



The Circle of Care Model

Social and Behavior Change along the Service Delivery Continuum

Why? Individuals, families and communities want to lead healthy lives. But in communities around the world, living a healthy life is not so easy. Even when health services are available, women and men still face barriers to their use, such as stigma, social norms, provider bias and misinformation. Both service delivery and social and behavior change (SBC) programs work to reduce these barriers. The *Circle of Care Model*, developed by the Health Communication Capacity Collaborative (HC3), in partnership with service delivery partners, demonstrates how service delivery and SBC can strategically align to improve health outcomes.

Who? The model is intended for anyone working to improve service-related health outcomes. The assumption is that users of the model have some understanding of SBC, including the use of strategic communication.

What? The *Circle of Care Model* is a framework for understanding how SBC interventions, particularly strategic communication, can be used along the service delivery continuum – before, during and after services. Fundamental to the model is recognition of SBC's value in understanding clients and providers. This principle is overarching and grounds the model so that the needs, perspectives and wants of both clients and providers are placed at the forefront of program planning. At each stage, three explicit areas are identified where SBC can be used to influence attitudes and behaviors among clients and providers. The end result is more effective service delivery programs that meet the needs of the intended audiences and contribute to improved health outcomes.



Before Stage:
SBC motivates clients to access services

In the **Before Stage**, the goal is to capture the attention of clients and inspire them to access services while creating an environment that is supportive to change. During this stage, SBC interventions can help to:

1. **Generate demand** – raise awareness of services, address knowledge gaps and misperceptions, and increase self-efficacy to access services;
2. **Create an enabling environment** – support dialogue between communities and health providers to build mutual understanding, advocate and mobilize leaders to designate resources or remove barriers; and
3. **Set supportive norms** – foster practices that promote health-seeking and social support for services by mobilizing communities to discuss health issues and influencing how and to whom clients talk about health.

During Stage:
SBC improves the client-provider interaction

The **During Stage** refers to the point in the continuum when clients are actively accessing services, generally in a facility setting but also in outreach and mobile services. During this stage, SBC interventions can be used to:

1. **Empower clients** – support clients to express their needs, concerns and symptoms by increasing their health literacy, confidence, self-efficacy and knowledge about a health issue or service;
2. **Improve provider behavior** – improve provider skills and influence their attitudes towards clients by addressing underlying assumptions based on cultural norms and personal beliefs that may lead to biases in care; and
3. **Build trust** – positively influence trust between communities and services by influencing providers' interactions with clients and shaping positive client perceptions of providers as credible and caring.

After Stage:
SBC boosts adherence and maintenance

In the **After Stage**, clients are often faced with starting a new healthy behavior or remaining motivated to continue a healthy routine, such as treatment, daily medication or change of diet. During this stage, SBC interventions can be used to:

1. **Enhance follow-up** – create a supportive environment that encourages clients to stay engaged after their initial visit to the clinic;
2. **Support behavioral maintenance** – address contextual issues, such as interpersonal relationships, that might negatively influence sustained behavior change, including medication adherence; and
3. **Reinforce linkages** – support the development and promotion of referral systems that help to connect clients from their home or communities to health care facilities and from one service to another.

The *Circle of Care* Model shows how service delivery and SBC can work together to improve health outcomes. Three key principles support the model:

1. **Effective coordination among SBC and service delivery partners** – promotes common understanding regarding program planning, message development, intervention approaches and monitoring and evaluation
2. **Segmenting, prioritizing and profiling of key audiences** – helps to understand the intended audience and learn about their specific needs, values and barriers to change
3. **Address providers as a behavior change audience** – ensures providers are seen as individuals who have needs and barriers to adopting desired behaviors related to their performance

To learn more about these key principles and the integration of SBC and service delivery, visit the online HC3 **Service Communication Implementation Kit** at: <https://sbccimplementationkits.org/service-communication/>.

