

# SBCC manual for one-to-one Counselling

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<b>The problem:</b> <span style="float: right;">1</span> <ul style="list-style-type: none"> <li>In June, we changed the approach of SBCC in Jordan to one-on-one counseling because we observed that the people we serve did not change their behavior the dropout rate during group sessions was very high for the program, mainly because many NCDs (Non-Communicable Diseases) patients were elderly or had disabilities, resulting in not all patients attending the sessions aimed at behavior change. However, during the peer support group, all patients received the same key messages, despite differing needs.</li> </ul>	<b>The cause:</b> <span style="float: right;">2</span> <ul style="list-style-type: none"> <li>We're already encountering challenges with the beneficiaries of NCDs due to certain behaviors and barriers to adaptive positive behaviors during the peer support group so we changed to the one to one</li> </ul>	<b>The change:</b> <span style="float: right;">3</span> <ul style="list-style-type: none"> <li>We completely revamped our approach, and during this transformation, we developed an SCC manual that encompasses key messages, methods for creating customized plans tailored to individual patient needs, reminder messages, and comprehensive training sessions for Community Health Volunteers (CHVs) on how to adapt the manual according to patient requirements</li> </ul>

<b>The impact:</b> <span style="float: right;">4</span> <ul style="list-style-type: none"> <li>we have also developed a comprehensive manual for Community Health Volunteers (CHVs) based on WHO recommendation patient file for the plan and follow up measuring , which includes session guidelines, key messages, and materials for each session. Additionally, we have created p atient files for each beneficiary to monitor their progress, particularly in terms of blood glucose levels, blood pressure, and adherence to exercise routines for diabetic patients.</li> </ul> <p>Furthermore, we have devised an action plan for beneficiaries throughout the project period, focusing on adopting new behaviors and preventing relapses in non-communicable disease (NCD) management. To reinforce key messages, we have prepared WhatsApp reminders for beneficiaries. This version provides clearer structure and organization while retaining the essential information.</p> <p>During the approach we prepared Counseling check list to make sure the Quality of CHVs work during the Sessions</p> <p>With close follow up with patient and increase the well-being for the patient we change the behavior</p>
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In the last PDM

**01.06.2021 - 31.12.2022 value:**

**54.% the patient who adoptive positive behavior**

**01.01.2023 - 30.11.2023 value:**

**98 % of NCDs patient who adoptive positive behavior**

