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

Breakthrough RESEARCH Webinar
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Presenters

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

- evidence remains fragmented across different health sectors
- 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.
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.

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.

“...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

In recent years, social and behavior change (SBC) programs have experienced a notable shift away from a vertical approach, focusing on one health or development topic to integrated approaches that address multiple health or development issues or outcomes under the same program. Integrated SBC programs aim to address factors such as knowledge, attitudes, and norms in 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, and missed opportunities, provide the right services to the right clients at the right time, and achieve better success. Such integration is already happening across many health areas and sectors, yet the evidence base to support this is limited.

In Ghana, the Good Life Campaign is integrated and embeds SBC, with a range of social behavior change interventions to support these behavior changes. The campaign has had significant success in changing health behaviors such as maternal and child health, and malaria prevention and treatment. Through multimedia channels, the campaign reached a broad audience and achieved substantial impacts.

**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 an important 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 respect for client confidentiality, can discourage future visits. Delays in delivery of services, seek prompt care, or ask important questions. The quality of client-provider interaction can be influenced by the type or setting of provider (community-based, facility-based, private, etc.), their knowledge, attitudes, and beliefs, 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 those factors with mixed results. For example, a randomized evaluation in Kenya found that use of a supervisory checklist for facility-based providers resulted in improvements in provider knowledge of materials and appropriate practices. However, supportive supervision was not significantly associated with correct prescription by providers. In other studies, financial and other rewards for providers' personal behaviors can also encourage the use of particular medical interventions especially among certain populations. For instance, incentive devices for multipurpose condoms.
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/sbcespotlight)
- 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 USAID Tulonge Afya 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

**Baseline Survey**

**December 2017 - January 2018**

**Purpose**
- Determine knowledge, attitudes, and health practices around priority health behaviors
- Serve as the first part of a pre-/post-study; a second cross-sectional survey will be conducted in program implementation Year 5

**Method**
- Three survey questionnaires (household, individual, and caregiver) with questions related to the study's five focal areas

**Multistage Sampling Design:**
- 120 enumeration areas (EA) randomly selected across enhanced and nonenhanced districts using stratified probability proportional to size systematic sampling
- 33 households sampled through systematic random sampling from each EA
- A total of 3,960 households where several eligible household members were included in the data collection
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?

Purpose
Develop a series of solutions to help minimize provider bias.

Led by
Y-Labs 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.
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)
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
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.**
Beyond Bias’ User-centered Process

**RESEARCH**
- Literature Review
- Design Research
- Segmentation

**INTERVENTION DESIGN**
- Idea Generation
- Rough Prototyping
- Design Solutions
- Live Prototyping

**IMPLEMENTATION**
- Pilot and Evaluation
- Scale Up
- 3 Countries
  - 26 Facilities
- 3 Countries
  - 227 Facilities
- 1,000+ Facilities

Iteration lifecycle:
- Synthesis
- Identify best concepts
Panel Discussion

Kara Tureski
Director of Social and Behavior Change (SBC), FHI 360

Prisca Rwezahura
USAID Tulonge Afya Project’s Director of SBC, FHI 360

Lydia Murithi
Project Director, Beyond Bias, Pathfinder International
Dissemination

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
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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https://breakthroughactionandresearch.org/