



Yvonne, a community health worker/RECO in the DRC, walks through her neighborhood and visits homes, amplifying important health messages and helping her community access health services.

## TECHNICAL OVERVIEW

# Social and Behavior Change

To promote the adoption of behaviors that advance health and well-being, IMA World Health (IMA) implements high quality social and behavior change (SBC) strategies both as stand-alone interventions and, most frequently, as part of integrated methodologies across our programming. IMA's approach to SBC is inclusive, human-centered and highly participatory. We work at the community and district level to co-design and co-create activities based on joint needs assessments. By leveraging community expertise, IMA champions local stakeholders and implements programming that considers the cultural, gender, and social norms and environmental determinants of diverse contexts.

### Our proactive approach

IMA takes a proactive approach to SBC in our health programming, intentionally planning for shocks and stressors in fragile settings. Our approach follows five principles:

1. Use two-way participatory approaches to increase accountability and health care-seeking behavior;
2. Map opportunities in SBC linked to the resilience capacities;
3. Prepare community health workers prior to crises to support individuals, communities, and households during shocks and stresses;
4. Identify coordination and collaboration structures;
5. Be nimble and pivot as needed.

Through this approach, IMA helps establish partnerships and more effective risk communication and community engagement (RCCE) efforts between health service providers and the people they serve. Coordinating partners and activities in advance of crises as part of this approach also allows for improved response and mitigation measures to be enacted. By being proactive, IMA ensures our SBC activities are strategically interwoven throughout the humanitarian-development nexus.

### Social accountability

Social accountability and community engagement are essential for building trust and capacity in a health system. However, power imbalances, misinformation, stigma or socio-economic barriers can prevent both from meaningfully taking place. To overcome these challenges, IMA utilizes SBC activities, such as community scorecards and community health committees, to increase social equity, community participation and the two-way flow of information in health service delivery.

### Accompaniment

At IMA, we understand that true innovation and transformation can only be achieved by supporting, leveraging and elevating the existing capabilities of the people, communities and organizations closest to where change is needed. This is why we call our approach to local capacity strengthening, accompaniment. For us, accompaniment is an intentional, collaborative and respectful process where we support mutual effectiveness, learning and resilience. At the core of our accompaniment model lies the *A-CORD framework: To Assess - Commit, Organize, Relate and Deliver*. This framework facilitates a participatory process for local organizations to self-analyze their strengths and challenges, supports their comprehensive action planning, and promotes continual collaboration, adaptation and learning.



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### **“Whole System in a Room” (WSR)**

IMA ensures that our SBC interventions focus on the target population, considering their specific contexts and the multitude of stakeholders, to understand and address the core issues effectively. Starting from the needs assessment phase through project design, implementation, and monitoring, IMA brings all of the system’s actors into the fold to routinely garner their important contributions and ensure their ultimate buy-in and ownership. IMA intentionally facilitates our WSR approach to be gender equitable and inclusive of marginalized voices.

### **Complexity-aware M&E for adaptive management**

In addition to rigorously collecting and analyzing quantitative data, IMA employs complexity-aware qualitative M&E approaches to help us better understand important nuances and afford project participants, especially women and youth, more freedom to tell their stories—ultimately informing adaptive management and improved outcomes. Some examples of such methods include Photovoice, Most Significant Change (MSC), and digital diaries. We also use vignettes, brief stories about fictitious people who are very similar to the target population, to solicit people’s views on social and cultural norms and their personal experiences with related situations. In being able to comment freely about someone else’s story rather than their own, the potential influence of stigma and other social pressures is reduced, resulting in more people sharing their truths. Additionally, IMA uses project Knowledge, Attitudes, and Practice (KAP) surveys, Likert scales and card pile sorting exercises, which help staff course-correct to improve project outcomes.

## **In Practice**

### **MOMENTUM Integrated Health Resilience**

IMA World Health leads the five-year, USAID-funded MOMENTUM Integrated Health Resilience program, which is part of a suite of innovative MOMENTUM awards designed to holistically strengthen quality voluntary family planning, reproductive health, and maternal, newborn, and child health in host countries around the world. Working alongside local organizations, governments, and humanitarian and development partners in fragile settings, the project helps accelerate reductions in maternal, newborn, and child illness and death by increasing the capacity of host country institutions—at the national and subnational levels—to strengthen health systems, adapt evidence-based policies, guidelines and practices to their specific contexts, collect and utilize data to inform interventions, and increase partnerships between various public and private stakeholders to disseminate learning, leverage resources and scale efforts to achieve better outcomes. IMA’s SBC approach is interwoven

throughout the activities with the team producing a roadmap based on their experience and learnings for how to utilize SBC to improve demand for and use of quality health services in fragile settings.

### **Addressing Stunting in Tanzania Early (ASTUTE)**

Through the FCDO-funded ASTUTE program, IMA strengthened the capacity of local government authorities to address child stunting, achieving between 7-12% stunting reduction across five regions of the Lake Zone: Kagera, Kigoma, Mwanza, Geita and Shinyanga. The project trained nearly 7,800 district health workers and non-health sector service providers and reached 17.6 million nationally through mass media campaign. Additionally, 6.4 million mothers, caregivers and decision-makers benefited with improved child-feeding information through home visits conducted by 6,000 community health workers. As part of the project, IMA created a toolkit to provide government and local organizations with programming recommendations and tools to help implement successful multisectoral SBC interventions aimed at preventing and reducing stunting.



### **The Corus Effect**

Founded in 1960, IMA World Health is a leading public health organization that delivers solutions to health-related problems across the developing world. We work with local partners and governments to strengthen existing health systems, prevent and treat diseases, improve maternal and child health, promote nutrition and WASH, respond to sexual and gender-based violence, and contribute to global health security.

IMA World Health leads global health programming at Corus International, an organization that unites an array of world-class nonprofits and businesses, each with specialized expertise. Our reach and capabilities are amplified by the other global leaders in our Corus International family, including Lutheran World Relief, CGA Technologies and Ground Up Investing. Together, we bring the multi-dimensional, holistic needed to truly achieve lasting change.



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