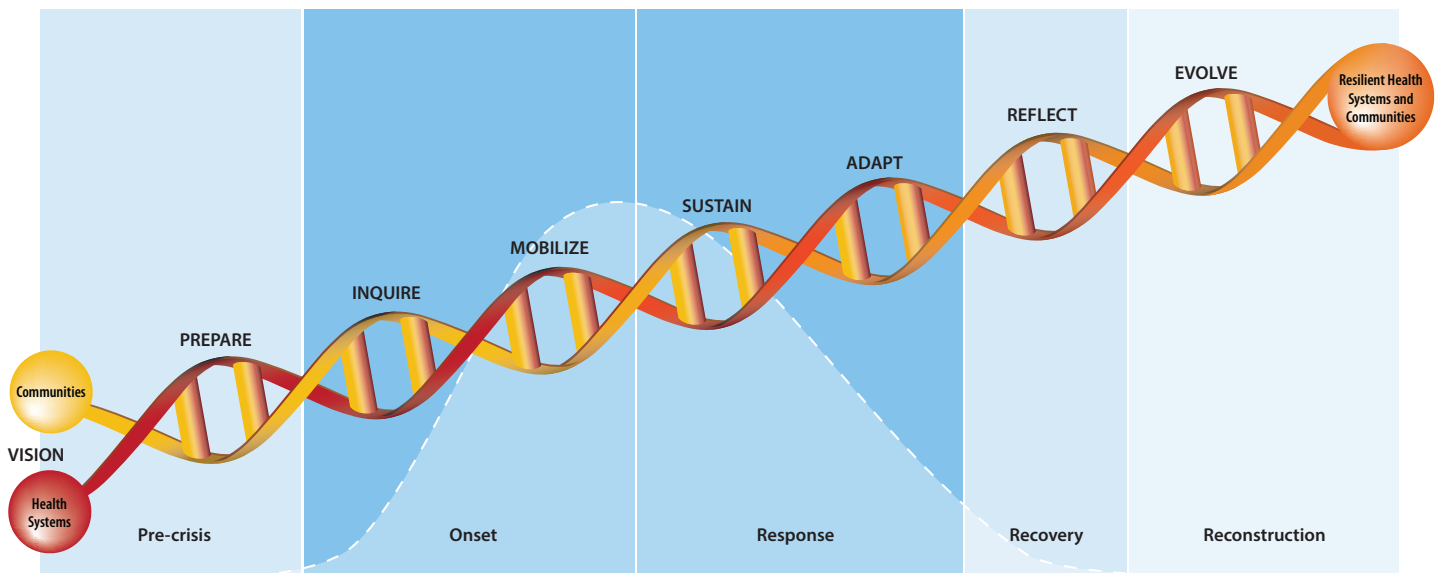


# The SBCC Emergency Helix

A Framework for Strengthening Public Health Emergency Programs  
with Social and Behavior Change Communication



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FROM THE AMERICAN PEOPLE

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## INTRODUCTION

**Public health emergencies are changing.** Our response must change with it. Countries face ongoing public health emergencies that overlap in time and place. Numerous global outbreaks of communicable diseases in recent years, along with slow-moving emergencies such as climate change, indicate that the question surrounding the next health emergency is not “if,” but “when.” With this in mind, public health emergency responses need to take place with an eye to long-term development and strengthening of healthy communities.

An effective response is often dependent on behavioral changes at the individual, household or community level, which require robust, trustworthy communication. Communities do not accept emergency response activities passively but rather react according to the social structures they live in and the values they live by.<sup>1</sup> If people cannot find a real advantage in complying with a public health initiative or emergency response, they may refuse to cooperate, resort to their own control strategies or engage in behaviors that worsen the crisis.<sup>2,3</sup>

Though working with community leaders toward culturally appropriate interventions has been emphasized within the development community for many years, outbreak control efforts do not always prioritize meaningful community engagement. This can lead to distrust and community resistance, leaving communities with little chance of lasting resilience.<sup>4,5</sup>

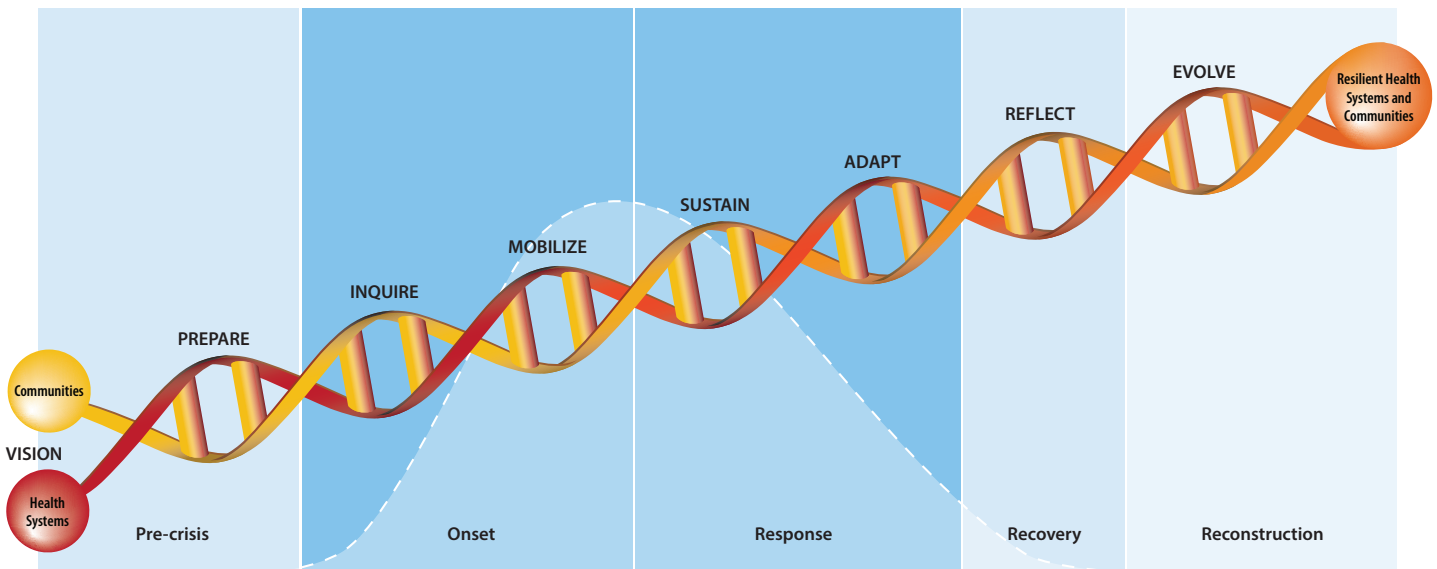
Social and behavior change communication (SBCC) is a powerful approach to respond to these issues. SBCC builds on an understanding of social determinants that affect people’s behaviors and shapes these behaviors into collectively

protective actions. It is deeply human-centered, and addresses not only the intellectual needs of individuals and communities for factual information, but also the emotional drivers associated with behavior. When SBCC is integrated into emergency preparedness and response, it bridges health systems with the communities they serve and can change the course of an emergency. Institutionalizing SBCC into emergency planning helps to mitigate the likelihood of future emergencies unfolding into long-term development losses by building resilience in health systems and communities.

The Health Communication Capacity Collaborative (HC3) – a five-year, USAID-funded global project led by the Johns Hopkins Center for Communication Programs (CCP) – developed the SBCC Emergency Helix based on an emerging portfolio of public health emergency programs. It highlights the essential role of SBCC throughout an emergency from preparedness to reconstruction.

The structure of DNA ensures stability over long periods of time yet allows for adaptation to the changing environment; in the same way, the SBCC Emergency Helix describes a communication blueprint for strengthening community stability, health system adaptability and the evolution toward resilience. This framework presents seven strategic SBCC objectives and four underlying principles that apply to most types of emergencies. However, like a genome, each emergency merits a communication plan adapted for the situation and may call for some SBCC objectives to be prioritized multiple times or activated in a nonlinear fashion. In pursuit of building resilience, the SBCC Emergency Helix is best understood as a repetitive unit strengthening emergency communication with each cycle of emergency preparedness, response, recovery and reconstruction, with communities at the center of it all.

### The SBCC Emergency Helix



## METHOD

This framework was conceptualized through periodic discussions among core and country program directors, officers and specialists from HC3 as well as programming partners. This expert team documented and reflected on HC3's work during the Ebola crisis with consideration of other HC3 emergency programs including Zika. A selection of research articles and policy documents were also reviewed. The evidence revealed a gap in current communication approaches for public health emergencies and the promise SBCC held for influencing health behaviors in these emergencies.

With the purpose of developing a framework for SBCC in public health emergencies, the team consulted existing emergency management frameworks, including the Crisis and Emergency

Risk Communication (CERC) emergency lifecycle from the U.S. Centers for Disease Control and Prevention (CDC)<sup>6</sup> and the Cluster approach developed under the Inter-Agency Standing Committee (IASC) Transformative Agenda,<sup>7</sup> as well as communication concepts from the [P-Process](#).

Preliminary versions of the SBCC Emergency Helix were presented to emergency management, humanitarian relief and global health experts from USAID, the World Health Organization, UNICEF, CDC and BBC Media Action for feedback. The draft was also made available for comment through a public event and a follow-up online discussion on [Springboard for Health Communication Professionals](#). The final objectives and principles presented here are a synthesis of HC3 experiences, literature review findings and public health community feedback.



## VISION

The foundational concept in this framework is the relationship between health systems and communities. The need to work together, in close coordination, is widely acknowledged, yet a different reality plays out in the context of an emergency.

Health systems – used here to mean the health care delivery system and the government bodies responsible for protecting and improving health – may prioritize safe and effective medical measures during emergencies. Communities – used here to mean the general population (especially those not part of the health system) – are likely to interpret an emergency in a variety of ways and may prioritize their actions according to belief systems.

Achieving coordinated emergency preparedness and building resilience is possible when all stakeholders share a commitment to use participatory community engagement to determine medically safe, yet culturally appropriate, emergency interventions acceptable to all stakeholders.

### PREPARE: Strengthen the Communication Foundation

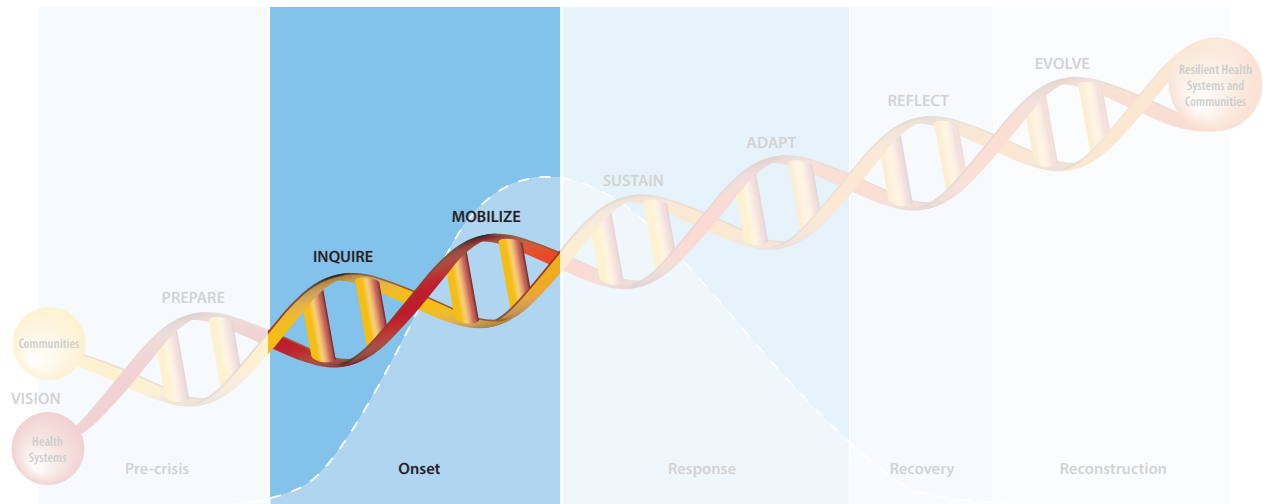
SBCC can be leveraged before an emergency to prepare for and mitigate a potential threat. In some cases, public health emergencies may be anticipated in the near future, such as in the case of disease outbreaks in neighboring countries. SBCC capacity varies by context, but strengthening this capacity before a crisis can help ensure a robust foundation for a rapid and effective SBCC response when an emergency strikes.

### Set Up or Strengthen the Communication Response Pillar within the National Emergency Response Committee

A Communication Pillar can serve as the central coordinating body for all emergency communication response to ensure harmonization and coordination across multiple partners and other emergency pillars. The Communication Pillar, a mechanism for communication design and knowledge management, can conduct a rapid landscaping analysis before an emergency to assess systems that can support SBCC, such as media, information and communication technology (ICT) platforms and traditional governance structures, as well as existing community and social networks. The Pillar can also develop emergency preparedness protocols and action plans and identify leads and stakeholders that can deploy rapidly – saving valuable time when an emergency occurs. Subcommittees and task forces can be established for message review, research, media partnerships and social mobilization, as well as non-emergency health issues.

### Establish a Feedback Loop with Communities

The Communication Pillar must be positioned to encourage more participatory involvement with community members through regular communication and multi-directional feedback. By bringing together stakeholders from the community and the public health system from the outset, the advantages are three-fold: public health and community early warning networks can notify communicators and social mobilizers of emerging threats; social mobilizers can inform communicators and public health officials of audience needs and perceptions; and, communities and health systems can establish trust, essential for a more efficient emergency response.



## INQUIRE: Ground the Response in Current Realities

When a public health emergency is confirmed, anxiety and rumors are likely to spread among affected communities and, if not addressed properly, can lead to denial or the adoption of unhealthy practices. SBCC can support initial risk communication efforts through rapid research to understand the knowledge, attitudes and behaviors that may fuel the emergency.

### Conduct Rapid Formative Research

A rapid scoping exercise is essential to ensure that messages address actual key health behaviors, knowledge, beliefs and norms impacting the crisis. Rapid methodologies can include focus group discussions, experiential learning activities and ICT such as mobile-based surveys. SMS rumor tracking and social media analysis provide additional data on the distribution and spread of information. Updating a landscaping analysis conducted before an emergency can also be carried out swiftly. The Communication Pillar also plays a critical role in ensuring that research plans and findings from multiple actors are shared and coordinated, and can provide technical support in interpreting those findings into suggested SBCC actions.

### Develop a Nimble SBCC Strategy

Developing and disseminating a sound strategy with a clear theory of change is imperative. It should be informed by formative research findings and developed in partnership with local stakeholders. The strategy should be reviewed and agreed upon by members of the Communication Pillar to ensure it contributes to communication objectives and aligns with other emergency response activities. The strategy should be nimble, allowing for frequent updates to messages based on the latest information. Implementation and monitoring plans should also go into effect to support operationalization of the strategy.

## MOBILIZE: Activate the Communication Response and Feedback Loops

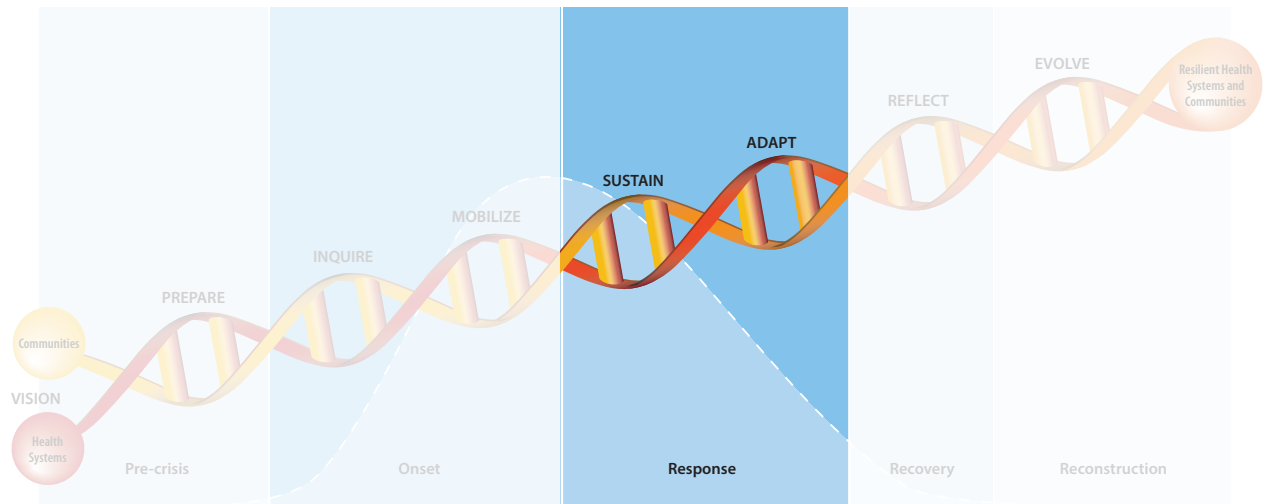
When a public health emergency is ramping up, SBCC can ensure that communities, health systems and emergency responders are working together for a stronger, more effective response that promotes trust and mutual cooperation.

### Mobilize Communities

Community mobilization engages all levels of society to prompt action and can be facilitated by early engagement with community leadership. Activities fostering two-way communication such as participatory learning activities or interactive community radio can be extremely beneficial as they address the response needs while capturing local knowledge and recognizing cultural norms. Importantly, mobilization efforts foster community ownership of the response, so community members actively participate in defining the problem, generating solutions and evaluating outcomes, all the while participating in the feedback loop with the Communication Pillar.

### Engage with Media

Mainstream and community media, especially radio, are effective channels for rapid dissemination in an emergency. Though uncertainty is inherent in emergencies, incorporating media partnerships into the communication strategy will reduce information voids and misinformation. Public perceptions detected from the established feedback loop can be used to select trusted spokespeople to deliver public service announcements, speak on talk shows and be interviewed by local journalists. Armed with an awareness of local perceptions, these spokespeople can deliver messages that resonate with the audience, instead of ones that alienate them. Community media can play a critical role linking communities to health systems and responding to local concerns with tailored information and personalized stories.



## SUSTAIN: Ensure Ongoing Attention to Emergency and Other Health Issues

After an initial outbreak, the crisis is still in full force but communities and health systems' efforts may begin to wane as an emergency becomes the "new normal" and donors, emergency response actors and health systems begin to face burnout. At the same time, non-emergency health issues neglected during the initial outbreak may surge.

### Monitor Feedback, Key Messages and Activities

Real-time monitoring and regular review meetings make it possible to assess the progress of an intervention and adjust implementation. Continued use of the feedback loop can help identify and address rumors and misconceptions early, monitor changing needs as the emergency unfolds and inform key stakeholders about other health issues that may be neglected during a crisis. Documenting program activities and outcomes throughout this process bolsters knowledge management and facilitates global emergency preparedness learning.

### Plan for and Respond to Fatigue

As communities grow weary of repeated messaging during an ongoing outbreak and social mobilizers struggle to maintain energy, participatory engagement with communities is essential to ensure that communication activities remain relevant and meet complex information needs. It may be necessary to tailor the messages and strategic approaches to community needs, recognizing that each community's evolution through the emergency cycle will be different. Community-level activities can be supported by overarching positive reinforcement through mass media that recognizes gains made but reminds everyone that the emergency is not yet over. More complex questions may also emerge around the nuances of behavior change beyond the initial basic actions that require more in-depth messaging and/or guidance for social mobilizers.

## ADAPT: Collect and Respond to Feedback

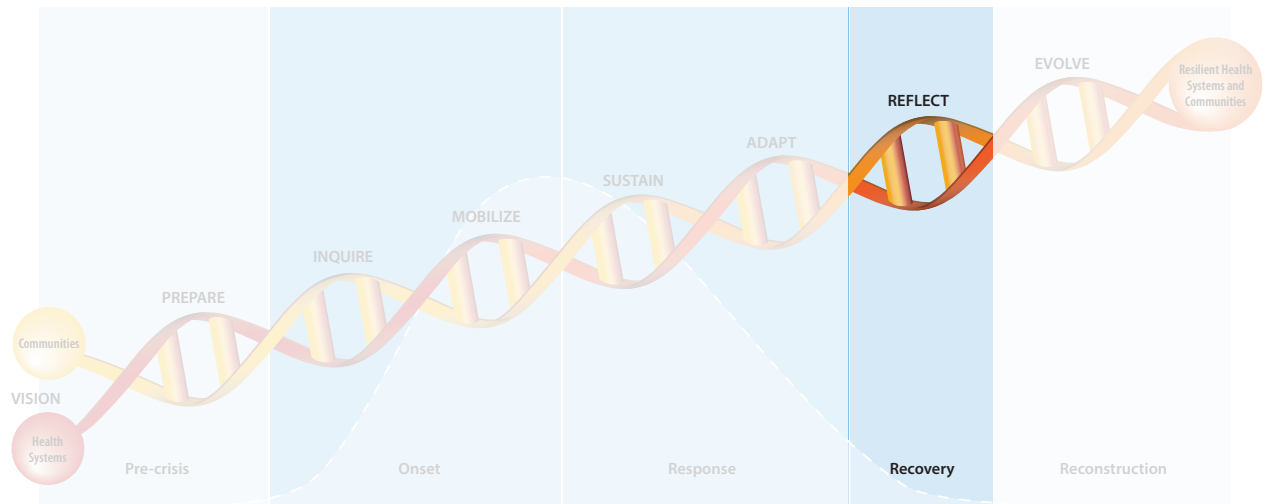
When a public health emergency begins to slow or stabilize, feedback from stakeholders and communities is essential. SBCC can utilize this feedback to inform evolving communication activities and ensure messages are in line with contextual realities and respond to changing needs.

### Respond to New Developments

Monitoring and feedback will raise evolving needs and issues faced by communities and the health system. In addition, new developments in the epidemiology of disease or its control, such as the development of a new vaccine or evidence of emerging risks, will require specific changes to the SBCC response. At this stage, consider developing a second stage SBCC strategy to promote understanding of the need for new desired behaviors to end the current emergency.

### Ensure Continual Feedback Loop with Communities

Maintaining the feedback loop between the Communication Pillar, the public health system, social mobilizers and other emergency response actors also maintains community trust by providing timely updates on new developments, and provides a mechanism where community members can raise concerns that can be acknowledged and addressed. The Communication Pillar can review or supervise revised message dissemination to prevent mixed messages and address misconceptions. At moments of new development, media engagement also becomes particularly valuable.



## REFLECT: Evaluate the Communication Response

When the public health emergency is under control and response activities begin to give way to recovery activities, evaluation of SBCC can help identify critical lessons that can feed into further mitigation and preparedness strategies, beginning the cycle of building stronger, more resilient communities and health systems.

### Conduct Participatory Post-Emergency Evaluation

The aim of post-emergency evaluation is to assess the relevance, performance and success of the communication response, including the media and community engagement.

The evaluation can measure behavioral, organizational and social changes that contributed to ending the emergency as well as community ownership of the response. Evaluations help form an evidence base to ensure future emergency responses are data driven and, if participatory, can help reinforce, or reestablish, trusting relationships with communities.

### Share Findings with Partners and Stakeholders, including Affected Communities

Continued use of the established feedback loop is essential to share successes, challenges and lessons learned, as well as implications for the future. This forging of a true partnership between social mobilization actors, communities and health systems is fundamental to resilience and recovery.





## EVOLVE: Build Resilient Health Systems and Communities

Once a public health emergency subsides, communities and health systems may face critical new realities as they recover and rebuild. SBCC can play a critical role to strengthen health systems, engage communities and ensure that, together, they are more resilient and able to mitigate the impact of future emergencies.

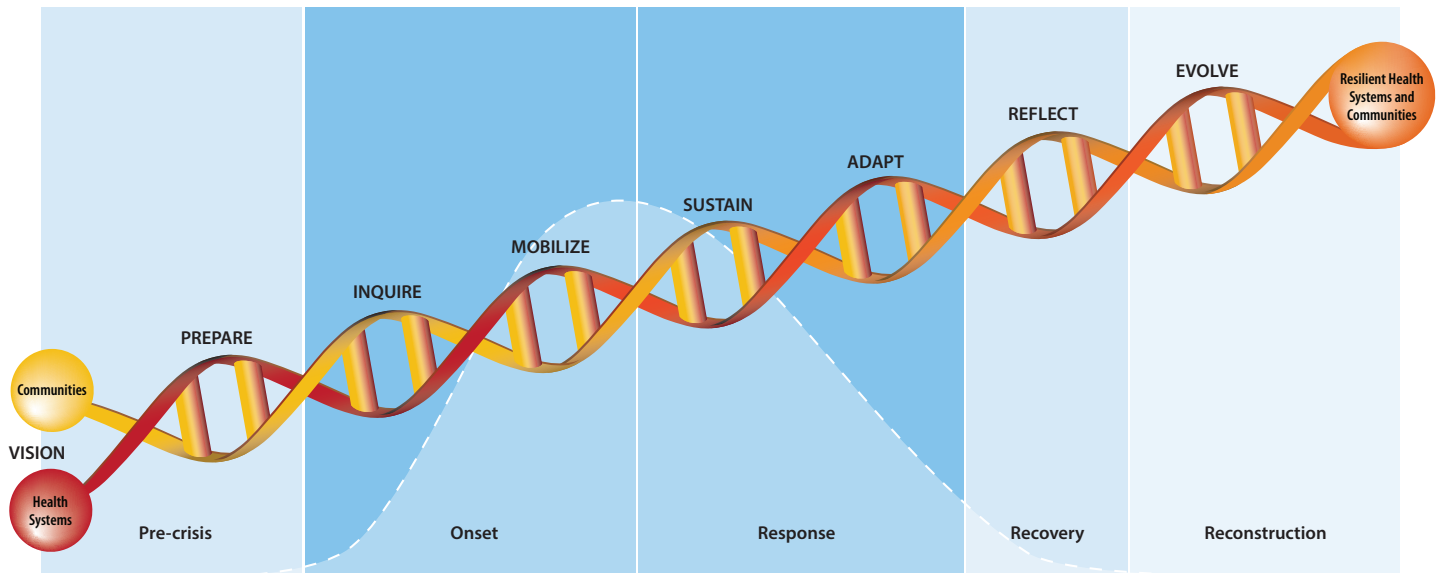
### Assess the New Landscape as a Result of the Emergency

Once the emergency has reached recovery phase, a landscape assessment can identify changes in knowledge, attitudes and behaviors of individuals, as well as shifts in communities and social systems. New needs may emerge – such as physical and psychosocial support for survivors, stigma or non-emergency health issues that have been neglected. The landscape assessment can also identify the status of community mobilization and engagement, avenues to address emergency response failures, mistrust in health systems and impact on

livelihoods. This is also an opportunity to identify behaviors adopted during the emergency, such as handwashing, that should be sustained for ongoing health improvements beyond the life of the emergency.

### Develop a New SBCC Strategy for Long-Term Recovery and Resilience

Informed by the new landscape assessment, a new SBCC strategy can support post-crisis response activities and, more importantly, focus on long-term recovery and resilience. This may include restoring confidence in the public health system and engaging communities to rebuild and improve health services. A trauma-informed lens can help ensure that strategies and activities are sensitive to social, emotional and physical changes that individuals and communities have experienced. Enabling communities to actively participate in recovery efforts alongside the public health system is a critical step in moving towards a higher level of preparedness. These partnerships, and the trust on which they are based, embed emergency response into a long-term development strategy and become the fundamental line of defense in any crisis.



## KEY PRINCIPLES

Throughout each of the stages outlined above, four key principles are fundamental to integrating SBCC within an effective emergency response:

### Community-Centered: SBCC for Public Health Emergencies Puts Communities at the Heart of the Response

Communities are central actors in the health system and the health system depends on communities for cooperation. Community action is especially essential when medical interventions alone cannot stem a public health emergency. SBCC provides a mechanism for “listening” to the community and mobilizing them for swift action, as well as building resilience to deal with future emergencies.

### Rapid: SBCC for Public Health Emergencies Can Accelerate Evidence-Based Implementation

Messages disseminated without rapid formative research, even if technically accurate, may have little effect on misinformation and stigma. Inquiry is the foundation of SBCC programs, answering vital questions about the current beliefs and practices. Communicators gain indispensable insight to develop programs that are tailored to existing community values and support all response efforts. As the response evolves, rapid mechanisms for research, implementation and feedback help ensure that the SBCC response retains a focus on the latest needs.

### Systematic: SBCC for Public Health Emergencies is Strategic, Evidence-based and Grounded in Theory

Even in an emergency, SBCC follows a scientific process of inquiry, design, testing, monitoring and evaluation. Formative

research and theory inform strategic approaches, thereby increasing the effectiveness of the response. Participatory methods allow a common vision to be articulated, overcome community resistance and drive a community response. Pretesting messages, materials and activities prevents costly mistakes and ensures a campaign resonates with the key audiences. Monitoring and evaluation ensures the strategy will be rolled out and adjusted for maximal impact, and lessons learned incorporated into the next emergency response.

### Coordinated: SBCC for Public Health Emergencies Links Stakeholders

In an emergency, there is a common vision to end the crisis and see the community return to normal life stronger and more resilient. Yet this vision may be interrupted by misunderstanding and inefficiency. By establishing active and ongoing relationships between sectors, stakeholders and the public, and ensuring harmonized messaging, SBCC ensures that emergency preparedness and response can truly be a united effort.

## MOVING FORWARD

The SBCC Emergency Helix was developed as a resource for strengthening public health emergency programs. As a conceptual framework, it is intended to present the key SBCC objectives and principles for more effective emergency preparedness and resilience. Program planners, implementers and evaluators that intend to use the SBCC Emergency Helix are encouraged to draw from these concepts and document their experiences. HC3 welcomes any feedback or interest in pretesting the SBCC Emergency Helix for developing measurement and analysis indicators, which will be included in future versions.

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