

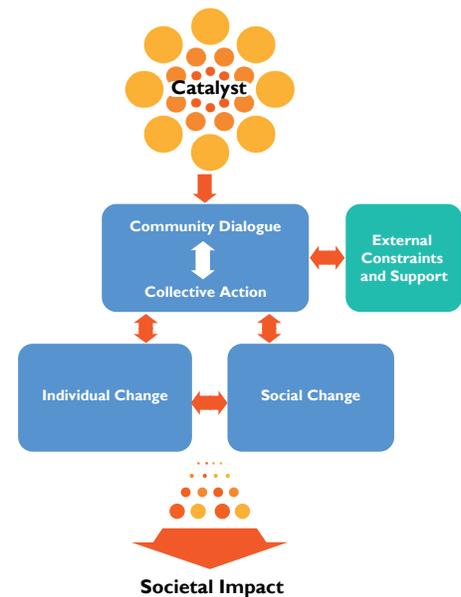
WHAT IS THE INTEGRATED MODEL OF COMMUNICATION FOR SOCIAL CHANGE?

The Integrated Model of Communication for Social Change (IMCFSC) describes an iterative process where a community engages in dialogue and collective action to produce social change and support improvements in the health and welfare of its members. This model is used in social and behavior change communication (SBCC) programming to guide the implementation and evaluation of community dialogue and collective action processes. While this approach can be applied to any sector working in SBCC, this resource highlights the use of the model in the health sector.

The different components of this model are:

- *Catalyst*: The model starts with a catalyst that can be internal or external to the community. This stimulus can prompt one or more community members identifying an issue of concern.
- *Community dialogue*: Once the issue is identified, an organized effort must be made to collectively agree upon and assess the problem, then determine a plan of action.
- *Collective action*: This aspect of the model provides steps to effectively execute the action plan and evaluate its outcomes.

External constraints and support outside the control of the community can often either inhibit or enhance dialogue and collective action. As a result of this process, individual and social outcomes interact to affect further dialogue, action and overall societal change as related to the respective health concern. Over time, these individual and social changes accumulate and result in a societal impact on health.



WHEN SHOULD THE IMCFSC BE USED?

Consider using the IMCFSC for problems that are heavily influenced by community and social factors, such as social norms. The community dialogue and collective action processes work best when used as a truly participatory exercise that allow community members to define the problem of interest, identify potential solutions to that problem and evaluate the outcomes of those solutions.

WHAT SHOULD IMPLEMENTERS KNOW?

A wide range of catalysts should be considered as potential approaches for stimulating the community dialogue and collective action processes. Common catalysts include community members recruited and trained to serve as internal change agents; community events that support small group activities run by local, community-based organizations; and mass media programs that highlight the concerns experienced by community members. Often, multiple catalysts are required before a community is motivated to act on an issue.

Community dialogue and collective action are change processes in which community members take action together to solve a problem, leading not only to a reduction in the community prevalence of a disease but also to a social change that increases the collective capacity of the community to solve new problems. These change processes are not necessarily linear. Because every community and circumstance is different, this process can skip, reorder or reverse certain aspects of community dialogue or collective action.

Finally, remember that cohesion within communities varies greatly. Some communities are very interconnected and unified while others are more divided. The more disconnected a community is, the harder it becomes to encourage productive dialogue and collective action, thereby reducing the likelihood of positive change.

Evaluation of the community dialogue and collective action processes should be participatory, so that community members can be involved in the evaluation of the events implemented and share those results back throughout the community itself. Aside from building evaluation capacity among participants, this approach allows for continual improvement within the community, and allows community members to move forward with effective solutions for future health problems. Specific indicators for measuring these processes can be found in Figueroa et al, cited at the end of this resource.

Evaluation happens at several different levels:

- *In the community:* Community members need to know if their efforts achieved the set objectives and what else needs to be done.
- *Externally:* Evaluators from outside the community will need to document the performance of the community throughout and after the process.
- *By social scientists:* Researchers may want to systematically analyze the CFSC process across multiple communities to assess the relationship between the process and its outcomes.

HCP Zambia's Impact on Community-Level Factors Leads to Better Health

Implemented between 2004 and 2010, the Health Communication Partnership Zambia (HCPZ) project was designed to address a variety of individual and community health priorities using a combination of mass media messaging and community-based activities. HCPZ designed and implemented activities that aimed to strengthen community networks, mobilize local leaders, engage youth, and promote positive gender norms. The participatory process outlined by the Communication for Social Change model was an integral element to this design.

The Neighborhood Health Committee (NHC) served as the primary catalyst for this process. Each health zone (a sub-district-level division that includes 100-200 households) in Zambia has a NHC, which is comprised of community members volunteering to support local health initiatives. The project revitalized and improved the functionality of a selected number of NHCs by training community volunteers to recognize not only existing health services but also when they should seek to mobilize external resources. This revitalization coordinated a participatory process using community dialogue and collective action, supplemented by media messages and other community-based activities.

Evaluation of HCPZ showed that the intervention had direct effects on the community-level factors associated with social change in the model, including social cohesion and community participation. Furthermore, these social factors were then associated with the strength of a community's response to health issues. Individuals living in communities who reported working together to address health problems were more than twice as likely to be currently using modern contraception, two times more likely to have been tested for HIV and know the results of that test, and 1.5 times more likely to have their youngest child sleep under a bednet to prevent malaria.

REFERENCES

Figueroa, M.E., Kincaid, D.L., Rani, M., Lewis, G. (2002) Communication for Social Change Working Paper Series: No.1. New York: The Rockefeller Foundation.

Underwood, C., Boulay, M., Snetro-Plewman, G., Macwan'gi, M., Vijayaraghavan, J., Namfukwe, M., & Marsh, D. (2012). Community Capacity as Means to Improved Health Practices and an End in Itself: Evidence from a Multi-Stage Study. *International quarterly of community health education*, 33(2), 105-127.