

Social and Behavior Change for Service Delivery Community of Practice Spearheading Progress Through a Shared Agenda

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Acronym List

CoP	Community of Practice
HCD	Human-Centered Design
PBC	Provider Behavior Change
SBC	Social and Behavior Change
TDY	Temporary Duty

Introduction

Social and behavior change (SBC) for service delivery refers to using SBC processes and techniques to motivate and increase uptake and/or maintenance of health service-related behaviors among intended audiences. It uses a holistic model, the Circle of Care,¹ to show how SBC can be applied across the service continuum—before, during, and after services—to improve health outcomes. SBC for service delivery is distinguished by its focus on service interactions: the use of SBC to motivate clients to access services (before services); to improve the client-provider interaction (during services); and to boost adherence and maintenance (after services). The concept includes considerations of social and cultural norms that impact service use (or non-use) and delivery, the physical environment in which services are delivered, and the communication that takes place between a client and provider.

SBC for service delivery efforts *before* service delivery might include campaigns that drive clients to seek health services through awareness raising or addressing knowledge gaps and misperceptions; activities to help prepare clients and providers to more constructively interact with one another for the best outcome; efforts to address harmful social norms that might prevent a client from seeking services; or advocacy to create an environment where clients can seek services. Efforts *during* services focus directly on the interaction between clients and providers and may include job aids to help providers ask the right questions and support clients; provider behavior change activities; trust building efforts; and client empowerment. Efforts *after* service delivery could include establishing referral mechanisms; provider outreach or follow-up with their client; or the use of satisfied client testimonials or support groups, to support maintenance of a new behavior or adherence to treatment.

The SBC for Service Delivery Community of Practice (CoP), which focuses on family planning and maternal and child health, unites representatives from donor and implementing partner organizations and other technical experts, who work to improve SBC for service delivery at the individual, household, community/normative, and structural/policy levels.

Goals and Commitments

One of the CoP's main goals is to establish a shared agenda to unite practitioners and decision-makers around priority areas in family planning and maternal and child health service delivery. Through consultative meetings, a survey among CoP members, and other communications, SBC for service delivery practitioners repeatedly called for action in three key areas. Accordingly, CoP members agree to prioritize: **1) Provider Behavior Change, 2) Measurement and Indicators, and 3) Health Service Referrals**. These priority areas are explained further in the next section.

¹ See: The Circle of Care Model: Social and Behavior Change along the Service Delivery Continuum at <http://healthcommcapacity.org/wp-content/uploads/2017/06/Circle-of-Care-Model.pdf>

To strengthen CoP members' work in these three domains and advance the SBC for service delivery field, CoP members agree to:

- Create and participate in an online communication platform to house resources, connect with other CoP members, exchange ideas, and connect with in-country colleagues.
- Create and populate a shared directory of current and planned SBC for service delivery work.
- Coordinate or share technical assistance trips (e.g., temporary duty [TDY]) to harmonize workstreams where possible—in particular between SBC and service delivery projects.
- Identify and share best practices by:
 - Presenting relevant work in CoP meetings
 - Hosting themed consultative meetings with experts
 - Holding webinars
 - Holding “Fail Fests” to explore what has not worked and identify solutions
 - Documenting process as well as outcomes.

Priority Areas

The following describes each of the priority areas and outlines illustrative actions CoP members will take to advance them.

Provider Behavior Change (PBC) goes beyond a provider's technical knowledge and physical environment and focuses instead on the role a health care worker's motivations, attitudes, and socio-cultural norms play in their interactions with clients. PBC seeks to positively influence a health care provider's behavior by addressing these factors, and to enable them to deliver quality service – regardless of a client's age, sex, parity, or socio-economic status – and therefore increase a client's likelihood of using health care services.

To advance PBC, CoP members shall:

- As resources allow, incorporate exercises that examine providers' technical capacity, physical service delivery environment, and personal/professional values, in order to identify factors or biases that might impact a provider's ability to provide quality care.
- Consider in their programming how to strengthen a provider's interaction with clients at three critical phases: before (e.g., outreach), during (e.g., client-centered counseling), and after (e.g., appropriate follow-up) care is delivered.
- Appreciate provider perspectives and include them in the design of interventions.
- Seek innovative solutions to enhance PBC (e.g., identifying and testing promising applications from behavioral economics, applying human centered design [HCD] approaches).

Measurement and Indicators refers to quantifying the state of SBC for service delivery according to specific, precise, and consistent touch points, and measuring progress or backsliding of service-related health outcomes against these components over time, between contexts, or by intervention. Indicators should measure efforts across the Circle of Care—before, during and after services—meaning, broadly, assessing the demand for services created, the quality of service interactions, and support for behavioral maintenance and treatment adherence. Indicators should account for quality and content of SBC for service delivery efforts, as well as structural, normative, and behavioral factors. They should also represent community, client, and provider perspectives. Process indicators can also be useful at the intervention level to help determine best implementation practices. Having a uniform set of indicators facilitates consistent measurement, makes identifying best practices easier, and accelerates innovation and scale-up.

To advance SBC for service delivery measurement and indicators, CoP members shall:

- Identify strong indicators that measure SBC for service delivery in the areas of family planning and maternal and child health.
- Design indicators that address noted SBC for service delivery measurement gaps, such as those that measure provider support and supervision within their workplace (facility or community) to deliver quality services, relationship depth and quality between healthcare providers/facilities and their catchment areas, and post-service desired behavior maintenance among clients.
- Agree upon, adhere to, and report according to a uniform bank of process, output, outcome, and impact indicators, disaggregated by sex and age as necessary.

Health Service Referrals establish or leverage links between different health services (e.g., family planning and childhood vaccinations), and help ensure services are available and accessible to clients, regardless of the client’s service access point (e.g., at a health post, through a community health worker, or at a health facility). A functioning referral system requires an interconnected network of healthcare providers in a given location, as well as service providers who are capable of 1) identifying a client’s need for a given service, 2) relaying current knowledge of where a client can go to receive said high-quality service, and 3) following up to learn whether the client accessed the service and whether her/his needs were satisfactorily met. Proper health service referrals are crucial for clients to obtain the services they need in a timely manner for better health outcomes.

To enhance health service referral activities, CoP members shall:

- Seek successful examples of how other projects have mapped services and established relevant service delivery and referral networks, and collaborate to adapt or bring them to scale in CoP member implementation contexts.
- Seek opportunities for collaboration between projects, the public and private sector, and other actors to fill service delivery gaps and expand relationships between service delivery actors.
- Seek out innovations in referral systems (e.g., mobile-based referrals) to overcome service seeking barriers using approaches, such as behavioral economics.

Keeping Our Commitments

To track CoP members' individual and collective progress in this shared agenda, the CoP will conduct an annual survey among its members. The survey will capture output indicators, such as:

- Number of CoP members engaging on the shared platform.
- Number of resources added to the directory (overall and per priority area).
- Number of trips shared between projects (overall and per priority area).
- Number of experience/evidence exchange events hosted (overall and per priority area).
- Number of projects using new approaches, such as HCD, in SBC for service delivery activities.
- Bank/number of SBC for service delivery indicators created.
- Number of best practices identified for establishing family planning referral systems/networks.

The survey would also aim to capture priority outcomes, including examples or frequency of:

- PBC being incorporated into SBC for service delivery activities.
- Provider and client perspectives being collected in and out of facilities, and incorporated into SBC for service delivery activity design and implementation.
- Projects reporting according to common and comparable indicators.
- Public-private sector partnerships for family planning referrals.
- Innovative referral processes implemented.

Finally, the survey would provide a platform for CoP members to suggest any revisions to the shared agenda should the priorities of the group and the technical field shift.

Conclusion

While each of these three priority technical areas are crucial to advancing SBC for service delivery practice around the globe and across health service contexts, the strength of each area's impact depends upon donor and implementer coordination. Donors must communicate to align their relevant agendas, programs, and timelines. Implementing partners should communicate and build networks to harmonize and build from one another's work. It is in this vein that the CoP was created and will continue its work, starting with a small group, but with an eye toward growth and a larger impact over time, place, and health programs.