SELF-PRESENTATION
Introduce yourself briefly and mention your involvement and interest.

 Been with FANTA 2 years, supporting our country programs in Sub-Saharan Africa. Most of my work is involved with the integration of Nutrition Assessment, Counselling and Support -- what we call the NACS platform -- into health services.
I did SBCC work on HIV prevention for several years in Vietnam and Thailand. And I first worked in nutrition as a Peace Corps volunteer in the Philippines in the mid ‘80s,
WHAT IS SBCC?

SBCC is the systematic application of interactive, theory based, and research-driven communication processes and strategies for change at the individual, community, and social levels.

*C-Change Project*

This is the definition we often use at FANTA. It comes from another FHI360 project, C-Change, which developed a fantastic set of tools and resources for SBCC you should check out if you’re not familiar with them.

READ DEF

There are other good definitions from other global leaders in behavior change communication—like from Manoff and CCP. I think the key terms in all the good definitions of SBCC are ‘systematic’, ‘process’, ‘research-based’ and ‘social’ -- which we’ll see as we go on....

[S GCC for health is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes.]

Manoff Group
The “C” Plan model here comes from the C-Change project but it incorporates decades of learning about these processes. You may be familiar with the “P” process and other frameworks that incorporate the same classic 5 steps in doing Social and Behavior Change Communication.

I’ll illustrate with an example from my work at FANTA. In Zambia, we have been supporting implementation of NACS throughout one district. When it was time to develop a community engagement component, we knew we needed an SBCC strategy to guide our activities promoting improved nutrition.

1. The process began with formative research—we did a community mapping exercise to identify local needs and resources, conducted community consultations to identify local concepts related to nutrition including perceived barriers to dietary diversity and community members’ ideas for how to mobilize enabling factors to help overcome the barriers.

2. Then we developed a strategic approach, including design of an M & E system, hiring a staff member to focus on the SBCC aspects of our program, and training of community volunteers to implement the activities.

3. Step 3 involved developing communication materials like a counseling flipchart, creating monitoring tools and designing activities for ongoing mentoring and support of the volunteers.
4. Then of course, implementation and monitoring of progress continues throughout.

5. We have an evaluation that includes a quantitative component based on clinical data and a qualitative component based on observations and interviews.
One of the key features of SBCC is its orientation to the socio-ecological model for behavior change. You are probably familiar with some version of this.

- The model makes it clear that individual behaviors are influenced by a wide range of forces at different levels. SBCC will try to identify those influences—both the barriers to recommended practices as well as the ‘facilitating’ factors—then define communication objectives that address those factors.

- Given this model, we can easily see that ..... [next slide]
SBCC USES MULTIPLE CHANNELS OF COMMUNICATION FOR CHANGE AT 3 LEVELS

...There are opportunities for intervention at different levels – this is one of the most distinct things about SBCC. Depending on program objectives, we engage at any or all of these levels using these 3 different strategies:

• **Advocacy** to raise resources & commitment

• **Social Mobilization** for community engagement

• **BCC** to build knowledge, change attitudes and practices of specific audiences
For example, FANTA has conducted national level advocacy work to promote increased government spending on nutrition programs. This kind of SBCC targets behavior change among policy makers. FANTA mobilizes costing and impact data, writes briefs for government and media, and uses communication to sensitize stakeholders to the benefits of nutrition investments.

At the community level, FANTA mobilizes volunteers to use nutrition screening, peer support groups and community events as entry points – we do SBCC through group activities like the food demonstration shown here.

At health facilities, FANTA supports one on one counseling and group education, doing SBCC though interpersonal communication.
SBCC really includes elements from all these different approaches - it is a more recent development that incorporated best practices from experience and theory and methods evolved.

[TALK FROM SLIDE]

- SBC --- to highlight that SBCC is about SOCIAL change, not just individual change, and some of that change is not necessarily communication driven.
WHERE IS SBCC USED?

- Anywhere social and behavior change is sought!
- Big donor funded programs, small community based NGOs…
- Nutrition SBCC Summit in Bethesda Nov 2014 presented a wide range of applications

There was a big conference, first of its kind, focusing specifically on SBCC for nutrition. The range of applications of SBCC we heard about there were impressive – from very community based interventions to big mass media campaigns; from projects addressing the subconscious factors in behavior change (habits) to those that focus on changing social norms.

The recent SBCC summit in Addis also showed many different sectors using SBCC approaches. (Agriculture, family planning, HIV etc., as well as nutrition).
WHY SBCC?

• Its systematic process ensures messages and methods are grounded in data on the social context and target audience.

• Its use of mutually reinforcing communication channels can trigger change at different levels for greater impact.

• Participation and capacity building cuts across SBCC activities, to make change more sustainable.

• SBCC works!

The power of SBCC comes from its systematic approach – the step-by-step process of getting a grounding in the details of social context and target audience then doing the design work -- and also its strategic use of all different kinds of methods to address behavioral determinants at different levels.

SBCC is broader than some of the other approaches that it as built upon, so offers a mixed ‘tool kit’ of approaches that can be tailored as appropriate for the program or context.

Also, as I’m sure is true for most of us these days, SBCC builds participation of partners and beneficiaries, as well as capacity building throughout the process so that activities are locally owned and operated.

There is a robust and growing evidence base that demonstrates the success of SBCC approaches to achieve nutrition outcomes.

[e.g., if they ask: The SPRING Project’s literature review on the effectiveness of SBCC in promoting the uptake of key nutrition practices and the Alive & Thrive Project’s publications documenting the effectiveness of SBCC interventions in IYCF]
KEY ELEMENTS OF SBCC

- Applies the socio-ecological model for behavior change
- Based on research
- Focused on target audience
- Uses multiple channels of communication
- Works for change at 3 levels
- Involves partners and communities throughout the process
C-Change was a FHI360 project recently finished, that implemented SBCC in many countries, and developed rich package of materials and tools.

Manoff has a great little brief on these terms, highly relevant to our discussion here.

The SPRING Project’s (JSI nutrition project with USAID funding) literature review on the effectiveness of SBCC in promoting the uptake of key nutrition practices (Lamstein, Stillman et al. 2014) covers 91 studies, including some meta-analyses and RCTs.

The Alive & Thrive Project (another nutrition project at FHI360, funded by Gates) continues to document the effectiveness of SBCC interventions in nutrition, based on its implementation of large scale interventions in Vietnam, Ethiopia, and Bangladesh that combine interpersonal communication, community mobilization, advocacy, and mass media methods to achieve results in infant and young child feeding practices (Baker, Sanghvi et al. 2013; Sanghvi, Jimerson et al. 2013).

Also, Journal of Health Communications addressed communications for population-level behavior change in child survival (Balster, Levy et al. 2014; Fox and Obregon 2014; Ratzan 2014)

REFERENCES

- C-Change Project. C-Modules. https://www.c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules#0


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C-Change Project

Manoff Group
Eating a nutritious Zambian lunch!

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