IMPROVING DEVELOPMENT OUTCOMES THROUGH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Applying a Governance Lens

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Gregory Pirio, Ph.D.

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ABBREVIATIONS

BNP	Banque Nationale de Paris
CBO	Community-based Organization
CDC	Center for Disease Control
CDC	Community Development Committee (in the context of Sierra Leone example)
DFID	Department for International Development (United Kingdom)
HIV/AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency
FGC	Female Genital Cutting
IRS	Indoor Residual Spraying
IWT	Illegal Wildlife Trade
JSTOR	Journal Storage
LGA	Local Government Area
LLINs	Long-Lasting Insecticidal Bed Nets
LRA	Lord's Resistance Army
MPLA	People's Movement for the Liberation of Angola
NIDs	National Immunization Days
NGO	Non-governmental Organization
NIFAA	Nigerian Inter-Faith Action Association
RISE	Resilience in the Sahel Enhanced
SBCC	Social and Behavior Change Communication
UNITA	National Union for the Total Independence of Angola
VDC	Village Development Committee
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Overview: This analytical study in Social and Behavior Change Communication (SBCC) responds to the USAID Africa Bureau's interest in identifying and examining best practices in SBCC efforts by African governments. The study seeks to contribute to USAID Africa Bureau objectives to expand its analytic capacity, incorporate these principles into activity design and ultimate impact, and enhance its ability to better understand how African governments are using SBCC campaigns to improve the well-being of African citizens. Understanding SBCC best practices and their potential for improving state-society relations contributes to establishing a framework for future USAID Africa project design, which can further contribute to the development of compelling theories of change.

Whether and how governments lead and engage with citizens on issues that affect their daily lives can be critical for addressing development challenges across sectors. The key relationship between the state and society helps determine the success of interventions in health, food security, conflict, economic growth, education, and the environment. For example, the state may play a crucial role in changing behaviors, from convincing farmers to shift away from traditional farming practices or crops, to encouraging hand washing or proper burial practices to protect public health. Conversely, when the state-society relationship is dysfunctional and fails to produce outcomes that are legitimate or effective, it contributes to state fragility and impedes development.

Distrust of government and/or the international community and their motives has hampered government initiatives. Corruption can create, reinforce, and sustain such distrust as can the poor quality of public services, and lack of input into planning and monitoring processes. Poor communication by government staff compounds this distrust and corruption.

The key findings summarized below aim to inform USAID programming that targets good governance through support for SBCC efforts. These efforts will then address the challenges to African development across sectors. The initial cross-sectoral analysis has drawn on examples across these programmatic sectors such as health, climate change adaptation, agriculture, and food security.

SUMMARY OF KEY FINDINGS

This study of SBCC interventions across sectors in various African contexts found a general preference for **community participatory approaches** for achieving behavior change objectives. Further, significant literature illuminated the weakness of SBCC approaches that were primarily top-down and unidirectional and that failed to sufficiently include local actors. In SBCC for public health in areas such as child health and polio vaccination, the evidence is strong that community participatory approaches lead to better behavior outcomes. The literature also strongly supports the effectiveness of approaches that engage communities through interventions that are essentially dialogues; these approaches are more likely to reinforce or restore trust in system actors[1] that represent the state. Trust in system actors is critical to achieving behavioral change and lack of trust in these actors thwarts SBCC efforts.

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[1] System actors is used as a short-hand reference for a range of individuals who interact with communities, including elected and administrative officials, public service providers (e.g. police, educators, health professionals, etc.) and other local actors paid to undertake activities with communities and households, such as community health workers/volunteers.

This summary of key findings highlights some of the SBCC good practices that hold the potential of helping to restore trust and/or reinforce trust between system actors and that improve and sustain social and behavior change outcomes.

Promoting a Sense of Self-Efficacy: Change comes about when people feel that they can accomplish and sustain it. Placing them at the center of the planning, implementation, and evaluation of new practices contributes to the development of a sense of collective and self-efficacy. From a sense of personal and collective empowerment, a relationship of trust can more easily be established with system actors.

Leveraging the Power of Praise: Praising individuals and communities for adopting new behaviors and practices that lead to positive results can increase overall impact. This can be seen, for instance, in clinic workers praising mothers for the nutritional practices that lead to infant growth and weight increases. Community members themselves can acknowledge their accomplishments and praise each other, for example, for having adopted new farming methods that have led to greater nutritional yields.

Branding the Messages: In creating a national brand for a SBCC intervention, campaign designers seek to foster a nationwide identification with the effort to achieve behavior change goals. A branding exercise helps to reinforce the essential SBCC activities undertaken at the community level and keeps communication partners and other advocates of behavior change "on message."

Building upon Existing Values and Social Norms: When messages that advocate for broad social and behavior change draw upon existing social norms and values in communities, it is easier for communities and individuals to trust the message and the messenger and then to adopt new behaviors and practices.

Capitalizing on Existing Networks: SBCC studies caution against viewing behavior as essentially individual, or within households analyzed as discrete units (intra-household). That is because this may unduly constrain one's ability to understand behavior as collective and shaped through inter-household influence at the community or local level. Influencing behavior change within existing social networks often means having insiders within these social networks—people who are trusted—buy into a proposed behavior as well as promoting and modeling it. Such insiders may be early adopters of the proposed behaviors, faith leaders, and/or positive deviants who have spontaneously practiced the desired behaviors.

Assuring Visibility of Government's Role in SBCC Campaigns with an International Dimension: If SBCC efforts are part of an international campaign, it is important that the role of local government be visible. It cannot be assumed that communities will either diligently espouse global goals or necessarily oppose them, and a result it is important to assure the development of trust in an intervention resonate at all levels of the intervention. This includes visible buy-ins by system actors as well as local communities.

Engaging the Private Sector: Public health SBCC campaigns have at times mobilized the private sector to obtain support for activities. Companies are often motivated to promote SBCC activities in communities where they have investments, but they can also be encouraged to promote these activities on a national scale. Both small and large businesses have been important contributors to the fight against infectious disease, irrespective of whether they work independently or partner with international organizations, national governments, or non-governmental organizations.

Deploying Schools as Vehicles for SBCC: Schools are proven potent vehicles for SBCC among students and with the community at large. Numerous health interventions attest to this, including Water, Sanitation, and Hygiene (WASH), HIV/AIDS, and malaria prevention. School systems can also be harnessed for conflict prevention and resolution as well as peacebuilding. Investment in school-based SBCC interventions may hold some potential for countering violent extremism and recruitment by armed groups.

Learning from the Community through Formative Research: The community participation principle also applies to the formative research carried in the form of a dialogue out to help design SBCC interventions. The researcher listens to community members to identify and build on existing positive behaviors. The next step is to identify existing values, beliefs, and social norms that can often be used to advance the adoption of desired behaviors, and to encourage communities to identify barriers to change and ways to overcome them.

Promoting Community Participation in SBCC Intervention and Service Delivery: When system actors—elected officials, appointed officials, service providers, etc.—work collaboratively or achieve shared leadership with a community, this can lead to better SBCC results and cost-effective, sustained transformations.

Promoting Community Empowerment in Post-Conflict Settings: Community capacity building in post-conflict settings is critical to improving SBCC interventions and outcomes, helping to restore trust in system actors. The weakness of these community-based participatory systems can be viewed as part of the unfinished business of the post-conflict reconstruction effort.

Cultivating Local Leadership through Community-based Planning: Community participation in planning and exercising leadership promotes self-efficacy and the confidence to adopt new behaviors. Key to this planning is the provision of "crystal-clear" direction. If someone is involved in planning the steps, e.g. a local community leader, the direction tends to be clearer. It is vital that SBCC activities focus on working with these individuals, their social networks, and larger communities in identifying the steps that will lead to the desired results.

Extending Culturally-Effective Formats to the Broadcast Media: The use of traditional mass media (radio and TV) for the scale-up of behavior change in Africa has been ubiquitous. The vast literature shows that the general principles of community participation (using interactive formats such as call-in shows, interviews, and panel discussions) may have greater impact than unidirectional messaging, in part because of the cultural resonance of these interactive formats. When system actors participate in interactive media formats, this creates an opportunity for the listening public to hold these actors accountable for performances. Further, the use of dialogue in communication establishes a relationship capable of enhancing trust, particularly if the on-air personalities listen and express empathy and concern.

Promoting Empathetic/Effective Interpersonal Communication: Top-down, unilateral messaging from system actors—public officials, health officials, etc.—are often ineffective, and in crisis communication can easily backfire. When system actors express empathy, concern, and compassion, the effectiveness of their communication is improved.

Optimizing the Use of Community-Based Media: Local radio stations, whether community, religious, or commercial, typically have a strong impact on audiences because community members normally perceive a local station as their own, thus increasing the trust factor and giving credibility to the messages.

Deploying Culturally Appropriate Communication Formats: The use of culturally appropriate motifs and methods can enhance the effectiveness of government-led SBCC efforts. In African countries, culturally-centered communication approaches often include storytelling, puppetry, proverbs, visual art, drama, role play, concerts, gong beating, dirges, songs, drumming, and dancing, many of which have been effectively deployed in HIV/AIDS SBCC interventions.

Using Community Monitoring of Public Service Provision: A community participatory approach to monitoring has led to significant behavioral changes that improve educational and health outcomes, and active community monitoring/oversight improves the quality of service delivery. Further, it can also create conditions for improving citizen trust in government and enhancing the legitimacy of the state and its actors.

I.   INTRODUCTION AND BACKGROUND

This study presents to the reader many of the frequently-used practices from the SBCC field. The goal is to inform USAID programming about SBCC approaches that can be used to address African development challenges across sectors. The SBCC approaches and methods presented here can contribute to the design and implementation of interventions that can better overcome distrust in state-society relationships.

The research for this analysis sought to focus on SBCC led by African governments, often in partnership with NGOs, bilateral donors, and international agencies. Nonetheless, in order to compile good practices in the field, it became important to consult the SBCC literature that analyzed projects led by **bilateral donors such as USAID** in partnership with private organizations, in addition to those that depended on international NGO support. The goal is to identify **SBCC practices** with the potential of **improving state-society relations** and to promote their use in **government-led interventions**.

Improving the state-society relationship can produce significant developmental dividends. Disasters, epidemics, and security crises result in much higher mortality levels in countries suffering from poor governance and distrust both of external actors and national and local governments. In countries such as Nigeria and Mali, the devastating effects of violent extremism are magnified in areas where trust in the national government has been eroded and citizens are unable to engage effectively with their leaders. **Disaster risk reduction** programs are undermined by poor citizen engagement—a major shortfall in the Horn of Africa, the Sahel, and Southern Africa where natural disasters are a major threat to development. **USAID's programmatic responses can be strengthened by understanding how African governments can overcome this distrust, improve their perceived legitimacy, and manage communications.**

This cross-sectoral analysis has focused on SBCC approaches used in the development sectors **of health, climate change adaptation, agriculture, food security, and other sectors.**

II.   METHODOLOGY

To start, this study reviewed numerous articles published in the *Journal of Health Communication,* chapters in the *Handbook of Global Health Communication,*[i] and broad analyses of SBCC such as the Gates Foundation-funded *Social & Behavior Change Interventions Landscaping Study: A Global Review.*[ii] Additional follow-up was undertaken of the relevant references found in articles and chapters in these publications of influential SBCC best practice research findings. There was also

ample use of Google Scholar and Journal Storage (JSTOR) search engines to encounter SBCC literature on specific themes.

Also consulted in the literature review were assessments, evaluations, and recommendations published by bilateral donors such as USAID and the United Kingdom's Department for International Development (DFID) and several international organizations. The author also consulted with diverse experts who often provided copies of unpublished studies, referrals to published materials, and general insight into their experience with SBCC interventions. These consultations included an advisor to the World Bank on Rural Development in Mozambique; USAID personnel in South Africa and Morocco; and various Bureaus at USAID/Washington, including the Africa Bureau, the Economic Growth, Education, and the Environment Bureau, and the Bureau for Global Health; the Office of Maternal and Child Health and Nutrition, Research and Policy Division; the Office of Foreign Disaster Assistance; and the Office of Transition Initiatives.

The published literature on public health SBCC interventions generally adhered to one of three evaluative methods. First, published case studies often based findings on evaluations that contrasted baseline indicators with project outcome indicators. Second, at times, the public health literature focused on failures of interventions to achieve desired behavioral outcomes and then presented the lessons learned and improved practices that were implemented to overcome ineffectiveness; such studies tended to be observational rather than quantitative, which is a common approach advocated by SBCC practitioners.[iii] Third, there were studies based on larger-scale quantitative analyses such as those dealing with child survival and the global polio eradication initiative. Interestingly, literature based on each of these three types of evaluations uniformly highlighted the importance of **applying community-based participatory approaches to achieve behavioral outcomes.**

The author made considerable effort to identify studies of SBCC activities in **sectors beyond public health including policing and security, countering violent extremism, illegal wildlife trade, community resilience, response to non-health emergencies, interventions to overcome fragility,** and many more. Typically, such studies were based on observational and qualitative evaluations.

III.   GOVERNANCE WEAKNESSES THAT IMPACT SBCC EFFORTS

Whether and how governments lead and engage with citizens on issues that affect their daily lives can be critical for addressing development challenges across sectors. The key relationship between the state and society helps determine the success of interventions in **health, food security, conflict, economic growth, education and the environment.** For example, the state may play a crucial role in changing behaviors, from convincing farmers to shift away from traditional farming practices or crops, to encouraging hand washing or proper burial practices to protect public health. Conversely, when the state-society relationship is dysfunctional and fails to produce outcomes that are legitimate or effective, it contributes to state fragility and impedes development.

The literature on SBCC interventions is full of instances when **citizen distrust** of government and/or the international community and their motives has hampered government initiatives.[iv] **Corruption** can create, reinforce, and sustain such distrust of system actors, particularly local actors, due to the poor quality of public services, poor public input into planning/monitoring processes, and poor communication by these system actors.

DISTRUST UNDERMINING SBCC EFFECTIVENESS

Distrust particularly of public service providers and/or public officials contributes significantly to the failure of government interventions to promote behavior change among the public. This can be seen across sectors and across countries:

- A drought in the Western Cape province of South Africa that began in 2015 resulted in a severe water shortage in the region, most notably affecting the city of Cape Town. One assessment of the water crisis identified lack of trust in public officials as a factor in consumers' hesitancy to reduce water consumption. The assessment also indicated that a more participatory approach would have been more effective in getting consumers to reduce water consumption. The analysis indicated that trust could have been strengthened by a combination of factors, including honest, credible messaging when progress towards averting the crisis is demonstrated and understood, and when ordinary citizens, communities, and businesses are engaged in making a meaningful contribution.[v]

- During the 2014-2015 Ebola epidemic in Sierra Leone, people's distrust of the government and their experiences of corruption negatively affected perceptions of the government-run Ebola response system, contributing to the spread of the virus. The country—which had experienced a lengthy and devastating civil war—demonstrated that dialogue with communities had to be established to contain the epidemic.[vi]

- In southern Benin, small-scale farmers (who had to rely solely on government field agents for advice on how to adapt their agricultural techniques to the challenges posed by climate change) generally **disregarded** the advice of government field agents. The farmers perceived all local state agents as corrupt and more interested in their income and personal development than in the rural communities' overall welfare. This distrust undercut the resilience of these farmers in overcoming the challenges of climate change.[vii]

- In Angola, during the 2016 yellow fever outbreak, resistance to vaccination occurred in communities in Huambo Province that had been a historic stronghold of the former rebel movement and present-day opposition party, the National Union for the Total Independence of Angola (UNITA); distrust of the party in power, the People's Movement for the Liberation of Angola (MPLA), was high. Some community leaders initially refused to have their members vaccinated out of distrust for the government's motives. When a World Health Organization (WHO) international contractor explained that he was not part of the government and was in fact Mozambican, community leaders encouraged the local population go ahead and be vaccinated.[viii]

DISSATISFACTION WITH GOVERNMENT SERVICES SLIDING INTO DISTRUST AND VIOLENCE

- In 2001, violent resistance by youth to an anti-cholera campaign in Nampula Province, Mozambique, led to the killing of public health workers. Researchers sought to understand the reasons for violent resistance and found that unemployed youth saw no future for themselves and their actions had the tacit backing of their elders. In effect, the violence was a protest against authority figures—traditional chiefs, government officials, and NGO workers—who were **perceived as distant, arrogant, and, most importantly, not delivering public services.** The climate of distrust became so intense that when health workers tried to add chlorine to local water sources as a measure against cholera, local

youths believed that the health workers were poisoning the wells with cholera and, therefore, needed to be attacked, stopped, and in some cases killed.[ix]

FAILURE TO INCLUDE KEY STAKEHOLDERS

Lack of inclusion of local actors in planning and rollout of SBCC interventions can create conditions for opposition or disinterest to the intervention.

- The lessons learned from resistance to polio vaccine in Uganda are particularly well documented and hence illustrative of how resistance can develop. UNICEF, which is the lead organization for social mobilization within the Global Polio Eradication Initiative, conducted a major study of how to counter anti-vaccination rumors. The findings of the study, first published in 2001, helped to shape responses to anti-vaccination rumors in many countries. The study explained how in Uganda the planning process for National Immunization Days (NIDs) was centralized with minimal district input, resulting in omission of some crucial activities in certain districts, including health worker training. As a result, many health workers did not participate in the planning of the NIDs. Left out of the process, most of them did not support NIDs. According to the study, some health workers had doubts and misgivings and openly campaigned against NIDs. Local leaders were also not included in the social mobilization strategy, so that when anti-vaccine rumors began, they did not know about the benefits of vaccination and the need for blanket vaccination days and full participation.

  The information vacuum was easily filled in by rumors and expanded by at least two radio stations in different parts of the country. The public was particularly susceptible to rumors because the vaccination campaign came at the height of the malaria season; with HIV/AIDS raging in the country, this led to the public making an association between children affected by malaria and HIV/AIDS with the administration of the oral polio vaccine. At least one of the two radio stations that began reinforcing the negative rumors had previously aired programming critical of the national government on others matters, so the station owner appeared to have been predisposed to seeing government initiatives in a negative light.[x]

  In part, the failure to invest more in local advocacy and obtaining buy-in from local health workers might be explained today in terms of state fragility as Uganda was still recovering from its long and devastating civil war. In those districts particularly hard hit by rumors, it took **investments in the public health system that led to improved service delivery, as well as systematic engagement of local actors**—local health providers, workers, and volunteers—and influential local leaders to **regain the trust** of community members in the public health system.[xi]

- During the Ebola epidemic in Sierra Leone, **top-down approaches proved ineffective**, particularly the quarantining of people suspected of being infected with the virus and the collection of bodies of those who had died as measures to reduce infections. These approaches even provoked violent responses by the public to those in the public health system tasked with trying to contain the epidemic.

These efforts to contain the epidemic failed to address key infrastructure constraints, were culturally insensitive, and designed and implemented without buy-in and input from community leaders. This resulted in **general distrust** among community members, and, ultimately, underutilization, and underuse of these interventions that were designed to encourage the public to adopt prescribed behaviors.[xii]

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DISTRUST PREVENTING PROGRESS IN COMBATTING THE CURRENT EBOLA OUTBREAK IN EASTERN DEMOCRATIC REPUBLIC OF THE CONGO

According to an October 19, 2018 *Washington Post* feature story, "Why this strain of Ebola will be far more difficult to stop," distrust of national and international response to the Ebola outbreak —led by the Congo's Ministry of Health and supported by the WHO and other international organizations is hampering containment of the outbreak.

Since the outbreak began, local citizens have often been uncooperative and even resistant to outside assistance. There have been instances of people "actively fleeing" health workers, hiding symptoms of the virus and failing to abide by safe burial practices. In September 2018, responders came under attack when citizens threw stones at a Red Cross vehicle transporting a deceased Ebola patient.

Delivery of state services like health care and infrastructure development have been minimal in the Eastern Congo. The government claims to provide security through the national army. However, the population still remains fearful of Congolese national soldiers, and outside observers have identified the army as one of the country's main human rights abusers. As a result, citizens in the eastern part of the country have historically relied on themselves, while also contending with a central government that is either absent or ineffective. These feelings of distrust carry over to the national and international response to the Ebola outbreak.

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IV.   SBCC GOOD PRACTICES

PROMOTING A SENSE OF SELF-EFFICACY

Self-Efficacy: one's belief in the ability to succeed in specific situations or accomplish a task has long been established in the SBCC field as playing a major role in attaining the desired behavioral changes.[xiii] Studies have also demonstrated that the development of a sense of collective- and self-efficacy contributes significantly to **achieving desired, sustainable changes and greater resiliency in communities.**[xiv]

> Change comes about when people feel that they can accomplish and sustain it. Placing them at the center of the planning, implementation, and evaluation of the activities and practices that they will be adopting contributes to the development of a sense of collective- and self-efficacy.

When community leaders and members are involved in the planning and implementation of the interventions that promote behavior change, they can gain confidence by directing the change to achieve their objectives. This contributes to developing a culture of collective- and self-efficacy that derives from developing skills needed for adapting to the challenges of change.[xv]

A strategy review for USAID's Resilience in the Sahel Enhanced (RISE) reached similar findings. RISE is a project consisting of joint analysis and planning between USAID development and

humanitarian professionals in collaboration with a multitude of partners in Niger and Burkina Faso. The RISE strategy review underscored the importance of the experience of "self-organization" for farming communities and households in their capacity to "re-organize" their livelihood patterns themselves, to avoid repeated setbacks from ongoing stresses or potentially repeating shocks

The RISE strategy review argued that from this community capacity building perspective, developing organizational goals and planning strategies for change at the household and community levels can be as critical as adopting new livelihood techniques. The study asserted that this view is different from purely ecological conceptions of resilience as it is based on the recognition that humans have the ability to imagine a future and to plan forward. This capacity for **anticipatory behavior**, sometimes overlooked among poor and vulnerable populations, can be a catalyst for linking resilience efforts to long-term improvements in well-being.[xvi]

Also important is to give those adopting behavior change the opportunity to appreciate their successes through the witness and measurement of the positive outcomes, especially as they positively impact on their community of concern and care.[xvii] **Praise** is also an important motivator because it helps to enlarge the person and social group in relationship to both the objective and the task before them, thus increasing the ability to complete the task.[xviii]

System actors may act to reinforce this sense of accomplishment. Training system actors who interact with target groups should include modules in acknowledging accomplishments. This can be done through interpersonal communication or other forms of communication. Indeed, praising individuals and communities for adopting new behaviors and practices and achieving positive results can increase impact. This can be seen, for instance, in clinic workers praising mothers for the nutritional practices that lead to infant growth and weight increases. Community members themselves can acknowledge their accomplishments and praise each other, for instance, for having adopted new farming methods that have led to greater nutritional yields.[xix]

BRANDING THE MESSAGES

The primary objective of creating a national brand is to develop a nationwide identification with the effort to achieve the particular goals of an SBCC campaign. **Branding** a SBCC campaign helps to reinforce the activities undertaken at the community level and helps to keep communication partners and proponents of behavior change "on message."

Branding usually consists of adopting a unique logo, slogan, and/or musical theme like a jingle or a song to be used in diverse communication activities. The branded logo and slogan should be displayed on all printed materials associated with the SBCC campaign to promote identification with the campaign and its behavioral objectives. Unique musical themes or jingles can be used to introduce radio and television spots and programs that are carried out in support of the campaign; these help draw the public's attention to the messages that a campaign has to offer. Undertaking such tasks seeks to create positive associations and feelings about the campaign.

In Tanzania, the slogan "*Malaria Haikubaliki*" ("Malaria is unacceptable") over a logo of the map of the country under a net (and modeled on the national flag), alerted the public's attention to the importance of adopting behaviors. The goal of the *Malaria Haikubaliki* campaign was to challenge the social norm that malaria is part of everyday life and that nothing can be done about it. Good coordination ensured that every material

produced, whether by the central malaria program or by any partner, carried the logo and the slogan, and the mass distribution of long-lasting insecticide-treated nets (LLINs) over two campaigns increased recognition of the overall messages, according to research.

Campaigns to reduce or eliminate malaria often promote the singing of a national malaria song or anthem at schools or during community/religious-based gatherings, and distribute music videos through television and online outlets, such as social media.[xx]

In addition, branding may also consist of adopting an "**umbrella narrative**" about the full benefits to be accomplished by adopting behaviors promoted in the campaign. Again, drawing on the example from malaria, a broad umbrella narrative will give simple facts about the disease, achievements from participation, and emphasize malaria reduction and eventual elimination to benefit society, the economy and overall development. In the case of malaria, this broad narrative focuses on all of the **positive outcomes** for individuals, families, communities, farmers, businesses, etc. The Alliance for Malaria Prevention has included the development of an umbrella narrative as part of its forthcoming communication guide for universal bed net distribution campaigns, and **National Malaria Control Programs in Uganda, Mozambique, Liberia, Angola, and Sierra Leone** have included the development of an umbrella narrative as part of their communication strategy for national bed net distribution campaigns.

The preparation of a **factsheet** detailing the brand narrative and giving information about the reasons and the benefits that may be achieved is a valuable activity. Such a factsheet can be used for **1) advocacy with government officials, 2) engaging the private sector, 3) marshalling journalists/broadcasters to influence the public mind, and 4) trainings for community leaders.** Influential people, such as politicians, well-known media personalities, sportspersons, musicians and actors can operate as ambassadors, promoting the main messages. The factsheets help to get everyone talking literally from the same page and on message.

BUILDING UPON EXISTING VALUES AND SOCIAL NORMS

A **social norm** is basically a widely accepted belief about what is appropriate or good behavior. Social norms are informal understandings that govern the behavior of members of a society, and thus become self-reinforcing means of achieving social and behavior change. Social norms can be viewed as cultural products (including values, beliefs, customs, and traditions) that represent individuals' basic knowledge of what others do and think that they should do. That is why they are said to be self-reinforcing.

> When messages that promote social and behavior change reflect **existing social norms and values** in communities, it becomes easier for communities and their members to trust the message and the messenger and then to make the changes.

Formative research (discussed in section below: **Formative Research is Best Approached as a Participatory Process**) can help identify and build on the **positive behaviors** existing in communities. It can also be used to identify existing positive values, beliefs, and social norms that may already exist within a community; these can often be built upon to advance the adoption of **desired behavior change.**

For instance, a SBCC campaign to increase household acceptance of Indoor Residual Spraying (IRS) as a malaria vector control strategy in a region of Mozambique illustrates this. The project designers conducted formative research to identify existing values that messaging about the benefits

of IRS can target. Research uncovered deep-seated **traditional values** about creating a better future for the next generation. The campaign particularly targeted mothers, as research also indicated that mothers possessed a deep sense of pride in being a mother and the sacrifices that this entails. Mothers' aspirations for the future were educational and economic and motivated by a desire to improve the quality of life of their families. Informants also indicated that there is a widespread belief that the loss of life of an adult, including one's own life, is more acceptable than the loss of a child who has not been able to more fully live life. As one informant put it, "I've lived enough, but the young haven't lived enough."[xxi]

In another example, the introduction of **new social norms** in the Democratic Republic of the Congo around issues of hygiene and housekeeping had positive outcomes in the adoption of more hygienic behaviors. Researchers noted that they regularly heard from household members in Kinshasa a publicized message that had been promoted by the campaign, namely "It is important to have clean latrines so that visitors see that we are a 'good family.'"[xxii]

In situations where prevailing social norms counter SBCC objectives and thus need to be challenged, it is possible to **appeal to other existing values** more supportive of the SBCC objectives in order to provoke a reassessment and adoption of new behaviors and practices. A WHO report addressing the problems of violence from a health perspective described the efforts of a South African project known as Soul City. The project combined prime-time television and radio dramas with other educational activities to challenge the very serious problem of domestic violence. The project drew upon existing social norms about **good parenting** to encourage better parenting by promoting more constructive communications and relationships between parents and children. The project also encouraged parents to be positive role models for their children.[xxiii]

There have been numerous efforts to appeal to positive values and social norms in various faith traditions and to counter negative behaviors and practices. One group that is dedicated to drawing upon the positive values of faith traditions to counter negative behaviors and practices is the **Joint Learning Initiative on Faith and Local Communities.**[xxiv] It has teamed up with UNICEF to determine best practices from an SBCC perspective in empowering faith communities to improve the health and well-being of children in areas such as maternal and child health, gender-based violence, female genital cutting, family planning, and delayed marriage for girls. A common approach that has been deployed is to have faith leaders themselves compile citations from their sacred texts that support the SBCC objectives, and these references become part of the outreach to faith leaders and faith community members.[xxv] The section below on Capitalizing on Existing Social Networks describes successful efforts at mobilizing religious groups for SBCC.

CAPITALIZE ON EXISTING NETWORKS

Mobilizing Communities Rather Than Individuals: The SBCC literature acknowledges the importance of accessing the social networks that 1) create and reinforce attitudes, beliefs, social norms, and narratives, and 2) influence behaviors and the practices of members within the group as well as their perceptions of others including system actors, such as service providers. As a result, it is important not to view behavior as essentially individual, or within households analyzed as discrete units (intra-household), as this may unduly constrain one's ability to understand behavior as collective and shaped through inter-household influence at the community or local area level.

Influencing behavior change within social networks often means having **insiders** within these social networks who support a proposed behavior. This requires identifying members who can act to become change agents by adopting and modeling the proposed behavior and encouraging other

members of their social network to adopt new social norms, behaviors, and practices.[xxvi] Communities themselves may be able to identify respected persons who are likely to become effective change agents.[xxvii]

Entering a community and determining from its greater members the **influential personalities** within the group is a common technique used to discover likely change agents. Candidates for playing the role of influencers or early-adopters within social networks often include religious leaders, leaders of community-based organizations including women and youth groups, traditional healers, and traditional leaders. This type of inclusiveness is a key to many successful SBCC campaigns.[xxviii]

> Engaging influential persons within a community to become advocates of behavior change helped to give community members the sense that they have a voice and are heard. This type of **engagement through community meetings** helps community members feel that the government in which they are prepared to place trust is 1) listening to their voices and 2) responding to their preferences. Community-level engagement also helps to reinforce the SBCC goal of promoting **collective and self-efficacy.**

Assuring Visibility of a Government's Role in SBCC Campaigns with an International Dimension: If SBCC efforts are part of an international campaign, it is important that the role of local government be visible. It cannot be assumed that communities will either diligently espouse global goals or necessarily oppose them. It therefore becomes important to ensure that trust in an intervention that reflects international goals resonates at all levels of the intervention. This includes visible buy-ins by system actors and local communities.[xxix] A study of hesitancy to undergo polio vaccination in northern Nigeria indicated that some of the distrust of the vaccination campaign may have derived from the fact that national and local public leadership was lacking in the vaccination campaign. The eradication effort became viewed by some as a foreign imposition. More **visibility of government officials** may be a way of mitigating this type of disenchantment.[xxx]

One proven method to give visibility to government leadership at the national and local levels is to organize official campaign launch events over which elected and administrative officials preside. These are often celebratory events with other prominent figures being represented. It is important to try to include respected partisan leaders who may not be in power, so that the SBCC campaign is **broad-based, inclusive, and does not provoke partisan opposition.** Inviting the media to cover the events helps to assure that word gets out to the public. The discourse at the event should complement the campaign brand to insure consistency of messages.

Modeling Early Adopters: Early adopters are those who are the first to try a new practice or behavior proposed by an SBCC intervention. They may have done so because they may have more time or resources than others or may perceive of themselves as risk-takers and would be willing to change a specific behavior.[xxxi] One behavior change technique is to use these early adopters to encourage others to adopt the same practices and behavior. This is because the benefits derived from the early adopters are readily visible, tangible, and easy to understand.

Sometimes, the "early adopters effect" can occur spontaneously, as occurred in family planning in northeast Uganda. In interviews with women around the adoptions of new forms of family planning, participants spoke of beginning to observe the benefits of new methods of family planning among those early adopters. Younger women, in particular, emphasized this.[xxxii] This study stressed that for the early adopter method to be effective, it is important that the early adopters be part of a social network. This is to ensure that the behavior that is being modeled is by someone that others trust. In

this way, satisfied adopters of a new behavior can be encouraged to advocate similar behavior change to friends and neighbors who comprise their social network.[xxxiii]

A variant of the early adopter method asks leaders from communities (who have adopted effective new behaviors and practices) to explain to other communities the benefits that have derived from the adoption of new behaviors and processes, and the procedures and processes that the early adopter community undertook to achieve its gains. This can be a powerful means to promote new behaviors and give the confidence that the receptive community can achieve similar benefits.[xxxiv]

Discussion of an early adopter as a behavior change method largely focuses on the **health sector**, but may be an effective technique across sectors, perhaps including it in reducing violence. A behavior change method that has sought to encourage defections from the Lord's Resistance Army (LRA) in Uganda is reminiscent of the early adopter approach and may hold potential for countering other forms of violent extremism. A study on this communication campaign to undermine the LRA noted that existing combatants were **most receptive to messages from former combatants.** These former combatants were encouraged to speak directly to their friends in the bush on radio programs, and leaflets containing photos of recent defectors were distributed in such a way that they would be available to LRA members. The study advocated expanding this approach by featuring recent Ugandan defectors in "Come Home" campaigns, which sought to instill "homesickness" among LRA followers. The strategy advised that immediately after LRA members defected, new radio programs and leaflets should be produced with their voices and photos, and should include other practical and encouraging information, like where they contacted local communities, who received them, and what medical care they received. The study further suggested that such messages would undermine the claims made by LRA leader Joseph Kony that Ugandan authorities killed all defectors.[xxxv]

Capitalizing on the Persuasiveness of Positive Deviance: Like the early adopters strategy, the **positive deviance approach** is based on the observation that in every community there are certain individuals or groups whose **uncommon behaviors and strategies enable them to find better solutions** to problems than their peers, while having access to the same resources and facing similar or worse challenges. After identifying those who are positively deviant, research is designed to learn from these individuals—what practices they have adopted that helped them achieve given outcomes, and whether these practices can be adopted by other families.[xxxvi] These positive deviants are encouraged to help socialize, disseminate, and share these behaviors and promote their adoption by other community members.[xxxvii]

Positive deviance can be a powerful community-based approach that engages families and households to examine their health practices and re-imagine how to achieve better health. But the approach takes time because it works best as a collective exercise. Additionally, scale-up of positive deviance approaches has not been well-documented.[xxxviii] Nonetheless, the section below on **The Broadcast Media as a Means of Scale Up: Best Practices** gives examples of interventions that have used broadcast media to reach larger audiences, particularly by using "edu-tainment" approaches, which use entertainment to promote social and behavior change, and interactive formats to achieve a scale-up effect.

Mobilizing Faith Leaders: It is common for government-led SBCC campaigns to approach national, religious, and interfaith organizations to leverage behavior change. Religious organizations can motivate members of their faith communities to become change agents within their social networks. Mobilization of religious leaders on behalf of behavior change also holds the potential of **social norm innovation** through the projection of religious values in support of the prescribed behaviors.

The audience within the faith community that can be mobilized to exercise leadership as change agents is diverse. It may include religious leaders—imams, pastors, nuns, monks, and bishops; the faithful; service providers in religious health and education institutions; personnel in the religious media; and members of women's, men's, and youth groups, among others. Each of these audiences has a unique role to play in encouraging the adoption of specific behaviors.

In most African countries, national religious and interfaith groups have played critical roles in support of **public health SBCC interventions**. With funding from the World Bank and private foundations, the Nigerian Inter-Faith Action Association (NIFAA) supported government-led anti-malaria campaigns, training more than 20,000 faith leaders in the first 18 months of operation. The faith leaders supported the widespread distribution of bed nets, and in its campaign materials, NIFAA provided suggestions for preaching on malaria prevention and treatment as a way of encouraging healthy behaviors among congregations. According to the independent evaluation of NIFAA's World Bank-funded work, in locations where NIFAA faith leaders engaged in the fight against malaria, more than 50% of children under five had slept under a net the previous night. Notably in other areas that were not part of the NIFAA intervention but that were demographically similar, only 25.1% had slept under a net the previous night.[xxxix]

In Indonesia, the Government-led family planning intervention managed to attain its considerable impact by mobilizing Muslim religious leaders. The family planning program worked to obtain the widespread acceptance by Muslim religious leaders of the morality and necessity of family planning based on Islamic teaching. The task was daunting in that Indonesia culture valued large families, and this was often expressed in religious terms. But, through the effort of the premier national Islamic body, religious leaders succeeded in changing fatalistic attitudes about childbearing and in empowering couples to embrace the "small, happy, prosperous family" as a new social norm. The national organization developed informational materials for religious leaders that included the health risks of early marriage and childbearing—since religious leaders perform wedding ceremonies and could encourage young people to postpone marriage and childbearing. The national organization also funded the development of family planning materials to be used in Friday sermons and in women's Koranic reading groups. If questions arose over whether a suggested family planning practice would be acceptable to Islam, the program would consult with the Majis Ulaama, the advisory council of leading Islamic clerics responsible for providing advice through interpretation of the Koran. Whenever the national organization would hear of religious leaders who opposed family planning, they would meet and discuss family planning with the clerics in question.[xl]

Engaging the Private Sector: Public health SBCC campaigns have occasionally mobilized the private sector to obtain support for these activities. Companies are often motivated to promote SBCC activities in communities where they have investments and can also be encouraged to carry this out on a national scale. Both small and large businesses have been important contributors to the fight against infectious disease, whether they work independently or partner with international organizations, national governments, or NGOs.

In some countries, telecoms have also been important advocates of SBCC campaigns providing resources and free services, such as SMS messaging reminding people to sleep under bed nets every night to prevent malaria.[xli] In Senegal, BICIS Bank (BNP/Paribas) supported printing a popular children's comic book on malaria and airing spots/messages on the video screens in their branches, urging customers to sleep under nets every night.[xlii]

Inviting the private sector to join in an SBCC campaign appeals to action can be made directly to businesses or through business association memberships and service organizations. The appeal

must make the case why participation in a campaign is in the interest of their firms, the economy, and society as a whole. Some ministries of health already have cooperative memoranda of understanding with private sector firms that other SBCC campaigns can replicate.

There are good reasons for business professionals to respond favorably to requests that they get involved in SBCC activities. Many companies seek to practice what is known as good corporate citizenship. This is the belief that companies should embrace social responsibilities and not be solely focused on maximizing profits. Exercising social responsibility, businesses seek to develop a positive relationship with the society and community in which they operate by creating higher standards of living and quality of life, while still preserving profitability for shareholders. Many large companies have set up foundations to support social and health causes.

In approaching the private sector, it is important to remind business leaders of the goodwill they can generate with the public by fulfilling their commitment to good corporate citizenship. Business leaders will need to know how their support will be acknowledged during the campaign. Such acknowledgements may include company logos on campaign printed material or credits on video and radio public service announcements. A campaign's communication team may also work with a company to send press releases to journalists and news outlets to generate coverage of private sector support to the campaign or broader efforts towards reduction and elimination of the disease.

It is also worthwhile inviting private sector representatives to contribute to a campaign's communication planning because many consumer-orientated companies have ample experience in advertising and public relations, the knowledge of which may be transferable to a campaign, especially in its branding strategy and media spots.

Deploying the Traditional Media: Media institutions can be important vehicles for SBCC. Because of their significant role as key gatekeepers for disseminating information and as socializing agents, media institutions have a powerful impact in terms of **legitimizing behavior and social norms.** Messages conveyed through the mass media can affect motivations, cognitions, involvement, attitudes, and behaviors of the media consumer.

In many African countries**, radio** reaches a much larger proportion of the population than television. Radio can also be a **more cost-effective** method of disseminating information to the general population. **Television** is often more appropriate for **reaching urban populations** and **higher income households** that may be difficult to access through community meetings. Television is a particularly important medium for reaching populations in highly urbanized countries such as Angola and Nigeria.

Journalists with a national reach, moreover, can help in a campaign's branding objectives and magnify the reach of national figures championing the campaign. Local journalists and broadcasters who often have a profound knowledge of the cultural, religious, and political complexities in which they are operating can also be real communication assets to a SBCC campaign.

Typically, a government-led SBCC campaign will hold workshops or seminars to orient journalists and broadcasters in the behavior change issues, the messages to be conveyed, and the social norms that are being introduced, so that there are **consistent messages** across all platforms.

In all workshops and seminars, it is important to encourage participants to use effective programming formats and content that will help promote behavior change and the public's participation in registration and distribution. Such formats include call-in shows, interviews, and

panels with public health officials, respected public figures, leaders, and with ordinary people who practice the prescribed behavior. Generally, programming that will put a human face on the SBCC issues will be the most effective.

SBCC campaigns will often also contract media outlets to carry pre-packaged public service announcements in support of behavior change. In contracting a publicity agency for producing such spots or when producing a music video or a song, it is good practice to develop a creative brief that informs competing agencies and musical artists of the messages, production values, and languages that are to be included in the final products.

Deploying Schools as Vehicles for SBCC: Schools have proven to be potent vehicles for SBCC approaches among students and with the community at large. Numerous health interventions attest to this, including **Water, Sanitation and Hygiene (WASH), HIV/AIDS, and malaria prevention** through the promotion of what is called a culture of net use and for the distribution of insecticide treated nets.[xliii]

A case has also been made that school systems can be harnessed for conflict prevention, conflict resolution, and peacebuilding.[xliv] Investment in school-based interventions may hold some potential for **countering violent extremism** and recruitment by armed groups and for conflict resolution.[xlv]

In most African contexts, public schools provide the most extensive system of outreach to local people, providing all kinds of opportunities to come together as a community.[xlvi] Factors that can make schools effective vehicles for SBCC include the following:

> Key to the use of schools for promoting of **constructive social behavior** is a stable and high-quality education experience for the students, so that they feel that are getting something useful from the experience and feel that they are being respected. A good school experience can contribute to improved perception of the state. And the opposite is also true: a poor school experience can lead to the development of violent and destructive behavior.

- **Educators** are skilled and trained personnel located on site who can impart knowledge and **promote the adoption of prescribed behaviors**. In addition, in situations where educators enjoy a level of respect within communities, they are often invited to participate in community activities outside of the school structure.[xlvii] So, like religious leaders, educators may serve as social and behavior change influencers at community meetings/discussions. Educators may also be motivated to become behavior change influencers when they become aware how new behaviors may impact their schools. For example, when educators became interested in reducing malaria, either for improved community health or in hopes of improved school attendance and performance, the opportunities to make schools strong advocates for malaria prevention increased.[xlviii]

- There are ample studies that show that **school-age children can be engaged as change agents** with their peers and within their households and community.[xlix] A study of a school-based malaria intervention using a **participatory health education model** indicated that this intervention contributed to decreased malaria prevalence among both children and community adults, through the **improvement of knowledge and practices**. This strategy was then recommended as a complementary approach to standard malaria control strategies in West African countries where school health management systems have been

strengthened. School-based approaches are underway in several African countries, including outside West Africa.[l]

- School-based SBCC may also contribute to **improving the public's trust in system actors**. In a school-based project in Cross Rivers state in Nigeria bed net distribution through schools raised the visibility of both the education and health systems. The school-based system became an avenue for greater community participation in schools, the health system and local governance. Stakeholder meetings were held with local government figures and community opinion leaders. The net distribution was also described to parents at two regular monthly school Parent Teacher Association meetings and in class by teachers.[li]

- Community involvement in school governance, providing support and monitoring of performance through school support groups like parent teacher associations or governing boards appears to be a key factor to positive school outcomes. This attribute also heightens the impact of school-based SBCC interventions, as students and the community benefit from a school's capacity for effective behavior change. This has been the lesson learned from school-based WASH in Kenya, Ethiopia, and Somalia. In Kenya, girl school attendance increased significantly because of improved hygiene for menstruating girls. Strong community support in terms of construction of latrines and the raising of funds contributed to sustaining gains, even when government funding fluctuated.[lii]

It is also worth considering that where community involvement in schools is weak that policies and interventions designed to contribute to this involvement may be important in improving behavior change outcomes. This was a strategy adopted by the USAID-funded *Faisons Ensemble* in Guinea that sought to move the country from its fragile state to greater stability and resiliency. *Faisons Ensemble* worked with secondary school directors on management, helped to establish school development committees and student organizations, and publicized a code of conduct that promoted improved behaviors for school officials, teachers and students.[liii]

The opposite may also hold true, as a declining educational experience can lead to alienation and disenchantment with the state to deliver. This can lead to distrust in system actors and violent behaviors.[liv] In Cote d'Ivoire, for example, political actors took advantage of the deterioration of education services and increases in school fees to pursue schools as channels to spread ideologies and recruit youth for political violence.[lv] In Nigeria, Boko Haram first emerged as a peaceful protest by secondary school graduates against the corrupted and substandard school experience.[lvi] In situations in which educators are perceived to be corrupt, their influence is reduced as the community typically becomes distrustful of their positions or teachings.[lvii]

V.   COMMUNITY PARTICIPATORY APPROACH: SBCC GOOD PRACTICE

This study of social and behavior change communication interventions across sectors in various African contexts uncovered a consistent pattern of **superior outcomes for interventions with community participatory approaches**. Conversely, it also found **consistently poor outcomes and failures in top-down, unidirectional SBCC approaches that fail to sufficiently include local actors**. The **community participatory approach has proven effective** in achieving outcomes in **emergency settings,** even in **fragile contexts.**

There are, moreover, many examples of **community participation** in the monitoring of public service provisions via community bodies/committees responsible for reducing corruption, enhancing trust in system actors, and improving and sustaining behavioral outcomes, thus contributing to **community resilience.** Specific SBCC interventions have shown that community participation in formative research, design, planning, implementation, and monitoring builds community capacity, including a sense of self-efficacy, leadership, and organizational skills that help to sustain gains. Increased community capacity in areas of public health, for instance, also spills over into other areas of personal and collective well-being. **SBCC interventions in one sector may affect the capacity of community members to adopt new behaviors and practices in other sectors.**

Such **participatory approaches** also act as an antidote to factors that contribute to distrust in system actors and de-legitimization of the state. These factors include **corruption** on the part of system actors, particularly local actors, the poor quality of public services and lack of input into planning and monitoring processes by the public. Poor communication styles by system actors work to create, reinforce and sustain such distrust and need to be addressed in training designed to improve interpersonal skills.

FORMATIVE RESEARCH IS BEST APPROACHED AS A PARTICIPATORY PROCESS

Conducting formative research is standard procedure for informing SBCC activity design, allowing project designers to get more specific about priority practices, attitudes, beliefs, and other factors that prevent or facilitate target groups' uptake of new behaviors. The challenge is to take the knowledge of specialized experts derived from prior research and and transform it into the **community participatory model.** This amounts to moving from the unidirectional approach to the participatory approach—a process capable of informing both the community and the project designers.[lviii]

In their book on achieving change, Chip and Dan Heath advocate for the community-centered approach. They warn, however, against getting bogged down in excessive research and analysis, especially when it is top down in focus. They note that sometimes the solutions are already practiced in the community, and they advocate for positive deviant types of approaches, which was first propounded by Richard Sternim for improvements in child nutrition.[lix] Formative research can help identify and build on the positive behaviors existing in communities and to identify existing values, beliefs and social norms that may already exist within a community. These can often be built upon to advance the adoption of desired behavior change.

When research is approached from a position of learning from the community about its priorities and concerns, the community feels that it has voice and that government is listening to it. This helps to overcome the distrust that communities may have in system actors.[lx] A Feed the Future Guide on Nutrition Sensitive Agriculture advocates for such an approach. It notes:

> *They [community members] know what is stopping them from changing behaviors, and they want to improve their lives.* **We want the community to first teach us.** *Then, we can help facilitate the changes that they think are important.*

These changes might encompass, for instance, the physical and market environments that influence people's decisions and actions, but which might be outside their immediate control.[lxi]

COMMUNITY INPUT INTO PROCESSES AND PLANNING

There are numerous examples in SBCC literature of the failure of unidirectional, top down approaches and the effectiveness of approaches that engage community members to participate in the planning and implementation of the behavior change implementation. Top-down communications approaches typically inform audiences of what behaviors they should be practicing and what benefits they will gain. When interventions engage communities through community bodies/committees, these serve as a form of community capacity building that better enables individuals to overcome barriers to behavior change. Communities become empowered to find or create opportunities to improve the overall well-being of a given community as well as that of individual community members. This type of community empowerment or capacity building is also a critical component of resiliency in that it enables individuals, households and communities to effectively respond to many types of untoward events and adapt to change.[lxii]

> SBCC interventions should pretest communication materials developed from the formative research findings to ensure effective messaging for behavior change. These materials typically include message guides as well as printed and multimedia products. Pretesting normally takes place as part of a **Focus Group Discussion** consisting of a representative sampling of the target audiences and using accepted Focus Group Discussion techniques to solicit insight into the appropriateness of the messages.

A large-scale literature review of best practices in child survival approaches highlighted the paramount importance of community engagement as a characteristic of the best practices in virtually every sector. The child survival review concluded that programs working collaboratively or achieving shared leadership with a community can lead to behavior change and cost-effective sustained transformation to improve critical health behaviors and reduce poor health outcomes in low- and middle-income countries. Best practices suggest that the norms, level of cohesion, and self-efficacy that communities foster around new knowledge is most important for the behavioral transformations.[lxiii]   Similarly, studies of outcomes in polio vaccination support the "bottom up" community engagement approach as critical to overcoming vaccine hesitancy in diverse countries.[lxiv]

In a literature review of interventions designed to stop the illegal wildlife trade (IWT), much of it in Africa—it found that community-led interventions succeed in motivating community members to protect wildlife. This is achieved through simultaneously supporting communities' rights to benefit from wildlife resources and associated sense of ownership and seeking to increase the benefit they gain through doing so and minimizing the costs.[lxv]

The community interventions also fostered more efficient and powerful forms of enforcement by drawing on the energies and capacities of motivated community members as active partners in combating IWT. The review recognized the limitations to a "top-down" enforcement-only IWT strategy, concluding that such an approach can critically undermine approaches based on community empowerment, engagement, and benefit-sharing. The authors argued that diverse community-level approaches should and must be integrated into more effective anti-IWT responses. The study also recognized that incentives shaping community attitudes and behavior in relation to IWT and the conservation and exploitation of natural resources are shaped fundamentally by the incentives (financial and non-financial costs and benefits) accrued and culture, norms, beliefs, values, lifestyles, and cognitive factors. All these factors are best addressed as behavior change in a collective context.[lxvi]

An assessment of 15 alternative livelihood projects that were supported by international NGOs to enhance wildlife protections in Central African countries reached similar conclusions about the importance of community empowerment. Such projects led by local NGOs not only empowered local people but also allowed for the development of interventions that were sensitive to the local cultural context. According to the assessment, the local organizations are more likely to be familiar with the concerns of local communities, thereby increasing the likelihood that projects represent local priorities and can best serve their interests rather than imposing external values upon them.[lxvii]

Community participation in planning and its exercise of leadership promotes self-efficacy and the confidence to adopt new behaviors. Key to this planning is the provision of "crystal clear" direction. Often what looks like resistance to change is often simply a lack of clarity about the steps to take. If someone is involved in planning these steps, the direction is clearer. It is vital that SBCC activities focus on working with individuals, their social networks and larger communities in identifying the steps that will lead to the desired results. Equally important is emphasizing the effectiveness of those steps and communicating about what the communities need to do to be able to take those steps effectively.[lxviii]

Enhancing the capacity of communities to plan improvements that could benefit the collective can both provide the infrastructure needed for adopting the new behaviors and help to effectively promote the prescribed behaviors once the infrastructure is in place. In a USAID-funded intervention in Mozambique to develop and implement activities to improve the nutritional status of children, pregnant and lactating women, and their families, community planning activities were very beneficial. They gave communities a clear sense of ownership, worked to shrink the size of the challenge before a community, and encouraged a sense of collective- and self-efficacy. When nutrition and agriculture planning were linked, this seemed to engage more of the community, not solely the mothers involved in nutrition behavior change. Very importantly the communities were given planning tools that enabled the communities to plan the steps and the directions themselves, giving them a great sense of ownership over the projects and their future. This further gave them an ability to appreciate their accomplishments.[lxix]

> Finding **age equity** in participatory approaches will help insure that **youth**—a commonly marginalized group—in all its diversity can find voice and be listened to. **Youth inclusion** in participatory processes will likely prove critical to helping address the myriad of problems produced by the youth demographic bulge. Assuring a voice in the design and oversight of interventions can help ensure that their perspectives are represented. (Tesfaye 2016 and French 2014, see endnotes for details)

COMMUNITY-LEVEL GOVERNANCE BODIES: WHAT DO THEY LOOK LIKE?

The Sierra Leonean "institutions" that the government promoted to achieve the desired behavior change during the Ebola crisis are community development bodies known in rural areas as village development committees (VDCs) and in urban and peri-urban areas as community development committees (CDCs). Both types of committees have similar functions: CDC and VDC membership includes religious leaders, traditional leaders, representatives of community-based organizations (CBOs), women's and youth groups, community health workers/educators, representatives from the schools, local elected officials (councilors), and health facility management members.[lxx]

Setting up these development committees proved to be a much-needed innovation in local self-governance that achieved continuing resonance in strengthening community capacity. One report describes how in a village, community members would work together on Thursdays and Sundays to

implement the community action plan they had drawn up, which is proudly displayed on a notice board in the center of the village. After the Ebola crisis, they defined their initial priorities as an agricultural project to re-launch food production, a toilet block, and a scheme to encourage the continual practice of hand-washing as a safe-guard against Ebola and other infectious diseases. A village headman and chair of the VDC, Aboubakar Kamara, explained "This sort of VDC thing wasn't existing before." He says it was during the Ebola outbreak, which was declared over on November 7, 2015, that the community started to work together.[lxxi]

The CBOs that were established in Liberia and Sierra Leone during the Ebola crisis have remained active in the implementation of other interventions. In Liberia, the social mobilization and community engagement structures and processes that evolved to address the crisis were effectively reactivated to encourage positive community perceptions to routine immunization.[lxxii] In Sierra Leone during a 2017 bed net distribution campaign, a local advocacy and social mobilization strategy was adopted that took advantage of the **community participatory approach** that had been established during the Ebola crisis. Public Health Unit supervisors and councilors organized orientation sessions for the CDCs and VDCs in which committee members learned about the fundamentals of the campaign, the importance of adopting the behavior of sleeping under a bed net every night, and accompanying key messages that needed to be promoted within the community. In turn, the CDC and VDC members organized meetings with their organizations' community to promote participation with the campaigns. (LLIN Distribution Plan of Operation 2016) The continuing vitality of the various community-based organizations in Liberia and Sierra Leone justifies claims that **community-based approaches** can lead to sustainable change.[lxxiii]

In an assessment of a maternal and child health initiative in Mozambique promoting nutrition and agricultural improvements, the observed **success** of **nutritional behavior change** in various communities appeared very closely correlated to **the degree and quality of self-governance and leadership in the community**. An active and committed self-governance body and the existence of an agricultural association appeared to have contributed to the success of the community health volunteers both in educating community members about needed nutritional, hygiene, and sanitation practices and behaviors and achieving behavior change.

The assessment team discovered methods of **strong community engagement**. Project field staff typically entered a community and promoted the organization of a group called by various names, including health committees, in which other influential members of the community are involved. Often this "health committee" is part of a larger community organization, such as an agricultural association or farmers group as well as a *Conselho de Lideres Comunitarios* (Council of Community Leaders). In some communities, the leadership councils were established as part of a previous USAID-sponsored program, known as Strengthening Communities through Integrated Programming. According to community informants, the leadership councils were part of a system of **community self-government,** promoted as part of central government policy.[lxxiv]

CULTURALLY SENSITIVE MOTIFS IN COMMUNICATION

THE BROADCAST MEDIA AS A MEANS OF SCALING UP: BEST PRACTICES

The use of traditional mass media (radio and TV) for behavior change in Africa has been ubiquitous. The vast literature is highly suggestive that the general principles **of community participation,** which often means the use of interactive formats such as call in shows, interviews and panel discussions, may have greater impact than unidirectional messaging in part because of the cultural resonance of interactive formats.[lxxv] In addition, when system actors are accessible to audiences

through interactive media formats this communication approach fosters a relationship between the person on the air and the audience, especially in call-in formats. Both the on-air person and the audience can learn from each other. The system actors involved in governance can learn what is important for the audience. In addition, the interactivity creates an opportunity for trust building. During a SBCC campaign, training system actors on how to communicate towards the public's concern and empathy will increase the effectiveness of interactive formats in establishing trust.

Edu-tainment approaches have also been effective, ones that use entertainment to promote social and behavior change. Often edu-tainment approaches use dramas (in radio or TV or as shorter public service spots) which mimic real-life social dilemmas in their plots. These dramatic forms are designed to promote the discussion, questioning and reassessment of prevailing social norms that may run counter to the sought-after behavior change. This then creates openings for the adoption of new behaviors. The effectiveness of these broadcast dramatic approaches has been reported for interventions in diverse sectors. For example, it was used in a South African campaign to curb interpersonal violence such as bullying, gang violence, domestic violence, rape and sexual harassment;[lxxvi] or changing adolescent sexual behavior in Zambia as part of HIV/AIDS prevention.[lxxvii]

A 2015-2017 radio campaign in Burkina Faso focusing on child health combined the interactive and edu-tainment approaches to produce outstanding health outcomes. The project conducted formative research to understand how to develop the messages and target audiences and pre-tested the dramas for impact. Local community radio stations daily broadcast a ten-minute drama followed by 110 minutes of a phone-in segment five times per week. The project provided drama scripts to local radio stations which acted them out in the local language for broadcast. The points about child health raised during the ten-minute dramas were then reinforced by frequent airing of one-minute mini-dramas.[lxxviii] Through the interactivity, the community radio stations became a venue for community discussion.

Local radio stations (community, religious, or commercial) often have a stronger impact on audiences because the community perceives a local station as their own. This increases the trust factor and gives credibility to the messages. For example, the establishment of five community stations in South Sudan under a project implemented by Internews increased voter participation and educational opportunities for girls, while reducing gender-based violence and social conflict, according to survey results. An overwhelming majority of survey respondents believed that several desirable outcomes could be attributed to their local FM radio stations. Listeners identified strongly with their local station, frequently describing it as "their own." Tellingly, residents consistently used the word "light" to describe radio's effects, saying radio illuminated "the darkness."[lxxix]

Local radio stations often provide an opportunity to reinforce the public's relations with system actors and to hear from community leaders, which can foster trust in behavior change messages. For instance, USAID's SPRING project in Senegal uses a talk show format in which community members can call in. The talk shows promoted nutrition-related messages through live interviews with influential community members, health workers, and representatives from agricultural partner networks.[lxxx] The SPRING project in Senegal seeks to support and strengthen the range of private and nongovernmental stakeholders active in its target areas in support of the Government of Senegal's agriculture and nutrition priorities and policies by working through existing programs; however, it does not work directly with government facilities and systems.[lxxxi]

When system actors participate in interactive media formats, this creates an opportunity for the listening public to hold them accountable for performance, in addition to serving as an important

SBCC approach. The "dialogue as communication" approach establishes a relationship capable of enhancing trust if the ingredients of caring, listening and good performance are present in the exchange.[lxxxii] In a country like Rwanda (not particularly known for free political expression) radio stations, nonetheless, are playing a role in putting bottom-up pressures to hold public officials such as district health officers accountable for performance, even though this is not necessarily to the liking of the officials.[lxxxiii] As noted above, system actors such as local administrators, public health administrators, and traditional leaders may be not be experienced in answering questions from journalists or from audiences. They may require training, as occurred in Rwanda for hospital directors to help them learn how to handle the media and "avoid scandal."[lxxxiv]

However, if messages and the messenger are not conveying a sense of compassion or willingness to hear from and work with the public, the public may take on the role of adversary instead of a partner.[lxxxv] To minimize such occurrences, coaching or training in-studio guests in the appropriate messages and how to effectively communicate them on air are a worthwhile exercise, just as is training the broadcasters in the behavior change effort as well as in techniques that will make their performance empowering to the studio guests. Similarly, journalists and broadcasters may require training to shift the journalistic paradigm to one that aims to create a greater sense of personal and community ownership of any particular issue.[lxxxvi]

> During training workshops designed to improve the skills of local journalists and broadcasters covering a SBCC topic, **the inclusion in the workshop of local stakeholders** (such as public health officers, influential figures and others deemed important to promoting behavior change) can contribute to improved media outreach. It is possible to use the workshop format to create an improved working relationship between the stakeholders and the media, as well as to improve the stakeholders' skills in communicating with the public by simulating interviews, call-in shows and panel discussions as part of the workshop training.

The effort to use mass media in HIV/AIDS campaigns has shown that using appropriate communication strategies, local languages and cultural idioms are essential for achieving outcomes. SBCC effort has been shown to be more effective when they are developed and implemented through partnerships with stakeholders and local infrastructure.[lxxxvii]

Behavior change interventions often use media broadcasts in tandem with community-based dialogues and meetings to reinforce the messaging. In the case of Senegal's SPRING project, each month's theme on radio complemented the community videos that SPRING partners disseminated that month during women's group meetings, community meetings, and household visits.[lxxxviii] Radio programs have also supported community-based dialogues in Mozambique designed to curb risky sexual behavior, encourage testing and treatment, and promote greater empathy for HIV positive individuals.[lxxxix]

Another example used a women's and girl's health program in Nigeria aiming to discourage female genital cutting (FGC). It combined **community mobilization activities** with **media advocacy and mass media programming.** Discussions were facilitated with key opinion leaders and women's groups at the local level, as well as at larger-scale community events. Workshops were designed to increase parent's understanding of the health threat associated with FGC, to increase their self-efficacy to refuse pressure to perform FGC, and to increase perceived social support for FGC discontinuation.[xc]

The widespread use of broadcast media also represents an opportunity to brand the behavior change intervention in the public mind by adopting a standard music theme for all spots and programs. When the public hears the catchy, uplifting musical theme, they will automatically make a positive association between what they are hearing and viewing to their need to act.[xci]

CULTURAL FACTORS TO CONSIDER IN EFFECTIVE SBCC

The use of culturally appropriate motifs and methods can enhance the effectiveness of government-led SBCC efforts. Research confirms the importance of culturally-sensitive approaches to communication and learning.[xcii] In African countries, culturally-centered communication approaches often include storytelling, puppetry, proverbs, visual art, drama, role play, concerts, gong beating, dirges, songs, drumming and dancing, many of which have been effectively deployed in HIV/AIDs SBCC interventions. In Botswana, for instance, traditional proverbs were used to promote parental discussion with children about HIV/AIDS prevention in sexual behavior.[xciii]

The cultural appeal of interactive media formats – interviews, call-in shows, panel discussion, edu-tainment – derives from the **essential orality of many African cultures**. The Kenyan communication theorist, Malaika Mutere, has argued convincingly that oral modes of communication predominate in African cultures and that the learning experience improves with interactive communication. The dominant role of oral expression in African cultures also extends to the use of song and dance as effective modes of communication. The practice of call and response often seen in song and communal gatherings derive from the orality of African cultural expression.[xciv]

A music video—K O Palu—campaign in Cameroon that featured educational lyrics about malaria control, performed by popular Cameroonian artists illustrates the impact that song and music can have on behavior change. Soon after its launch in 2011, the distribution of the KO Palu anthem went viral immediately, with the song becoming popular across the whole spectrum: local radio and the music video appearing on local television, regional satellite stations, and even the diaspora-facing TV channel. The campaign also included Public Service Announcements featuring popular artists and athletes, and a telecom sent out messages tied to the music video reminding its subscribers to sleep under long lasting insecticide treated bed nets at night.[xcv]

The evaluation of the intervention concluded that approximately 298,000 additional adults (6.6% increase) and more than 221,000 of their children under five (12% increase) slept under a bed net because of the knowledge, motivation, and/or timely reminder provided by KO Palu NightWatch activities. The program cost less than $0.16 per adult reached, and less than $1.62 per additional person protected by a net. It should be noted that the K O Paul campaign was building on a universal LLIN distribution that also included including community participatory methods.[xcvi]

BENEFITS OF COMMUNITY MONITORING OF PUBLIC SERVICE PROVISION

Two separate experiments in Uganda of community monitoring of public service provision – in schools and health facilities – demonstrated that a **community participatory approach** to monitoring led to significant behavioral changes that improved educational and health outcomes. The heightened sense of ownership and empowerment that derived from community-based monitoring/oversight of these services appears to have reinforced the capacity of communities to adopt behavior change. It further contributes to help communities play a role in determining what behavior changes and reforms were needed for the improvement in outcomes.

The Ugandan school experiment was part of a randomized controlled trial. Findings indicated that a participatory scorecard whose content was determined by community members and teachers delivered more positive outcomes than the standard scorecards – whose indicators were determined by the Ministry of Education. The **participatory approach** prompted important behavioral changes, especially higher efforts by teachers, which contributed to significantly improved student performance. The participatory method also prompted higher efforts from community members that derived from a stronger sense of ownership among school stakeholders. Local politicians learned more about their country's education policies and what they could advocate for on behalf of their constituents; parents increased their support of schools by contributing to midday meals; and children found a forum to report teacher absenteeism and other factors that hurt their education. In the end, although the standard scorecard made little difference in school performance, the participatory scorecard improved attendance by teachers and students and helped raise student test scores.[xcvii]

In the case of community-based monitoring of primary health care providers, the effort led to large increases in utilization of services and improved health outcomes. In part, **positive changes in the behavior of health providers drove the improvements in health outcomes,** but **community confidence** in the provision of health services increased too, creating greater trust in the advice that they received and improving health care-seeking behavior.[xcviii]

In general, active community monitoring/oversight improves the quality of service delivery. There are other instances across sectors suggesting that **community participatory monitoring improves the quality and quantity of those services.** Further, it can also create conditions for improving **citizen trust in government** and **enhancing legitimacy of the state and its actors.** Providing communities and their organizations with tools to monitor budgets and expenditures or with reports with audit results may strengthen these community deliberative and watchdog functions. It may also contribute to improved perception of the state, a heightened sense of **self-efficacy**—a critical component of behavior change—and improved outcomes.[xcix]

VI.   CONCLUSION

This study of SBCC interventions across sectors in various African contexts found a general preference for **community participatory approaches** for achieving behavior change objectives and a significant literature on the weakness of SBCC approaches that are primarily top-down and unidirectional and that failed to sufficiently include local actors. In a sense, **effective SBCC begins and ends in the community-level.** Even when national SBCC campaigns occur, the messages that are projected at national levels must resonate at the local level. This requires investments in formative research to learn from the target audiences what values and social norms to appeal to.

Further, community leaders must be engaged and feel that they are full partners in the effort to improve the lives of community members. There are many situations in which participatory methods have been deployed to overcome distrust in system actors that has impeded the adoption of new behaviors. The lessons learned in ways to restore trust show a way forward for improving state/society relations.

This study has highlighted recognized **SBCC good practices** that have contributed to the adoption of desired change. Many of these practices have become commonly accepted for public health interventions. Assuring that these practices become more widely applied for programs in additional sectors will require the commitment to produce basic how-to tools capable of guiding intervention designers and implementers to apply these practices. **Training opportunities** will also be a valuable

component in the development of the skill sets needed for designing and implementing effective SBCC approaches. **Capacity building** will also likely mean including SBCC experts from the public health sector to assist in the design of interventions in other sectors, as a way of contributing to the transfer of such skills.

While this study highlights good practices that are found in the SBCC literature, the considerable variations on program settings, audiences and objectives means that intervention designers and implementers must take the good SBCC practices and adapt them to a given context. Having how-to tools, trainings opportunities and transferring of skills will contribute to effective adaptation of good practices to diverse program settings.

Henceforth, there should also be a commitment to producing intervention assessments that utilize rigorous evaluative processes based on quantifiable indicators that can validate the observational and qualitative assessments. The availability of rigorous evaluative findings across intervention sectors will help the SBCC field to continue to accumulate the lessons-learned and to evolve the understanding of best practices.

It is also recommended that USAID-supported interventions give visibility to government officials in their interventions, as a way of enhancing **the relationship between government officials and the target audiences.** Studies of public health interventions that mobilized communities, especially for achieving an international agenda, noted that the lack of visibility of government and administrative officials could hamper a campaign from achieving its goals. Assuring that government officials and administrators partake in outreach to the public will promote a sense of ownership of a behavior change intervention and build confidence that the projected benefits are in the interest of the community.

It cannot be assumed that government and administrative officials as well as other system actors have the necessary interpersonal communication skills to establish productive rapport with target audiences. Interventions seeking behavior change need to provide system actors with tools and interpersonal communication training that will help them stay on message and convey empathy and concern. Effective interpersonal communication helps to foster the perception that community leaders and community members are in more equitable relationships with those representing the state and is part and parcel of the process of enhancing the trust in the state. **When community members are listened to and respected and when they feel that they are being responded to, the behavior change adoption is more likely to occur.**

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