IT TAKES A VILLAGE: A Shared Agenda for Social and Behavior Change for Family Planning/ Reproductive Health (Updated: May 2022)

Social and behavior change (SBC) is a proven, cost-effective approach to address the normative and behavioral challenges surrounding family planning (FP) use and to increase access to and motivate demand for modern contraception.[1] While the Sustainable Development Goals, Family Planning 2030 (FP2030), and Ouagadougou Partnership (OP) goals all uphold a desire to ensure universal access to family planning/reproductive health (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.

The refreshed Shared Agenda for SBC for FP/RH captures learnings from SBC for FP/RH programming pivots as a result of the COVID-19 pandemic 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. The Shared Agenda seeks to catalyze stakeholder coordination by:

1. Identifying strategic priorities in SBC for FP/RH that need greater coordination and/or investment.

2. Proposing opportunities for coordination and collaboration to enhance complementarity across investments.

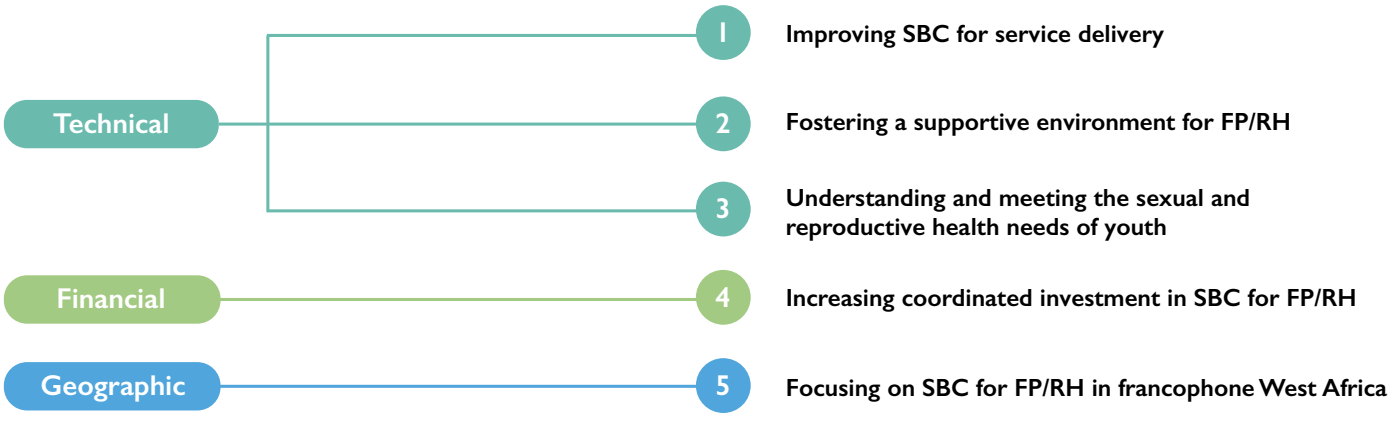
"Social and behavior change is a discipline that uses deep understanding of human and societal behavior and evidence-based interventions to increase the adoption of healthy behaviors and influence the gender and social norms that underpin those behaviors."

- Breakthrough ACTION. (2018)

Strategic Priority Areas for SBC in FP

The Shared Agenda identifies five strategic priorities for SBC for FP/RH across three areas (technical, financial, and geographic) where coordination and collaboration are most needed. (See Figure 1).

FIGURE 1. STRATEGIC PRIORITIES



These 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; and recent evidence summaries. They are not intended to represent all priorities for all actors. Rather, they articulate areas where multiple actors are working to highlight the need for increased coordination and investment.

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 around the world 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. The updated Shared Agenda includes these same priority areas along with expanded 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.

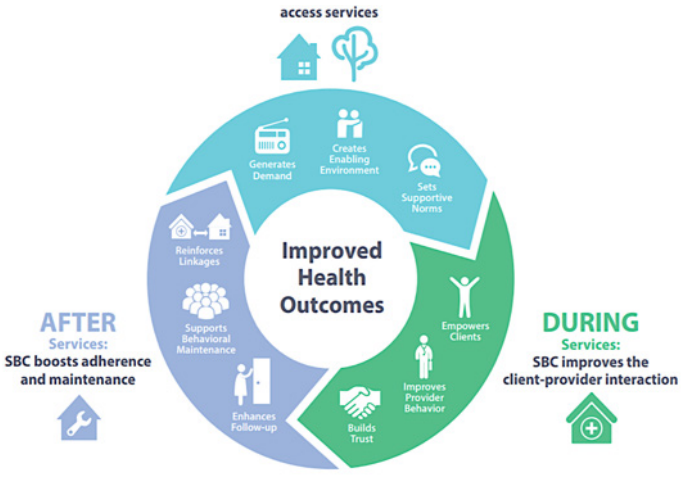


Figure 2. The SBC and Service Delivery Circle of Care Model

1 Improving SBC for Service Delivery

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 (Figure 2). Many service delivery programs include SBC to some extent to generate demand for services, but they rarely 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. **In particular, we need to work together to enhance our understanding of the provider perspective to inform future research and interventions, better coordinate SBC and service delivery investments working with both the public and private sectors, use high-quality SBC approaches to improve quality of care with better client experience and improved provider attitudes and behaviors, and improve measurement of SBC for FP/RH service delivery.**

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. Focusing on the supportive environment for FP/RH means identifying and addressing the root causes of inequities within which behavior change occurs and how SBC approaches can and should be used

to address the root causes.[2–4] It includes normative dimensions, policy and structural factors, and social accountability approaches that enable communities to hold health providers, services, and governments accountable for their performance. **We need 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 upload gender inequities. We need increased prioritization of equity in SBC for FP/RH programs and greater attention to the social determinants of health in SBC for FP/RH programs, including through multisectoral partnerships. We also need improved inclusive community engagement around FP/RH, including enhanced social accountability for FP/RH services.**

3 Understanding and Meeting the Sexual and Reproductive Health Needs of Youth

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.[5] A majority of CIPs and annual action plans include youth as a priority population and many donors have made significant investments in this area, but these investments are not always aligned and the results are not consistently shared. **We need to increase youth-driven programs and meaningful youth engagement and partnership for program and policy design and implementation. There needs to be a stronger prioritization of youth as a cross-cutting theme across FP/RH programs—not as a separate program discipline—and improved segmentation of youth to understand their different needs. Finally, there needs to be increased advocacy with decision makers and influencers to support FP/RH programming for youth and increase youth access to program budgets to cement them as partners for change.**

4 Increasing Coordinated Investments in SBC for FP/RH

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 not designed based on theory nor do they 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. **We need improved coordination of SBC investments to maximize existing resources, while pushing to fully fund SBC within CIPs and beyond. We also need to improve the 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. This includes packaging the evidence for SBC for FP/RH in creative ways to reach various audiences and convening regular knowledge management activities.**

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). Although the nine countries of the OP have made notable progress in accelerating modern contraceptive use since the partnership was established in 2011, this progression has slowed. In order to achieve the OP's mission to double the number of users of modern contraception in the

region to 13 million by 2030, increased investment in SBC for FP/RH in the region is needed, coupled with strengthened SBC capacity locally and coordinated effective SBC interventions to ensure greatest coverage and impact. **We need to increase appreciation among francophone West Africa governments, donors, and implementers on how investing in SBC contributes to the achievement of FP goals in the region. There is also a need for greater inclusion of SBC approaches that address gender inequalities and power dynamics related to FP/RH and increased youth-powered and youth-centered SBC sexual and reproductive health activities in the region.**

Working Together to Achieve Shared Priorities

All family planning stakeholders, including donors, governments, SBC and service delivery organizations, research institutions, and the private sector can use this agenda to guide where and how to invest their often limited resources. To achieve our shared goals, we need to:

- Collectively generate evidence on successful SBC approaches and package it in user-friendly ways to advocate for the inclusion of SBC in FP/RH strategies.
- Engage and connect SBC 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.
- Develop long-term technical assistance plans based on SBC needs assessments capable of harmonizing work across donors at the national and regional levels.
- Promote 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.
- Promote the inclusion of SBC expertise into FP/RH coalitions and working groups at the global and regional levels.
- Harmonize strategies and messages at the national level across donor and partner efforts through collaborative planning, message harmonization workshops, and ongoing communication.

Reaching global FP goals depends on extraordinary and unprecedented cooperation, collaboration, and shared visioning across the FP/RH community. 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.

This booklet is an abridged version of the Shared Agenda available at:
https://breakthroughactionandresearch.org/global-shared-agenda-sbc-fp/

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