



# HC3 in Action

## Strengthening the SBCC System

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## About HC3

HC3 is a five-year, global project funded by USAID led by the Johns Hopkins Center for Communication Programs (CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR and Internews. It is designed to strengthen developing country capacity to implement state-of-the-art SBCC programs. HC3 fosters vibrant communities of practice at the national, regional and global level that support improved evidence-based programming and continued innovation. More information is available at: <http://healthcommcapacity.org>.

## About the HC3 in Action Series

The HC3 in Action series documents and synthesizes HC3's experiences and lessons learned on topics that cut across the project's diverse portfolio of activities. Each brief draws from HC3's work in 34 countries as well as initiatives, tools and resources developed at the global level.

## Acronyms

<b>ACSM</b>	Advocacy, Communication and Social Mobilization
<b>ACT</b>	Artemisinin-based combination therapies
<b>BCC</b>	Social and Behavior Change
<b>BKMI</b>	Bangladesh Knowledge Management Initiative
<b>CCP</b>	Johns Hopkins Center for Communication Programs
<b>CDT</b>	Content design teams
<b>EVD</b>	Ebola Virus Disease
<b>HC3</b>	Health Communication Capacity Collaborative
<b>HED</b>	Health Education Division
<b>IPTp</b>	intermittent preventive treatment in pregnancy
<b>ITN</b>	Insecticide-treated nets
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>MOHP</b>	Ministry of Health and Population
<b>MOHS</b>	Ministry of Health and Sanitation
<b>NGO</b>	Non-governmental organization
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>PMI</b>	President's Malaria Initiative
<b>RDT</b>	Rapid diagnostic tests
<b>RMNCH</b>	Reproductive, maternal, newborn and child health
<b>SBCC</b>	Social and Behavior Change Communication
<b>USAID</b>	United States Agency for International Development
<b>THI</b>	Technical Health Institute
<b>WHO</b>	World Health Organization

## Acknowledgments

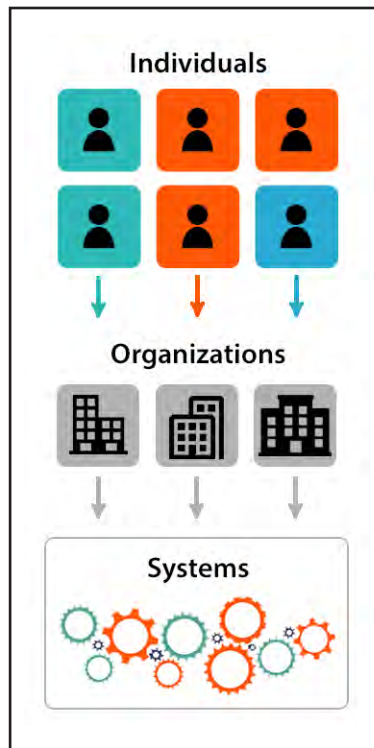
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**Cover Photo:** © 2007 Peter Roberts, Courtesy of Photoshare

# INTRODUCTION

Social and behavior change communication (SBCC) capacity strengthening is generally understood as operating at the individual level – increasing practitioners’ skills and knowledge through such interventions as training, mentoring, coaching or the provision of SBCC materials. It may also be understood to focus at the organization level, for example, strengthening finance or management policies and processes within an SBCC non-governmental organization (NGO) or, in the programmatic domain, ensuring the NGO has an institutionalized SBCC strategic design process that staff understands and follows.

While a focus on individual and organization levels is critical to supporting sustainable SBCC, a significant proportion of SBCC capacity strengthening efforts concentrate on the system level. It is important to understand the interconnectedness of these three audiences: individuals function in organizations and organizations operate in systems. Systems are the “connective tissue”

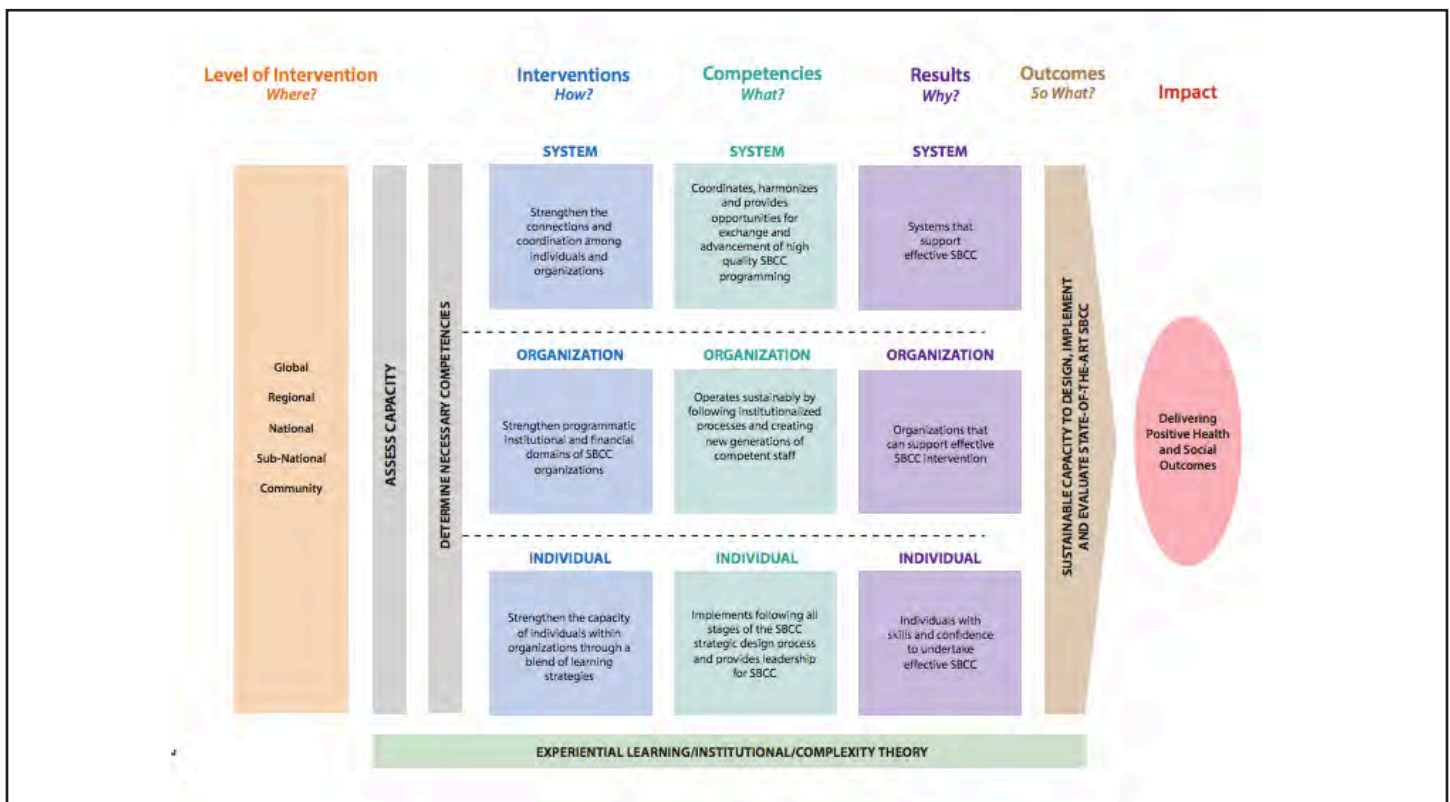


**Figure 1. Individuals function in organizations and organizations operate in systems**

that link and support the organizations and the individuals (see Figure 1). For more information on the multiple levels of SBCC, see [SBCC Capacity Ecosystem™](#), a model developed by HC3 that reflects the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC at each of these levels (see Figure 2).

Despite the fact that both bilateral and global SBCC projects invest time and resources to strengthen SBCC systems, this level of the Ecosystem has not been thoroughly analyzed and articulated. The consequence is that systems-level interventions often go unnoticed or are regarded as disparate, even ad-hoc, rather than a cohesive domain of SBCC capacity strengthening practice.

This technical brief describes the components of an effective SBCC system and then provides spotlights on HC3’s work in five countries to illustrate these components in action.



**Figure 2. The SBCC Capacity Ecosystem™**

# WHAT IS THE SBCC SYSTEM LEVEL?

The SBCC system level is a collection of structures and processes that provide support to and linkages among institutions, organizations and individuals practicing SBCC.

An *effective* SBCC system **coordinates, harmonizes and provides opportunities for exchange and advancement of high quality SBCC programming.**

There are nine components of an effective SBCC system:

**Coordination:** Coordinates the activities of various actors at the different levels. Has sustainable coordinating structures and processes.

**Strategic direction:** Provides strategic direction to partner organizations through well-articulated and disseminated policies, strategies, and frameworks.

**Message harmonization:** Provides institutionalized guidance and an effective process for ensuring harmonized messaging.

**Breadth of competencies:** Ensures that competencies in all critical aspects of SBCC are present across its network of implementing and coordinating organizations.

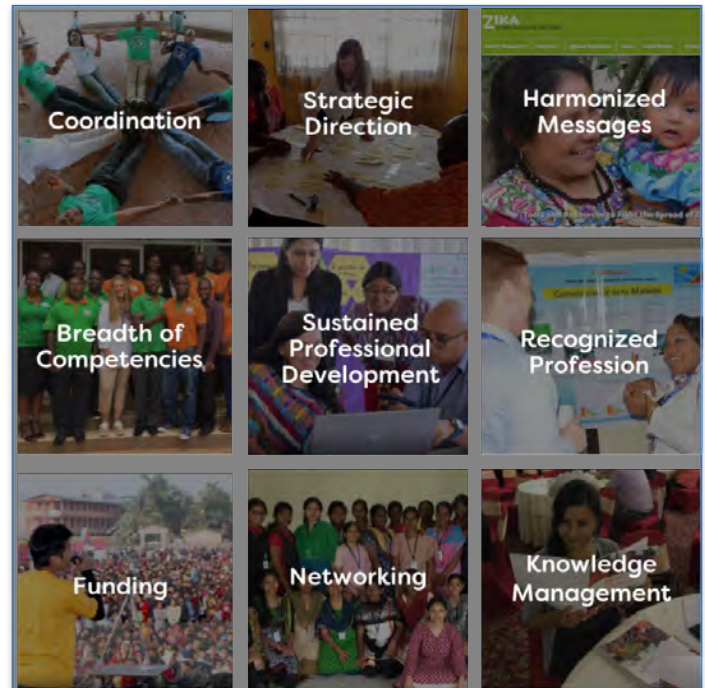
**Recognized profession:** Institutionalizes the SBCC profession and roles. Recognizes SBCC as a critical element in the health system.

**Sustained professional development:** Sustains SBCC pre-service training programs and on-going professional development required to produce a critical mass of high competency health communication professionals.

**Knowledge management:** Documents, catalogues, and broadly disseminates strategies, media and materials.

**Funding:** Ensures adequate resources to implement high impact and sustainable SBCC programs.

**Networking:** Provides both virtual and face-to-face networking opportunities for knowledge exchange and professional development among SBCC practitioners.



The nine components of effective SBCC systems

# COORDINATION STRENGTHENS THE SBCC SYSTEM IN NIGERIA

**Overview:** The USAID HC3 Nigeria Malaria Project 2014-2018 funded by the President's Malaria Initiative (PMI) works with the National and State Malaria Elimination Programs (NMEP/SMEP) to implement evidence-based, high-quality SBCC interventions at scale to increase the demand for and use of malaria prevention and control products and services, including insecticide-treated nets (ITN), intermittent preventive treatment in pregnancy (IPTp), rapid diagnostic tests (RDT) and artemisinin-based combination therapies (ACT). Hand-in-hand with implementing comprehensive SBCC interventions, HC3 also works to increase the capacity of the NMEP's Advocacy, Communication and Social Mobilization (ACSM) branch to improve coordination and leadership of malaria ACSM activities at the national and state levels.

**SBCC System Challenge:** ACSM had undeveloped capacity and limited experience in effective coordination. The ACSM Branch was widely regarded as among the weakest among the all the branches within the NMEP. In addition, in many areas, their role in coordination was unclear. Thus, although their overarching mandate was to lead and coordinate activities for malaria advocacy communication and social mobilization so as to advance Nigeria's National Malaria Strategic Plan in reaching its objectives, they lacked an explicit process for doing so. Moreover, it was critical that Malaria SBCC stakeholders develop a renewed appreciation for their leadership role in coordination. To do so the ACSM needed to add value through practical coordination efforts in enabling partners to build beneficial relationships that result in higher quality SBCC programs and materials, achieved within deadlines with less duplication of efforts.

**SBCC System Intervention:** In 2014, the ACSM sought HC3's assistance in facilitating a process to update the National Strategic Framework for Advocacy, Communication and Social Mobilization to align it with the new National Malaria Strategic Plan for 2014-2020. HC3 worked with ACSM

## Further Reading

[SBCC Capacity Strengthening in Action: HC3 Strengthens the Social and Behavior Change Communication Capacity of the Nigerian National Malaria Elimination Programme](#)

through a series of workshops and follow up meetings involving the implementing partners, NGOs and other key stakeholders that are members of NMEP's ACSM Sub-committee. Whereas the previous iteration of the framework had been dense and difficult to follow, HC3 guided ACSM in the development of user friendly and practical step-by-step guidelines the implementation of which is designed to improve ACSM's coordination and leadership role.

The guidelines are divided into four main sections, including: conceptual framework and background, strategy development, implementation and M&E. Using colored tabs to separate the sections created a modular format. This simple innovation transformed what had originally been a cumbersome document that the user had to search through into a highly functional resource allowing, for example, a research expert to quickly access the M&E section. Moreover, the guidelines include useful technical content including practical steps for designing quality strategic communication materials and M&E indicators for each malaria technical area.

In terms of coordination, the guidelines outline a logical and efficient process for message and material harmonization among partners working in Malaria SBCC and the ACSM's role in that process. For instance, the guidelines called for the creation of content design teams (CDTs) to facilitate the standardization process for malaria communication materials. Partners no longer develop and produce malaria communication materials without going through a technical review process managed by one of the malaria-specific CDTs and orchestrated by ASCM, thus keeping malaria messages consistent and reducing duplication. Rather than encumbering the pace of materials development, partners have found that the CDTs, promptly organized by the ASCM whenever a partner has need for review, improves quality and still enables them to meet deadlines.

To facilitate dissemination and use of the guidelines at the state-level, HC3 trained ASCM national staff on the guidelines who in turn disseminated to state level staff, thus increasing their visibility and status and providing them with a useful grounded role.



A group counseling session in Kebbi, Nigeria

# STRATEGIC DIRECTION STRENGTHENS THE SBCC SYSTEM IN SIERRA LEONE

**Overview:** The USAID HC3 Sierra Leone Project (2015-2017), in collaboration with the Ministry of Health and Sanitation (MOHS) and other partners, implemented a SBCC program to rebuild trust in the country's health system and encourage uptake of reproductive, maternal, newborn and child (RMNCH) services as part of Ebola recovery efforts. HC3 Sierra Leone had three main objectives:

1. strengthen national level capacity in SBCC;
2. increase uptake of RMNCH behaviors; and
3. solidify linkages between communities and local health facilities.

The project sought to address the first objective through various activities that included working with the MOHS to develop a national tool that would provide strategic direction on how to improve operation, management, coordination and integration of health promotion across multiple health areas. The tool would also be used to harmonize efforts to promote health in line with the national *Health Sector Recovery Plan 2015-2020*.

**SBCC System Challenge:** The MOHS Health Education Division (HED) began drafting a strategy to operationalize the country's 2010 National Health Promotion Policy with the support of the World Health Organization (WHO) in 2012. The process proved to be challenging as partners struggled to find consensus on key priorities, and was further stalled by the Ebola Virus Disease (EVD) outbreak in 2014. The EVD outbreak unequivocally demonstrated the importance of Health Promotion in fostering a sense of community ownership and shared responsibility for the health of Sierra Leoneans. Two notable changes in health promotion occurred during the outbreak, largely driven from the ground up:

1. the HED moved into a central coordinating role for health promotion activities with new structures established through the emergency operations center such as the social mobilization and communications pillars; and
2. there was a distinct shift away from awareness raising-based activities to community engagement and dialogue activities.

These shifts supported communities to make changes in their cultural and social practices that stopped transmission of EVD. This experience emphasized the importance of incorporating health promotion activities to address issues of national priority, while highlighting that the HED needs increased capacity to maintain a functional leadership role.

**SBCC System Intervention:** The HED and its partners recognized the critical need for a guiding framework that would support the objectives outlined in the 2012 draft policy document and incorporate lessons learned during the fight against the EVD. This framework would also help boost health promotion in the country to the next level. In early 2016, HC3 began work to revitalize the strategy development process at the request of the MOHS, building on the work that was started by WHO four years ago. This included a desk review of current health policies and a two-week consultative process with all key stakeholders to identify needs and priorities. HC3 then brought partners together for a three-day workshop to agree on objectives, format and the various components of the strategy. Once the revised draft strategy was developed, HC3 facilitated two review workshops to address partners' feedback and organized a final validation workshop.

The final *National Health Promotion Strategy of Sierra Leone (2017-2021)* was launched in February 2017. The strategy outlines a plan for strengthening the capacity of the HED and change agents at all levels and includes a five-year fully costed implementation plan. The plan addresses, among other things, how to strengthen health promotion structures, including the role of CHWs; improve human resources and capacity strengthening for health promotion through pre-service training; and improve monitoring and evaluation (M&E) systems through a standard M&E framework for both management and implementation of health promotion activities.

With the support of HC3, HED moved immediately to begin implementing the strategy, while undertaking advocacy efforts with MOHS leadership, donors, and supporting partners to mobilize resources to fund additional activities outlined in the strategy. While full funding of the strategy is not yet secured, the MOHS now has a strong foundation on which to strengthen health promotion in the country and a road map for how to get there.



Enthusiastic staff and community members during the makeover of the Maborognor Health Post in Sierra Leone

# RECOGNIZING THE SBCC PROFESSION STRENGTHENS THE SBCC SYSTEM IN EGYPT

**Overview:** HC3 is implementing a three-year project in Egypt with the overarching objective to strengthen the capacity of the Ministry of Health and Population (MOHP) to lead and coordinate SBCC efforts in the country. In addition to the active engagement of the MOHP in the development and implementation of a national campaign to promote positive behaviors related to Hepatitis C, HC3 capacity strengthening efforts focus on strengthening the cadre of health educators who are based in primary health care centers and are responsible for conducting health promotion activities both at the facility and community levels.

**SBCC System Challenge:** A key challenge concerning Egypt's health educators, that currently number approximately 5,500, is that health education is not a recognized profession: they do not undergo pre-service training, there is no professional track in Egypt's Technical Health Institute (THI), there is no formal job description for health educators and there is no clear track for promotion or advancement. Health educators also have little in the way of high quality materials for health education. As a result, despite its critical importance to the success of Egypt's efforts to improve health status, health education and promotion is considered a low status position and thus does not receive either the attention or support to assure quality.

**SBCC System Intervention:** HC3, working with the MOHP, identified the need to create a formalized professional track in the THI for health educators leading to a two-year certificate degree on par with other health professions such as nursing. The MOHP is driving the administrative/ bureaucratic process for instituting that track and HC3

is working with local experts to develop a two-year curriculum that will cover the core concepts of strategic communication and behavior change theory, as well as practicum experience. Most recently, the Health Minister issued a decree to establish eight new branches within the MOHP's THI, one of which is for health education. The decree mentioned that the two-year health education degree program would be taught in English and highlighted the 16 courses proposed by HC3-Egypt. A formal job description for health educators is also under development. While the THI is intended for new health educators, HC3 is also piloting an in-service training with 1,000 current health educators and developing a reference manual for health educators on a range of health topics—from family planning to cardiovascular disease to diabetes—including key information and standard messaging on each topic.



Community volunteers in Minya, Egypt at a Community Development Association meeting

# KNOWLEDGE MANAGEMENT STRENGTHENS THE SBCC SYSTEM IN BANGLADESH

**Overview:** The Bangladesh Knowledge Management Initiative (BKMI) from 2013 to 2016 strengthened the capacity of the Government of Bangladesh, USAID implementing partners and other stakeholders to develop strong, consistent and effective SBCC campaigns and interventions to improve the health and well-being of the people of Bangladesh. BKMI worked to improve the knowledge and skills of individuals, the processes and tools within government units, and integration of health, family planning and nutrition.

**SBCC System Challenge:** An important system-level challenge in Bangladesh was insufficient coordination, both within the Ministry of Health and Family Welfare (MoHFW), and between the MoHFW and others. This lack of coordination led to SBCC materials and activities that were not aligned with current government policy; unintended duplication of SBCC materials and activities; and either a lack of SBCC materials available for field workers, or an abundance of SBCC materials that were heavy and difficult to carry. Other challenges included insufficient training opportunities for field workers, and “siloeed” activities for health, family planning and nutrition.

**SBCC System Intervention:** To address these challenges, BKMI worked closely with MoHFW to create a series of complementary knowledge management solutions. A *Community of Practice*, the BCC Working Group, was formed to facilitate coordination, networking, and sharing among government and non-government stakeholders. The BCC Working Group met regularly, posted key documents on a website, and formed sub-groups to carry out specific activities. They also hosted an annual *share fair* to recognize and celebrate best practices for health, family planning and nutrition SBCC in Bangladesh.

*“I was eager to find an online course that will strengthen my capacity and enrich my resources. This course is relevant to my job and will be very helpful to those working in developing materials.”*

*-Dr. Quazi Mamun Hossain, Program Manager, UNFPA, participant of Message and Material Development eLearning course*

BKMI also led the development of eLearning courses and an [eToolkit](#) for field workers. Eight eLearning courses provide supplemental training to field workers, who received pre-service training, but very little in-service or refresher training. The video-based courses covered family planning (two courses), maternal and newborn health (two courses), infant and young child feeding (two courses), interpersonal communication, and integrated messaging.

*“I feel empowered with this monitoring tool. It works like magic to strengthening the program.”*

*-Suman Chandra Nath, FPI, Tewata, Shibaloy, Manikgonj*

The eToolkit compiles high-quality print and audiovisual SBCC materials in a simple digital format, organized by topics and sub-topics. The eToolkit is available online, offline and as a mobile app. All the materials were reviewed at two levels: first, by subject-matter experts to ensure technical accuracy and harmonization with government policy; and second, by field workers who were asked, “Would you use this item when counseling a client?” The eToolkit strengthens the system by consolidating the best SBCC counseling tools in one digital publicly available location, making it possible for all stakeholders to easily see what has been produced, thus helping to avoid unintentional duplication. In addition, all field workers throughout Bangladesh have access to a common, integrated package of high-quality SBCC counseling tools.



Mothers meet in a courtyard in Bangladesh

## Further Reading

[SBCC Capacity Strengthening in Action: HC3 Uses Technology in Bangladesh to Build Field Worker Confidence and Social and Behavior Change Communication Skills](#)



# NETWORKING STRENGTHENS THE SBCC SYSTEM IN UGANDA

**Overview:** The Uganda Ministry of Health, under the auspices of the Health Promotion and Education Department (HPED), started the Behavior Change Communication Working Group (BCC WG) in 2007 as an umbrella platform for coordinating health communication interventions in the country. The BCC WG was designed to increase community awareness and health literacy on disease prevention and promotion, promote public participation and involvement in health care delivery, increase demand and utilization of the services provided by the sector. A key deliverable for the BCC WG is to improve coordination, collaboration and learning in the design and implementation of health communication activities in Uganda.

**Challenge:** While Uganda has a vibrant SBCC community, the BCC WG struggled to stimulate networking and knowledge sharing among the SBCC community. Learning and networking events occurred only sporadically, and there was no online learning and sharing among members between these occasional events.

**SBCC System Intervention:** The Uganda Ministry of Health needed to expand beyond the existing BCC WG to revitalize the SBCC community and introduce regular networking events as well as online collaboration. [Springboard for Health Communication Professionals](#), a community-building initiative started by HC3, offered a strategic partnership to help advance the mandate and objectives of the BCC WG. Springboard provided a ready-to-use platform with an established [Uganda country group](#) that already included more than half of the Ugandan SBCC community.

Under the auspices of the HPED, the Springboard Uganda Steering Committee has positioned Springboard as a vibrant networking platform for the BCC WG and the Ugandan SBCC community. In addition to quarterly BCC WG meetings, the partnership has supported learning fora and online discussions which are jointly planned and organized by the Ministry of Health and BCC WG/Springboard members. Through these activities, Springboard has strengthened networking and knowledge sharing among the Ugandan SBCC community and helped improve learning and collaboration among members both online and in face to face meetings. This has led to a growing evidence of application of SBCC principles during the design and implementation at national and district levels.



Uganda Springboard country group

## SBCC Capacity Strengthening in Action

To learn more about what HC3 has done to strengthen country capacity for SBCC, read:

[Distributed Social and Behavior Change Communication Capacity Enables Nepal's Young Married Couples to Make Smart Family Planning Choices](#)

[HC3 Facilitates Transition of the National AIDS Resource Center to the Federal Ministry of Health in Ethiopia](#)

[SBCC Capacity Strengthening in Action: HC3 Strengthens the Social and Behavior Change Communication Capacity of the Nigerian National Malaria Elimination Programme](#)

[SBCC Capacity Strengthening in Action: HC3 Uses Technology in Bangladesh to Build Field Worker Confidence and Social and Behavior Change Communication Skills](#)

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