It Takes a Village

A Shared Agenda for Social and Behavior Change for Family Planning/Reproductive Health

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FOR SOCIAL & BEHAVIOR CHANGE

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Table of Contents

Acronyms

CIP	Costed implementation plan
CSE	Comprehensive sexuality education
CSO	Civil society organization
FP	Family planning
FP2030	Family Planning 2030
FP/RH	Family planning and reproductive health
mCPR	Modern contraceptive prevalence rates
OP	Ouagadougou Partnership
PMA2020	Performance Monitoring and Accountability 2020
ROI	Return on investment
SBC	Social and behavior change
SDOH	Social determinants of health
SRH	Sexual and reproductive health

What Is the Shared Agenda for Social and Behavior Change for Family Planning/Reproductive Health?

The shared agenda seeks to catalyze coordination of effort among governments, funders, and implementers seeking to create impact in family planning and reproductive health (FP/RH) through social and behavior change (SBC) interventions by

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

Why Does the SBC and FP/RH Community Need a Shared Agenda?

By 2030,[1] the global FP/RH community aims to both integrate FP/RH into national strategies and programs and ensure universal access to FP/RH services, including information and education about these services. Accomplishing these goals depends on extraordinary and unprecedented cooperation, collaboration, and shared visioning across the FP/RH community. SBC is a proven, cost-effective approach to address the normative and behavioral challenges surrounding family planning use and to increase access to and motivate demand for modern contraception.[2] The discipline of SBC requires a deep understanding of human and societal behavior and 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 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."
>
> Breakthrough ACTION. (2018)

While the Sustainable Development Goals, Family Planning 2030 (FP2030), and Ouagadougou Partnership (OP) goals all uphold a desire to ensure universal access to FP/RH information and services, what remains unclear is how major stakeholders can fund and implement SBC programming to meet those goals and what future investment priorities should be. Furthermore, major SBC actors—donors, multilateral institutions, nongovernmental organizations, and private-sector companies—who work to achieve these goals often do not coordinate with one another, resulting in duplication of effort in some cases and critical gaps in others. Collaborative and coordinated SBC programs will help reach these goals faster than pursuing independent agendas.

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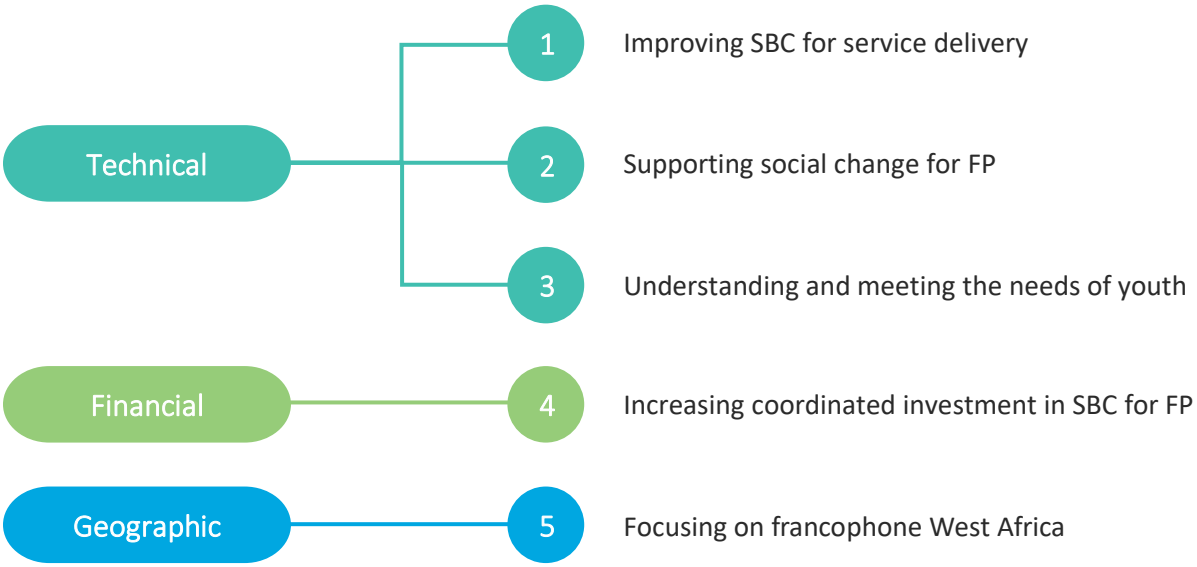
[1] United Nations: Population Division. (n.d.). *SDG Indicator 3.7.1 on contraceptive use*. https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use

[2] Rosen, J.E., Bellows, N., Bollinger, L., Plosky, W.D., & Weinberger, M. (2019). *The business case for investing in social and behavior change for family planning.* Population Council.

How Was the Shared Agenda for SBC for FP/RH Developed?

The authors of the original Shared Agenda selected strategic priorities 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 in 2018 and 2019, respectively; and recent evidence summaries.

Figure 1: Original Five Strategic Priorities for SBC in FP



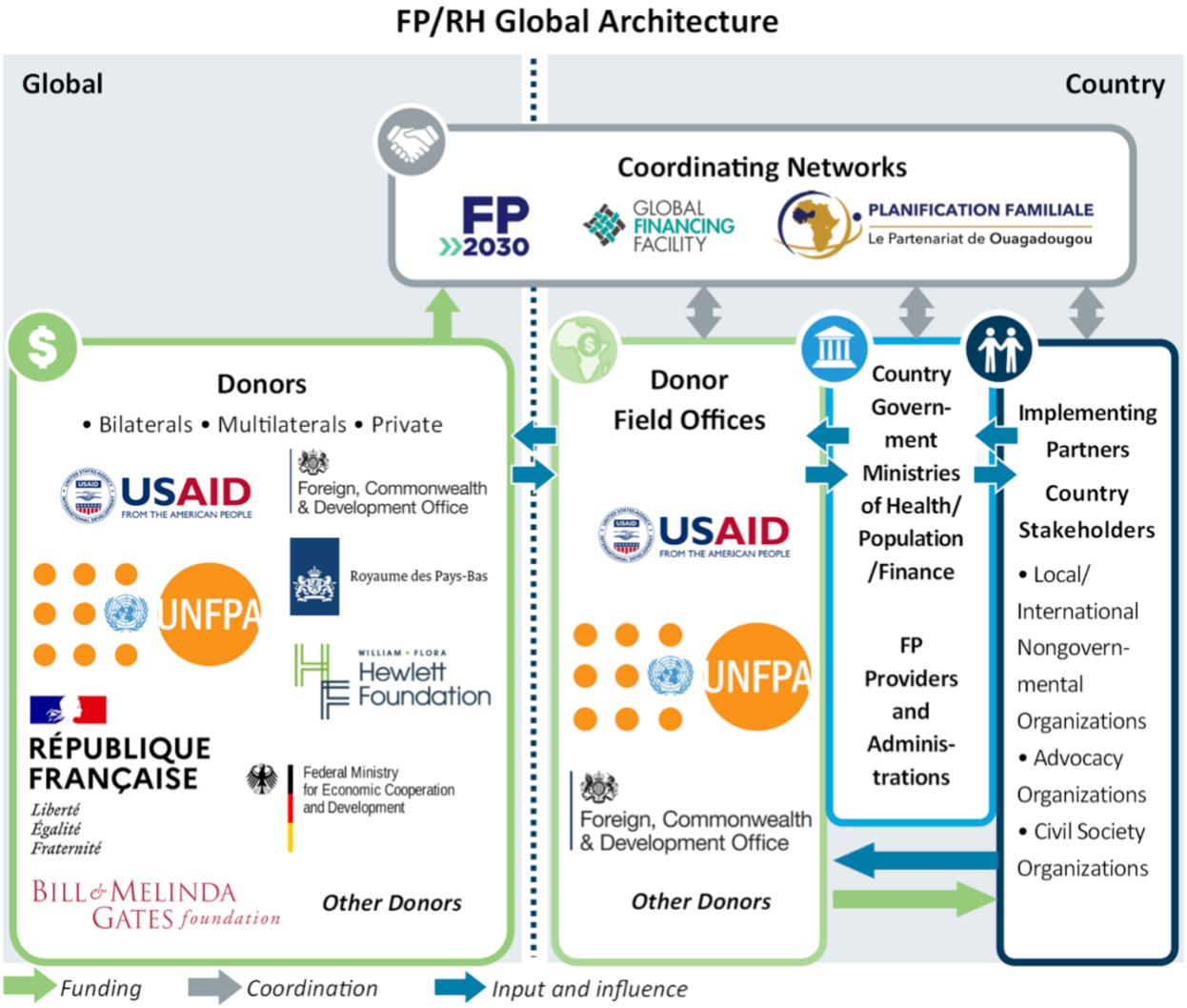
In 2021–2022, Breakthrough ACTION conducted a desk review of published and gray literature on SBC and FP/RH and an online survey of SBC for FP/RH practitioners, and hosted an expert consultation with over 40 participants from Bangladesh, Belgium, Ethiopia, India, Indonesia, Mali, Nigeria, Philippines, Togo, Senegal, Switzerland, Zambia, and the U.S. to determine whether the priorities were still relevant, given the COVID-19 context, and see if any other priorities emerged as a result of the pandemic. The 2022 refresh process confirmed the continued relevance of the original five strategic priority areas (Figure 1) with expanded guidance in a few key areas. This updated Shared Agenda includes **increased attention to equity and structural factors** and cross-cutting programmatic considerations related to the **need for greater SBC programmatic and research capacity,** the **use of digital health for SBC for FP/RH,** and **private sector engagement**.

This refreshed Shared Agenda captures learnings from this ongoing reflection and aims to ensure funding for SBC in FP/RH remains coordinated and can be leveraged to maximize impact in the face of future humanitarian crises and health emergencies.

Who Are the Stakeholders?

Initiatives such as FP2030 and OP 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 (Figure 2).

Figure 2: Global FP/RH Architecture



Each stakeholder has specialized expertise and capabilities to contribute to SBC for FP/RH. However, several common challenges hinder coordination among SBC actors, including the following:

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

Despite these challenges, a wide range of stakeholders recognized the need to see beyond differences and forge a common agenda for SBC in FP in 2018–2019—before the COVID-19 pandemic. In 2021–2022, Breakthrough

ACTION and the SBC for FP/RH community came together to review the adaptations, pivots, and new approaches which have been used to ensure women and girls, men and boys, and other gender-diverse individuals are able to obtain FP/RH information, make informed decisions, and access services during the COVID-19 pandemic. This led to the community's recommitment to the Shared Agenda, ensuring it remains a useful framework for SBC for FP/RH advocacy efforts and guides SBC for FP/RH programming and investments into the future.

Who Should Use This Shared Agenda?

This recently updated agenda is a resource for, and can be used by, all stakeholders, including donors, government representatives and policymakers, SBC and service delivery organizations, research institutions and universities, and the private sector (Figure 3).

Figure 3: Envisioning How Stakeholders Will Use the Shared Agenda

Donors	• 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/RH outcomes and share that information at global and internal FP meetings
Government and Policymakers	• To guide and develop policies and direct donor investments • To continuously mobilize and allocate SBC resources according to defined, strategic FP/RH priorities • To guide areas for coordination between implementing partners in country
SBC and Service Delivery Organizations	• 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/RH outcomes • To identify areas for technical assistance (e.g., SBC organizations to service delivery organizations or vice versa)
Research Institutions and Universities	• To focus SBC research, including implementation research, to fuel better designed and SBC-inclusive FP/RH programs
Private Sector	• To amplify strategic coordination and collaboration between the private and public health sectors • To understand concrete ways the private sector can implement effective SBC interventions to support an enabling environment and service delivery to improve FP/RH outcomes

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

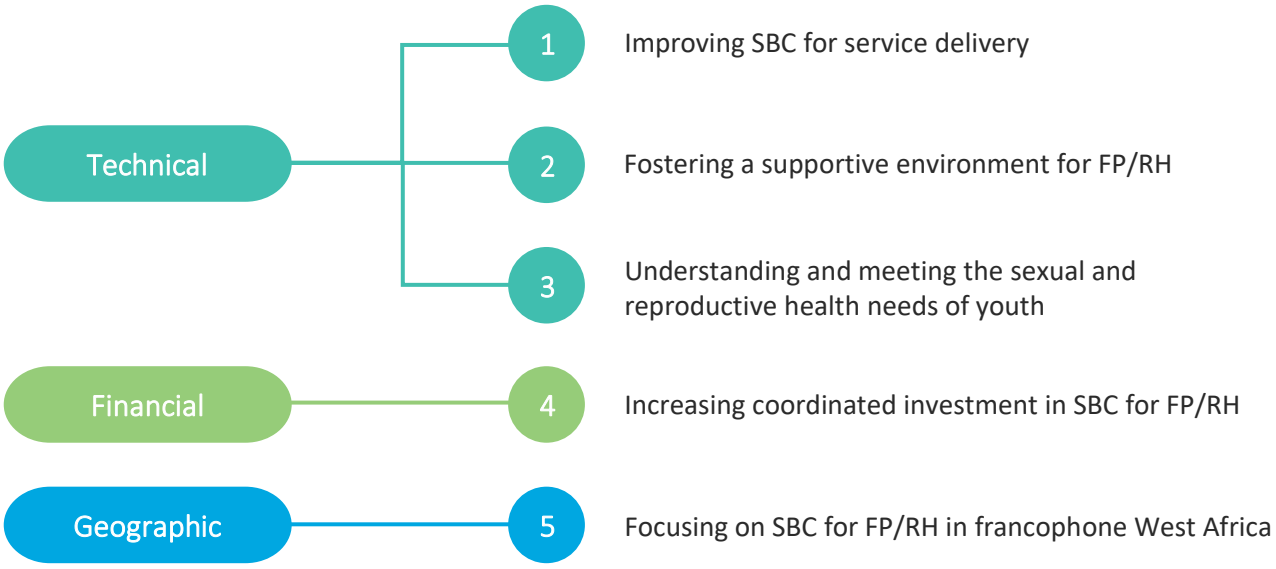
A Shared Vision for SBC for FP/RH

The SBC community envisions a future where investments in SBC for FP/RH are coordinated, strategic, and impactful, resulting in improved efficiencies and accelerated achievement of global, regional, national, and sub-national FP/RH goals.

Strategic Priority Areas for SBC for FP/RH: A Roadmap for Coordination and Collaboration

The 2022 refresh process confirmed the continued relevance of the original five strategic priority areas, representing three key areas: technical, financial, and geographic (Figure 4). It also worked to expand guidance on gender transformative programming, equity considerations, the need for greater SBC programmatic and research capacity, the use of digital health for SBC for FP/RH, and private sector engagement across all relevant priority areas.

Figure 4: 2022 Refresh of the Five Strategic Priorities for SBC in FP/RH



These strategic priorities are not intended to represent all priorities for all actors. Rather, they articulate areas where multiple actors are working, highlighting the need for increased coordination and further investment. The numbering is not intended to signify importance; each item is equal in priority.

Strategic Priority 1: Improving SBC for Service Delivery

Effective use of SBC to improve FP/RH service delivery can lead to improved health outcomes. However, SBC and service delivery partners lack coordination with one another and have insufficient capacity to use SBC as a tool to improve the client-provider relationship before, during, and after FP/RH service delivery. Many service delivery programs include SBC to some extent to generate demand for services, but they do not design these programs using behavioral and strategic communication theories, 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/RH service delivery.

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

Considering and planning for these factors are especially valuable during times of political upheaval and humanitarian emergencies, when public and private sector service delivery partners may be regularly changing their service times and offerings in response to the latest emergencies. For example, during COVID-19, SBC and service delivery partners had to closely coordinate with one another to ensure demand for services could be met at service delivery points.

Another shared focus area 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. Providers operate within a system, so a socioecological approach is needed to identify what system factors are affecting provider behavior. Breakthrough ACTION's Provider Behavior Ecosystem can help with diagnosing the key factors to prioritize for intervention, especially given that many factors influencing their behavior are out of their control. Fostering empathy between providers and clients and improving interpersonal communication improves facility-based health provider behavior.

During COVID-19, many service delivery and SBC partners had to leverage digital technology to provide telemedicine and hotlines to continue to provide quality counseling and, in some cases, provider support. To outline best practices for ensuring the effective use of technology for quality counseling and provider support, the FP/RH community needs to study the effectiveness of this approach.

Despite considerable interest in recent years among members of the FP/RH 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 Evidence Map created by the World Health Organization and the International Initiative for Impact Evaluation and a literature review and provider behavior

[3] Huezo, C., & Diaz, S. (1993). Quality of care in family planning: Clients' rights and providers' needs. *Advances in Contraception*, 9(2), 129-139. https://doi.org/10.1007/BF01990143

change research and learning agenda by Breakthrough RESEARCH.[4,5,6] These interventions often rely on traditional trainings and regulatory reinforcement, rather than innovative or comprehensive SBC approaches. The FP/RH community needs to do more to address social normative barriers and the connections between structural elements and provider behavior and explore which approaches, when paired together, are more effective.

To respond to these needs for increased coordination and to identify shared learning, an SBC for Service Delivery Community of Practice formed in 2017, bringing together SBC and service delivery partners working in FP/RH. The group, representing more than 30 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 accomplish these goals, and they work together to produce tools, resources, and journal articles. Wide dissemination of these tools and journal articles will 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/RH service delivery through increased coordination and sharing between donors and implementing partners on SBC for service delivery activities, including through health service referrals
- Improved quality of care with better client experience and improved provider attitudes and behaviors
- Improved measurement and use common indicators of SBC for service delivery

[4] World Health Organization and International Initiative for Impact Evaluation. (2017 Apr 24). *Social, behavioural and community engagement interventions for reproductive health*. International Initiative for Impact Evaluation. http://gapmaps.3ieimpact.org/evidence-maps/social-behavioural-and-community-engagement-interventions-reproductive-health

[5] Zimmerman, E., Caetano, V., Banay, R., & Smith, J. (2020). Evidence review and analysis of provider behavior change opportunities. *Breakthrough RESEARCH Final Report*. Population Council. http://breakthroughactionandresearch.org/wp-content/uploads/2020/04/PBC-Lit-Review.pdf

[6] Breakthrough RESEARCH. (2019). Advancing provider behavior change programming,. *Research and Learning Agenda*. Population Council. https://breakthroughactionandresearch.org/wp-content/uploads/2019/02/RLA-Provider-Behavior-Change.pdf

Recommendations

Recommendations	Intended for				
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions	Private Sector
Expand membership of the global SBC for Service Delivery Community of Practice to include more donors, implementing partners, and government stakeholders, including youth, and promote creation of local country chapters through existing FP/RH Technical Working Groups	X	X	X	X	X
Create shared experiences, opportunities, and learning through the SBC for Service Delivery Community of Practice and other forums at the global and country levels to support work plan harmonization and reduce duplication of efforts	X		X		
Address research and learning gaps through funding and conducting implementation science research, with attention to documentation and sharing of results	X		X	X	
Promote the use of the SBC indicators for service delivery and expand upon them, given gaps related to measuring client-provider interactions and other aspects of provider behavior change		X	X	X	
Articulate the business case for return on investment (ROI) of SBC for service delivery partners, providing examples of what ROI looks like, packaged in easily digestible formats such as infographics and video.			X	X	X

Strategic Priority 2: Fostering a Supportive Environment for FP/RH

The context in which people live influences individual health behaviors, including whether to use family planning. To date, SBC interventions for FP/RH have primarily focused on identifying and shifting behaviors in individuals, groups, and communities. Fostering a supportive environment for FP/RH must explore the root causes of health disparities related to FP/RH and how SBC approaches can and should be used to address them.[7] While several more recent programs have paid increased attention to normative dimensions (e.g., Social Norms Learning Collaborative and the Passages Project), they have explored policy, structural factors, and social accountability approaches to a far lesser extent.[8]

As noted in a recent *Lancet* article, FP/RH programs and services must consider and address the priorities and needs of individuals and groups most impacted by vulnerabilities and exposures to high-risk conditions to advance health equity, eliminate disparities, and improve health and well-being for all.[9] In FP/RH and other health areas, SBC practitioners can play a greater role in ensuring that everyone, including vulnerable populations, has the same access to health information, services, and products. Digital technology during the COVID-19 pandemic has enabled the SBC for FP/RH community to reach many of its intended audience with information, services, and products. However, this reliance on technology has the unintended consequence of exacerbating long-held inequities that need to be addressed in SBC for FP/RH programming, including reaching rural populations, young out-of-school populations, and the poorest of the poor. New data reveals progress stalled in efforts to close the substantial gender gap in mobile internet use in low- and middle-income countries during the pandemic.[10]

Unequal and harmful gender norms impact the health behaviors and outcomes of all individuals by limiting access to comprehensive FP/RH services and care. Structured gender inequality and its forms are interconnected, meaning that "changing one aspect of gender inequality can have unintentional effects on other forms of gender inequality," and gender norms may not progress towards equality in a linear fashion over time.[11] For example, "adolescent girls' and women's economic participation is hampered by gender norms related to early marriage, childbearing, and child-rearing roles."[12] SBC interventions should aim to reduce gender inequality through gender transformative interventions (Figure 5), including those that address power dynamics.

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[7] Igras, S., Kohli, A., Bukuluki, P., et al. (2020). Bringing ethical thinking to social change initiatives: Why it matters. *Global Public Health*, 16(6), 882–894. https://doi.org/10.1080/17441692.2020.1820550

[8] Breakthrough ACTION. (2022). *Intentionally incorporating the social determinants of health into social and behavior change programming for family planning: A technical report*. Johns Hopkins Center for Communication Programs. https://breakthroughactionandresearch.org/wp-content/uploads/2022/01/Intentionally-Incorporating-SDOH-into-SBC-Programming-for-FP.pdf

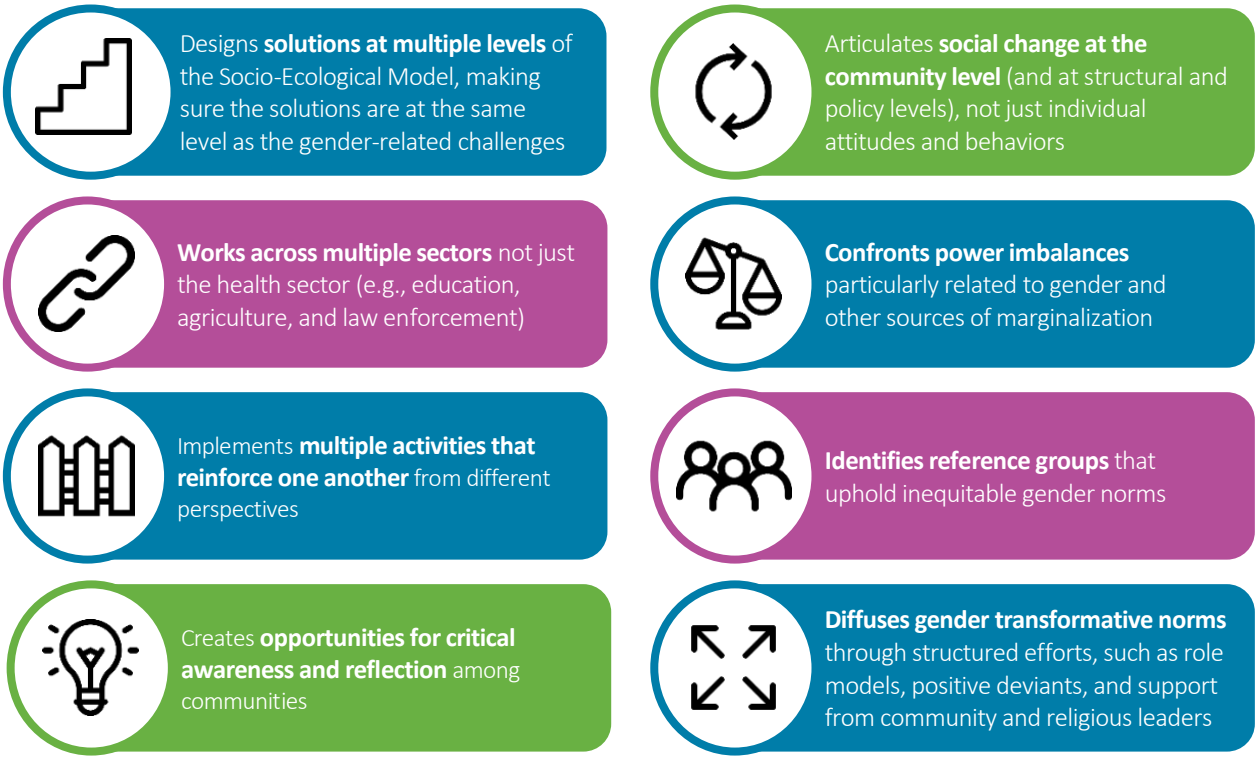
[9] Starrs, A. M., Ezeh, A. C., Barker, G., et al. (2018). Accelerate progress-sexual and reproductive health and rights for all: Report of the Guttmacher-Lancet Commission. *Lancet*, 391(10140), 2642–2692. https://doi.org/10.1016/S0140-6736(18)30293-9

[10] Cheney, C. (2022 Mar 8). *Mobile gender gap increased during pandemic, new data shows*. Devex. https://www.devex.com/news/mobile-gender-gap-increased-during-pandemic-new-data-shows-102779

[11] George, A. S., Amin, A., de Abreu Lopes, C. M., & Ravindran, T. S. (2020). Structural determinants of gender inequality: Why they matter for adolescent girls' sexual and reproductive health. *The British Medical Journal*, 368, l6985. https://doi.org/10.1136/bmj.l6985

[12] The International Planned Parenthood Federation. (2017). *Under-served and over-looked: Prioritizing contraceptive equity for the poorest and most marginalized women and girls*. https://www.ippf.org/sites/default/files/2017-07/IPPF_Underserved_Overlooked.pdf

Figure 5: Common Features of Gender Transformative Programs



Focusing on the "social" aspects of SBC or the supportive environment means identifying and addressing the root causes of inequities within which behavior change occurs.[13,14] Much evidence shows persistent health inequities[15] are shaped by a combination of structural inequities—the systemic advantages or disadvantages one group may have over another—and social determinants of health (SDOH)—the situations, forces, and systems that shape an individual's daily living conditions.[16]Studies suggest SDOH impact between 30–55% of health outcomes.[17] By more intentionally considering underlying health inequities in designing programs, the SBC community can wrestle with

[13] National Academies of Sciences Engineering, and Medicine, Health and Medicine Division; Board on Population Health and Public Health Practice Committee on Community-Based Solutions to Promote Health Equity in the United States, Bacui, A., et al. (Eds.). (2017). *Communities in action: Pathways to health equity.* National Academies Press.

[14] United Nations Sustainability Development Group. (2021). *Leave no one behind.* https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind

[15] World Health Organization. (2018). Health inequities and their causes. https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes#:~:text=Health%20inequities%20are%20differences%20in,right%20mix%20of%20government%20policies

[16] George, A. S., et al. (2020). Structural determinants of gender inequality. *Br Med J*. https://doi.org/10.1136/bmj.l6985 (see footnote 10).

[17] World Health Organization. (n. d.). *Social determinants of health: Health equity*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3

how best to acknowledge and address systemic problems which inhibit health outcomes while ensuring every person has an equal chance to participate in the decisions that affect them.[18,19]

In recent years, global health practitioners and researchers have made inroads considering and addressing SDOH and health equity in FP/RH programming.[20] For example, they have designed multi-level, norms-shifting interventions in collaboration with multi-sector partners and stakeholders to influence systems and structures at higher levels of the Socio-Ecological Model. In doing so, the SBC field has begun to more actively focus on social and structural factors to address structural inequities and SDOH. Despite progress in this area, the application of SDOH to SBC programming to improve health equity is still largely unknown, given the challenges around measurement.[21] Measuring changes in norms and social determinants of health is challenging at best and often qualitative (which does not lend itself to indicators) and difficult to capture within donor-driven project time periods. Large survey tools that exist, like the Demographic and Health Survey, have few questions that look at norms affecting FP/RH.

Targeted and effective advocacy and strategic coordination with government institutions, civil society organizations (CSOs), affected populations, private sector entities, media organizations, implementing partners, and funding organizations are critical for not only influencing but also shifting structures and systems to generate more equitable conditions for all. With the right guidance and tools, the SBC field can identify opportunities for intervention, create them where they do not exist, and ensure more standardized measurement of progress.

What we hope to achieve

- Increased integration of gender considerations in SBC for FP/RH programs across the life course, including interventions that transform structures and systems of power that uphold gender inequities
- Increased prioritization of equity in SBC for FP/RH programs
- Greater attention to the social determinants of health in SBC for FP/RH programs, including through improved multi-sectoral partnerships
- Improved inclusive male and community engagement around FP/RH, including enhanced social accountability for FP/RH services

[18] United Edge. (n. d.). *Justice toolkit*. https://www.unitededge.net/justice-toolkit

[19] United Nations Department of Economic and Social Affairs. (2006). Social justice and the United Nations: The divide between human rights and economic and social development. In: *Social Justice in an Open World*, pp. 55-71. https://doi.org/10.18356/24b257f8-en

[20] Hardee, K., Houghtaling, E., Stratton, S., et al. (2019). *Discussion paper on equity for the HIP Partnership*. Family Planning: High Impact Practices (HIP). https://www.fphighimpactpractices.org/wp-content/uploads/2020/08/HIP-Equity-Discussion-Paper.pdf

[21] Alcántara, C., Diaz, S. V., Cosenzo, L. G., et al. (2020). Social determinants as moderators of the effectiveness of health behavior change interventions: scientific gaps and opportunities. *Health Psychology Review*, 14(1), 132–144. https://doi.org/10.1080/17437199.2020.1718527

Recommendations

Recommendation	Intended for				
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions	Private Sector
Develop advocacy materials and practical tools to explain the importance of gender transformative SBC programming and its linkages to FP and other health outcomes		X	X		
Build capacity of SBC practitioners to identify and respond to social and gender factors influencing FP outcomes		X	X	X	X
Document and share evidence and best practices for digital delivery of social and gender normative interventions		X	X	X	X
Document and share findings on the application of creative SBC community-based approaches that encourage social accountability			X	X	
Convene regular knowledge management activities to share and exchange lessons learned related to addressing inequities and social determinants of health in SBC for FP/RH programs, including the implications for improved health equity		X	X	X	
Identify and support SBC champions through meaningful partnership with communities who can influence key decision-makers and local opinion leaders about their role in fostering a supportive environment for FP/RH		X	X		
Elevate existing national or regional gender equality organizations and/or movements in FP programming and integrate feminist thought from multiple cultural contexts		X	X		
Increase linkages with private sector and other actors to address social and structural barriers to accessing FP/RH services through knowledge exchange, partnership, and dialogue	X	X	X	X	X
Explore long-term, multi-sectoral and co-funded partnerships to address the social determinants of FP/RH inequities more effectively, for example, by identifying gaps in areas such as poverty, education, childcare, housing, business, law, media, community planning, transportation, and agriculture	X	X	X	X	X
Incorporate a life-course perspective into SBC for FP/RH program strategies and portfolios to ensure that funded FP/RH programs are addressing the social determinants of FP/RH across the lifespan	X	X			
Align funds/efforts for gender/social norms work across health areas	X	X			
Identify a set of indicators and processes to measure SDOH that affect FP/RH, including shifts in social and gender norms, structural factors, and social accountability approaches (building on existing work, as appropriate)	X	X		X	

Strategic Priority 3: Understanding and Meeting the Sexual and Reproductive Health Needs of Youth

Adolescents represent 20% of the world's population, with more than 85% residing in developing countries.[22] Investment in their health and well-being is critical to promoting their and the world's growth and development. 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.[23] Partnering with youth and youth-led organizations not only can co-create and ensure responsive SBC programming to meet youths' needs, but it can also to provide them with SBC and advocacy capacity strengthening opportunities and link them to resources to support the development and impact of their organizations.

The youth population is a focus for many countries working on increasing sexual and reproductive health (SRH) knowledge and contraceptive access and use. Thus, many FP2030 commitments, CIPs, and annual action plans include youth as a priority. The role SBC can play addressing the vast number of social, cultural, gender, and religious determinants of youth FP/RH 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/RH have made significant investments in youth-focused SBC programming and are working to identify new and innovative approaches in both SBC research and implementation. For this to be successful, all stakeholders need to learn, in real time, what other partners are testing and trialing, what works, and what does not work. Stakeholders should co-create indicators with youth to gauge whether programs are meeting youths' needs. Only through ongoing engagement and coordination can communities and organizations 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, FP/RH programs need a greater understanding of behavioral patterns and typologies across the adolescent life course and the social and structural systems that influence these behaviors; more nuanced programming accounting for the physical and hormonal changes young people experience and their impact on decision-making; the influence of gender and social determinants of health impact on youth SRH outcomes; practical applications of integrated SBC meeting young people's demands for meaningful employment, safety, and a gender equitable world; and the effectiveness of SBC for youth SRH interventions that meet youth where they are, online and offline.

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/RH programs, not as a separate program discipline

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

[23] World Health Organization Department of Maternal, Newborn, Child, and Adolescent Health. (2011). Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries: What the evidence says. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/70813/WHO_FWC_MCA_12_02_eng.pdf;jsessionid=8DDA8BAD4565D52C1718361A76EB0392?sequence=1

- Improved segmentation of youth to understand their different needs and how/where to reach them, rather than viewing them as a homogenous group
- Increased advocacy with decision-makers and influencers to support FP/RH programming for youth and increase youth access to program budgets to cement youth as partners for change

Recommendations

	Intended for				
Recommendation	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions	Private Sector
Coordinate investments in youth-led solutions and community structures to address comprehensive youth SRH needs	X	X	X		X
Create equitable opportunities to partner with youth, providing youth with SBC and advocacy capacity strengthening opportunities and linking them to necessary resources (e.g., financial, human, and material)	X	X	X	X	X
Collaborate and coordinate more effectively for the promotion of comprehensive sexuality education (CSE) through a multi-sectoral approach with Ministries of Health and Education along with implementing partners, CSOs, and private sector partnerships, especially for reaching out-of-school youth with CSE		X	X		
Document and share practical applications of holistic positive youth development in SBC for youth SRH programming through coordination with other sectors (such as economic and environment)	X	X	X	X	X
Share cross-cutting insights, results, and scale-up considerations related to successful SBC for youth SRH programming, fund and scale up these promising or impactful interventions, especially integrated programs	X	X	X	X	X
Establish a set of common indicators to measure the effectiveness of SBC for youth SRH interventions that measure outcomes beyond increased contraceptive uptake	X	X	X	X	

Strategic Priority 4: Increasing Coordinated Investment in SBC for FP/RH

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. While some governments are including SBC interventions in their CIPs, investment is often still insufficient, particularly at the country level, and approaches are not always strategic. The SBC interventions proposed are often not high impact in terms of design, because either they are not based on theory or they do not target behavioral determinants of FP. Notably, many donors and governments vary in their understanding of and appreciation for SBC, leading to uneven support across the FP/RH community.

To engage governments, donors, and decision makers at the global, regional, and country levels, stakeholders need to make a targeted effort, which should build awareness and prioritize SBC as an integral component of their FP/RH 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/RH outcomes. Rigorous evaluation is needed to test programming innovations and to document the cost-effectiveness of SBC programming for FP/RH 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
- Improved understanding of, and appreciation for, the social and behavioral determinants of FP, and the potential return on investment of high-quality SBC programs, among governments, donors, and other FP partners

Recommendations

Recommendation	Intended for				
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions	Private Sector
Engage all stakeholders in defining a set of common, agreed upon definitions for key SBC terminology and concepts (e.g., behavioral science vs behavioral economics vs insights) to increase SBC technical capacity and understanding	X	X	X	X	X
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 to donors, media, and policymakers	X	X	X	X	X
Package the evidence for SBC in creative ways to reach various audiences, including evidence supporting how integrated SBC interventions improve not only FP outcomes but other development sector outcomes, such as population, health, and environment; democracy; rights and governance; and food security/livelihoods		X	X	X	
Facilitate coordination around SBC for FP at the country and regional levels, leveraging existing multi-stakeholder and country-level planning processes, such as national CIPs and the Global Financing Facility, and FP/RH Technical Working Groups	X	X	X		
Convene regular knowledge management activities to engage a wider range of stakeholders virtually through virtual SBC share fairs/marketplaces to highlight tangible examples of innovative SBC for FP and their results (e.g., panels, presentations, and posters)	X	X	X	X	X

Strategic Priority 5: Focusing on SBC for FP/RH in Francophone West Africa

The francophone West African countries have some of the highest total fertility rates in the world and the lowest modern contraceptive prevalence rates (mCPR). In 2019, Niger was the African country with the highest fertility rate (6.82 births per woman). Of the nine countries of the Ouagadougou Partnership (OP)—Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo—Togo has the lowest fertility rate of 4.26 births per woman.[24] The average mCPR for all women in the nine OP countries is 18.2%.[25]

The mission of OP is to double the number of users of modern contraception in the region to 13 million by 2030. These member countries have made notable progress in accelerating modern contraceptive use since the partnership was established in 2011. For example, mCPR for all women in Côte d'Ivoire rose to 23%,[26] and Burkina Faso's mCPR rose to 29% for all women.[27] However, progress has slowed since the OP countries initially focused on reaching "easier" segments of users.[28] OP countries have a rapidly growing population of young women aged 15–24, who make up 42% of all reproductive-age women on average in the region. Adolescents aged 15–19 are just beginning sexual activity, marrying, and bearing children, yet their reproductive health needs often go unmet, and their voices go unheard. The OP 2030 goal cannot be achieved without addressing the needs of young people in general, and of adolescents in particular.[29]

In addition, OP countries need to address social factors such as perceived value and desire for large families,[30] provider behavior, and structural barriers related to access and cost. Family members' opposition to contraceptives is a common barrier in the region, one that 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. Finally, there continues to be a lack of knowledge and perceived need for family planning. For example, Performance Monitoring for Action (PMA) data from three OP countries—Burkina Faso, Côte d'Ivoire, and Niger—show many women who want to delay a birth by two or more years but 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. A further challenge in the region is insufficient use of data on SBC programming to

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[24] Statista. (2021). *African countries with the highest fertility rate in 2019*. https://www.statista.com/statistics/1236677/fertility-rate-in-africa-by-country/

[25] Advance Family Planning. (2018). *Ouagadougou Partnership countries*. https://www.advancefamilyplanning.org/OPcountries#_ftn1

[26] Performance Monitoring for Action. (2020). *PMA Côte d'Ivoire: Results from Phase 1 baseline survey, September–November 2020*. https://www.pmadata.org/sites/default/files/data_product_results/Cote%20d%27Ivoire_Phase%201%20Results%20Brief_English_Final.pdf

[27] Performance Monitoring for Action. (2021). *PMA Burkina Faso: Results from Phase 2 cross-sectional survey, December 2020–March 2021*. *https://www.pmadata.org/sites/default/files/data_product_results/Burkina%20National_Phase%202_XS_Results%20Brief_English_Final_17Sep2021.pdf*

[28] Ouagadougou Partnership Coordinating Unit. (2020). *Adapting to a changing world: The emerging PO Strategy post 2020*. https://beyond2020.partenariatouaga.org/la-strategie-emergente-du-po-apres-2020/

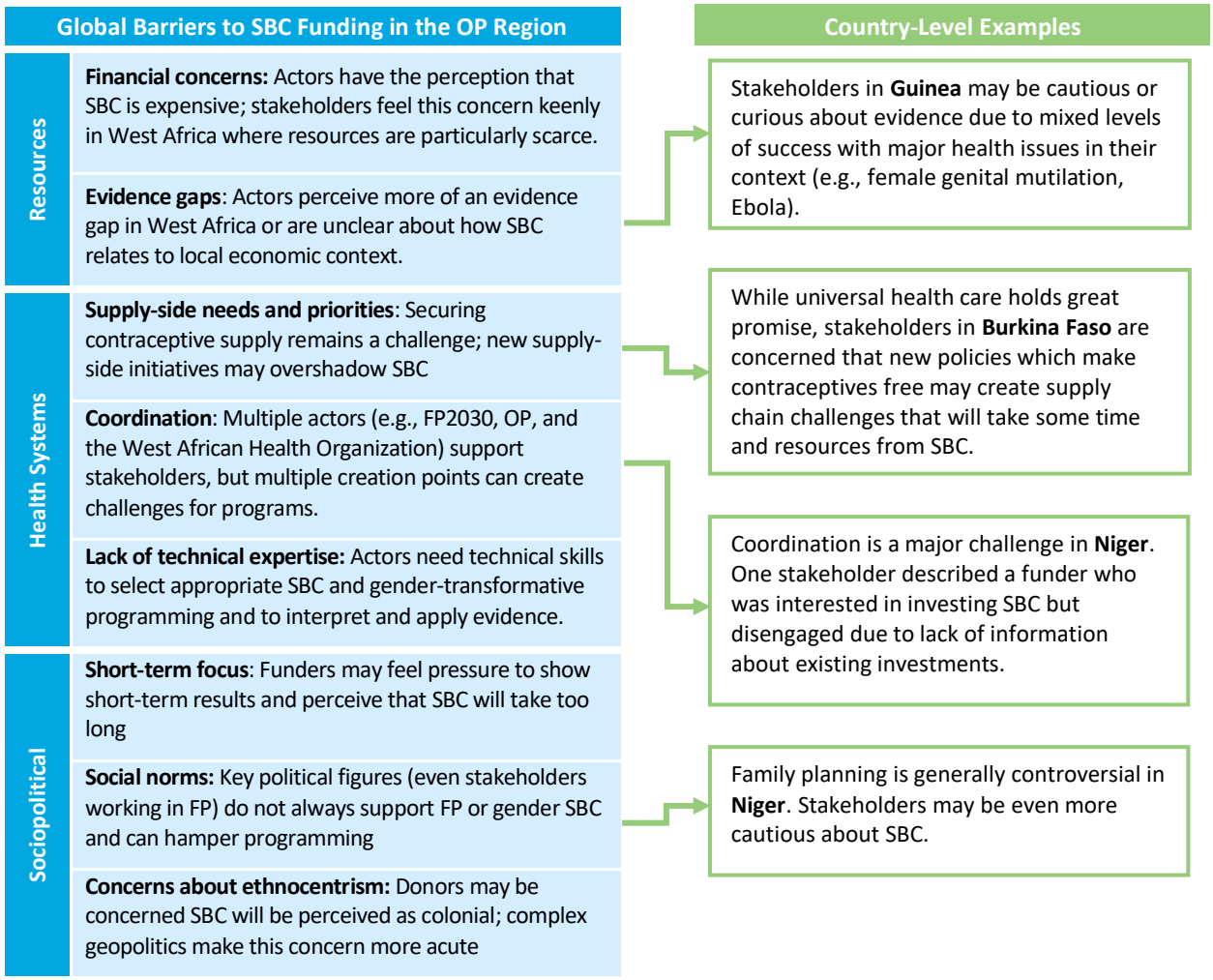
[29] Guttmacher Institute. (2020). *Adding it up: Investing in the sexual and reproductive health of adolescents in Ouagadougou Partnership countries*. https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-investing-in-sexual-reproductive-health-adolescents-ouagadougou-partnership.pdf

[30] Bongaarts, J. (2020). Trends in fertility and fertility preferences in sub-Saharan Africa: The roles of education and family planning programs. *Genus* 76, 32. https://doi.org/10.1186/s41118-020-00098-z

guide program design and strategy. The dynamics reported in the Burkina Faso and Côte d'Ivoire, and Niger PMA2020 data indicate an acute need to invest in creating a supportive social normative environment and other demand-side interventions. In recognition of this, the latest ten-year OP strategy highlights social and gender norms as a priority area. Barriers to investment in FP SBC in the region reflect social, political, and economic dynamics, including financial concerns and socionormative beliefs around FP (Figure 6).[31] Furthermore, while SBC capacity in the region is improving, SBC practitioners still need support with enhanced skills and knowledge about SBC best practices so that SBC programs are more strategic and impactful. This includes providing more resources on SBC in French and strengthening connections among SBC practitioners through communities of practice.

Most of the recommendations of the other priority areas are also relevant for the francophone West Africa; however, the unique needs in the region need to be met by focusing on increasing investment in SBC for FP/RH in the region, strengthening the SBC capacity locally, and coordinating effective SBC interventions to ensure greatest coverage and impact.

Figure 6: Barriers to SBC Funding in the OP Region



[31] Breakthrough ACTION. (2019). *Synthèse des champs d'influence et stratégies réssortantes – région PO.* https://breakthroughactionandresearch.org/wp-content/uploads/2019/09/OP-Influence-Strategy-FR.pdf

What we hope to achieve

- Increased appreciation among francophone West Africa governments, donors, and implementers for how investing in SBC contributes to the achievement of FP goals in the region
- Greater inclusion of SBC approaches that address gender inequalities and power dynamics related to FP/RH
- Increased youth-powered and youth-centered SBC SRH activities in the region

Recommendations

Recommendation	Intended for				
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions	Private Sector
Improve understanding and appreciation as to what SBC is, how new approaches such as behavioral economics and human-centered design can be used in SBC programs for FP/RH, and what the ROI is for SBC, highlighting business cases from Guinea, Niger, and Togo	X	X	X	X	X
Build the SBC capacity of local agencies/partners, youth, and CSOs in the region in partnership with the Ouagadougou Partnership Coordination Unit through collaborations with local training institutions, convenings, and promotion of relevant resources, such as online and in-person training modules on SBC approaches, including those which address gender inequalities and power dynamics	X	X	X	X	X
Elevate and advocate for SBC programming at existing regional and country forums by adapting and using the Message Framework for SBC in FP and talking points	X	X	X		
Identify and empower SBC advocates and experts at the national and community level (e.g., local governments, implementing partners, donor representatives) to continuously champion local funding for SBC in FP/RH			X		
Create additional opportunities to unite the regional FP/RH stakeholders to review and analyze regional evidence and identify coordinated and strategic SBC activities to meet country needs	X	X	X	X	X
Increase SBC for FP/RH knowledge sharing among the French-speaking countries of the OP as well as with English-speaking West Africa	X	X	X	X	X
Identify, document, and share impactful SBC for youth SRH programming examples that foster social support for youth	X	X	X	X	X
Collaborate with humanitarian partners to explore and document the role of SBC for FP/RH programming in emergency and crisis settings, which often exacerbate social isolation	X	X	X	X	
Develop tools to better monitor SBC regional investments and returns on those investments to make the case to government and private sector partners	X	X	X	X	

Conclusion: Working Together to Achieve Shared Priorities

SBC for FP/RH yields measurable returns and complements investments in service delivery, thereby contributing to health, environmental, social, and economic gains. If the FP/RH and SBC communities 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, they 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, research institutions, and the private sector—should each use this agenda to guide where and how to invest often-limited resources. Coordination and cooperation ensure investments in FP/RH reach their full potential, regardless of whether they are focused on contraceptive supplies and service delivery or on SBC and more demand-side approaches.

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

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

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/RH 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/RH 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

The SBC and FP/RH communities must constantly review and reflect upon their priorities as outlined in this Shared Agenda, so they can note progress where it has been made, identify emerging trends and needs, and spur SBC programs to recommit to priorities in which not enough progress has been made.

All stakeholders engaged in SBC, FP/RH, and service delivery must commit to socializing and endorsing the shared agenda. This ensures its operationalization, individually and within networks, at the donor, government, and implementation levels, allowing all involved to harness the power of SBC for improved global FP/RH outcomes.