



# TRANSFORMATIONAL CHANGE THROUGH INTEGRATED HEALTH SOCIAL AND BEHAVIOR CHANGE PROGRAMMING: FHI 360's Approach

Since 2013, FHI 360 has advanced the field in understanding what works in the design, implementation, monitoring and evaluation of integrated health social and behavior change (SBC) programming.

In recent years, development programming has seen a shift from vertical or topic-specific programs to programs that address multiple related health or development areas. This shift represents an understanding of the multi-faceted nature of people's lives and the complex interrelationships between development challenges and their root causes.

FHI 360 defines integrated programming as “an intentional approach that links the design, delivery and evaluation of programs across disciplines and sectors to produce an amplified, lasting impact on people's lives.” In our SBC work, we strive to contribute to such transformational change through the advancement of quality integrated health SBC programming.

## OUR APPROACH to Integrated Health SBC



**FIGURE 1.**  
FHI 360's ADDED SBC Framework

### THEORY-BASED

FHI 360 applies its ADDED (Audience-driven Demand, Design, and Delivery) SBC Framework to address a range of individual, social, and structural determinants of behavior across health areas. The Framework represents FHI 360's behavior-centered approach to SBC as well as its emphasis on supporting positive social change.

### EVIDENCE-DRIVEN

Integrated health SBC programs require and generate large quantities of data and evidence. During design, FHI 360 applies its research expertise to collect and use evidence to inform our integration approach, behavior prioritization, audience segmentation, and SBC strategy development. Our programs use FHI 360's SBC Adaptive Management Framework to ensure data and feedback are routinely collected and applied to systematically strengthen program quality, identifying opportunities for innovation, pinpointing successes for scale, and responding to emerging priorities.

### CO-DESIGNED AND CO-DELIVERED

Through its ADDED approach, FHI 360 prioritizes what people and communities want and co-designs and co-delivers activities with them to address a range of complex SBC needs that cut across health areas. In doing so, we increase demand for essential products and services, move audiences from intention to action, support sustained change, and facilitate social action.

## INTEGRATION in Action



**In Tanzania,** the **USAID Tulonge Afya Project** promoted positive behaviors and transformed norms across six health areas. Using a life stage approach, we tailored activities and media to audience segments – not diseases, honoring the fact that people have different health issues, life priorities, and needs at different times in their lives. The project co-design two branded, integrated health SBC platforms: Naweza (“I Can”), which addressed the needs of adults during pregnancy, childbirth, and early parenthood, and Sitetereki (“Unshakeable”), which addressed the SRH and HIV needs of youth. Through harmonized mass media, social and digital media, community activities, interpersonal communication, and provider behavior change initiatives, these platforms contributed to measurable change in behaviors, including ANC attendance, facility delivery, ITN use, and modern contraceptive method uptake.

**In Malawi,** FHI 360 led the USAID-funded **Health Communication for Life Project**, which delivered evidence-based integrated SBC activities to improve health and wellbeing across eight health and development areas. The project strengthened the Moyo ndi Mpamba (“Life is precious”) national SBC platform and brand, enhancing media and activities to deepen engagement with audiences, and extending reach to over 13 million people.

**In Uganda,** FHI 360’s **Communication for Healthy Communities Project** led the development of an integrated, branded national SBC platform, Obulamu? (“How’s Life?”). Using a life stage approach, Obulamu? was used to unite previously siloed SBC efforts for HIV, TB, maternal and child health, family planning, nutrition, and malaria. Obulamu? was adopted by the Government of Uganda and continues to form the foundation of SBC efforts in country.

**In Ghana,** the FHI 360-led **Communicate for Health Project** improved the health and well-being of Ghanaians through integrated national-level mass media, coupled with intensive capacity strengthening. The project refreshed and enhanced the GoodLife, Live it Well brand to be the unifying brand for SBC in the country. Over the life of the project, GoodLife mass media programming reached close to 23 million people.



## NEW OPPORTUNITIES for advancing integrated health SBC

In **Ghana**, FHI 360 is partnering with the Ghana Health Promotion Division under the **USAID Accelerating Social and Behavior Change Project** to support the development, implementation and evaluation of integrated health SBC interventions at the national level, with intensified programming in northern Ghana.

In **Ethiopia**, through the **USAID Healthy Behaviors Activity**, FHI 360 is working to increase sustained adoption of key health and nutrition behaviors. Through an integrated SBC strategy, we will seek to move the needle on complex challenges, behaviors, and norms that have been resistant to change.

### PROJECT RESOURCES



Learn more about the Naweza integrated health SBC platform developed under the USAID Tulonge Afya project here: <https://reports.prb.org/breakthrough-research/usaids-tulonge-afya>



Read about accomplishments and lessons learned from FHI 360’s Uganda Communication for Health Communities project here:

<https://www.fhi360.org/resource/uganda-communication-healthy-communities-project-accomplishments-and-lessons-learned>



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