USAID Mission Brief

Integrated Social and Behavior Change Communication

Introduction

What is the purpose of this brief?

This brief is intended for United States Agency for International Development (USAID) **Mission and Washington technical and management staff** who are considering designing integrated social and behavior change communication (SBCC) projects, or who would like to better understand and manage existing projects. The brief defines key concepts, outlines the advantages and challenges of integrated SBCC programming and highlights important considerations for USAID staff throughout the design, implementation, monitoring and evaluation of the project.

The content for this brief is adapted from the Integrated SBCC Programs Implementation Kit (I-Kit), developed by the Health Communication Capacity Collaborative (HC3) through the support of USAID. The emphasis of the I-Kit and this brief is on health, but the concepts and tools may be applied to a range of development issues.

What is SBCC?

Human behavior is remarkably complex and influenced by a multitude of factors, ranging from knowledge, attitudes, self-efficacy and habits to social and gender norms, support networks, access to resources, and environmental supports and constraints. SBCC is an **evidence-based, theory-driven process** that uses communication to identify and address such factors, and positively influence individual and collective behaviors to improve health outcomes.

A long-standing strategic priority of USAID, well-designed and -implemented SBCC has been shown to **generate demand** for health products and services, **change nonclinical behaviors** that contribute to health (e.g., condom use, hand-washing, bed net use), and **shift social norms** that influence individual and collective behavior, such as those pertaining to gender-based violence, couple communication, adolescent sexual and reproductive health, or HIV-related stigma and discrimination. Please visit HC3's implementation kits and how-to guides to learn more about SBCC.

A young mother in Guatemala adds oil to the meal during food demonstrations in the Western Highlands Integrated Program. © 2016, Patricia Poppe, HC3.

What is integrated SBCC?

Integrated SBCC refers to SBCC programming designed to **cohesively address more than one health or development issue** within the same program. In integrated SBCC programs, multiple health sectors (e.g., family planning, HIV and reproductive, maternal, newborn and child health [RMNCH]) jointly plan and implement activities, and deliver comprehensive and logically packaged SBCC interventions that unite different health or other development areas. Examples include programs that address population, health and environment (PHE), or agriculture and nutrition.

What are the implementation models for an integrated SBCC program?

Integrated SBCC programs typically follow one or more of the following models:

Add-on: A new program integrates additional health topics into an existing vertical SBCC program.

Phased Implementation: A program phases in health topics and/or behaviors gradually over a period of time.

Umbrella Brand: A program develops an overarching brand encompassing all the included health topics.

More detailed information on these models can be found in the Implementation section.

What Are the Approaches for an Integrated SBCC Program?

An integrated program may use some or even all of the following approaches to unite all health areas in a way that makes sense to the audience:

Life Stages: Segments the audience and provides information and skills for their particular stage in life (e.g., adolescence, marriage, pregnancy, parenthood).

Gateway Behaviors: Capitalizes on positive health behaviors or facilitating factors that trigger other positive health behaviors (e.g., antenatal care attendance can then lead to intermittent preventive treatment of malaria in pregnancy [IPTp] uptake, HIV testing and birth planning).

Behavioral Attributes: Links behaviors from different health or development topics that have more in common than behaviors from the same health area (e.g., daily adherence to both antiretrovirals and oral contraceptive pills).

Co-occurring Behaviors: Targets behaviors that tend to occur together (e.g., HIV and TB prevention and control).

Progressive Integration: Adds new health areas onto existing health programs, taking advantage of existing buy-in, structures and platforms (e.g., integrating HIV into family planning programs).

See the I-Kit for further descriptions and examples of these approaches.

Deciding to Integrate

What are the advantages to integrated SBCC?

Integration has the potential to significantly improve health and development outcomes and can also lower costs by reducing the redundancy inherent in implementing several vertical SBCC programs. USAID may choose to integrate in order to:

- **Leverage resources and improve effectiveness** by sharing costs and resources and reducing duplication of efforts.

- **Approach audiences more holistically** by organizing programs in a way that reflects their reality, rather than divided by health topic.

- **Avoid message fatigue** and reduce missed opportunities by linking similar messages together.

- **Increase the reach** of SBCC interventions.

- **Give more visibility** to topics whose SBCC efforts have historically been underfunded, such as gender norms, which often link to multiple behaviors.

- Support **integrated service delivery** and increase client and provider satisfaction (e.g., the ability to receive all relevant services at one time in one place).

- **Enhance the sustainability** of interventions by establishing and institutionalizing their interdependence.

What are the common challenges in integrated SBCC programming?

Although integrated SBCC has many potential advantages, the decision to integrate SBCC should not be automatic. Consider the following challenges in your particular context to determine if SBCC integration is feasible and worth the effort.

Integrated SBCC:

- Requires **more coordination, longer timelines** and **larger up-front investments** than single-issue SBCC programs.

- Might **overload** the audience or the delivery channel (e.g., community health workers) with the amount and variety of content.

- May **dilute** the messaging by including too many topics.

- Departments within the **Ministry of Health** (MOH) are often **siloed**, each dealing with different health issues, which may lead to coordination challenges.
- Difficult to **measure the effect** of integration.

Does integrated SBCC work?

There is increasing evidence that integrated SBCC programs lead to positive health outcomes. For example:

The *Saloni—Seeds of Prevention* project was an integrated reproductive health, nutrition and hygiene program for adolescent girls aged 11 to 14 in rural Uttar Pradesh, India. A cluster randomized control study showed that the intervention had a significant impact on more than 13 preventive health behaviors.[1]

The *Gateway Behaviors Project* in Nigeria tested the hypothesis that antenatal care utilization and spousal communication (the "gateway" behaviors) could have a multiplier effect, catalyzing a range of perinatal health behaviors. The end line survey found that the more sources of exposure a woman reported, the greater the probability that she had gone for antenatal care, talked to her partner about perinatal health, and reported each of six different perinatal behaviors.[2]

Read more about the evidence for integrated SBCC in the I-Kit here.

What else should Missions take into consideration before embarking on an integrated SBCC program?

Consider the following key questions before moving forward with an integrated SBCC project design:

- What **existing SBCC programs and policies** are already in place? Are they supportive of integration?
- Whose **buy-in** is needed for the project? What is their current understanding of and level of support for integrated SBCC programming? To what degree are donors, government and implementing partners aligned on the priority topics to integrate?

1   Kapadia-Kundu N, Storey JD, Safi B, Trivedi G, Tupe R & Narayana G. (2014). Seeds of prevention: The impact on health behaviors of young adolescent girls in Uttar Pradesh, India, a cluster randomized control trial. *Social Science & Medicine* 120, 169-179.
2   Storey JD, Adefioye O, Bamidele M & Awantang G. (2015). *NURHI Gateways Supplement Evaluation Report*. Johns Hopkins Center for Communication Programs, Baltimore, MD.

- Is there **enough time** in the project's life span to design, implement, monitor and evaluate an integrated program?
- Is **enough funding** available to support both the strategy and the required coordination, in addition to the design and implementation of program activities?
- Can the staff, volunteers and communication channels handle the **implicit complexity** of integration?
- To what extent are the relevant **services** available and integrated?
- How many and **which topics/behaviors** should the integrated strategy include, given the resources available and the coordination effort required?

A student reads a story on maternal, newborn and child health to an illiterate couple in Malawi as part of the "Life is precious, take care of it!" campaign . © 2014, Support for Service Delivery Integration (SSDI) - Communication.

Laying the Foundation

Coordinating integrated SBCC programs

Oftentimes, integrated SBCC efforts involve several partners across programs or sectors. In such cases, a multisectoral coordinating body is essential to facilitate the work of everyone involved.

- The Health Promotion or equivalent unit in the MOH is often best suited to lead such a body.
- It is useful to establish an internal body at the Mission to keep all funding activity managers informed on project progress and liaise with government focal persons and implementing partners.

Nepali health worker engages villagers in discussing how "Family Planning Makes a Smart Life." © 2016, Sumitra Gaire, HC3.

- It may be necessary to hold stakeholder meetings on a more regular basis than in a vertical program in order to harmonize messages, ensure that the supply of products and services is aligned with SBCC activities, and review monitoring data.

Learn more about the typical functions of a integrated SBCC coordinating body in the I-Kit.

Establishing Expectations

Within the coordinating bodies, it is important for everyone to be on the same page regarding expectations for integrated SBCC programs. Take note of the following:

Focus. Integrated programs cannot cover the full range of knowledge, attitudes and behaviors that are part of a single-issue initiative. Too many behaviors or messages may overwhelm and confuse the audience, as well as those responsible for delivering the program (e.g., community health workers). Each health area may have to focus on one or two priority behaviors and doable actions.

Flexibility. With multiple topics and potentially competing agendas, remain open to a wide range of possibilities for program rollout. The amount of attention a particular topic receives may or may not be directly proportional to the amount of funding it receives.

Transparency. Stakeholders in an integrated SBCC program may be reluctant to freely share information. Integrated programs, however, require a higher degree of transparency among stakeholders in order to streamline processes,

ensure efficiency, reduce redundancies and plan, implement, monitor and evaluate effectively. Encourage stakeholders to share budgets, data, processes, tools, materials and work plans.

Patience. Integrated programs typically take longer to coordinate, design, implement and evaluate than vertical programs. Everyone involved should recognize and be comfortable with the amount of time needed to achieve meaningful results.

Cost considerations for integrated SBCC programs

Bear the following unique considerations in mind when preparing budgets, establishing financial systems and tracking expenditures:

- Integrated programs typically require additional inputs (e.g., human resources, funding, processes and time) for effective management, coordination and implementation. Costs are often frontloaded, requiring implementing partners to **budget for higher startup costs** than normal, but the cost efficiencies due to integration can potentially make up for this at a later point.

- Separating out costs by health area or activity is particularly difficult for integrated programs. Work with your implementing partner(s) to **set realistic expectations on the degree to which costs can be accurately disaggregated** and agree on how costs will be reported. Implementing partners may need to experiment with new ways to track budgets, like expenditure tracking by topic area. Consider combining the financial reporting requirements of various health topics and/or tracking spending across health areas.

- In most cases, health topics will have **varying levels of funding**, and the levels of funding may vary from year to year. At any given time, the level of activity on each topic may not be proportionate to the amount of funds received for that topic.

- Consider allowing **basket funding** that allocates budgeting according to strategic needs and requirements. A proportion of the funding may be needed for overall operating costs or activities combining multiple topics, such as coordinating body meetings, formative research or the launch of an umbrella campaign.

- Integrated SBCC programs find it useful to **budget in a way that allows for iterative strategy development and implementation** as implementers determine what type of integration works best.

Strategic design of an integrated program

Although the steps of the strategic communication design process for an integrated SBCC program are often the same as those for a vertical program, there are important ways in which an integrated program is unique.

- The **goal** of the integrated SBCC program should be bigger than what a single-focus SBCC effort could accomplish. It should answer the question, "If major progress is made on all of the issues/behaviors addressed in this program, what will be the result?"

- **Formative research** should help identify clustered behaviors, gateway behaviors, causal pathways for behaviors or other ways of packaging multiple health areas.

- A sound **theoretical model** should help stakeholders understand the logic behind program decisions and how each partner fits into the overall strategy. See the I-Kit for an overview of theories and frameworks particularly relevant for integrated SBCC programs.

- **Content and messaging** should be prioritized and packaged in a way that doesn't overload the audience with too much information, nor dilute the information by trying to oversimplify it.

- Development and testing of **creative concepts** should ensure that the entire campaign is coherent across multiple topics and resonates with all audiences. This may be through the creation of different options for an umbrella brand that helps unify SBCC efforts and links issues in the minds of the audience.

> **Creative concept:** An overarching "big idea" or unifying theme that can be used across all campaign messages, calls to action, communication channels and audiences.

Monitoring and Evaluation of an Integrated Program

While the **evidence base** for integrated SBCC is growing, more evidence is needed to solidify its role and importance in development programs, inform the design and implementation of future integrated SBCC programs and support decisions about funding. Unique considerations include:

- Integrated SBCC programs should have **integrated reporting systems**. Explore which indicators are reported for each health topic,

and how. Are there similarities and differences? Which indicators absolutely MUST be collected, and which could be given up?

- Are multiple donors involved in the integrated SBCC program? What are their reporting requirements? How might **indicators be standardized** across donors?

- Integrated programs involving multiple stakeholders can complicate the "chain of custody" of data. Agree on who collects which data, how, and how often, as well as how to share, analyze and report on it. Encourage **open access to data** within and between stakeholders to help everyone track progress more easily.

- Linear cause and effect **logic models** may not be able to accurately represent the complex interactions and outcomes of an integrated program. Systems-related tools such as appreciative inquiry or ripple-effect mapping can help account for complexity and identify emergent outcomes, relationships between activities and best practices.

- **Indicators** should assess the extent to which integration is taking place and its effects on outcomes, and measure how health topics interact, reinforce and complement each other. **Value-added indicators** measure effects beyond what would have occurred in a vertical program. They can be quantified both in terms of **amplified effects** (e.g., reaching more people, achieving greater ease or use of the program) and in terms of **synergy** (e.g., reaching new population groups). See FHI360's Guidance for Evaluating Integrated Global Development Programs for more information.

- Integrated SBCC programs are likely candidates for **complexity-aware monitoring**, an approach that is meant to track the unpredictable. Promising practices for complexity-aware monitoring include sentinel indicators, stakeholder feedback, process monitoring of impacts, most significant change and outcome harvesting. See USAID's Discussion Note on Complexity-Aware Monitoring for more information.

- **Impact evaluation** is crucial for understanding whether or not the integrated SBCC program offers advantages over a vertical approach, and the extent to which any additional gains in behavior change can be attributed to integration efforts. Find out more about different types of impact evaluation research designs on the I-Kit.

Checklist for Evaluating Proposals for Integrated SBCC Programs

Strategic Design

- ☐ Does the project strategy align with national strategies and policies for SBCC integration?
- ☐ Does the proposal utilize an integrated theory of change?
- ☐ Is the project goal bigger than what a single-focus SBCC effort could accomplish?
- ☐ Do the objectives implicitly or explicitly cover all of the health or development topics and behaviors?
- ☐ Has the implementing partner clearly articulated how different topics and behaviors relate to one another?
- ☐ Has the implementing partner segmented the audience in a way that will reach the intended objectives?
- ☐ How has the implementing partner prioritized and packaged the content? Is there a compelling rationale for its decision?
- ☐ Does the implementing partner balance the breadth, depth and intensity of messages across different media, so that channels will not be overburdened?
- ☐ How has the implementing partner ensured the readiness and quality of service providers to deliver integrated SBCC?
- ☐ How does the implementing partner propose to provide referrals between and within the SBCC and service delivery programs?
- ☐ Has the implementing partner developed clear integration-specific research questions?

Implementation

- ☐ Is there a realistic and detailed integrated SBCC timeline or implementation plan that clearly maps out how the different activities relate to each other?
- ☐ Does the implementing partner have a clearly articulated media plan that ensures that the topics and their placement are complementary and noncompeting?
- ☐ Does the implementing partner have a plan for materials production, distribution, orientation and tracking that ensures that materials are used in the appropriate way, in the appropriate place, at the appropriate time?

Monitoring and Evaluation

- ☐ Is the evaluation design appropriate and sufficient to demonstrate the value of integration and the achievement of project objectives?

Management and Staffing Approach

- ☐ How well does the proposed staffing structure facilitate integration?
- ☐ Has the implementing partner co-located offices or placed staff with other partners or stakeholders?
- ☐ Has the implementing partner established (or have plans to establish) integrated programmatic and financial reporting systems?
- ☐ What is the implementing parter's plan to collect, analyze and review monitoring data to ensure that the activities are implemented as planned, that messages are harmonized across partners and that the supply of products and services is aligned with SBCC activities?

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