Social and Behavior Change for Family Planning: Global Influence Landscape and Strategy

August 2018
## Agenda and Contents

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Why Are We Here?

Objectives and Rationale for SBC Influence Strategy
Why an SBC Influence Strategy?

A strategic approach is necessary to coordinate how FP donors and influencers drive adoption of SBC

From... To...

**Awareness**
- Limited understanding of SBC
  - Widely differing appreciation for and awareness of the discipline

**Investment**
- Limited investment in SBC
  - Many actors still assume latent demand and approach FP investments with a clinical mindset

**Coordination**
- Limited SBC coordination
  - Multiple messages on what SBC is; complementary but independent efforts to raise profile of SBC

Holistic understandings of SBC and its role supporting all FP investments
- Understanding SBC as a discipline that should pervade all investments

Increased investment in SBC approaches from donors and countries
- Including demand creation, changing social norms, improved provider behaviors, improved contraceptives, etc.

Coordinated approach supporting a specific strategy
- Coming together as SBC practitioners to raise the importance of the discipline among donors and influencers
Why Now?
The global FP community needs to use its full set of resources, including SBC investments, to meet SDGs

Measuring Progress Against London Summit Goal
Additional users of modern contraception¹

Measuring the Starting Point for SDG 3.7.1
Demand Satisfied with Modern Methods (%)²

Additional users counting started in 2012 as London Summit set goal of 120M additional users by 2020

Additional users under historical rate prior to London Summit

Current rate of additional users per year: ~2.7%

London Summit Goal Projections

Many countries, especially in West Africa, have extremely low rates of demand satisfied with Modern Methods,

1. Projections for current rate post 2017 based on average % increase for years 2012-2017; Source: Track20 data; Camber Collective analysis
2. Source: The Lancet. “Modern contraceptive use, unmet need, and demand satisfied among women of reproductive age who are married or in a union in the focus countries of the Family Planning 2020 initiative: a systematic analysis using the Family Planning Estimation Tool”
Social and Behavior Change (SBC) is a discipline which uses deep understanding of human and societal behavior and evidence-based interventions to increase the adoption of healthy behaviors by individuals, and influence the social norms that underpin those behaviors.

SBC is used to:

- Increase demand for, or utilization of, available commodities and services
- Increase healthy behaviors of individuals and communities
- Improve communication between health providers, clients, families, couples, and communities
- Engage community leaders and other influencers in promoting healthy behaviors
- Transform social norms that underpin behavior choices

Social and behavior change is a critical component of and complement to existing efforts to strengthen health systems and ensure access to and provision of care.
Setting the Context:

The Global FP Architecture
FP Global Architecture

Actors across the FP architecture interact through funding, coordination and other influence.
FP Official Donor Assistance
Funds from USA, UK and BMGF, or channeled through UNFPA, account for 84% of FP ODA

2016 ODA for Family Planning (USA $M)\textsuperscript{1,2}

<table>
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<th>UNFPA Funds</th>
<th>Non-UNFPA (Bilateral, Private Philanthropy, Other)</th>
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<tr>
<td>Total: 482</td>
<td>Total: 859</td>
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</table>

Most donors contribute to UNFPA, which accounts for 36% of total FP ODA; Norway and the Netherlands are the largest contributors accounting for 14% of UNFPA funds.

- BMGF (10%)
- UK (10%)
- USA (54%)
- OTHER (15%)
- JAPAN (1%)
- CANADA (1%)
- HEWLETT\(\textsuperscript{4}\) (2%)
- NETHERLANDS (1%)
- GERMANY (4%)
- NORWAY (2%)

Although Canada’s 2016 FP spend is relatively low, they have made major commitments, pledging $650 Canadian dollars for reproductive health over the next 3 years.\textsuperscript{3}

BMFG, UK and USA account for 51% of FP ODA contributing to both UNFPA and their own bilateral engagements. They are also FP2020 core conveners.

1. IHME Data, as of March 2018. Includes money for FP-activities. Data not validated by external sources. Assumed to be directionally correct.
2. Donors showing with at least $15M in ODA
3. Canada announces support for sexual and reproductive health and rights, Global Affairs Canada website, 2017
4. FP2020 Commitments for 2016
Understanding the Challenge

Current State of SBC Investments
Qualitative Assessment of SBC Use

Range of views presented, but room for improvement envisioned by most interviewees

Weak SBC inclusion in FP investments

NGOs sometimes have to pay for these efforts out of their pockets, as some donors won’t fund the activity.

Many “FP personnel are clinicians by trade” with a historical “focus on supply.” There was “latent demand” before that allowed this approach to work, but now it’s less effective.

There “isn’t a lot of resistance to SBC,” but it’s still “under-invested in and under-understood”.

“Lack of knowledge” really interferes with effective use of SBC; people are unaware of how important and effective it is. When they do implement it, they don’t know how to do it well.

We have some SBC experts at HQ, but how it is rolled out at the field level “depends on the country staff.”

Some are eager to try “new approaches,” but cautious because there are “evidence gaps.”

Strong SBC inclusion in FP investments

Note: Paraphrases from interviews conducted with FP SBC experts in March, 2018
Barriers to Strong SBC Investments

Interviews with FP stakeholders highlight key obstacles to SBC inclusion in investments

**Donor SBC Thinking Evolution**

- **Unaware**
  - “If you [stock] it, they will come...poor services must be improved first.”

- **Skeptical**
  - “I haven’t seen the evidence that SBC really works, and it doesn’t have the same ROI.”

- **Restricted**
  - “My board just wants to know how many condoms we’ve purchased.”

- **Under-resourced buyers**
  - “We make sure our implementing partners include SBC but can’t really verify the strength of the programs.”

**Country Implementation Barriers**

- **Short-term focus**
  - “We need to show results now, i.e., facilities built, contraceptives purchased.”

- **Social norms**
  - “We can’t address unmarried youth because that’s against our culture.”

- **Limited expertise/Under-resourced**
  - “We include SBC; for instance, here’s a poster we completed.”

“Illustrative quotes”
Budgets focused toward contraceptives

However, SBC is potentially included across categories, occluding current spend

Uganda CIP Budget by Category, 2015-2020

- **Developing and procuring contraceptives**
- **Service delivery & access**
- **Management, accountability & evaluation**
- **Demand creation**
- **Contraceptive security / supply chain**
- **Policy & enabling environment**

- **Low** Relative overlap with SBC elements
- **Medium**
- **Low**
- **High**
- **Low**
- **Medium**

Potential SBC elements

- **Market research** in the development of new contraceptives
- **Provider behavior change** efforts at health centers and community-level services
- **Behavioral economics** in service design
- **Health system design** to incentivize quality services
- **Measurement & evaluation** aligned to inform SBC investments
- **Mass media, interpersonal communication and community engagement** to shift norms and support clients in acting on FP need
- **Human centered approaches to supply chain design**
- **Prioritizing access of contraceptives to fit demand**
- **Advocacy** for FP-supportive policy
- **Interventions** to promote FP-supportive social norms

Demand Creation, **service delivery & access**, and **policy & enabling environment** (categories more typically associated with SBC) are only budgeted 31% of the total FP dollars.

1. 2015 gap analysis for Uganda family planning costed implementation plan, 2015–2020; Health Policy Project
What Needs to Happen?

Global SBC Influence Strategy
## A Model for an SBC Theory of Influence

How we think about policy and funding change at global and country levels

<table>
<thead>
<tr>
<th>Description</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Actors</strong></td>
<td>Who are core implementers of the influence strategy?</td>
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</table>
|             | • Leading funders  
|             | • Advocates  
|             | • Implementers |
| **Levers**  | What tools are most critical to drive influence? |
|             | • Evidence  
|             | • Messaging  
|             | • Champions  
|             | • Media  
|             | • Mobilization |
| **Pathways** | What are most effective and efficient mechanisms for influence? |
|             | • 1:1 (direct or influencer)  
|             | • Coordinating mechanisms (global, regional, country)  
|             | • Media channels |
| **Decision Makers** | Who are the ultimate decision makers we are trying to influence? |
|             | • Country  
|             | • Donor  
|             | • Coordinating entities  
|             | • Implementing partners  
|             | • Constituents |
| **Decisions** | What are the most critical choices or actions do we want to influence? |
|             | • Invest more  
|             | • Allocate differently  
|             | • Change policy  
|             | • Adopt procedures  
|             | • Hire experts |
| **Impact**  | What is our shared ultimate goal for this work, in terms of human impact? |
|             | • Major sectoral goals  
|             | • SDGs  
|             | • Specific outcomes (e.g., decreased TFR, increased mCPR) |

Arrows reflect how key strategic decisions can influence needs at more tactical levels
**Ouagadougou Partnership Influence Strategy Theory of Influence**

Global Influence Framework Adapted for OP Needs and Context

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Pathways</th>
<th>Outcomes</th>
<th>Decisions</th>
<th>Impact</th>
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<tr>
<td>Levers</td>
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<tr>
<td>Messaging</td>
<td>Leverage multi-stakeholder country planning processes</td>
<td>Decision Makers</td>
<td>Select Countries</td>
<td>Develop SBC/gender strategies to advance FP objectives</td>
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<tr>
<td></td>
<td>Capacity building and peer engagement</td>
<td></td>
<td>Targeted engagement select countries involved in CIP processes; focus on select Ouagadougou Partnership countries</td>
<td></td>
</tr>
<tr>
<td>Evidence</td>
<td>Directly engage targeted donors</td>
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<td>Peer champions (or relationships)</td>
<td>Elevate SBC programming at existing fora</td>
<td></td>
<td>Target donors</td>
<td>Engage SBC and gender experts in strategy, design and M&amp;E</td>
</tr>
<tr>
<td>Education (or SBC experts)</td>
<td>Supportive storytelling and education</td>
<td></td>
<td>5-6 donors with largest FP spend plus 1-2 donors important in the OP region</td>
<td>Incorporate SBC/gender strategies in planning process for FP strategy</td>
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<td></td>
<td>Increase proportion of FP funding toward SBC/gender</td>
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Highlights content added as part of the supplemental Ouagadougou Partnership regional influence strategy; other content holds for both the Global and Regional Influence strategies.
# Overview of Key Pathways

Three pathways build off each other to more effectively drive decision making

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<tr>
<th></th>
<th>Leverage Multi-Stakeholder Country Planning Processes</th>
<th>Directly Engage Targeted Donors</th>
<th>Elevate SBC Programming at Existing Fora</th>
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<td>1</td>
<td>Ensure SBC features prominently in country programming (both country and donor) by ensuring greater inclusion in country implementation plans; use planning tools and processes as platforms to inform key decision makers about SBC best-practices</td>
<td>Leverage peer champions to engage donors to build awareness and prioritization of SBC as an integral component of their FP strategies, providing sufficient resources and supportive policies to enable country investment</td>
<td>Utilize regional coordinating workshops and other major FP convenings to share messages on SBC and make SBC experts available to provide technical assistance as needed</td>
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**Strengths**
- Scalable way to affect decision making at country-level, where most policy decisions are made
- With a high concentration of funds among select donors, working with a small set of contacts can yield impact
- Elevating SBC in an clear, organized way can increase reception of new SBC proposals

**Weaknesses**
- Influence over donor spending in country can be limited, with partial donor adhesion to country plans
- Changing funding decisions at global donor level may not always filter through to country level
- Agenda setting alone is often not effective at overcoming inertia to change decision making

Influence over donor spending in country can be limited, with partial donor adhesion to country plans

Changing funding decisions at global donor level may not always filter through to country level

Agenda setting alone is often not effective at overcoming inertia to change decision making
Activating the Influence Strategy
What can you do?

1. Leverage Multi-Stakeholder Country Planning Processes
   - Participate in country planning processes (e.g., FP2020 CIPs, GFF, etc.), identifying ways to increase SBC inclusion
   - Work with key stakeholders in governments, raising awareness of, and respect for, the impact that SBC can bring

2. Directly Engage Targeted Donors
   - Identify contacts at major donors and elevate the importance of SBC (Support for specific messaging currently in development)
   - Identify ways for increasing investment within your role and organization

3. Elevate SBC Programming at Existing Fora
   - Propose new panels / learning sessions supporting SBC (share successes, new techniques, case studies, etc.)
   - Identify key stakeholders at events with whom to promote SBC or connect with SBC experts

If you are interested in finding out more, or seeing additional materials on messaging SBC, please reach out to Hope Hempstone at USAID or Lynn Van Lith at Breakthrough Action
Thank You

Lynn Van Lith
lynn.vanlith@jhu.edu