Capacity Strengthening
Country Programs Overview

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E-Learning Courses

ACROSS PLATFORMS: STRENGTHENING NETWORKS

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ON THE GROUND: CENTERS OF EXCELLENCE AT UNIVERSITIES

Albania  South Africa  Guatemala  Nigeria

COUNTRY PROGRAMS

Guatemala  Namibia
Overview of Country CS by Health Area

HIV
- DRC*
- Guatemala*
- Jamaica & The Bahamas
- Kenya*
- Lesotho
- Namibia*
- Nigeria
- Swaziland

RH
- Albania
- DRC
- Guatemala
- Kenya
- Malawi

Malaria
- DRC
- Ethiopia
- Kenya
- Mozambique
- Nigeria
- Limited TA to various other countries

MCH & other
- DRC
- Guatemala
- Namibia
Types of Country-Level CS

1. Strong CS/SBCC coordination with government
2. Tailored TA seated within government ministries
3. CS with local NGO partners
4. Long-term CS with MOH and NGOs
5. Combined TA and OD
6. Increased capacity of USAID missions for cross-sectoral SBCC

Country CS examples

1. DRC, Nigeria, Malawi, Swaziland
2. Swaziland, Malawi, Kenya
3. Jamaica and The Bahamas
4. Namibia
5. Mozambique
6. Guatemala
Typical CS Activities

- Assessing capacities and training MOH and partner staff in SBCC
- Supporting and coordinating Technical Working Groups
- In collaboration:
  - Developing national communication strategies
  - Detailing insufficient strategies with implementation guides
  - Developing national materials, message harmonization

Malawi Implementation Guide Model

- National Strategy and Policy Documents
  - Implementation Guidelines
    - Feedback & Revision
    - Zonal Orientation
      - District Action Planning
      - District Action Planning
      - District Action Planning
      - District Action Planning
    - Community Activities
Selected Results

Country CS-Indicators

- NGOs using SBCC framework: 169
- Gov. programs w/ SBCC approach: 73
- Strategies developed by TWGs: 63
- National materials developed: 401
Guatemala: Background

- Selected as a Global Health Initiative and Feed the Future country
- USAID/Guatemala’s Health and Education Office (HEO) taking an integrated approach across sectors
- USAID/Guatemala requested TA from C-Change to strengthen the capacity for SBCC among:
  - USAID/HEO staff
  - USAID implementing partners
  - Ministries of Health and Education
  - Universities
Why the Need for an Overarching SBCC Strategy for Western Highlands?

- People experience health as a continuous part of life
- Different programs tend to reach the same households through the same medium, competing for attention
Advantages of Integrating SBCC Programs

- Greater consistency and clarity in messages; less duplication of effort
- Greater efficiency and economies of scale
- Communication organized around households and communities, not around public health categories
- Interventions designed around health needs of audience life stages
Implementation Partners and Results

- MOH Central and Districts
- Overarching SBCC Strategy & Guide
- SBCC CS based on capacity assessment
- Online COP & Repository
- Center of Excellence courses
- Implementing partners
- Ministry of Education
- USAID
- Universidad del Valle Guatemala
Example: Namibia

- **Goal:**
  - To strengthen SBCC capacity through the government and NGOs in the context of the Global Health Initiative

- **IR 1**
  - Improve the quality of SBCC interventions of selected NGOs

- **IR 2**
  - Strengthen government national/regional SBCC components for public health services

- **IR 3**
  - Provide TA to MoHSS’s Primary Health Care Directorate on the design and implementation of a Health Extension Program
## Results of a 2008 SBCC Rapid Assessment

<table>
<thead>
<tr>
<th>Government</th>
<th>NGOs</th>
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<tbody>
<tr>
<td>• Efforts fragmented</td>
<td>• Lack of SBCC knowledge</td>
</tr>
<tr>
<td>• Outdated SBCC policies/strategies</td>
<td>• Passive messaging + low dosages to reach large population targets</td>
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<tr>
<td>• Passive messaging - mass media</td>
<td>• Lack of interpersonal communication materials</td>
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<tr>
<td>• No SBCC quality standards</td>
<td>• Lack of program specific SBCC strategies</td>
</tr>
<tr>
<td>• SBCC for HIV prevention not integrated into community-based primary health care</td>
<td>• Weak program supervision</td>
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<td></td>
<td>• Weak M&amp;E</td>
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SBCC CS with Government: Key Outcomes

- National HIV Prevention Technical Advisory Committee, Technical Working Groups in place
- Nine national, 1 regional SBCC strategies guiding efforts
- Three national SBCC campaigns implemented
- Nine new national interpersonal communication tools in use, linked to mass media campaigns
- SBCC quality standards agreed, tools developed
- Health Extension Worker program pilot integrating HIV into primary health care
10 Step Process and Tools used to Strengthen NGO Programs

1. Participatory assessment
2. Training SBCC
3. SBCC strategy development
4. Training M&E
5. TA/mentoring, baseline data collection
6. Develop IPC tools
7. Train in IPC methods & use of tools
8. Implement SBCC quality improvement w/ national standards
9. Review/update curricula
10. M&E TA, document social & behavior change
SBCC CS with NGOs
Key Outcomes

- Thirteen PEPFAR-funded NGOs with 32 SBCC program strategies implemented (general population and key affected populations)
- Nine new IPC materials/curricula integrated
- Quality Improvement process and tools implemented
- M&E Implemented
- Eighty-six NGOs involved in SBCC CS 1,367 individuals trained
- Several NGOs now primary recipients with large SBCC programs
9 Interpersonal Communication
Materials Developed and in Use

SOCIAL AND BEHAVIOR CHANGE
COMMUNICATION
INTEGRATED SESSION GUIDE
FOCUSING ON THE DRIVERS OF HIV/AIDS
EPIDEMIC
AGES 10-14 YEARS

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MOHSS Health Extension Program
Key Outcomes

- National Steering Committee formed
- Pilot designed, Himba area
- Service delivery and SBCC related to:
  - Mobilization, mapping, household census
  - First Aid
  - Maternal, neonatal, reproductive health
  - Child health and nutrition
  - HIV/AIDS, malaria, TB
  - Social welfare issues and disabilities
- Training and field materials completed and in use
- Thirty-seven HEWs trained serving 116 rural communities; 10,413 population
Lessons Learned

- Different countries need tailored CS programs based on existing capacities
- Long-term CS yields the most stable results
- A simple and systematic CS process is most practical
- Participatory approaches create ownership and use of strategies and materials
- MOH CS benefits from physical proximity of TA providers
- Integrated SBCC strategies need integrated systems to be effective