As the USAID flagship social and behavior change communication (SBCC) project, the Health Communication Capacity Collaborative (HC3) has a mandate **to serve the entire global SBCC** community. That community includes SBCC organizations, service delivery organizations that integrate SBCC into their programs, government partners responsible for oversight of health education and health communication, journalists, universities, advertising agencies and a full range of SBCC practitioners from the novice to the expert.

Strengthening Global SBCC Capacity
Collecting and Sharing Resources
We seek out and make available the highest quality SBCC resources from partners all over the world to quickly faciliate learning and implementation. We collate those resources on the **Health COMpass**—an easy-to-use online library and learning site for SBCC professionals. Directly linking resources to their respective organizational websites ensures increased visibility of all of the contributors.

Connecting the SBCC Community
Springboard for Health Communication is an online space for sharing SBCC knowledge, experiences and resources. It connects communities of SBCC practitioners, scholars and policymakers, reinforced by face-to-face forums around the globe. The Health COMpass highlights the SBCC community's achievements and contributions with **SBCC Spotlights**–real-life examples of how a successful SBCC campaign is designed, implemented, monitored and evaluated–and **Trending Topics**–topical collections of key resources that address priority SBCC-related information needs, such as Ebola or information and communication technology. Ongoing **webinar series** and **updated social media and blog posts** inspire conversation and assure that we are continuously bringing new ideas and information to those who need it.

New Resources to Move SBCC Forward
We pay close attention to what is missing and what the SBCC community says it needs–and then we deliver. Our own resources range from the basics, such as the **SBCC How-to Guides**–online resources that guide the user step-by-step through the fundamentals of the SBCC process–to higher-level health technical resources, such as **HC3 Implementation Kits**–online manuals for developing an SBCC strategy for health technical topics, such as the Healthy Timing and Spacing of Pregnancies, and SBCC and Gender. HC3 teams in Family Planning, HIV/AIDS, Maternal, Newborn and Child Health, and Infectious Disease develop priority health technical resources, such as the online Comprehensive Youth Sexuality Teacher Training course and the Malaria Behavior Change Communication Indicator Reference Guide.

Reinforcing University Capacity
Through our University Needs Assessment, we mapped the current academic field of health communication in low- and middle-income countries. We facilitate capacity strengthening through an expert SBCC community of practice on Springboard, webinars and internships with SBCC organizations for local university students to bridge the gap between academia and practice, and to share best practices in SBCC.

Assessing Capacity
We have developed high-quality capacity assessment tools, including the PROGRESS and SBBC-OST tools, which serve to address programmatic and organizational systems strengthening. The capacity assessment process is a cornerstone of HC3–both establishing a baseline for programmatic capacity planning and allowing an SBCC organization to identify goals for overall organizational sustainability, as well as developing an approach to assessing national SBCC capacity.

Building SBCC Leadership Capacity
Our commitment to integrating organizational development with SBCC is highlighted by the **SBCC Virtual Leadership Development Program**–a blended learning program with a suite of resources for resource mobilization and sustainability. It's brought management and leadership training to 36 organizations working on SBCC projects in 17 countries.

Collecting and Building Evidence for SBCC
As a capacity strengthening project, we are charged with providing our global partners with the evidence they need to design the most effective SBCC interventions and to advocate for SBCC. HC3 both gathers and reviews the existing evidence and makes it available in easy-to-understand formats, as well

as generates new evidence, including developing a highly acclaimed special journal supplement in the *Journal of Acquired Immune Deficiency Syndromes* (JAIDS) including 13 original articles.

HC3 Field Support Programs

USAID Missions have two key priorities for SBCC:

1. To **implement impactful programs in pressing health areas,** such as family planning, malaria, HIV/AIDS or Ebola.
2. To **build in-country capacity** for SBCC design, implementation and evaluation.

We respond to these needs by designing programs that strategically combine implementation with capacity strengthening. No two countries are alike. We creatively weave an approach designed to the specific context that optimally leverages local resources.

HC3 Field Support programs follow a systematic Capacity Improvement Cycle. First, a capacity assessment is implemented. Based on the results, a capacity strengthening plan is developed, implemented and monitored. Progress is assessed at regular intervals and the program is adjusted accordingly. Our programs combine three approaches for maximum impact, **Direct Capacity Strengthening, Collaborative Implementation** and **Systems Reinforcement,** tailored to the needs of the country context.

Capacity Improvement Cycle

1. Capacity Assessments

2. Capacity Strengthening Plans

Collaborative Implementation

Systems Reinforcement

4. Evaluation

3. Implementation and Monitoring

Direct Capacity Strengthening
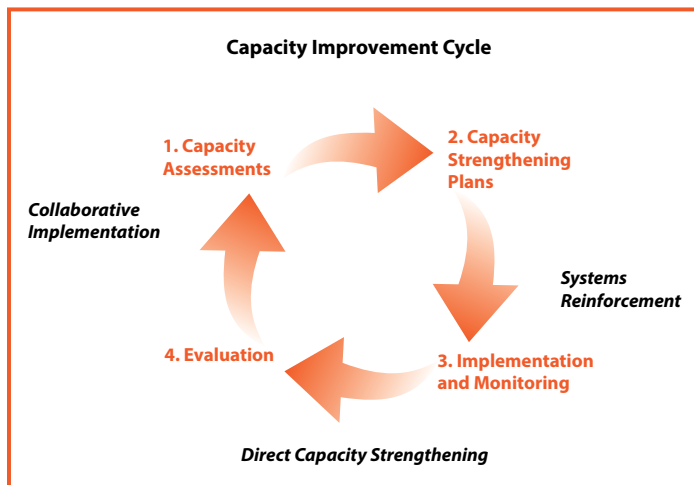
Direct Capacity Strengthening

Strategically blending **a mix of methods,** HC3 assists partners in reaching their goals for capacity strengthening in SBCC and organizational development. Methods may include coaching, seconding advisors, facilitating internships, fellowships, providing other professional development opportunities, providing links to external resources and tools, e-learning and training, among others. There is a focus on **experiential** learning. Our field teams work with partners on current SBCC activities so capacity strengthening is applied on the job for the greatest impact. The wealth of **HC3 global resources** are highlighted and made available to reinforce in-country capacity strengthening.

Collaborative Implementation

Our teams work closely with local partners in the development and implementation of an SBCC campaign, drawing on their experience and expertise. In the mapping of the campaign, we strategically **weave in capacity strengthening activities**–mini-workshops, in-service trainings, review of tools and resources, and reflection meetings–so "learning by doing" is explicit and systematic. According to **adult learning theory,** adults learn best both through **hands-on experience** and an opportunity to **reflect** on the experience. We reinforce learning by **P**reparing for an activity, **D**oing the activity, **R**eflecting on the activity and **A**dapting the activity (PDRA).

Systems Reinforcement

Working with missions, governments and local partners, we identify gaps and pinpoint **high-priority, high-impact** activities that will benefit the larger system for SBCC in the country. Activities range from establishing technical working groups, SBCC communities of practice and coordination committees to developing criteria for SBCC programs and materials, and collaborating on national-level strategies.

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HEALTH COMMUNICATION CAPACITY COLLABORATIVE