Developing Research and Learning Agendas to Strengthen Social and Behavior Change Programming

An Overview of the Approach, Outcomes, and Next Steps

Updated June 2019

Contents

PART 01

About Breakthrough RESEARCH

WWW.BREAKTHROUGHACTIONANDRESEARCH.ORG

This slidedoc report was prepared by Population Council under Breakthrough RESEARCH. This slidedoc report and Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018. The contents of this document are the sole responsibility of Population Council and do not necessarily reflect the views of USAID or the United States Government. *Designed by Carolyn Rodehau, Research Utilization Specialist, Population Reference Bureau*.

About Breakthrough RESEARCH

Breakthrough RESEARCH is USAID's flagship project for social and behavior change (SBC) research and evaluation.

Breakthrough RESEARCH is catalyzing 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.

To advance the field of SBC, Breakthrough RESEARCH works with a range of stakeholders as partners to identify information gaps, build consensus around priority learning agendas, and carry out innovative SBC research and evaluation.

The project is addressing key questions such as **"What works?" "How can it work best?" "Is it cost effective?" "How can it be replicated, scaled, and sustained locally?".**

Ultimately, Breakthrough RESEARCH is equipping governments, implementing partners, service delivery organizations, and donors with the data and evidence they need to integrate proven and cost-effective SBC approaches into their programs.

Download Our Factsheet to Learn More.

PART 02

Background and Approach

Background

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

Although there has been a great deal of SBC research, the evidence it has produced remains fragmented across different health sectors. Further, as new and emerging approaches, such as behavioral economics, are applied in SBC programming, they require investigation and documentation of their potential for behavioral impact.

Finally, to the extent that programmatically-relevant evidence does exist for SBC interventions, it is not always accessible to implementers, policy-makers, and donors, nor is it presented in a format that maximizes research utilization.

Developing Priority Social and Behavior Change Research and Learning Agendas

To address these gaps, Breakthrough RESEARCH is working with key stakeholders to identify cross-cutting SBC knowledge gaps and implementation science research and learning agendas for select SBC themes.

This work builds upon past efforts (i.e., USAID Child Survival Summit) and is conducted in collaboration with current efforts by USAID and other multilateral partners (i.e., WHO's Social Behavior Community Engagement for MNCH activities) to strengthen the global evidence base for SBC.

Ultimately, this systematic and collaborative approach to developing research agendas can help:

- Guide decision-making across sectors
- Foster collective learning
- Reduce duplication of efforts
- Maximize the impact of research and programmatic investments

Approach

Reaching Consensus through Collaboration and by Building on Previous Efforts

Breakthrough RESEARCH is taking a multi-pronged approach to develop a global SBC research and learning agenda.

The steps to-date - a desk-review and a series of expert consultations - focused on pinpointing and prioritizing cross-cutting themes, SBC knowledge gaps, and generating research questions to enhance SBC programming in complex "real world" setting.

This slidedoc report provides an overview of our approach, the outcomes, and next steps.

PART 03

Desk Review of Literature

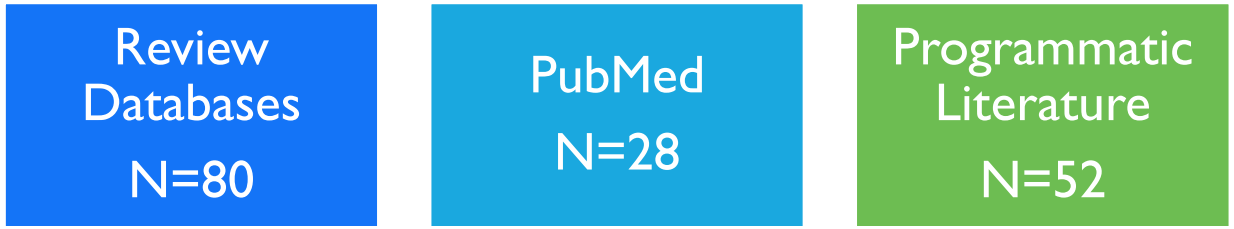
The desk-review collected documentation from across priority health topics to collate noted gaps in research for SBC programming.

How was it conducted?

Given the breadth of the scope, the desk review focused on already synthesized evidence including literature reviews and reviews of reviews of SBC programmatic research or evaluations from low- and middle-income countries.

Health topics were limited to USAID's key global health SBC technical areas, including reproductive health, family planning, maternal and child health, HIV/AIDS, nutrition, malaria, and Zika.

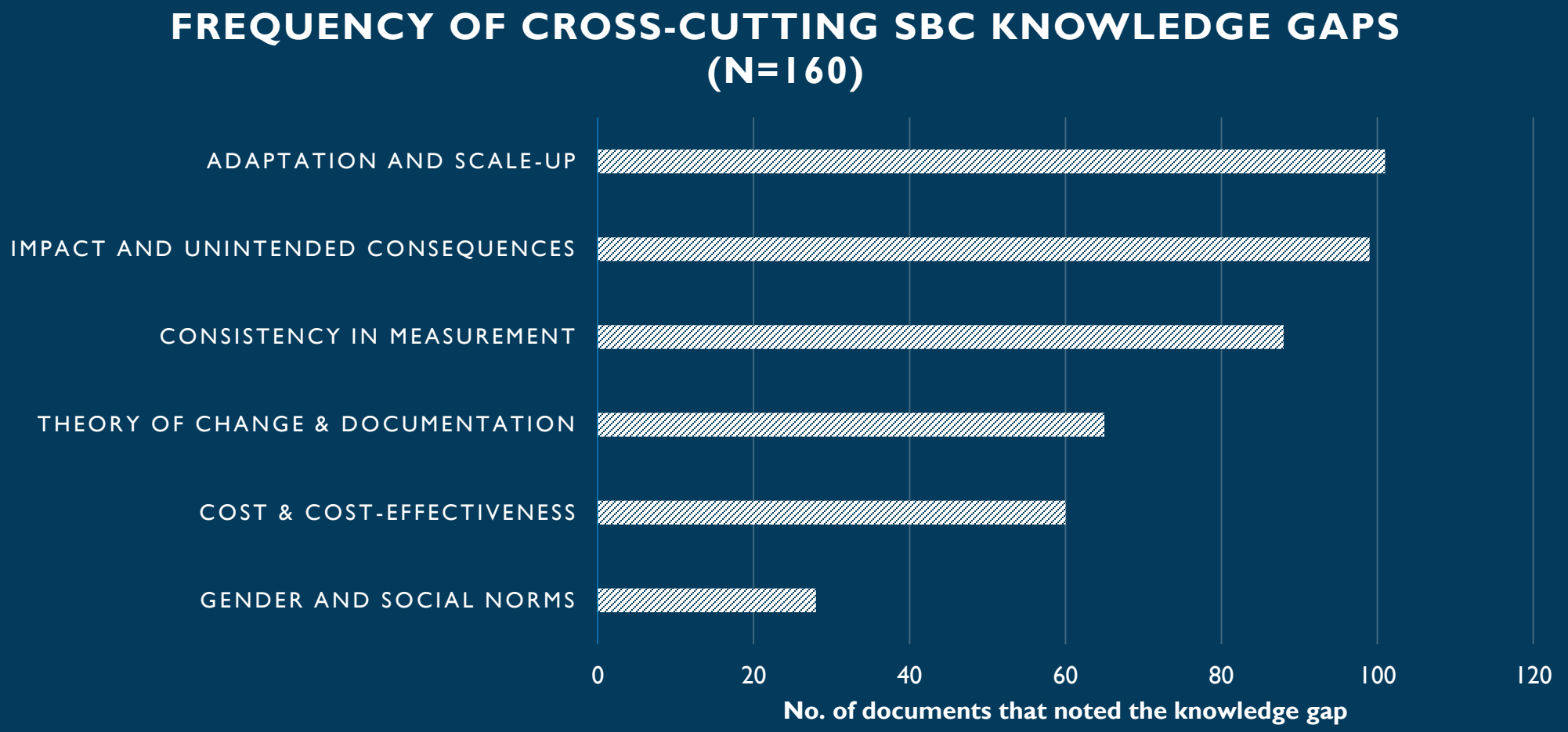
Focusing on documents from 2012-2018, the review tapped both peer-reviewed and programmatic literature using the search terms "health communication," "behavior change," and "social change." **A total of 160 review documents were collected.**



Any explicitly stated research gaps were extracted, tagged by health area and organized in a searchable matrix that enabled manipulation by a number of factors, including health area, target population, and geographic area.

What did we find?

The desk review revealed six cross-cutting knowledge gaps related to SBC programs across health areas and geographic regions.



01 Adaptation, Sustainability, and Scale-up

Limited attention to SBC program adaptation and specific mechanisms to assure sustainability and scale up of successful approaches.

For example, Mavedzenge and colleagues found that there was generally a lack of rigorous reviews on the uptake of successful interventions by adolescents compared to other older age groups – highlighting that program adaptation may be required to ensure the same intervention works for different target populations or in different regions[1].

02 Impact & Unintended Outcomes

Limited evidence of health and behavioral impacts of SBC programs on target groups or consideration of unintended outcomes or consequences (positive or adverse) of SBC programs.

For example, in a review on paying for performance to improve health intervention delivery, Witter et al. expressed that implementers should consider wider health systems effects or organizational impacts to determine if there were any adverse consequences of the interventions[2].

03 Consistency in Measurement

A lack of consistency/alignment in the indicators used to measure the same outcomes or mediating factors.

In their review, Lopez et al. found that in assessments of behavioral interventions for improving condom use for dual protection, there was great inconsistency in outcomes used by different studies, with most studies using inconsistent self-reported condom use indicators, and fewer using valid and reliable outcome measures[3].

04 Theory of Change and Program Documentation

Theories of change for SBC programs require further unpacking and documentation of how the program inputs link to anticipated outcomes.

For instance, in a review of mobile-based interventions to improve contraceptive use, Smith and colleagues noted that published studies often did not provide details on the intervention messages and other content provided[4]*. They also found limited documentation of which theory-based behavior was being targeted and urged further interrogation to clarify why the intervention may have succeeded or failed.*

05 Cost & Cost-effectiveness

Limited understanding of how to assess costs of SBC interventions, and few assessments of cost-effectiveness and cost-benefit of SBC approaches.

For instance, Wu and colleagues found that costs of trainings were rarely assessed in program evaluations focused on improving human resource capacity for HIV, malaria and TB control[5].

06 Gender and Social Norms

Inconsistent recognition or documentation of the role of gender and social norms in influencing behavior including how they are being effectively addressed, measured, and their impact.

For instance, Higgs and colleagues reviewed mHealth and media interventions for behavior change to improve child survival and development and found that there is a need for qualitative studies that can provide insight into how behaviors and social norms interact[6]. They suggested examination of how social norms may be altered in significant ways due to the introduction of new technologies in the community.

What did we find?

In addition to the six cross-cutting knowledge gaps in SBC, 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 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.

PART 04

Consulting SBC Technical Experts

March 14 2018 / Washington, DC, USA
April 15 2018 / Nusa Dua, Indonesia
November 12 2018 / Kigali, Rwanda
November 2018 – January 2019 / Outreach to SBC community via online survey
February 13-14 2019 / Washington, DC, USA

What was the purpose?

The overarching purpose of these consultations was to convene or reach SBC experts from different sectors and use guided dialogues and interactive exercises to get input on the emerging research gaps identified in the desk review of the literature, discuss prioritization processes, start to identify key research questions, and plan for the way forward.

We see the work that Breakthrough RESEARCH is doing as an important moment to come together as a field and move from promising practices to proven approaches.

- Angie Brasington, USAID

Who attended?

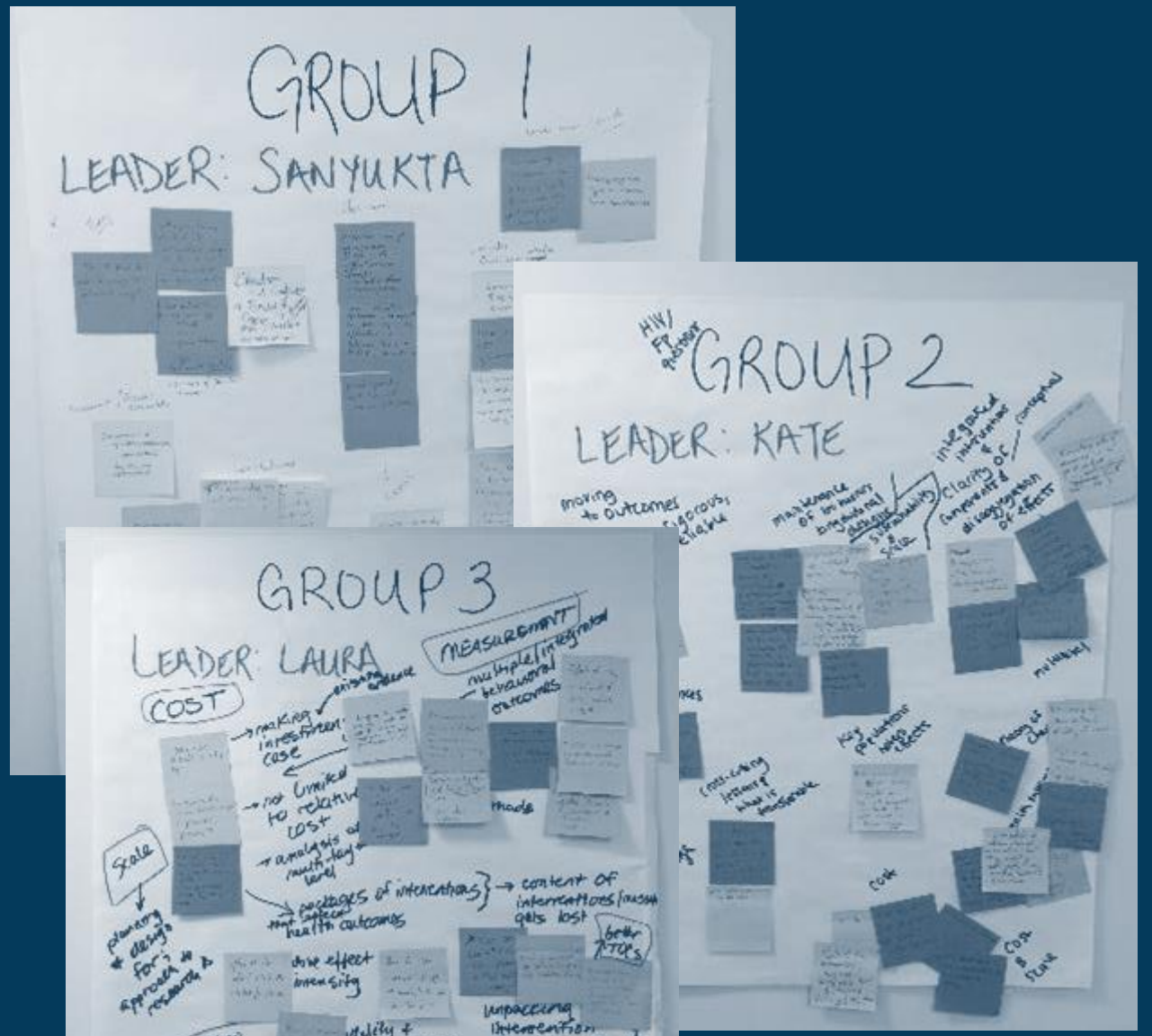
The consultations involved more than **181 integrated SBC experts** and **190 PBC experts,** including researchers, implementing partners, service delivery organizations, and donors.

Attendees also represented a wide range of technical areas, including family planning, HIV, nutrition, malaria, and maternal, newborn, and child health.

Expert Consultation I

March 14 2018 / Washington, DC

This consultation represented a first step in determining how Breakthrough RESEARCH can build upon past efforts by USAID and other multilateral partners and brought together a core group of SBC experts to engage them in this process.



What were the outcomes?

OUTCOME 1
Emerging consensus & validation of desk-review findings

This exploratory consultation made it clear that there was consensus around the seven research gaps identified from the desk-review.

Experts shared that many of the gaps identified in the desk-review (such as, considerations for scale) were ones that they faced or tried to address in their own SBC work.

We need to base research and interventions in theories of change. There's lot of retrospective grounding in theory, which usually creates measurement problems.

- Consultation Participant

> *Are we inappropriately taking rural successes and trying to transfer them to rapidly urbanizing LMICs?*
>
> – Consultation participant

> *Costing is a major gap. We need to collect both rigorous cost and cost effectiveness data.*
>
> - Consultation Participant

What were the outcomes?

OUTCOME 2
Focusing the research and learning agenda on integrated, multi-health element SBC programs and provider behavior change

Several experts in attendance reflected upon their experiences of similar efforts to generate research agendas with specific research questions to fill knowledge gaps in their work. Many advised narrowing the scope of the review and prioritizing a few key knowledge gap areas.

An important outcome of the consultation was the joint-decision by USAID and Breakthrough RESEARCH to focus on developing specific research questions to fill knowledge gaps for two programmatic themes:

- **Integrated, multi-health element SBC programs,** and
- **Provider behavior change (PBC)**

In addition to the research areas generated by the consultation, a number of other factors were taken into consideration, including input from USAID and missions regarding their programmatic and resource priorities, complementarity with other global agenda-setting efforts and the influence strategy of sister project Breakthrough ACTION, and ongoing and planned Breakthrough RESEARCH activities.

Expert Consultation II

April 15 2018 / Nusa Dua, Indonesia

This second consultation was held in conjunction with the 2018 International SBCC Summit.

The primary aim of the meeting was to build upon outcomes from the 1st consultation held in March 2018 and to advance the dialogue and thinking around specific research questions on the two programmatic themes: provider behavior change and integrated SBC programs.

Today is an opportunity to learn from one another and drive collaboration in a sometimes fragmented field…In order to achieve the kind of impact we want to achieve, we need to think about the questions that must be answered to make the case for continued investment and continued quality improvement.

- Hope Hempstone, USAID

Integration requires an extensive mapping of all the behaviors you're talking about and clusters of behaviors. When you have a predominance of funding from certain pots, you need to have an honest conversation about what's possible with integration, what gets measured, which outcomes are prioritized, etc.

- Consultation Participant

What were the outcomes?

OUTCOME 3
Generating research questions for programmatic themes

During small group discussions SBC experts grappled with the definitions of integrated SBC programming and provider behavior change and discussed key questions that needed to be answered from their vantage points.

A snapshot of some the questions generated for each theme follows.

We asked participants:

> *"What are the top knowledge or research gaps that hinder your work on integrated SBC or provider-behavior change programming?*

Select research questions on Integrated SBC Programming generated through small group discussion

- What is the threshold of cost-effectiveness of integrated SBC programming?
- Where do we lose the impact of integration? When do you get dilution of impact? What do you gain and what do you lose compared to vertical programming?
- When a norm influences multiple behaviors, does addressing that norm yield positive changes for each behavioral outcome? Under what conditions?
- Are all behaviors equal in an integrated program? Which behaviors can be changed within the context of integration and which benefit from a focused approach?

Select research questions on Provider Behavior Change generated through small group discussion

- What are effective interventions to reduce health provider stigma?
- What social norms influence particular provider behaviors?
- What are the joint effects of systems change and SBC interventions?
- How can SBC transform organizational culture and include support of health systems to create an enabling environment for providers?
- What SBC interventions for providers can impact health outcomes of patients? And for which behaviors?

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

Expert Consultation III

November 12 2018 / Kigali, Rwanda

Two side events were held in conjunction with the 2018 International Conference on Family Planning. The primary objective of these consultations was to foster a deeper dialogue between researchers and program implementers.

To guide future evidence generation, participants discussed and debated:

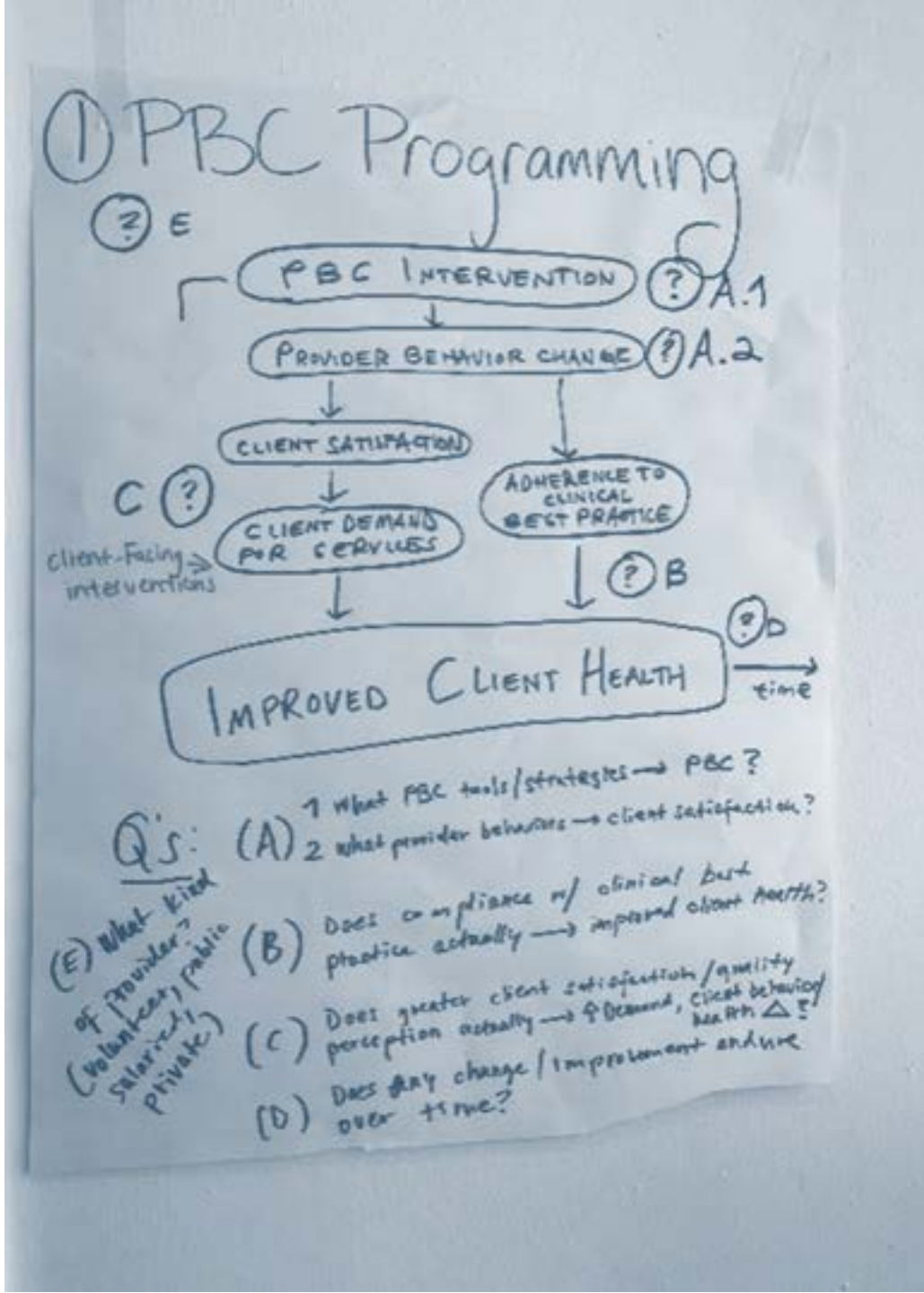
- The definitions of provider behavior change programming and integrated SBC programming;
- Research question ideas around priority knowledge gaps that need to be filled to strengthen SBC programming; and
- Design and data issues that should be considered when answering these implementation science questions.


What do we mean by
Provider B or Change?

What do we mean by Provider Behavior Change?

There was robust deliberation around

- Which types of intervention activities should be included within this frame.
- What are our ultimate outcomes of interest for PBC programming – improved provider behavior or improved client outcomes?
- How to take into account the organizational or health systems influence on providers' knowledge, attitudes, and behaviors?




B-R Integrated SBC Evaluation

What do we mean by Integrated SBC Programs?

There was robust deliberation around

- How and at what level integration is defined?
- How can community voices be best reflected in the design and implementation of integrated SBC programs?
- What is the optimal level of integration to achieve the desired outcomes?
- What type of enabling environment or systems are needed for an integrated SBC approach?

> *"Is it integrated as in it is targeting multiple audiences?*
>
> *Multiple behaviors?*
>
> *Multiple channels of communication?*
>
> *Across multiple sectors [beyond health]?"*

- Consultation Participant

Lightning Round on Innovative Research

Participants also had a chance to hear about new research studies aimed at addressing key knowledge gaps on PBC and integrated SBC programming.

Provider Behavior Change

- Demonstration of the Impact of Behavioral Economics-Informed Approaches to Provider Behavior Change on Service Utilization / *ideas42*
- Quality of Care Framework / *Population Council*
- Frontline Health Worker Project / *Population Council*

Integrated SBC Programs

- Multi-Country Integrated SBC Evaluation / *Population Council*
- Approaches to Integrated SBC Programming / *Johns Hopkins Center for Communications Programs and ideas42*

Design and Data Considerations

Lastly, the sessions concluded with an opportunity to jointly explore study design and data that should be considered to generate evidence that can inform program design and adaptation.

Areas of discussion included:

- Program Documentation
- Coverage & Exposure
- Longitudinal Data
- Unintended Consequences
- Planning for Scale
- Monitoring/Routine Data vs. Non-Routine Data Collection

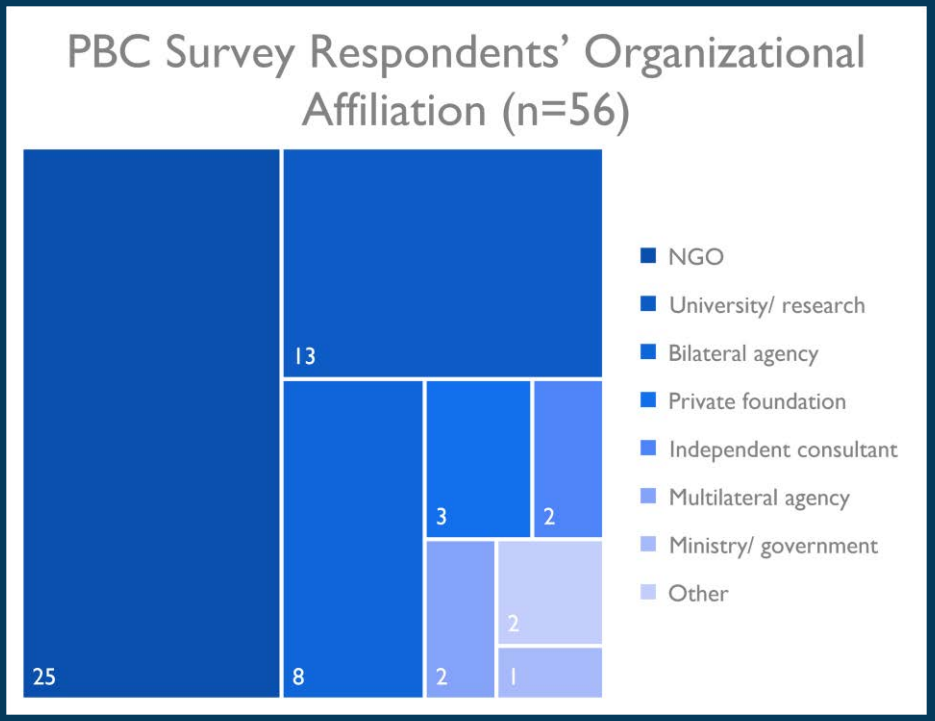
Online Surveys

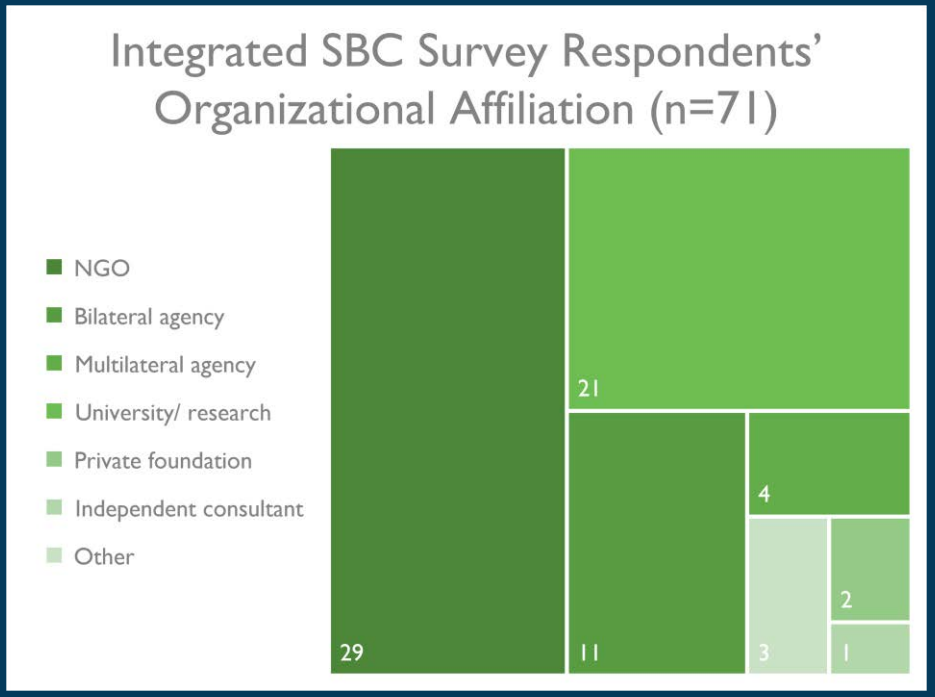
November 2018 – January 2019

The online surveys were conducted to gain insights on key research questions from researchers, programmers, and other key stakeholders.

Respondents were asked to prioritize research questions generated from previous consultations, in terms of program design, measurement, and effectiveness of PBC and integrated SBC programs.

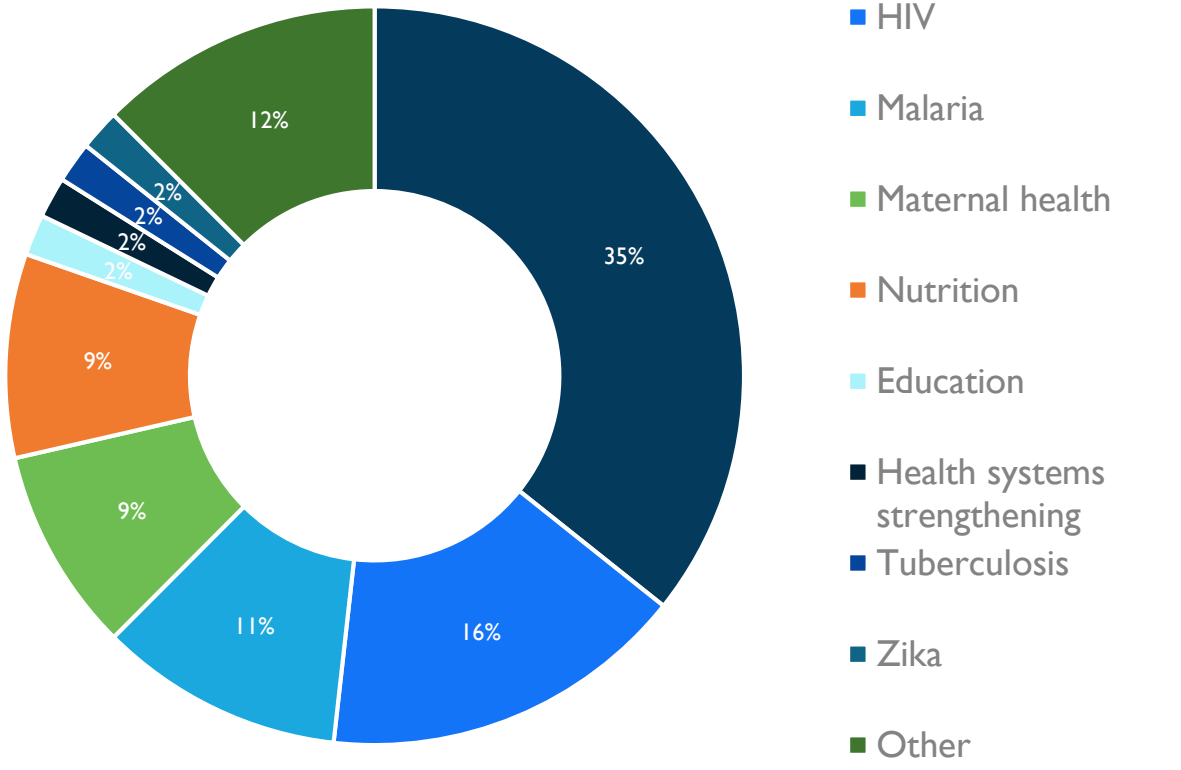
Respondents were also able to share their own priority research questions.





PBC Survey Results

Respondents' area of work (n=56)

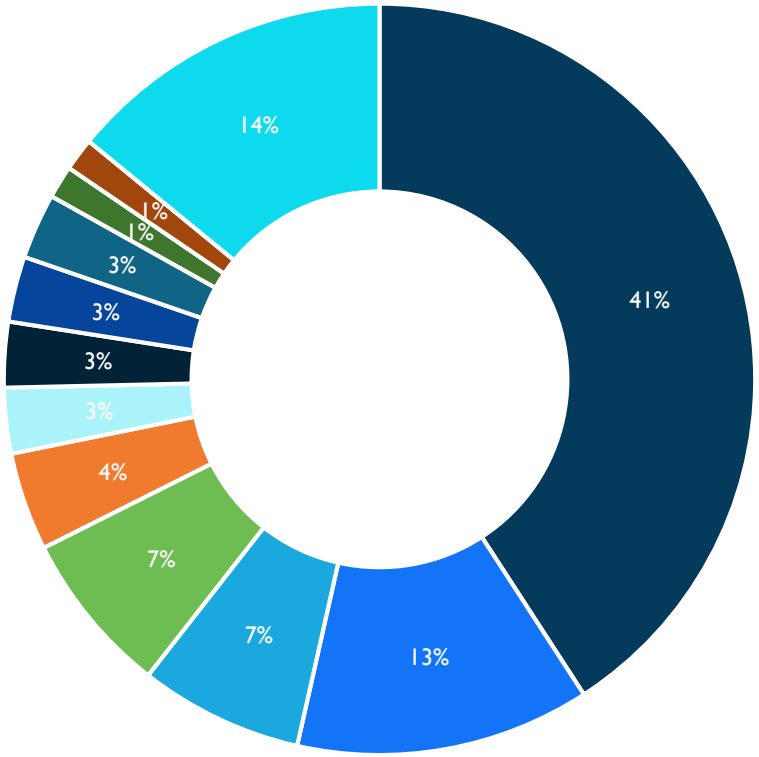


Most frequently selected question topics from PBC Survey Responses

1. Health care provider's stigmatizing attitudes and discriminatory behaviors
2. Effective SBC approaches to enhance the quality of client-provider interactions, increase uptake of services, and improve health outcomes
3. Organizational culture and health systems to create an enabling environment for providers
4. Effective interventions to motivate providers to adhere to existing processes and protocols
5. Indicators to measure effectiveness of provider behaviors
6. Demand, expectation and accountability among community members around health services and providers

Integrated SBC Survey Results

Respondents' Area of Work (n=71)



- Family planning/ reproductive health
- HIV
- Malaria
- Nutrition
- Maternal health
- Child health
- Education
- Zika
- Health systems strengthening
- Agriculture
- Tuberculosis
- Other

Most frequently selected question topics from Integrated SBC survey responses

1. Effect on multiple behavioral outcomes of addressing a norm at different social ecological levels
2. Outcomes that can be changed within the context of an integrated SBC approach vs. focused/vertical approach
3. Effect of different combinations of integrated SBC interventions
4. Effect of integrated SBC in a setting with integrated service delivery programming
5. Conditions that enable the effective implementation of integrated SBC interventions
6. Life stages, target audiences, and outcomes for which integrated SBC programming is especially effective

Technical Advisory Network (TAN) Convenings

February 13-14, 2019 / Washington, DC

The TANs for integrated SBC and PBC were both convened during February 2019 in Washington, DC.

The aim of the convenings was to select priority research questions for integrated SBC and PBC programming based on the questions prioritized and generated by the online surveys.

Prioritizing and Refining Research Questions

Participants worked in small groups, starting from the list of questions generated from the online surveys, to determine the priority research questions around the design, implementation, and evaluation of integrated SBC and PBC.

After a share-back session, groups reconvened to further refine the language of the questions and sub-questions.

Research Utilization: Learning Agenda

During the consultations, the TAN members also discussed the final learning agenda product and how to ensure the prioritized questions would be taken up by the broader community of SBC researchers, implementers, development partners, ministries, and other stakeholders.

Areas of discussion included:

- Format
- Audiences
- Capacity building
- Dissemination and engagement
- Best practices / success stories

What were the outcomes?

Priority Research and Learning Agendas for Integrated SBC & PBC

The consensus-driven approach described here resulted in a set of implementation science research and learning agenda questions that are intended to have broad applicability at global, regional, and local levels, and across health sectors. They are meant to be adapted and refined to suit specific programmatic and geographic contexts. Some of the proposed questions can be integrated into programs' existing monitoring and evaluation systems, while other questions will require stand-alone research studies that incorporate appropriate comparisons and account for relevant influential factors.

These research and learning agendas with the full list of priority questions can be found here and here.

PART 05

Putting the Research and Learning Agenda into Practice

To advance this research and learning agenda, concerted and coordinated action is needed from a range of stakeholders. By promoting and taking up this agenda, current and future investments can be maximized to achieve the best possible health and development outcomes.

Donors

- Use the agenda to fund stand-alone or programmatically embedded research.
- Coordinate and align investments across donors.

SBC and Service Delivery Organizations

- Update routine monitoring and evaluation systems to capture key information within existing programs and activities to help answer priority questions from the agenda.
- Use emerging research/program evidence to course correct program approaches.

Governments and Policymakers

- Promote implementation science research to answer key questions about integrated SBC or PBC programs.
- Use emerging research/program evidence to influence strategies and update relevant policies.

Research Institutions and Universities

- Develop and share innovative research designs and measurement tools and generate evidence on the priority questions from the agenda.
- Team up with program implementers to help answers questions within existing programs.

Thank you for your active participation and thoughtful insights. The discussions have been robust. Even with SBC experts from a wide range of technical areas spanning family planning to nutrition to malaria, we saw emerging consensus around the cross-cutting research areas that need to be addressed.

- Laura Reichenbach, Project Director of Breakthrough RESEARCH

References

1. Mavedzenge SN, Luecke E, Ross DA. Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and HIV-related morbidity and mortality: a systematic review of systematic reviews. J Acquir Immune Defic Syndr. 2014 Jul 1;66 Suppl 2:S154-69. doi: 10.1097/QAI.0000000000000178.
2. Witter S, Fretheim A, Kessy FL, Lindahl AK. Paying for performance to improve the delivery of health interventions in low- and middle-income countries. Cochrane Database of Systematic Reviews 2012, Issue 2. Art. No.: CD007899. DOI: 10.1002/14651858.CD007899.pub2.
3. Lopez LM, Otterness C, Chen M, Steiner M, Gallo MF. Behavioral interventions for improving condom use for dual protection. CochraneDatabaseofSystematicReviews2013, Issue 10. Art.No.:CD010662. DOI: 10.1002/14651858.CD010662.pub2.
4. Smith C, Gold J, Ngo TD, Sumpter C, Free C. Mobile phone-based interventions for improving contraception use. Cochrane Database of Systematic Reviews 2015, Issue 6. Art. No.: CD011159. DOI: 10.1002/14651858.CD011159.pub2
5. Wu S, Roychowdhury I, Khan M. Evaluations of training programs to improve human resource capacity for HIV, malaria, and TB control: a systematic scoping review of methods applied and outcomes assessed. *Trop Med Health*. 2017 Jul 1;45:16. doi: 10.1186/s41182-017-0056-7.
6. Higgs ES, Goldberg AB, Labrique AB, Cook SH, Schmid C, Cole CF, Obregón RA. Understanding the role of mHealth and other media interventions for behavior change to enhance child survival and development in low- and middle-income countries: an evidence review. *J Health Commun*. 2014 May 6;19 Suppl 1(sup1):164-89. doi: 10.1080/10810730.2014.929763.

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

Sanyukta Mathur, Kathryn Spielman, Elizabeth Tobey, and Laura Reichenbach. 2019. Developing Research and Learning Agendas to Strengthen Social and Behavior Change Programming: An Overview of the Approach, Outcomes, and Next Steps. Breakthrough RESEARCH: Washington, DC.

Population Council
4301 Connecticut Avenue, NW, Suite 280
Washington, DC 20008
Tel: +1 202 237 9400
breakthroughactionandresearch.org