Strategic Communication for Integrated SBC Programs

Guidelines and considerations based on promising practices

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Integrated SBCC

Our Definition

Integrated SBCC is social and behavior change communication programming designed to address more than one health or development issue within the same program in a cohesive manner.
Overview of the Presentation

Key considerations in an Integrated Program:
- Deciding to integrate
- Laying the foundation
- Approaches and models when designing
- Implementation challenges and opportunities
- Research, monitoring and evaluation
1. Decision to Integrate

**Advantages of Integration**
- Approaches audience holistically
- Avoids message fatigue
- Increases reach and visibility
- Improves effectiveness
- Leverage resources – not duplicate
- Supports integrated service delivery
- Enhances sustainability

**Challenges of Integration**
- More coordination is needed
- Larger upfront investment
- Overload / dilute message
- MoH is often siloed
- Harder to measure impact
Other considerations in deciding

- Policies, programs and practices in place?
- Alignment between donors, government and partners?
- Sufficient time and funding?
- Capacity of staff and communication channels?
- Are services integrated?
- Which topics/behaviors to integrate?
2. Laying the Foundation

- Mapping the landscape – partners, activities
- Donor level and Stakeholder level meetings
- Review, approve and harmonize messages
- Ensure quality and KM
- Sharing resources
- Aligning reporting
- Align supply of products and services with demand activities

Coordination
Establishing Expectations

• **Focus** – focus on priority behaviors within health areas – don’t overwhelm the audience

• **Flexibility** – remain open to a range of possibilities during program roll out

• **Transparency** – will help to streamline processes, ensure efficiency, reduce redundancies, plan and implement effectively

• **Patience** – meaningful results will take time
Cost Considerations

• Higher start-up costs
• Expectations for disaggregated findings
• Differing levels and timeline of funding
• Common basket of operating costs
• Flexibility to allow budget changes
• Managing multi-sectoral funding
3. Considerations for Strategic Design

- Strong theoretical basis for change in behavior
- Audience Segmentation - by life stage, by readiness to adopt a behavior, etc.
- Approaches to Integrated SBCC - Life Stages, Gateway Behavior, Behavioral Attributes, Co-Occurring Behaviors, etc.
- Models - Add ons, phased, umbrella brand, pathways to change, social ecological model
Life-stages Audiences

- **Young Married:**
  - HIV prevention, malaria prevention, IPTp, early antenatal care, skilled attendance at birth, birth spacing, breastfeeding, PMTCT

- **Adolescents/young adults:**
  - Life skills, STD/HIV prevention, FP, puberty education

- **Parents of Young Children:**
  - ORS, immunization, treatment of malaria, diarrhea, pneumonia, essential nutrition actions, FP/birth spacing

- **Parents of Older Children:**
  - Early treatment of fever and malaria, hand washing, LLIN use, FP/birth spacing, safe water and hygiene practices
OUTCOME BEHAVIORS
Family Planning, immediate + exclusive breastfeeding, personal hygiene, child immunization

GATEWAY FACTORS
Behavior change communication
Social mobilization
Community based Advocacy
Quality ANC services

GATEWAY MOMENTS
Pregnancy

GATEWAY BEHAVIORS
Interpersonal communication among intimate network
Completion of at least 4 ANC visits
Pathways to Child & Maternal Health: Mozambique

Mozambique Profile

Context
- Maternal & Infant Mort.
- Polygamy & Gender Issues
- Preference for large fam.
- Trad. beliefs about disease
- Extreme Poverty
- New Independent Nation and Tribal Society
- Local & community radio

Resources
- Low Human and Financial Resources
- Maternal Health and FP Health Priorities
- Educational Development Programs
- Health Policies, Plans and Strategies

Domains for Communication Interventions

Social Political Environment
- Shared strategic vision
- Resource allocation
- Institutional capacity building
- National advocacy coalition
- National RH/FP communication strategy
- Functional Maternities
- Skilled and caring providers
- FP information and counseling
- Partnership with communities
- Visible FP program
- Youth friendly services

Service Delivery System
- Health guardian groups
- Local Mesas de Trabalho
- Community defined quality
- Peer networks
- Women FP networks
- FP a social norm
- Collective efficacy for Safe Motherhood

Community/Individual
- Knowledge on Youth RH
- Knowledge about FP
- FP services identified
- Perceived social support for FP
- Approval of FP
- Perceived risk for preg.
- Knowledge of 3 delays
- FP advocate

Initial Outcomes

Behavioral Outcomes
- Supportive Environment:
  - Favorable FP public opinion
  - Resource acquisition
  - Media support
  - National RH/FP communication campaign

- Service Performance:
  - Access
  - Quality
  - Client volume
  - Client satisfaction
  - Health needs covered

- Community
  - Maternal evacuations
  - Joint health planning & action
  - Women FP discussions
  - Youth group discussions

- Individual
  - Timely service use
  - Contraceptive use
  - Partner reduction
  - Safe sex practices
  - Birth preparedness plan use
  - Safe delivery

Sustainable Health Outcomes
- Reductions in:
  - Unintended/mistimed Pregnancies

- Morbidity/mortality from pregnancy/childbirth

- Infant/child morbidity/mortality
Social Ecological Model

Communication used to overcome barriers to normative & social and behavior change

INDIVIDUAL
- Healthy Behavior
- Knowledge and skills
- Beliefs & values
- Self-efficacy
- Perceived norms
- Perceived risk
- Emotion
- Habit

FAMILY & PEER NETWORKS
- Parenting skills
- Social influence
- Social support
- Supportive partner relationships
- Social networks

COMMUNITY
- Positive deviance
- Equal participation
- Information equality
- Equal access to resources & services
- Shared ownership
- Collective efficacy
- Social capital
- Social cohesion
- Leadership

SOCIETY/ SYSTEMS
- Committed leadership
- Supportive policies
- Positive religious & cultural values
- Gender equality
- SBCC Capacity
- Supportive media
- Media & technology
- Income equity
4. Considerations for Implementation

- Realistic timelines and activity plans
- Message Harmonization
- Develop and test concepts and material - coherence across multiple topics and resonance for different audiences
- Channel selection and media planning – topic placement must be complementary rather than competitive
- Coordination and Capacity Strengthening
- Regular monitoring – assess and course correct particularly in integrated programs
5. Considerations for Research, Monitoring and Evaluation

- Formative Research - actionable insights, prioritize behaviors, identify clusters, patterns that foster behavior change
- Value added indicators and amplified effects
- Regular and routine monitoring and feedback loops – complexity aware methods
- Process and Impact Evaluation – generate evidence attributing gains to integration
- Integrated Reporting System – data access and sharing
For more information…
Visit the Integrated SBCC I-Kit
https://sbccimplementationkits.org/
Thank you!