LEGACY BRIEF

Social and Behavior Change Communication in Uganda

IMPROVING COORDINATION TO ACHIEVE IMPACT AND SUSTAINABILITY

From 2013 to 2020, Communication for Healthy Communities helped the Ministry of Health and its partners revitalize coordination mechanisms, establish review processes, harmonize messages, and strengthen learning platforms.

Background

The Ugandan Ministry of Health (MOH) promoted mechanisms to strengthen the coordination of social and behavior change communication (SBCC) programs for more than a decade prior to the launch of USAID's Communication for Healthy Communities (CHC) project. A division now called the Health Promotion, Education, and Communication Department (HPECD) was mandated to coordinate SBCC activities and several structures were used to operationalize this mandate, including the National Behavioural Change Communication Working Group (BCC WG).

Despite these efforts, a 2013 assessment found that limited coordination continued to reduce the effectiveness of SBCC programs, resulting in conflicting messages and confusion among target audiences.[1]

CHC's own SBCC audit confirmed these findings and determined that limited technical capacity and operational standards impeded efforts to coordinate SBCC programs.[2] Few of the working groups (WGs) on specific health issues had terms of reference, and even fewer recognized how essential SBCC is to successful outcomes. Most lacked standard operating procedures or fixed meeting schedules, which made it difficult for partners to play a constructive role in coordination mechanisms. The priorities and timelines of different programs were often dictated by donors, so programs did not share a common strategic vision for SBCC. In addition, the clearance process for SBCC materials and messages was not well defined and was often ignored by implementing partners. A weak knowledge management culture exacerbated these problems and limited the ability of the HPECD to inventory, catalogue, and share SBCC interventions and materials.

A Kisoro District Health Management Team member leads a district SBCC coordination forum meeting.

Where we started

Prior to CHC, the coordination of SBCC programs was hindered by:

- Lack of clearly defined roles and operating procedures for working groups
- Unclear, lengthy approval processes for materials and messages
- Competing program priorities and timelines
- Limited knowledge management efforts

Approach

CHC developed and implemented a comprehensive approach to help the HPECD strengthen design and coordination mechanisms for SBCC at the national and district levels. The approach focused on four core strategies:

1. Revitalizing and formalizing mechanisms for coordinating SBCC programs
2. Establishing formal review and approval processes to improve quality
3. Harmonizing messages across implementing partners
4. Strengthening learning platforms to improve sharing of lessons

SBCC practitioners participate in a community of practice learning event in South Western Region.

Revitalizing coordination mechanisms

At the national level, CHC worked with the HPECD to redefine the scope, objectives, and composition of the National BCC WG and establish a schedule of quarterly meetings. As a result, the BCC WG is now composed of SBCC professionals from the HPECD, other departments of the MOH, the national disease control programs (HIV/AIDS, TB, and malaria), and partner organizations, including donor-funded implementing partners, UNICEF, and civil society organizations. The regular meetings of the BCC WG now focus on sharing implementation lessons, providing strategic guidance to SBCC interventions, and standardizing technical oversight. Meeting participants also address coordination issues, such as the design and review of messages, recommendations for communication channels, and balancing demand generation with available supply. In addition, CHC participated in the meetings of TWGs for specific health issues to identify emerging SBCC needs, provide targeted technical support to address those needs, and facilitate coordination with larger SBCC programs.

At the district level, platforms such as the district health management teams (DHMTs), district NGO forums, working groups on specific health issues, and coordination forums were identified and strengthened to promote coordination of SBCC programs. CHC worked with the HPECD to position district health educators (DHEs) as key district-level coordinators and provided them with ongoing training and mentorship to enable them to more effectively perform that role. Districts and their implementing partners were further supported to include SBCC activities in their annual work plans and to use data to plan and monitor implementation.

Establishing formal message approval processes

CHC supported the HPECD to develop standard operating procedures for applying quality criteria for SBCC tools and materials, empowering the BCC WG to review and approve implementing partners' SBCC interventions through a prescribed process. These standard operating procedures were institutionalized within the MOH to ensure that different thematic working groups adhered to the same process to

Quality criteria used to guide the review and approval of SBCC tools and materials

Five simple criteria were established to guide the review and approval of all SBCC materials produced in Uganda:

1. **Evidence-based** – Materials address national health priorities and are based on research and evidence.
2. **Audience participation** – Intended audiences are involved in the process of materials development.
3. **Stakeholder and technical review** – Materials are developed in consultation with and reviewed by relevant technical experts.
4. **Message clarity** – Messages are simple and direct, use plain language and short, uncomplicated sentences appropriate for the audience's level of literacy, and clearly state a realistic call to action.
5. **Design and layout** – Print size is appropriate, layout is clear and easy to follow, photos or illustrations stand out, and images are straightforward, simple, and culturally appropriate.

produce, review, and approve all SBCC tools and materials. A portal was created on the MOH website to provide implementing partners access to approved SBCC tools and materials.

> *"..Through those meetings we are able to leverage on the support, the technical support, technical strength of every player."*
>
> — Implementing Partner, CHC Partner Feedback Report

Harmonizing messages across partners

CHC and the HPECD supported several divisions of the MOH to standardize health messages and materials in six health areas: HIV, maternal and child health, nutrition, TB, malaria, and family planning. These standardized messages and materials helped ensure that implementing partners' SBCC interventions were aligned with MOH priorities and did not contribute to myths and misconceptions among target audiences. CHC also worked with the HPECD to develop a communication strategy that guided the design and implementation of an umbrella brand, "*Obulamu*?", or "How's Life?", which is a common greeting in Uganda. This brand was adopted by the MOH and is used to unite all SBCC messages and activities designed and implemented by the HPECD.

Improving exchange through learning platforms

CHC worked with the HPECD to organize national community of practice (COP) and learning events where implementing partners could share updates to improve coordination of SBCC programs and facilitate replication of best practices and promising approaches. Similar events were held at the regional level to further expand reach and develop linkages among SBCC practitioners. CHC assisted the MOH in organizing other events, such as national health commemoration days and data for decision-making workshops, to improve coordination and the sharing of best practices among implementing partners working on specific health themes or initiatives. Examples include events on reaching men with HIV testing services (HTS) and improving performance along the 90-90-90 HIV treatment cascade. CHC also partnered with USAID's Springboard Uganda to organize national networking events that engaged program planners from the MOH, implementing partners, UN agency staff, and journalists, as well as members of the public.

Results

A 2018 external evaluation concluded that CHC had succeeded in revitalizing the MOH's BCC TWG and had shifted its focus from evaluating the health content of materials to ensuring that standards for quality and coordination are being met.[3] This evaluation found that CHC support helped streamline the SBCC materials review and approvals process, an achievement that was highly valued by the MOH and implementing partners. The evaluation also found that CHC had improved SBCC program coordination across implementing partners by standardizing materials and messages and providing "seed copies" that they could easily adapt to their contexts, as needed.

By the Numbers – Improved Coordination of SBCC Programs

Indicator	2015	2016	2017	2018	2019	2020*
Percentage of health communication materials disseminated that have gone through the national standardization process	100%	100%	100%	100%	100%	100%
Number of collaborating implementing partners that disseminate nationally harmonized and standardized resources through their own communication activities	115	251	171	190	125	157
Number of collaborating partners that adopt one or more components of the integrated health communication strategy	115	135	242	208	199	118
Number of knowledge events implemented through CHC support/oversight	245	97	22	27	97	25
Number of external downloads of evidence-based knowledge products from the CHC-moderated website or cloud-based knowledge repository platform±	0	178	157	51	926	579

* Data only from October 2019 to March 2020 (1st half of FY2020)
† Platform launched in late FY2015

"Before [CHC], every partner would do its own thing and deliver. [Now]..it's an interagency mechanism, so the whole idea was for us to speak the same language and to help the MOH lead the effort."

— Key informant, CHC External Evaluation

Lessons Learned

CHC-supported efforts to improve coordination of SBCC programs in Uganda generated many lessons learned that could be used to guide future efforts:

- **Coordination mechanisms require continuous reinforcement to achieve impact and sustainability.** CHC has achieved major successes at the national level, but additional, ongoing effort is required, especially at the subnational level, where structures and the capacity to coordinate SBCC programs remain insufficient.
- **Coordination mechanisms buttressed by learning platforms have the potential to increase the cost-effectiveness of SBCC programs.** By linking learning platforms to coordination mechanisms, CHC and the HPECD were able to promote the dissemination and reproduction of approved SBCC tools and materials, allowing implementing partners to bypass the costly process of developing program-specific tools and materials.
- **Placing project staff in the regions helped ensure field support was timely and responsive** to the evolving needs of regional- and district-level coordinators and implementing partners. CHC maintained a cadre of regional officers who were responsible for facilitating technical support to and building the capacity of their counterparts in the DHE office and implementing partners.
- **Coordination mechanisms using technological solutions should be prepared to offer diverse options to ensure access for all staff.** CHC found that maintaining MOH and implementing partner access to traditional "desktop" online collaboration tools, such as Google Groups and e-mail listservs, required ongoing investments. Some coordination functions, such as sharing of work plans and updates, might be appropriately disseminated through mobile tools, such as WhatsApp groups, which require fewer data but also allow for file sharing.

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1. Knowledge Management and Communications Capacity. (2013) Behaviour Change Communication Responses to HIV/AIDS in Uganda: Synthesis of Information and Evidence to Inform the Design of Behaviour Change Communication for the Epidemic. Synthesis Report. Kampala: Knowledge Management and Communications Capacity.
2. Communication for Healthy Communities. (2014) Findings of an Audit of Strategies, Activities/Materials, and Implementing Partners in 2013/2014. Kampala: USAID Communication for Healthy Communities.
3. QED Group, LLC. (2018) USAID/Uganda's Communication for Health Communities (CHC): Evidence-Based Learnings and Strategic Recommendations. Kampala: USAID/Uganda Monitoring, Evaluating and Learning Contract.

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