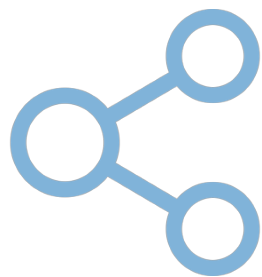


It Takes A Village



A Shared Agenda for
Social and Behavior Change
in Family Planning

August 2019



USAID
FROM THE AMERICAN PEOPLE

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A blue square graphic with a white diagonal line and a small grey sphere at the top right corner.

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Why Do We Need a Shared Agenda in Social and Behavior Change for Family Planning?

Reaching global family planning (FP) goals depends on extraordinary and unprecedented cooperation, collaboration, and shared visioning across the FP community. Social and behavior change (SBC) is a critical and powerful approach to address the normative and behavioral challenges surrounding FP use and to increase access to and motivate demand for modern contraception. The discipline of SBC requires a deep understanding of human and societal behavior and the use of evidence-based interventions to increase the adoption of healthy behaviors by individuals, influence the social norms underpinning those behaviors, and catalyze social change by transforming social structures and institutions.

“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 gender and social norms that underpin those behaviors.”

Despite a major coalescence around the Family Planning 2020 (FP2020) and Ouagadougou Partnership goals in the last five years, no clear understanding exists of how major stakeholders fund and implement SBC programming to meet those goals or what future investment priorities should be. Furthermore, major SBC actors, including donors, multilateral institutions, nongovernmental organizations, and private-sector companies, working to achieve these goals often do not coordinate, which results in duplication of efforts in some cases and critical gaps in others. Collaborative and coordinated SBC programs will help reach these goals faster than pursuing independent agendas.

A Shared Vision for SBC in Family Planning

We envision a future where investments in SBC for FP are coordinated, strategic, and impactful, which will improve efficiencies and accelerate achievement of global, regional, national, and sub-national FP goals.

What Is the Shared Agenda for SBC in Family Planning?

The shared agenda seeks to catalyze coordination of effort among governments, funders, and implementers seeking to create impact in FP through SBC interventions by:

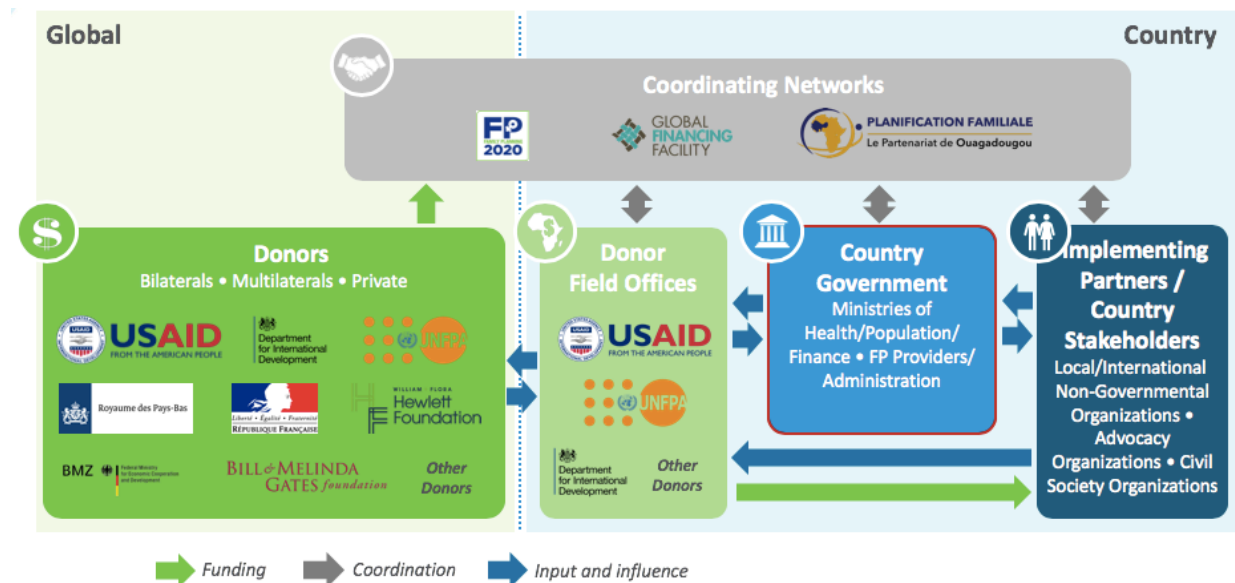
1. Identifying strategic priorities in SBC and FP in need of greater coordination and/or investment.
2. Proposing opportunities for coordination and collaboration to enhance complementarity across investments.



Who Are the Stakeholders?

Initiatives such as FP2020 and the Ouagadougou Partnership have succeeded in aligning different categories of actors, including country governments, donors, and implementing partners around common goals. These actors provide funding, develop policies, design and implement programming, and influence and coordinate with other stakeholders (see Figure 1).

Figure 1: Global FP Architecture



Each stakeholder has specialized expertise and capabilities to contribute to SBC for FP.

However, there are a number of common challenges hindering coordination among SBC actors, including:

- Different perceptions of what SBC is and the language used to describe it.
- Competitive nature of funding stemming from limited availability of investments.
- Lack of funding dedicated to coordination of SBC actors.
- Absence of vocal SBC champions among those making investment and programming decisions.

Despite these challenges, a wide range of stakeholders recognize the need to see beyond differences and forge a common agenda for SBC in FP. Collaboration can take various forms, ranging from informal project partnerships to formalized coalitions, the basis of which should be driven by a contribution to shared objectives and results.



Who Should Use This Shared Agenda?

This agenda is a resource for, and can be used by, all of these stakeholders, including donors, government representatives, policymakers, SBC and service delivery organizations, research institutions, and universities (see Figure 2).

Figure 2: Envisioning How Stakeholders Will Use the Shared Agenda

Donors	<ul style="list-style-type: none">• To improve coordination and alignment of investments with: 1) other donors when developing requests for proposals, and 2) implementing organizations and projects once work is awarded• To identify and advocate for technical and geographic areas where SBC can improve FP outcomes and share that information at global and internal FP meetings
Government and Policymakers	<ul style="list-style-type: none">• To guide and develop policies and direct donor investments• To continuously mobilize and allocate SBC resources according to defined, strategic FP priorities• To guide areas for coordination between implementing partners in country
SBC and Service Delivery Organizations	<ul style="list-style-type: none">• To enhance strategic collaboration between SBC and service delivery partners• To understand concrete ways SBC interventions can support and integrate with service delivery to improve FP outcomes• To identify areas for technical assistance (e.g., SBC organizations to service delivery organizations, or vice versa)
Research Institutions and Universities	<ul style="list-style-type: none">• To focus SBC research, including implementation research, to fuel better-designed and SBC-inclusive FP programs

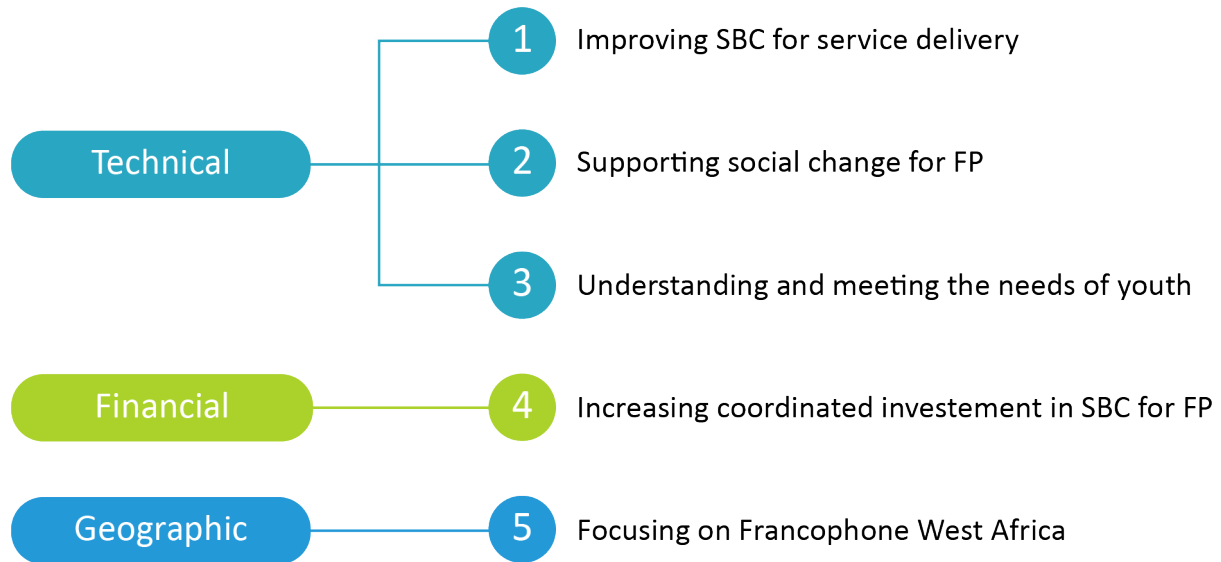
This document provides recommendations to guide action for each of these groups. Proposed recommendations often apply to multiple stakeholders, marking added opportunities for collaboration and coordination among decision makers.



Strategic Priority Areas for SBC in Family Planning

The shared agenda identifies five strategic priorities for SBC in FP across three areas—technical, financial, and geographic (see Figure 3)—where coordination and collaboration are most needed.

Figure 3: Five Strategic Priorities for SBC in FP



The strategic priorities were selected based on a range of factors, including donors’ stated priorities and allocated funding; focus areas of national Costed Implementation Plans (CIPs) and annual action plans; expert stakeholder consultations in Nusa Dua, Indonesia and Washington, DC; and recent evidence summaries. These summaries include *An Evidence Map for Social, Behavioural, and Community Engagement Interventions for Reproductive, Maternal, Newborn, and Child Health*, developed by the World Health Organization and International Initiative for Impact Evaluation (3ie)¹; the [FP SBC Evidence Database](#), developed by the Health Communication Capacity Collaborative; and the SBC for FP [Global Influence Landscape and Strategy](#), developed by Breakthrough ACTION.²

These strategic priorities are not intended to represent all priorities for all actors. Rather, they should articulate areas where multiple actors are working to highlight the need for increased coordination and to flag critical areas in need of further investment. Each priority area is important. The numbering is not intended to signify importance.

¹ World Health Organization and International Initiative for Impact Evaluation. (2017). An evidence map of social, behavioural, and community engagement interventions for reproductive, maternal, newborn and child health. Geneva: World Health Organization. Retrieved from <http://gapmaps.3ieimpact.org/evidence-maps/social-behavioural-and-community-engagement-interventions-reproductive-health>

² Breakthrough ACTION. (2018). Social and behavior change for family planning: global influence landscape and strategy.

Strategic Priority 1: Improving SBC for Service Delivery

Effective use of SBC to improve FP service delivery can lead to improved health outcomes. However, a lack of coordination exists between partners, as well as insufficient capacity to use SBC as a tool to improve the client–provider relationship before, during, and after FP service delivery. Many service delivery programs include SBC to some extent, but are not always designed using behavioral and strategic communication theories and design thinking approaches, evidence, and principles. Further complications arise from the varied relationships between service delivery and SBC implementers, which can take the form of oversight (as in sub-prime relationships), technical assistance, or coordination. These challenges offer an opportunity to strategically align SBC and service delivery to provide more effective programs and services that meet client needs and enhance the quality of FP service delivery.

Quality of care in FP hinges on the interactions between those seeking services and those providing them. The quality of these interactions depends on how well the rights of FP clients (information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity, and opinion) are respected so the client feels empowered, and to what extent the needs of FP providers (training and ongoing support, information infrastructure, supplies, guidance, backup, respect, encouragement, feedback, and self-expression) are met.³ All of these factors affect the client’s experience of care, and they often depend on how prepared and able a provider is to interact with their clients.

Another area of shared focus is provider behavior, both at the facility and community levels. Provider behavior is a commonly cited, though little understood, barrier to reducing unmet need for FP. Large caseloads, inadequate provider-client contact time, lack of health worker skills/confidence in providing FP methods, sociocultural norms and biases within the service delivery setting itself and the community, stigma and discrimination of key audiences, and lack of privacy are factors that may lead providers to limit access to a full range of FP methods or offer suboptimal counseling. They also contend with lack of support to facilitate lasting change. However, providers do play a critical role in a client’s journey to adopt and continue FP and serve as touchpoints between the health system and the communities they serve.

Despite considerable interest in recent years among the FP community to identify innovative and effective approaches to changing provider behaviors, few programs rigorously examine the complexity of provider behavior and its interaction with clients’ behaviors, as evidenced in the World Health Organization and 3ie Evidence Map, a recent literature review by Breakthrough RESEARCH,^{4,5} and a newly released provider behavior change learning agenda. These interventions often rely on traditional trainings and regulatory reinforcement, rather than innovative or comprehensive SBC approaches.

To respond to this need for increased coordination and to identify shared learning, an SBC for Service Delivery Community of Practice formed in 2017 to bring together United States Agency for International Development (USAID)-funded SBC and service delivery partners working in FP. The group, representing more than 20 organizations, established three key areas for more coordinated action: measurement and indicators, health service referrals, and provider behavior change. These areas, combined with the issues noted above, highlight opportunities to work together and enhance progress. The community of practice provides a mechanism to

³ Huezco C., & Diaz, S. (1993). Quality of care in family planning: clients' rights and providers' needs. *Advances in Contraception*, 9(2), 129-139. Retrieved from: <https://doi.org/10.1007/BF01990143>

⁴ World Health Organization and International Initiative for Impact Evaluation. (2017). Retrieved from <http://gapmaps.3ieimpact.org/evidence-maps/social-behavioural-and-community-engagement-interventions-reproductive-health>

⁵ Breakthrough RESEARCH literature review. (Forthcoming).



accomplish these goals. Moreover, interest exists in expanding its membership to other donors and actors to promote further coordination and shared learning.

What we hope to achieve

- Enhanced understanding of the provider perspective, including motivation, satisfaction, and norms, to inform future research and interventions
- Improved FP service delivery through increased coordination and sharing between donors and implementing partners on SBC for service delivery activities
- Improved quality of care with better client experience and improved provider attitudes and behaviors

Recommendations

Recommendations	Intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Expand membership of the SBC for Service Delivery Community of Practice to represent multiple funding streams and implementing partners, including piloting country-level communities of practice, where possible through existing RH/FP Technical Working Groups			X	
Widely share the Breakthrough RESEARCH provider behavior change learning and research agenda, encourage partners to adapt its learning questions to local context as needed, and encourage donors and implementers to work towards answering the questions it describes	X		X	X
Develop illustrative outcome indicators to measure aspects of service delivery impacted by SBC, such as client-provider interaction			X	X
Articulate the return on investment of SBC for service delivery partners through business cases, presentations, and other media			X	X
Create shared experiences, opportunities, and learning through the SBC for Service Delivery Community of Practice to support work plan harmonization and reduce duplication of efforts	X		X	
Create opportunities for integration of SBC for FP into other health services	X	X	X	
Create opportunities to strengthen SBC capacity of interested service delivery organizations	X		X	
Share best practices of emerging successful provider behavior change and experience of care approaches, tools, and learning through increased documentation and dissemination, including experiences coordinating across partners, managing multi-disciplinary teams, and demonstrating results			X	X



Strategic Priority 2: Supporting Social Change for Family Planning

The “social” aspect of SBC is understood by SBC professionals as a critical component of achieving behavior change and improved health outcomes and is particularly important to achieve FP goals. Social change is complex. It includes normative dimensions, policy and structural factors, and social accountability approaches enabling communities to hold health providers, services, and governments accountable for their performance. In many cases, social change cuts across multiple health and development sectors and can serve as an opportunity to promote greater integration within programming.

Social and gender norms: In FP, delivering on the “S” involves supporting shifts in social and gender norms that improve FP behaviors, particularly in the realm of gender norms. Since gender norms are a critical driver of FP behaviors, SBC programs for FP must strive to be more gender transformative. Social and gender normative interventions particularly impact countries at the low end of the [S-Curve](#), where normative shifts can stimulate demand for FP. As a part of high-quality FP SBC programs, social and gender transformative interventions can be challenging to design, deliver, and measure. Nevertheless, many donors, governments, and partners recognize the need to tackle this intractable challenge and uncover new and effective ways to spur collective community action. Given this interest, efforts are being made through the [Learning Collaborative to Advance Normative Change](#) to foster synergies and collaboration among donors, implementers, and researchers. Recent social norms convenings have highlighted the need for 1) greater attention to the ethical considerations of social norm change, 2) development of standardized measurement scales and tools, and 3) making resources and guidance on how to design, measure, and scale up normative change simpler and easier to implement.⁶

Structural change: Social change extends beyond norms. SBC also creates broader social support for FP through structural changes in policies, laws, and non-health-related interventions such as girls’ education, often building on existing social movements in a given country or region. This broader social change reflects whole societal shifts capable of disrupting or rebalancing political, economic, and social power.

Social accountability: Social accountability is a critical component of social change and a key area of rights-based FP.⁷ However, few published studies address this topic, leaving limited evidence of how social accountability approaches are working to increase the voice, choice, and power of those most affected by unmet demand for FP, and of how social accountability approaches interact with other accountability systems.⁸

What we hope to achieve

- Greater capacity to identify and respond to social and gender factors influencing FP outcomes
- Further application and use of existing social change theories
- Improved mainstreaming of gender norm transformative approaches into SBC for FP programs
- More attention paid to ethical considerations related to shifting social and gender norms and broad social change, as it relates to FP
- Greater consensus on a prioritized set of measurement indicators and processes to measure social change that affect FP, including shifts in social and gender norms, structural factors, and social accountability approaches (building on existing work, as appropriate)

⁶ The Bill & Melinda Gates Foundation. (2018). Advancing social norms practice: social norms convening. Seattle, WA: The Bill & Melinda Gates Foundation.

⁷ For resources on rights-based FP, see <http://www.familyplanning2020.org/microsite/rightsinfp>

⁸ Van Belle, S., Boydell V., George, A.S., Brinkerhof, D.W., & Khosla, R. (2018). Broadening understanding of accountability ecosystems in sexual and reproductive health and rights: a systematic review. *PLoS ONE*, 13(5), e0196788. Retrieved from <https://doi.org/10.1371/journal.pone.0196788>



- Strengthened linkages between actors working on social change initiatives from different vantage points, including those working on individual-level behavior change , policy change, social norms transformative interventions, human-rights advocacy, and community health
- Improved access to social change data available outside the FP/health sphere in order to save time, effort, and money for data collection

Recommendations

Recommendation	Intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Develop advocacy materials to explain the importance of social and gender transformation in FP and how SBC programs play a key role in shifting towards positive gender norms, and disseminate this information widely			X	
Hold regular knowledge management convenings to share and exchange lessons learned related to social and gender normative change in FP (such as those gathered through the Learning Collaborative’s activities), and create linkages to lessons learned from other health and development areas within and across countries and geographic regions			X	X
Identify and support SBC champions who can influence key decision-makers (e.g., donors, policymakers, implementers) and to local opinion leaders about their role in catalyzing social change for improved social and gender norms, policy and structural factors, and social accountability for FP			X	
Document the application of SBC approaches in social accountability mechanisms, and share the findings to increase the evidence base and promising practices of assuring social accountability in SBC and rights-based FP programs			X	X
Generate, share, and apply evidence of linkages between community health and SBC by hosting a panel at the International Social and Behavior Change Communication Summits or other conferences; present data at relevant technical working groups, communities of practice, health-system-strengthening conferences and meetings; and write a commentary for publication			X	X
Bridge the gap between researchers and implementers in the fields of SBC, policy, social norms, and gender by mapping different actors and networks and identifying areas for better coordination and collaboration, using FP outcomes as the common point of interest to bring these groups together	X	X		
Align funds/efforts for gender/social norms work across health areas	X	X		



Strategic Priority 3: Understanding and Meeting the Needs of Youth

Adolescents represent 20percent of the world’s population, with more than 85percent residing in developing countries.⁹ These youth represent the world of tomorrow, and investment in their health and well-being is critical to promoting their growth and development. However, for many adolescent girls, pregnancy and childbearing are associated with significant health risks, especially in low- and middle-income countries, where 20,000 girls under age 18 give birth every day and where pregnancy-related complications are the leading cause of death among girls aged 15 to 19.¹⁰

The youth population is a focus for many countries working on increasing FP access and use. Thus, it is included in a majority of CIPs and annual action plans for FP2020 countries. The role of SBC in addressing the vast number of social, cultural, gender, and religious determinants of youth FP behaviors, as well as those of their parents, families, and health providers, cannot be overstated. In recognition of this crucial issue, many major donors in FP have made significant investments in youth-focused SBC programming and are working to identify new and innovative approaches in both SBC research and implementation. It is critical for all stakeholders to learn, in real-time, what other partners are testing and trialing, what works, and what does not work. Only through ongoing engagement and coordination can we ensure the effectiveness and efficiency of investments while avoiding duplication.

Despite myriad investments, much remains to be done. Given the diversity of the youth population, there is a need for a greater understanding of behavioral patterns and typologies across the adolescent life course; more nuanced programming accounting for the physical and hormonal changes young people experience and their impact on decision-making; and practical applications of integrated SBC meeting young people’s demands for meaningful employment, safety, and a gender equitable world.

What we hope to achieve

- Increased youth-driven programs and meaningful youth engagement and partnership for program and policy design and implementation
- Stronger prioritization of youth as a cross-cutting theme across FP and reproductive health programs, not as a separate program discipline
- Increased coordination and quality in responding to youth needs through FP programs
- Improved segmentation of youth to understand their different needs rather than viewing them as a homogenous group
- Increased advocacy with decision-makers and influencers to support FP for youth

⁹ Blum, R.W., & Nelson-Mmari, K. (2004). The health of young people in a global context. *Journal of Adolescent Health, 35*, 402–418.

¹⁰ World Health Organization. (2012). *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries: What the evidence says*. Geneva, Switzerland: World Health Organization.



Recommendations

Recommendation	Recommendation intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Share insights from youth programs to develop specific and nuanced audience profiles that contribute to well-designed, tailored, and effective youth interventions; the profiles can be edited and updated over time			X	X
Financially support and explicitly frame youth FP SBC programs to include and address the reproductive health needs of both young men and young women (current programs often focus only on young women), unless specifically segmented by sex to address specific needs	X	X		
Address the continuum of FP needs as youth transition into adulthood based on social and psychological aspects of the transitions and how this impacts FP demand and use	X	X	X	
Develop national, subnational, and regional shared agendas around youth-focused SBC programming, and align investments in youth programming from different funding threads, to address comprehensive ASRH needs and maximize efficiencies	X	X	X	
Develop and systematize more opportunities to involve and engage young people and utilize their unique perspective and skills to co-create better youth-focused FP SBC interventions and leverage young champions, popular opinion leaders and groups to represent youth's FP needs and challenges to influence decision-making in national and subnational SBC and FP technical working groups or other coordinating bodies	X	X	X	X
Promote systematic inclusion into the 9-12 th grade curriculum of school-based, youth-focused comprehensive sexuality education		X	X	
Identify, document and share practical applications of integrated SBC meeting young people's demands for meaningful employment, safety, and a gender equitable world			X	X
Further highlight, fund and scale up youth interventions showing promise or positive impact, especially integrated programs	X	X	X	



Strategic Priority 4: Increasing Coordinated Investment in Social and Behavior Change for Family Planning

Despite increasing interest in the use of SBC to achieve global health goals, including the Sustainable Development Goals, SBC is not yet anchored as a core element of major development organizations' FP strategies and programming or government planning mechanisms such as CIPs. Investment is insufficient, particularly at the country level, to support implementation of SBC as a proven intervention to achieve global and country-level FP targets, including FP2020 goals and the Sustainable Development Goal 3 on sexual and reproductive health. Notably, many donors and governments vary in their understanding of and appreciation for SBC, leading to uneven support across the FP community.

A targeted effort is needed to engage governments, donors and decision-makers at the global, regional, and country levels. This effort should build awareness and prioritize SBC as an integral component of their FP strategies, providing sufficient resources and supportive policies to enable country investment and encourage peer adoption. A key factor in this engagement and advocacy is the ability to demonstrate the return on investment of SBC for FP outcomes. Rigorous evaluation is needed to test programming innovations and to document the cost-effectiveness of SBC programming for FP outcomes. However, this effort remains underfunded.

What we hope to achieve

- Improved coordination related to SBC to maximize the resources in place while pushing to fully fund SBC within CIPs and beyond
- Greater ownership and sense of responsibility among governments for ensuring investments in SBC
- Improved understanding and appreciation of high-quality SBC, its cost-effectiveness, and its return on investment

Recommendations

Recommendation	Recommendation intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Elevate and advocate for SBC programming at existing international and country forums by adapting and using the Message Framework for SBC in FP , a resource developed to help make the case for investment in SBC	X	X	X	X
Package and share existing evidence on the impact of SBC in FP clearly and simply and disseminate it strategically, using language, models, and frameworks comprehensible to non-SBC government and donor audiences			X	X
Facilitate coordination around SBC for FP at the country and regional levels among donors, governments, coordinating bodies, civil society, and implementing partners, leveraging existing multi-stakeholder and country-level planning processes, such as national CIPs and the Global Financing Facility	X	X	X	



Recommendation	Recommendation intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Engage leaders and champions beyond ministries of health, including youth peer champions, to galvanize political will among non-medical professionals using shared messaging and accessible evidence		X	X	
Continue to share any examples of how the Shared Agenda was successfully used by partners and stakeholders globally	X	X	X	X
Utilize national FP coordinating bodies to identify donor and government investment priorities linked to FP, such as climate change, and express the urgency for increased SBC for FP accordingly	X	X		



Strategic Priority 5: Focusing on Francophone West Africa

In francophone West Africa, nine countries—Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo—have pledged to reach 2.2 million additional FP users by 2020 through the Ouagadougou Partnership. These member countries have made notable progress in accelerating modern contraceptive use since the partnership was established in 2011. However, the region's maternal and child mortality outcomes are among the worst in the world. Maternal mortality in the Ouagadougou Partnership countries is 514 maternal deaths per 100,000 live births, compared to 436 in least-developed countries. Modern contraceptive prevalence rates range between 6.2 and 24.7, which are strikingly lower than the FP2020 country average of 45.7. Ouagadougou Partnership countries also have high average total fertility rates, ranging from 4.7 to 7.4, compared to the global average of 2.5 children per woman. In addition, demographic projections indicate population growth in these countries between 100 percent and 300 percent in the next 25 years if the total fertility rate is not reduced.¹¹ This rapid population growth will have a crippling impact on the region's economic growth, social stability, and environmental sustainability.

Across the region, reasons for non-use of FP relate closely to factors addressable through social and behavioral determinants. For example, Performance Monitoring and Accountability 2020 data from three Ouagadougou Partnership countries—Burkina Faso, Côte d'Ivoire, and Niger—show many women who want to delay a birth by two or more years do not use FP because of a perceived lack of need. This perception often is tied to beliefs, knowledge, and attitudinal factors that can be shifted through high-quality SBC interventions. Family members' opposition to contraceptives is another common barrier SBC can address by promoting couple and family communication and shifting social norms. When women cite lack of access, SBC can help orient and link them to services.

These dynamics indicate an acute need to invest in social norm changes and other demand-side interventions. Yet only 12 percent of Ouagadougou Partnership donor funding focuses on demand, including SBC.¹² The government investment in FP overall is modest, with little focus on the demand side. A small set of donors, notably USAID, the Bill & Melinda Gates Foundation, United Nations Population Fund, the World Bank, and the French Development Agency, contributes to most of the investment in the region. Challenges in coordination among donors, governments, and implementing partners have led to duplicate efforts in some cases and critical gaps in others.

A recent analysis found that barriers to investment in FP SBC in the region reflect social, political, and economic dynamics, including financial concerns and social-normative beliefs around FP (see Figure 4).¹³ SBC program design and implementation capacity in the region is also limited, and SBC is rarely strategically carried out. A dearth of francophone SBC resources remains, and francophone SBC communities of practice have been fragmented and weak.

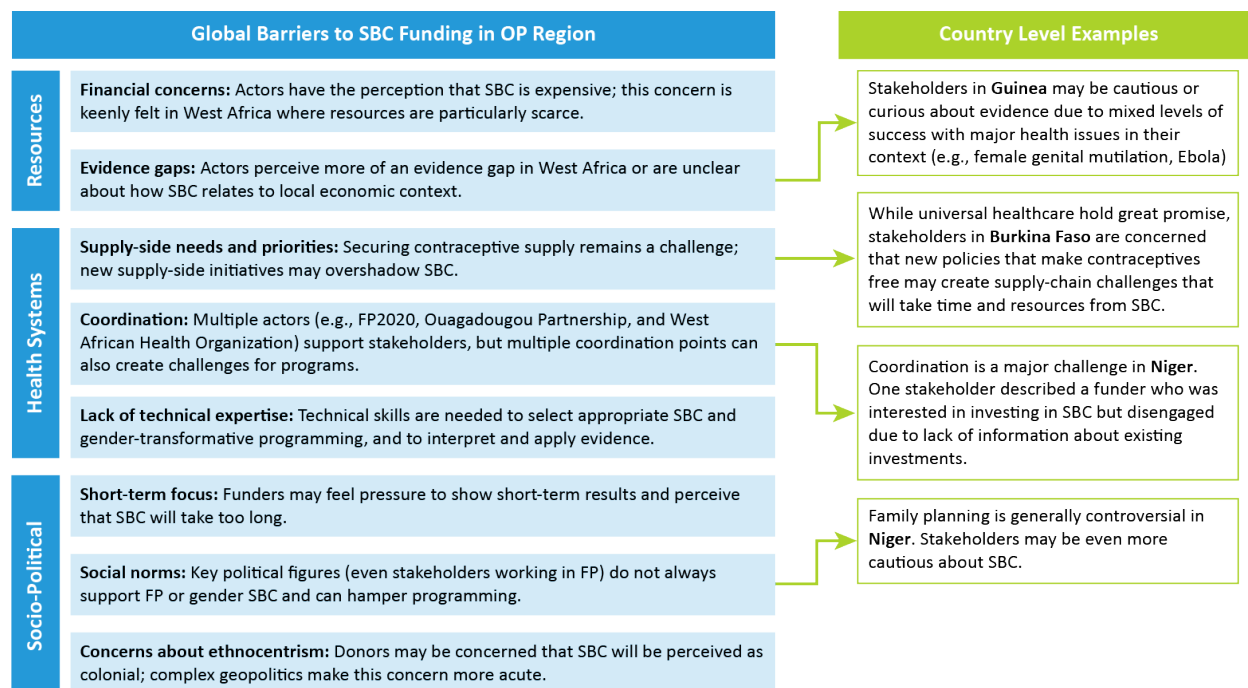
¹¹ Camber Collective Analysis.

¹² Bill & Melinda Gates Foundation (2016). Camber Collective Analysis.

¹³ Breakthrough ACTION. (2018). Le changement social et de comportement pour la planification familiale : paysage et stratégie d'influence du Partenariat Ouagadougou.



Figure 4: Barriers to SBC Funding in the Ouagadougou Partnership Region



What we hope to achieve

- Increased appreciation among francophone West Africa governments, donors, and implementers of how investing in SBC contributes to the achievement of FP goals in the region
- Use existing platforms to increase ownership of SBC for FP in francophone West Africa among governments and community level partners
- Greater understanding of SBC as an approach to be woven into regional FP strategies rather than a standalone technical area
- Increased coordination around high-quality SBC for FP that addresses harmful social and gender norms in the region
- Increased youth-powered and youth-centered SBC FP activities in the region

Recommendations

Recommendation	Recommendation intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Draw from the February 2019 Francophone SBC Summit to create and achieve consensus on a Ouagadougou Partnership Regional FP SBC Shared Agenda	X	X	X	



Recommendation	Recommendation intended for			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Elevate and advocate for SBC programming at existing international and country forums by adapting and using the Message Framework for SBC in FP	X	X	X	
Identify and empower SBC advocates and experts at the national and community level (e.g., local government, implementing partner, donor representatives) to continuously champion local funding for SBC in FP			X	
Create, promote, and share relevant SBC resources (such as the Ouagadougou Partnership SBC for FP Influence Landscape and Strategy, case studies and research briefs) at regular regional decision-maker convenings, such as the Ouagadougou Partnership Coordinating Unit donor meetings, the Ouagadougou Partnership Coordinating Unit annual meetings, and country-level SBC technical working group meetings	X	X	X	
Create additional opportunities to unite the Ouagadougou Partnership Coordinating Unit, FP2020 focal points, ministry of health officials, Sahel Women's Empowerment and Demographic Dividend project, and implementing partners to review and analyze regional evidence and identify coordinated and strategic SBC activities to meet country needs	X	X	X	
Build capacity in SBC of local SBC agencies/partners through convenings and promotion of relevant resources, such as online and in-person training modules on SBC approaches and SBC advocacy			X	X
Develop tools to better monitor SBC regional investments and returns on those investments	X	X		X



Conclusion: Working Together to Achieve Shared Priorities

SBC for FP yields measurable returns and complements investments in service delivery, thereby contributing to health, environmental, social, and economic gains. If we are to facilitate the full empowerment of women and girls, men and boys, and couples and communities to reach their reproductive intentions and life goals, we must collectively acknowledge and invest in the opportunities offered by SBC across these strategic priorities.

For tangible change, all decision makers—including donors, government and policymakers, SBC and service delivery organizations, and research institutions—should each use this agenda to guide where and how to invest often limited resources. Coordination and cooperation are essential to ensure that investments in FP reach their full potential, regardless of whether they are focused on contraceptive supplies and service delivery or SBC and more demand-side approaches.

Opportunities exist to work together to collectively generate evidence and advocate for the inclusion of SBC in FP strategies by:

- Documenting and publishing SBC approaches that have produced significant changes in FP behaviors and ensure that results are widely shared with international, regional, and national partners, and communities;
- Collecting and sharing SBC in FP evidence in user-friendly packages accessible to a variety of actors;
- Engaging and connecting champions, key influencers, and SBC coordinating networks to facilitate evidence exchange and advocate for budgets, policies, and programs to implement and evaluate SBC approaches;
- Disseminating, adapting, and updating the Message Framework for SBC in FP.

Stakeholders can also work together to harmonize strategic planning processes and implementation by:

- Developing long-term technical assistance plans based on SBC needs assessments capable of harmonizing work across donors at the national and regional level;
- Promoting the inclusion of high-quality SBC components into national FP planning processes and documents to guide stakeholder action and investment, such as CIPs and requests for proposal development;
- Promoting inclusion of SBC expertise into FP coalitions and working groups at the global and regional levels;
- Harmonizing strategies and messages at the national level across donor and partner efforts through collaborative planning, message harmonization workshops, and ongoing communication.

Drawn from and validated by iterative consultations and rounds of feedback, this shared agenda aims to galvanize partners to work together in the pursuit of common goals. All of us must commit to socializing and endorsing the agenda to ensure its operationalization, individually and within our networks, at the donor, government, and implementation level, so we can harness the power of SBC for improved global FP outcomes.

