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 Despite a major coalescence around the FP2020 and Ouagadougou Partnership (OP) goals in the last five years, major SBC actors, including donors, multilateral institutions, nongovernmental organizations, and private-sector companies, working to achieve these goals often do not coordinate SBC investments, which results in duplication of efforts in some cases and critical gaps in others.

Drawn from and validated by iterative consultations, this Shared Agenda seeks to catalyze stakeholder coordination by:

1. Identifying strategic priorities in SBC for FP 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.

Strategic Priority Areas for SBC in FP

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

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. The strategic priorities 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 to flag critical areas requiring further investment.
Improving SBC for Service Delivery

When paired with service delivery interventions, SBC can motivate demand for FP before seeking services, improve a client’s experience during service delivery, and support FP use after services are received (see the Circle of Care model). Quality FP counseling depends on providers respecting the rights of clients, clients being empowered to actively participate in decision-making, and supportive environments that are conducive to quality care. Despite considerable interest in identifying innovative and effective provider behavior change approaches, many interventions often rely on traditional training and regulatory reinforcement rather than innovative or comprehensive SBC approaches. We need to work together to better coordinate SBC and service delivery investments, compile more evidence about effective approaches that positively influence provider behavior, and use high-quality SBC approaches to improve the client experience of FP care.

Supporting Social Change for FP

The “social” aspect of SBC is understood by SBC professionals as a critical component of achieving FP goals. Social change is complex. 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. In many cases, social change cuts across multiple health and development sectors and can serve as an opportunity to promote greater programming integration. We need to commit to improving our capacity to identify, respond to, and measure our progress in addressing social and gender factors that impact FP outcomes. We must do so using existing SBC and social change theories. We also need to strengthen the links among actors working in ethically responsible ways on social change initiatives from a variety of vantage points, including those working on individual-level behavior change, policy change, norms shifting and gender transformative interventions, human rights advocacy, and community health.

Understanding and Meeting the 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. 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 work together to learn, in real time, what other partners are testing, what works, and what
does not work. We also need to better understand behavioral patterns across the adolescent life course; design high-quality SBC programs in partnership with youth; and document effective integrated programs that meet young people’s needs for positive youth development, including meaningful employment, safety, and a gender equitable world.

Focusing on Francophone West Africa

The OP 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. Despite progress in accelerating modern contraceptive use—with an additional 1.4 million new users between 2015 and 2018—another 817,000 new users are still needed to reach the 2020 goals. Yet only 12% of OP donor funding focuses on demand generation. We need to invest in demand-side approaches, including social norms aware and, where appropriate, norms shifting interventions. In order to implement high-quality SBC interventions, we need to advance SBC technical capacity in the region and increase the number of relevant SBC resources in French and local languages available to practitioners. We also need to improve coordination of SBC activities in the region to avoid duplication of efforts and address gaps.

Increasing Coordinated Investments in SBC for FP

SBC is not yet anchored as a core element of FP strategies and programming in major development organizations or in government planning mechanisms such as CIPs. Current investments are insufficient, particularly at the country level, to support the implementation of high-quality SBC as a proven intervention to achieve FP goals. Notably, many donors and governments vary in their understanding of and appreciation for SBC, leading to uneven support. We need to make a targeted effort to improve the coordination of SBC investments to maximize existing resources, while also building appreciation for and increasing resources for SBC as an integral component of FP strategies. Sharing lessons learned from SBC programs is important to demonstrate the added value of SBC in FP in a coordinated manner. This includes conducting rigorous evaluations to test programming innovations and documenting their cost-effectiveness in ways that are comparable.
Working Together to Achieve Shared Priorities

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

- Develop coordinated, long-term technical assistance plans for SBC in FP at the global and regional levels.
- Harmonize strategies and messages at the national level through collaborative planning, message harmonization workshops, and ongoing communication.
- Advocate for the inclusion of high-quality SBC approaches in national planning processes (e.g., CIP development) according to the strategic priorities.
- Fund and conduct SBC research across the strategic priorities and promote research utilization through coordinated dissemination.
- Identify SBC champions and key influencers and connect them to FP coalitions and working groups at the global, regional, and national levels.

Reaching global FP goals depends on extraordinary and unprecedented cooperation, collaboration, and shared visioning across the FP community. We encourage all family planning stakeholders to commit to support, use and share the Shared Agenda to ensure its operationalization and to harness the power of SBC for improved FP outcomes.

This booklet is an abridged version of the Shared Agenda available at http://bit.ly/SBCsharedagenda

Acknowledgements

Many thanks to the organizations that contributed to developing this Shared Agenda: Bill and Melinda Gates Foundation, Camber Collective, Care USA, Chemonics International, CORE Group, David and Lucille Packard Foundation, Development Media International, FHI 360, FP2020, Gates Institute, Georgetown University Institute for Reproductive Health, ideas42, Jhpiego, Johns Hopkins Center for Communication Programs, Pathfinder International, Population Council, Population Media Center, Population Services International, Promundo, Save the Children, Syntegal, ThinkPlace, USAID headquarters and country/regional Missions, and the William and Flora Hewlett Foundation.

5. Based on analysis by Camber Collective (2019).

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the Breakthrough ACTION Cooperative Agreement #AID-OAA-A-17-00017. Breakthrough ACTION is based at Johns Hopkins Center for Communication Programs (CCP). The contents of this document do not necessarily reflect the views of USAID, the United States Government, or Johns Hopkins University.