Advancing Integrated Social and Behavior Change and Provider Behavior Change Programming: Exploration of the Research and Learning Agendas (RLAs)

Breakthrough RESEARCH Webinar

21 October 2020

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Breakthrough RESEARCH
FOR SOCIAL & BEHAVIOR CHANGE

Presenters

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Background and Approach

Background

Expanding the evidence base for social and behavio
change (SBC) across health & development sectors
a critical element of USAID's ongoing investment in
behavioral programming.

- evidence remains fragmented across different health secto
- as new and emerging SBC approaches are applied, they require investigation and documentation of their potential behavioral impact.
- programmatically relevant evidence not always accessible to implementers, policymakers, and donors, nor presented in a format that maximizes research utilization.

ACTIVITY BRIEF | NOVEMBER 2018

Developing Social and Behavior Change Agendas for Integrated Programming and Provider Behavior Change

Breakthrough RESEARCH will develop a consensus-driven research and learning agenda for two priority social and behavior change (SBC) themes: 1) integrated, multi-health element or cross-sectoral SBC and 2) provider behavior change. The agendas will help fill key implementation science gaps that will allow USAID, its SBC and service delivery implementing partners, and other stakeholders to improve their own programming and contribute to scale up and/or adoption by other organizations.

WHY ARE WE DOING THIS ACTIVITY?

Breakthrough RESEARCH is using a systematic approach to identify clear implementation science research gaps and questions for prioritized topics of integrated (multi-health element or cross-sectoral) SBC and provider behavior change. Although there has been a great deal of SBC research, as new and emerging approaches are applied in SBC programming, they require investigation and documentation of their potential for behavioral impact. This effort will build upon past and current efforts by USAID and other multilateral partners to strengthen the evidence base for SBC.

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 smathur@popcouncil.org

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. The main elements of our process are described as follows.

- **Conduct evidence review to identify cross-cutting evidence gaps.** A broad-based landscaping of the SBC evidence base will be conducted to generate an inventory of cross-cutting evidence gaps and identify recurring themes. The landscaping 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.** The consultations will convene SBC experts from different sectors and use guided dialogues and interactive exercises to get input on the emerging themes from the landscaping, discuss prioritization processes, start to identify key research questions, and plan for the way forward.

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Timeline of Key Steps in RLA Process

DESK REVIEW
November 2017–February 2018

CONSULTATION IN DC
March 2018

REGIONAL CONSULTATION IN BALI
April 2018
International SBCC Summit

TECHNICAL ADVISORY NETWORK OUTREACH
June 2018–August 2018

REGIONAL CONSULTATION IN KIGALI
November 2018
International Conference on Family Planning

ONLINE SURVEY
November 2018–January 2019

TECHNICAL ADVISORY NETWORK MEETING
February 2019

TECHNICAL ADVISORY NETWORK AGENDA REVIEW
March 2019–May 2019

DEVELOPMENT AND PRODUCTION OF RESEARCH AND LEARNING AGENDAS
June 2019–August 2019

PLANNING FOR RESEARCH SPOTLIGHTS WITH TECHNICAL ADVISORY NETWORK
September 2019

DEVELOPMENT OF USAID TULONGE AFYA RESEARCH SPOTLIGHT
October 2019–March 2020

DEVELOPMENT OF BEYOND BIAS RESEARCH SPOTLIGHT
November 2019–March 2020

PUBLICATION AND DISSEMINATION OF SPOTLIGHTS
March 2020–present

UPDATING AND CREATING NEW SPOTLIGHTS
Late 2020–Early 2021

Two programmatic themes emerged as key priorities needing further attention :

- PROVIDER BEHAVIOR CHANGE
- INTEGRATED SBC PROGRAMS

Provider Behavior Change Programming

Provider behavior change (PBC) interventions, which go beyond clinical training and support (e.g., technical job aids), seek to positively influence provider behavior to improve the quality of services, enhance client experiences, increase demand for services, and increase uptake of commodities or adoption of healthier behaviors.

Service delivery partners and SBC practitioners have jointly identified **four key factors that influence provider behaviors**:

1. **Internal Motivation and Attitudes**—Providers are sufficiently rewarded for their work and hold attitudes, beliefs and norms that support quality care.
2. **Expectation**—Providers understand the performance expected and what is considered quality care.
3. **Opportunity**—Providers have the environment and resources necessary to do their jobs.
4. **Ability**—Providers have the skills and knowledge needed to carry out the tasks in their scope of work and feel confident in their abilities.

Source: Sherard, Donna, et al. 2013. *Provider Behavior Change Implementation Kit*. Baltimore, Maryland: Johns Hopkins University.

Integrated SBC Programming

Integrated SBC refers to programming that addresses behaviors pertaining to multiple health areas and/or development sectors in a coordinated and intentional way. Typically, this involves developing a single, coherent SBC strategy, which may group behaviors that:

- Are practiced by the same audience, or people in the same life-stage,
- Are influenced by the same social norms or individual-level factors,
- Are preceded by the same "gateway behavior," or
- Pertain to co-occurring health or development conditions

Integrated SBC programs typically follow one or more of the following implementation models:

- **Add-on**: A new program integrates additional health or development topics into an existing vertical SBC program.
- **Phased Implementation**: A program phases in health topics and/or behaviors gradually over a period of time.
- **Umbrella Brand**: A program develops an overarching brand encompassing all the included health topics.

Source: HC3. 2017. *Integrated Social and Behavior Change Communication Programs Implementation Kit*. Baltimore, Maryland: Johns Hopkins University.

> *...What we really need is to understand is what works, for whom, at what level, for how long, under what conditions.*
>
> —Consultation participant

RLA for Advancing Integrated SBC Programming

Four Key Areas of Inquiry

- Enabling Environment
- Effectiveness of Integrated SBC (relative to vertical SBC)
- Intervention Content and Programmatic Model
- Cost Effectiveness

ADVANCING **INTEGRATED SOCIAL AND BEHAVIOR CHANGE** PROGRAMMING

THIS RESEARCH AND LEARNING AGENDA HIGHLIGHTS:

- The importance of integrated social and behavior change (SBC) programming for improving behavioral and health outcomes.
- Gaps in existing evidence on integrated SBC programming.
- The priority research and learning questions and the consensus-driven process used to derive them.
- The roles of key stakeholders for putting the research and learning agenda into action.

In recent years, social and behavior change (SBC) programming has experienced a notable shift away from a vertical approach focusing on one health or development topic to integrated approaches concerning multiple health or development issues or outcomes under the same program.[1] Integrated SBC programs aim to address factors such as knowledge, attitudes, and norms pertaining to multiple health areas or development sectors in a coordinated and intentional way that influence multiple health outcomes (see Box). They have the potential to reduce duplication, lower costs, avoid missed opportunities, provide the right services and information to the right clients at the right time, and achieve better success.[2] Such integration is already happening across many health areas/sectors, yet the evidence base to support this is limited.

While integrated SBC programming can be complex, some clear examples highlight the potential of these approaches. For instance, combined implementation of nutrition and water, sanitation, and hygiene SBC interventions have had a stronger impact on reducing stunting among children under age 2 than each intervention alone.[3] In Ghana, the GoodLife Campaign is an integrated umbrella SBC approach that promotes a range of positive health behaviors (such as maternal and child health, and malaria prevention and treatment) through multimedia channels. The campaign has reached a broad base and achieved substantial impact across

health areas. For instance, sales of zinc tablets increased 280 percent after the GoodLife media campaign, and 80 percent of women exposed to GoodLife slept under bed nets to guard against mosquitoes that transmit malaria.[4] Most of the existing documentation around integration, however, focuses on service delivery or comprehensive interventions.[5]

Research must still answer key questions related to integrated SBC programming, such as "What works in a particular context or target audience?," "How can it work best?," "How much does it cost?," "Is it cost-effective?," and "How can it be replicated, scaled, and sustained locally?" The current

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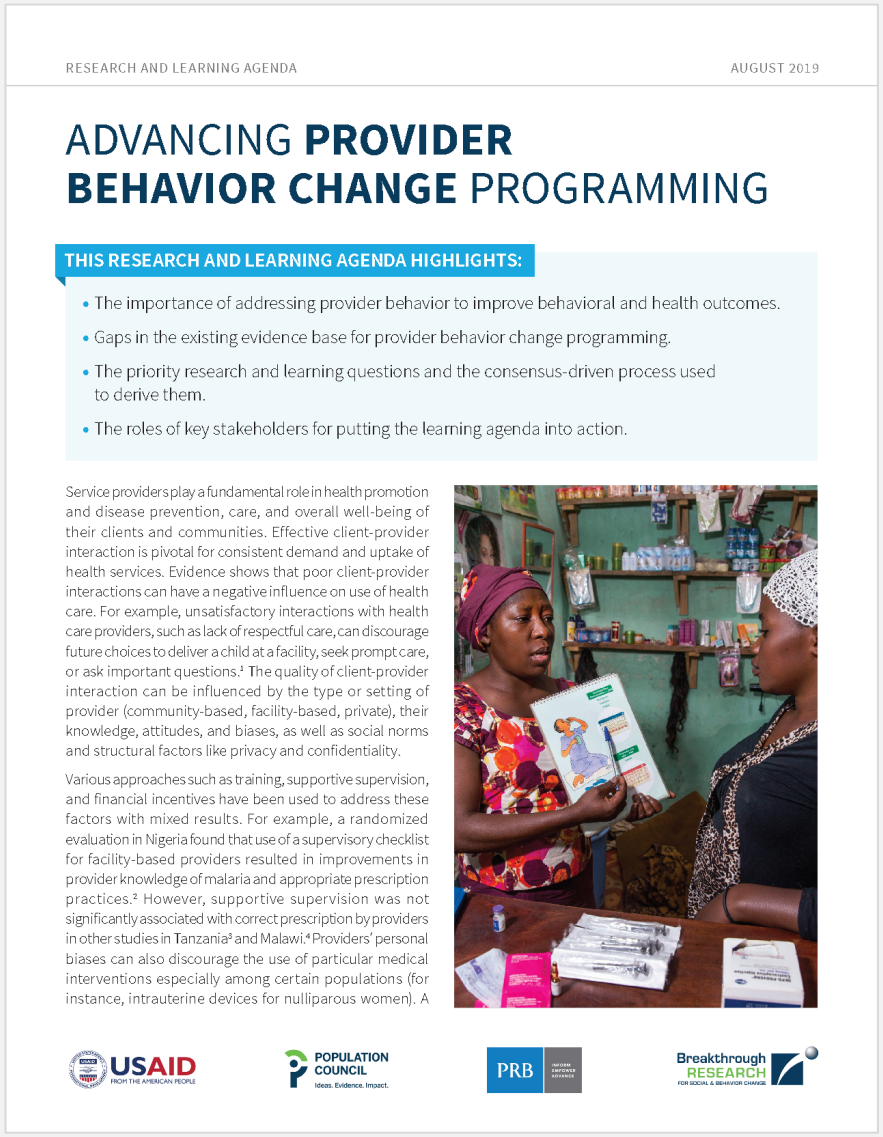
https://breakthroughactionandresearch.org/wp-content/uploads/2019/02/RLA-IntegratedSBC.pdf



RESEARCH AND LEARNING AGENDA AUGUST 2019

ADVANCING **PROVIDER BEHAVIOR CHANGE** PROGRAMMING

THIS RESEARCH AND LEARNING AGENDA HIGHLIGHTS:

- The importance of addressing provider behavior to improve behavioral and health outcomes.
- Gaps in the existing evidence base for provider behavior change programming.
- The priority research and learning questions and the consensus-driven process used to derive them.
- The roles of key stakeholders for putting the learning agenda into action.

Service providers play a fundamental role in health promotion and disease prevention, care, and overall well-being of their clients and communities. Effective client-provider interaction is pivotal for consistent demand and uptake of health services. Evidence shows that poor client-provider interactions can have a negative influence on use of health care. For example, unsatisfactory interactions with health care providers, such as lack of respectful care, can discourage future choices to deliver a child at a facility, seek prompt care, or ask important questions.[1] The quality of client-provider interaction can be influenced by the type or setting of provider (community-based, facility-based, private), their knowledge, attitudes, and biases, as well as social norms and structural factors like privacy and confidentiality.

Various approaches such as training, supportive supervision, and financial incentives have been used to address these factors with mixed results. For example, a randomized evaluation in Nigeria found that use of a supervisory checklist for facility-based providers resulted in improvements in provider knowledge of malaria and appropriate prescription practices.[2] However, supportive supervision was not significantly associated with correct prescription by providers in other studies in Tanzania[3] and Malawi.[4] Providers' personal biases can also discourage the use of particular medical interventions especially among certain populations (for instance, intrauterine devices for nulliparous women). A

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https://breakthroughactionandresearch.org/wp-content/uploads/2019/02/RLA-Provider-Behavior-Change.pdf

RLA for Advancing PBC Programming

Four Key Areas of Inquiry

- Organizational Characteristics and Values
- Effectiveness
- Intervention Strategies
- Measurement

Putting the RLAs into Practice

Socialization of the RLAs

- Demonstrate how priority RLA questions are being answered to improve programming
- Share tools and resources for other program implementation and research partners
- Raise the visibility of current work

Research Spotlights

- Inspired by HC3's SBC Spotlights (https://www.thecompassforsbc.org/sbcc-spotlights)
- Focused on implementation
  - Integrated SBC
  - Provider Behavior Change

Highlight the *research*, *monitoring* and *evaluation components of SBC programs*

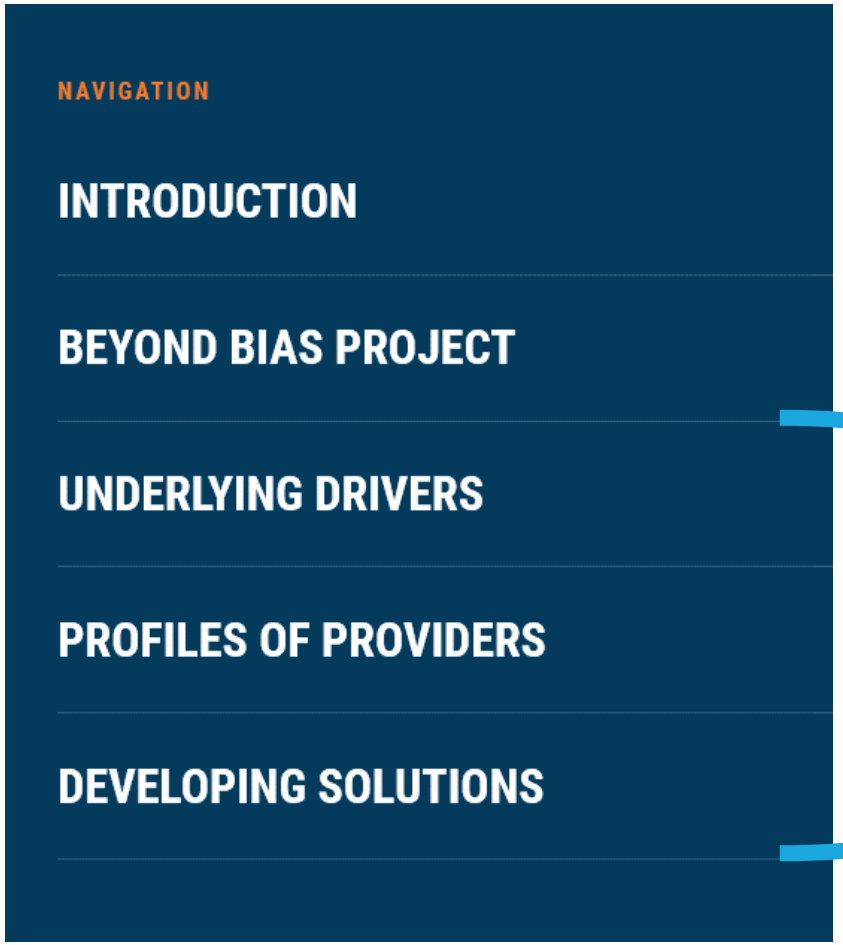
Developing the Research Spotlights

1. Iterative process in close collaboration with project teams
2. Extensive document review of both publicly available and unpublished program documents
3. Identified which priority RLA questions the project was answering and how
4. Key informant interviews with program leadership and monitoring, evaluation, and learning staff to understand how their research activities were feeding into program design and implementation
5. Synthesized information on the research methods and outputs (purpose, methods, participants, content, ethical reviews)
6. Developed web-ready content and visuals

USAID Tulonge Afya Research Spotlight

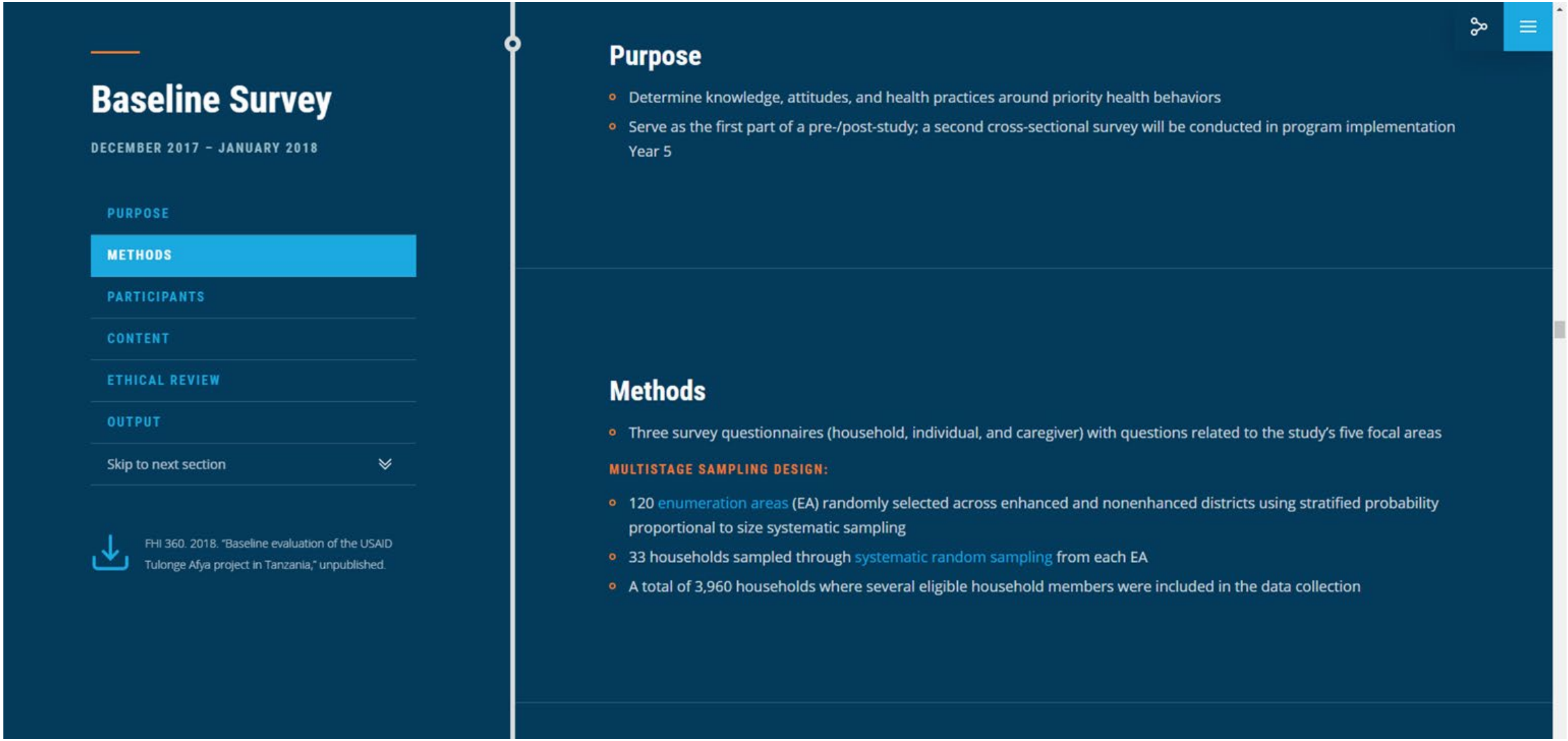
- What conditions enable appropriate and feasible design and implementation of integrated SBC programming?
- What norms or other determinants influence multiple behaviors?
- How did USAIDTulongeAfya synthesize learnings into a consolidated strategy for the NAWEZA Platform?
- What are the program effects of the integrated SBC platform?

Beyond Bias Research Spotlight



- What are the underlying drivers that shape provider behavior in interpersonal communication with clients?
- How did the project identify provider profiles?
- Which intervention(s) or combinations of interventions are most important to improving the quality of provider counseling?

Details on Each Research Activity



Linking Research to Program Design

Priority PBC Question

Which Intervention(s) or Combinations of Interventions Are Most Important to Improving the Quality of Provider Counseling?

Design Research Insights

How Did the Project Identify Provider Profiles?

Beyond Bias. 2019. Beyond Bias: Design Research Report.

Murithi, Lydia, Theo Gibbs, and Bram Brooks. 2020. Tackling Provider Bias in Contraceptive Service Delivery: Lessons From the Beyond Bias Project.

Purpose

Develop a series of solutions to help minimize provider bias.

Led by

YLabs led qualitative design research in collaboration with Pathfinder International.

Participants

Providers, young people, and other health system stakeholders.

Methods

Design research methodologies including interviews, observations, roleplay, and participatory research activities to investigate provider biases and behavior toward young women.

Panel Discussion

Kara Tureski

Director of Social and Behavior Change, FHI 360

Prisca Rwezahura

USAID Tulonge Afya Project's Director of SBC, FHI 360

Lydia Murithi

Project Director, Beyond Bias, Pathfinder International

USAID Tulonge Afya

- USAID/Tanzania's flagship, integrated SBC project
- ***Goal:*** To apply evidence-based SBC to catalyze opportunities to improve health status by transforming sociocultural norms and adoption of healthier behaviors
- ***Results Areas***: 1) improved ability of individuals to practice healthy behaviors; 2) strengthened community support for health behaviors; 3) improved systems for coordination and implementation of SBC interventions
- ***Geographic Scope:*** National, with community activities in 29 Enhanced Districts
- ***Partners:*** GOT (MOHCDGEC, PORALG, TACAIDS, ZAMEP); Consortium (TCDC, T-MARC, KRM, NACOPHA)

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Tinga

NAWEZA ("I Can") SBC Platform

- Integrated SBC strategy and platform for adult audiences
- FP/RH, malaria, MNCH, HIV, TB
- Addresses key individual, social, and structural determinants of priority behaviors

- ***Strategic Approach:*** Audience-driven Demand, Design, and Delivery (ADDED), Life Stage Framework for Integrated SBC
- ***Audience:*** Pregnant women, partners, caregivers of children under five, providers, other influentials
- ***Activities:*** 360-degree, surround sound approach

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Beyond Bias Project

Goal: To design and test scalable innovative solutions to address provider bias toward serving youth ages 15–24 with family planning services in **Burkina Faso, Pakistan,** and **Tanzania.**

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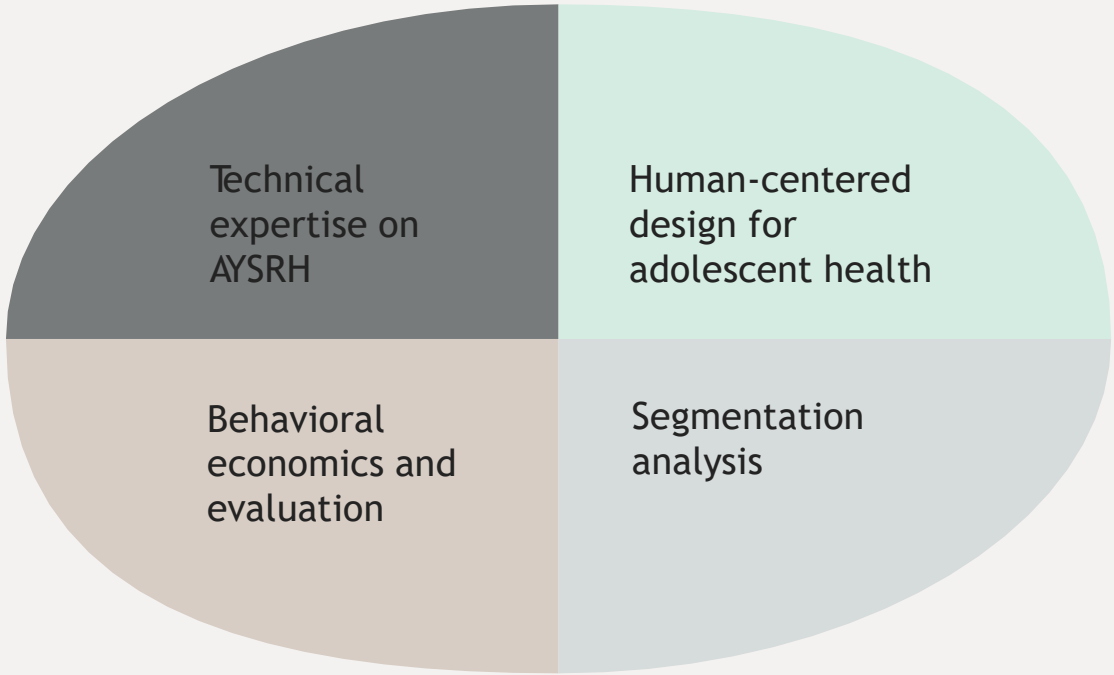

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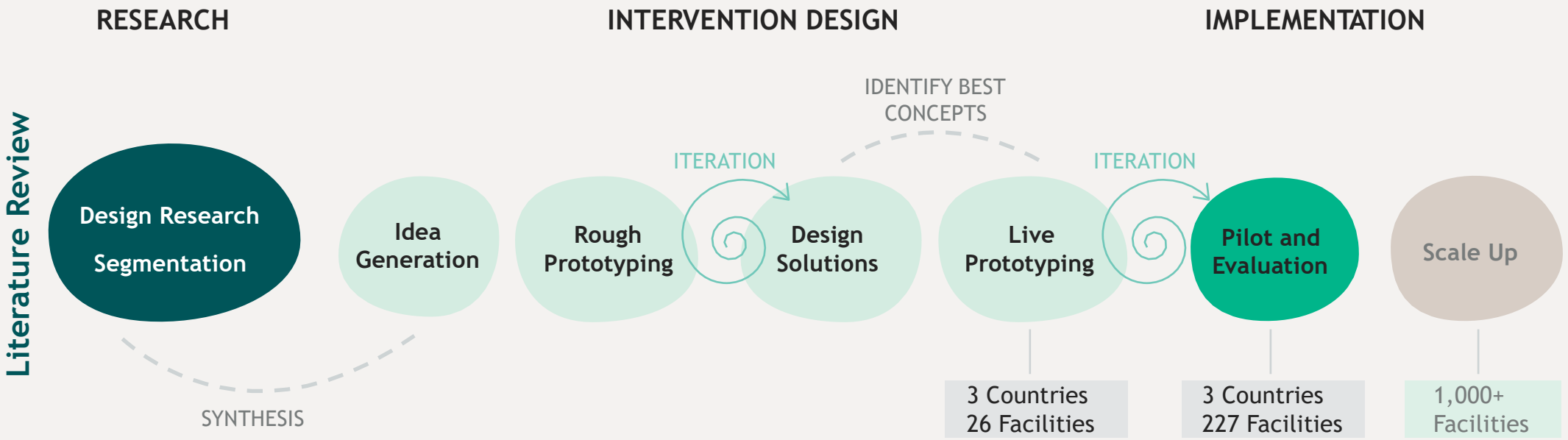
CAMBER COLLECTIVE

Beyond Bias' User-centered Process



Panel Discussion

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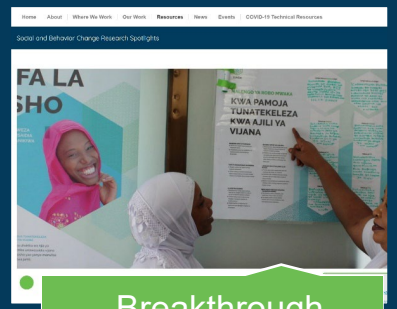
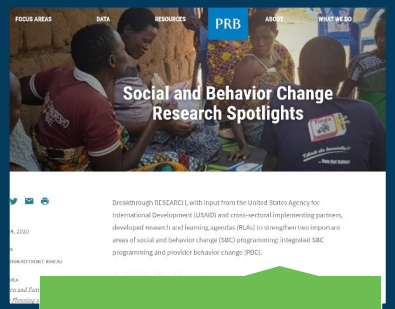
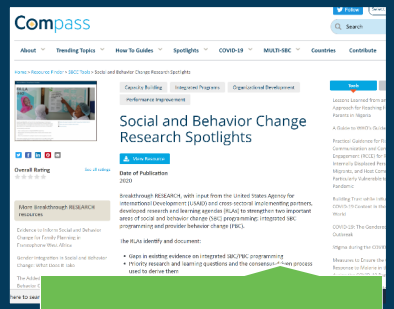
Dissemination



Breakthrough Website



PRB Website



Compass

Twitter/Facebook/ Springboard

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Sexual and reproductive health without fear or boundary

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Direct emails to priority stakeholders

As of October 20, the Spotlights have received 1,240 page views.

Next Steps

- Continued dissemination of research spotlights
- Documenting use of the research spotlights
- Updating the current research spotlights
- Developing an additional research spotlight

Answering Priority Questions to Advance the Field

- Need to enhance the evidence base for integrated SBC and PBC programming.
- RLAs present a set of priority questions that are meant to be adapted and refined to suit programmatic and geographic contexts.
- Concerted and coordinated action is needed from a range of stakeholders to help answer and document emerging evidence.

For more information

Integrated SBC:
https://breakthroughactionandresearch.org/technical-areas/provider-behavior-change/

Provider Behavior Change:
https://breakthroughactionandresearch.org/technical-areas/integration/

Pathfinder.org

FHI360.org

Upcoming events

26 October: *Webinar*
Pioneering Provider Behavior Change Solutions
>>>REGISTER

27 October: ***Springboard Discussion***
Social Listening and Monitoring for Informing SBC Programs
>>>REGISTER

29 October: ***Webinar***
Inequalities—Insights for improving malaria, FP, and MCH outcomes in northwestern Nigeria through SBC programming
>>>REGISTER

THANK YOU

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https://breakthroughactionandresearch.org/

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.

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