Increasing the Use of Social and Behavior Change in Health Systems Strengthening

Evidence and Recommendations to Improve Primary Health Care

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Acronyms

ADDED	Audience-Driven Demand, Design, and Delivery Framework
ANC	Antenatal care
CHARP	Community Health Action Resource Plan
CHW	Community health worker
CSO	Civil society organization
FP	Family planning
HSS	Health systems strengthening
MNCH	Maternal, newborn, and child health
PHC	Primary health care
RH	Reproductive health
SBC	Social and behavior change
SDOH	Social determinants of health
WHO	World Health Organization

Terminology

Social and behavior change (SBC) interventions: Evidence-driven approaches seeking to understand and facilitate change in behaviors and the social norms and environmental determinants that drive them. These include "trust and solidarity, power inequalities in households, neighborhoods, and societies, and the quality of health services, particularly in poor and low-income communities."[1] SBC systematically applies participatory, theory-based, and research-driven processes and strategies to address change at behavioral and social levels, including the cross-cutting use of community engagement and strategic communication.[2] Community engagement (defined below) is integral to SBC, even though health systems strengthening (HSS) terminology typically includes it as a standalone intervention.

Health systems: A system consisting of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health.

Health systems strengthening: An approach which "comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance" and is also conceived as a set of initiatives that improve one or more functions of the health system and lead to better health through improvements in access, coverage, quality, or efficiency.[3] While definitions of "HSS" vary among national governments, multilateral organizations, donors, and implementers, this brief focuses on SBC and community engagement approaches to strengthen service delivery within health systems.

Community engagement: This process helps people improve their own health and living conditions while strengthening and enhancing the community's ability to work together toward any goal important to its members.[4] Community engagement encompasses both community capacity strengthening (the process by which communities gain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time) and community mobilization (a capacity-building process by which community members, groups, or organizations plan, implement, and evaluate activities to achieve a common goal). Community engagement in the health system is vital for enhanced and more equitable health access and outcomes. It contributes to "improved performance, reach and responsiveness of systems; and sustainable development benefits through governance, accountability and empowerment of communities and local civil society organizations."[5]

Community health: A critical part of the continuum of primary care to address people's health needs, community health includes health promotion and service delivery activities, most of which occur outside health care facilities. Community health workers (CHWs) are a primary delivery channel for both the supply of and demand for care; however, community members' activities as agents of their own health are also part of community health. It can be delivered by public or private sector service providers or nongovernmental organizations and is linked to a broader, multi-sectoral community system.[6]

Community health system: Such as system is "a set of local actors, relationships, and processes engaged in producing, advocating for, and supporting health in communities and households outside, but related to, the formal health system."[5] Health and community systems are dynamic, overlapping systems that independently contribute to improving health.[7] As a result, community service delivery tends to rely on CHWs to serve as a bridge between communities, facilities, and health departments at district levels.

Social determinants of health (SDOH): "The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems."[8] SDOH can be grouped into five domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context.[9]

Introduction and Purpose

SBC efforts can help health systems more effectively engage communities, identify, and communicate their needs, build trust in the health system, and harness the collective power of communities to mobilize resources and structures to enhance health system performance and accountability. There is increasing recognition of the critical role SBC—and community engagement,* as part of SBC— plays in achieving ambitious global primary health care (PHC) goals. From the 1978 Alma-Ata Declaration to the present, global health leaders and practitioners have recognized that SBC activities help drive demand for and uptake of positive health behaviors and services, achieve positive health outcomes and attain more equitable care.[7,10,11]

> ***"SBC activities not only shape demand for accountable, affordable, accessible, and reliable care but can also address and support the behaviors of all people and organizations within the health system essential to the equitable provision of quality care."***
>
> *– USAID Vision for HSS 2030*

Despite this enthusiasm, gaps remain in understanding the overlooked links between SBC and HSS work and its support and documentation.[12] The nexus between SBC and HSS and the dynamic interplay within and across these health practice areas is still a "gray zone" for many practitioners and ministries of health. In reality, both SBC and HSS still operate primarily within their silos. SBC programming tends to focus on individual behavior and changing social norms at the community level but does not address adequately the structural and systemic barriers to positive health behaviors. Conversely, current HSS frameworks and activities inadequately incorporate individual-level behavior change, social and institutional norm-shifting interventions, and meaningful community engagement approaches for health. Overall, this results in missed opportunities to develop and deploy more effective SBC interventions and to address health system challenges and other social determinants critical to improving health outcomes.

This technical brief summarizes the findings of a literature review conducted in September 2022: **The Effects of Integrating SBC within HSS in Low- and Middle-Income Countries**. It also includes the results from three working sessions with global SBC and HSS experts. While the literature review focused primarily on identifying the value of SBC for strengthening service delivery in HSS efforts, the resulting recommendations also extend beyond service delivery. This brief provides concrete recommendations and identifies promising opportunities and entry points to increase the use of effective SBC in HSS programming.

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* Community engagement is a critical component of SBC. Community engagement also uses approaches independently of SBC strategies. This technical brief focuses on community engagement as key component of SBC.

Key Messages

- Integrating SBC—including community engagement—into HSS frameworks and activities increases the accountability, affordability, accessibility, and reliability of health services.
- Current HSS frameworks and activities inadequately address both individual-level determinants of behavior and meaningful approaches to broader community engagement.
- Programs can build upon several promising frameworks and intervention packages to optimize the integration of SBC into HSS and vice versa.
- Despite progress, SBC programming often focuses on individual-level behavior change and does not sufficiently address the social and structural barriers to achieving positive health behavior, including the need for deeper community engagement than SBC usually provides.
- SBC (including community engagement) and community health (including health promotion and community service delivery) overlap; this deserves further exploration to improve quality of combination approaches using engagement, accountability, and behavior change for increased impact.
- Holistic SBC with interventions addressing SDOH within and outside the health system improves family planning (FP) and reproductive health (RH) service delivery uptake and health outcomes.
- SBC stakeholders and practitioners need to exchange ideas and documentation about the technical intersection of SBC and HSS. These exchanges can occur in the SBC for Service Delivery Working Group and particularly in HSS forums with interest to improve the application of SBC through joint programming.

Methods

Despite the potential, there is still limited understanding and documentation of how SBC can most effectively and sustainably support the strengthening of health systems. To support this effort, Breakthrough ACTION conducted a literature review of several online databases to identify published, peer-reviewed, and gray literature from January 2012 to August 2022 that addressed the nexus between SBC and HSS. The literature review explored three sets of related questions:

1. What is the impact of integrating SBC including community engagement into HSS frameworks and interventions on community-level FP/RH service delivery in low- and middle-income countries?

2. On SBC approach:
   a. What SBC approaches, including community engagement, have been used in HSS service delivery interventions and activities? What has been their impact?

   b. How are SBC and community engagement components incorporated into HSS frameworks?

3. What evidence supports combining behavioral and structural approaches to address barriers to FP and RH service delivery?

The literature review identified 65 published and gray literature sources that met the inclusion criteria. The project then invited a selection of 18 global SBC and HSS experts from Breakthrough ACTION's partner networks (Box 1) to a series of three virtual technical working sessions from September to October 2022 to explore the literature review findings and share their practical experiences working at the nexus of SBC and HSS.

Evidence and Findings

The literature review and corresponding technical working sessions identified four key findings that support increased investment in and collaboration between SBC and HSS implementers, including potential pathways and interventions for maternal, newborn, and child health (MNCH) and FP/RH impacts. High-level findings include the following:

1. **Compelling evidence shows the potential positive impact of integrating SBC into HSS efforts to improve the accountability, affordability, accessibility, and reliability of PHC.**
    a. The benefits of SBC in creating demand, establishing supportive norms, empowering clients, and increasing service uptake are well documented.[13,14] For example, 14 of the 18 USAID MNCH "accelerator behaviors" have a clear, essential link to the health system.[15] This selection of priority behaviors for maternal and child health is widely used in program design and implementation. The accelerator behaviors—further developed in the Think | BIG tool as pathways to behavior change—provide guidance for addressing barriers in the health system as part of such pathways.[16]

    b. SBC activities help increase the demand for and availability of accountable, affordable, accessible, and reliable care. Interventions may also support behaviors across all health system's actors to achieve equitable care, from the individual to the national level.[7,10,17]

    c. Integrating SBC into HSS can improve the behaviors of health providers, program managers, and policymakers, address SDOH, and increase opportunities for social change by moving beyond the individual level and changing social norms.[7,10] Similarly, integrating health system principles and considerations into SBC efforts can support behavior change interventions to be more sustainable by mobilizing communities around service uptake and accountability, linking households to resources, services and social networks, and advocating with local government to respond to community needs.[1]

    d. Both community engagement and, increasingly, social accountability approaches are implemented under the umbrella of SBC approaches, often as part of service quality improvement programming. Increased community engagement can improve health system functioning, responsiveness, and equitable policy development.[18–20] Social accountability initiatives, while also implemented as stand-alone program components, can increase the acceptability and quality of health services, and shape the goals and values of the health system.[21]

2. **Layering individual-level SBC interventions onto HSS or SDOH interventions increases positive FP/RH and broader PHC outcomes.**
    a. Strong evidence shows that SDOH, through a combination of structural inequities and systematic advantages and disadvantages that one group has over another, shape health

outcomes.[22] HSS is currently not addressing the "health related social needs of patients" through policies, while this has only recently become an emerging area of work for SBC practitioners.

b. FP- and RH-focused SBC interventions have historically focused on identifying and shifting behaviors among individuals, groups, and communities, overlooking the root causes of health disparities associated with FP and RH and the opportunities to address them.[23,24] Only recently have SBC practitioners focused on addressing SDOH in SBC programming to address social and structural barriers to service uptake, strengthen health systems, and improve health outcomes.[22]

c. Multi-channel SBC approaches, particularly those including community engagement to address social and structural barriers can help reduce unintended pregnancies,[25,26] increase child survival[1] and strengthen other FP/RH and MNCH outcomes compared with single-stream interventions.[25] For example, interventions combining mass and local media with engaging community and faith leaders and other forms of intensive community engagement demonstrated increased impact on FP/RH. A meta-analysis to understand the effect of including policy or systems interventions to achieve behavior change reviewed and suggested a combination of media, community mobilization, educational programs, social marketing, opinion leadership, and economic incentives.

d. The literature review and consultations identified more than 15 promising examples of effective, multi-tiered SBC approaches that can be adapted and expanded. These "combined or integrated" SBC approaches go beyond individual-level interventions to address SDOH, including with interventions addressing actors and collective action at different levels of the health system.

3. Community engagement plays a critical role in strengthening local health systems in several ways.[27]

a. While health and community systems overlap with each other, the actors and processes producing health at community and household levels are still not considered as part of the formal health system. Community health, however, bridges the gap between communities and health systems by involving households and community groups, community health or facility committees, and CHWs to promote positive health behaviors, self-care, and referrals. These community health structures and actors play a key role in identifying and collaborating to resolve health problems and promote positive health outcomes. SBC increasingly involves them in service delivery interventions.

b. Involving strong community systems, actions, and voices in health system activities strengthens community capacity and fosters trust and shared accountability for health system performance.[7] For example, community participation in audit processes, such as a perinatal death audit, can contribute to health service delivery actions that improve the quality of care.

c. Community engagement in the health system contributes to improved population-level health outcomes that are equitable and cost-effective; improved health system performance, reach, and responsiveness; and sustainable development.[7]

d. Community-based PHC provides service delivery, promotes key behaviors at the household level, and connects households to facilities to ensure that services meet patients' needs.[27]

In Focus: Example of an Effective, Multi-pronged Approach to SBC and Community Engagement

In Nigeria, Breakthrough ACTION is working with committees to develop Community Health Action Resource Plans (CHARPs) as part of its community capacity strengthening efforts. This involves engaging and empowering community leaders and members to enhance their collective decision making, participation, and action on health-related issues in their community. Communities identify their most pressing local MNCH priorities and develop phased action plans for SBC, community engagement, and resource mobilization. To date, 217 CHARP communities have raised U.S. $36,023 of their own funds to reduce out-of-pocket expenses for pregnant women for antenatal care (ANC) and facility-based infant deliveries. They also established emergency transport systems that have transported more than 26,000 pregnant women to ANC visits or facilities where they can give birth.

Slides 24–35 of the **full literature review** provide additional examples.

4. **Some HSS frameworks consider SBC and can expand to encourage the adoption of healthy behaviors.**[20,27,28]

a. However, most HSS frameworks do not clearly articulate the specific resources, investments, roles, and processes for SBC in HSS.21 Most HSS documents or strategies did not, for example, explicitly mention community involvement in most HSS documents or strategies examined in the literature review (out of 15 HSS frameworks reviewed).[27]

b. According to both the literature reviewed and consultations held, the World Health Organization's (WHO's) six "HSS Building Blocks" are not sufficient to achieve PHC, and community and household contributions to HSS are still not well defined. SBC (including community engagement, health promotion, and other strategies that overlap with community health) can play an implicit role within and between the building blocks. More attention must be paid to promoting equity, quality, and resource optimization as key health system-level outcomes, as well as the behaviors that can facilitate these outcomes.[7,20]

c. Emerging health systems and policy research literature demonstrates that health system performance depends in part on whether there are conducive social interactions, high levels of trust, teamwork, commitment, collaborative teamwork, and decentralized decision making[29]—all factors that support greater integration of SBC into HSS frameworks.

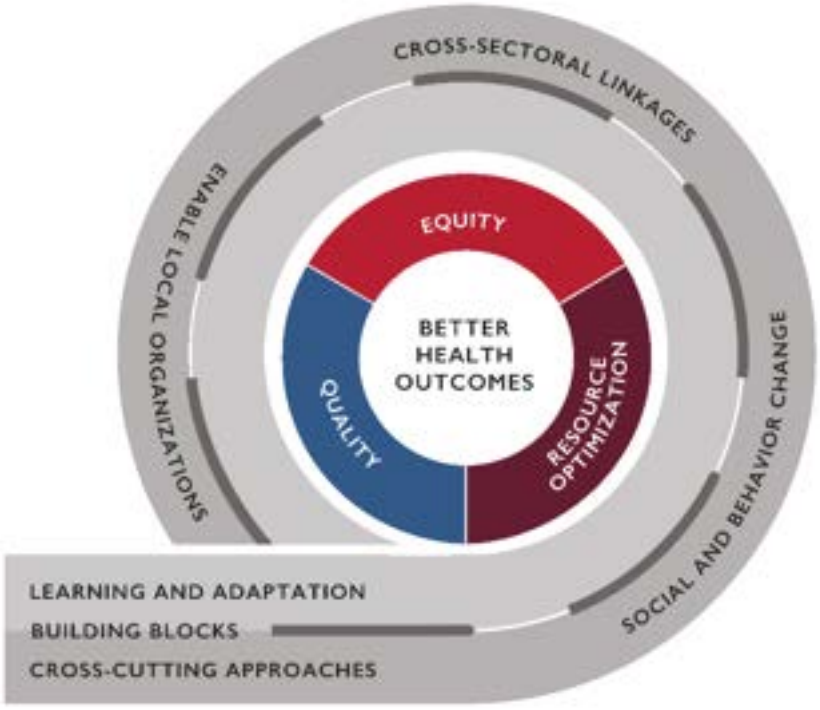
Potential Operational Frameworks that Serve as Entry Points for Increased Integration

The literature review found a small but growing number of HSS-related frameworks that incorporate behavior change and community engagement at multiple levels, in areas including demand creation, health promotion, service delivery, governance, advocacy, and policy development. Similarly, several current SBC frameworks presented by participants explicitly address how SBC supports HSS, by using a systems lens for behavior change. These frameworks can serve as a promising entry point for collaboration by (1) identifying specific behaviors that contribute to improved health outcomes, (2) demonstrating the interaction and interplay of SBC and HSS in improving PHC, and (3) identifying resources needed to improve health service planning and governance for policymakers. Additional potential frameworks are described in Annex 03 of **the literature review**.

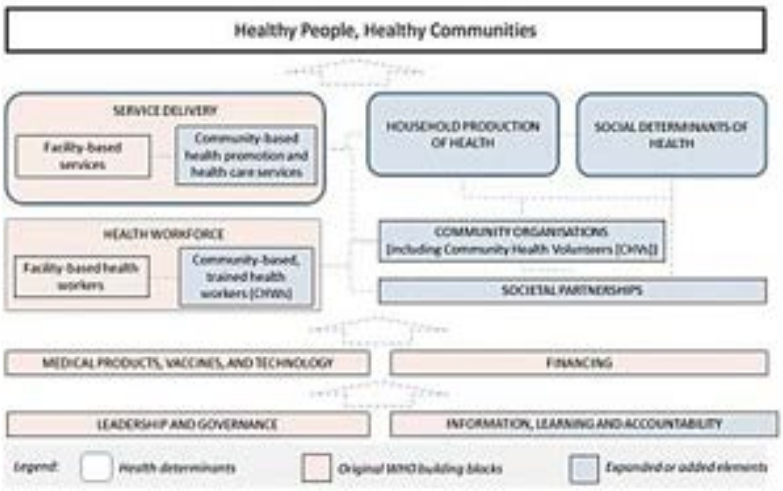
Health Systems-Oriented Frameworks

USAID's Vision for HSS[7]

USAID's new HSS vision elevates SBC to a central, cross-cutting approach to achieving greater equity, quality, and resource optimization. It notes that integrating SBC into HSS efforts can address the social and behavioral drivers influencing health performance and accelerating or impeding positive health outcomes. This framework also describes and recognizes the bidirectional influence of behavior change: "High-performing health systems enable all stakeholders, from clients to policymakers, to practice behaviors that support health; the collective practice of these behaviors reinforces and strengthens the health system."



Beyond the Building Blocks Community-Inclusive Framework[20]



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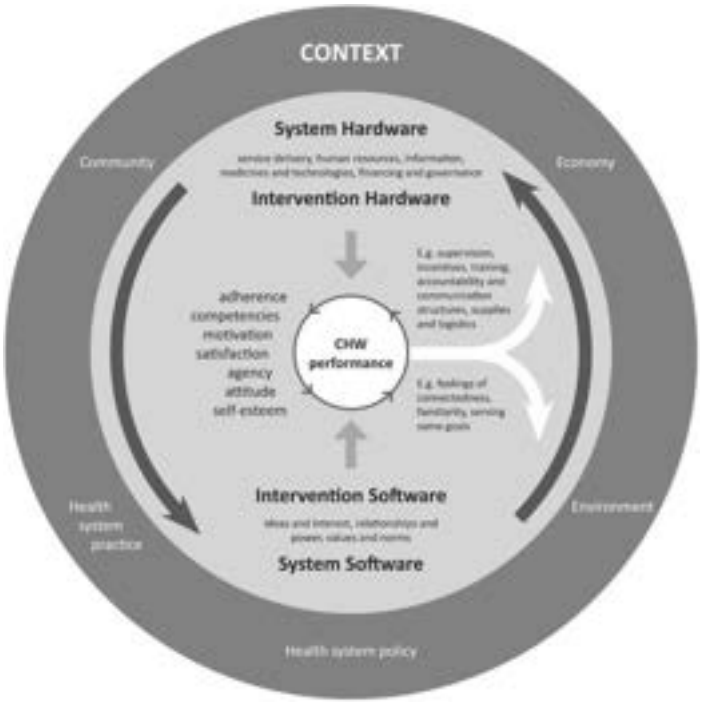
Building on WHO's Six Building Blocks Framework, the framework by Sacks, et al. explicitly identifies and elevates the often-overlooked community health actors (individuals, organizations, and communities) who play a critical role in health education, prevention, and treatment practices that lead to healthy people and communities. The production of health in households is at the forefront and interacts closely with SDOH and the delivery of health services. The health workforce directly impacts service delivery, including trained CHWs. Beyond the traditional blocks, it also considers community organizing, formal social partnerships between government and collaborators within and outside the health sector, and an expanded role for health information that includes learning and accountability mechanisms at multiple levels. The framework aims to make community health—and all that it encompasses—more visible and better integrated into the health system, with positive implications for planning and resource allocation. During the project's working sessions, the authors encouraged organizations and practitioners to translate the framework into HSS and SBC tools and applications, a current gap.

Conceptual Framework on CHW Performance[29]



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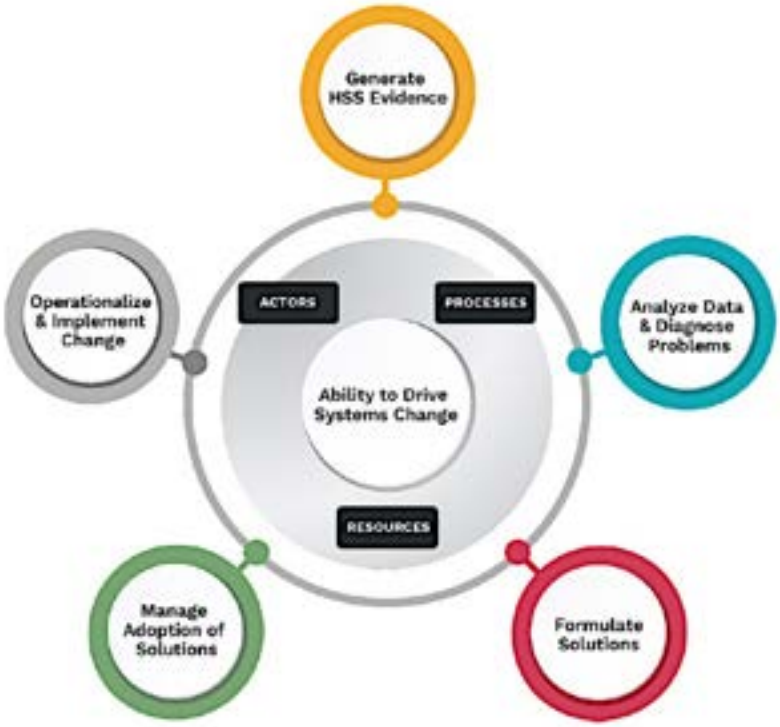
Recent health systems and policy research frameworks increasingly recognize both the "hardware" (e.g., building blocks, resources, supervisory structure, incentives, supplies, or logistics) and the "software" (e.g., interests, ideas, relationships and power, values, or norms of health systems actors) needed to achieve improved health outcomes and functional health systems. This framework provides a good example of the use of behavior change "software" to improve community health systems. Software elements "influence CHWs' feelings of connectedness, familiarity, self-fulfillment and (…) perceptions of support received, respect, competence, honesty, fairness and recognition." This and other newer HSS frameworks better reflect the complex social systems and social norm change needed to

achieve health system change. They strengthen the teamwork, trust, and relationships required to promote the adoption of positive health behaviors and shift the organizational cultural norms required to improve health system performance.

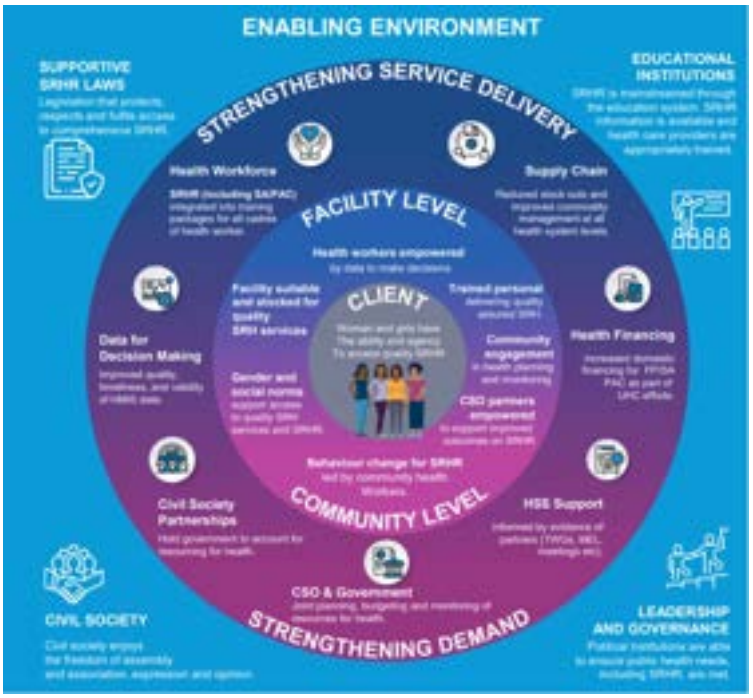
Institutional Architecture for the HSS Framework[30]

Developed by the USAID/Bill and Melinda Gates Foundation HSS Accelerator Project, this recent HSS framework shows the actors, processes, and resources that work together—or do not work together—to achieve health system improvements and make health systems function. The visual highlights how functions are part of a continuous cycle of change and improvement and emphasizes the cross-cutting role of stakeholder engagement and behavior change across all functions.



HSS Vision Framework[31]

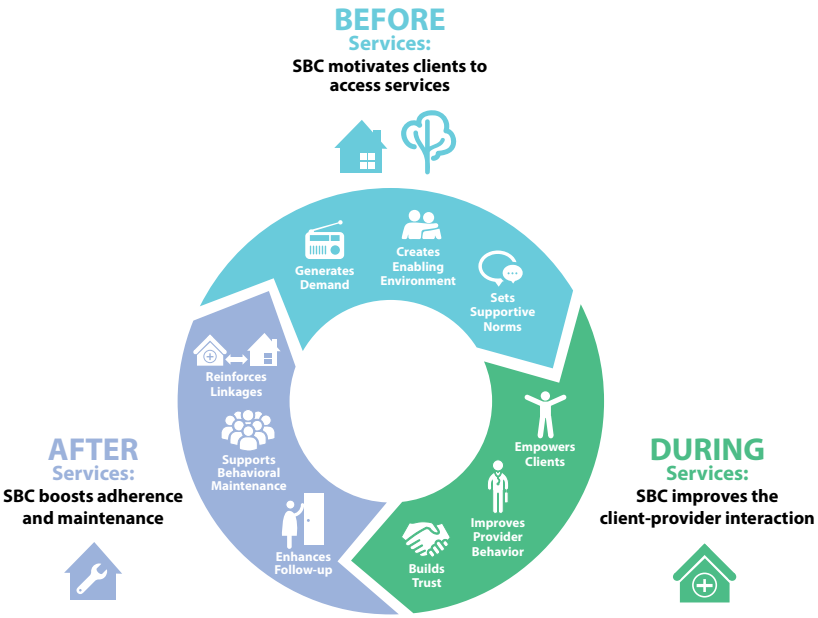
MSI's new HSS framework includes vital elements of SBC throughout the HSS approach. It recognizes the critical role of community engagement in health planning and monitoring, empowering civil society organization (CSO) partners to support improved sexual and reproductive health outcomes, CHW-led behavior change, and community-level support for gender and social norms. These elements link to various aspects of behavior change in the context of strengthening demand. They include putting client-centered data and voices at the center of decision making, forming civil society partnerships to hold the government accountable for health resource provision, and joint monitoring by CSOs and the government.



SBC Operational Frameworks

Circle of Care Model™[11]

The Circle of Care Model™ illustrates how SBC can be applied across the service continuum–before, during, and after services–to improve health outcomes. The model focuses on interactions between services: using SBC to motivate clients to access services (**before services**), improving client-provider interactions (**during services**), and promoting adherence and maintenance (**after services**). From a health systems perspective, it demonstrates the importance of coordination between SBC and service providers and changing provider behavior to improve health service delivery performance.

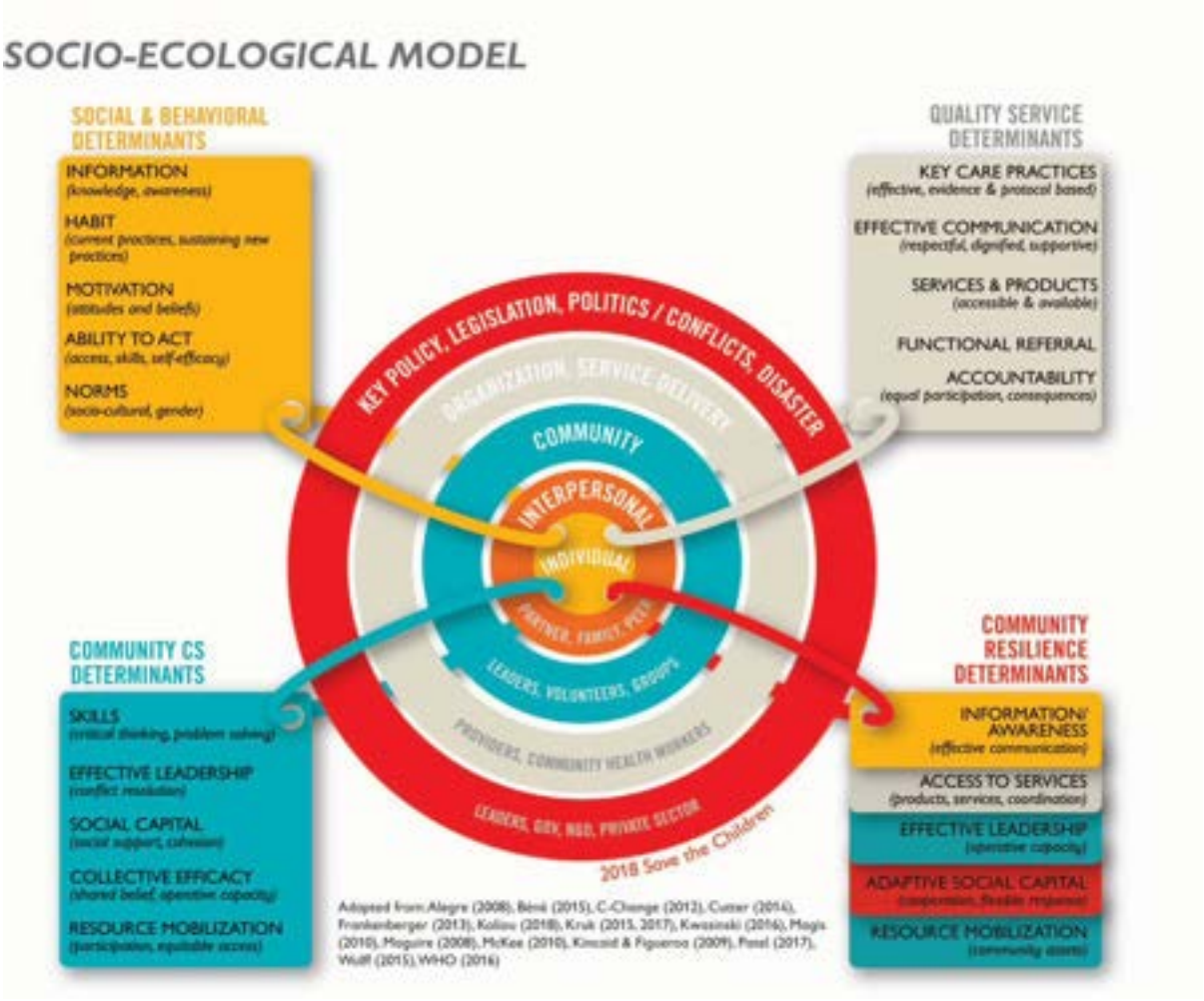


Audience-Driven Demand, Design, and Delivery Framework[32]

FHI 360 developed the Audience-Driven Demand, Design, and Delivery Framework (ADDED) framework to guide its SBC programming in the health and non-health sectors. ADDED is based on a socio-ecological model for change and addresses a range of individual, social, and structural determinants of SBC, including individual and community agency, social norms, access to and quality of services, and governance-related factors. It takes a behavior-centered approach to SBC and emphasizes participatory and human-centered methodologies that place behavior at the center of outcomes. Cross-cutting ADDED's approach is a sharp emphasis to address and improve the underlying drivers of poor health and development outcomes related to inequities in resources, power, and trust. By adding selected structural factors in addition to individual and social factors, the framework integrates HSS determinants as part of the SBC analysis.

Integrated SBC framework: Socio-Ecological Model for Change[33]

Save the Children's SBC Framework includes four sets of determinants: behavioral, community capacity strengthening, quality service and community resilience. These serve as "menus" to select and prioritize evidence-based key determinants of SBC in a given situation to improve health behaviors and increase community capacity to address them at multiple levels. As an analytical framework, it can be used for integrated programs such as multisectoral food security programming. It also clearly demonstrates the need to form intentional partnerships with other non-health programs, such as education and livelihoods, and providers to holistically address the social and behavioral determinants of health and development.



Operational Challenges

This learning exercise demonstrated the potential complexity of working in this cross-sector "gray area" at the nexus of SBC and HSS. Working session participants agreed that practitioners should consider the following potential challenges.

SBC and HSS use different technical terminology and need to identify common entry points.

SBC and HSS practitioners come from different worlds, with different lexicons and approaches to addressing behaviors from their respective disciplines. Each group may need to develop a common terminology to communicate and collaborate more effectively.[10] SBC practitioners, for example, may need to avoid using the term "SBC" to attract HSS practitioners, and they should be specific about the changes they can affect with their approaches. Conversely, HSS practitioners might recognize SBC as a more significant part of their work vis-à-vis social norms and behaviors related to corruption, governance, leadership, and SDOH. The increased dialogue could help HSS and SBC practitioners bridge the disciplines.

SBC and HSS use highly complex frameworks which need simplification.

Maintaining simplicity is an inherent communication challenge in the highly complex fields of SBC and HSS. Health system causal pathways and theoretical frameworks are often too complicated or do not consider SBC theory. This is one reason why HSS and SBC practitioners keep returning to WHO's Building Blocks model for HSS, even though they might recognize it as inadequate or oversimplified for behavior change, because people can grasp it. Collaboration between SBC and HSS specialists may facilitate the revision or development or new frameworks to address their inherent complexity in visual or written communication, e.g., by using similar terms.

Local stakeholders are often not engaged in HSS frameworks and intervention design.

In many global health settings, community members are "invited" to meetings, and their presence is considered "participation." However, genuine community participation or opportunities for input is limited, and participation is generally poorly described, defined, and implemented. Many HSS but also some SBC frameworks fail to understand and define local stakeholders and their functions, as well as their existing and accountable platforms (e.g., community-facility committees), which hinders the development of locally led solutions. In addition, many of these involved voices still tend to be male (while service users are mostly female).[34] **UNICEF's Minimum Standards for Community Engagement**, currently under review by USAID's Agency for All project for further indicator validation, provide a solid framework for ensuring high-quality, evidence-based community engagement in development and humanitarian contexts as part of SBC.[35]

Additional Evidence Gaps

Although existing evidence strongly supports the value of integrating SBC into HSS efforts (and vice versa), the following knowledge gaps remain that prevent effective integration of SBC into HSS:

- Data on health system interventions and policies that support SBC outcomes.[1,25,36] Most resources approached the subject from one perspective or another, with few explicitly addressing the nexus between SBC and HSS.
- Inclusion of community and other stakeholder voices and application of effective engagement methods to HSS efforts as part of USAID's HSS Learning Agenda.[36]

- Theoretical frameworks that operationalize SBC within HSS at multiple levels and corresponding implementation tools.
- Additional clarification on the link between community health and SBC within HSS work. Clearer definitions and entry points for community health (which include community service delivery, health promotion, community outreach or engagement in capacity strengthening, or collective action) and its intersection with service delivery and SBC would be useful for more effective collaboration.[12,37]
- More evaluations of SBC interventions that integrate local or community priorities through community participation and social accountability to identify most effective and sustainable approaches of such integration.[36]
- Increased application of SBC to address SDOH and measurement of results, as effects of such programming on health equity are still largely unknown.[22]

Recommendations

This section summarizes more general recommendations and then provides guidance on the individual questions used in the literature review and consultation.

Working session participants recommended that SBC and HSS practitioners, donors, implementing organizations, and researchers consider the following action steps to strengthen SBC and HSS integration and collaboration:

Develop an improved operational framework for SBC and HSS.

Building on and extending the promising models in this brief, an improved operational framework will help SBC and HSS practitioners deepen their understanding of optimizing community behavior and engagement within their work and across sectors. In addition, creating such a framework and accompanying tools could improve dialogue, collaboration, and effectiveness across sectors.

Engage SBC practitioners to support the design and implementation of SBC components of HSS interventions.

Participants agreed HSS practitioners could benefit from technical assistance from their SBC, design, and communication colleagues in two areas: (1) developing effective SBC interventions that address behavioral needs across different actors within health systems, such as approaches to strengthen trust, teamwork, shared values, and leadership styles to improve health system functioning and (2) rethinking options for representing complexity in HSS framework diagrams to better highlight behavioral pathways.

Document the potential benefits of integrating SBC into HSS beyond service delivery.

The literature review focused primarily on identifying the value of SBC for strengthening service delivery in HSS efforts. However, participants sought additional evidence of the value of SBC in other critical aspects of the health system to increase the adoption of SBC efforts among HSS practitioners, including in the areas of supply chain strengthening, monitoring and evaluation, financing, and leadership and governance. SBC approaches can also contribute to improved equity as a critical aspect of a functioning health system, e.g., by increasing the reach of interventions. Social accountability interventions are a good example of approaches that go beyond service delivery and address the concurrent needs of SBC and HSS practitioners. While many studies have documented the positive impact of social accountability on health service uptake and community

engagement, recent studies in Tanzania[38] and Uganda[39] have found improvements in the supply chain and governance. Jointly implemented social accountability interventions may be an attractive entry point for further engaging HSS practitioners.

Leverage multi-sectoral SBC and service delivery platforms to advance integrated PHC service delivery.

Multiple studies and reviews demonstrate the myriad benefits of integrating health SBC and service delivery into non-health, multi-sectoral platforms,[40] promoting FP and RH outcomes.[41] Integration can potentially introduce new health services not initially demanded by the community, increase men's participation in health services, improve cost efficiency, increase service uptake and retention, and address SDOH.[40] For example, savings groups and other groups associated with social protection often attract highly engaged participants. As a result, they can serve as a robust platform for integrating MNCH, FP, and RH messaging and services.[42] Strong health systems facilitate and sustain integrated PHC. While not directly addressed in this literature review, experts in the discussions encouraged implementers to identify and functionally collaborate with other allied sectors working in livelihoods, education, positive youth development, and climate change to create more effective community engagement and behavior change approaches to address SDOH. Several food security programs that integrate health/nutrition-focused SBC are doing this work successfully through integrated platforms, including USAID's Resilience Food Security Activities such as Food for Peace and Save the Children's Wadata development activity in Zinder Region, Niger, and Apolou in Karamoja, Uganda. Breakthrough ACTION aims to strengthen such multi-sectoral SBCs through its support of USAID's Resilience in the Sahel Enhanced II project.

Example of Multisectoral/Layered SBC and Service Delivery Approaches from Pathfinder International[42]

Continue the dialogue and documentation of what works in integrating SBC and HSS.

Working session participants agreed more dialogue and collaboration would be welcome to advance and operationalize SBC and HSS integration, especially since participants often work within their own disciplines and networks. The **Social and Behavior Change for Service Delivery Community of Practice**, led by USAID and Breakthrough ACTION, offers a promising platform for continuing these conversations and operationalizing recommendations, including through the participation of HSS practitioners. Breakthrough ACTION has collated the identified **literature sources** and others suggested by experts to provide a "one-stop" location for promising insights on SBC and HSS. Participants advocated for greater inter-organizational networking between HSS and SBC teams, from donors to researchers to implementing organizations, to break down silos. This includes recommending that donors explicitly fund integrated SBC and HSS efforts to enable additional learning and evidence-building around this nexus.

Recommendations to Integrate SBC into HSS Frameworks

- Incorporate behavioral pathways and theories into HSS strategies and implementation.10
- Improve integration of community engagement and participation into HSS frameworks.[27,43–45]
- Consider adopting and building upon promising existing frameworks that integrate SBC and HSS.
- Integrate behavioral and community engagement metrics into HSS monitoring, evaluation, research, and learning.[10]
- Strengthen the capacity of ministries of health to incorporate SBC into HSS.[10]
- Incorporate new evidence-based SBC methodologies into HSS efforts to address social and behavioral drivers of health system performance.[10,17]

Recommendations to Strengthen SBC and Community Engagement Approaches

- Improve social accountability strategies to focus not only on systems performance criteria but on social norms and specific behavioral objectives (e.g., by addressing provider bias).[7,10]
- Improve the effectiveness of social accountability activities and community health interventions as part of more comprehensive SBC approaches.[12]
- Beware of the dangers of short-term and highly prescriptive social accountability initiatives (e.g., focusing on FP and RH uptake) without a complementary focus on integrated SBC/HSS interventions. This can instrumentalize social accountability but prevent longer-term institutional and systems change.[46]
- Ensure increased community engagement in conflict-affected settings, where security, power relations, and structural inequalities should be considered and are critical to success.[47]
- Leverage emerging trends in behavioral economics and human-centered design to increase service delivery uptake.[48]
- Recognize or improve the work environment for CHWs to achieve better health outcomes.
- Utilize approaches to engaging community members in facilities to help overcome barriers to demand and access.

Recommendations to Promote the Use of SBC Beyond the Individual Level in Support of SDOH Approaches

- Prioritize SBC interventions that address the structural and intermediate determinants of FP and RH outcomes.[24]
- Consider adopting or expanding examples of integrating structural determinants of health into SBC programming, such as access to and quality of education, economic stability, neighborhood and built environment, access to and quality of health care, and social and community context.[23]
- Explore long-term, multi-sectoral, and co-funded partnerships to address the social determinants of PHC inequities.[24]

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BOX 1: WORKING SESSION PARTICIPANTS AND ORGANIZATIONAL AFFILIATIONS

- **Antje Becker-Benton** - Managing Director, Behavior Change and Community Health, Save the Children
- **Bruce Campbell** - Senior Global Advisor, HSS and Sustainability, Pathfinder International
- **Andréa Farrand** - SBC Senior Technical Advisor, Population Services International (PSI)*
- **Anne Fiedler** - Senior Technical Advisor, Reproductive, Maternal, Newborn, and Child Health, University Research Company (URC)
- **Kama Garrison** - Senior SBC Advisor, USAID/Office of Health Systems*
- **Jennifer Gassner** - Marketing Director, MSI Reproductive Choices
- **Xaher Gul** - Senior BC Advisor, Global Sexual and Reproductive Health Team, Pathfinder International
- **Kamden Hoffmann** - Technical Director, SBC, USAID/MOMENTUM Integrated Health Resilience, Corus International
- **Heather Hancock** - Senior Program Officer, Johns Hopkins Center for Communication Programs (JHUCCP)*
- **Rachel Markus** -Senior Health Systems Strengthening Advisor, USAID*
- **Sara Melillo** - Global Health Consultant
- **Melanie Morrow** - Senior Manager, HSS, ICF*
- **Gathari Ndirangu** - Director of FP and RH, Jhpiego
- **Tom Newton-Lewis** - Director, HSS, FHI 360*
- **Bronwyn Pearce** - Senior Advisor for Program Operations, Breakthrough ACTION, Save the Children
- **Susan Pietrzyk** - Team Leader and Senior Researcher, USAID/Gates HSS Accelerator project, ICF*
- **Shannon Pryor** - Senior Advisor, FP, Save the Children
- **Kara Tureski** - Director, SBC, FHI 360*
- **Olivia Vandeputte** - Senior Advisor, SBCC, MSI Reproductive Choices

**Served as a reviewer of this technical brief.*

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A complete list of 65 relevant resources is in **Section 05** of the **full literature review**.

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