

LEVERAGING SOCIAL AND BEHAVIOR CHANGE (SBC) APPROACHES FOR STRONGER HEALTH SYSTEMS

A REVIEW OF 12 CASE COMPETITION ENTRIES

Introduction

The USAID Health System Strengthening Accelerator held its second Health System Strengthening (HSS) case competition in 2023. The case competition is an opportunity for USAID and partners to present their health system strengthening (HSS) work and the impact their activities are having on health systems and health outcomes.ⁱ

Applicants submitted a case study in the form of a poster to highlight activities in relation to one of the following learning themes: equity, locally led development (LLD), or social and behavior change (SBC). These learning themes align with the 2030 USAID Vision for Health System Strengthening and the Health System Strengthening Learning Agenda.ⁱⁱ

The case competition received 102 entries, including 43 entries in relation to equity, 47 in relation to LLD, and 12 in relation to SBC. This brief provides a review of the 12 SBC case competition entries with an aim of sharing both key themes in terms of the integration of SBC approaches in HSS programming and the related implementation considerations.

Overview of the Social and Behavior Change Case Competition Entries

Table 1 presents an overview of the 12 SBC case competition entries, which represent health projects in 10 different countries and seven unique lead implementing partners. For each entry a link to the poster is included along with a brief assessment of the SBC outcome, SBC approach, and target population. The remainder of this brief first focuses on five themes related to incorporating SBC that emerged across the entries:

- 1) Training and capacity strengthening
- 2) Community engagement,
- 3) Strategic communication,
- 4) Collaborations
- 5) Localization success stories

Next the brief discusses the importance being intentional with the inclusion of SBC and concludes with an overview of implementation considerations.

Case Competition Social and Behavior Change (SBC) Questions

- ➔ What types of social and behavioral (SBC) changes or outcomes are commonly sought within health system strengthening (HSS) projects or interventions?
- ➔ How are SBC methods useful in creating behavior or norm change among government, private sector, and community health system actors?
- ➔ What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?

ⁱ 2023 USAID Health Systems Strengthening Case Competition Winners (acceleratehss.org): <https://www.acceleratehss.org/2023-usaid-health-systems-strengthening-case-competition/winners/>

ⁱⁱ Health Systems Strengthening Learning Agenda | Document | U.S. Agency for International Development (usaid.gov): <https://www.usaid.gov/global-health/health-systems-innovation/health-systems/resources/learning-agenda>

TABLE 1
Overview of the 12 Social and Behavior Change Case Competition Entries

Entry (Country)	SBC Outcome	SBC Approach	Target Population
E1. Advancing Family Planning in Egypt: Strengthening Health Systems through Social Behavior Change for Postpartum Contraceptive Uptake (Egypt) LINK	Women elect to have a PP-IUD during C-Section	Awareness and advocacy for family member participation; counseling for women	Women; community health system actors
E2. Bringing People Living with HIV Back-to-Care by using SBC approaches to strengthen the health system (Ghana) LINK	Return to treatment	Partner with local champions to address misconceptions through a range of communication channels	People living with HIV (PLHIV)
E3. Cascade Of Services for Virtual Populations: Strategies and Implementation Models on HIV Testing and Prevention (India) LINK	Regular testing and follow-up	Self-testing virtual platform	Youth using online dating apps
E4. Community Engagement in TB Care: Building Civil Society Partnerships for Improved Patient Centered Services in Kyrgyzstan (Kyrgyzstan) LINK	Increased TB care	Awareness and advocacy to mobilize resources through Village Health Committees (VHCs) and Local Self-Government (LSG) entities	Civil society organizations
E5. Engaging Young Couples to Make Informed Family Planning Decisions (India) LINK	Increased awareness, understanding, and uptake of family planning methods	Life-planning tools for reproductive health	Adolescents; young couples
E6. Harnessing SBC for Health System Strengthening: Pakistan's Chlorhexidine and Immunization Success Story (Pakistan) LINK	Increased acceptance and use of routine immunization and chlorhexidine (CHX) for umbilical cord care	Health care programs to train, counsel and advocate for umbilical cord care.	Healthcare providers and caregivers
E7. How USAID DISCOVER-Health's SBC approach increased COVID-19 vaccine uptake among healthcare workers and got Zambia to 70% eligible population coverage (Zambia) LINK	Increased covid-19 vaccine uptake among healthcare workers	Human centered design workshops: mass media to disseminate tailored messages	Health care workers
E8. Integrating Community Structures for Effective WASH Behavior Change: A Cross-Sectoral Approach India) LINK	Improved hygiene	Social and behavior change communication; capacity building of community structures	101 villages
E9. Leading and Managing for Results in Pandemics: Increasing Leadership and Management Capacities to Improve Response to Current and Future Public Health Threats (Peru) LINK	Enhanced leadership and management capacities of public health teams	Online learning modules; virtual forums; in-person meetings	Government and community health system actors; regional CDC directorates charged with health surveillance and COVID-19 response
E10. Nutrition Education and Lifestyle Changes to Promote Health: Using the Eat Better South Africa Model (South Africa) LINK	Improved access and uptake of educational nutrition programs for lifestyle changes	Nutrition education sessions; meal planning; cooking demonstrations	Community members across South Africa
E11. Situation Room Approach to Strengthen Data-driven Decision Making to Accelerate HIV Epidemic Control in Nigeria (Nigeria) LINK	Improved data use culture and collaboration	Established "situation rooms"	National and state level stakeholders involved in HIV epidemic control efforts
E12. Strengthening Health System's Strategies to Digitally Connect Adolescent and Youth for Improved Sexual and Reproductive Health in Bangladesh (Bangladesh) LINK	Improved access to sexual and reproductive health information and services for adolescents and youth	Transtheoretical model; discussions and workshops	Adolescents and youth; government stakeholders

Themes Across the Social and Behavior Change (SBC) Case Competition Entries

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Theme 1: Training and Capacity Strengthening

A common point emphasized across the SBC case competition entries is the need for training and capacity strengthening to achieve SBC in the communities engaged. Many of the entries note the importance of training curricula for communication strategies to respond to community concerns and deliver culturally appropriate and tailored messages.

For example, to address contraceptive uptake in Egypt (E1), 260 community health workers (CHW) underwent training in community dialogue approaches to be able to dispel myths and rumors and to provide correct information on postpartum-IUD insertions during C-sections. The training of CHWs who reside within their respective communities prepared them with the relevant knowledge and skills to effectively engage and guide the community.

Comparably, in Zambia (E7), 1,621 healthcare workers were engaged in human centered design (HCD)-grounded focused discussions to understand the hesitancy and misconceptions surrounding the COVID vaccine. Insights gained from these conversations were then used to organize vaccine information sessions, which included targeted messages addressing concerns that were highlighted and counter with accurate information. The engagement and training helped to build trust with community and led to a more receptive mindset to health interventions.

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Theme 2: Community Engagement

Community engagement is a vital component of SBC approaches, notably because building relationships and trust are a strong pathway to improve community ownership of health issues.

In India for example (E5), there was a need to engage young couples to make informed family planning decisions; therefore, the strategy centered on engaging communities through participatory approaches, community mobilization, and social networks to increase acceptability of interventions and promote sustained behavior change.

To overcome biases due to socio-cultural beliefs in Pakistan (E6), the programming approach focused on awareness campaigns, sensitization programs, and dialogue sessions, especially with men to encourage their active participation in family decision making processes. This approach ensures that community members are actively involved in decision-making processes and interventions are better able to address their specific needs, beliefs, and preferences, leading to increased acceptability.

Implementing partners in Kyrgyzstan (E4) engaged civil society organizations (CSOs), community volunteers and families to provide community-based support to encourage positive behavior changes related to tuberculosis (TB) testing and treatment for TB patients. The collaboration and the use of a behavioral journalism approach was effective for communicating information about TB in a non-stigmatizing way, resulting in understanding and the adoption of supportive TB prevention and care behaviors.

Theme 3: Social and Behavior Change Communication

The strategic use of communication to address discriminatory and prejudiced behavior within communities is a common element across the 12 SBC case competition entries. Some of the strategies include communicating messages through different channels, developing platforms that target the intended population group and tailoring messaging to community needs.

To address the challenge of living with HIV and abandoning treatment plans in Ghana (E2), a back-to-care strategy incorporated utilizing different communication platforms such as radio shows, social media, and an interactive platform. This ensured that the information was accessible to individuals with diverse backgrounds, the message reinforced, and community engaged.

To improve sexual and reproductive health (SRH) service delivery for adolescents and youth in Bangladesh (E12), the activity team collaborated with government stakeholders to expand and improve the use of digital tools and integrate it as a part of health service delivery and case management. The project team used a Transtheoretical approach to guide behavior change in government stakeholders, engaging them in discussions and workshops, creating actions plans and building digital platforms for educational textbooks and health curriculum. The project was successful in raising awareness among key stakeholders about the importance of digital health communication to build capacity and provide learning activities tailored to the target population.

Similarly, the development of the self-testing virtual platform, Safe Zindagi in India (E3), was critical in reaching youth seeking connectivity and anonymity through online dating apps and other virtual spaces. The use of the platform, including social media and networks like WhatsApp, provided a safe space for the program to effectively engage with youth who are usually left out from the traditional HIV/AIDS programs.

Theme 4: Collaborations

The role of collaborations, particularly with civil society organizations (CSOs), governmental agencies, implementing partners and the community was another theme that emerged as critical to the success of SBC, illustrating the need to foster multi-sectoral partnerships and leverage diverse expertise that amplify the impact of initiatives aimed at improving health outcomes.

For example, in Nigeria (E11), the focus was on improving data systems and program management by establishing “situation rooms” with belief that this would lead to behavior change. Situation rooms were designed as a space for health officials to collaborate, monitor, analyze, and address HIV challenges in real-time. By creating these spaces for real-time data access and review, the project enabled stakeholders to identify gaps in data analysis and programing, which in turn lead to training, advocacy and capacity strengthening and fostering a culture of evidence-based decision-making.

In Peru (E9), there was a need for participation from various public health teams, including CDC directorates to collaborate, prepare and respond to the impacts of COVID-19. Demonstrated through behavioral self-assessments, the team-based experimental learning program supported change in individual and team behavior as each group member had a personal commitment to each members’ growth and success.

Theme 5: Localization Success Stories

USAID has increasingly prioritized empowering local actors—such as individuals, communities, networks, organizations, private entities, and governments—to set their own agendas, develop solutions, and bring the capacity, leadership, and resources to make those solutions a reality.ⁱⁱⁱ This priority and push for locally led development (LLD) is integral to SBC interventions and increasing opportunities for success. Across the 12 SBC entries, examples of LLD include:

- **The Eat Better South Africa** was created to help improve health outcomes in rural communities across South Africa (E10). With a mission to share knowledge and tools to inform healthier food choices, the activity effected change through a network of community-based health coaches who provide community members access to nutrition education programs and lifestyle changes to promote health. This consisted of the “Eat Better SA 6-week program” that held weekly meetings, health assessments of participants, nutrition education sessions and presentations, planning materials and guidebooks.

Three approaches were used:

- 1) Advocacy and awareness campaigns
- 2) A community coaches’ program
- 3) One-day intervention workshops

Advocacy work includes focus on food policies to reduce the financial burden that chronic diseases place on the public healthcare and food system. Both the coaching and workshops included mentorship on nutrition, budgeting, and meal planning along with strategies for taking a holistic approach towards a healthier lifestyle.

These approaches empowered individuals in marginalized communities to make informed choices about their health and promoted a supportive environment where community members can learn and change together. The organization bridged the gap between nutrition education and communities in underserved areas, thereby facilitating long term behavior change and improved health outcomes.

- **The NSHTHA project in India** focused on promoting healthy hygiene in Chhattisgarh amidst the COVID-19 pandemic and supporting communities to drive change from within (E8). Implementing partners worked with existing community structures, such as local government bodies, self-help groups, and local organizations across two tribal and remote districts in the state and reached 101 villages.

Local non-governmental organizations (NGO) were integral to the planning and implementation process, tailoring the project’s social and behavior change communications (SBCC) approaches by using local languages and incorporating traditional beliefs into messaging to resonate with local communities. Aided by the local government, the project team assessed the local context, including infrastructure gaps and specific challenges to water, sanitation and hygiene (WASH) practices.

The participation of local actors facilitated the adaptation of interventions to address local needs, such as constructing handwashing units and community toilets where they were most needed. Working directly with communities strengthened knowledge and attitudes related to health behaviors, supporting communities in their ownership of the interventions and ensuring long-term sustainability of behaviors.

ⁱⁱⁱ Locally Led Partnerships | Partner With Us | U.S. Agency for International Development (usaid.gov): <https://www.usaid.gov/locally-led-partnerships>

The Importance of Being Intentional When Integrating Social and Behavior Change (SBC) in Health Systems Strengthening (HSS) Work

When pursued individually, SBC and HSS can each play a role in improving health outcomes, but their integration requires being intentional to establish cohesive strategies that address both behavioral and systemic issues. While all 12 case competition entries describe work that makes use of SBC approaches, most referenced using an SBC approach primarily focused on individual disease and health related behaviors with limited focus on all actors in the health system and the system itself.

In Egypt (E1) for example, emphasis was placed on educating individual women and their families about family planning rather than institutionalizing postpartum family planning (PPFP) services within the healthcare delivery system. Ensuring that PPFP services are part of the routine care and integrating these services into the national health policy framework could ensure that the system itself promotes and sustains behavior change among healthcare providers and clients.

In Ghana (E2), health services focused on addressing HIV stigma and discrimination and the issue of discontinuing treatment among people living with HIV rather than develop standardized guidelines to prevent the interruption of treatment.

Developing national guidelines, increasing investment in healthcare infrastructure and establishing data management systems to prevent treatment interruptions among PLHIV could create a more resilient and supportive environment that encourages patient to continue their treatment.

One key element of integrating SBC and HSS includes recognition that the target population might also include the supply-side of the health system, i.e., policymakers, providers, researchers, advocacy groups, government officials and health education institutions. In India (E3 and E5) for example, the primary focus described was on youth and couples and changes that could be made at the individual level rather than the institutional level.

Influential actors on the supply side—such as policymakers and government officials—can create and enforce policies that shape the health system and SBC approaches need to gear interventions towards the supply side to sustain improved health outcomes.

In an HSS context, SBC approaches and their anticipated outcomes and target populations, should consider multiple health needs beyond sole focus on disease-specific interventions. For example, in Zambia (E7) and South Africa (E10), the interventions were designed to address concerns related to COVID-19 vaccination and non-communicable diseases (NCD's) specifically, but not broader systemic issues in relation to infrastructure, healthcare access, and policy gaps. System level changes driven by health interventions that are adaptable likely have a greater chance of being scalable across different contexts and ensuring sustainable health outcomes.

Implementation Considerations

The use of SBC approaches across the 12 case competition entries makes apparent the challenges of integrating SBC approaches into HSS work. While some entries highlight progress in changing individual health-related behaviors, also it is evident that the use of SBC approaches to address systematic change is limited.

Increased promotion of SBC approaches within HSS programming will strengthen SBC interventions and facilitate ways of adopting a comprehensive approach to long term resilience and sustainability.

Another common challenge in the case studies is resistance to change, particularly in communities with deeply ingrained customs and doubt for external interventions.

To combat these challenges and bring about change effectively, the integration of SBC approaches should consider the following:

Build trust with the community

Building trust with the community is foundational for the successful implementation of SBC approaches. LLD is especially effective at building trust because it prioritizes the engagement and empowerment of community members in the design and decision-making process of interventions. Doing so requires an understanding of the local context, including the complexities of community dynamics, cultural norms, and existing health systems. Building trust with the community helps engage honestly through inclusive dialogue and collaborative problem-solving approaches creating a sense of ownership and accountability.

Tailor messaging and diversify communication strategies

Recognizing the unique context of every community, SBC approaches need to be tailored to the specific situation and needs of the target population. With focus on understanding cultural norms, beliefs, and communication preferences messaging and strategies for behavior change can be tailored with the aim of increasing effectiveness and impact. Similarly, it is important to diversify communication channels to include social media, online messaging platforms, and community-based events, to ensure greater reach and accessibility.

Combat misconceptions with training for “local champions”

In most communities there are individuals or groups who hold influence and credibility within the community. These types of “local champions” can mobilize community members and encourage change. Further, as these individuals are respected and trusted members of their communities, they are well suited to dispel myths, address misconceptions, and promote positive change.

It is imperative that local champions be trained to effectively engage and counsel individuals as they often facilitate the acceptance, uptake, and sustainability of interventions.

Acknowledgements

This brief was written by Michelle Jituboh and Susan Pietrzyk from ICF. The team gratefully acknowledges the valuable insight and helpful feedback provided by Nathan Blanchet from R4D and Kama Garrison from USAID.

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This report was made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States government.



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