Conference Capture Form Summary

A synthesis of knowledge management activities from the International Social Behavior Change Communication Summit

Prepared September 2018
## Contents

<table>
<thead>
<tr>
<th>PART 01</th>
<th>PART 06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose and Approach</td>
<td>Resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 02</th>
<th>PART 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Insights</td>
<td>Connections &amp; Outreach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 03</th>
<th>PART 08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence Gaps</td>
<td>Future Application</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 04</th>
<th>PART 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Insights</td>
<td>Trending Topics</td>
</tr>
</tbody>
</table>
Introduction

The 2018 International Social and Behavior Change Communication (SBCC) Summit was organized to better understand what works in shifting social norms, changing behaviors, and amplifying the voices of those who have most at stake in the success of development efforts. Three themes for the week emerged:

• **Understanding what works:** Critically looking at the evidence, understanding what is working and what is not.

• **Making sense of now:** Exploring and understanding the trends that are shaping our work, from the UN’s Sustainable Development Goals to the growth of digital media to the use of behavioral economics, human-centered design, entertainment-education, and other innovations emerging in this space.

• **Voice and agenda setting:** Examining issues around what agendas are being set by whom as well as the important role of advocacy.
PART 01
Purpose & Approach
Purpose

We typically attend conferences to share our work, learn new information, as well as connect with colleagues. These information gathering and sharing activities might help strengthen our research, improve others' work, or help forge partnerships.

However, with thousands in attendance and a plethora of sessions, posters, side events, and meetings, conferences can be overwhelming and information capture can be challenging.
Purpose

In addition, only subset of team members can attend to represent an organization or specific project. Often times, staff attending are playing many different roles from presenting to attending sessions to networking.

Notes from sessions are scribbled on the back of a program, a great idea mentioned to a colleague during a coffee break is lost, a resource you wanted to look up becomes forgotten—resulting in missed opportunities to use new knowledge in a systematic way to inform future work.
Purpose

The Breakthrough RESEARCH knowledge management and research utilization (KMRU) team set out to pilot test a solution at the SBCC Summit. We developed the conference capture form to help project staff to systematically gather information to inform our future thinking and planning for the project. Hence, the primary audience for this synthesis is the Breakthrough RESEACRH team and our colleagues at USAID.

Ultimately, the form was designed to make information gained at the SBCC Summit useful and actionable long after the convening.
The conference capture form consisted of eight information categories designed to prompt effective documentation:

1. Name of session
2. Key insights I don’t want to forget
3. Evidence gaps
4. Good ideas for future research questions/studies
5. What seems to be the buzz?
6. Resources to check out
7. People connections
8. Upload photos
Approach

The conference capture form was designed as a Google Form to systematically document in one place information that each team member individually learns via sessions, meetings, and side events, at the Summit.

We asked project staff to use this form at all official sessions and events at the SBCC Summit. We also encouraged them to capture ideas that may have emerged from more informal discussions with colleagues or other reflections that may be useful to the project more broadly while at the Summit.

The Google Form was easily accessible to all staff through a shared link and was compatible with smartphones, tablets, and laptops. We also encouraged participation with a small incentive for the most entries, sharing a leaderboard daily. We had the participation of 10 staff members and received over 60 entries.
Key Insights

This section summaries key takeaways, questions, and reflections, as well as ideas for future work. The five sub-categories: Evidence and Measurement; Gender and Social Norms; Provider Behavior Change; Integration, Adaptation, and Scale; Human-Centered Design reflect a thematic structure that emerged from the capture forms.
PART 2.1

Evidence and Measurement
Evidence and Measurement

Key Takeaways

• “The whole field has a credibility challenge on what works. The evidence doesn’t always stack up.” – BBC Media.
  Methodology and comparability are two key issues. Reporting across different projects is inconsistent. The same outcomes are being measured using different approaches.

• Evidence is growing, but is scattered. The evidence gaps in programming have outpaced evidence generation. Objectives need to be defined as we consider expanding the evidence-base.

• Consistent terminology is a real need. There is a lack of uniformity in how the field talks about SBC.
Evidence and Measurement

Questions & Reflections

• Are randomized control trials (RCTs) the gold standard for measuring effectiveness of SBC programs? Almost every presenter started out by saying RCTs are the gold standard. However, there is a lack of alignment if the point of social norms change is diffusion, and the point of RCTs is to limit “contamination.” Would you survey the control group for exposure?

• In addition to triangulation with qualitative research, what other research designs may serve as gold standards?

• How can we as a project support improved process and program documentation?
PART 2.2

Gender and Social Norms
Gender and Social Norms

Key Takeaways

• **Behavior change is what people know, feel, and do.** Rimal’s behavioral attributes approach may be a way of addressing the gaps in SBC theories of change by unpacking the “DNA” of a behavior and understanding the different attributes and how they can be shifted.

• **Expanding autonomy and agency as a “solution to X problem” isn’t the case with social norms.** These are deeply rooted value systems. Building individual agency and empowerment is not a sustainable solution.

• **The field needs improved measurement of social norms** for both qualitative and quantitative methods.
Gender and Social Norms

Questions & Reflections

• How do we incorporate community feedback into which norms should be changed, shifted, etc.? People are often happy with the norms but "we" come in with the idea that they should be changed. So how can we navigate that?

• How can we define indicators and measures for social norms programs? Practitioners need more practical ways to collect data on norms both to diagnosis norms and measure change. We also need to continue to innovate with the types of research methods we use.

• How can we more effectively engage in conversations about values, norms, beliefs? How can we engage in more complex aspects? We end up focusing on health outcomes rather than engaging in deeper normative conversations (for example, with child marriage the focus is on early pregnancy).

• How do we reconcile the depth of interventions with scale and sustainability? With intense and in-depth interventions, what has to be retained and how do we define what to retain? Tapping institutional systems could help to keep interventions light.
Gender and Social Norms

Ideas for Future Work

• Rather than doing a “What Works” series, we could consider doing a “What does this mean for SBC programs?” series” since a big focus of our work is on elevating evidence to improve programming. This approach could also help filter out which evidence to focus on, ensuring we are focused on research that has clear programmatic implications and recommendations.

• We could also consider doing a call for programmers to share the implementation insights and lessons learned. This type of learning often only makes it into program reports and is not widely shared.
PART 2.3

Provider Behavior Change
Provider Behavior Change

Key Takeaways

- **Core barriers included**: 1. Personal beliefs or traditional views; 2. age or parity of a client; 3. capacity and skills; and 4. attitudes and behaviors.

- **Motivations of model providers** (positive deviance) included: Love for the trade, training opportunities that increased motivation, and experience sharing with peers.

- **Providers need benchmarks for performance**. Without benchmarks, providers did not know if their performance was “good” or “bad.” Presented an opportunity to reframe around comprehensive care.

- **Financial incentives are not enough**. Providers are intrinsically motivated.

- **Address structural issues and SBC together**. SBC can’t solve everything, but can help providers work within structural constraints.

- **Focus on youth alone may not be appropriate**—should focus on unmarried women and women with no children. Providers are more likely to decline counseling and modern methods for unmarried women and women without children. Provider response did not vary by patient age.
Provider Behavior Change

Questions & Reflections

• **Methods for measuring improvements in provider behavior are challenging.** For example, if you have 90% client satisfaction at baseline, because clients do not know what quality care looks like, then it is hard to see statistical improvement.

• **When communications materials are updated or revised from a previous program, what are the implications for costing?** We need to understand how heavy or light these types of revisions are and how they factor into overall cost analysis. Costing audience segmentation and different models is also challenging.

• **It is hard to figure out the “n” for mass media.** One way is through the number of listeners, but that can be hard to track down. It also depends on who among the listeners is targeted—just women, their husbands, other caregivers?
Provider Behavior Change

Ideas for Future Work

• **Conduit analysis** (proposing scenarios and playing with demographic features in scenarios) to test bias seems like an interesting approach that Breakthrough RESEARCH should consider applying to our work on provider behavior change.

• The two Gates-funded projects *Alive and Thrive* and *Beyond Bias* may be a good fit for a “What Works” series on provider behavior change.
PART 2.4

Integration, Adaptation, and Scale
Integration, Adaptation, and Scale

Key Takeaways

• "Past performance is no guarantee of future results" - Joseph Petroglia on complexity of adaptation. Adaptation needed for 1. sustained impact; 2. scale.

• Adaptation complexity ties to three types of dimensions: 1. Landscape dimension (budgets, operations, etc.); 2. temporal dimension (maturity needed for change and/or other processes); 3. constructive dimension (thinking about project from different perspectives; for example thinking about it from program manager vs. M&E advisor perspective). Strict fidelity not possible!

• Interventions work in context and since the context are ever-changing the need for adaptation and careful monitoring. We need to prioritize behaviors strategically.

• Co-design practices should include various voices, a unifying brand, and integrated platform. Effective adaptation taps into locally produced knowledge and experiences and cross-checks with evidence from other areas.
Integration, Adaptation, and Scale

Questions & Reflections

• Many questions exist: “Are integrated programs are cost-effective?” “What does the right combinations of integration look like?” and “How we can sustain effective SBC models?”

• How do you integrate across sectors with unrelated implementing partners who are working in the right space? SBC is the connective tissue in cross-sectoral programming. An opportunity exists to do a better job designing programs that work across sectors.
PART 2.5

Human-Centered Design
Human-Centered Design (HCD)

Key Takeaways

• **HCD is a problem-solving technique and process.** The approach is not a magic bullet to solve all problems.

• **There are no HCD solutions—rather solutions developed through HCD.** User-centered design creates solutions. The field is still trying to learn: How to integrate evidence-based models and the optimal partner and project delivery models.

• **HCD can potentially be an approach to help bridge the gap between researchers and program implementers** who typically don’t get to ask the questions. As we develop studies and specific interview questions, we need to be thinking about how this information/data will be used by others?

• **HCD culture, local culture, and donor culture aren’t always aligned and that can cause friction and failure.** HCD requires quick and constant iteration. Donor culture is often linear, and local culture on its own is often slower.
Human-Centered Design

Questions & Reflections

- A number of questions around cost and measurement were raised. For example, if the design phase is costed, how does the intensity of the “touch” (light vs. intense) get captured?

- Adaptation and iteration pose measurement challenges. Presenters mentioned that programs are continually adapted to better fit end-users’ needs. At what point is it finished? When is it time to collect the cost data?

- What is the right way to measure effectiveness for HCD programs? Presenter: “The pathway is not neat and tidy. It may be a disservice to try and do an RCT for human-centered design.”
Human-Centered Design

Ideas for Future Work

Our research translation products are an opportunity to integrate human-centered design elements.

When discussing a potential communications product with activity managers we can do a interactive “Know Find Act” activity:

- **Know**: What do end-users need to know?
- **Find**: What other information do we want them to be able to find? (e.g. links to related Breakthrough RESEARCH studies)
- **Act**: What do end-users need to do?
Evidence Gaps

This section can reinforce Breakthrough RESEARCH’s agenda-setting activity and more broadly feeds into the project’s overall strategy. Much of what we heard emphasized that the project is focusing on critical evidence gaps that can advance the field of SBC.
PART 3.1

What We Heard in Sessions
What We Heard in Sessions

Given Breakthrough RESEARCH’s agenda-setting activity, we included a list of evidence gaps with tick boxes to mark instances where they were mentioned.

The evidence gaps included in this section were identified through a desk review and an expert consultation conducted as part of the project’s agenda-setting activity.

Notetakers could check as many of the evidence gaps that they felt were raised in the session. A write-in section was also included for other emerging evidence gaps.
What We Heard in Sessions

Participants called for more rigorous research and evaluation and frequently requested improvements in process documentation and reporting.

Table 1. Types of research and measures used were the most frequently mentioned evidence gaps

<table>
<thead>
<tr>
<th>Evidence Gaps</th>
<th>Percentage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of research and measures used, process, and reporting</td>
<td>44.7</td>
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<tr>
<td>Changing gender and social norms</td>
<td>38.3</td>
</tr>
<tr>
<td>Engaging health providers</td>
<td>31.9</td>
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<tr>
<td>Program adaptation, sustainability, and scale</td>
<td>25.5</td>
</tr>
<tr>
<td>Integration of health components</td>
<td>19.1</td>
</tr>
<tr>
<td>Cost &amp; cost-effectiveness</td>
<td>19.1</td>
</tr>
<tr>
<td>Program outcomes &amp; impact on target and related populations</td>
<td>14.9</td>
</tr>
<tr>
<td>Theory of Change</td>
<td>6.4</td>
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*70 were forms filled. Each form could mention zero or multiple evidence gaps. The percentages above represent the overall frequency with which the evidence gap was mentioned.
Insights Daily Poll

The “Insights Daily Poll” was conducted by the SBCC Summit Committee. Each morning after the plenary, Summit participants were sent a short survey designed to get a sense of the pulse of the conference.

Several of these polls touched on evidence generation and gaps, which were noted by staff in their Capture Form Entries. The poll results highlighted in the following slides could more broadly inform Breakthrough RESEARCH’s strategic direction and provide useful framing for future evidence generation and dissemination activities.
In order to improve outcomes, we need to understand failure.

According to the SBCC Daily Digest, more than 60 percent of 155 respondents said we need more evidence of why communication fails.

This poll could reflect the need for better programmatic process documentation and could be a future area of research for Breakthrough RESEARCH.
Insights Daily Poll

Word Cloud results from the Insights Daily Poll, "When you think of the state of evidence for social and behavior change communication and entertainment-education effectiveness, what ONE word comes to mind?"
Insights Daily Poll

Word Cloud results from the Insights Daily Poll, “Which Sustainable Development Goals would benefit from SBCC, but currently lack evidence?”

Insights Daily Poll

Results from the Insights Daily Poll, “What are the top challenges generating robust evidence?”

• Knowing what to measure
• Too much focus on new tools/approaches, not enough on adapting, improving scaling methods what work
• Change takes time; it’s hard to measure change over time and attribute it to SBCC/EE
• We have robust evidence for many things, but don’t communicate it very well to the right people
• Gap between what donors want and what they are willing to pay for
• Need more theory-driven rather than methods-driven evaluation
PART 04

Research Insights
Human-Centered Design

A number of research insights emerged around HCD.

• Did using HCD process lead to different or more effective interventions?
• How can you evaluate when you are constantly evolving a program?
• Where is the evidence for HCD? And then how evidenced-based is HCD?
• How we could develop a more rigorous methodology for understanding “how evidence-based is prototyping?” without using an RCT?
Measurement & Theory of Change

A number of research insights emerged around measurement and theory of change.

• There is a desire for more rigorous evaluation of complex, multi-prong interventions.

• Measuring the tipping point. For program implementers they need to understand: How much is enough? What factors influence it? What is the timeframe?

• Are RCTs, typically seen as the gold standard, the right method to measure the effect of these complex interventions?

• Could we undertake smaller scale operations research of different models on mediating factors for impact?

Photo Credit: Jonathan Torgovnik
Measurement & Theory of Change

A number of research insights emerged around measurement and theory of change.

• When looking at formative research we should identify if the themes presented are behavioral or non-behavioral.

• Outcome harvesting could be an approach to measure change at the system, organizational, community, and individual level.

• Testing use of COIA analysis for project documentation, FGDs, etc, to generate adaptation summary; use of outcome harvesting for future research on couples counseling.

• Opportunity for developing indicators for ethics and cultural competency.

• Research tools and strategies for incorporation: GeoPoll and Social network analysis.
Shifting Gender & Social Norms

A number of research insights emerged around shifting gender and social norms.

- What are the specific models and approaches for working with community influencers?
- How can we effectively engage teachers as community change agents?
- What are the costs associated with gender norms change interventions?
- Can women’s norms be analyzed and programmed independently without considering men’s norms?
- Can we diagnose social norms and provider reference groups?
Shifting Gender and Social Norms

A number of research insights emerged around shifting gender and social norms.

• Does working on distal factors like couple communication and gender norms influence health outcomes and behaviors, particularly in the context of integrated programs?

• What is the role of traditional practices in encouraging couple communication?

• What are the individual-level provider bottlenecks? Is compliance with practices varied between individual level providers vs facility norms?
This section can reinforce Breakthrough RESEARCH priorities for evidence generation and give ideas for future direction.
What Seems to the Buzz?

Human-centered design (HCD) and prototyping were the most frequently mentioned “buzz” words. Adaptation and complexity were a close second.

1. **HCD & Prototyping:** An overwhelming number of Capture Forms referred to HCD and prototyping as trending topics. Comments recognized HCD as an approach for putting people at the center of our work. They also highlighted the need for greater acceptance of HCD as a valid approach for generating solutions. One form noted it’s “currently controversial.” Another reiterated a session title “#HCD: fab or fad?”

2. **Adaptation & Complex Systems:** Phrases such as “adaptation,” “adaptive capacity,” “complexity,” “complex systems,” and “tipping point” were sprinkled throughout this section. There was an emphasis about thinking critically about how the changes required at a systems level make it all the way down to the individual level and the role adaptation within those changes.
What Seems to the Buzz?

The need to create a better match up between evidence and investments were noted in terms of outcomes and sustainability.

3. **Measurement, Evidence, & Investment**: These three terms often appeared grouped together. Notes highlighted the need to determine what works and what really is the gold standard of measurement. There was a call for more rapid social science evidence synthesis to ensure donor mechanism support change. One response underscored that although we might need more evidence, there is already enough evidence in some areas that needs to be more effectively shared and used.

4. **Sustainability & Scale up**: Several challenges were noted with regard to sustainability in terms of both outcomes as well as the sustainability of project activities. Social accountability with respect to keeping donors and governments accountable for programs was raised. Taking things to scale was also dubbed a challenge.
PART 06

Resources

This section captures a number of useful resources from presentations to publications as well as dissemination platforms and networks.
PART 6.1

Summit Presentations

This collection of presentations were sessions specifically mentioned by one or more team members as ones they wanted to reference post-Summit.
An Evidence Map of Social, Behavioural and Community Engagement (SBCE) Interventions for Reproductive, Maternal, Newborn and Child Health

Thursday 19 April
SBCC Summit
Rachael Hinton, PMNCH

An evidence map of social, behavioural and community engagement interventions for reproductive, maternal, newborn and child health

Mapping the evidence on social, behavioural and community engagement for reproductive, maternal, newborn, child and adolescent health

Social, behavioural, and community engagement (SBCE) interventions support and strengthen the capabilities of individuals, families, communities, and health systems to identify and respond to the health needs and priorities of their communities. SBCE covers a range of approaches, including interpersonal communication, health education, and mass and social media. It also addresses financial barriers to health, community mobilization, and community participation in health planning and programming.

In the context of the Sustainable Development Goals, the Every Woman Every Child Movement and the Health Systems Financing initiative, SBCE interventions have a critical role in achieving the goals of the Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016–2030). This evidence gap map addresses the evidence needs for interventions that contribute to improving health outcomes and quality of life, especially for women, children, adolescents, and communities.

This map highlights the main findings and recommendations related to SBCE interventions across different countries and contexts. It also includes lessons learned and future directions for research. The map is a tool for health policymakers, program managers, and researchers to identify gaps and priorities for evidence generation and translation.

Reminder: Forthcoming BMJ Special Series
Access all the materials from the session “An Evidence Roadmap for Social, Behavioral, and Community Engagement”
Not All Behaviors are Created Equal
How an Attribute-Centered Approach
Can Refine Our Norms-Based Theorizing and Practice

Rajiv N. Rimal
The George Washington University
Summit Presentation
Beyond Bias: Bias Driver Tree

What drives provider bias: Characterizing provider bias towards youth and adolescents while identifying provider archetypes to develop and target successful behavioral change interventions

SBCC Summit, April 2018

The Bias Driver Tree was used to assess causes for provider bias towards adolescents and youth

- Attitudes
- Abilities
- Experience
- Knowledge
- Biographic
- Situational
- Professional
- Social
- Societal
- Beliefs / Norms
- Law / Policy
Summit Presentation

DREAMS: Girl Effect Measurement Framework

Reminder: Results from the Girl Effect’s Measurement Framework will be presented at the 2018 AIDS Conference.
REAL Fathers Initiative: A model of adaptation, integration, and scale-up
Impact of Interpersonal Communication Intervention on modern contraceptive use among women of reproductive age in Cambodia

Khim Sotheary, Research Manager
Population Services International/ Cambodia
April, 2018

Research Methodology

- **Objective**: To evaluate impact of IPC activities on women’s behavior change
- **Approach**: Quantitative behavioral research
- **Study population**: Women aged 15 – 49, sexually active in the last 12 months, currently not pregnant.
- **Sample size**: 2,333
- **Study location**: 16 provinces of Cambodia
- **Data collection period**: November 2015
- **Sampling strategy**: Multi-stage cluster
Summit Presentation

Children’s Investment Fund: M&E for HCD
Summit Presentations

Not seeing a presentation you are looking for?

Access all the presentation from the SBCC Summit via The Communication Initiative.
PART 6.2

Publications, Briefs, & Toolkits

This collection of published resources were captured by staff and noted as potentially useful.
Resources & Publications
Gender and Social Norms
Provider Behavior Change Communications (PBCC) are one-to-one interactions between PSI representatives and providers that are designed to positively influence provider behaviors by offering individualized solutions to both needs and barriers to behavior change. This toolkit follows best practices from the pharmaceutical industry.

Access the full toolkit above, or explore each module using the links below.

**Module 1: Organization and Structure**
Module 1 provides guidance around staffing and structure. It discusses the two main options for organizing a PBCC team, highlighting the advantages and disadvantages of both, and provides sample job descriptions and interview questions to identify the right candidates. It also discusses the importance of segmenting providers so that they can be prioritized for call-routing.

**Module 2: Communications & Materials Development**
Module 2 contains manuals and workshop tools for developing PBCC messages and materials. It includes a PBCC Framework Facilitation Guide to guide message development, a guidance on creating and using visual aids, and examples of messages and materials from programs in reproductive health, medical abortion, post-abortion care, and tuberculosis.

**Module 3: Skill Building Curricula for Field Representatives**
Module 3 outlines workshops to build the skills of PBCC representatives to deliver messages, such as an initial workshop on PBCC core concepts, a workshop to guide participants through segmenting and prioritizing providers, and a series of half-day workshops on communicating and building relationships with providers.

**Module 4: Management & Coaching of Field Staff**
Module 4 comprises a series of manuals and workbooks focused on building supervisory skills to manage and coach PBCC representatives.

**Mini Toolkit: PBCC for Provider-Initiated HTUs**
PBCC Program Self-Assessment Tool

Understand and prioritize barriers healthcare providers face; identify whether these barriers can be addressed by a social and behavior change communication (SBCC) approach; and develop an SBCC intervention to influence attitudes, beliefs, and norms that undermine providers’ willingness and ability to perform their jobs well.
Resources & Publications
Monitoring and Reporting

A Call to Action

Complexity Matters:
Aligning the Monitoring and Evaluation of Social and Behavior Change with the Realities of Implementation

Follow-up from the fall 2011 CORE Group workshop entitled “Behavior Change in the Age of Complexity.”

Contributors (in alphabetical order): Leneette Gilderling (Pfizer WW & CORE Group/MRC-W), Kumden Hofmann (Insight Health), Joseph Pottinga (PATH-Kinder International & CORE Group/MRC-W), Stephen Roham (Pulaski), & Jeneva Schlesby (Project Concern International)

Özge Tunçalp
Department of Reproductive Health Research
World Health Organization

Programme reporting standards
for sexual, reproductive, maternal, newborn, child and adolescent health
Resources & Publications

Human-Centered Design

**Articles**

Effect of a mass radio campaign on family behaviours and child survival in Burkina Faso: a repeated cross-sectional, cluster-randomised trial

**Policy Briefing**

Coming of age: communication’s role in powering global health

**No Short Cuts in Entertainment-Education: Designing Soul City Step-by-Step**

Sheeran Usdin
Soul City Institute of Health and Development

Arvind Singhal
Ohio University

Thuli Shongwe, Sue Goldstein, and Agnes Shabalala
Soul City Institute of Health and Development

**Editors’ Introduction**

The authors are employees of the Soul City Institute of Health and Development. Communication in South Africa except for Dr. Arvind Singhal of Ohio University. Jengal served on the research advisory committee to Soul City IV, the subject of the present chapter.

1. See, for example, Kwanza et al. (2003), and Singhal et al. (in press).
Resources & Publications

HC3 Resource Platforms

**Implementation Kits** provide step-by-step approaches to integrate SBCC strategies into programs.

Topics covered include integrated SBCC programs, provider behavior change, gender, designing SBCC strategies, urban adolescent sexual and reproductive health, malaria, emergency preparedness, demand generation, and resource mobilization.
Evidence Packages are a collection of databases, fact sheets, and infographics that demonstrate the impact of social and behavior change communication (SBCC).

The searchable databases include research articles on SBCC interventions and their impact on specific health outcomes.
PART 6.3

Platforms & Dissemination Networks

Places where we may want to share our work.
Platforms & Dissemination Networks

• **Social Science in Humanitarian Action** is a communication for development platform that promotes north south collaboration among researchers. Provides rapid insight, analysis, and advice on critical dimensions of emergency and response. This platform is a partnership between UNICEF and Institute of Development Studies (IDS) and support from Anthrologica. Could be a useful platform for dissemination of the Zika activities. [LEARN MORE.](#)

• **Advance Learning and Innovation on Gender Norms** (ALIGN) is a digital platform and Community of Practice for sharing knowledge and innovation on gender norms, with a focus on adolescents and young adults. The platform consists of: a searchable resource hub, thematic guides curated by experts, information about funding opportunities, and community pages including spotlights on gender norms projects and web forums. ALIGN also hosts events and webinars. The platform is led by the Overseas Development Institute and supported by the Bill and Melinda Gates Foundation. [LEARN MORE.](#)
Platforms & Dissemination Networks

• **Evaluating C4D Resource Hub** is designed to help you make informed choices about approaches and tools for research, monitoring and evaluation (R,M&E) that are consistent with the values and needs of Communication for Development (C4D). It is an online resource. It contains a growing collection of the best available guides, toolkits, tools, and methods for R,M&E of C4D initiatives. [LEARN MORE.](#)

• **Design for Health** a group of funders, implementers, and designers committed to increasing the understanding, appropriate use, and value of design as an approach to help global health practitioners achieve even more impact. The Bill & Melinda Gates Foundation and United States Agency for International Development’s Center for Innovation and Impact (USAID CII) are building this community of practice committed to effectively and appropriately mainstreaming design across global health. [LEARN MORE.](#)

• **CORE Group’s SBC Working Group** has a monthly webinar series. These are very well attended, regularly reaching 100+ participants, with about 50% joining from the field. They are also recorded and disseminated more broadly. [LEARN MORE.](#)
Ideas for Promoting Research Utilization

Learning from others about stakeholder engagement and sharing information:

- **AFP Advocacy work and outcomes at district level**: As project we need to think strategically about how to find out about and tap into national and district level working groups. These working groups represent important opportunities to engage key stakeholders at the local level throughout the research process and for dissemination.

- **Humans of New York model to share information and human centered stories**: FP Voices has successfully used this approach. Check out FP Voices Evaluation questions and report results.
PART 07

Connections & Outreach
Connections & Outreach

Team members noted over 20+ connections in the Capture Form for various purposes, including:

• To invite to the Technical Advisory Networks.

• To coordinate relevant activities.

• To get technical input.

• To disseminate future resources.

An annex located at the end of this slidedoc report notes specific contact points for internal project use.
PART 08
Future Applications
A Promising Knowledge Management Practice

The “Conference Capture Form” represents an innovative knowledge management practice with opportunities for future use and adaptation.

• This best practices can be applied at future conferences such as the 2018 International Conference for Family Planning (ICFP). ICFP will take place in November 2018 and provides an immediate opportunity to refine and strengthen this approach.

• If funding is available, the KMRU team could also consider modifying the “Conference Capture Form” to systematically document and share similar types of information from staff participation in on-going technical working groups, webinars, and panel discussions. Consideration for adaptations could include the platform as well as the length of the output synthesizes.
Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

Suggested citation