Question 3: *What types of social and behavioral (SBC) changes or outcomes are commonly sought within health system strengthening projects or interventions? How are SBC methods useful in creating behavior or norm change among government, private sector, and community health system actors? What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?*

HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Integrating Community Structures for Effective WASH Behavior Change: A Cross-Sectoral Approach

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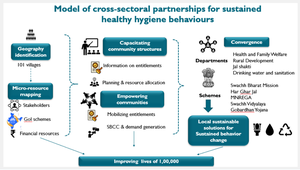
Context

In the backdrop of the global COVID-19 pandemic that has affected India, including Chhattisgarh, leading to significant loss of lives and impacting communities, there has been a heightened emphasis on two key aspects: a) the importance of healthy hygiene behaviors, particularly water, sanitation, and hygiene (WASH) practices, and b) the need to empower communities to bring about positive and sustainable changes at the local level. Responding to this increased focus, USAID support NISHTHA project project, implemented by Jhpiego, engaged a local NGO partner in Chhattisgarh to establishcross-sectoral partnerships for promoting sustained healthy hygiene behaviors through Social and Behavior Change Communication (SBCC) in 101 villages across two tribal and remote districts in the state.

The main objective of the project was to extend the reach and impact of healthy hygiene behaviors within targeted communities, ultimately leading to improved health and overall well-being. The project specifically focused on implementing SBCC components to enhance knowledge and attitudes regarding healthy hygiene behaviors, while also strengthening the capacity of existing community structures to plan and implement local-level initiatives related to Healthy Hygiene and COVID Appropriate Behaviors. This approach was chosen because it acknowledges that promoting behavior change goes beyond providing information and resources alone. By addressing social and behavioral determinants, such as knowledge, attitudes, and community norms, the project aimed to bring about sustainable changes in behavior and foster positive health outcomes. Additionally, the project aimed to empower communities, enabling them to drive change from within and ensure the long-term sustainability of the initiative.



Activity Description

The intervention model was implemented in Sarguja and Jaspur districts of Chhattisgarh, covering a total of 101 villages over an 18-month period. These districts were chosen due to their tribal population and the lack of adequate water, sanitation, and hygiene (WASH) facilities, leading to poor WASH infrastructure.

The primary goal of the model was to utilize existing community structures, such as local government bodies, self-help groups, and local NGOs, to implement social and behavioral change communication (SBCC) strategies. By engaging these community structures, the intervention aimed to enhance knowledge and attitudes related to healthy hygiene behaviors, ensuring long-term sustainability of these behaviors. The active participation of community structures was considered crucial in influencing and maintaining health hygiene behaviors for improved health outcomes.

A key step in the implementation process was conducting a detailed resource mapping exercise. This involved identifying and assessing the available government schemes and financial resources under different departments and programs. The objective was to leverage these resources to address the identified gaps and enhance the impact of the intervention. By fostering cross-sectoral partnerships, the model aimed to maximize the combined resources, reach a larger population, and amplify the overall intervention outcomes.

To achieve the desired outcomes, the program teams focused on capacity building and providing necessary support to members of the community structures. This included training, knowledge sharing, and ongoing guidance to enhance their effectiveness in promoting and sustaining healthy hygiene behaviors within their communities.

In summary, the intervention model in Chhattisgarh aimed to leverage existing community structures, conduct resource mapping for cross-sectoral collaboration, and provide capacity building support to community members. These efforts were expected to bring about social and behavioral changes at the community level, leading to sustained healthy hygiene behaviors and improved health outcomes.
The theory of change underlying this activity posited that by effectively utilizing SBC methods, targeting specific actors within the health system, and addressing the social and behavioral factors influencing behavior adoption, the activity would contribute to positive changes in health behaviors, leading to improved health outcomes and a more responsive health system.

Activity Impact

The project utilized social and behavior change communication (SBCC) strategies to enhance the capacity of community structures in promoting healthy hygiene behavior within the villages. These SBCC strategies aimed to provide evidence-based approaches for behavioral change and create demand for WASH services. Through community-based approaches, the intervention focused on improving the effectiveness of WASH service delivery by addressing gaps in the demand side. This was achieved by raising awareness, promoting acceptability, and addressing social norms related to WASH behaviors.
The SBCC strategy employed a multi-level approach that encompassed interpersonal communication, community mobilization, and advocacy. This approach aimed to strengthen social support and norms surrounding WASH behaviors, ultimately leading to improved WASH practices in the intervention areas. By harmonizing these communication and mobilization efforts, the project sought to achieve its objectives and drive positive behavioral changes.
The activity impacted multiple components of the health system, including cross-sectoral coordination, local ownership, and the behavior of health system actors. By promoting collaboration between various stakeholders, such as local government bodies, self-help groups, and NGOs, the intervention fostered cross-sectoral coordination. This enabled the pooling of resources, expertise, and knowledge from different sectors, leading to more effective implementation of WASH initiatives. Furthermore, the intervention capitalized on the availability of various government schemes and resources mapped during the project. The community was informed and empowered about these schemes, which enabled better utilization of resources for improving WASH infrastructure. This approach not only helped the community understand the importance and necessity of WASH resources but also empowered them to drive sustainable change in their communities.
The intervention also emphasized the importance of local ownership, empowering community structures to take ownership of the implementation and sustainability of healthy hygiene behaviors. By engaging and capacitating these actors, such as local government bodies and self-help groups, the intervention aimed to improve their understanding, skills, and commitment to promoting and maintaining WASH practices in their communities.
In terms of equity, the intervention focused on addressing the needs of tribal-dominated areas with poor WASH infrastructure. By leveraging existing community structures and resources, the intervention aimed to reduce inequities by ensuring that marginalized communities have equal access to information, resources, and opportunities for adopting healthy hygiene behaviors.
Regarding quality, the intervention sought to enhance knowledge and attitudes related to healthy hygiene behaviors among both health system actors and the community. This focus on knowledge enhancement and behavior change aimed to improve the quality of WASH practices and promote consistent adherence to recommended hygiene behaviors.
Overall, by integrating SBCC strategies and leveraging community structures, the project aimed to bring about behavioral changes among health system actors and community members. These changes, in turn, contributed to improvements in equity, quality, and resource optimization within the health system. The enhanced adoption of healthy hygiene behaviors and the utilization of government schemes and resources were expected to lead to better health outcomes, reducing the prevalence of waterborne diseases and promoting overall well-being in the project intervention areas.

Evidence

The program has achieved significant milestones in terms of multisectoral convergence and demand generation efforts. These accomplishments include:

- Construction of Handwashing Units: Handwashing units have been constructed at schools and households, promoting proper hygiene practices and ensuring access to handwashing facilities.
- Community Toilets: The program has facilitated the construction of community toilets, addressing the sanitation needs of the communities and improving overall hygiene conditions.
- Village-level Committees: Village-level committees have been established or reactivated, enabling community participation and engagement in WASH-related decision-making processes.
- Water Testing Committees: Committees dedicated to water testing have been formed, ensuring the quality and safety of drinking water sources.

Furthermore, the program has successfully conducted sensitization activities, reaching a significant number of individuals. A total of 65,581 community members representing various community structures have been sensitized, equipping them with knowledge and awareness to drive behavior change.

Facilitators

The successful implementation of the cross-sectoral model can be attributed to several factors related to the health system, context, and external partner support. These factors include:

- Support from USAID: USAID provided financial support for the cross-sectoral model, which played a crucial role in enabling the implementation of activities. The funding support allowed for the necessary resources, capacity-building efforts, and community empowerment initiatives to be carried out effectively.
- Existing Community Platforms: The intervention leveraged existing community platforms such as those under the health department, Panchayati Raj Institutions (PRI), and the Jal Jeevan Mission. These platforms served as important mechanisms for bringing about convergence and leveraging funds from different sectors. By utilizing these existing structures, the intervention was able to enhance coordination, pool resources, and maximize the impact of the activities.
- Contextual Relevance and Local Partnerships: The cross-sectoral model was co-designed with government stakeholders and local NGO partner Samarthan. This approach ensured that the intervention was aligned with the local context, taking into account the specific needs and challenges of the target population. The involvement of government stakeholders and local partners provided valuable insights, expertise, and support in implementing the field activities effectively.
- Formal Approval and Government Support: The intervention obtained formal approval from the Health Minister, and the launch event included the participation of senior officials from the health department. This government support and endorsement provided a solid foundation for the intervention, ensuring its legitimacy and integration within the existing health system.

The combination of financial support from USAID, the utilization of existing community platforms, the contextual relevance of the intervention, and the formal approval and support from government stakeholders were key factors that contributed to the success of the cross-sectoral model. These aspects facilitated effective implementation, collaboration, and sustainability, leading to positive outcomes for the targeted communities.

Challenges

During the implementation of the activity, the team encountered various challenges that affected their progress. Some of these challenges were expected, while others were unanticipated. The key challenges they faced included:

- Limited Community Awareness of Government Schemes: There was a lack of awareness among community structures about the available government schemes and funds for creating WASH facilities at the community level. This hindered their ability to access and utilize these resources effectively. To address this, the team conducted targeted awareness campaigns and capacity-building sessions to inform and educate community structures about the available government schemes and funds.
- Lack of Convergence between Departments: The team observed a lack of coordination and convergence between different departments working on WASH. This posed challenges in streamlining efforts and maximizing resource utilization. To overcome this challenge, the team facilitated regular meetings and forums where representatives from different departments could come together, share information, and align their activities to ensure better coordination and collaboration.
- Limited Community Ownership for WASH: There were challenges in fostering a sense of ownership and responsibility among community members towards WASH initiatives. This lack of ownership affected the sustainability and long-term success of the interventions. To address this, the team implemented community engagement strategies, including participatory decision-making processes and empowering community structures to take ownership of WASH initiatives. They emphasized the importance of community involvement and encouraged their active participation at every stage of the activity.
- Limited Tools and Understanding of Community Structures: Community structures had limited access to tools and resources for village planning and resource mapping related to WASH. This hindered their ability to effectively plan and allocate resources for WASH interventions. To overcome this challenge, the team provided training and capacity-building sessions to community structures, equipping them with the necessary tools, knowledge, and skills for village planning and resource mapping. They ensured that the community structures had a comprehensive understanding of the tools and their importance in achieving WASH goals.

To address these challenges, the team adopted a proactive approach. They regularly assessed the challenges and their impact on the activity implementation. Based on these assessments, they developed tailored strategies to mitigate the challenges and improve their progress. Through continuous monitoring, feedback mechanisms, and adaptive management, they were able to respond effectively to the challenges and make necessary adjustments to achieve their goals.

Lessons Learned

- Importance of Contextual Understanding: A comprehensive understanding of the local context, including community dynamics, cultural norms, and existing health systems, is crucial for successful implementation. This understanding helps in tailoring the approach to address specific challenges and leverage existing resources effectively.
- Building Partnerships and Convergence: Collaboration and convergence between different stakeholders and departments are essential for maximizing impact and resource utilization. Establishing partnerships with government agencies, NGOs, and other relevant organizations enables cross-sectoral coordination and the pooling of resources for better outcomes.
- Empowering Community Structures: Engaging and empowering community structures, such as local government bodies, self-help groups, and NGOs, play a crucial role in ensuring sustained behavior change and ownership. Investing in their capacity building and involving them in decision-making processes strengthens their commitment and enhances the sustainability of interventions.
- Continuous Communication and Awareness: Effective communication and awareness strategies are key to driving behavior change and promoting community participation. Regular engagement with community members, utilizing multiple communication channels, and tailored messaging helps in creating awareness, building trust, and fostering positive behavioral changes.
- Monitoring, Evaluation, and Learning: Incorporating robust monitoring and evaluation mechanisms throughout the implementation process provides valuable insights for course correction, adaptation, and learning. It enables tracking progress, identifying challenges, and assessing the impact of the intervention on health outcomes.

Regarding explicitly incorporating SBC approaches within health system strengthening (HSS) programs, the following lessons have been learned:

- SBC as an Integral Component: SBC should be integrated as an integral component of HSS programs. By addressing behavioral barriers and promoting positive health-seeking behaviors, SBC enhances the effectiveness and sustainability of health interventions.
- Tailoring SBC Approaches: SBC approaches need to be tailored to the specific needs and context of the target population. This includes understanding cultural norms, beliefs, and communication preferences to develop appropriate messaging and strategies for behavior change.
- Collaboration and Coordination: Collaboration and coordination among health system actors, including government agencies, NGOs, and communities, are crucial for successful implementation of SBC approaches. Strengthening partnerships and leveraging existing structures and resources enhances the reach and impact of interventions

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