting units from a population of interest so that by studying the sample may fairly generalize our results back to the population from which they were chosen.

The probability and non-probability sampling are the two measure categories of sampling methods that help to select a representative of the population. Indeed, one between non-probability sampling method called purposive sampling technique, also called judgment sampling, is the overall technique used for the selection of the NGO's and the organization program.

3.4 Data collection tools

The data collection method and data collection tools are interviews, and group discussions within experts and document review. The reason preferred these methods are, to show the problem deeply from the expert view in both way to show the real happening (Denzin, 2000).

In this research, the researcher used document analysis, participant observation, in-depth interviews and focus group discussion (FDG). The researcher has tried to closely study the 25 project proposals, annual report and different kind of SBCC printed and audio materials. In addition to this, in-depth individual interviews were carried out with experts like program managers, project managers and officers. Moreover, the researcher has attempted to watch some documentary videos developed while closing the project. Thus, this study has been employed document review, in-depth interviews, focus group discussions (FGD), and self-reported surveys (questionnaire).

3.5 Content analysis

Content analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning to the topic (Hansen, A., et al., 1998). Analyzing documents incorporates content into themes similar to how focus group or interview transcripts

are analyzed. The selected project has social and behavior change communication programs. Though, it was reported as a great attainment implemented the activity without any social and behavior change communication strategy and expert on the area. In accumulation to this the organization should also measure its influence involvement in the part of health programs.

Social and behavior change communication plays a critical role in addressing all the behavioral and social aspects of disease prevention and control. In particular, SBCC can provide accurate, clear, relevant and timely information to the public on how to contain the emergency and protect themselves. So, the researcher critically examined the organization SBCC activities how it is effective to bring the desired behavior without comprehensive strategy.

3.6 In-depth Interviews

The qualitative technique (both semi-structured and unstructured interviewing) involved in this research, detailed information from individuals who understand the phenomenon and can express from their perspectives. Lincoln and Guba (1994:245) say that qualitative research involves the production of knowledge, not its discovery.

Thus, the interviews with participants help to obtain this knowledge in combination with interviewees to produce knowledge about their communication situations in order to help gain understanding from both of our perspectives.

The researcher used unstructured and semi-structured interviews so as to gather the data from the purposively selected population, program managers, project managers and officers. It is proper to employ this interviewing technique to explore the social and behavior change communication

strategies' and interpersonal relationships through the SBCC programs and the desired change from the community.

The researcher used a total of 15 individuals for in-depth interview and FGD. Six project managers, four program managers and five officers. As Kotheri explanation, in-depth interviews are normally carried out face to face so that a rapport can be created with respondents. Telephones can also be used with little loss of data and at a tenth of the cost.

3.7 Data presentation and analysis techniques

The data mainly collected through qualitative data collection techniques. First all the data were transcribed since the majority of data were gathered and collection of written documents. After that, the relevant data were categorized so as to arrange them for analysis. The categorization is normally made based on their application to the essential ideas of the research questions raised in this study. Finally, all the data were arranged logically and according to the conceptual and theoretical framework of the study and with respect to the central research questions.

Interview, FGD and text analysis are employed for this part of the research paper. The qualitative data, findings and the data from qualitative content analysis, are presented and analyzed. This paper addressed all the research questions and interpreted accordingly.

Chapter Four: Data Presentation and Analysis

4.1 INTRODUCTION

This chapter basically deals with the presentation and analysis of data from the perspective of the social and behavior change communication strategy. Qualitative methodology is used in the study to analyze documents, observation, focus group discussions and in-depth interviews.

This chapter incorporates how social behavior change communication strategies employed to create awareness in the community and how it is important for the given health program. It also present how the health programs implemented the behavioral activities without evidence based social and behavior change communication strategy.

The data, as has been discussed in the previous chapter, are gathered from two kinds of sources – secondary and primary sources – through four methods: desk review, observation, in-depth interviews, and questionnaires filled out by Amref's staff. This blend of methods was deliberately preferred to triangulate them and, thereby, seal the gap that would have been appeared had only a single method was chosen. It also increases the reliability of the findings.

4.2 Health programs implemented through Amref Health Africa

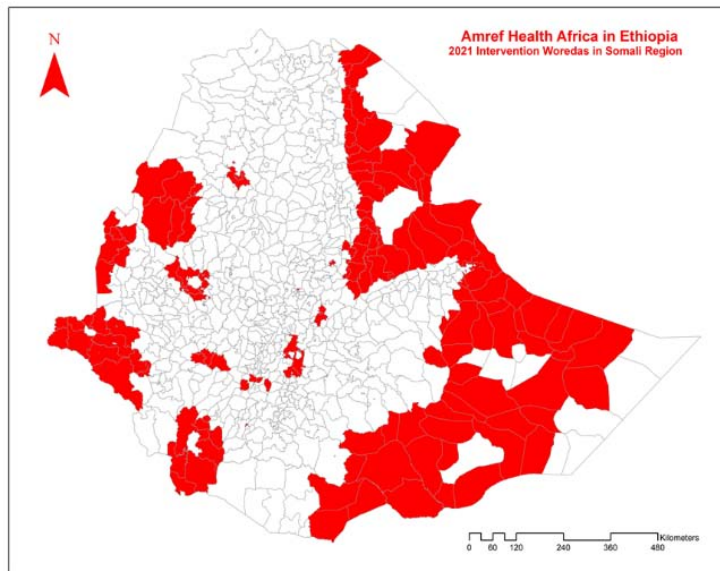
Health education and communication efforts are critical elements in improving individual health behavior and of community participation in the programs. In this regard how behavior change communication strategy is vital in health program and how Amref health Africa in Ethiopia implemented its health related programs so far? What mechanism does it apply while implemented SBCC activities? The researcher reviewed the organization's document and Amref health Africa has been implemented different projects under the category of three core programs: Reproductive maternal and new born child health (RMNCH), Disease prevention control (DPC) and Water and supply hygiene (WASH).

According to the respondents from 2014 to 2018 Amref has 25 programs, stated on table 1, have been implemented social and behaviour change activities with targeted audiences. The program officers tried to implement the SBCC activities, providing training and developing the communication materials based on their previous experience implemented on another project. The project might not be the same but they tried to employ the same approach for different target audiences.

From 2016 to 2019 Amref has 22 different projects targeting youth, woman and children, woman and girls, children, woman and youth, woman, youth and children, health workers and all groups. Almost all projects has Social Behaviour Change Communication (SBCC) intervention. The projects have not had a clear social and behaviour change communication strategy even though the organization implemented the various SBCC components in each projects. According to Paulo Ferieri (1983) in order to share information, knowledge, trust, commitment, and a right attitude in development projects participation is extremely important in any decision-making

process for development. But we didn't see any community engagement to collect or develop any kind of SBCC activities/interventions.

The trend has been the projects just use brief information they have about the behaviour they want to change from baseline studies without looking at multiple SBCC issues that need to be addressed thoroughly. The need for SBCC strategy, thus, become crucial as the number of projects involving SBCC activities increase year after year.



I have asked about SBCC and formative research more than 10 regional project managers who implemented the programs in the regions. All the respondents didn't know about the formative research even though the project which they implemented has full of SBCC activities and even they didn't have SBCC strategy to implement the SBCC activities. Formative research is the process by which researchers or public health practitioners define a community of interest, determine how to access that community, and describe the attributes of the community that are relevant to a specific public health issue. (Formative research manual, 2013). Conducting formative research to help the program implementers to design a social and behaviour change communication strategy and easily identify their primary, secondary and tertiary audiences.

SBCC strategy guides the implementers what type of messages developed for each target audiences and what kind of platform are they using to bring the desired health behaviour.

Because from the initial stage of the project proposal or business development the process of the social and behaviour change approach didn't consider. The organization has a communications person but focuses on visibility of the organization and document the implemented activities in each region.

According to Renata Schiavo (2007) health communication is a multifaceted and multidisciplinary approach to succeed in different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers, and therefore the public to champion, introduce, adopt, or sustain a behavior, practice, or policy which will ultimately improve health outcomes.

In Amref projects they have been well incorporated the SBCC activities in the business/project development but it doesn't say anything how the regional staff doing the activities. Even they didn't mention or indicated the project needs SBCC strategy. When the organization won the proposal and get adequate funds the officers who has different expertise can provide training which is implemented by other partners or organization in the region. So far do not hire skilled and professional SBCC person in the organization. The activity is monitored by the communication manager. Sometimes they developed some communication materials without any assessment whether or not the behaviour change communication materials fit to the target audience.

SBCC is at the hub of Amref Health Africa programs interventions. This is because Amref implements a diversified health portfolio with several projects that work towards changing behaviors and practices of communities for better health and WASH practices. Through identifying barriers and opportunities related to knowledge, attitudes, perceptions, and socio-

cultural practices and norms of communities in the project sites, the strategy will help guide communication behavior.

According to planned theory we need to address the three important areas to see the desired behavior. First we need to assess the attitude of the given society in terms of beliefs, norms and the capacity to practice the desired behavior. To identify the potential audiences and change agents to develop the SBCC strategy is one of the key activity. In Amref's culture implementing the SBCC activity in a traditional ways which means one shoes to feet to all. In 21st century way of health communication is become more sophisticated and need to understand the direct audiences to bring tremendous and bring lasting changes.

Working closely with the intended audience makes the project successful and at the same time assuring the sustainability of the changes as well. Because engaging the community in all activity it makes the society to feel and own the program or desired behavior. According to Yoon (2000), Participatory approaches contribute to put decision-making in the hands of the people. It also consolidates the capability of communities to confront their own ideas about development with development planners and technical staff. Within the community itself, it favors the strengthening of an internal democratic process (p.3). Especially in communities that have been marginalized, repressed or simply neglected over decades, participatory communication contributes to install cultural pride and self-esteem. It reinforces the social issue through the strengthening of local and indigenous forms of organization. It protects tradition and cultural values, while facilitating the integration of new elements (p.35).

Table 1: Projects in 2014 to 2018

No	Project name	Program Area	Region	Target Beneficiary
1	Family Planning for Resilience Building	DPC	SNNPR	Women
2	Nutrition	DPC	Afar	Mother and children
3	RESET	DPC	Afar	Women
4	Combatting Neglected Tropical Diseases	DPC	Benishangual, Gambela and Afar	All groups
5	Inter-burns	DPC	Amhara and Oromia	All groups
6	Massa Drug Administration	DPC	Afar	All groups
7	Resilient Economy and Livelihoods	DPC	SNNPR	Women and men
8	Service, Education and Empowerment	RMNCH	Amhara	Youth
9	Access Service & Utilization of Reproductive Health in Ethiopia	RMNCH	SNNP	Woman and youth

10	Canada Africa Initiative to Address Maternal, New born and Child Mortality	RMNCH	Afar	Mothers; Pregnant Women, Newborns & Children under Five
11	Improving Sexual and Reproductive Health Outcomes (A'ago)	RMNCH	Afar	youth
12	Mobile Health for Improved Maternal and Child Health Services Utilization	RMNCH	Amhara	women
13	Enhancing reproductive health care quality to accelerate utilization of family planning services	RMNCH	Oromia	Reproductive women
14	Enhancing reproductive health care quality to accelerate utilization of family planning services	RMNCH	SNNPR	children
15	Transform Health in Developing Regions	RMNCH	Afar, Benishangual, Gambela and Somali	Mother and under five children
16	YES I DO	RMNCH	Amhara	Youth
17	GAVI-EPI	RMNCH	Afar	children

18	GSK	RMNCH	national	HEWs
19	Emergency WASH	WASH	Benishangual and Gambela	Refugees
20	WASH Sustainable Development Goal (WASH SDG)	WASH	Oromia	women, girls, boys and men
21	Financial Inclusion Improves Sanitation and Health (FINISH)	WASH	Oromia	Women and Men
22	Making WASH everybody's Business (M-WEB)	Wash	Afar and Oromia	All groups
23	RAIN	WASH	Benishangual	All groups
24	Comic Relief	WASH	Addis Ababa	School youth, women and waste collectors
25	Sanitation Marketing, Agriculture, Rural Development and Transformation (SMART)	WASH	Gambela	All groups

Table 2: Projects in 2016 to 2019

No	Project name	Program Area	Region	Target Beneficiary
1	Improving nutrition in Afar/Afar Nutrition/	DPC	Afar	Women and children
2	Strengthening COVID Response	MNCH	SNNP and Amhara	
3	WASH livelihood Gambella (SMART)	WASH	Gambella	all groups
4	Enhancing Reproductive Health Care Quality to Accelerate Utilization of Family planning	MNCH	Oromiya	Women and Youth
5	Family Planning	MNCH	SNNP	Women and Youth
6	AGO - SRH Project	MNCH	Afar	Youth
7	Emergency WASH	WASH and NTD	Gambella	All groups
8	Eliminating Female Genital Mutilation	MNCH	Afar	Youth
9	Polio Immunization	MNCH	Afar	Children

10	Malaria prevention and control	DPC	Afar & Somali	Women and children
11	Gender based Violence	MNCH	Afar	Women and girls
12	Financial Inclusion Improves Sanitation and Health	WASH and NTD	Oromiya	Women and Youth
13	WASH SDG	WASH and NTD	Oromiya	All groups
14	Strengthening the Capacity of Partners and Community in the Eradication of Polio/Phase II	MNCH	SNNP	Children
15	Turning Waste into Wealth to Curb Irregular Migration	WASH and NTD	Addis Ababa	All groups
16	Transform HDR	MNCH	Afar, Benishangul, Gambella& Somali	Women, children and youth
17	Surgery & Antibiotics Treatment Trachoma Prevention and Control	WASH and NTD	Afar, Benishangul, Gambella& Somali	All groups
18	Facial and Environment for Trachoma Prevention and Control	WASH and NTD	Afar and Somali	All groups

19	Lung Cancer Diagnosis and Control Afar	DPC	Afar	All groups
20	WASH Flagship (WASH-MHM)	WASH and NTD	Oromai& Addis Ababa	All groups
21	Health Workforce Improvement Program	HRH	National	Health workers
22	Power to Youth	MNCH	Amhara and Afar	Youth

4.3 Guiding Health Communication Model

This social and behavior change communication strategy is guided by the socio-ecological model. The socio-ecological model stipulates behavior is influenced by variety of things, including:

- Intra-personal factors (characteristics of people like knowledge, attitudes, behavior, self-concept, and skills)
- Inter-personal processes including formal and informal social networks and social support systems (including the family, peers, friends, and colleagues)
- Community factors (relationships among organizations, institutions, and informal networks within defined boundaries)

- The wider society including public policies and institutional factors (e.g. government institutions and systems, social institutions, including religion, formal and informal rules and regulations for the operation, national, regional and district laws and policies, etc.)
- The global economics (e.g. international trade laws, domestic and international value chains, aid, import/export taxes for foods).

The socio-ecological approach emphasizes that health promotion should focus not only on intrapersonal behavioral factors but also on the multiple-level factors that influence the precise behavior in question. Learning theory on the opposite hand explains the structural models and general social-ecological theory. Learning theory is employed to stress direct and vicarious learning through the interaction between behavior and consequences (Bandura, 2016).

This model helps the implementer to identify appropriate interventions based on the audience preference as well as level of understanding. One of the social learning processes is observation so if the actors understand the situation based on the selected socio-ecological model it is helpful to bring tangible and sustainable changes. According to the Diffusion theory it is good to identify influencers in the community to gains momentum and diffuses through a specific population or social system.

To influence knowledge, attitude, and practice and promote increased improved health and WASH outcomes, it's important to focus on individuals and appearance into the broader environment as influencers of behaviors. Therefore, the strategy addresses the five levels (the individual, interpersonal, community, organization, and policy) to realize the varied objectives laid out under each Amref Health Africa thematic program. According to cognitive theory considers the unique way during which individuals acquire and maintain behavior. When the

researcher observed during the study period and reviewed some communication materials, the program implementers has been using different materials which was not developed based on the context of the given community. It may not suitable for the audiences in terms of culture, language, way of explanation and the like. But if the materials are adapted based a clear strategy and implementation guide it works for the community as well.



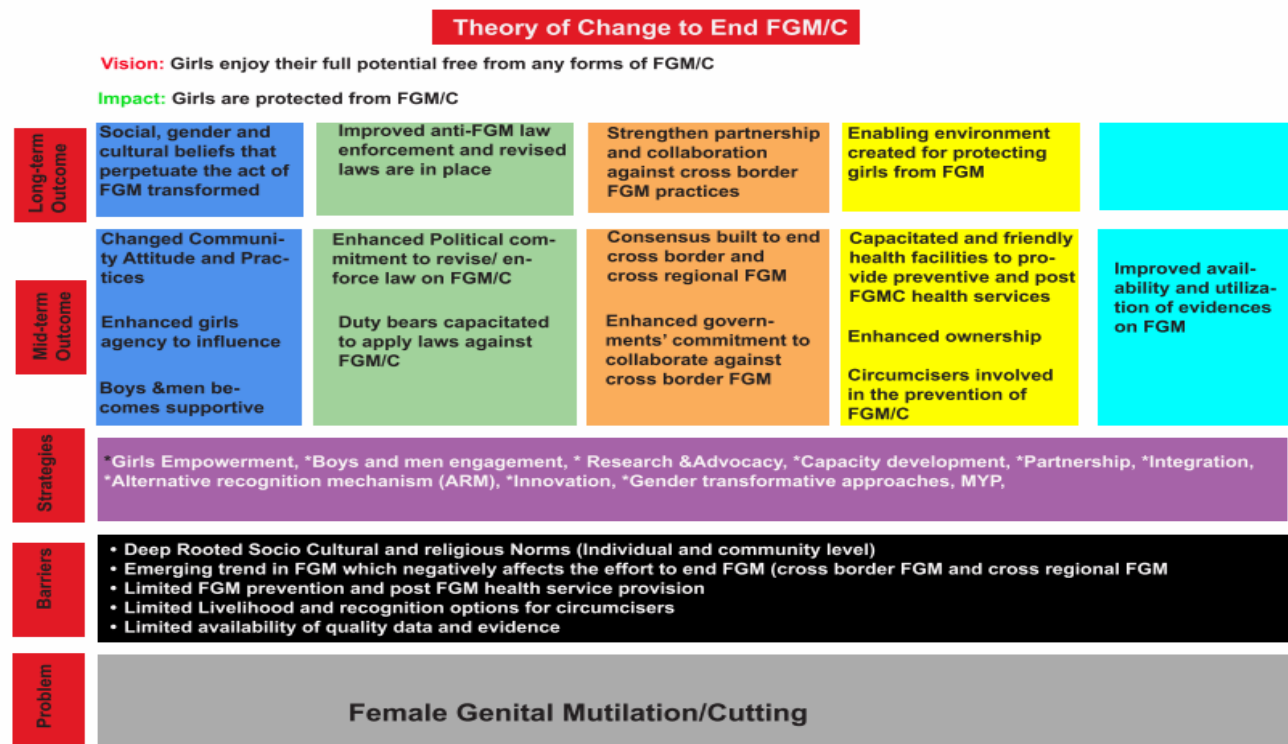
Figure 1: The Socio- Ecological Model (adapted from CDC)

In Amref, the program managers will develop theory of change (TOC) for each projects which they believe to address the behavior change communication and to address the desired behavior. According to Amref's project manager and monitoring and evaluation experts every

project/programs needs theory of change to show how to implement the project. Almost all Amref's project has theory of change though it has common similarities especially the projects are in the same program areas.

According to social norm theory to understand the environment and interpersonal influences such as peers in order to change behavior, which can be more effective than a focus on the individual to change behavior. Therefore to bring changes in the community the behavior change communication materials should be designed in a participatory way by engaging the target audiences and also should be measurable.

The social and behavior change communication strategy makes a lot of sense if operating at an organizational level and are looking to document the strategy in a way that everyone can understand. The theory of change, on the other hand, is more process focused. A theory of change is a description of why a particular way of working will be effective, showing how change happens in the short, medium and long term to achieve the intended impact. It can be represented in a visual diagram, as a narrative, or both. Theories of change describe how interventions can bring about long-term outcomes through a logical sequence of intermediate outcomes and have been used to design and measure the impact of public health programs in several countries.



Amref health Africa: Theory of change (2019)

4.4 Importance of SBCC strategies to enhance the community's desired behavior

Communicating strategically requires a clearly defined strategy with specific goals established in advance.

- Analysis - Understand factors that may have an impact on communication efforts conduct problem and program analysis, communication environment analysis, behavioral analysis, and communication channel analysis.
- Strategic Design - Decide on objectives; design strategic brief; clarify model to be used; design concepts for behavior change communication, social campaign, and advocacy

- Development and pre-testing - Develop communication interventions, activities, messages and materials; pretest with participant groups; and conduct revision and production
- Implementation and Monitoring - Implement the action plan, conduct trainings, monitor dissemination, and report findings
- Evaluation and re-planning - Measure outcome, assess impact, disseminate results, and revise based on evaluation findings (Health communication partnership, 2003)

Dissemination of message is important however the impact of the message to the recipient is what matters. To achieve this, there must be consideration of key components such as channel analysis. Bensley and Brookins-Fisher (2018) states that channel analysis helps to determine communication settings, channels and methods that are likely to appeal to the target group. This includes: where the priority group is most easily reached, how they receive information and their preferences.

4.4.1 Interpersonal Communication

Interpersonal communication is the most interactive type of communication that engages both the sender and the receiver in a relatively open, credible, prompt and complete process of message sending and reception. Whenever involved in an interpersonal communication, one seeks and gives off information through a wide variety of verbal and non-verbal codes; such a communication keeps both the parties active.

The interpersonal communication materials needs deep understanding of the community culture, norms and level of literacy.

“Applied interpersonal communication materials in our program which is designed and developed for agrarian regions. Some of the materials are developed in Amharic language so we have tried to translate in to the Afari language while conducting the discussion.” Program manager, Afar

According to the program managers the researcher interviewed and what has been observed, has highly depended on interpersonal communication to convey messages through to the target audience. The interpersonal communication approached implemented through health extension workers. Some of the health extension workers do not read the local language so they are using the Amharic version of the discussion guide and interpret while they are conducting the discussion with the community.

To bring sustainable behavior change in the community the interpersonal communication materials should be free from jargon, pretest the materials, learn and share the culture and norms of the community. The health care and prevention programs which has SBCC interventions should target a segmented audience shared similar needs relative to the behavior to be promoted and are likely to respond similarly to a given intervention. The target groups include people directly affected(Primary) , people directly influencing them(Secondary) , and people indirectly influencing them(Tertiary) . The knowledge, abilities, attitudes, practices and support of the targeted communities have been shown to have a great impact on utilization of health services. Therefore, the following groups should be included in SBCC interventions: -

Primary Target Audiences

- Women of reproductive age
- Men of reproductive age
- Adolescents and youth

Secondary target Audiences

- Key Influencers (Religious leaders, Community /Clan and Opinion Leaders)
- Service Providers

Tertiary Target Audiences

- Multisectoral Leaders (Ministries) and Policymakers
- Education Bureau/ Offices
- Health Bureaus/ Offices
- WASH Bureaus/Offices

Communication interventions have been used to change behavior however there are challenges in trying to change peoples' behavior. They include: not all people that are exposed to health messages will understand them and therefore, accordingly change their behavior, not all people who will understand the messages will agree with them and not all the people who agree with the messages will change accordingly. Indeed, only a small percentage of the primary audience exposed to a message will go ahead to practice the new behavior (Sullivan 2011).

4.4.2 Mass Media

Mass media can be used for advocacy as well as raising awareness to the public about the general situation affecting the society. The message is designed to stimulate an appetite for learning and participation through regular dialogue with the affected community. This type of behavior change communication and social mobilization can work when actions, messages and materials are strategically planned, this way; the sender of the message is sure that the messages,

materials and methods of dissemination, whether interpersonal, group or mediated, are socio-culturally acceptable (FHI and USAID 2002).

Communication through mass media can ensure that correct information reaches a specific population and can model positive attitudes. However, the aspect of policy becomes important at this point especially when an individual or community is motivated to attempt new behaviors.

Messages can be delivered through mass media, for example, television or radio spots; articles in periodicals; or material in brochures, posters, flip charts, picture codes or comics or in-person, by health workers, peer educators, counselors, or other trained personnel. Media campaigns can be of short duration or may extend over long periods. They may stand alone or be linked to other organized program components, such as clinical or institutional outreach and easy access to newly available or existing products or services.

Multiple methods of dissemination might be used if health campaigns are part of broader social marketing programs. Mass media channels are labeled to be limited to creating awareness among the target audience, as mentioned in the literature review. Despite this fact, many health communication programs tend to make use of mass media to convey health related and behavioral change issues.

One of the importance of developing communication strategy in health communication program is to determine channels. Radio program and radio spot production is the major component of Amref's SBCC activity. According to project manager from Amhara region, to enhance the awareness of the community we have been employed a radio program in collaboration with regional mass media agency. Provide some overview of the program to journalist and they

developed a radio show and programs as per their internal procedure. So it is important to assess what audiences should know, feel, and do after listening the mass media messages. Therefore, to bring changes the behaviour change communication experts, journalists, target beneficiaries and other stakeholders should participate in the design and implementation of the mass media messages production.

Amref Health Africa implemented a number of media campaign in each programs, radio, TV, social media, workplace, etc but all the messages are designed as per the budget allocation and specific event (eg, breast feeding week, world AIDS day, malariya day, global handwashing day, etc). A good strategy is critical to the success or failure of any health communication campaign because it provides the linkage between the how and why components. It provides a roadmap and sense of direction for generating the essential messages while also offering a rationale for the various actions that are proposed (NCCMT 2007).

One of the best way to determine channels and audience segmentation is designing a communication strategy. To conduct a media campaign it should be develop a campaign strategy based on the social and behaviour change communication strategy. The researcher observed that almost all the project has a media campaign in their programs and conducted without media campaign strategy, they simply developed the terms of reference.

It is important to know which channels can most effectively reach particular target populations. Campaigns attempt to influence adoption of recommended behaviors by influencing what people know and believe about their behavior, or influence actual or perceived social norms, or by changing actual skills and confidence in skills assumed to influence behavior.

A campaign approach to health communication can help the health communicator design and disseminate effective messages consistently and strategically. Health communication campaigns can take many forms, address different objectives, and use a variety of media. They are usually designed: to influence people's beliefs and actions toward their health or the health of others, for specific target audiences or groups, and hardly for the entire population, for implementation within a particular span of time and to be integrated with various media and other communication efforts to educate an audience about a health-related topic.

4.5 Importance of the social and behavior change communication strategy

Traditional interventions are no longer seen as enough to effectively prevent and control major health threats. Research shows that properly designed behaviour-based health communication activities can have a significant positive impact on health-related attitudes, beliefs and behaviours.

One of the main tasks of health communication is to inform about lifestyles and behaviours that prevent people from various diseases. In this sense, health communication aims to influence a person's knowledge, attitudes and behaviours connected to health in a positive way. It is a process during which people learn how to take care about their own and other people's health.

Initiatives can either focus on improving existing medical problems or preventative education or prevent people from acquiring various diseases or guide them on how to live with a disease, in any combination of planned learning activities. Social and behaviour change communication plays a critical role in addressing all the behavioural and social aspects of disease

prevention and control. In particular, SBCC can provide accurate, clear, relevant and timely information to the public on how to contain the emergency and protect themselves.

Amref health Africa has been implemented the following key area of interventions to increase demand for health information and services.

- Reproductive, Maternal, Neonatal, and Child Health (RMNCH)
- Water, Sanitation and Hygiene (WASH)
- Communicable and Non Communicable disease prevention
- Sexual reproductive health (SRHR)
- Immunization and family planning
- Human resources for health
- Agriculture and nutrition
- Gender Based Violence (GBV)

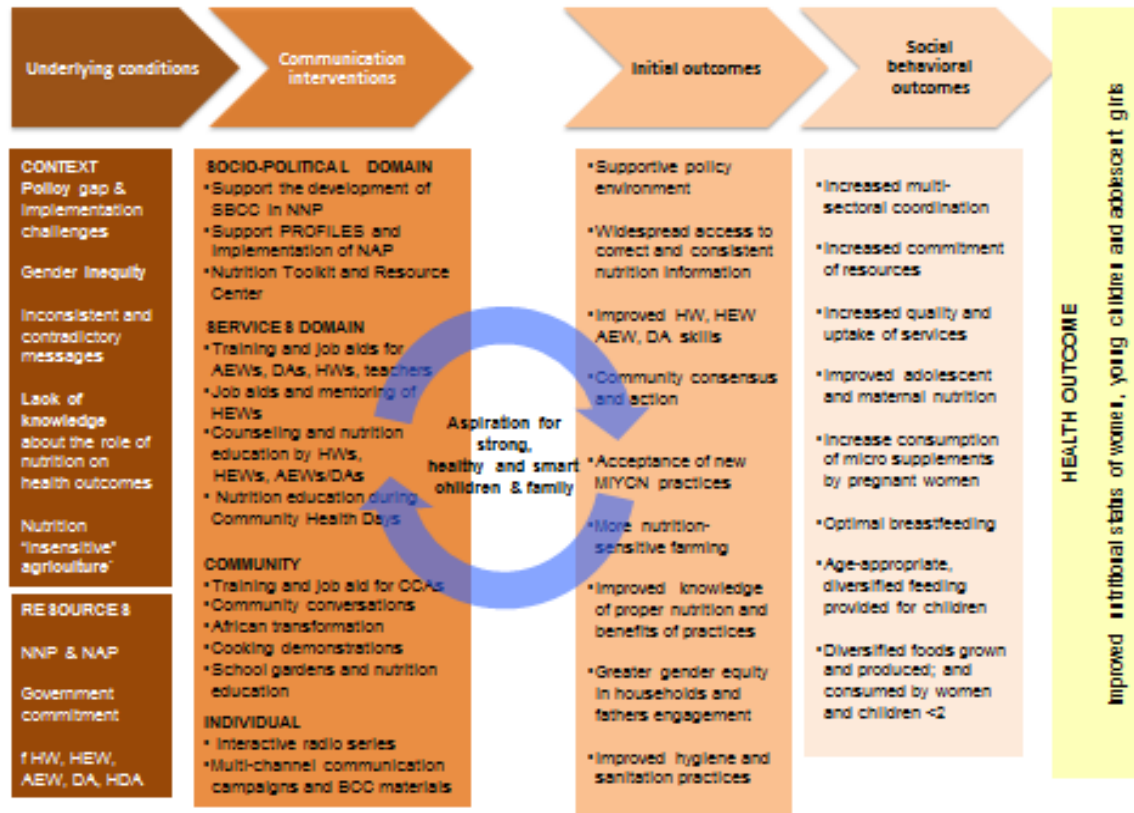
According to the program managers they are implemented the following core activities to increase demand creation for health information and creating enabling environment.

- Comprehensive sexual education – for in school and out of school youth
- Provide different types of training (for HEWs, Youth, new married couples, pregnant women, religious leaders, clan leaders)
- Inter-persona communication
- Community conversation
- Social mobilization and health bazar
- Radio program (talk show, variety show –only one radio design document available)

- Outreach
- Media based campaigns
- Mobile based training

The study says developing a communication strategy in any health intervention helps to measure the overview of the current health landscape, the socio-political, service delivery, communities, households and individual's level and also gear to prioritize audiences and behaviors. A learning pathway provides a guided framework to which individuals can identify and track their learning progress. It provides greater transparency for individuals to understand what is required of them to succeed in their roles and achieve growth.

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. Health education helps people to make wise choices about their health and the quality of life of their community (NCCMT 2007). Communication helps to equip people with the facts, ideas and attitudes they need to make informed decisions about their health. Communication occurs when a message is transmitted and received. Message becomes important when it is heard, understood and believed so that it can lead the way for desired changes in behavior.



Save the children: ENGINE project, 2013

Communication serves an instrumental role that helps one acquire knowledge as well as also fulfilling ritualistic function, one that reflects humans as members of a social community (WHO 2009). Health communication attempts to persuade the affected group to engage in certain behavior through accessing information. Intervention measures to change behaviors in the affected group are an area of concern and must be fully supported by both the government and non-governmental organizations.

Chapter Five: Conclusions and Recommendations

This research has attempted to explore the overall behavioral change and communication strategies employed in Amref Health Africa international non government organization while implemented the health prevention and control activities. The study, to achieve its objective, has given particular attention to the approaches and contents of the desired health behaviour change communication program.

This chapter wraps up by presenting the substance of the findings and, based on them, listing down what has to be carried out in the future for the sake of rectification and maximal effectiveness of the social and behaviour change communication program to bring sustainable and measurable behaviour change within the society.

5.1 Conclusions

The study had entirely employed a qualitative research method which was slightly complimented with quantitative methods in order to reach its destination. The data gathered through close investigation of documents, in-depth interviews, participant's observations are analyzed against the theory chosen for the study and the following conclusions are reached upon.

Amref Health Africa has been implementing social and behaviour change communication activities by employing diferent platforms, like radio and print media outlets in all its projects. Programs applied the same interventions like social mobilization, community conversation, community engagment, radio programs (without designing documents) and peer to peer education. These methods were very convenient to both the senders and receivers and effective

enough in order to raise the awareness of the target audience with respect to the topic under discussion and brings the desired behaviour change.

Research shows that properly designed behavior-based health communication activities can have a significant positive impact on health-related attitudes, beliefs and behaviors. As the research investigated along the process, a properly designed health communication tend to yield an effective result in a manner that attains the intended outcome. This implies that the program designing should take the weight of the program preparation stage where appropriate design methodologies are put in action. However, trends suggest that professionals who carry out the health communication programs underestimate the need for a careful selection of program designs for they put much emphasis on the importance of the message or broadcast. But no matter how important a certain health program related to social and behavior change communication could appear, it should not serve as a rationale to compromise program design application. On the other hand, the effectiveness of social and behavioral change communication significantly relies on the utilization of SBCC strategies, i.e. the tools used to determine the channel of transferring knowledge and information to the target group. According to the research, it has been figured out that Amref's SBCC lacked the practice of using effective communication strategies. Also it has been found out that this is due to lack of adequate understanding of the the need for utilizing communication strategies which was observed in the professionals dealing with the health communication programs. Similarly, the study has found out that the existing SBCC programs which have been developed sometimes back have not been effective when measured in consultation with the target audience.

5.2 Recommendation

Taking the findings of this study into consideration, the researcher has reached upon the following recommendations. Henceforth, it is crucial for the organization, so as to optimize the extent of assuming a tremendous change in enabling the occurrence behavioural change, to develop integrated social and behaviour change communication (ISBCC) strategy. Developing integrated SBCC strategy will enable the organization to address the three program areas, RMNCH, DCP, and WASH. Integrated SBCC is believed to address behaviours concerning multiple health areas or development sectors in a coordinated and intentional way. It involves developing a single, coherent strategy, which can address desired behaviours that are:

- Practiced by the same audience or people in the same life-stage;
- Influenced by the same social norms or individual level factors;
- Preceded by the same gateway behaviour and;
- Pertain to co-occurring health or development conditions.

The strategy helps avoid duplication of message by putting together messages that can be used by different programs. It approaches audiences more holistically by organizing programs. It also avoids duplication of efforts and help minimize resources.

The integrated SBCC approaches are interrelated and interactive and using them in a well-planned program produces a synergistic effect. Simple preventive actions by the individual, family and community, stimulated by behavior change communication (BCC), are the most immediate means for improving behaviors across all thematic areas. Advocacy strategies can pave the way for new laws or change a policy that may be impeding change. Multi-level

approaches help shift community and organizational norms to ensure that behavior changes are sustained over time. Amref health Africa should provide effective training on SBCC for regional managers and officers who are implemented the program in the region.

Clearly follow the SBCC materials development process and also should to be pretesting the materials once translated into local languages. Making the contents to be encouraging and verbally persuading them that they can make it but not dictating them what to do.

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Appendix I

Questions for In–depth Interview with People in the Category of Experts

1. Name
2. Responsibility (Position) in the organization
3. How long have you been working at this position?
4. How do you describe the implementation of SBCC in your project?
5. How do you measure the impact of SBCC activities implemented in the wordas?
6. Who were the intended audience (target group) of your communication program?
7. Why and how selected the audience?
8. Did these people have any role in making the program achieve its goal(s)?
9. What was the dwellers' reaction at the very introduction of the program?
10. Do you identify primary, secondary and tertiary audience while developing the key messages?
11. What is your respective role in the communication process?
12. How did you find communicating the community on health issues?
12. How do you know the major health problem of the community?
13. How do you develop the key messages and disseminate to the community?
14. What channels of communication were used to transfer messages to the community?
15. Do you pretest the developed materials? How? With whom?
16. What criterion/criteria did you use to choose your channel?

Appendix II

Points for focus group discussion

1. What is SBCC stands for?
2. What is social and behavior change communication means?
3. How do you implement SBCC in your respective project?
4. Does your project has SBCC strategy?
5. If #4 answer is yes, please tell us how you develop the strategy for your project?
6. Is there community participating in the designing, implementation, evaluation process of Health communication
7. Who developed communication strategy (individual, the community or involvement of communication specialist)?
8. Was there any research done to ascertain what would work in such a strategy?
9. Do you take the training on SBCC?
10. What type of platform do you employ to implement SBCC activity?
11. What is the important of SBCC activity for your project?
12. How many years do you perform SBCC activities?
13. How do you measure the SBCC impact, respective on your program?
14. Who develop the SBCC messages?
15. How far your communication approaches were culturally appropriate?

Appendix III

List of Informants

No	Name	Position	Place
1	GenetuAdissu	Project manager	Awash
2	AbenezerWoldu	Project manager	Afar
3	WolduKidane	Project manager	Wolita
4	Daniel Fikadu	Project manager	Jinka
5	Sultan Ahmed	Project manager	Jimma
6	DesseKassa	Project officer	Bahirdar
7	Shigute	Project officer	Benishangual
8	TareqegnAsfaw	Project manager	Gambela
9	Ahmed Abdela	Program officer	Somali
10	Betibebu	Program officer	Arbaminch
11	Samuel Eshetu	Program officer	Shashemene
12	MwsfinAyita	Program manager	Addis Ababa
13	SintayehuAbebe	Program manager	Addis Ababa
14	Kulule	Program manager	Addis Ababa
15	DrKasahun	Program manager	Addis Ababa

