

Five Tips on Adapting SBC Materials in the Time of COVID-19

In fast moving emergencies, such as the current pandemic, we need to make a major shift in our usual ways of thinking about formative research, designing learning materials, and behavior-change communications. Relief and humanitarian assistance staff provide a great perspective on the need to move quickly and keep it simple. This time offers us an opportunity to address what is most important right now, and what the “next right thing to do” will be.



Here are 5 tips on how to quickly and effectively adapt (or create, when needed) SBC materials.

1. **Get very clear on the behaviors you want to promote** and the intended participants or audience for your social and behavior change (SBC) intervention. *Who do you hope will do what?*
 - a. Keep it simple, specific and realistic. For example, rather than saying “seek care if you have symptoms of COVID-19”, list the specific danger signs that warrant care-seeking at a health facility.
 - b. Stick closely to official recommendations, and regulations, to prevent confusion and any appearance of contradicting official recommendations, while making them easier to understand and put into practice, focused on the most essential behaviors.
 - c. Make it easy to remember – limit to 2-3 key behaviors at a time.
2. **Mind the gap.** Use informal or formal [rapid assessments](#) to discover where the gaps are. Ask yourself:
 - a. What critical behaviors are NOT getting good uptake?
 - b. What key messages are not well understood or muddled by misconceptions?
 - c. What can community-level staff and volunteers tell you from their observations
 - i. What are they hearing about the virus from official sources, and from community members?
 - ii. What prevention and care-seeking behaviors are they seeing?
 - iii. What barriers do they see to practicing the recommended behaviors?
3. **Rapidly adapt materials that are similar to what’s currently needed.** For example, handwashing modules were rapidly adapted for the cholera outbreak in Haiti in 2010,

and for Ebola. Materials on recognizing danger signs and care seeking could also be readily adapted for use in the current crisis.

- a. Many key messages will remain the same as in the original materials. Others will change, such as the new handwashing recommendation of 20-30 seconds – longer washing time to kill viruses.
 - b. Edit carefully for current recommendations and any contextual, cultural, and crisis specific adaptations that are needed. Avoid jargon and aim for clear, easily understood messages.
4. **Adapt some materials into a completely different format.** In-person meetings and trainings are most likely not be an option in the settings where we work, so traditional workshops will have to be translated into other formats.
- a. Use two-way communications where possible. Participatory radio programming (call or text-in options), conversations by phone or text, videos or recordings with follow up discussions.
 - b. Consider all technologies and media that the intended audiences are already using and consider using multiple avenues of communication.
 - c. Look for ways to include discussion of barriers, checking for understanding, clearing up misconceptions, airing of concerns and doubts, and opportunities to make commitments.
5. **Create simple job aids, checklists, scripts, videos and recordings.** When it isn't an option to adapt materials, select formats that can be designed and produced quickly, simply, and at low cost. Remember they may need to be updated soon, with new developments and responses to the pandemic, so it's best not to over-invest in time or materials. You could:
- a. Write a script for remotely training of facilitators on essential behaviors they can cascade to staff and volunteers (along with the script) to discuss by phone or text with the intended audiences. Keep scripts as short as possible (5-10 minutes).
 - b. Create short videos on a smartphone to use as a teaching tool, in combination with discussion questions.
 - c. Create a job aid for healthcare providers, with a list of questions to ask a community member who wants to know if they have COVID-19 and whether they need to come to a healthcare facility.
 - d. Create checklists for staff to increase quality of service delivery and reduce stress of decision-making, preserving mental bandwidth for non-routine situation.