Social Behavior Change for Service Delivery Community of Practice Shared Agenda

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Background

The **Social and Behavior Change for Service Delivery Community of Practice** is a group of professionals committed to improving the practice of integrating social and behavior change (SBC) across the service continuum—particularly in the areas of reproductive, maternal, newborn, and child health (RMNCH). Representatives from donor and implementing partner organizations and other technical experts work together to improve coordination between partners. They also apply SBC principles to enhance service delivery at the individual, household, community/societal, and structural/policy levels.

The Community of Practice (CoP) aims to establish and maintain a shared agenda to unite practitioners and decision makers around priority areas in SBC for RMNCH service delivery. To work towards established priority areas, the CoP uses a holistic model, the **Circle of Care Model**™,[1] to show how SBC can be applied across the service continuum—before, during, and after services—to improve health outcomes.

In 2018, the CoP established a **shared agenda** to unite practitioners and decision makers around three priority areas in SBC for RMNCH service delivery: provider behavior change, measurement and indicators, and health service referrals. Over the past five years, CoP members have worked to advance these priority areas by developing tools and resources, adding to the literature, and exchanging lessons learned, best practices, and other resources during CoP meetings. Additionally members contributed tools, knowledge products, and other resources to a shared resource directory and created and added indicators to an indicator bank to track SBC for service delivery progress. The successes from the past several years have inspired CoP members to continue to advance and shape the field of SBC for service delivery through a revised Shared Agenda.

Introduction to the Revised Shared Agenda

In 2022, the SBC for Service Delivery CoP undertook a review of its 2018 shared agenda to identify accomplishments to date, remaining gaps, and priorities moving forward. The CoP Secretariat analyzed a 2022 desk review related to SBC for service delivery and surveyed SBC and service delivery professionals to understand needs, gaps, and priorities in the field. The CoP then met to review these results, further brainstorm priority areas, and articulate how the CoP should contribute to their advancement. Finally, the Secretariat sent out a survey to CoP members to identify the final set of priority and action areas:

Priority areas

1. Normative influences on service delivery.
2. Provider Behavior Change.
3. Health Systems Strengthening.

Action areas

1. Advocate for the integration of SBC into service delivery programming and identify priorities for the field.
2. Develop programmatic tools and guidance.
3. Share research, evidence, learnings, and experiences.
4. Provide professional development and SBC capacity strengthening.

How to use the Shared Agenda

A range of stakeholders can use the SBC for Service Delivery Shared Agenda, including donors, program implementers, and researchers. These stakeholders can advance the outlined priorities collectively by participating in CoP-sponsored activities and individually by promoting the priorities and actions in their own project efforts.

Stakeholder	Use
Donors	• To prioritize funding activities that address SBC for RMNCH service delivery gaps. • To design new programs that include priority areas.
Program Implementers	• To advocate for the inclusion of priority and action areas in programmatic work plans. • To understand concrete ways SBC interventions can support and integrate with service delivery to improve RMNCH outcomes.
Researchers	• To use SBC research to identify gaps and best practices in prioritized service delivery areas.

The CoP will use the Shared Agenda to determine the products or deliverables the CoP Secretariat will produce. There are two contributing bodies to the CoP activities: the Secretariat and the members. The Secretariat includes the co-chairs (Breakthrough ACTION and Jhpiego) and leads the CoP by planning and organizing three community meetings a year. The Secretariat has funding to produce a number of priority-focused activities each year. It is responsible for leading and executing these activities and CoP members can contribute by participating in CoP working meetings and volunteering their time.

Priority Areas

The following describes each of the CoP priority areas and goals to advance the field of service delivery.

1. **Normative influences on service delivery** include social, cultural, and gender norms, which can affect individual and group decisions, behaviors, and actions. SBC for service delivery interventions need to understand if, how, when, and under what conditions service delivery-related behavior is influenced by social, cultural, and gender norms. This includes how norms influence demand for services, accessibility, provision of services, and maintenance of health behaviors.[2]

   Goal: Increase understanding of and the ability to address normative factors influencing service delivery.

2. **Provider Behavior Change** (PBC) aims to support community- and facility-based providers* in the public and private sectors to improve client health outcomes by addressing factors that shape provider behavior. These interventions may engage directly or indirectly with providers to address individual, interpersonal, client, community, workplace, health systems, and country or geopolitical factors that impede or facilitate positive provider behaviors. Those implementing SBC for service delivery interventions need to better understand the full range of factors influencing provider behavior and design initiatives that address those factors.[3]

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* Health care providers are "individuals who provide services, products, or information with the aim of promoting, protecting, and improving health. Health care providers constitute a diverse group of individuals who operate in different settings with distinct roles and varied levels of training."[1,2] This includes medical doctors, nursing professionals, midwifery professionals, pharmacists, community health workers, personal care workers, health management and support personnel, those who provide management or supervision of care, and others who operate outside of the formal health system such as traditional healers and birth attendants.[3–5]

Goal: Advance the design, implementation, monitoring, and evaluation of empathic, systems-focused provider behavior change initiatives.

3. **Health Systems Strengthening (HSS)** aims to sustainably improve country-level health systems by designing and adapting interventions and policies to ensure that public and private health delivery channels provide accessible, high-quality health care services at the facility and community level. A fundamental building block for effective HSS is SBC; however, the relationship between these two approaches is unclear, and relevant programs need further research and adaptation to advance the integration of SBC and HSS.[6]

   Goal: Understand and advocate for the role of SBC for service delivery in HSS to improve the quality, equity, and resource optimization in RMNCH services.

Action Areas

Across these priority areas, the CoP will engage in four broad actions:

1. Advocate for the integration of SBC into service delivery programming and identify priorities for the field.
2. Develop programmatic tools and guidance.
3. Share research, evidence, learnings, and experiences.
4. Provide professional development and SBC capacity strengthening.

Each action area has a table outlining the intent for each priority area and illustrative activities the CoP, its members, or other organizations and individuals could undertake to advance this Shared Agenda. The illustrative activities provide ideas for joint deliverables the CoP may pursue and for efforts individual CoP members may prioritize within their own funded project efforts. The agenda integrates two cross-cutting principles—as identified by CoP members—across the action areas: (1) health equity and (2) effective coordination between SBC for service delivery partners (see section: Cross-Cutting Principles).

The CoP's comparative advantage in pursuing each of these action areas is also listed, which attests to CoP members' knowledge, expertise, and resources for concerted efforts toward each action area.

Action Area 1: Advocate for the integration of SBC into service delivery programming and identify priorities for the field

CoP comparative advantage: CoP members are well-respected experts in SBC, service delivery, and RMNCH from multilateral, implementing, and funding organizations around the world, with great potential to influence key decision makers at global and local levels.

Priority 1: Normative Influences on Service Delivery	**Priority 2: Provider Behavior Change**	**Priority 3: Health Systems Strengthening**
Intent: ***Advocate with governments and donors for integrated SBC and service delivery programming that addresses normative influences on RMNCH service delivery.***	**Intent:** ***Advocate for the funding and implementation of systemic approaches to PBC.***	**Intent:** ***Advocate for the integration of SBC and service delivery approaches as an accountability mechanism for HSS actors (government officials, donors, health system providers).***
Illustrative Activities • Write commentaries/ opinion pieces about the importance of addressing social and gender norms that influence service delivery. • Advice/provide technical assistance to donors and governments during costed implementation plans and other strategy development and budgeting activities. • Create guidance for donors and governments on designing requests for proposal/investments/ strategies that integrate SBC into service delivery programming. • Advocate for longer-term programming to address social norms change.	**Illustrative Activities** • Catalog recent PBC research and tools that demonstrate the power of a socio-ecological approach to PBC to encourage donors and government representatives to invest in more holistic PBC initiatives. • Discuss and compile learnings about the use of non-training PBC approaches. • Map out research and programmatic gaps related to PBC. • Provide guidance to donors and government representatives on how to institutionalize PBC practices. • Write commentaries/ opinion pieces that encourage connecting PBC to health systems strengthening efforts. • Develop uniform quality standards.	**Illustrative Activities** • Provide guidance to donors and government representatives on using SBC for service delivery in national HSS policies and programs to improve patient satisfaction of RMNCH services. • Write commentaries/ opinion pieces that encourage connecting SBC and service delivery to health systems strengthening efforts. • Map out research and programmatic gaps related to SBC and service delivery's role in HSS outcome to improve the quality, equity, and resource optimization in RMNCH services.

Action Area 2: Develop programmatic tools and guidance

CoP comparative advantage: The CoP brings together experts in SBC, service delivery, and RMNCH from multilateral, funding, and implementing organizations around the world. Leveraging the wealth of expertise and experience of its members, the CoP has a unique opportunity to develop cutting-edge, practical, and evidence-informed tools and guidance for practitioners that enhance and build upon existing tools, evidence, and guidance.

Priority 1: Normative Influences on Service Delivery	**Priority 2: Provider Behavior Change**	**Priority 3: Health Systems Strengthening**
Intent: ***Create practical tools and guidance for practitioners who seek to address normative influences on RMNCH service delivery.***	**Intent:** ***Provide practical tools to help implementers develop theory-based, strategic PBC initiatives that address a wider range of providers.***	**Intent:** ***Develop practical tools and guidance for practitioners seeking to incorporate SBC and service delivery theories and approaches to HSS strategies, responses, and/or activities.***
Illustrative Activities • Develop tools to help SBC and service delivery practitioners identify and address normative barriers to quality RMNCH service delivery. • Provide technical assistance to SBC and/or service delivery practitioners during program design.	**Illustrative Activities** • Develop or adapt PBC tools that focus on community health workers as an audience. • Create PBC case studies that analyze failings and challenges, document learnings, and provide recommendations. • Develop or adapt guidance on how to incorporate theory and theories of change into PBC programming. • Create guidance document on addressing provider attitudes.	**Illustrative Activities** • Create case studies that highlight the outcomes from using an SBC for service delivery approach in HSS programming. • Call for project examples and develop a guidance document on how to incorporate in SBC for service delivery in HSS work.

Action Area 3: Share research, evidence, learnings, and experiences

CoP comparative advantage: The CoP brings together partners from diverse projects, backgrounds, and geographies, which enables broader learning across projects. Given the broad membership, the CoP is able to determine evidence gaps and priorities and set goals to advance evidence at a higher level than a project or organization can. The CoP has already created a space for cross-learning and fertilization, which puts its Secretariat in a position to compile and share learnings from multiple projects and experiences.

Priority 1: Normative Influences on Service Delivery	**Priority 2: Provider Behavior Change**	**Priority 3: Health Systems Strengthening**
Intent: ***Build the evidence base for SBC for service delivery programs that address social and gender norms with a focus on filling known gaps and documenting promising new approaches.***	**Intent:** ***Build the PBC evidence base with a focus on filling known gaps and documenting promising new approaches.***	**Intent:** ***Identify gaps and build the evidence base for the nexus of SBC and HSS interventions and responses.***
Illustrative Activities • Compile case studies and best practices (highlighting "failures" and successes). • Submit abstracts to present at conferences. • Conduct reviews to identify (1) the most salient social and gender norms that affect service delivery across the continuum; (2) strategies to address those barriers through programming; (3) evidence gaps.	**Illustrative Activities** • Document promising new approaches to PBC for both facility-based providers and community health workers. • Write journal articles that fill gaps identified in the PBC Research and Learning Agenda. • Identify and add new PBC research to the SBC Family Planning Evidence Database. • Submit joint abstracts to global and regional conferences. • Host side events at conferences.	**Illustrative Activities** • Identify and add new service delivery in HSS research to the SBC Family Planning Evidence Database. • Host a webinar showcasing best practices from RMNCH programs that used service delivery approaches in HSS efforts to improve quality, equity, and/or resource optimization in RMNCH services.

Action Area 4: Provide professional development and SBC capacity strengthening

CoP comparative advantage: The CoP comprises experts in SBC, service delivery, and RMNCH from around the world who can share their unique challenges, successes, and lessons learned with new and experienced professionals for practical application.

Priority 1: Normative Influences on Service Delivery	Priority 2: Provider Behavior Change	Priority 3: Health Systems Strengthening
Intent: Build SBC and service delivery practitioners' capacity to design, implement, and evaluate interventions that address social and gender normative barriers to RMNCH service delivery.	**Intent: Build SBC and service delivery actors' capacity to design, implement, and evaluate more effective PBC initiatives.**	**Intent: Build SBC, service delivery, and HSS actors' capacity to use SBC to address gaps and barriers in HSS work.**
Illustrative Activities • Annual workshop/training for service delivery practitioners on addressing normative factors through SBC for service delivery programming. • Create opportunities for SBC and service delivery practitioners to share ongoing challenges and brainstorm/seek advice and mentorship from others.	**Illustrative Activities** • Host interactive webinars and/or workshops related to CoP members' PBC work or tools. • Develop "how-to" guides on key elements of PBC programming and research. • Organize PBC peer assist sessions. • Host "office hours" to answer questions that come up about PBC.	**Illustrative Activities** • Host interactive webinars and/or workshops related to CoP members' SBC for service delivery work or tools to improve HSS efforts. • Develop "how-to" guides on how to leverage SBC for service delivery approaches to improve HSS programming and research outcomes.

Cross-Cutting Principles

In pursuing these priority and action areas, the CoP recognizes two cross-cutting principles: (1) health equity and (2) effective coordination between SBC and service delivery partners.

1. Health equity: Health equity is obtained when every individual is able to reach their full health potential without facing unfair structural and social barriers that can negatively impact their health outcomes and living conditions.[6] Including equity throughout the priority and action areas ensures our work addresses the social, cultural, gender, and economic-related barriers and facilitators, among others. This prevents vulnerable individuals and populations from accessing the RMNCH services they want and need.

2. Effective coordination between SBC for service delivery partners: Coordination includes developing strategies and activities to facilitate collaboration between SBC and service delivery practitioners to improve the effectiveness and sustainability of health services. Incorporating effective

coordination efforts between SBC, service delivery, and community partners will guide the development of CoP activities to focus on the harmonization of supply- and demand-side quality health care service delivery and sustained behavior and normative change.[7] These principles are woven into CoP activities under each priority area to ensure sustainability and increase overall impact.

How will the community of practice measure progress?

To track CoP members' individual and collective progress towards advancing this shared agenda, the CoP will conduct an annual survey of members. The survey will capture the output indicators listed below:

- Number of CoP members contributing to products/activities.
- Number of resources added to the directory (overall and per priority area).
- Number of experience/evidence exchange events hosted (overall and per priority area).
- Number of SBC professional development/capacity building trainings, workshops, and events held (overall and per priority area).
- Number of manuscripts published by CoP members (overall and per priority area).

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