



Eight Principles
for Strengthening
Public Sector
Social and Behavior
Change Capacity



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Introduction

WHAT IS THE PURPOSE OF THIS OVERVIEW?

This brief is intended for United States Agency for International Development (USAID) Mission staff and implementing partners leading or supporting social and behavior change (SBC) capacity strengthening efforts in the public sector. The document highlights key principles, strategies, considerations, and operational research questions. Experiences were collected and synthesized from various stakeholders from current or past USAID-funded projects, including Bangladesh Knowledge Management Initiative (BKMI), Breakthrough ACTION, Communicate for Health (C4H), Communication for Change (C-Change), Communications Support for Health (CSH) and the Health Communication Capacity Collaborative (HC3) project, as well as Population Services International (PSI) Cambodia and the Ministry of Health and Family Welfare Bangladesh.

WHAT IS SBC?

Health promotion and disease prevention initiatives help people make informed decisions to improve their health and well-being. SBC is an evidence-based, theory-driven process within health promotion. SBC employs interventions to affect individual and collective behavior and promote social change by positively influencing knowledge, attitudes, social norms, and structures. SBC programs often utilize strategic communication. However, SBC can encompass a wide array of approaches. Many SBC programs also include community mobilization approaches to strengthen communities' capacity to promote collective action and address harmful social and gender norms and structural barriers to change. SBC programs may also include human-centered design—a creative approach to problem-solving where end users help identify the problem through participatory formative research, design solutions through co-creation, and develop and test prototypes. They may also utilize behavioral science, the process of designing interventions to reduce or remove biases and inconsistencies in decision-making. [Research has shown](#)¹ SBC to be a highly cost-effective intervention that can indirectly—and sometimes directly—affect health outcomes and generate a positive return on investments.

In this brief, “the public sector” refers to the government, specifically those units primarily responsible for SBC in a country. This typically includes the Health Promotion and/or Health Education Units of the Ministry of Health but may vary by country.

This brief highlights principles from interventions that strengthened the capacity of the public sector to utilize social and behavior change communication (SBCC) and community engagement approaches. These capacity strengthening activities were implemented in order to strengthen SBC interventions that aimed to increase the adoption of healthy behaviors by individuals and influence the social norms underpinning those behaviors.

¹The Business Case for Investing in Social and Behavior Change for Family Planning.
https://breakthroughactionandresearch.org/wp-content/uploads/2020/01/20191211_BR_FP_SBC_GdIns_Final.pdf.

WHAT IS SBC CAPACITY STRENGTHENING AND WHY IS IT IMPORTANT?

Capacity strengthening is a dynamic, non-linear process that requires time, patience, flexibility, and strong relationships with many actors. It is often thought of as trainings, mentoring, or coaching; however, capacity strengthening also includes applied learning, strengthening policies and processes, and institutionalizing SBC into routine health planning and strategy. Capacity strengthening can also extend beyond in-person interactions to include virtual components such as remote mentoring, coaching or trainings, and access to digital resources and tools. Instead of one-off, one-size-fits-all trainings, successful capacity strengthening initiatives provide opportunities for not just SBC technical knowledge but also applied learning and skills transfer based on in-depth understanding of the beneficiaries, including their needs and goals.

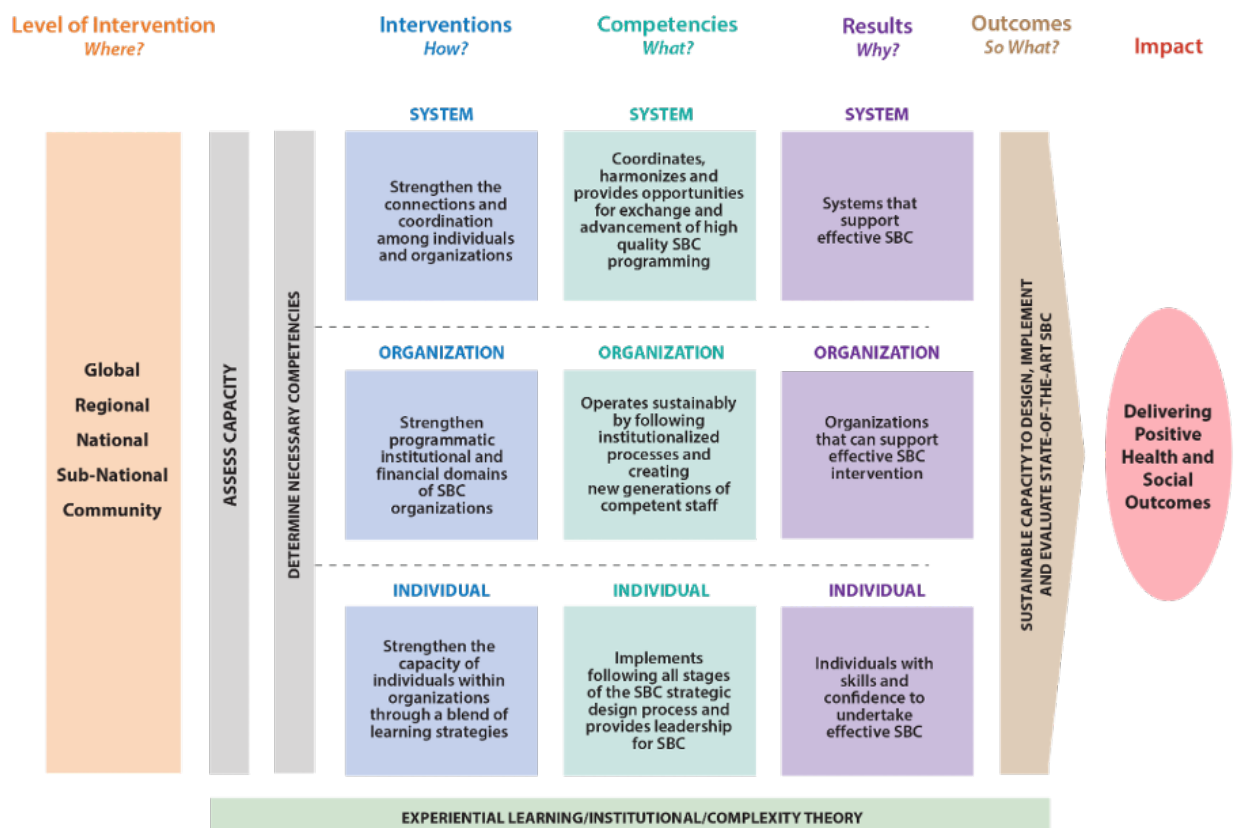
The [SBC ecosystem](#)² model reflects the systematic assessment, design, and implementation of customized and strategic capacity strengthening for SBC. It highlights inherently interconnected relationships at three levels—individual, organization, and system (Figure 1)—with different strengthening goals at each level:

- 1. Individual:** capacity of individuals through blended learning approaches
- 2. Organization:** programmatic, institutional, and financial domains of SBC organizations
- 3. System:** connections and coordination of structures among individuals and organizations to create a supportive environment for effective SBC

Interventions addressing all three levels of the ecosystem strengthen capacity and competencies to support effective SBC efforts and, ultimately, affect health and social outcomes in positive ways.

The public sector operates in all three domains of the SBC ecosystem. The public sector comprises individuals who lead and manage SBC programs and coordinate the efforts of other SBC specialists in the country. These individuals are often seated within the health promotion unit at the Ministry of Health, which has the ability to prioritize SBC and institutionalize SBC processes. These units function within the larger health system—made up of various actors—which has the ability to set priorities and standards at the national level.

FIGURE 1. SBC Capacity Ecosystem™



²The SBC Capacity Ecosystem. <https://healthcommcapacity.org/sbcc-capacity-ecosystem/>

1

Nurture relationships with key stakeholders in the public sector

2

Align capacity strengthening efforts with public sector goals, structures, and processes

3

Maximize the unique strengths and comparative advantage of the public sector processes

4

Elevate the status of public sector SBC specialists

5

Focus public sector capacity strengthening efforts on management, coordination, and collaboration

6

Support technical and organizational capacity simultaneously

7

Strengthen and support SBC systems in which the public sector plays a role

8

Build-in sustainability structures

Considerations

Each capacity strengthening situation will inherently vary based on the project, country, and other factors. However, several overarching elements should be taken into consideration as potential challenges when implementing the principles for strengthening public sector SBC capacity.

HIGH TURNOVER

Promotions, transfers, and attrition can complicate capacity strengthening efforts and lead to gaps in continuity, but they can also present opportunities. All organizations experience the natural and inevitable phenomenon of turnover. However, programs can utilize existing strategies to minimize the impact of rapid public sector turnover. Trained staff who leave often remain in the same sector and can become strong allies in other organizations. Implementing a distributive capacity approach can help build bridges, strengthen external relationships, and lead to strong SBC skills throughout the system.

LIMITED FUNDING ALLOCATED TO SBC

The amount of funding allocated to SBC within the public sector impacts the level at which the public sector will be involved in SBC activities, and the amount of capacity implementers are able to build. Strengthening SBC advocacy efforts, documenting SBC impact, including SBC in job descriptions, integrating SBC with other sectors, and working to elevate the status of SBC specialists can help mitigate immediate and future budget-related challenges. Additional strategies include mobilizing resources among various implementers and seeking cost-effective opportunities (such as advocating for free airtime), leveraging volunteer support, or reaching out to organizations with a mandate for social corporate responsibility.

COMPLEX BUREAUCRATIC SYSTEMS

Governments are often synonymous with complex bureaucratic systems and policies capable of causing challenges and project delays. Therefore, individuals with a thorough understanding of the context and complexities of the situation need to be integral members of the team. Additionally, creating strong relationships among individuals within the system can help streamline bureaucratic processes. These individuals can serve as both advocates for and the face of specific SBC initiatives within the public sector. Building these relationships often requires time, transparency, and consistent collaboration.

LOW MOTIVATION

Lack of pay, capacity, and recognition can all contribute to low levels of motivation among SBC professionals. Capacity strengthening efforts help build confidence and increase motivation when they provide tangible outcomes, hard skills, strengthen professional networks, recognize the contributions of public sector staff, and work to elevate staff status. Quick wins can also create sustained long-term momentum and help public sector workers believe in their ability to make a difference. Examples of quick wins include developing a tangible, digestible, and practical SBC strategy that can be synthesized into a concise format like a PowerPoint presentation or by updating and adapting past, successfully used materials.

HEALTH ISSUES POLITICIZED

When working with the public sector, initiatives and health issues may be politically motivated or perceived to be politically influenced. While dependent on every context, SBC programs can minimize these challenges by maintaining quality and fidelity in health messages and materials, building trust through transparency, and remaining politically neutral.

Principles & Strategies

The principles and strategies presented below are of equal priority and are not meant to be a comprehensive list. Rather, they are meant to highlight essential components and considerations for successful SBC capacity strengthening efforts with the public sector.



Nurture relationships with key stakeholders in the public sector

Strong relationships, ownership, trust, and clear expectations between implementers and the public sector form the foundation for successful capacity strengthening efforts. Strong relationships with individuals in the public sector can help implementers maneuver complex situations/policies, lead to additional opportunities, and streamline burdensome processes. Alternatively, overlooking the importance of individual relationships and trust between the public sector and implementers can negatively impact the success of capacity strengthening initiatives and SBC activities. In addition, both the timing of capacity strengthening initiatives and choosing individuals and teams receptive to capacity strengthening are essential. Nurturing fruitful relationships requires time, patience, and flexibility.

STRATEGIES

- Build strong relationships and visibility with key public sector stakeholders and leaders—including senior leaders, directors and SBC specialists—by communicating frequently, openly and honestly through routine meetings, emails, WhatsApp groups and other platforms; participating and actively contributing to SBC technical meetings; serving as a consistent resource; recognizing the strengths of the public sector; and working together as a team
- Set clear and feasible expectations in line with the pace at which the public sector functions, including agreed-upon roles, responsibilities, and timelines for transition of technical and financial responsibilities
- Demonstrate confidence and build trust in SBC specialists through transparency, co-creation, mentorship, patience, persistence, working hand in hand, jointly presenting at internal and external meetings, and not assuming their role or independently leading SBC activities



Align capacity strengthening efforts with public sector goals, structures, and processes

Working within existing structures and processes helps the public sector seamlessly integrate SBC into its work, minimizing disruptions to workflow and enhancing the likelihood of adoption and utilization. Streamlining SBC efforts can be challenging due to vertical structures that inhibit integration across units and a general lack of funds for health promotion units. Therefore, not all units have an SBC specialist, and various units implement different SBC activities. Coordinating and aligning efforts support the efficient use of technical and financial resources.

STRATEGIES FOR INDIVIDUAL CAPACITY STRENGTHENING

- Use adult and blended learning methods implementing a mix of online (if appropriate) and in-person techniques; pair digestible amounts of content with ample opportunities for applied learning and mentorship in areas that align with individuals' career goals
- Build incentives into capacity strengthening interventions such as providing a professional benefit, equipment, or hard skill (e.g., helping individuals learn how to develop a radio spot and create one), future funding opportunities, or increased visibility and recognition as a leader

STRATEGIES

- Link SBC efforts to existing public sector objectives and interests such as demonstrating positive impacts on health outcomes, providing opportunities to manage competitive grants, and strengthening recognition as the national coordinating body for SBC
- Advocate for SBC public sector funding by demonstrating how SBC interventions can improve health outcomes, are cost-effective, and can generate a positive return on investment
- Support health promotion units in advocating to the Ministry of Health for continued SBC efforts, demonstrate their impact, articulate how SBC relates to health promotion, and share data, studies, infographics, and advocacy tools that they can use to advocate for SBC
- Create an understanding of both what SBC indicators are and how they can contribute to program indicators, as well as advocate for and support the inclusion of SBC indicators into national monitoring systems
- Begin capacity strengthening efforts by asking how implementers can support public sector goals
- Conduct visioning activities and needs assessments to gauge interest, capacity, and competencies (knowledge, skills, and values) to inform and tailor the design of the capacity strengthening approach
- Build public sector ownership of SBC activities by creating demand for competitive capacity strengthening opportunities that allow participants the time and ability to both apply what they have learned and seek funding to implement SBC initiatives

STRENGTHENING MUNICIPAL SBC CAPACITY IN NEPAL

Shifts in Nepal's government to a decentralized system granted SBC decision-making and implementation to local authorities for the first time. Given these shifts, USAID and the USAID-funded [Breakthrough ACTION Nepal project](#)³ collaborated with the Ministry of Health and Population's National Health Education Information and Communication Center, the Family Welfare Division, Provincial Ministry of Social Development, Health Directorate and the Municipal Social Development section to strengthen SBC capacity at the individual, organization, and system level. Specifically, the project sought to strengthen the institutional and technical capacity of the Government of Nepal to design, implement, evaluate, and coordinate effective SBC programs. Using elements from human-centered design, the project created an SBC package for municipalities, which included step-by-step guidance for SBC programming, planning, implementation, and monitoring. A qualitative assessment found the most significant changes from these SBC capacity strengthening efforts included the following:

- Improved knowledge regarding SBC
- Use of local evidence to inform SBC strategies
- Incorporation of SBC activities into municipal planning processes and allocation of funds for SBC
- Use of local evidence to identify key health issues
- Identification of target populations for planned SBC activities
- Involvement of municipal officials in SBC activities



³Breakthrough ACTION Nepal Most Significant Change Evaluation Report.
<https://www.thecompassforsbc.org/project-examples/breakthrough-action-nepal-most-significant-change-evaluation-report>

3

Maximize the unique strengths and comparative advantage of the public sector

The public sector regulates and coordinates partners, programs, and donors in order to harmonize materials and messages and prevent duplication of effort. It also serves to hold stakeholders accountable for both staying on target and producing quality materials and programs aligned with national SBC and health strategies. The public sector has the unique capacity to implement and advocate for systems-level change, given it makes up an essential part of the health system. Serving as both the gatekeeper and national authority on health issues, the public sector often dictates what human and financial resources, if any, will support SBC efforts. Additionally, health ministries oversee national capacity strengthening programs—including academic and certificate programs for pre-service as well as in-service training for SBC specialists—and can directly impact the topics and quality of training programs. Individuals in the public sector also maintain extensive networks that they can leverage to increase national visibility for SBC efforts and have direct access to stakeholders from the grassroots to national level. Public sector endorsement, logos, and validation are instrumental in reaching scale, and their buy-in, capacity, leadership, and commitment are crucial for sustainability.

STRATEGIES

- Advocate for the health promotion unit and provide support to institutionalize and integrate SBC into national programs
- Focus capacity strengthening efforts on the unique ability of the public sector to establish and maintain quality SBC initiatives and programs including creating, disseminating and overseeing standard operating procedures for national SBC efforts and leveraging their role as the national expert
- Highlight the role of the public sector as the national convener and expert by supporting them to fully utilize and leverage their national and sub-national networks to strengthen collaboration and scale up successful interventions

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Elevate the status of public sector SBC specialists

In a field of medical doctors, SBC and health promotion professionals often lack status and may not be taken seriously. Furthermore, the role of SBC is not always clearly defined, which can lead to confusion and disregard. Elevating the status of SBC professionals, increasing their visibility, and providing opportunities for them to further their careers can improve the quality of SBC.

STRATEGIES

- Involve public sector SBC specialists as much as possible, including inviting them to present at and lead meetings, and giving them ownership and credit for their contributions
- Create clear job descriptions outlining the essential role of SBC professionals and their connection to health promotion
- Develop and institutionalize academic and certificate programs for pre-service and in-service training on health promotion and SBC to support the credibility of SBC professionals as well as the sustainability and quality of SBC initiatives
- Ensure opportunities for SBC professionals right out of school and provide or link them to financial opportunities to implement what they have learned and help them consider in-service opportunities such as internships, secondments, and fellowships
- Connect SBC professionals to one another through routine knowledge exchange events and forums to share lessons learned, effective practices, and challenges
- Nurture and strengthen advocacy, research, and evaluation skills to support the public sector in advocating for district level health promotion funding and demonstrating the impact of SBC interventions
- Develop and provide facilitator guides for trainings
- Provide support and mentorship for trainings implemented by the public sector

ELEVATING THE STATUS OF SBC PROFESSIONALS IN EGYPT

A three-year project implemented by the USAID-funded HC3 project in Egypt⁴ sought to strengthen the capacity of the Ministry of Health and Population (MOHP) to lead and coordinate SBC efforts throughout the country. The project⁵ aimed to strengthen the capacity of health educators, who were primarily responsible for health promotion at the facility and community level. Prior to the program, health education was not a recognized profession, health educators received no pre-service training, no formal job descriptions for health educators existed, and no clear path for career advancement in this field. HC3 and the MOHP worked together to elevate the status of health educators, creating a two-year certificate program for health education and piloting a pre-service training curriculum for current health educators. The project also developed a formal job description for health educators and provided them with a reference manual containing key information and messages on a range of health topics. This type of system-level change supported sustained progress in SBC capacity among Egypt's health educators.



STRENGTHENING AND SUSTAINING CAPACITY THROUGH THE CREATION OF CENTERS OF EXCELLENCE

An assessment conducted by Soul City in 2009 found that most practitioners responsible for SBCC in Africa did not have relevant training. In order to address this, the USAID-funded C-Change project and partners established a Center of Excellence at the Witwatersrand University⁶ in South Africa. The Center provided the first accredited graduate level SBCC program in Africa to strengthen regional competencies and capacity to design and implement high-quality SBC interventions. C-Change and partners established three additional SBC Centers of Excellence at universities in Albania, Guatemala, and Nigeria. Each Center established a program that best fit the needs of the students and professionals they served. The curricula ranged from short courses, online courses and undergraduate and graduate concentrations in SBC. Practitioners were particularly attracted to the Witwatersrand program as it was tailored to busy professionals and students not living in South Africa.

⁴Health Communication Capacity Collaborative. <https://healthcommcapacity.org/>

⁵HC3 in Action. Strengthening the SBCC System. http://healthcommcapacity.org/wp-content/uploads/2017/10/HC3-in-Action_Strengthening-SBCC-System.pdf

⁶Communication for Change. <https://www.fhi360.org/projects/communication-change-c-change>

5

Focus public sector capacity strengthening efforts on management, coordination, and collaboration

The public sector has the reach, scale, authority, and mandate to coordinate SBC activities. Given this authority, it fills a unique and essential role that implementers should not aim to fill. Therefore, the public sector is often best positioned to coordinate and lead, rather than implement, SBC efforts throughout the country. This includes coordinating non-governmental organizations (NGOs) and the private sector implementing SBC programs throughout the country. The role of the public sector is to work closely with implementers to make sure SBC initiatives align with national priorities and meet quality standards. Therefore, the public sector must have the capacity to manage external support. This not only includes procurement and contracts, but also the capacity to recognize quality and set standards.

STRATEGIES

- Strengthen capacity in leadership, management, knowledge, and technical skills so public sector staff have the capacity to identify, approve and advocate for quality SBC. In turn, public sector staff will be able to lead, coordinate processes and create linkages among programs, partners, and the private sector to develop materials and implement activities
- If outsourcing, strengthen the capacity of the public sector to manage contracts and partnerships (with ad agencies and production houses) and to understand how and when to outsource support
- Provide tools to support contracting, including request for proposal templates, scoring sheets, and guides for selecting the best proposal
- Advocate for the public sector to have the autonomy to manage government funding, including procurement selection, and ensure all staff are oriented on the ministry's procurement procedures

STRENGTHENING HEALTH COMMUNICATION CAPACITY AND COORDINATION IN ZAMBIA

From 2010 to 2014, USAID and the USAID-funded CSH project aimed to strengthen and sustain national health communication activities through technical assistance to the Government of Zambia. The project focused capacity strengthening efforts on several ministries in the government to enable them to develop, implement, and evaluate health communication activities. Activities included the development and implementation of a hands-on formative research training, an SBC training, and the development of a private sector engagement strategy. Additionally, CSH revitalized dormant technical working groups established to assess campaigns against standard guidelines and collaborated with learning institutions to strengthen SBC curricula. An [endline evaluation](#)⁷ showed that capacity for managing SBC activities increased in all three ministries. Additionally, at endline, one hundred percent of SBC campaigns were informed by evidence, developed according to standard guidelines, and monitored, as compared to 63% at baseline.



⁷ Communications Support for Health (CSH) project Endline Evaluation Report. https://pdf.usaid.gov/pdf_docs/PA00K7G8.pdf.

ORGANIZATIONAL COMPETENCIES⁸ IN THE CONTEXT OF SBC INCLUDE:

- Managing technical assistance, contractors (agencies), and strategic partnerships
- Implementing processes to enable utilization of a suite of quality tools, resources, and approaches
- Strengthening new staff capacity and mentoring staff to use strategic design processes
- Creating systems and quality assurance mechanisms to use data to inform programming
- Identifying and correcting internal weaknesses in program quality
- Managing sound operational systems to facilitate learning, development, and problem solving

6

Support technical and organizational capacity simultaneously

Capacity strengthening efforts improve when they address both technical and organizational competencies. Increased knowledge and competencies in SBC will not translate to behavior or organizational change if SBC specialists are not able to structurally put into practice what they learn. Recognizing that individuals work within organizational structures is critical; moreover, successfully addressing one type of capacity without addressing the other is difficult, if not impossible. To avoid getting mired in organizational redesign, SBC specialists need to understand the constraints and opportunities in which the public sector functions and then be selective in which aspects of organizational development to focus on.

STRATEGIES

- Focus initial organizational capacity strengthening efforts on readiness, including workforce development—creating and updating job descriptions, confirming teams are in place and that SBC is allocated for in the budget—and ensuring SBC specialists have the necessary computer software and file management systems
- Introduce and support the institutionalization of processes and tools to facilitate high-quality technical and organization capacity in SBC, e.g., establishing an archive of SBC materials and standardizing SBC practices
- Determine how to work with the public sector—whether through co-locating in the same office, seconding a staff member to the project, or providing remote support—and create and implement specific scopes of work, roles, responsibilities, and timelines to meet the contextual needs of the program
- Support the public sector in creating and implementing a resource mobilization strategy for financial sustainability, including seeking funds through grants, donations, fundraising activities, and private support

7

Strengthen and support SBC systems in which the public sector plays a role

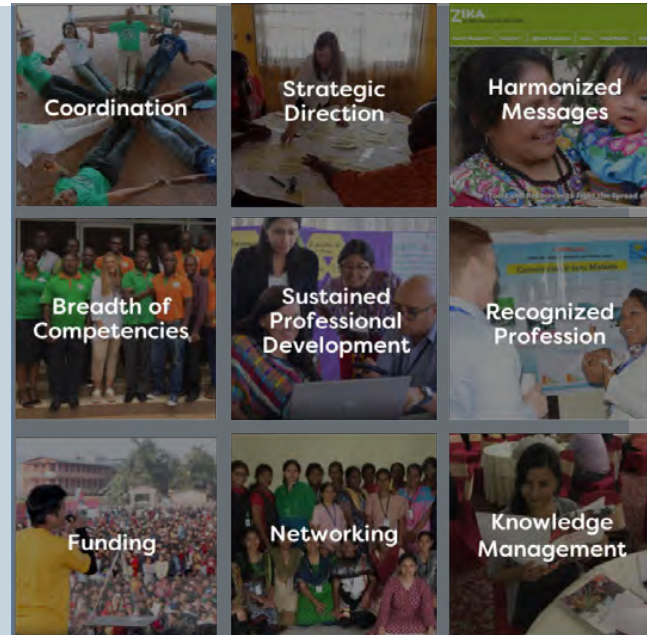
The goal of capacity strengthening activities should be to develop a supportive SBC system, of which the public sector is one part. Public sector capacity strengthening should be placed in the context of all the capacities needed in the national system, where each part plays a distinct role. This includes developing systems to ensure information and capacity flows from public sector leadership to those implementing local health promotion efforts.

⁸The SBC Capacity Ecosystem. <https://healthcommcapacity.org/sbcc-capacity-ecosystem/>.

STRATEGIES

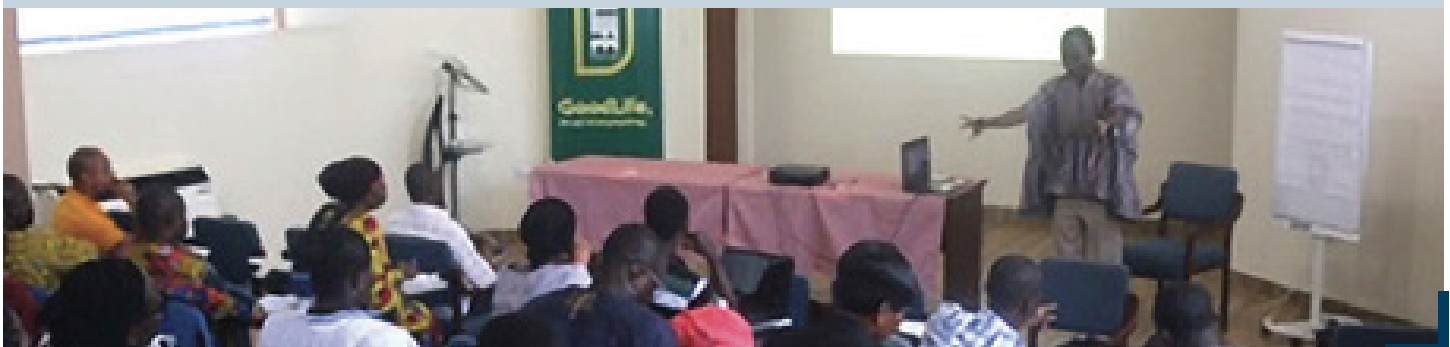
- Implement technical working groups, websites, knowledge exchange events, or formal and informal communication channels, such as email and WhatsApp, to support information exchange at various levels
- Collaborate with the public sector to develop clear coordination structures and practices to support efficiency, collaboration, integration and quality SBC initiatives, including the creation of technical working groups, content design teams to review and approve SBC materials, message harmonization processes, and monitoring systems
- Create and maintain a database of private sector partners such as agencies, production houses, and creative consultants, and include these partners in SBC capacity strengthening activities to improve relationships with them
- Connect the public sector with private sector partners able to produce high-quality SBC materials

THERE ARE AT LEAST NINE OVERARCHING COMPONENTS THAT MAKE UP AN EFFECTIVE SBC SYSTEM:



TAILORED CAPACITY STRENGTHENING LEADS TO IMPROVED SBC COMPETENCIES IN GHANA

The USAID-funded [C4H](#)⁹ project strengthened the SBC technical and organizational capacity of the national, regional, and district health promotion division (HPD) of the Ghana Health Service. Capacity strengthening programs were guided by the principles of learning by doing and learning by leading. C4H co-located with the national HPD to collaboratively design, implement, and monitor SBC initiatives and strengthen department structures and processes. The program consisted of three foundational capacity strengthening programs for HPD staff. The one-week cohort-based Change Agent Development Program (CADP) provided the foundations of SBC, including theory, community mobilization, working with the media, use of mobile technology, and leadership skills, among others. The six-month cohort-based Set for Change (SfC) program strengthened the SBC skills and organizational and professional confidence of newly trained district technical health promotion officers. The Change Challenge Fund (CCF) provided CADP and SfC participants the opportunity to apply for funding to design and implement small-scale SBC activities. C4H and partners also provided on-site internships for HPD staff to practice and strengthen their SBC technical skills. Over a five year period, the C4H program strengthened five major SBC competencies by 26% among HPD staff from baseline to endline.



⁹ Communicate for Health. <https://www.fhi360.org/projects/communicate-health-c4h>.

8

Build-in sustainability structures

Fully transitioning part of a project or a set of activities to the public sector requires time and strategic thinking. Ideally, transitions occur when the public sector is able to demonstrate strong SBC organizational competencies (see organizational competencies outlined above) and the project is ready; however, more often than not, project timelines end up dictating the timing of essential transitions.

STRATEGIES

- Position public sector SBC specialists in integral roles throughout the lifespan of SBC initiatives, so they have the knowledge, confidence, and capacity to coordinate activities going forward
- Ensure and advocate for sufficient budget for the public sector to procure services to carry projects or specific activities forward
- Use key documents, developed collaboratively, such as an SBC strategy and action plan, as roadmaps for transition
- Document processes and progress to enable successors to continue in the same direction by creating “how-to” guides and succession plans
- Conduct a skills review so activities are handed over to the right person in the right division, who ideally has been involved since the onset
- Include SBC activities and associated tasks in formal job descriptions to create accountability
- Ensure the public sector has partnerships in place with other NGOs and the private sector, to provide sustained support

DISTRIBUTIVE CAPACITY STRENGTHENING LEADS TO SMART FAMILY PLANNING CHOICES IN NEPAL

Distributive capacity—strengthening the capacity of a critical mass of people—supports the integration of SBC at all three levels of the SBC ecosystem (individual, organization, and system). It creates a strong, interactive, and resilient network of SBC specialists at all levels of the health system to actively make a difference in the lives of young families, helping them make smart family planning choices. The HC3 Nepal project¹⁰ worked alongside national SBC professionals to strengthen the capacity of the Ministry of Health and its partners¹¹ to improve reproductive health and family planning outcomes at all levels. At the individual level, the project implemented capacity strengthening efforts among peer facilitators to share essential family planning information with newly married couples. At the organizational level, the project strengthened family planning counseling services in health facilities through capacity strengthening and supportive supervision among providers. At the system level, the project worked with District Health Officers to integrate family planning information and referrals within immunization services and with the National Health Education Information and Communication Center and Family Health Division to successfully conceptualize, plan, promote, and implement a national campaign with localized impact.



¹⁰Health Communication Capacity collaborative. <https://healthcommcapacity.org/where-we-work/nepal/>.

¹¹Distributed Social and Behavior Change Communication Capacity Enables Nepal’s Young Married Couples to Make Smart Family Planning Choices. <https://healthcommcapacity.org/wp-content/uploads/2017/03/Nepal-CS-Case-Study.pdf>.

Measuring Capacity Strengthening

Measuring the effects of capacity strengthening efforts helps ensure progress and inform future improvements. Measurement of capacity strengthening should include the transfer of and improvements in competencies. Several methodologies can be used, including [most significant change](#),¹² a participatory monitoring and evaluation methodology that includes the collection and analysis of stories from the field, which help identify the most significant change from an intervention. Another methodology, [outcome harvesting](#),¹³ can identify, verify, and make sense of intended and unintended changes influenced by an intervention. Finally, the [Kirkpatrick Four-Level Training Evaluation Model](#)¹⁴ can be used to assess reactions, learning, behavior, and results from training sessions. Programs can also document changes in quality of materials produced, number of SBC specialists with a certificate or degree in SBC, knowledge exchange among SBC professionals, and changes in SBC processes or policies.

ENCOURAGING AND SUPPORTING INTEGRATED PROGRAMMING WITHIN HEALTH PROMOTION UNITS

Since the public sector works with multiple health areas, there is an inherent potential for integrated programs. The health promotion unit can pull in technical expertise and coordinate across health areas and among other units in the Ministry. However, managing integrated programs requires additional capacity. To strengthen integration, implementers can facilitate specific capacity strengthening efforts related to integration and how to manage integrated programs. Coordination mechanisms, such as working groups and communities of practice, among SBC professionals or among stakeholders from various sectors can help stimulate collective action and create accountability for integrated approaches. Additionally, advocacy efforts and trainings can help public sector staff demonstrate the value of SBC and integrated programs. Despite the seemingly inherent potential of integration within health promotion units, vertical funding streams pose a challenge for integration. Strong advocacy efforts on behalf of the health promotion unit to other units can help mitigate these challenges by highlighting SBC integration as a cost-effective and synergistic strategy.



¹²SBC Monitoring Guidance. Most Significant Change Technique. <https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Most-Significant-Change.pdf>.

¹³SBC Monitoring Guidance. Outcome Harvesting. <https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Outcome-Harvesting.pdf>.

¹⁴The Kirkpatrick Methodology. <https://www.kirkpatrickpartners.com/Our-Philosophy>.

Operational Research Questions

Although there is a wealth of knowledge regarding principles and considerations for SBC public sector capacity strengthening, additional questions hold potential to help strengthen future efforts. Better understanding the following operational research questions will support efforts to continuously improve SBC capacity strengthening to change behaviors and promote social change:

- What are effective strategies to build public sector capacity in approaches such as behavioral economics, human-centered design, participatory formative research, and effective community engagement at scale?
- How can we best articulate and increase awareness regarding the relationship between health promotion and SBC?
- What differences exist between integrated and vertical programs in terms of public sector capacity strengthening?
- How can we integrate SBC across health areas within non-integrated funding structures?
- What are strategies for effectively, efficiently collecting and using data to inform program design and for documenting the impact of SBC?
- What strategies or approaches would best support the public sector to reorganize Ministry processes and structures to integrate and streamline SBC?
- How can we institutionalize and create demand for capacity strengthening approaches in the public sector?
- What is the most effective approach to ensure sustained capacity strengthening while still meeting time bound deliverables? For example, how should programs prioritize whether they should take the time to strengthen capacity but potentially miss key donor deadlines, or finalize the work without the public sector to ensure the project meets donor timelines?

Conclusions

Public sector SBC capacity strengthening interventions which address all levels of the SBC ecosystem contribute to strengthened competencies that in turn support effective SBC and ultimately positively affect health and social outcomes. The public sector fills a unique and essential role that implementers should not aim to fill. Individuals in this sector possess the capacity to implement and advocate for systems-level change in SBC. Implementers are encouraged to use these principles, strategies, and considerations to develop and apply effective SBC capacity strengthening programs with the public sector. Despite the challenges, strengthening public sector SBC capacity can improve the health and well-being of communities. Therefore, implementers should document and publish their experiences and additional principles for success, which will aid the continuation of efforts to strengthen global SBC capacity.

Useful Resources

HOW-TO GUIDES

- [Capacity strengthening case studies](https://healthcommcapacity.org/hc3-project-materials/?fwp_health_area=capacity-strengthening&fwp_resource_type=casestudy)
(https://healthcommcapacity.org/hc3-project-materials/?fwp_health_area=capacity-strengthening&fwp_resource_type=casestudy)
- [How-to guides with step-by-step instructions to perform core SBC tasks](https://www.thecompassforsbc.org/how-to-guides)
(<https://www.thecompassforsbc.org/how-to-guides>)
- [Implementation kits to integrate SBC strategies into programs](https://sbccimplementationkits.org/)
(<https://sbccimplementationkits.org/>)
- [Quality standards for SBC](https://healthcommcapacity.org/qa-in-sbcc/)
(<https://healthcommcapacity.org/qa-in-sbcc/>)
- [SBC capacity strengthening ecosystem](https://healthcommcapacity.org/sbcc-capacity-ecosystem/)
(<https://healthcommcapacity.org/sbcc-capacity-ecosystem/>)
- [Trending topics, resources, and tools for SBC program capacity strengthening](https://www.thecompassforsbc.org/trending-topics)
(<https://www.thecompassforsbc.org/trending-topics>)

MONITORING, EVALUATION, AND LEARNING

- [Capacity assessment tools](https://www.thecompassforsbc.org/filteredsearch/capacity%2520assessment)
(<https://www.thecompassforsbc.org/filteredsearch/capacity%2520assessment>)
- [Kirkpatrick Four-Level Training Evaluation Model](https://www.kirkpatrickpartners.com/Our-Philosophy)
(<https://www.kirkpatrickpartners.com/Our-Philosophy>)
- [Most significant change](https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Most-Significant-Change.pdf)
([https://breakthroughactionandresearch.org/wp-content/](https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Most-Significant-Change.pdf)

[uploads/2018/10/SBC-Monitoring-Guidance-Most-Significant-Change.pdf](https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Most-Significant-Change.pdf))

- [Outcome harvesting](https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Outcome-Harvesting.pdf)
(<https://breakthroughactionandresearch.org/wp-content/uploads/2018/10/SBC-Monitoring-Guidance-Outcome-Harvesting.pdf>)
- [Program for Organizational Growth, Resilience and Sustainability for Social and Behavior Change Communication Organizations \(PROGRES SBCC\)](https://www.thecompassforsbc.org/sbcc-tools/progressbcc-tool)
(<https://www.thecompassforsbc.org/sbcc-tools/progressbcc-tool>)
- [SBC monitoring guidance](https://breakthroughactionandresearch.org/resources/social-and-behavior-change-monitoring-guidance/)
(<https://breakthroughactionandresearch.org/resources/social-and-behavior-change-monitoring-guidance/>)
- [SBCC mapping tool for assessment](https://www.thecompassforsbc.org/sbcc-tools/sbcc-mapping-tool-assessment)
(<https://www.thecompassforsbc.org/sbcc-tools/sbcc-mapping-tool-assessment>)
- [SBC research primers](https://healthcommcapacity.org/hc3-completes-series-eight-sbcc-research-primers/)
(<https://healthcommcapacity.org/hc3-completes-series-eight-sbcc-research-primers/>)

ADVOCACY AND RESOURCE MOBILIZATION

- [The Business Case for Investing in Social and Behavior Change for Family Planning](https://breakthroughactionandresearch.org/wp-content/uploads/2020/01/20191211_BR_FP_SBC_GdIns_Final.pdf)
(https://breakthroughactionandresearch.org/wp-content/uploads/2020/01/20191211_BR_FP_SBC_GdIns_Final.pdf)
- [Resource Mobilization Implementation Kit](https://www.thecompassforsbc.org/sbcc-tools/resource-mobilization-implementation-kit)
(<https://www.thecompassforsbc.org/sbcc-tools/resource-mobilization-implementation-kit>)

Credits & Acknowledgements

PHOTO CREDITS

Page 6 Community members observe a street drama on the importance of institutional delivery organized by the Chandannath Municipality health section at Timke Urban Health Center, Chandannath Municipality, Jumla district, Karnali Province. Credit: Moon Pradhan, 2019

Page 8 HC3 trained a campaign working group—comprised of MOHP officials, academics, media and civil society—on foundational skills in social and behavior change communication. Credit: HC3

Page 8 New Health Promoters show off their certificates in South Africa. Credit: Harold Robles, 2014. Courtesy of Photoshare

Page 9 Credit: Timothy Shields, 2012. Courtesy of Photoshare

Page 11 Dr. George Amofah interacting with the third CADP cohort at the refurbished HPD Auditorium in Korle Bu. Credit: C4H

Page 12 Chakra Sawad and Bhawana Thapa, a “Smart Couple” that decided to delay the birth of their first child so they could continue their studies. Credit: Moon Pradhan/Breakthrough ACTION

Page 13 Community level interaction with pregnant mothers. Credit: Breakthrough ACTION Nepal

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