

# Strengthening social and behavior change monitoring and evaluation for family planning in Francophone West Africa

Francophone West Africa has the highest fertility rates in the world and a low contraceptive prevalence. In response, the Ouagadougou Partnership was established to accelerate progress in the use of family planning (FP). However, efforts have focused on service delivery and commodity procurement with fewer investments in demand creation through social and behavior change (SBC) approaches.

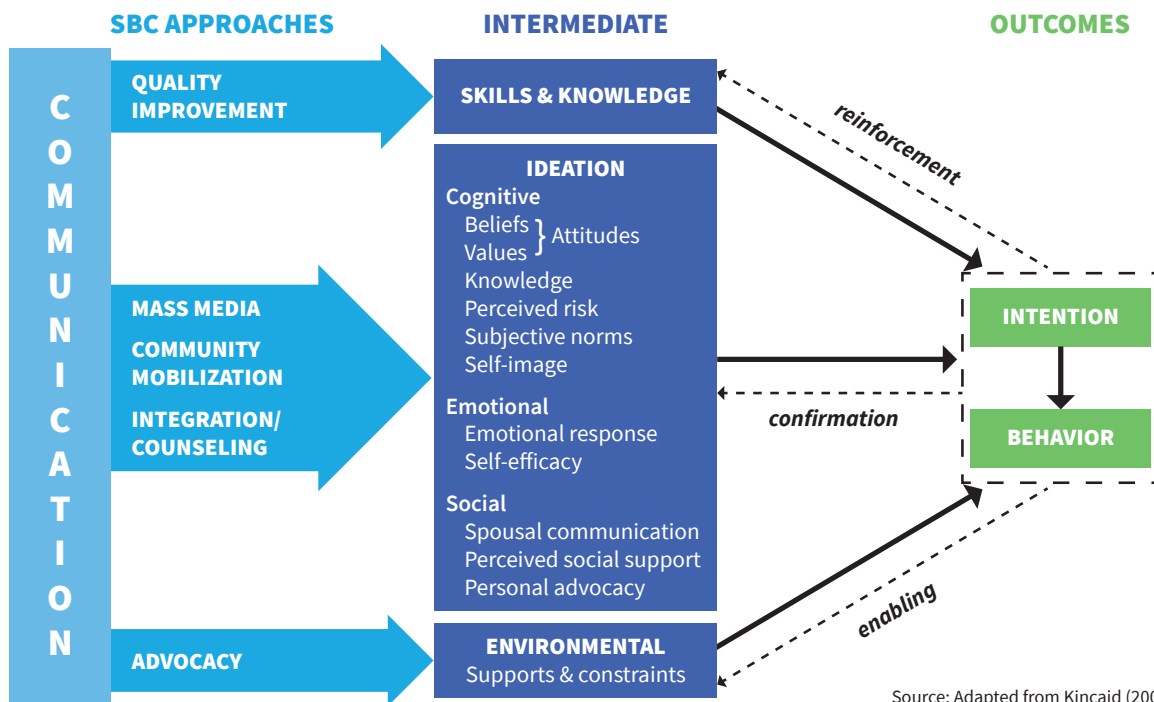
## Why invest in SBC?

- A recent study found that in countries with a high desired ideal number of children, progress in increasing FP is limited without investing in efforts to increase demand.
- There is a growing body of evidence that suggests that SBC can directly increase contraceptive uptake as well as

increase contraceptive use through pathways that address intermediate outcomes such as attitudes, social norms, self-efficacy, and partner communication that influence contraceptive use.

## SBC measurement

- SBC-related indicators measure SBC processes and techniques to motivate and increase uptake and/or maintenance of health service-related behaviors among intended audiences.
- Global and regional FP partnerships have regular measurement and reporting systems in place to ensure that the latest data are available to support decision-making.
- Yet, standard indicators monitored for these partnerships focus on contraceptive uptake and service delivery indicators.
- There is a need to better understand SBC indicators available in order to identify gaps and make recommendations for improved routine monitoring of SBC.



Source: Adapted from Kincaid (2000)

## Key Questions

1	What was the landscape of USAID and other donor investments in FP in the five preceding years?
2	To what extent are FP indicators collected on 1) programmatic reach, 2) determinants of behavior (ideational factors including knowledge, attitudes, perceived risk, self-efficacy, social norms, spousal communication), 3) service delivery including supply chain, 4) FP-related behaviors (e.g., postpartum FP acceptance and uptake), 5) regional/national/policy, and 6) cost?
3	What gaps exist and what additional SBC indicators can stakeholders adopt to increase the availability and utility of routine SBC data?

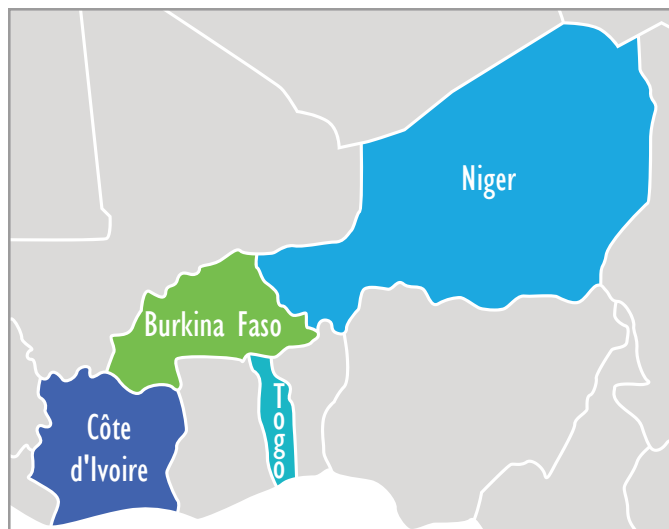
## Methods

**Setting:** Breakthrough RESEARCH conducted the activity in the four USAID-funded West Africa Breakthrough ACTION/Amplify-FP countries: Burkina Faso, Côte d'Ivoire, Niger, and Togo.





**Stakeholder interviews:** Structured key informant interviews with FP stakeholders in each country were conducted November through December 2019.

**Data collected:** Documentation pertaining to the activity objectives, program descriptions, monitoring-evaluation and learning plans, indicator reference sheets, and other documents were collected.

An indicator matrix was compiled in Excel with information on partner/donor, data collection frequency, geographic level, and description of the indicator, and then coded by type and socio-ecological level (Available at <http://ow.ly/Bf1R30qzXLF>).



## Type of indicators

OUTPUT	REACH
Occurs as a result (direct product) of a program's activities	# or % of beneficiaries exposed to an intervention
	
INTERMEDIATE	OUTCOME
Ideational factors that are considered as contributing to behavioral and health outcomes	Desired behavioral or health effect on target audience; may also include unintended behavioral or health effects
	

## Socio-ecological levels

INDIVIDUAL	COMMUNITY
Indicators reported at the beneficiary level, including intermediate behavior and health outcomes	Indicators capturing activities at the community level such as community mobilization, engagement with community leaders
	
FACILITY	NATIONAL/POLICY
Indicators reporting on service delivery providers (SDP), pharmacy, or other FP distribution points	Indicators reporting national-level plans in place, policies, national TV and other channels, and government expenditures
	

## Analysis

- We collated 1,508 indicators from 55 stakeholder/projects operating in four countries over the last five years that are currently active into an indicator matrix.
- We prepared heat maps based on the indicator matrix by type of indicator and socio-ecological level. We first looked at all indicators and then SBC-specific indicators.

## HEAT MAP OF INDICATORS BY COUNTRY, TYPE, AND SOCIO-ECOLOGICAL LEVEL (N=1,508)

CÔTE D'IVOIRE	OUTPUT	REACH	INTERMEDIATE	OUTCOME	LEGEND
Individual	14	26	26	74	 0 Total number of indicators: 406 Excludes 30 project output indicators
Community	67	7	0	1	
Facility	81	0	0	3	
Regional/national/policy	44	0	7	26	
BURKINA FASO					
Individual	11	27	27	145	 0 Total number of indicators: 539 Excludes 57 project output indicators
Community	30	1	1	1	
Facility	68	0	0	2	
Regional/national/policy	120	15	8	26	
TOGO					
Individual	4	9	21	55	 0 Total number of indicators: 297 Excludes 33 project output indicators
Community	14	0	0	1	
Facility	28	0	0	0	
Regional/national/policy	93	1	8	30	
NIGER					
Individual	2	10	39	36	 0 Total number of indicators: 266 Excludes 17 project indicators
Community	26	0	1	2	
Facility	33	0	0	1	
Regional/national/policy	60	3	8	28	

## HEAT MAP OF SBC-RELATED INDICATORS BY COUNTRY, TYPE, AND SOCIO-ECOLOGICAL LEVEL (N=810)

CÔTE D'IVOIRE SBC	OUTPUT	REACH	INTERMEDIATE	OUTCOME	LEGEND
Individual	0	20	25	60	 0 Total number of indicators: 199 Excludes 4 project output indicators
Community	56	7	0	1	
Facility	5	0	0	1	
Regional/national/policy	20	0	0	0	
BURKINA FASO SBC					
Individual	8	26	27	138	 0 Total number of indicators: 356 Excludes 17 project indicators
Community	20	1	1	1	
Facility	19	0	0	0	
Regional/national/policy	83	15	0	0	
TOGO SBC					
Individual	1	9	20	49	 0 Total number of indicators: 135 Excludes 3 project indicators
Community	12	0	0	1	
Facility	7	0	0	0	
Regional/national/policy	29	1	1	2	
NIGER SBC					
Individual	0	9	34	31	 0 Total number of indicators: 120 Excludes 2 project indicators
Community	14	0	1	2	
Facility	3	0	0	0	
Regional/national/policy	19	3	1	1	

## Key points

- The predominant number of indicators collected in each country were at the output level.
- There are few measures related to reach or exposure of beneficiaries to interventions.
- Among the ideational factors measured, most focus on awareness, knowledge, and partner communication.
- Intermediate indicators measuring ideational factors such as attitudes, self-efficacy, risk perceptions, and social norms were not widely represented.
- Although most programs typically target all reproductive age women, and some indicators on key audiences such as adolescents or women who are post-partum or receiving post-abortion care, few indicators address audiences such as older women or high parity women.
- Nationally representative household surveys lack SBC-relevant measures, such as program exposure and behavioral determinants beyond knowledge, which limits their use for SBC program design and monitoring.
- Among the indicators relevant to SBC programs, there were few indicators that were relevant to SBC programming at the provider level.
- There were very few indicators that measured costs.
- The limited number of policy indicators, particularly at the outcome level, may reflect measurement challenges.

## Recommendations

### Country

- Government routine monitoring systems should track key SBC indicators.
- Adoption of standardized SBC measures, such as those in the FP SBC indicator bank, would allow cross-country comparability, leading to a clearer understanding of the behavioral drivers that require attention in each country to advance access and utilization of FP services. <http://ow.ly/R44m30qzWxn>
- Governments should continue to invest in data quality assessments and explore innovative methods to improve data quality.
- Data will only be valued if used. Ministries who invest in collecting routine data and monitoring reporting systems should leverage the data for decision making and promote their use across all levels of the health system.

### Donor

- Donors should request M&E plans and indicator reference sheets from all implementing partners.
- Donors should consider investing in project specific surveys that collect a greater number of SBC-relevant indicators than large national surveys such as DHS and PMA.
- Donors should regularly convene and coordinate monitoring, evaluation, and learning (MEL) partners to facilitate the standardization of MEL plans, SBC indicators, and data collection methods, and ensure data-informed programmatic learnings are shared.
- Donors should consider supporting governments to develop standardized systems to monitor data quality through targeted technical assistance.
- Donors should work with governments and implementing partners to ensure that SBC-related indicators are routinely monitored in global and regional partnerships supporting FP.
- Donors may consider further investing in knowledge management and research utilization projects to help stakeholders make the most of available data sources for program and policy decision making.

### Implementing partner

- Programs should identify, through a theory of change development process at the design stage, important behavioral drivers that can be addressed with SBC programs.

- There is a need for improved and more consistent measurement of program reach.
- Programs should commit to documentation transparency and open data to maximize the value of data collected for monitoring and evaluation.
- Where reached by interventions, projects should capture better data on key influencers to better understand how the enabling environment may facilitate or impede behavioral outcomes.
- SBC and service delivery partners would benefit from jointly reviewing supply- versus demand-side data; thus, partners may better map results, interpret findings, and identify programmatic needs.
- While the goal of facilities is to improve outcomes for clients, there is a need for service delivery partners to measure intermediate indicators such as changes to providers' knowledge, attitudes, and behaviors.
- There is a dearth of cost-related measures available to inform programs. Programs should leverage the availability of SBC costing guidelines to develop cost measures that can support advocacy, program prioritization, and agenda setting.

### Measurement

- FP stakeholders should develop a regional M&E framework that is inclusive of SBC programmatic investments.
- Large household surveys such as the PMA surveys should incorporate measures for programmatic reach (particularly for large campaigns), as well as intermediate indicators such as knowledge, attitudes, self-efficacy, and social norms, as it may be more challenging for individual projects or programs to do so.
- There is a need for additional SBC facility-level measures. In particular, there should be indicators that capture reach/exposure to SBC approaches among providers, as well as more indicators that measure intermediate level indicators such as knowledge, attitudes, norms, and self-efficacy.
- Inclusion of SBC cost-related indicators is beneficial to all actors in budgeting and advocating for further investment. Such indicators may include: (1) cost per person reached by interventions, (2) cost per couple-years protection, and (3) cost per pregnancy averted.

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A copy of the full report is available at:

<http://ow.ly/cEN030qzXKz>

### Breakthrough RESEARCH

Our project turns evidence into action by providing thought provoking guidance to improve SBC policy and programming, with the goal of improving the cost-effectiveness of USAID's health and development strategies. Breakthrough RESEARCH catalyzes SBC by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world.

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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 the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.

Suggested citation: Leanne Dougherty, Martha Silva, and Kathryn Spielman. 2020. "Strengthening social and behavior change monitoring and evaluation for family planning in Franco-phone West Africa," Programmatic Research Brief. Washington DC: Population Council.