URC uses social and behavior change (SBC) to enable individuals, families, and communities to increase control over and improve their health. We use the best evidence to guide our interventions. These interventions strengthen community and clinical systems, increase demand for health and related services, and enable sustained individual, family, and community behavior change. URC uses SBC to improve health outcomes by helping change the attitudes, perceptions, and practices around health and nutrition decision-making.

Our SBC programming focuses on:
- Improving maternal, infant and young child nutrition and preventing stunting during the first 1,000 days of a child’s life
- Strengthening TB prevention, treatment, and control
- Preventing and treating malaria
- Increasing couples’ communication for and use of family planning and reproductive health services
- Increasing use of HIV prevention, counseling, testing, and treatment

Interpersonal Communication

URC is widely recognized for developing technically sound, culturally relevant, visually attractive, and effective job aids—tools that improve performance by health workers and caregivers. As a partner on the Zambia-based, USAID Feed the Future Mawa Project, URC developed SBC action cards for nutrition volunteers and families. The cards explained best practices in nutrition and hygiene that were shared with families participating in the project’s resilience interventions. In Guatemala, URC created a behavior wheel depicting 19 key behaviors for healthy pregnancy and young child nutrition. The cards aimed to improve caregiver and community dietary practices, maternal and child healthcare, and rural livelihoods to combat malnutrition.

Community Mobilization

Our social and community mobilization strategies engage civil society and communities to promote social norms supporting collective health objectives and challenging harmful practices. In Benin, URC trained community leaders to develop and deliver health-related messages, building a strong cadre of professionals capable of addressing emerging health challenges through various media. Through the REGIS-ER
project in Niger, URC mobilized out-of-school and unmarried girls to be mentored by local women role models, strengthening their health behaviors and life skills. In Cambodia, Thailand, and Burma (Myanmar), URC trained bus and taxi drivers to provide passengers with malaria information. The project reached both residents and migrant workers, who tend to be highly vulnerable to malaria and lack access to local health services.

URC’s health advocacy work cultivates leaders’ commitments to policies and programs that support health and promote changes in social conditions that contribute to disease and vulnerability. Our SBC advocacy strategies have been adopted as official policy by governments in Cambodia, Guatemala, El Salvador, Haiti, Iraq, Kenya, Tanzania, Nigeria, Côte d’Ivoire, Malawi, and Mozambique.

Mass Media

URC has used community theater, radio, and music to deliver a range of health messages in multiple countries. In the Philippines, URC helped the Department of Health deliver key family health messages to 47,000 people in poor, underserved areas via community theater. In Benin, URC uses radio, theater, and music to help reduce maternal and infant mortality and malaria and HIV incidence. In Ghana and Cambodia, we used theater to educate people on how to prevent malaria and the importance of seeking early treatment. URC’s South Africa TB Program used TV, radio, sports events, print materials, community mobilization, advocacy, and health worker training to reduce TB transmission. The project also uses a smartphone application, ConneCTB, to support outpatient care for multidrug-resistant tuberculosis patients. The app allows community-based providers to ensure compliant delivery of medications, report adverse drug reactions, and refer patients in need of additional support.

In Ghana, URC trained print and broadcast journalists on malaria reporting, resulting in significant coverage in national daily newspapers. Ghanaian singer Nana Boro was the campaign’s ambassador, lending his musical talent to the message. URC’s Primary Health Care Project in Iraq ran a nation-wide multimedia campaign including television, radio, and print to increase awareness of the importance of timely and complete vaccinations. In the U.S., URC designed a public service announcement (PSA) encouraging parents to talk to their children to prevent underage drinking. The PSA aired on the CBS Super Screen in New York City’s Times Square and reached an estimated 17 million viewers.

In Uganda, URC introduced mHealth technologies into existing health processes to strengthen supervision, communication, and feedback among village health teams, their supervisors, and the health facilities.

URC welcomes the opportunity to partner with or to provide services to your organization to strengthen the impact of SBC approaches across the globe. For more information please contact info@urc-chs.com.