

# Conference Capture Form Summary

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

Prepared September 2018





[WWW.BREAKTHROUGHACTIONANDRESEARCH.ORG](http://WWW.BREAKTHROUGHACTIONANDRESEARCH.ORG)

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# 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.

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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.

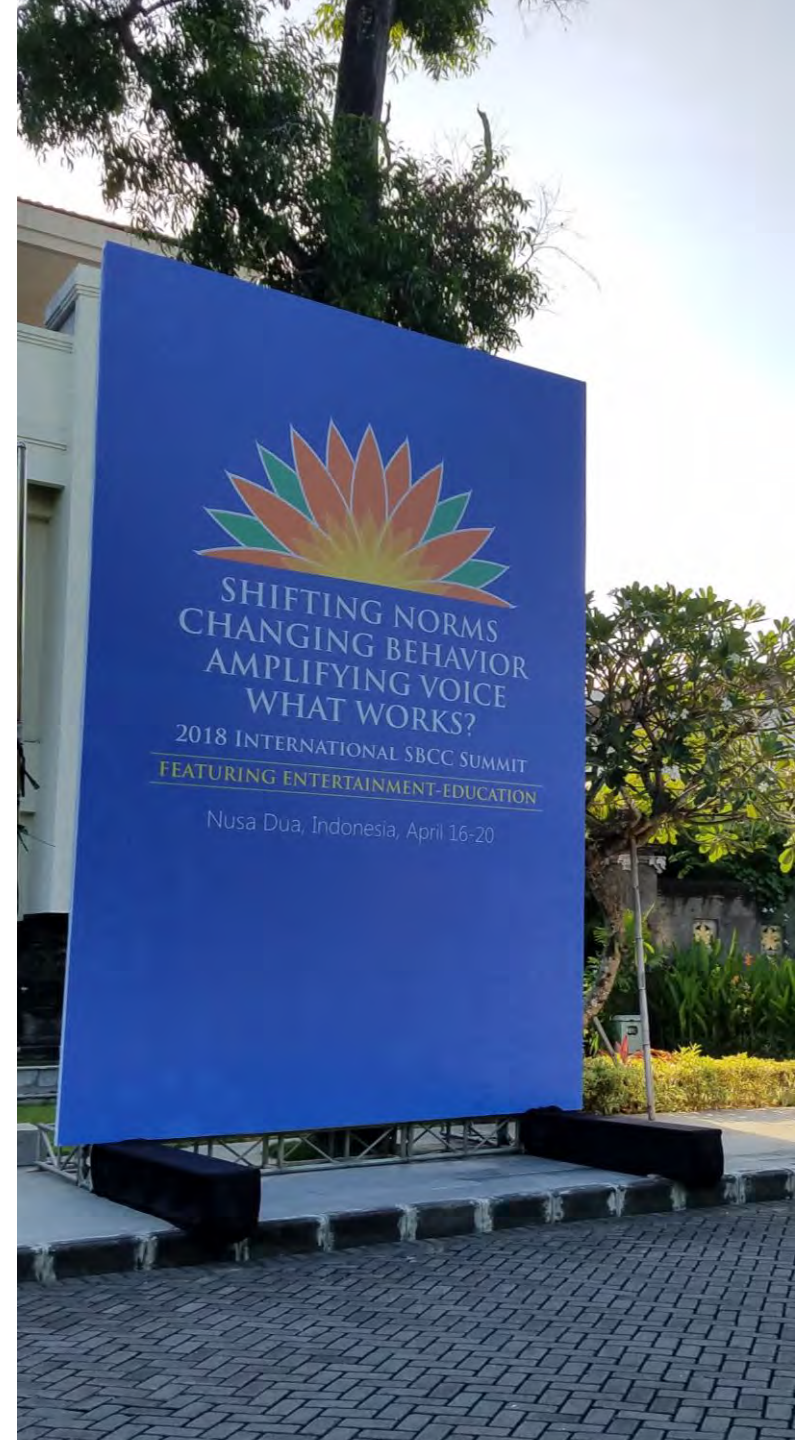
However, with thousands in attendance and a plethora of sessions, posters, side events, and meetings, conferences can be overwhelming and information capture can be challenging.



# 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.





# Approach

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

## Internal Capture Form

### Your Name

Your answer

### Name of Session

Capture name of session or if thoughts occur outside a session that you want to record, you can label this another way. E.g. Thoughts while having coffee during the break.

Your answer

### Key Insights I Don't Want to Forget

Capture key highlights from the presentation or insightful, thought provoking questions/comments that you think could be useful for us in the future.

Your answer

### Good ideas for future research questions/studies

Use this space to capture any specific ideas or evidence gaps that may make for a great research study in the future. These may be mentioned in presentations (e.g. areas for future research) or could arise in other ways.

Your answer

### What seems to be the buzz?

Use this section to note any topics or programmatic challenges that seem to be trending or very consistently mentioned.

Your answer

### Resources to Check Out

Use this section to capture useful papers, program documents, tools, websites, communities of practice, conferences, etc. that we don't want to forget to check out later.

### People Connections

Capture any people seen, met, or mentioned that we might want to follow up with for any purpose. Try to include as much info as possible, e.g. name, title, affiliation, email address, and why we might want to connect with them.

Your answer

## Upload Photos

These could be snapshots of key slides from sessions, Breakthrough RESEARCH colleagues in action presenting, or fun team moments captured from the conference.

# 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.**

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## PART 02

# Key Insights

This section summarizes 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.

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**PART 2.1**

# Evidence and Measurement



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# 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?**



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**PART 2.2**

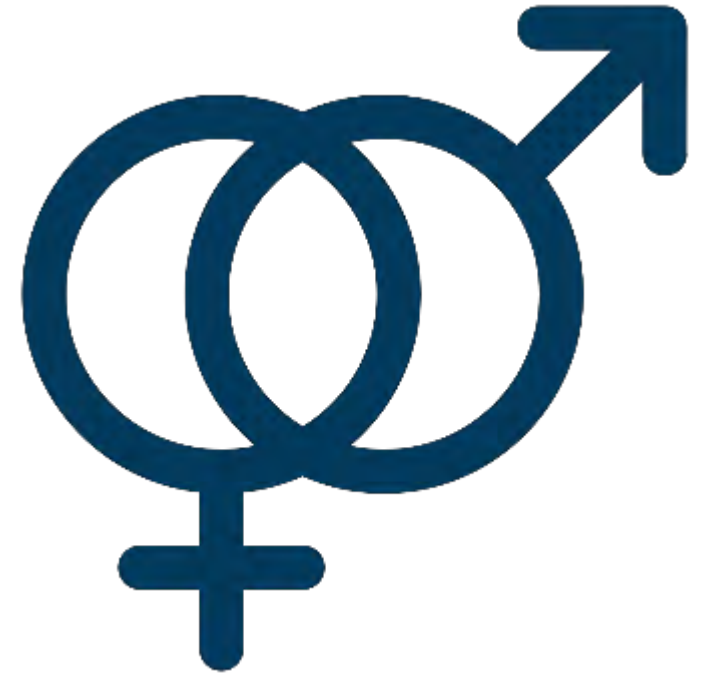
# Gender and Social Norms

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# 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.

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# 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.



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**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.



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# 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?



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# 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.



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**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.

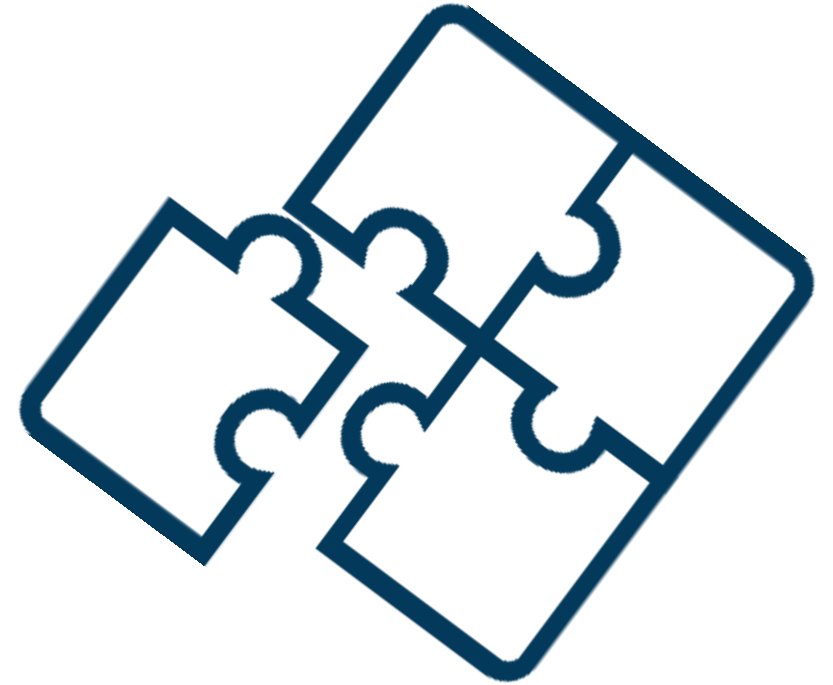


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# Integration, Adaptation, and Scale

## 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.



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**PART 2.5**

# Human-Centered Design

# Human-Centered Design (HCD)

## Key Takeaways

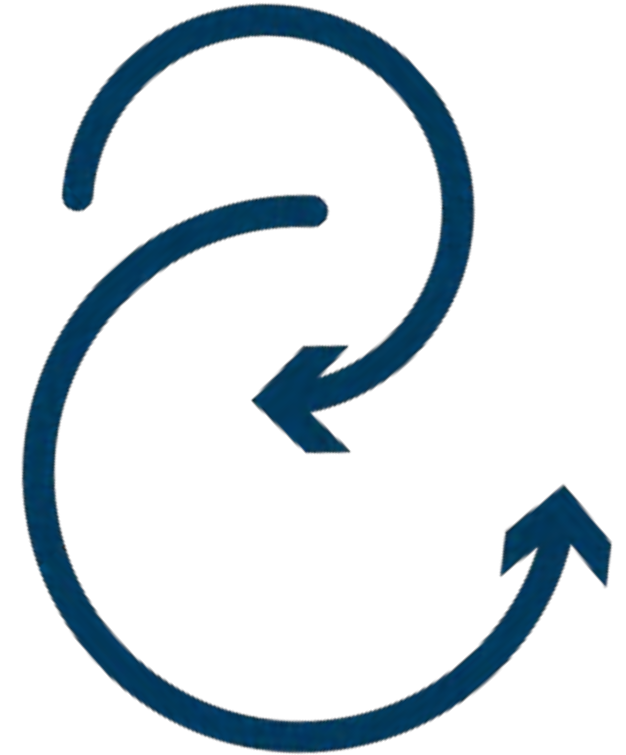
- **HCD is a problem-solving technique and process.** The approach is not a magic bullet to solve all problems.
- **There are no HCD solutions—rather solutions developed through HCD.** User-centered design creates solutions. The field is still trying to learn: How to integrate evidence-based models and 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.

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# 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.”



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# 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?



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## PART 03

# 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.



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**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.



ACTIVITY BRIEF | APRIL 2018

## Developing a Social and Behavior Change Research Agenda

Breakthrough RESEARCH is identifying cross-cutting social and behavior change (SBC) evidence gaps and developing consensus-driven research agendas around two key thematic areas: 1) integrated SBC programs and 2) provider behavior change interventions. These research agendas can be used to guide decision-making across sectors and ultimately aim to foster collective learning, reduce duplication of efforts, and maximize the impact of research investments on SBC programs.

### WHY ARE WE DOING THIS ACTIVITY?

Despite a wealth of available SBC research for health and development, many programmatically relevant knowledge gaps remain. Efforts to synthesize, categorize, and address these gaps have typically been fragmented across sectors and disciplines, leading to poor guidance on cross-cutting research priorities.

To help address these challenges, Breakthrough RESEARCH will develop and implement a systematic approach to identify clear research priorities and questions. This effort will build upon past and current efforts by USAID and other multilateral partners to strengthen the evidence base for SBC.

### HOW WILL THIS ACTIVITY BE IMPLEMENTED?

Breakthrough RESEARCH will convene a diverse group of SBC stakeholders including: researchers, implementing partners, service delivery practitioners, and donors. Together we will build consensus on cross-cutting evidence gaps and develop, share, and socialize globally and regionally relevant research agendas. The main elements of our process are described below.

- **Conduct evidence review to identify cross-cutting evidence gaps.** A broad-based review of the SBC evidence base will be conducted to generate an inventory of cross-cutting evidence gaps and identify recurring

### ACTIVITY SNAPSHOT

Develop prioritized SBC research agendas to guide investments and ultimately improve programs

LEAD PARTNER Population Council	GEOGRAPHIC LOCATION Global
ANTICIPATED TIMELINE 2017 – 2022	CONTACT Dr. Sanyukta Mathur at <a href="mailto:smathur@popcouncil.org">smathur@popcouncil.org</a>

themes. The desk review will focus on USAID's key technical areas: family planning; reproductive health; HIV/AIDS; malaria; emerging infectious diseases; and maternal, child, and neonatal health. A targeted strategy will be used to tap into published and grey literature on programmatic research generated in low- and middle-income countries from 2012 to 2018.

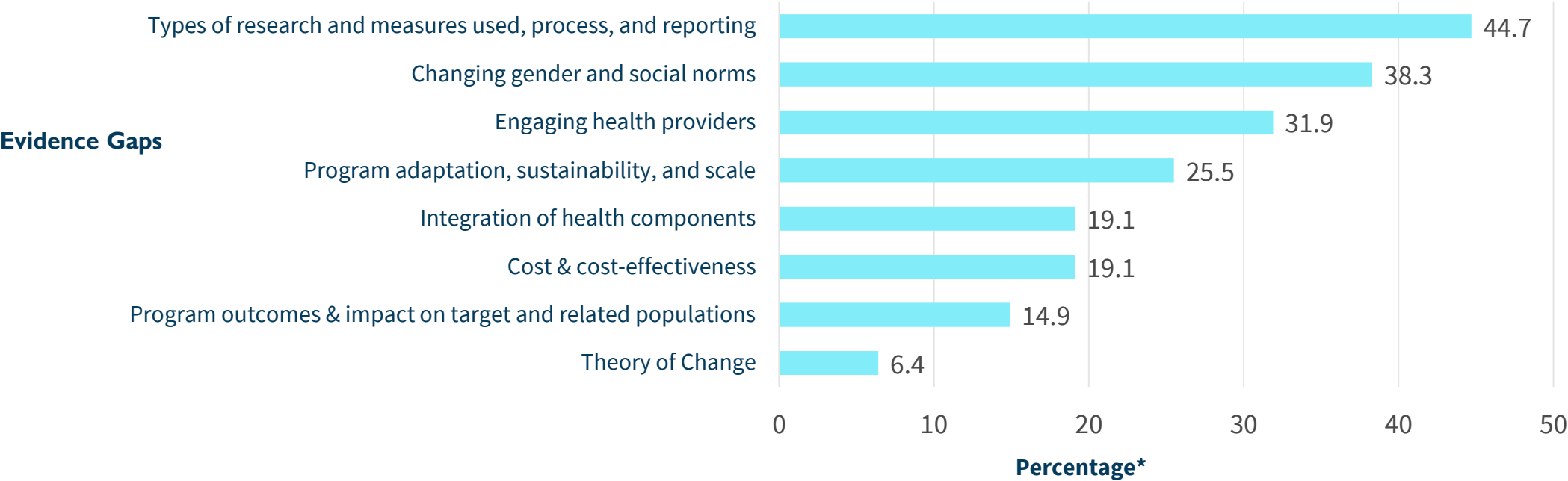
- **Convene expert consultation series.** Two expert consultations will be convened: one in Washington, D.C. and a second in conjunction with the 2018 International Social and Behavior Change Communication Summit. The aims of the consultation will be to convene SBC experts from different sectors; use guided dialogues and interactive exercises to get input on the emerging themes from the desk review; discuss prioritization processes; start to identify key research questions; and plan for the way forward.



# 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**



*\*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.*

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**PART 3.2**

# Insights From Daily Summit Polls

# 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.



INTERNATIONAL  
SBCC SUMMIT 2018  
FEATURING ENTERTAINMENT-EDUCATION

## Wednesday Daily Digest

Tuesday morning’s keynote speaker at the 2018 International SBCC Summit suggested that the only way to make transformative change in reducing inequities in health and development around the world is to change policies that put economic interests ahead of those of people and the planet.

David Chiriboga, a physician at the University of Massachusetts School of Medicine and a former health minister from Ecuador, told attendees that it is not enough to simply rely on donors to improve health and increase life expectancy in the world’s low- and middle-income countries. The historic disparities in health are so entrenched that the relatively small amount of “charity” aimed at making improvements will never be enough and systemic changes are necessary, he said.



**More polling:** There’s an icon on the Summit app called Insights Daily Poll. Each morning after the plenary, you will find a new survey designed to take the pulse of Summit participants, to get snapshot reactions to what they are hearing and discussing. Polling will close by 5 p.m. each day.

# Insights Daily Poll

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.





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?"



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

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**PART 04**

# Research Insights



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# 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?

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## PART 05

# Trending Topics

This section can reinforce Breakthrough RESEARCH priorities for evidence generation and give ideas for future direction.

Integrated programs

Evidence

Mobile technology

Prototyping

Social norms

Adaption

Sustainability

HCD

Gender

Investment

Provider behavior change

Scale-up

Complexity

Measurement

# 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 a 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.



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## PART 06

# Resources

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

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## 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.

# Summit Presentation

## WHO & 3ie's Evidence Map

### 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



Evidence gap map  
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 services to identify and respond to the health needs and well-being of women, children and adolescents. SBCE covers a range of approaches, including interpersonal communication, health education, and mass and social media. It also addresses financial barriers to health, community mobilisation, and community participation in health planning and programming.

In the era of the Sustainable Development Goals, the Every Woman Every Child movement and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) call for action towards three objectives:

- Survive (end preventable deaths);
- Thrive (ensure health and well-being); and
- Transform (expand enabling environments).

SBCE interventions are increasingly recognised as an integral component of strategies to reach these global objectives.

To support investment in and the implementation of effective and sustainable programmes, decision makers need access to evidence on intervention effectiveness. SBCE interventions have a limited global evidence base, although it is growing. Improving the availability of existing evidence will help stakeholders to draw on current knowledge and to understand where new research investments can have the greatest impact.

To support the strengthening of access to the SBCE evidence base for reproductive, maternal, newborn, child and adolescent health, the World Health Organization (WHO) commissioned this brief to synthesise the findings from two evidence gap maps (EGMs): one on reproductive, maternal, newborn and child health (RMNCH) and one on adolescent sexual and reproductive health (ASRH).

This brief highlights the main findings and commonalities related to SBCE interventions across the two EGMs and summarises areas for future research. Detailed descriptions of the inclusion criteria, methodologies and findings of each map can be found in the respective reports.

Reminder: Forthcoming BMJ Special Series

[Access all the materials from the session "An Evidence Roadmap for Social, Behavioral, and Community Engagement"](#)



# Summit Presentation

## Rajiv Rimal's Behavioral Attribute Approach

### 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



Studies in Communication Sciences 11/1 (2011) 15–34

RAJIV N. RIMAL\*, MARIA KNIGHT LAPINSKI\*\*,  
MONIQUE MITCHELL TURNER\*\*\* & KATHERINE CLEGG SMITH\*

#### The Attribute-Centered Approach for Understanding Health Behaviors: Initial Ideas and Future Research Directions

Much of the extant literature on health behavior change has focused on isolating and intervening upon individual- and environment-level behavioral determinants. Behavior change theories, particularly those adopting a social psychological approach, have delineated concepts (risk perception, self-efficacy, normative beliefs) at the individual level that are thought to have a bearing on people's actions. Similarly, theorizing about environmental determinants by those adopting a social epidemiological perspective, among others, have focused on the social determinants of health and well-being. Relatively little attention has been paid to understanding characteristics of behaviors themselves – the very things we wish to change. Hence, we have theories about people and we have theories about social and environmental factors; we do not have theories about behaviors. This paper proposes that the next generation of behavioral research focus on understanding and theorizing about behavioral attributes, which can be considered the building blocks of behaviors, the constituent characteristics that comprise a behavioral domain. Focusing on attributes allows researchers to theorize across behaviors and to test hypotheses that are based on interactions among determinants and attributes. This paper proposes initial theorizing of such a model to serve as a basis for future research.

*Keywords:* health behavior, theory, attribute, social determinant, psychosocial factors.

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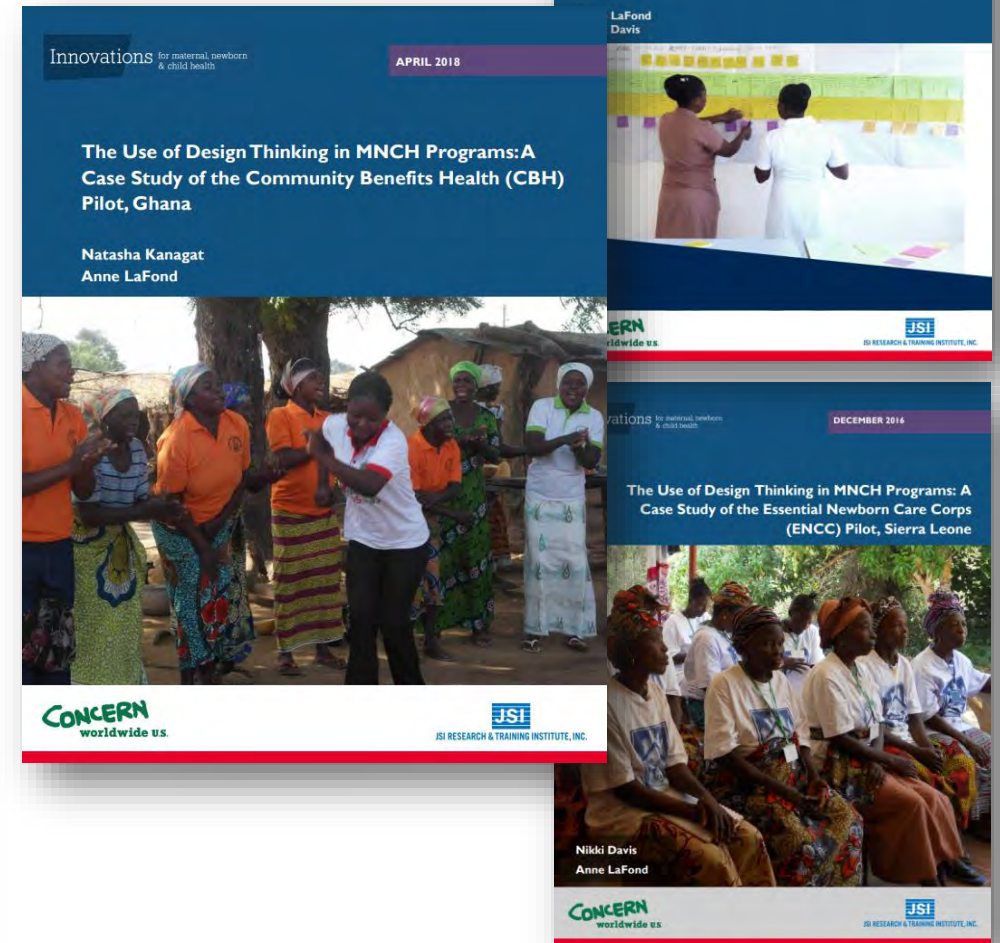
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# Summit Presentation

## Innovations for Maternal, Newborn, and Child Health



# Summit Presentation

## Beyond Bias: Bias Driver Tree

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

**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

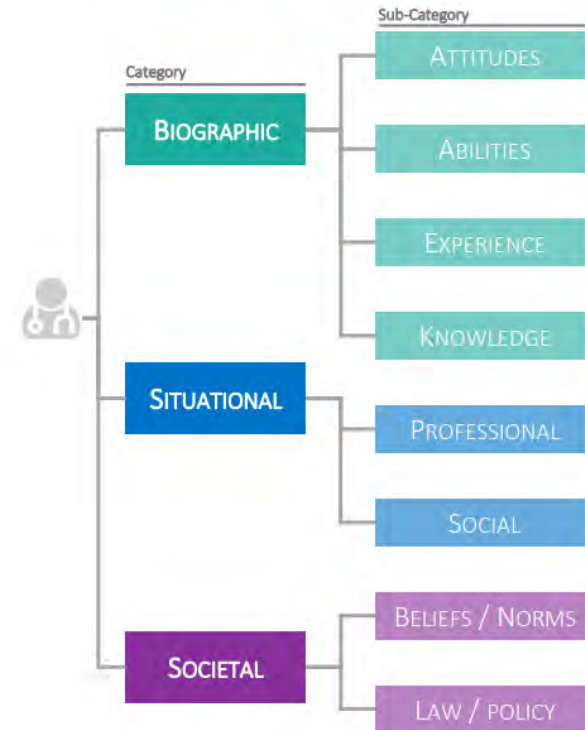
**beyond bias**

Pathfinder  
INTERNATIONAL

CAMBER  
COLLECTIVE

BERI

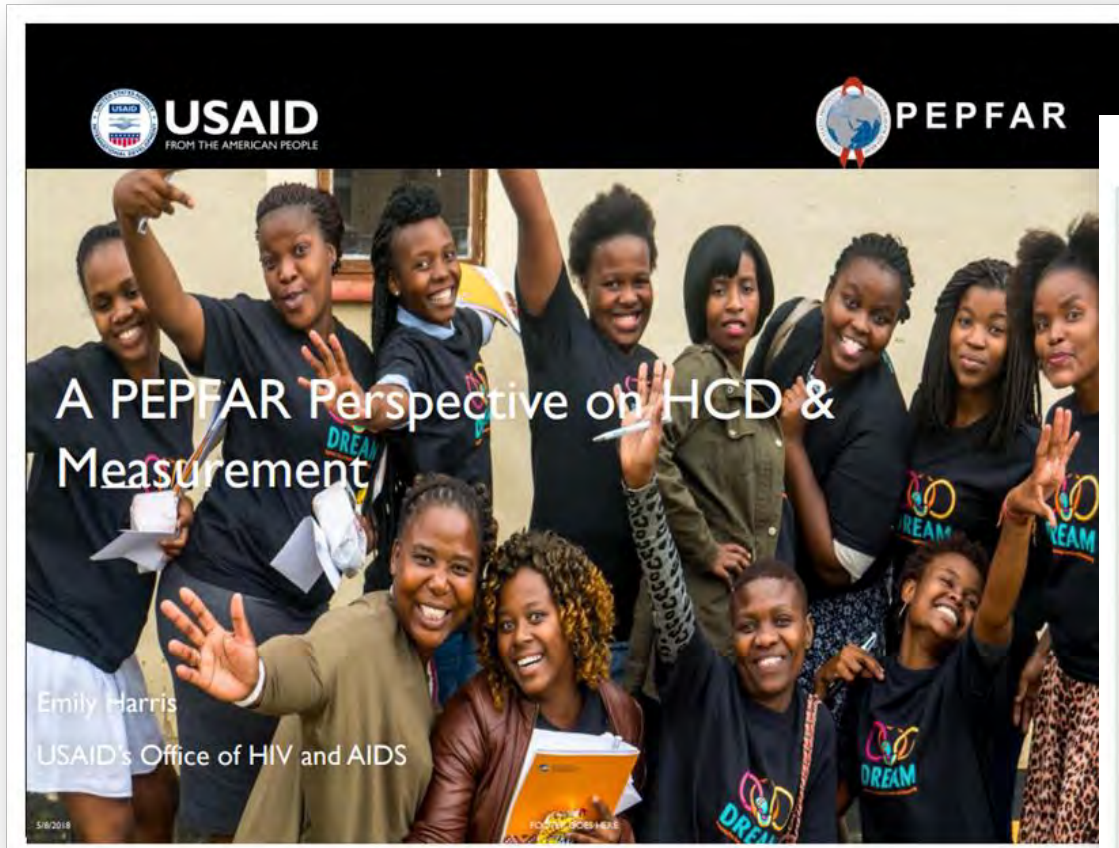
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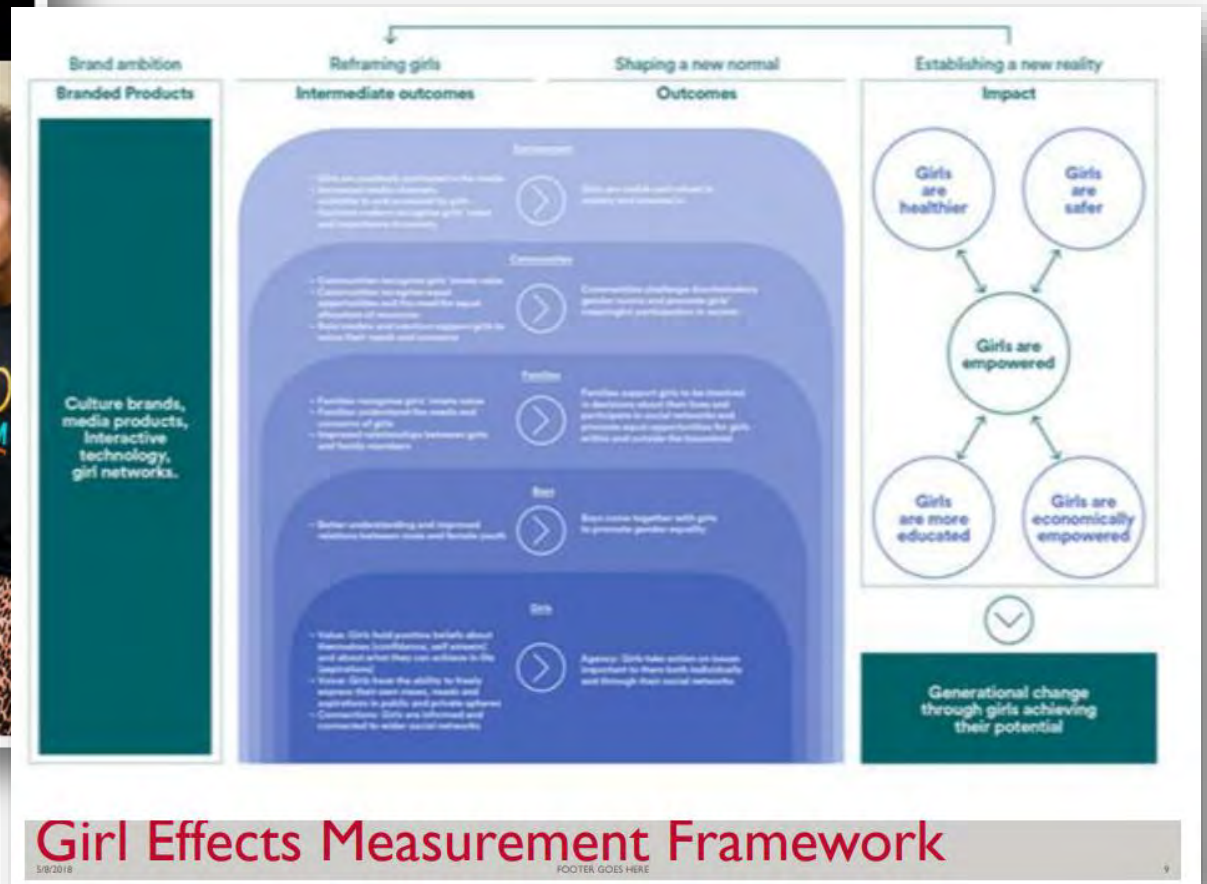


# Summit Presentation

## DREAMS: Girl Effect Measurement Framework



Reminder: Results from the Girl Effect's Measurement Framework will be presented at the 2018 AIDS Conference



## Girl Effects Measurement Framework



# Summit Presentation

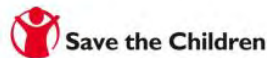
REAL Fathers Initiative: A model of adaptation, integration, and scale-up

## REAL FATHERS INITIATIVE



### Learning from the Diversity of Men and Contexts: Adapting REAL Fathers

SBCC Summit | April 20, 2018



## SCALE-UP THROUGH INTEGRATION

Tested scale-up through **integration**  
through Save the Children platforms



✓ Livelihood program in  
**Uganda (YIED)**

✓ Early education program  
**Karamoja, Uganda (EC)**

## PILOT METHODS & RESULTS

### EFFECTIVENESS

**Methods:** RCT with 500 young fathers; life history and in-depth interviews

**Finding:** Sustained effect one year post in reducing IPV, violence against children, improving parenting outcomes

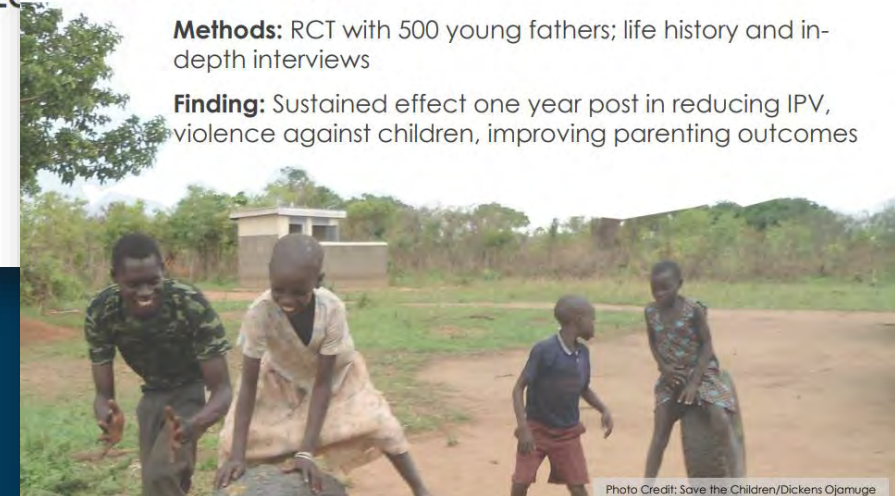


Photo Credit: Save the Children/Dickens Ojamuge

# PSI: Evaluating Interpersonal Communication



# 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



### Impact of IPC in Cambodia



# Summit Presentation

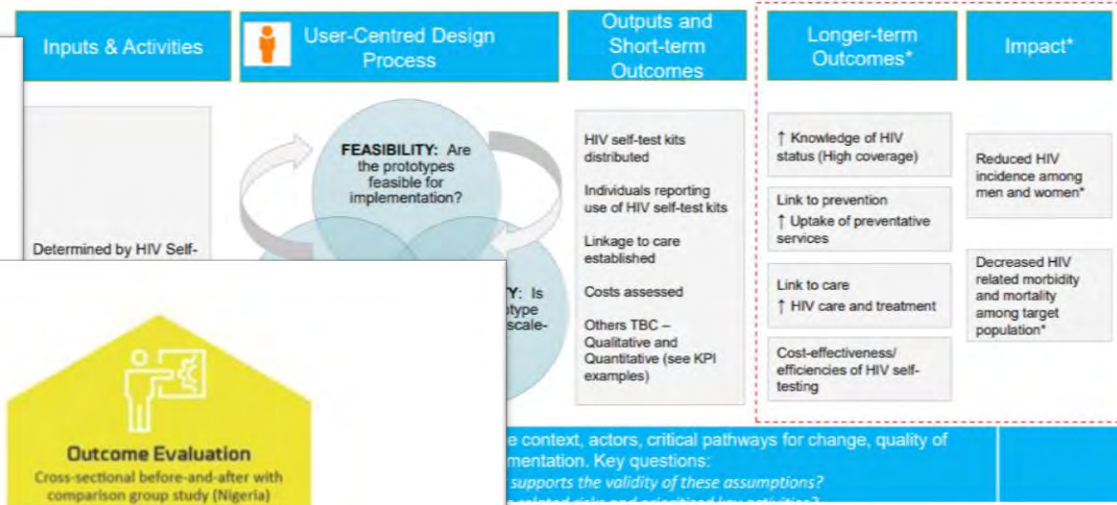
## Children's Investment Fund: M&E for HCD



### MONITORING AND EVALUATING HUMAN CENTRED DESIGN (HCD) INVESTMENTS @CIFF

CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

## HIV-ST Design Challenge ToC



# Summit Presentations

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Not seeing a presentation you are looking for?

[Access all the presentation from the SBCC Summit via  
The Communication Initiative.](#)

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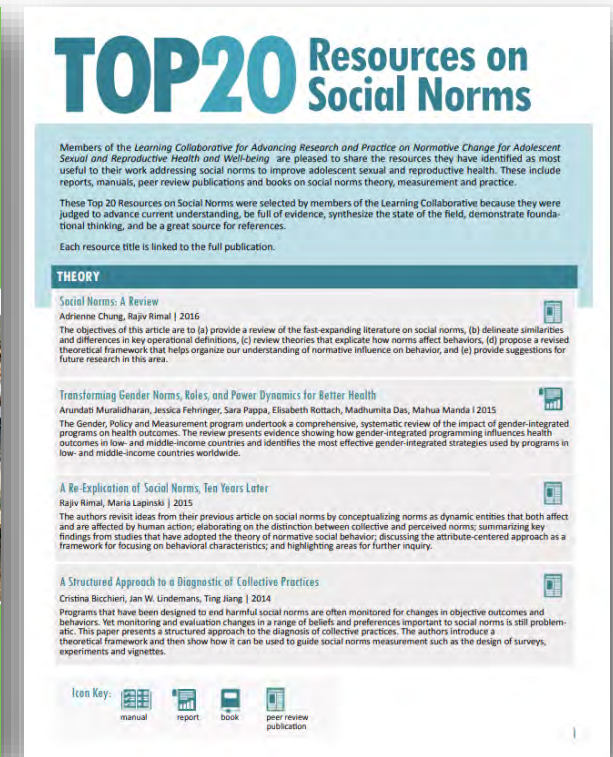
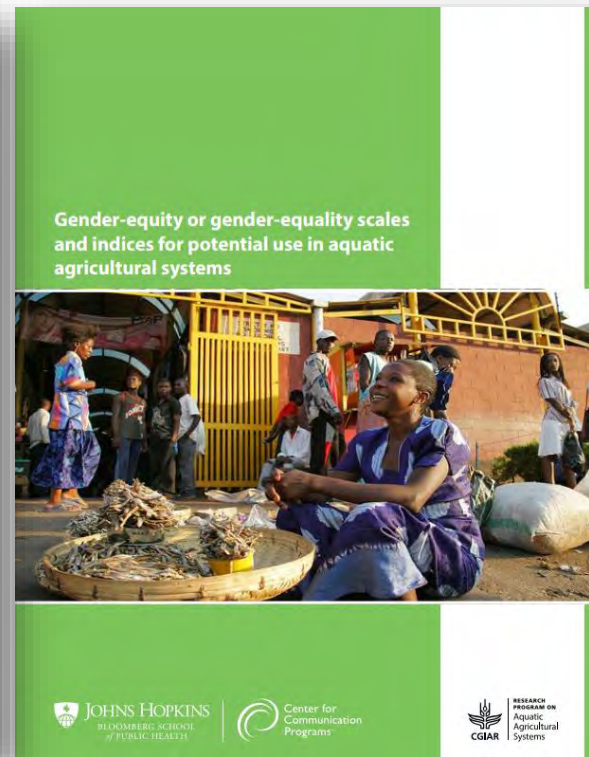
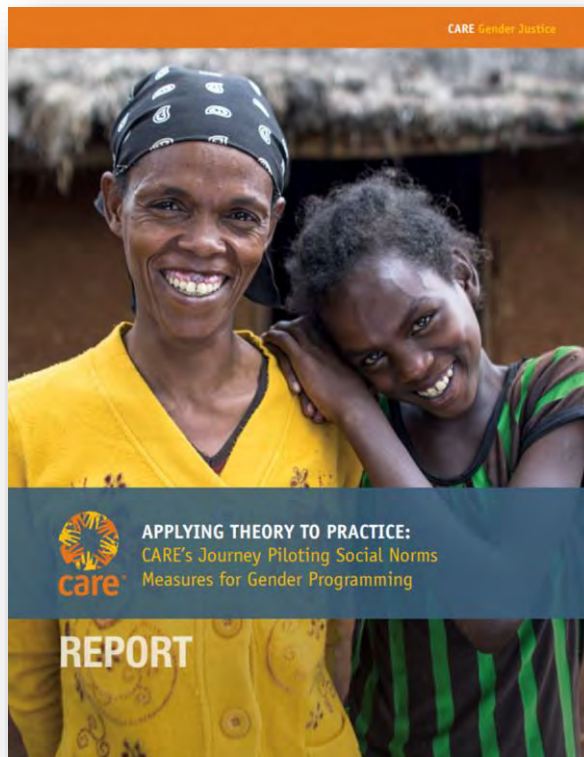
## PART 6.2

# Publications, Briefs, & Toolkits

This collection of published resources were captured by staff and noted as potentially useful.

# Resources & Publications

## Gender and Social Norms





# Resources & Publications

## Provider Behavior Change

PSI HOME \ GUIDES AND TOOLKITS \ PROVIDER BEHAVIOR CHANGE TOOLKIT

### Provider Behavior Change Toolkit

[Table of Contents](#)  
download pdf »

[Provider Behavior Change Toolkit](#)  
download pdf »

YEAR: 2016

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 candidate. 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 supervisors' skills to manage and coach PBCC representatives.

**Mini Toolkit: PBCC for Provider-Initiated IUDs**

**PBCC Program Self-Assessment Tool**


**Provider Behavior Change Implementation Kit**

HOMELEARNASSESSDETERMINEDESIGNRESOURCESI-KIT SITE NAVIGATOREN FRANÇAIS

## PROVIDER BEHAVIOR CHANGE IMPLEMENTATION KIT

HOME » PROVIDER BEHAVIOR CHANGE IMPLEMENTATION KIT

Search



### Knowledge and Behavior Change Communication to Change Provider Behavior and Improve Client Outcomes

*Understand and prioritize barriers healthcare providers face; identify whether those 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 2015 CORE Group workshop entitled, "Behavior Change in the Age of Complexity."

Contributors (in alphabetical order): Lenette Golding (FHI 360 & CORE Group/SBC-WG), Kamden Hoffmann (Insight Health), Joseph Petraglia (Pathfinder International & CORE Group/SBC-WG), Stephen Rahaim (Palladium), & Janine Schooley (Project Concern International)



**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

Sophie Sansonot, Nicolas Mada, Hienmou Radabo, Mactar Ouedraogo, Henri Somé, Robert Benfante, Joanni Mamy, Pieter Remes, Matthew Lewis, Simon Cousens, Roy Head

##### Summary

**Background** Media campaigns can potentially reach a large audience at relatively low cost but, to our knowledge, no randomised controlled trials have assessed their effect on a health outcome in a low-income country. We aimed to assess the effect of a radio campaign addressing family behaviours on all-cause post-neonatal under-5 child mortality in rural Burkina Faso.

**Methods** In this repeated cross-sectional, cluster randomised trial, clusters (distinct geographical areas in rural Burkina Faso with at least 40000 inhabitants) were selected by Development Media International based on their high radio listenership (>60% of women listening to the radio in the past week) and minimum distances between radio stations to exclude population-level contamination. Clusters were randomly allocated to receive the intervention (a comprehensive radio campaign) or control group (no radio media campaign). Household surveys were performed at baseline (from December, 2011, to February, 2012), midline (in November, 2013, and after 20 months of campaigning), and endline (from November, 2014, to March, 2015, after 32 months of campaigning). Primary analyses were done on an intention-to-treat basis, based on cluster-level summaries and adjusted for imbalances between groups at baseline. The primary outcome was all-cause post-neonatal under-5 child mortality. The trial was designed to detect a 20% reduction in the primary outcome with a power of 80%. Routine data from health facilities were also analysed for evidence of changes in use and these data had high statistical power. The indicators measured were new antenatal care attendances, facility deliveries, and under-5 consultations. This trial is registered with ClinicalTrials.gov, number NCT01517230.

**Findings** The intervention ran from March, 2012, to January, 2015. 14 clusters were selected and randomly assigned to the intervention group (n=7) or the control group (n=7). The average number of villages included per cluster was 14 in the control group and 29 in the intervention group. 2269 (82%) of 2784 women in the intervention group reported recognising the campaign's radio spots at endline. Post-neonatal under-5 child mortality decreased from 93.3 to 58.5 per 1000 livebirths in the control group and from 125.1 to 85.1 per 1000 livebirths in the intervention group. There was no evidence of an intervention effect (risk ratio 1.00, 95% CI 0.82-1.22; p=0.999). In the first year of the intervention, under-5 consultations increased from 68 681 to 83 022 in the control group and from 79 852 to 111 758 in the intervention group. The intervention effect using interrupted time-series analysis was 35% (95% CI 20-51; p<0.0001). New antenatal care attendances decreased from 13 129 to 12 997 in the control group and increased from 19 658 to 20 202 in the intervention group in the first year (intervention effect 6%, 95% CI 2-10; p=0.004). Deliveries in health facilities decreased from 10 598 to 10 533 in the control group and increased from 12 155 to 12 902 in the intervention group in the first year (intervention effect 7%, 95% CI 2-13; p=0.004).

**Interpretation** A comprehensive radio campaign had no detectable effect on child mortality. Substantial decreases in child mortality were observed in both groups over the intervention period, reducing our ability to detect an effect. This, nevertheless, represents the first randomised controlled trial to show that mass media alone can change health-seeking behaviours.

**Funding** Wellcome Trust and Planet Wheeler Foundation.

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##### Introduction

Scenario-based projections suggest that, to achieve the Sustainable Development Goal (SDG) target of 25 or fewer under-5 deaths per 1000 livebirths by 2030, about two-thirds of all sub-Saharan African countries will need to accelerate progress in reducing under-5 deaths.<sup>1</sup> Poor

coverage of effective interventions for preventing child deaths has been attributed to weaknesses in both provision of and demand for services.<sup>2</sup> While much effort towards achieving the Millennium Development Goals has focused on health systems and the supply side,<sup>3</sup> including community case management of childhood

Lancet Child Health 2016; 6: e239-42

See Comment page e232

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## Policy Briefing



POLICY BRIEFING #18

OCTOBER 2016

## Coming of age: communication's role in powering global health

Caroline Sugg



Institute for Health and Development

## No Short Cuts in Entertainment-Education: Designing Soul City Step-by-Step<sup>1</sup>

Shereen 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. Singhal served on the research advisory committee to Soul City IV, the subject of the present chapter.

*"I saw it on the telly [television] and it was an eye opener... We Black people have this tendency that when we have problems at home we hide them... A woman who is being abused by her husband won't tell anyone... What Soul City has done is to show us that if a woman is being abused physically and emotionally, she should report that... And if you see someone in the street being beaten, you are not supposed to keep quiet... Like in Soul City when Matlakala was being abused, the community kept quiet until she was*

<sup>1</sup>The present chapter draws upon Usdin et al. (2000); 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.



HEALTH COMMUNICATION CAPACITY COLLABORATIVE

### SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KITS



**MALARIA CASE MANAGEMENT MONITORING AND EVALUATION FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION**

Monitoring and Evaluation for Social and Behavior Change Communication is a how-to guide developed to support professionals from National Malaria Control Programs (NMCPs), health promotion units, technical working groups, and implementing partners to monitor and evaluate SBCC activities that support case management. This guide will take the reader through **five steps** in developing and executing a **plan for monitoring and evaluating SBCC components of malaria case management interventions**, and then provide **three examples** based on actual SBCC programs.



**INTEGRATED SBCC PROGRAMS**

The **Integrated SBCC Programs Implementation Kit (I-Kit)** provides guidance to programs seeking to develop an integrated SBCC strategy. It offers insights, recommendations, examples, tools and links to useful resources, and focuses on the aspects of SBCC unique to integrated programming and avoids basic SBCC content that would be applicable to any SBCC program.

The emphasis of this I-Kit is health, but the concepts and tools may be applied to a range of development issues.



**PROMOTING QUALITY MALARIA MEDICINES THROUGH SBCC**

Substandard, spurious, falsified, falsely-labeled and counterfeit - or SSFFC - malaria medicines cause undue harm because they cannot effectively treat malaria. SSFFC malaria medicines can also negatively influence consumer behavior and threaten national healthcare systems. The **Promoting Quality Malaria Medicines Through SBCC Implementation Kit (I-Kit)** provides national and local stakeholders, as well as program managers, with key considerations and a road map for designing and implementing a country-specific social and behavior change communication (SBCC) campaign that protects the public from poor quality malaria medicines and responds to the threat of poor quality medicines in their country.



**INTEGRATING SBCC INTO SERVICE DELIVERY PROGRAMS**

The **Integrating SBCC into Service Delivery Programs I-Kit** aims to help service delivery project managers effectively use service communication to enhance the impact of their project. This I-Kit can be used to help increase demand for and uptake of services, and improve consistent long-term maintenance of healthy behaviors. It is designed to help users understand key service communication concepts, apply SBCC techniques to create successful communication activities, and learn how to better coordinate efforts with SBCC projects.

Disponible en français.

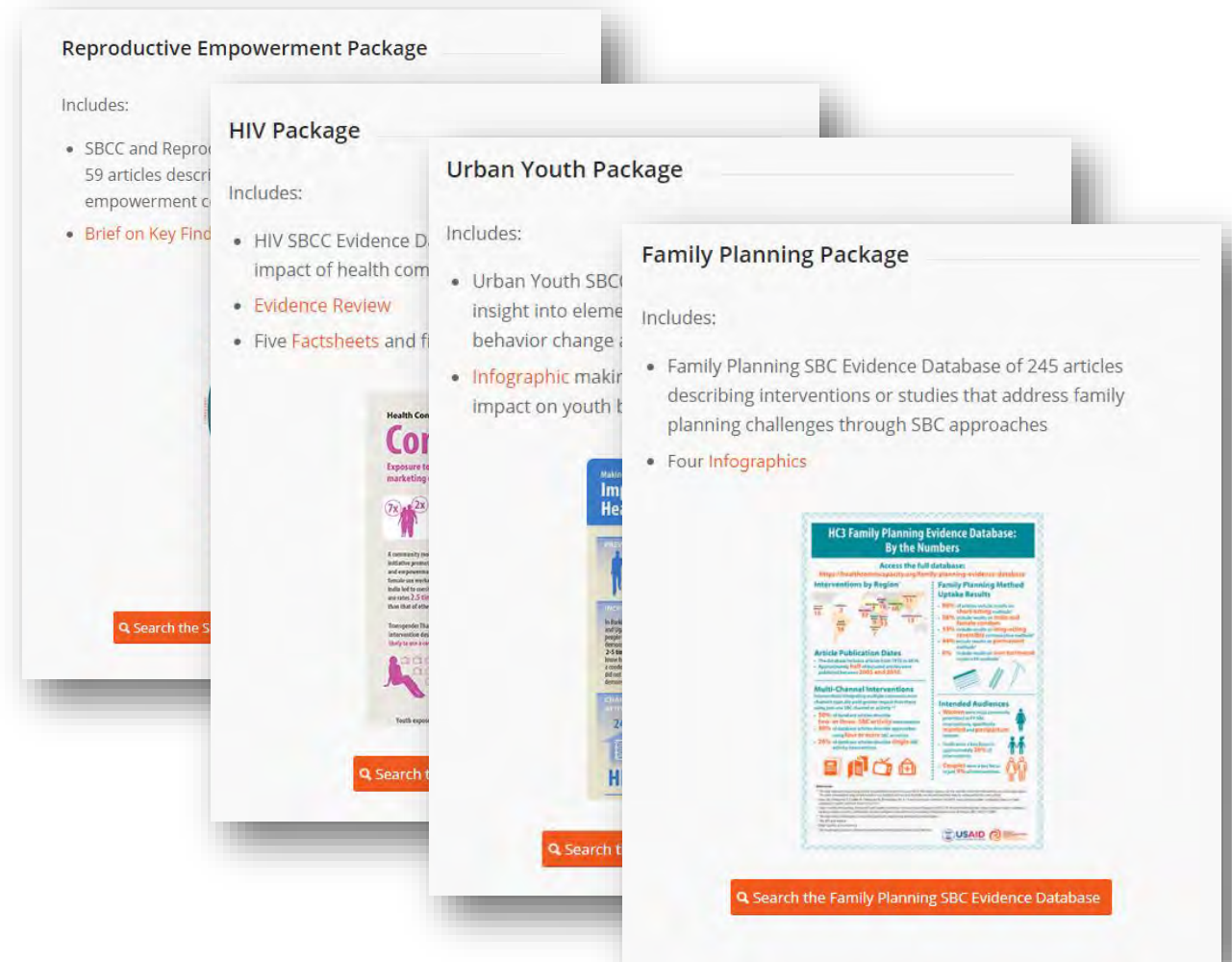


# Resources & Publications

## HC3 Resource Platforms

**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.



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## 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.](#)



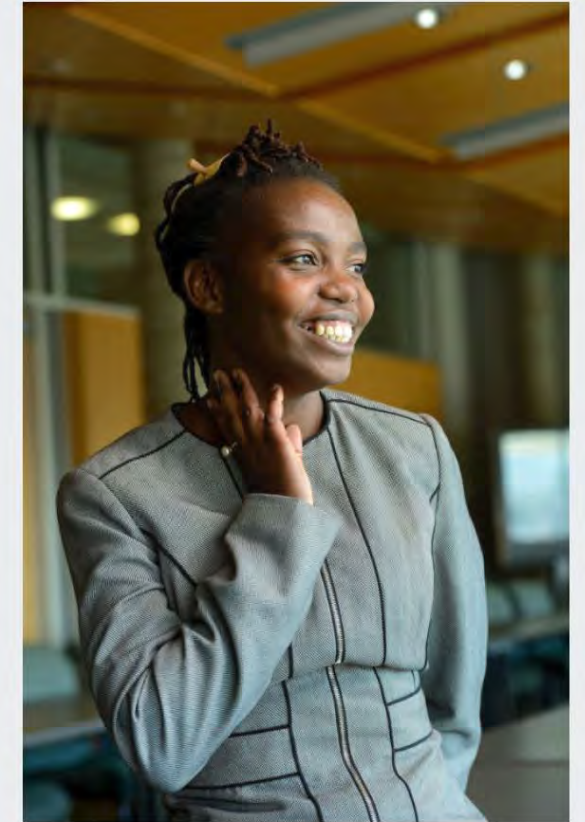
# Platforms & Dissemination Networks

- **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.



#family planning #fpvoices #implementer #africa  
#advocacy #youth

August 14, 2018



**Nissily Mushani, 120 Under 40 Winner**

**Economist; PhD Student, University of Nairobi**

*Malawi*

There have been a number of times where I've thought advocating for an issue is useless and a waste of time—until, when you do not expect it, change happens. That has led me to say, "Advocacy is not an easy thing, but I will keep going." For instance, we changed our age-of-marriage act in Malawi... Before, the act said a

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**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.*



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**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

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

Carolyn Rodehau and Reshma Naik. 2018. Conference Capture Form Summary: A synthesis of knowledge management activities from the International Social Behavior Change Communication Summit. Slidedoc Report. Breakthrough RESEARCH: Washington, DC.

#### **Population Council**

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Washington, DC 20008

Tel: +1 202 237 9400

[breakthroughactionandresearch.org](http://breakthroughactionandresearch.org)