URC — as a leader, a partner, and a technical advisor — is helping countries across the world provide better health care to people to help them live longer, healthier, and more productive lives. URC uses Social Behavior Change Communication (SBCC) strategies in many of the projects we implement. SBCC improves health outcomes by changing the attitudes, perceptions, and practices around health and nutrition decision-making via interpersonal communication, community mobilization, mass media, and related strategies.

**INTERPERSONAL COMMUNICATION**

URC has designed and successfully implemented technically sound, culturally relevant, visually attractive, effective job aids — tools that improve performance by health workers and caregivers.

In Guatemala, URC supported the Ministry of Health (MOH) in preventing stunting and increasing access to quality health services for women, newborns, and young children in the Western Highlands through USAID’s Guatemala Community Nutrition and Health Project. A notable SBCC project success was the development and adoption of the Wheel of Practices for Better Living, which promotes 19 practices linked to different phases of a child’s first 1,000 days, the most critical period for cognitive and physical development. More than 55,000 families benefitted from use of the Wheel of Practices. Its use by families and community health workers comprised one of the MOH’s official health promotion strategies and was adopted by 15 community health, non-governmental organizations.

URC since has adapted and expanded the Wheel of Practices for use in two USAID-funded projects in Uganda: the USAID Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) Activity and the USAID Regional Health Integration to Enhance Services in North, Acholi (RHITES-N, Acholi).
COMMUNITY MOBILIZATION

URC’s social and community mobilization strategies engage civil society and communities to promote social norms which support collective health objectives. Likewise, strategies seek to address harmful practices while respecting local cultural norms.

For example, stigma and misinformation can increase the likelihood that people will not seek, begin, or complete tuberculosis (TB) testing and treatment. But people who are undergoing TB treatment or have completed it – TB survivors – can be effective outreach advocates.

The AIDS Information Centre (AIC) – a civil society organization and a sub-grant recipient of the URC-implemented Defeat TB Project in Uganda – has worked with health facilities to improve TB case detection and treatment. AIC staff created “Neighborhood TB Watch,” a low-cost approach that trained 90 people who have completed at least six months of TB treatment. These TB survivors return to their communities with intensified case finding job aids, community-facility referral registers, and TB information, education, and communication materials. They conduct TB screenings, sensitizations, and patient referral and follow-up.

Of the 143 TB patients the AIC identified in the first six months of implementing the community intervention, approximately 11% were identified via TB survivors, which speaks to the promise of the Neighborhood TB Watch approach as survivors better understand TB patient needs and the complex social characteristics surrounding them.

URC works to break down social-cultural barriers – such as gender-based violence (GBV) – that limit the uptake of health services. RHITES-N, Acholi in Uganda, for example, is using interpersonal communication activities to reduce GBV barriers, including use of the Role Model Men (RMM) approach. This mobilizes men to consider how different versions of masculinity – including stereotypical forms – affect their relationships and well-being. Role Model Men complete a series of training modules, mentorship, coaching, and dialogue sessions.

RHITES-N, Acholi worked with 60 RMM in 2019 to reach 1,628 households and 3,256 people – evenly split between genders – especially focusing on household heads and their partners. RMM discussed a range of key issues, including prevention and response to gender-based violence in homes, defilement, the importance of early antenatal care attendance by pregnant mothers, and so on.
partner support during pregnancies, seeking appropriate health services from qualified health personnel, and nutrition and malaria education.

**Reinforcing Resilience in the Philippines**

Being resilient is a key part of Filipino culture. The TB Platforms Project developed a social and behavior change strategy linked to being resilient to promote better health seeking behaviors and address stigma against TB. The strategy, called Tibay ng Dibdib – literally, "chest strong" aims to improve the knowledge and risk perception of TB among Filipinos.

The Department of Health's Health Promotion Unit approved Tibay ng Dibdib as the TB SBC strategy for the three most densely population regions, which account for 40% of the country's TB cases: Region 3, Region 4A (CALABARZON) and the National Capital Region. To date, 700,000 people have been reached with the Tibay ng Dibdib strategy.

The TB Platforms team designed and implemented a mentoring guide for village, or Barangay, health workers called Communicate and Mentor Effectively through Ask, Listen, Inform, Verify and Engage (COME ALIVE). Between May and September 2019, a total of 1,377 Barangay health workers in the Big 3 Regions and Marawi City were trained on effective communication with TB clients, case finding, and contact investigation using the COME ALIVE guide. They went on to screen 29,503 people for TB, finding 3,055 presumptive TB cases, ensuring 2,750 of the presumptive cases were tested for TB and finding 706 cases of active TB disease.

**MASS MEDIA**

URC uses community theater, radio, music, social media, and other mass media to deliver a range of health messages in multiple countries.

While face-to-face communication is a key SBCC strategy of the USAID/PMI Cambodia Malaria Elimination Project (CMEP), more traditional mass media methods also are important. CMEP printed billboards to promote malaria elimination and control activities in target operational districts. The project conducted a radio-call-in show and broadcast public service announcements to promote malaria awareness among high-risk groups in two provinces. CMEP worked with the National Malaria Control Program to develop educational/promotional materials, including job aids, posters, banners, booklets, t-shirts, and leaflets. The materials are used to reinforce other SBCC activities, such as health education outreach conducted by village and mobile malaria workers.
Using Talk Radio and Dramas to Improve Health in Ghana

To improve implementation of maternal death audit recommendations in Ghana hospitals, the USAID Systems for Health Project worked with the Ghana Health Service’s Family Health Division to pilot a quality improvement project in three district hospitals. Project leaders realized that changes at the facility alone would not be enough, so each hospital carried out outreach activities to address key external contributors to maternal mortality, identified during root-cause analysis. Examples include:

- Using talk radio to discuss danger signs during pregnancy, the need for early care-seeking, and fears related to caesarean section, and the importance of blood donations;
- Sensitizing prayer camp leaders and traditional birth attendants on danger signs during pregnancy and delivery, as well as the need for early referrals. After the orientations, Catholic Hospital in Battor reported an increase in referrals from prayer camps for ANC and deliveries; and
- The teams educated community members about the importance of blood donations to prevent maternal deaths, including dispelling the myth that donated blood was being used for spiritual rituals. This led to more family donations of replacement blood.

The six-month pilot project proved effective. Hospitals reported that 72% of the recommendations from maternal death audits had been implemented within the recommended time frame, compared with 5% during the previous two years.

Previously, the URC-implemented Promoting Malaria Prevention and Treatment (ProMPT) Project piloted community drama programs to help Ghana’s National Malaria Control Program strengthen malaria prevention and control and expand successful malaria interventions nationwide. Drama has long been used in Ghana as a recreation and teaching mechanism, with varying traditions among its ethnic groups.

The pilots operated in six districts to urge villagers to practice malaria-preventive behaviors. Professional cultural groups and community drama troupes performed in 78 communities, reaching more than 85,000 men, women, and children. ProMPT developed scripts in collaboration with national governmental partners, local NGOs, and actors to ensure that content was appropriate and effective. The actors invited audience participation to reinforce educational themes. As part of a continuous improvement process, the program used feedback from exit surveys to improve the program. To ensure that partners would sustain ProMPT’s work, our team trained NGOs to use community drama as a social mobilization tool in their health improvement efforts.