SHARED AGENDA FOR SOCIAL AND BEHAVIOR CHANGE WEBINAR SERIES

Increasing Coordinated Investment in Social and Behavior Change for Family Planning

January 21, 2020

Moderator: Hope Hempstone, United States Agency for International Development
Moderator and Presenters

Hope Hempstone  
USAID

Michelle Weinberger  
Breakthrough RESEARCH

Uttara Bharath Kumar  
Breakthrough ACTION

Sohail Agha  
Bill & Melinda Gates Foundation

Perri Sutton  
Bill & Melinda Gates Foundation

Pranab Rajbhandari  
Breakthrough ACTION
Michelle Weinberger
Breakthrough RESEARCH
Breakthrough RESEARCH

Making the Business Case for Investing in Social and Behavior Change for Family Planning

January 21, 2020

James E. Rosen, Nicole Bellows, Lori Bollinger, Willyanne DeCormier Plosky, Michelle Weinberger
Highlights from the Business Case:

- Is SBC effective?
- How much does SBC cost?
- Is SBC cost-effective?

Available at: https://breakthroughactionandresearch.org/our-work/costing-and-economic-evaluation/
Is SBC effective for family planning?
Direct and indirect pathways to effectiveness

130 studies contribute evidence across the pathways

Extract findings from studies identified in the USAID HC3 project and Track20 FP Goals database

Use extracted database + targeted searches for indirect pathways

SBC Interventions

Intermediate Outcomes*

Modern Contraceptive Use

Adapt Track20 FP Goals including reclassification and additional studies

*Intermediate outcomes include attitudes, beliefs, and communication about family planning.
SBC is effective in improving intermediate outcomes.

- Approval of FP
- Perception of benefits, safety, effectiveness of FP
- Intention to use FP and self-efficacy of FP use
- Attitudes about men's role in FP
- Communication with partners about FP
- Communication with others about FP

Thickness of line indicates relative magnitude of impact. Odds Ratios

- <1
- 1
- 1.5
- 2.8

See the Business Case for more details.

Packages are programs that have multiple SBC components.
SBC is effective in improving intermediate outcomes

Packages are programs that have multiple SBC components

- Approval of FP
- Perception of benefits, safety, effectiveness of FP
- Intention to use FP and self-efficacy of FP use
- Attitudes about men’s role in FP
- Communication with partners about FP
- Communication with others about FP

Thickness of line indicates relative magnitude of impact. Odds Ratios

See the Business Case for more details.
Intermediate outcomes effect modern contraceptive use

- Approval of FP
- Perception of benefits, safety, effectiveness of FP
- Intention to use FP and self-efficacy of FP use
- Attitudes about men’s role in FP
- Communication with partners about FP
- Communication with others about FP

Thickness of line indicates relative magnitude of impact. Odds Ratios

See the Business Case for more details.
How much does SBC cost?
Median unit costs by SBC intervention vary

• **53 studies** contribute to the evidence on unit costs (but gaps exist!)

• Mass media unit costs are **per person exposed**; IPC and package unit costs are **per person participating**

• **Wide ranges** of unit costs within SBC intervention types

• Very few cost data for **newer forms of SBC** like social media and digital approaches
Is SBC cost-effective?
Modeling cost-effectiveness for family planning

Scale up SBC interventions

Impact modeling

Increase in modern contraceptive use

Cost analysis

Cost of interventions

Incremental Cost Effectiveness Ratio (ICER)

Cost per Disability Adjusted Life Year (DALY) saved

Use country strategies to inform scale-up scenario and DHS surveys to determine baseline outcomes.
### Scenarios for SBC scale up resulted in positive effects

<table>
<thead>
<tr>
<th></th>
<th>Zambia(^1)</th>
<th>Guinea(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% point increase in mCPR over 5 years (2019–2023)</td>
<td>5 % pts</td>
<td>3 % pts</td>
</tr>
<tr>
<td>Additional users in 2023</td>
<td>535,900</td>
<td>166,500</td>
</tr>
<tr>
<td>Pregnancies averted (cumulative)</td>
<td>578,800</td>
<td>135,700</td>
</tr>
<tr>
<td>DALYs saved (cumulative)</td>
<td>46,400</td>
<td>34,800</td>
</tr>
<tr>
<td>Scale-up cost</td>
<td>$48.8m</td>
<td>$15.2m</td>
</tr>
</tbody>
</table>

\(^1\) Zambia’s Family Planning Services Integrated Family Planning Scale Up Plan (2013-2020)

Scenarios in Zambia and Guinea were highly cost-effective

Results show that SBC scale-up scenario in Zambia and Guinea is highly cost-effective since the cost per DALY averted was below the 1 times GDP per capita threshold.
SBC scenarios generated returns on investment

For every $1 invested in scaling up SBC interventions in **Zambia**, between $2.40 and $5.30 in direct health care costs and productivity losses are saved.

For every $1 invested in scaling up SBC interventions in **Guinea**, between $2.30 and $6.10 in direct health care costs and productivity losses are saved.

[Graph showing cost savings]
Call to action

Results of this business case for SBC for family planning indicate the need for action:

- Invest more in SBC for family planning
- Advocate for increased SBC funding
- Generate additional evidence of cost and cost-effectiveness using SBC costing guidelines
- Conduct more country modeling
- Provide guidance on the relative cost-effectiveness of various SBC approaches by applying business case findings
Utilizing the SBC Business Case

- Full Business Case report available for download
- Two-page fact sheets for Guinea and Zambia

Additional products coming this year:
- Interactive infographic
- Additional country applications
- Cost data will be available via Unit Cost Study Repository
- SBC Business Case for Malaria
Social and Behavior Change
Message Framework for Advocacy

Uttara Bharath Kumar
ubharat1@jhu.edu

Webinar
January 21, 2020
Why an SBC Influence Strategy?
A strategic approach is necessary to coordinate how FP donors and influencers drive adoption of SBC

<table>
<thead>
<tr>
<th>Objectives</th>
<th>From...</th>
<th>To...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Limited understanding of SBC</td>
<td>Holistic understandings of SBC and its role supporting all FP investments</td>
</tr>
<tr>
<td></td>
<td>Widely differing appreciation for and awareness of the discipline</td>
<td>Understanding SBC as a discipline that should pervade all investments</td>
</tr>
<tr>
<td>Investment</td>
<td>Limited investment in SBC</td>
<td>Increased investment in SBC approaches from donors and countries</td>
</tr>
<tr>
<td></td>
<td>Many actors still assume latent demand and approach FP investments with a clinical mindset</td>
<td>Including demand creation, changing social norms, improved provider behaviors, improved contraceptives, etc.</td>
</tr>
<tr>
<td>Coordination</td>
<td>Limited SBC coordination</td>
<td>Coordinated approach supporting a specific strategy</td>
</tr>
<tr>
<td></td>
<td>Multiple messages on what SBC is; complementary but independent efforts to raise profile of SBC</td>
<td>Coming together as SBC practitioners to raise the importance of the discipline among donors and influencers</td>
</tr>
</tbody>
</table>
Qualitative Assessment of SBC Use

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

Weak SBC inclusion in FP investments

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

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

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

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

Strong SBC inclusion in FP investments

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

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

Global donor

Donor field offices

Country governments

Implementing partners

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

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

**Donor SBC Barriers**

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

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

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

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

**Country Implementation Barriers**

- **Short-term focus**
  - "We need to show results now, e.g., facilities built, contraceptives purchased."

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

- **Limited expertise/Under-resourced**
  - "We include SBC; for instance, here is a poster we completed."

"Illustrative quotes"
Global Influence Strategy Theory of Influence

Three pathways to be prioritized in rollout of Global Influence Strategy

<table>
<thead>
<tr>
<th>Levers</th>
<th>Pathways</th>
<th>Decision Makers</th>
<th>Decisions</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messaging</td>
<td>Leverage multi-stakeholder country planning processes</td>
<td>Select Countries</td>
<td>Develop SBC/gender strategies to advance FP objectives</td>
<td>• Ensure universal access to sexual and reproductive health services and rights by 2030 (SDG 3 &amp; 5)</td>
</tr>
<tr>
<td></td>
<td>Capacity building and peer engagement</td>
<td>Targeted engagement select countries involved in CIP processes; focus on select Ouagadougou Partnership countries</td>
<td>Incorporate SBC/gender strategies in planning process for FP strategy</td>
<td>• Support country-level commitments made through FP2020 and EWEC to improve FP use, women’s health, and reduce maternal mortality</td>
</tr>
<tr>
<td>Evidence</td>
<td>Directly engage targeted donors</td>
<td></td>
<td>Increase proportion of FP funding toward SBC/gender</td>
<td>• Enable an additional 2.2 million women to use modern contraceptive methods by 2020 (OPCU)</td>
</tr>
<tr>
<td>Peer Champions</td>
<td>Elevate SBC programming at existing fora</td>
<td></td>
<td>Engage SBC and gender experts in strategy, design and M&amp;E</td>
<td></td>
</tr>
<tr>
<td>(or relationships)</td>
<td>Supportive storytelling and education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(or SBC experts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Highlights content added as part of the supplemental Ouagadougou Partnership regional influence strategy; other content holds for both the Global and Regional Influence strategies.
Advocating for Social and Behavior Change in Family Planning Programs

A Message Framework
Key messaging pillars for investment in SBC for FP

1. SBC approaches complement service delivery
   - SBC includes a range of approaches that can, and should, be applied across FP programming—not just demand
   - Investing in SBC increases effectiveness of clinical investments, services
   - Informed by local needs, necessary for achieving country priorities, often developed with community collaboration

2. SBC is rooted in global evidence and best practices
   - SBC has clear evidence of increasing successful outcomes in FP interventions
   - Strong SBC investments have been refined over 30 years based on high-impact best practices
   - Local evidence/data is used to inform SBC programming; examples available from all regions

3. SBC demonstrates a high return on investment in both the short and long-term
   - SBC maximizes FP investments across contexts and makes use of a variety of affordable approaches
   - Strategic SBC uses a variety of affordable approaches to generate demand
   - Both short-term and long-term results are reached and measured with effective evaluation
Stakeholder SEGMENTS

Unaware
Stakeholders are unaware of how important and effective SBC is

Skeptical
Stakeholders are skeptical of whether SBC works and if it is worth the cost

Restricted
Stakeholders are restricted in what they can spend tight budgets on and need to link investments to concrete outputs

Under-resourced
Stakeholders do not think they have funds to implement SBC so do it half-heartedly or forego it altogether

Definition

Illustrative Quotes
“If you [stock] it, they will come...the default is to think about supply”
“İ haven’t seen the evidence that SBC really works, and it is too expensive.”
“My board just wants to know how many condoms we’ve purchased.”
“I don’t see many lower income countries prioritize SBC from their own domestic revenues...their top priority is always supplies.”
**Organization:** Zambia National Family Planning Technical Working Group

<table>
<thead>
<tr>
<th>General Overview</th>
<th>Audience Segment: Skeptical</th>
<th>SBC Engagement</th>
<th>Applied Messaging Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role and Key Decision Rights</strong></td>
<td><strong>Goals</strong></td>
<td><strong>Prioritized Supporting Points</strong></td>
<td><strong>Key Additional Evidence/Anecdotes</strong></td>
</tr>
<tr>
<td>The technical working group (TWG) is the national body that influences the development of the Costed Implementation Plan (CIP) for FP every year.</td>
<td>Increase the SBC TWG’s belief that including strategic SBC activities in the CIP and funding them will help increase family planning uptake in Zambia, especially among adolescents.</td>
<td>Investing in SBC can help increase your program impact and there is evidence from the last 30 years to support this claim to share with your superiors</td>
<td>FP SBC Evidence Database</td>
</tr>
<tr>
<td><strong>Earlier SBC Views</strong></td>
<td><strong>Notes on Previous Conversations</strong></td>
<td><strong>There is evidence from various countries that support the cost-effectiveness and impact of SBC</strong></td>
<td>Breakthrough RESEARCH business cases</td>
</tr>
<tr>
<td>They doubted the effectiveness of SBC and its ability to generate quick wins reportable as achievements. Without convincing evidence that SBC has been effective globally, and that it will help decrease unplanned pregnancies among adolescents, they were unlikely to support it.</td>
<td>Gathering of stakeholders from the FP TWG showed that they were keen to meet the FP2020 goals and were short on their targets. They were looking for ways to understand why they were falling short. Open to hearing about how SBC could play a role, especially with adolescent pregnancies which is a big challenge for Zambia.</td>
<td>A small investment in SBC can further strengthen and complement your service delivery investments</td>
<td>Case study and animated film from Nigeria (NURHI)</td>
</tr>
</tbody>
</table>

Key Additional Evidence/Anecdotes:
- FP SBC Evidence Database
- Breakthrough RESEARCH business cases
- Case study and animated film from Nigeria (NURHI)

Ask: Will you consider including strategic SBC activities (and supporting them) in the 2020 CIP to complement your service-side investments?
SBC KNOWLEDGE MANAGEMENT
A DEMAND ORIENTATION CAN ENHANCE CYCLE OF IMPACT IN GLOBAL HEALTH AND DEVELOPMENT

**Better purchasing**
- Generate evidence to guide investments and prioritization
- Apply accountability to allocative efficiencies
- Invest in MLE and LMIC capacity
- Encourage end-to-end demand-side thinking

**Better implementation**
- Design programs using a behavioral lens
- Create incentives and infrastructure for implementers to iterate and adapt
- Adequately resource demand
- Apply multi-disciplinary thinking

**Learning and adaptive mindset across field**
- Foster independent institutions to define “good” (best practices and tools), enable rigorous M&E, and disseminate evidence
EXAMPLE:
THE OUAGADOUGOU PARTNERSHIP
The Ouagadougou Partnership was established in 2010 to respond to an urgent need for action on family planning in francophone West Africa.
SUCCESS FACTORS OF A REGIONAL MOVEMENT

- Shared regional goal
- Country Owned Costed Implementation Plans
- Data visibility and progress monitoring
- Diversity of members
- Mutual accountability
- Interest in collaboration, information and resource sharing
Mechanisms

- Coordination Unit
- Website and social media:
  - partenariatouaga.org
  - Twitter: @POuagaPF
  - Facebook: @PartenariatdeOuagadougou
- Annual convenings:
  - 2-day Donor Meeting
  - Country Caravan
  - Annual Membership Meeting
- Monthly calls
- Funding analyses every two years
- Interest groups
- Exchange and Learning Fund
- Representation at global convenings

COORDINATION TO CREATE CHANGE
Strengthening local level investment in SBC in Nepal

Pranab Rajbhandari
Breakthrough ACTION Nepal
“Only if we understand, can we care. Only if we care, we will help.”

Jane Goodall
The *SBC Palika Package* used in Nepal helped Breakthrough ACTION strengthen local level decision making around SBC for health.
Focal municipalities allocated funding for SBC for health in their budgets for the first time ever and planned local SBC activities

$35,000 USD (by 4 municipalities)
Nepal

- Nepal has recently federalized its governing structure.

- Three levels of government
  - Federal
  - Provincial
  - Municipal (*Palika*)

- Local municipalities have resources and self-governance authority
How to strengthen SBC systems?
Strengthening SBC System Capacity

**SYSTEM**
- Ensuring the Government of Nepal along with a network of organizations competent in all aspects of SBC programming
- Providing strategic direction to government and non-government partners through well-articulated and disseminated policies, strategies, and technical guidelines
- Recognizing SBC as a critical element in the health system
- Funding SBC adequately
- Cataloging and making available strategies, media and materials, and harmonized content

**ORGANIZATION**
- Managing technical assistance and outsourcing
- Learning collaboratively and using data to inform programming
- Sustaining SBC capacity opportunities required to produce a range of people working in SBC within a local organization
- Evidence-informed use of SBC resources from donors
- Coordinating the activities of various actors at various levels

**INDIVIDUAL**
- Using a “learning by doing” approach to strengthen SBC knowledge and skills for people working in SBC in Nepal at all levels
- Fostering SBC Leadership
Social Behavior Change Capacity Strengthening Support Material
For Local Level
For social behavior change program development, implementation, monitoring and evaluation

USAID
Breakthrough ACTION
UNICEF
SBC Palika Package Development
SBC Palika Package

• Step-by-step guidance for SBC programming
• Effective
  – Planning
  – Implementation
  – Advocacy
  – Monitoring of SBC programs and activities
• **Preparation:** Quantitative and qualitative evidence generation, local-level discussions, reflections, prioritization, need verifications

• **Advocacy:** During the set 7-step local planning process, evidence-based fight for resources, systematic resource allocation

• **Action:** Plan, implement, monitor

*If SBC is understood, then they care.*
Lesson for Family Planning SBC
Create an Enabling Environment for SBC

• Federal, provincial, and local policies reflect SBC needs

• Understand the bureaucratic process

• Best utilize the timeline of issue prioritization and budget allocation
Get Local Decision Maker Buy-in for SBC

• Understanding of social behavioral issues and its value
  – Tied to their local constituents/intended audience-focused
  – SBC enabling deeper behavior understanding and being able to bring about positive change in their communities
Emphasize Evidence for SBC

• Base it on evidence generation (quantitative and qualitative) and use
  — Emphasize qualitative to gain deeper behavioral understanding for SBC

• Evidence for planning and monitoring

• Get everyone asking for evidence and using it
• The *SBC Palika Package* used in Nepal helped Breakthrough ACTION strengthen local-level decision making around SBC for health.

• As a result of using the *SBC Palika Package*, focal municipalities allocated funding for SBC for health in their budgets for the first time ever and planned local SBC activities.

“Only if we understand, can we care. Only if we care, we will help.” Jane Goodall
Thank You!

For more information, please contact:

Michelle Weinberger  
Breakthrough RESEARCH  
mweinberger@avenirhealth.org

Sohail Agha  
Bill & Melinda Gates Foundation  
sohail.ghaga@gatesfoundation.org

Pranab Rajbhandari  
Breakthrough ACTION  
prajbhandari@jhuccp.org.np

Uttara Bharath Kumar  
Breakthrough ACTION  
umbarat1@jhu.edu

Perri Sutton  
Bill & Melinda Gates Foundation  
perri.sutton@gatesfoundation.org

www.breakthroughactionandresearch.org

@BreakthroughAR  @Breakthrough_AR

This presentation is made possible by the support of the American people through the United States Agency for International Development (USAID). The Breakthrough awards are supported by USAID’s Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreements: #AID-OAA-A-17-00017 and #AID-OAA-A-17-00018. Breakthrough ACTION is based at Johns Hopkins Bloomberg School of Public Health’s Center for Communication Programs. Breakthrough RESEARCH is based at Population Council. The contents of this presentation are the sole responsibility of Breakthrough ACTION and Breakthrough RESEARCH. The information provided on this website is not official U.S. Government information and does not necessarily represent the views or positions of USAID, the United States Government, Johns Hopkins University, or Population Council.