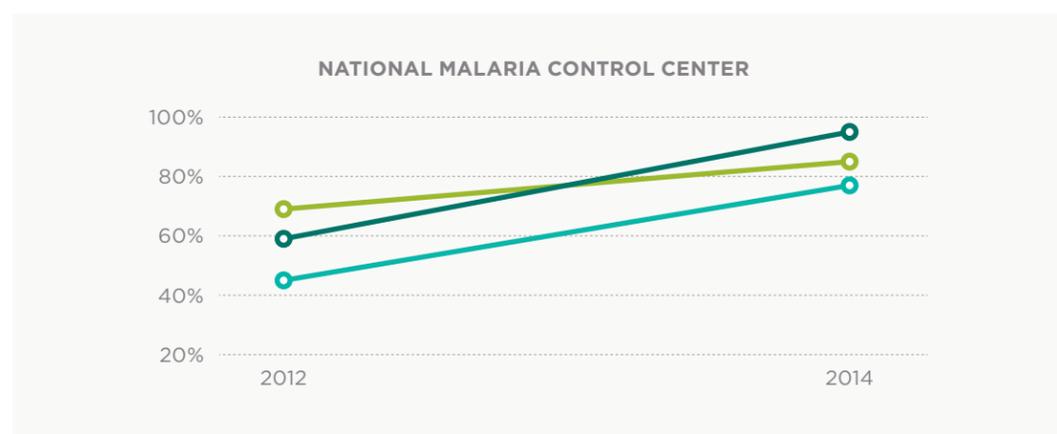
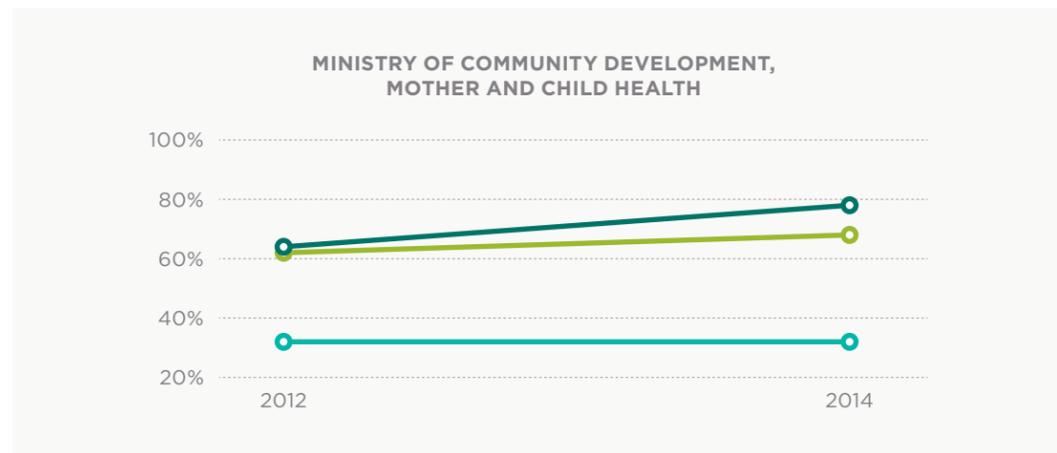
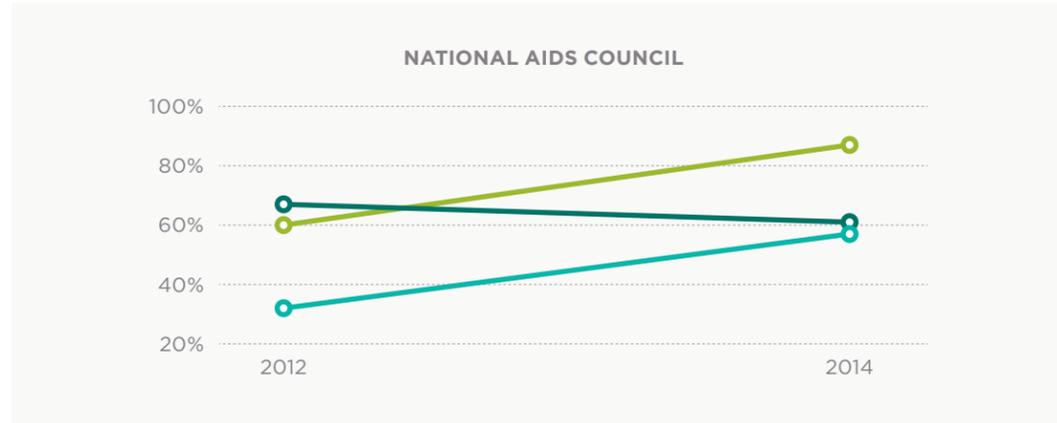


BCP CAPACITY ASSESSMENT INDEX AVERAGE SCORES



- SBCC Planning and Design
- SBCC Program Implementation
- SBCC Monitoring and Evaluation



TECHNICAL BRIEF

BEHAVIOR-CENTERED PROGRAMMING: A SYSTEMATIC APPROACH TO IMPROVE DESIGN, MANAGEMENT, AND MONITORING OF HEALTH COMMUNICATION CAMPAIGNS

Government and nongovernmental organizations in Zambia's health sector have struggled to implement and support unified and effective social and behavior change communications (SBCC) initiatives. They have lacked the resources, education, and systematic tools to design, implement, monitor, evaluate, improve, and sustain SBCC programming. By using a set of tools that give a voice to program participants and harmonizes SBCC messages among health sector organizations, the USAID Zambia Communications Support for Health (CSH) program (2010-2014) empowered health sector staff to coordinate SBCC efforts and effectively monitor results.

BEHAVIOR-CENTERED PROGRAMMING

Central to its mission, the USAID-funded, Chemonics-implemented Zambia CSH program aimed to strengthen the institutional capacity of organizations throughout the Zambian health sector to use communications as a tool to influence and improve critical health-seeking behaviors. To achieve this, CSH used a

communications methodology called Behavior-Centered Programming (BCP), which served as a framework for selecting and designing the program’s technical and training interventions. BCP is a toolbox and set of curricula for building requisite skills for effective SBCC teams and practitioners. It offers a framework for 1) developing and executing activities that facilitate a participant group’s achievement of behavioral objectives, 2) elucidating communication tactics that will be the most successful (i.e., behavior modeling, influencing attitudes and perceptions, building trust, rewarding desired actions), and 3) measuring their impact and continually refining and improving their delivery.

BCP tools guide practitioners through systematic formative communications research that encourages bringing the voice of the participant to program planning and identifies the behavioral challenges in a particular context. The CSH program used the BCP approach as its singular platform for strengthening SBCC capacity at every level of the Zambian health system, including the public sector through health promotion staff and technical working groups, NGOs and civil society by supporting them to develop an SBCC communications resource center, and institutions of higher education by giving them a platform from which to train future SBCC professionals.

SYSTEMATIC AND HOLISTIC APPROACH TO CAPACITY BUILDING

Below are a few examples of the SBCC training interventions and technical support provided by CSH that used the principles of the BCP approach.

IMPACT OF ZAMBIA CSH’S BEHAVIOR-CENTERED PROGRAMMING	
	INTRODUCING STANDARDIZED PROCESSES FOR SBCC: The project developed SBCC guidelines, training toolkits, and communication strategies for National AIDS Council, National Malaria Control Center, Ministry of Community Development, Mother and Child Health, and Ministry of Health.
	TRAINING FUTURE HEALTH CARE WORKERS ON SBCC: The project worked with four institutions of higher learning to adapt the BCP approach into a course module for credit toward graduation, allowing for creation of future generations of more adept health workers.
	TRAINING GOVERNMENT AND CIVIL SOCIETY HEALTH SECTOR WORKERS: Capacity building specialists developed and delivered SBCC training to national and sub-national health sector stakeholders on best practices in formative research, behavioral assessments, evidence-based communications strategy design, and campaign monitoring and evaluation
	JOINT MONITORING AND EVALUATION EFFORTS: CSH staff worked alongside government counterparts to monitor and evaluate campaigns, ending with the fully transparent and widespread dissemination of campaign results and best practices through stakeholder dissemination meetings.
	SUPPORTING SBCC GOVERNANCE STRUCTURES: The program reinvigorated health area-specific SBCC technical working groups through establishing clear terms of reference and providing ongoing guidance and support. ^I

ABOUT CHEMONICS

Founded in 1975, Chemonics is one of the world’s leading international development consulting firms. In 76 countries around the globe today, our network of approximately 4,300 specialists pursue a higher standard in development everyday to help clients, partners, and beneficiaries achieve results.

	STRENGTHENING HEALTH SECTOR NGOS: CSH awarded multi-phase grants to leading health sector NGOs in Zambia: Afya Mzuri and Champ. Afya Mzuri launched and maintained a health communications resource center. Champ offered critical sexual health and HIV prevention counseling.
	LEARNING BY DOING: CSH staff worked alongside government counterparts to research, design, implement, monitor, and evaluate four health communications campaigns: <i>Safe Love</i> HIV Prevention campaign, <i>STOP Malaria</i> , <i>Mothers Alive</i> , and <i>The First 1,000 Most Critical Days</i> nutrition campaign.

KEY FINDINGS

Chemonics trained 532 health sector staff on the BCP methodology; equipped 142 staff from national and sub-national level technical working groups with guidelines, terms of reference, and toolkits necessary to use communication to influence health behavior; and supported four institutions of higher learning in adopting the BCP approach for course credit toward graduation. Furthermore, throughout implementation, Chemonics provided substantial SBCC capacity strengthening support to three Zambian government institutions: the Ministry of Community Development, Mother and Child Health; National AIDS Council; and National Malaria Control Center. CSH conducted regular capacity assessments of these three agencies to monitor performance improvements in their capacity to manage effective SBCC activities and to determine the effect of CSH’s technical support in strengthening this capacity. All three showed significant improvements in their capacity to plan, implement, and manage SBCC interventions during CSH’s involvement.^I For example, the ministry improved its ability to implement communication strategies from 61 percent at baseline in 2012 to 96 percent at endline in 2014. Similarly, the National Malaria Control Center’s use of data in SBCC monitoring and evaluation rose from 44 percent to 75 percent. Aggregate results are displayed in the graphs on the back of this document.

Through hands-on experience, guided by the local and international communications expertise of CSH staff, there was full government ownership of each communications campaign achievement and a deepened health sector capacity by the end of the implementation period to use communications to influence behavior. The toolkits, documents, and processes developed by the program led to formation of highly functional, regularly meeting technical working groups in all 10 provinces, which were able to create, monitor, and support national and effective health communications campaigns (see text box).^{II} Overall, these holistic efforts, rooted in the BCP approach, enhanced capacity and reduced the government’s reliance on foreign aid in addressing health outcomes and resulted in population-level behavior changes that were quantifiable, sustainable, and supported the country’s development goals.

PRE-TESTING HEALTH TELEVISION SERIES

One technical working group was able to effectively 80 versions of a local language translation of a government-sponsored health TV series, ensuring that no errors existed before public dissemination.

^I Chemonics International, ICF International. CSH: Zambian Government Capacity Assessment Report, 2014

^{II} Chemonics International. Enhancing the Capacity to Influence Behaviors — CSH Final Report, 2015