



Integrated SBCC Programs

Case Study: Setting Up a Strong Coordination System to Support an Integrated SBCC Program in Egypt

Introduction and Background

Coordination and collaboration among stakeholders – at the national, district and community levels – is critical to the success of any social and behavior change communication (SBCC) program. It creates awareness of the scope of SBCC programs in a country to avoid duplication of efforts. It facilitates a process where communication materials are developed and reviewed based on quality standards, ensures health services and supplies are available once SBCC is used to generate demand for them (Lawson, 2013) and brings new partners together around shared goals.

In fact, a strong coordination system can serve as a lifeline for increasing the effectiveness of SBCC programs, particularly those designed to address multiple health issues or involve stakeholders looking to influence various health outcomes.

This was the case when, in 2003, the government of Egypt (GOE) set out to coordinate one of the first integrated health communication programs funded by the United States Agency for International Development (USAID). **Communication for Healthy Living (CHL)** was a multi-dimensional program intended to address behaviors around family planning and reproductive health (FP/RH), maternal and child health (MCH), infectious/non-communicable diseases and healthy lifestyles. CHL promoted “Healthy Families, Healthy Communities” in Egypt by personalizing messages about multiple health areas at the household level.

CHL was implemented by the Johns Hopkins Center for Communication Programs (CCP), in partnership with the GOE, Save the Children and Tulane University. The project ran from 2003 to 2010 and centered on three main objectives: 1) provide improved strategic information and coordination for effective health communication programs; 2) increase adoption of healthy behaviors and demand for health services; and 3) develop institutional, technical and financial sustainability to implement health programs



Nagwa Amr of SIS and Nahed Matta of USAID/Egypt discuss health priorities, 2003 CHL Strategic Planning Workshop

in the public, non-governmental organization (NGO) and commercial sectors.

By 2010, there was significant evidence that CHL helped to influence positive health outcomes in Egypt around RH, infectious disease control and smoking. At the core of CHL's success was a robust management and coordination system that leveraged existing strengths, resources and partnerships across public, private and NGO sectors.

Challenge

By the early 2000s, SBCC/health communication programs in Egypt operated mainly in a vertical fashion, but had the potential for the expanded coordination needed to implement integrated health approaches. For instance, the Ministry of Health (MOH) had an existing inter-ministerial partnership with the Ministry of Information (MOI)/ State Information Services (SIS) in the area of FP communication, offering the potential for extending cooperation to other health sectors. Internally, the MOH organizational service structure offered potential for the integration of different health sectors (e.g., FP, MCH and infectious diseases). In 2003, SBCC was carried out primarily by the GOE, to a

very limited extent by NGOs and almost not at all by the private sector.

The challenges to be addressed varied within each organizational context. For example, to expand cooperation between two autonomous ministries for integrated health beyond FP required new lines of inter-ministerial cooperation by multiple MOH section chiefs. Within the MOH itself, integrated SBCC programs – covering FP, MCH and infectious disease – required expanding beyond conventional vertical approaches in which each sector focused narrowly on its sectoral results. In addition, since each of the section heads were of roughly equal position, a higher authority was required to initiate and sustain the inter-sectoral coordination.

Response

The broad approach to building cooperation was to create a shared vision around a common goal, then engage the leaders with appropriate levels of authority to act upon it. This began by building support for the integrated health agenda among key stakeholders through one-on-one meetings with MOH representatives and their respective section chiefs. These individuals were selected according to whether they had the authority to direct staff and program resources toward (or away from) integration efforts.

Once the key leaders were aligned in a common purpose, the next step was to employ a participatory approach to engage the broader stakeholder community for their support and input. Specifically, activities were planned to secure buy-in, create alliances and develop a roadmap for the integrated campaign. In addition to this, training in SBCC skills and concepts was completed with stakeholders across multiple sectors to bolster their existing skills and ultimately create a stronger national system for supporting integrated SBCC programs. Overall, these activities, highlighted below, helped to lay the foundation for a functioning national coordination system and eventually the success of the CHL Project.

Strategic Planning Workshop

A three-day strategic planning workshop was convened in October 2003 with public, private and NGO stakeholders. A respected local research firm was invited to set the stage for an integrated platform by sharing evidence on the topics that would be addressed under CHL. By the end of the workshop,



Message and Materials Design Workshop, June 2004

the group had collectively developed a shared vision, determined the disease burden, identified health objectives and outlined the technical strategy for the program. The group also adopted an integrated family health model, which was carried out through the Life Stage approach. This workshop was also key to forming the basis for the program's technical coordination. As a follow up to the planning workshop, CHL met separately with the MOH and SIS to determine the specific content of the health messages.

Formation of the Executive Steering Committee

In December 2003, CHL obtained GOE agreement to form an Executive Steering Committee (ESC) under the MOH to oversee management of the integrated SBCC strategy. The ESC was convened under the authority of the MOH First Undersecretary, to whom all section chiefs (FP, MCH and infectious disease) were responsible and who, in addition, had the authority to invite representatives from a partner ministry, in this case the MOI. The ESC was responsible for identifying health priorities, developing annual work plans and budgets, approval of campaign messages and major research for the project as well as coordinating activities across sectors. CHL developed terms of reference for the role of the ESC chairperson and sector coordinators and provided support to quarterly meetings. CHL also provided technical assistance to smaller subgroups and coordination committees to focus on integrating messages and activities into all health sectors.

Training of Trainers for Family Health Communication

Based on recommendations from the 2003 strategic planning workshop, CHL organized a training of trainers for family health communication in 2004 to strengthen capacity among a core group of master trainers from the MOI/SIS, Ministry of Health and Population (MOHP) and its partner, Save the Children, on advanced training skills and the integrated family approach. These master trainers conducted step-down trainings to stakeholders at the local level.

Message and Materials Development Workshop

CHL also facilitated a 2004 message and materials development workshop with 31 stakeholders from the public, private and NGO sectors as well as USAID to develop specific family health messages and materials for the campaign. The messages and materials were based on the strategic objectives outlined in the 2003 strategic planning workshop.

Results

One of the goals of CHL was to ensure the GOE was strengthened in its SBCC leadership role. This entailed improved inter-ministerial coordination and integration within the MOH to enhance the effectiveness of its SBCC, leading to improved health outcomes among beneficiaries.

Another goal was to create a resilient national system for SBCC by establishing cross-sector partnerships and technical working groups that could continue beyond temporary institutional or leadership changes.

In the end, CHL successfully achieved these goals through the following activities:

- **Successfully established and maintained the ESC, which was the national coordinating body for the project**
 - » Used evidence-based MOH priorities to build a shared, unified goal and guide strategic communication
 - » Developed and coordinated a technical strategy for health communication addressing specific national priorities in FP/RH/, MCH, infectious diseases and healthy lifestyles
 - » Developed coordinated annual health communication work plans across two ministries and multiple sections of the MOH
 - » Coordinated joint work plans, budgets and implementation with other ministries and among multiple health sections of the MOH
 - » Managed production of communication

materials (media and print) for national use by the GOE

- » Pre-tested information, education and communication (IEC) materials
- » Monitored outreach activities systematically
- » Met on a quarterly basis to report on progress and obtain feedback from section directors
- **Successfully implemented a national coordination system, which laid the groundwork for a highly effective response to the Avian Influenza (AI) outbreak in 2006.**
 - » National partners were brought together under the MOH to form a national AI Communication Strategy. Following the precedent of the inter-ministerial MOH-MOI collaboration, the MOH established coordination with the Ministry of Agriculture to tackle AI prevention through SBCC. The mechanisms for planning, production and dissemination of materials that CHL had in place were put to immediate use to respond to the emerging AI threat on a national scale.
- **With important lessons learned from AI response, the MOH led a coordinated and strategic campaign in response to the H1N1 global pandemic alert in 2009.**
 - » The MOH took full advantage of the partnership with CHL to cooperate on a series of materials, and then took the initiative to extend many of those materials to achieve a widespread reach (see private sector partnerships below)
- **CHL staff provided technical assistance to increase MOH coordination with private and NGO sectors, initiating unprecedented partnerships on the strength of shared goals. These public-private partnerships supported communication efforts for the following:**
 - » MCH (e.g., a partnership with Proctor & Gamble that disseminated an important integrated health booklet to 10 percent of hospital delivery mothers in Egypt over a two-year period);
 - » RH (e.g., Femcare promotion for adolescent women);
 - » Viral hepatitis C prevention;
 - » Non-communicable diseases, including anti-smoking and breast cancer awareness/case detection;
 - » Avian Influenza; and
 - » Pandemic Influenza, for which firms like Roche and Reckitt Benckiser/Dettol directly

supported the MOH in the massive production and prevention of influenza prevention print materials that were disseminated throughout the country.

Application for Future Programming

- Create a shared vision and common purpose; identify and align the key decision-makers with the authority to coordinate across organizational boundaries and to lead in pursuit of the shared goal.
- Identify a local and respected independent research firm to present the health evidence at the initial stakeholder-planning workshop. This provides an objective lens through which stakeholders can coalesce around a set of common challenges.
- Create a forum/mechanism in which key stakeholders can participate in and guide the planning and implementation process.
- Once the coordination system is in place, conduct regular (i.e., quarterly) meetings to provide opportunities for continued dialogue among stakeholders and partners.
- Identify or create a secretariat or organizational grouping to lead the coordination system and determine whether that entity has adequate resources and the capacity to do so.



Message and Materials Design Workshop, June 2004

References

Johns Hopkins Center for Communication Programs (CCP). (2010). *Communication for Healthy Living (Egypt 2003-2010): Final Project Report*. Baltimore, MD: CCP.

Lawson, M. (2013). *Foreign aid: International donor coordination of development assistance*. Congressional Research Service. Washington, DC: Congressional Research Service (CRS). Retrieved from: <https://fas.org/sgp/crs/row/R41185.pdf>

www.healthcommcapacity.org



USAID
FROM THE AMERICAN PEOPLE

