OPERATIONAL CONSIDERATIONS FOR COORDINATING SBCC AND SERVICE DELIVERY PROGRAMS

In service communication, effective coordination is the key to ensuring desired behavioral outcomes – increased demand, improved uptake, and consistent long-term maintenance – across the three stages. The Design section of this I-Kit covers principles that service delivery programs can follow when designing and implementing their own communication activities and materials. This Operational Considerations section covers principles service delivery programs can follow when coordinating with SBCC partners.

Coordinating SBCC with service delivery often involves partners with different timelines, objectives and ways of working. It requires investment in planning, participatory message development, regular check-ins during implementation, revision of approaches and messages, and joint monitoring and evaluation (M&E) of activities. This all requires time and communication at a project management and implementation level.

The table below summarizes key collaboration points for service delivery and SBCC partners.

BEFORE	DURING	AFTER
▪ Collaborate on formative research to understand key audiences and behavioral drivers ▪ Ensure balance between demand and supply (mobilizing for services that are available and accessible) ▪ Use participatory design processes for strategy and messaging. ▪ Define roles and boundaries for all stakeholders (service	▪ Meet and coordinate regularly to monitor activities, highlight what's working, and establish platforms for collective problem solving ▪ Coordinate supportive supervision to identify and correct issues with supply-side and demand-side activities	▪ Measure SBCC's impact on service delivery and the impact service quality has on demand ▪ Share lessons learned

providers, SBCC actors, civil society organizations/community-based organizations) ▪ Create tools and processes for referral and linkages	▪ Monitor impact of messages and activities and revise accordingly ▪ Ensure balance between supply and demand	

Why Is Coordinating SBCC with Service Delivery Important?

Coordination between service delivery and SBCC partners helps programs achieve desired behavioral and health outcomes by ensuring smooth operations and a balance between supply and demand for services. If strategies and messages are out of sequence, clients could show up at the facility for services that are not available, or services could be underutilized because clients do not understand their value or where to access them. If messages are not harmonized, potential contradictions between what is communicated in the community and at the clinic can confuse clients and undermine services. If a client returns home without understanding where to find support or what to do next, he or she may not adopt or sustain the new behavior.

Common SBCC/Services Coordination Models

Some of the most common scenarios in which service delivery and SBCC partners may coordinate include the following:

SBCC and services implemented through separate projects or organizations – In this arrangement, partners may aim to collaborate in overlapping geographies, with common audiences, or for the same health intervention. In some cases, they may have a formal agreement designating partner roles, such as a memorandum of understanding. Each organization has its own scope of work, budget, and organizational chart. An example is the Communication for Healthy Communities (CHC) project in Uganda (https://www.fhi360.org/projects/communication-healthy-communities-chc).

- **SBCC and services implemented through a single project with separate organizations** – In this scenario, one partner leads SBCC and another partner

leads services, although the project has one overall budget and organizational chart. Often, the technical partner seconds managers or advisors for SBCC and services. Examples include the **Nigerian Urban Reproductive Health Initiative** (http://www.nurhitoolkit.org/) and **Tupange** (http://fptoolkit.or.ke/about-tupange/).

- **SBCC and services implemented through a single project with one lead partner** – The project has one overall budget and organizational chart. All staff members, regardless of their roles, are employees of the same organization.

The types of organizations that partner also vary. Some common scenarios are listed below:

- The national or state-level Ministry of Health coordinates public family planning services with an NGO partner responsible for demand creation.
- An international NGO providing HIV testing and referrals for treatment collaborates with another NGO with SBCC expertise.
- An international NGO contracts smaller CBOs for a variety of services and communication activities for orphans and vulnerable children delivered at community level.
- An NGO with SBCC expertise partners with a group of socially franchised or networked providers to create demand for a package of essential health services.

Coordination between service delivery and SBCC may also take on different structures in order to maximize coverage and reach, strengthen linkages to designated clinics and leverage individual organizational capacity. These models may include geographical or cross-sectoral coordination.

Geographical Coordination:

- An SBCC partner designs a national communication campaign to increase demand for services. The services partner implements community outreach and/or mobilization activities to encourage clients to visit designated clinics. The clinics are those supported by the service delivery partner at sub-national and/or community level. An example is the Jhpiego and the Tanzania Capacity and Communication Project (TCCP) partnership **AIDSFREE Tanzania VMMC** (https://aidsfree.usaid.gov/countries/tanzania-vmmc).

- An SBCC partner implements community mobilization and some outreach in select regions or communities to create demand, provide specific services at community level, and make referrals. The service delivery partner builds capacity among providers who accept referrals from community agents and who provide health services that cannot be delivered by community health workers due to national policy limitations or capacity gaps. Two examples from Nigeria are the **Expanded Social Marketing Project** (http://sfhnigeria.org/projects/expanded-social-marketing-project-in-nigeria-esmpin) and **SHOPS** (http://www.shopsproject.org/).

Coordination Across Sectors:

- An SBCC partner collaborates with the public health sector to provide facility-based communication in or around selected facilities. Activities include health talks and clinic outreach events to drive demand for services provided through the public sector.
- A service delivery partner collaborates with community-based organizations that drive demand for select services, either provided directly by the service delivery partner or provided by private or public facilities supported through training and capacity building by an NGO service delivery partner. An example is the **Letlama project in Lesotho** (http://www.thehealthcompass.org/campaign-kit-or-package/letlama)

Donors play an important role in helping SBCC and service delivery partners coordinate efforts. Donors set technical priorities and determine funding cycles. They also set project cycle and workplanning schedules. The way donors design projects can help establish partner roles and can ensure that communication activities reach both the national and the community or service center level. Donors can also help encourage or maintain a knowledge management system that enables project partners to access service communication materials and summaries of activities.

Applying Key Coordination Principles

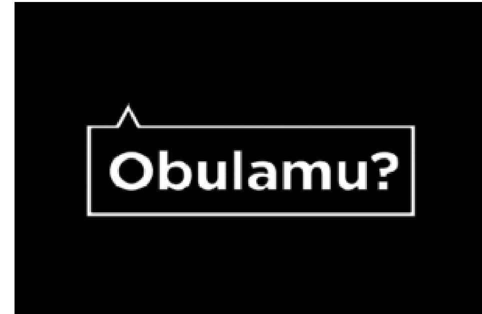
Whatever the model, effective coordination between services and SBCC relies on the following key principles:

Develop Joint Strategies

To better align supply and demand, SBCC and service partners should confirm that their programs are compatible. This is often done through co-creating overall project strategies before the program is designed and aligning work plans.

Communication for Healthy Communities (CHC) (https://www.fhi360.org/projects/communication-healthy-communities-chc), an SBCC project operating in Uganda, works to improve uptake of key health services (malaria, HIV treatment and care, family planning, TB, and maternal and child health) delivered by a range of health partners in the public and private sectors in 112 districts.

CHC co-developed the project’s main campaign strategy in collaboration with service delivery partners, the relevant Ministry of Health technical working groups, and the Uganda AIDS Commission. Partners contributed to formative research, participated in the strategy design workshop and reviewed the resulting strategy and materials before they were finalized. The result is an umbrella campaign, *Obulamu?* (“How’s life?”), which aims to address barriers to service uptake and drive demand to high-volume health facilities that meet quality standards for service delivery.



For *Obulamu*, CHC consults with service delivery partners through monthly and quarterly meetings to review service statistics, revise demand-creation strategies and review work plans. Each high-volume clinic has service targets. If a clinic does not meet one of the targets, the partners use the periodic meetings to jointly revise demand-creation strategies for the next month. For example, when partners determined that demand for services was below targets in some clinics, CHC met with implementing partners to develop a revised strategy that increased engagement of village health teams to address identified client barriers to uptake. The project also increased media intensity through community radio stations, with modified messages on the specific days and times services were available.

Once such strategies are developed, it is important to align SBCC and service delivery work plans. In aligning work plans, it is necessary to consider sequencing and timing:

- **Sequencing:** Ensure the order of implementation for SBCC and service delivery activities is *appropriate for the program*. For example, will job aids be ready in time for the campaign launch? Will providers be identified in time for training on materials and good counseling techniques? Will interpersonal communication agents be trained and in place in time to generate demand for the new health service?
- **Timing:** Ensure the program schedule accounts for other events that are happening in the community, region, or country, such as school breaks, national holidays, cultural events, political events, and elections.

Source: C-Change C-Module 4 Implementation and Monitoring (https://www.c-changeprogram.org/sites/default/files/sbcc_module4.pdf)

> Often, due to funding streams and project cycles, SBCC and service delivery projects do not begin at the same time. This makes it difficult to sync workplans or co-create strategies. In these circumstances, it can be effective to review whatever project's strategy is in place and decide how a new project could build off or coordinate with existing messages, activities, materials, or approaches. In this case, the projects' strategies would not be the same, but the strategy and workplan would be informed by what is currently taking place. It can take advantage of lessons learned, fill in gaps, and harmonize messages.

Define Partners' Roles

To avoid duplication or gaps in any program, each implementing partner's role must be clearly defined. This is especially important in service communication, because of the opportunities for overlap and confusion. While it is usually most effective to define partner roles at the beginning of a project, sometimes circumstances do not allow that. Reviewing and setting roles can be helpful at any stage of the collaboration. In fact, often roles need to be revisited as implementation moves forward. Partners working collaboratively under one project have a somewhat easier task. For projects where two or more partners collaborate through a looser structure, it is important to answer several key questions to determine partner roles:

What specific roles will partners and other stakeholders play in designing and reviewing the strategy and communication materials? Partners may include government partners, community-based organizations and other parastatals, depending on the size and scope of the project. Determine the role each partner can or must play during the intervention. Key questions to ask include:

- Which government ministry or office is responsible for health communication? Is it an overall health promotion and education office or are those responsibilities divided by health area (nutrition, malaria, HIV and AIDS)?
- Are there active technical working groups organized by either the government or donors that review and give input to materials?
- What role does any government office, technical working group, or other partner play in development and/or approval of materials and strategies? What is needed for each submission, and what are reasonable expectations for how quickly this process can be completed?

What is the extent of the SBCC partner's role in service communication activities? It is important to clarify whether the SBCC partner will lead development, production and/or implementation of all communication activities. Will the SBCC partner develop clinical counseling materials and job aids in addition to the larger campaign? Who will train providers on the use of communication materials? Who will lead community outreach efforts?

Who is leading clinic-based demand creation? It is important for service communication to drive demand to facilities targeted by service delivery partners. These are often facilities where the service partners have built capacity (trained staff, secured appropriate supplies, supported infrastructure improvements) and are accessible to clients. The SBCC partner may not have sufficient resources, staff or time to create targeted demand for all designated clinics, so partners will need to determine how to address any gaps in coverage for demand creation and who will address those gaps – the SBCC team, service delivery partner or some other structure, such as community health workers or village health teams supported by the local government.

How are communication capacity building strategies integrated into service delivery? SBCC capacity gaps may be identified throughout implementation. Those that present additional barriers to client service uptake (provider stigma, poor counseling skills or lack of motivation) must be addressed. Determine which partner – SBCC or service delivery – will address them. In Kenya, the KURHI Tupange project

identified that poor family planning counseling was a determinant of implant discontinuation. In response, the Tupange project conducted "whole site orientation" workshops that divided capacity building roles among the SBCC and service delivery partners. The training addressed specific performance gaps in provider clinical skills and communication. The SBCC partner implemented a two-tiered approach to address this capacity gap in service delivery: first, a workshop for health providers in designated clinics on improved client counseling skills; and second, training for district-based government health promotion officers on the principles of good interpersonal communication and client counseling.

More information on Tupange: http://fptoolkit.or.ke/about-tupange/

Collaborate on Formative Research

To leverage limited resources, shorten the time between program design and implementation, and deepen understanding of the service delivery and demand creation context, SBCC and service delivery partners should identify ways to collaborate on formative research. This collaboration should involve jointly identifying the key issues that need deeper understanding, existing data, and gaps in knowledge and insight about the intended audience, behavioral drivers, situation and context. CHC in Uganda (https://www.fhi360.org/projects/communication-healthy-communities-chc) took a multi-step approach to conducting formative research to improve HIV treatment and care communication, which involved service delivery partners throughout the process:

1. An initial meeting with treatment partners to understand the key challenges related to service delivery
2. A literature review, including project reports, studies and relevant papers developed by service delivery partners and key stakeholders
3. A review of partners' service delivery statistics

4. A summary of gaps in understanding about client behavior and barriers to behavior, with findings presented to service delivery partners
5. Engaging service delivery partners to mobilize study participants and participatory research with clients to better understand client and provider behavior

Define Linkages and Referral Mechanisms

Referral and linkage systems are key components of improved service demand and accessibility. Effective referral systems combine high-quality communication and operations (structure, monitoring systems and referral tools). Doing this well requires collaboration between the SBCC partner (often responsible for the look and feel of a referral system, particularly if it is branded) and the service delivery partner (responsible for acknowledging and accepting referrals for services). Both partners must agree on the management structure and procedures, timeline, key responsibilities, monitoring system and referral tools that comprise the system. Since SBCC and service delivery both have a role in this process, this requires collaboration. If a brand is developed, all partners should participate in the brand design and be oriented to the final brand strategy.

The NURHI project developed an entire referral system for public, NGO and private providers in Nigeria. The system is structured such that referrals are generated through a number of channels: community-level social mobilizers, non-clinical providers (pharmacies and proprietary patent medical vendors) and facilities, which are defined as referrals made within a facility or between different facilities.

The new One Community project in Malawi is taking a proactive approach to designing its referral system. The project is actively consulting service delivery partners to understand their needs and challenges with demand creation.

For a link to the NURHI Referral Manual, see the **NURHI Referral Guidelines:** http://www.nurhitoolkit.org/sites/default/files/tracked_files/NURHI Referral Manual.pdf.

Coordinate Demand-Side and Supply-Side Activities

A fundamental requirement for increasing and sustaining demand for health services is harmonizing supply and demand activities. Collaboration between SBCC and service delivery partners will ensure coordinated design and rollout of communication strategies, branding, provider training, commodities and supplies. This means that demand is generated for services that are currently available and adequately resourced, and that services are introduced once the intended audience understands their importance and is ready and willing to access them. Doing this well requires service delivery and SBCC partners to coordinate timelines and locations.

Demand creation activities should not take place before the following service-related supply concerns are in place:

- Getting the facility prepared for the new or expanded service – Are providers trained? Are the appropriate materials in place? Is signage up to direct individuals to the correct service delivery point? Are job aids complete, and have the providers been adequately trained to use them?
- Preparing providers (and all personnel) for an increased workload – If demand creation is done well, it will increase client load at designated clinics and add to providers' workloads if new staff have not or cannot be hired. If providers are unable to meet the increased workload, they may turn clients away. Consider provider motivational techniques, such as rewarding high performers with promotional items (caps, t-shirts, mugs), "high flier" and "provider of the month" recognition, or clinic parties and events to recognize hard work. When demand increased for early infant male circumcision in Tanzania through the project's peer promoters beyond the level of existing

capacity, providers resisted. Jhpiego created motivational incentives for providers and reduced the number of days the services were available each week. It is important to communicate these changes to the SBCC partner. More information on [AIDSFREE VMMC in Tanzania:](https://aidsfree.usaid.gov/countries/tanzania-vmmc) https://aidsfree.usaid.gov/countries/tanzania-vmmc
- Making sure necessary commodities are available – Does pricing for the service and/or commodity reflect what is known about consumers' ability and willingness to pay?

At the same time, SBCC partners need to ensure that:

- Community mobilizers and interpersonal communication agents, drama groups, traditional leaders and opinion leaders are adequately deployed and active in the target area as soon as services are ready
- Communication materials clearly guide clients to the correct facilities – or to the correct departments within the facility – at the correct times

Services and SBCC teams alike need to ensure that they have management systems in place to address quality concerns and client feedback. SBCC partners should be able to respond quickly to service delivery feedback about the mobilization activities. To manage this coordination with service delivery partners on a consistent basis, CHC and KURHI both deployed regional or district-based SBCC coordinators to meet regularly with service partners (weekly, monthly and as needed) to develop real-time strategies for harmonizing demand and supply.

Share Monitoring Data to Track Progress and Make Change

SBCC and service delivery partners collect routine program data. This information is most useful to service delivery if it is collected in a timely fashion to allow for rapid changes that can improve the program's effectiveness. The information gathered through routine monitoring may include client feedback on providers and services, insights on perceptions of service quality, levels of provider stigma, gaps in linkages and

referral systems, changes in beliefs and attitudes among providers or clients, and effective demand-creation channels and techniques.

Collecting this information is important for service communication because it can be used to make the following types of program changes:

- **Determining whether effective referrals are being made and, if not, how messaging can address gaps** – For example, do referred clients represent the intended audience? Are they adequately informed about key information about the service once they arrive?
- **Modifying the content of counseling sessions/job aids to address clients' questions or concerns about the service or health area** – In Zimbabwe, for example, routine client satisfaction surveys revealed dissatisfaction in how VMMC providers talked about pain during the clinical encounter. This decreased the likelihood that men who received the service would recommend it to others. A new job aid, the "Pain-o-Meter," was prototyped to help providers communicate pain expectations more accurately.
- **Modifying or changing channel selection, intensity or frequency** – Routine monitoring data including clinic records and counseling feedback can provide information about which communication channels are driving service uptake the most. For example, do clients come because of a radio spot, community-based activities, peer agents? This information can help programs to realign resources to change the intensity or frequency of various channels or discontinue those that don't result in any clinic visit.
- **Improving personnel decisions, provider support supervision and coaching strategies –** Routine client feedback and observation can indicate any concerns clients may have with providers. These concerns could include discomfort with the types of personnel providing service (for example, male VMMC clients are uncomfortable with female providers, youth prefer younger providers) or the ways in which providers engage with the client. While personnel changes may not be possible, feedback can be used to develop routine support supervision and coaching systems to improve provider behavior (http://sbccimplementationkits.org/service-communication/lessons/addressing-providers-as-a-behavior-change-audience/).

In order to act on this information, SBCC and service partners should regularly review service statistics and client feedback to identify performance gaps and opportunities for improvement. This can be done through regular meetings to review monthly or quarterly reports on community activities and service statistics.

In Ghana, the EPPICS project created giant community scoreboards to track performance against maternal and child health indicators. Each month, they update the scoreboards with green (positive outcome) or red (negative outcome) sticks to show how the community is doing. In addition to monitoring progress, the scoreboards also help educate community members about healthy practices and motivate community members to adopt healthy behaviors.

In its VMMC demand-creation program in Tanzania, Jhpiego learned from routine monitoring data that if providers talked about the importance of follow-up after the procedure, they experienced a considerable spike in clients' attending follow-up visits (the wanted at least 80% of all VMMC clients to return for follow up care). Jhpiego used real-time data gathered from clinic records and observing counseling sessions to conduct supportive supervision visits that focused on improving that one behavior – getting providers to discuss the importance of follow-up with every client.

The project also used routine clinic data summarized in a data dashboard to communicate to peer mobilizers how they were performing against monthly demand-creation targets. The dashboards were displayed in the health facility and reviewed by each facility team on a weekly basis and at annual regional data summits. This data also guided quarterly support supervision visits with regional and national representatives from the Ministry of Health. During these meetings, the project team regularly reviewed the dashboards for the number of monthly VMMC services provided, the number of adverse events and the number of follow-up visits. Collectively, they then identified opportunities for improvement and celebrated successes.

Harmonize Messages

Audiences are more likely to change their behavior when they hear a message multiple times. They are even more likely to change when they hear the message from different sources. But in order for these principles to work, messages must be consistent. All sources must be communicating the same message. Conflicting messages from different projects or individuals will confuse audiences and make it less likely that they will change their behavior.

SBCC and service delivery partners should harmonize their messages to ensure they:

- Recommend the same action (for example, breastfeed exclusively for 6 months)
- Do not provide conflicting technical information
- Use similar terms and language

Harmonizing messages can be done at various stages and through several methods.

One method, which usually happens at the beginning of an activity or project, is to create a **message guide**. Several organizations – including SBCC, service delivery and private sector organizations – come together to determine key messages for a topical area (such as malaria). Often there is a message harmonization workshop that helps partners decide the content for the messages, key actions they want the audience to take, benefits the audience will get from taking the action, and support points. Then the group (or a sub-group) develops the draft messages. Sometimes another workshop is held to present and refine the messages. Once all organizations have agreed on the messages, they put together a complete message guide with all the messages and any other relevant information. The message guide is reviewed and updated as necessary. Any organization working in that area can

include messages from the guide as they develop communication activities and messages.

Click to access sample message guides on

- **Pandemic influenza:** http://avianflu.fhi360.org/docs/Ethiopian_Message_Guide_June09.pdf
- **Nutrition:** http://www.coregroup.org/storage/Nutrition/ENA/Booklet_of_Key_ENA_Messages_complete_for_web.pdf
- **Family planning:** http://www.thehealthcompass.org/sites/default/files/project_examples/Pamphlet_%5BEnglish_Language%5D_1.pdf

If projects have already developed messages and are implementing communication activities, one method is to do a **consistency review** of existing messages. Service delivery and SBCC partners can gather existing service communication materials and review the key messages given in each material. Partners can create an inventory of key message content and recommended actions, divided by audience. Technical experts can review the messages to ensure they are accurate. Once the inventory is complete, partners meet to discuss messages that are inconsistent, conflicting, or inaccurate. They come to a consensus of what needs to be changed and partners can revise materials and messages. Cost should be considered when discussing changes that need to be made. An example of a consistency review from Guatemala can be found **here:** http://healthcommcapacity.org/wp-content/uploads/2016/02/WHIP-SBCC-Materials-Consistency-FINAL-10-1-15.pdf