A 360 DEGREE APPROACH TO
Social and Behavior Change (SBC)
FHI 360 uses a socio-ecological lens to view the complex interplay between individual, interpersonal, community, and societal factors that affect behaviors. We select interactive, participatory strategies to ensure a holistic view of people’s desires, needs, and barriers and facilitators to change.

Our work integrates best practices from disciplines such as behavior change communication, psychology, human-centered design, anthropology, behavioral economics, social marketing, and other behavioral sciences.

**EXAMPLES OF PROVEN PRACTICES**

**Theory-based Socio-Ecological Model** recognizes the relationship between people and their environment. It allows us to find tipping points for change.

**Small, Doable Actions (SDAs)** are behaviors that, though not ideal, are more likely to be adopted because they are considered feasible by individuals and are effective from a public health perspective when practiced consistently and correctly. SDAs have been developed for water, sanitation, and hygiene (WASH), nutrition, and malaria.

**Full Market Impact** leverages investments from commercial partners to expand the availability and affordability of health products and presents motivations for their update.

**OUR ESSENTIALS**

**ADVOCACY • AUDIENCE-DRIVEN DESIGN AND PROGRAM DELIVERY • BEHAVIOR CHANGE COMMUNICATION • BRANDING • CAPACITY STRENGTHENING • COMMUNITY MOBILIZATION DIGITAL AND SOCIAL MEDIA • INTERPERSONAL COMMUNICATION AND COUNSELING (IPC) SOCIAL AND BEHAVIORAL RESEARCH IMPACT EVALUATION • MULTISECTORAL SBC • RISK AND OUTBREAK COMMUNICATION • SOCIAL MARKETING PROVIDER BEHAVIOR CHANGE**

**Innovative, Interactive SBC Research Techniques** ensure a deep understanding of people’s needs and preferences. Participatory action research and media, ethnographic methods, value systems research, and commercial marketing techniques are some of our tools.

**Human-Centered Design** approaches are infused into all of our work and ensure that the audience is an integral part of intervention design, formative research, prototyping, and implementation.
GUIDING PRINCIPLES

Culture, social norms, and networks all influence people’s behaviors

People cannot always control the factors that determine their actions. Structural and other elements need to be addressed to change the status quo.

People’s decisions about health and well-being compete with other priorities. SBC solutions should reflect this.

People make meaning of information in their own context. Knowledge is only as powerful as its application.

People can be empowered to act on issues they care about. SBC solutions can help increase individuals’ skills and confidence.

Over 200 staff members provide SBC solutions in the U.S. and internationally in health, education, counter wildlife trafficking, environment, and civil society.

We are well-versed in HIV prevention, care, and treatment; reproductive, maternal, newborn, child, and adolescent health; malaria; WASH; nutrition and food security; gender; avian/pandemic influenzas and other emerging pandemic threats; tuberculosis (TB); and consumer demand reduction for illegal wildlife.

Our donors have included international and U.S. organizations such as the U.S. Agency for International Development, the U.S. Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation, the World Bank, Johnson & Johnson, and Noble Energy.

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The Communication for Healthy Communities (CHC) project supports the Government of Uganda (GoU) and United States Government implementing partners to design and implement integrated SBC interventions to reduce total fertility, maternal and child mortality, malnutrition, malaria, gender based violence, HIV infections, and TB. The project uses innovative SBC approaches, capacity strengthening, and rigorous research, learning, and knowledge management strategies. Exposure to CHC campaigns resulted in increased odds for care seeking (child under five with a fever); TB screening; facility delivery; medical male circumcision; and condom use.

The Ghana Communicate for Health project seeks to improve the health and well-being of Ghanaians through mass campaigns and intensive capacity strengthening. The project supports the Ghana Health Service to increase demand and use of key health services and commodities, and foster healthy behaviors through evidence-based SBC interventions across priority health areas. The project refreshed the Ghana Health Service’s GoodLife, Live it Well brand and has reached an estimated 29 million people. It has also produced 26 episodes of the soap opera series, You Only Live Once, ensuring scripts were infused with GoodLife messages.

USAID Tulonge Afya takes an integrated approach to transform socio-cultural norms and support the adoption of healthier behaviors in Tanzania. As the country’s flagship SBC program, USAID Tulonge Afya is creating positive behavior change and increasing demand for health services related to HIV/AIDS, malaria, family planning and reproductive health, maternal and child health, and TB. Through its evidence-based, participatory approach, USAID Tulonge Afya addresses norms and inequities that drive poor health, uses data better to support regional needs, harmonizes messages and media, strengthens institutional capacity to manage and deliver high-quality SBC, and facilitates coordination.

Alive and Thrive (A&T) combines policy advocacy, IPC, mass media, and the strategic use of data to rapidly improve behavior change practices at scale. In its first four years, rates of exclusive breastfeeding (EBF) tripled in Vietnam and reached more than 80% in Bangladesh and Ethiopia program areas. Based on these early successes, A&T adapted and applied its approach to new geographies and technical areas, resulting in improved maternal diets in Bangladesh, and EBF rates in Burkina Faso. Now, A&T is working to strengthen systems and institutions to support sustainable nutrition policies, services, and SBC programs.

The Malawi Health Communication for Life (HC4L) project supports the Government of Malawi and strengthens national capacity to design, implement, and evaluate SBC interventions across multiple priority health areas. It does so to strengthen their capacity to coordinate and lead national SBC programming. HC4L also advances efforts to improve health-seeking practices and behaviors to improve the use of data for decision making. The project's approach is based on the hypothesis that if capacity to design, implement, monitor, and evaluate quality SBC interventions is built, then use of priority services and adoption of positive practices will increase.

The USAID Wildlife Asia Activity addresses wildlife trafficking by working to reduce consumer demand for wildlife parts and products, strengthen law enforcement, and improve regional action to end transnational wildlife crime in Southeast Asia and China. The consumer demand reduction component of this Activity is managed by FHI 360. Illegal wildlife trafficking combined with persistent demand is responsible for the drastic decline in endangered wildlife populations. Under the project mandate, demand reduction is focused on parts and products from four wildlife species – elephant, rhino, pangolin, and tiger. In Asia, the principal markets for these parts and products are China, Thailand, and Vietnam.