

A Shared Agenda for Social and Behavior Change in Family Planning in the Ouagadougou Partnership Region: A Summary

What Is the OP Shared Agenda for SBC in Family Planning?

The Ouagadougou Partnership (OP) Shared Agenda provides a framework for governments, funders, and implementers to coordinate their actions for greater impact in the OP countries by: 1) Identifying strategic priorities in SBC and family planning for greater investment; 2) Catalyzing coordination and collaboration; and 3) Creating linkages between regional investments and global efforts.

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.

What are the Challenges to SBC for FP?

A number of challenges hinder coordination, collaboration and investment in SBC in the region, including: 1) low understanding of, and technical capacity in SBC; 2) uncoordinated funding mechanisms; 3) scarce resources for SBC and family planning; 4) limited attention to, and advocacy for, SBC in the region.

Who Should Use This Shared Agenda?

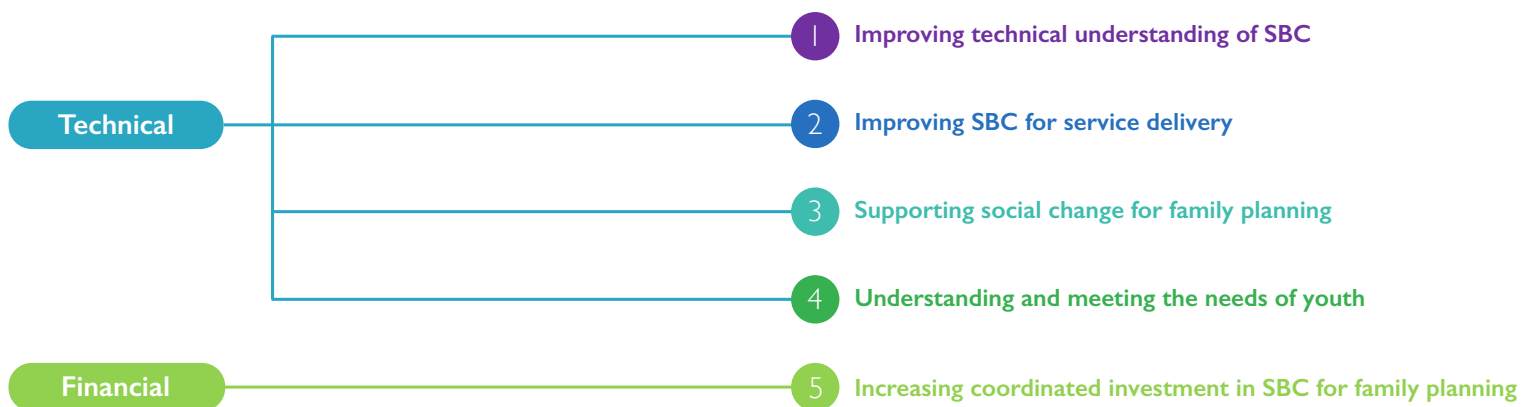
Stakeholders can use this Agenda to understand the value of SBC for family planning including:

- **Donors** to improve coordination and align investments.
- **Governments and Policymakers** to inform Costed Implementation Plans (CIPs), direct donor investments, and mobilize SBC resources.
- **SBC and Service Delivery Organizations** to enhance strategic collaboration and identify areas for SBC.
- **Research Institutions and Universities**, to focus SBC research to design SBC-inclusive family planning programs.

Strategic Priority Areas for SBC in Family Planning for the OP Region

The Shared Agenda identifies five strategic priorities, which were identified through an analyses of donors' stated priorities and funding allocations; focus areas of national CIPs and annual action plans; multiple international expert stakeholder consultations; and recent SBC evidence. *These strategic priorities highlight areas in which multiple actors are working, and in which increased coordination is and investment are needed.* The numbering does not signify order of importance.

THE 5 STRATEGIC PRIORITIES





Strategic Priority 1: Expanding Technical Understanding of SBC

Optimal funding, implementation, and measurement of effective SBC in family planning is limited in the OP region by the perception that SBC can only be used for demand creation. SBC is indeed vital to reaching individuals *before* they seek services, but SBC activities can be mapped across a Circle of Care (see above). When paired with service delivery, SBC can improve a client's experience *during* family planning service delivery and to supporting clients' family planning use *after* services are received. **Once regional stakeholders align around the role of SBC according to the [Circle of Care](#), and have a common understanding of high-quality SBC, they will be able to improve the way that (a) SBC activities and objectives are articulated in CIPs and national family planning plans, (b) process and outcome results are measured, (c) funding allocations are made, and (d) staff capacity is strengthened.**

Strategic Priority 2: Improving SBC for Service Delivery

Quality family planning counseling and positive client experiences depend on providers respecting the rights of clients, clients being empowered to actively participate in decision-making about their care, and providers working in environments conducive to delivering quality care.¹ Provider behavior is often a barrier to reducing unmet family planning need. Yet despite considerable interest in recent years to identify innovative and effective provider behavior change approaches, few programs sufficiently examine the complex link between providers' and clients' behaviors.^{2,3} These interventions instead often rely on traditional training and regulatory reinforcement, rather than innovative or comprehensive SBC approaches. **We must work together to better understand the factors influencing provider behavior, compile more evidence about effective approaches to positively influence provider behavior in OP countries, and, through incorporating high-quality SBC approaches, improve the quality and client experience of family planning care in our region.**

Strategic Priority 3: Supporting Social Change for Family Planning

Social and gender norms in the OP region are a principal obstacle to family planning use, particularly among countries at the lowest end of the [S-curve](#) and norms shifting and gender transformative interventions can be challenging to design, deliver, and measure. Structural change in policies, laws, and non-health-related interventions—such as girls' education—that support family planning is also challenging but can be addressed through SBC approaches. Furthermore, social accountability is a critical component of social change yet few published studies address this topic, particularly in

1. Huevo, C., & Diaz, S. (1993). Quality of care in family planning: clients' rights and providers' needs. *Advances in Contraception*, 9(2), 129–139. Retrieved from: <https://doi.org/10.1007/BF01990143>
2. World Health Organization and International Initiative for Impact Evaluation. (2017). Retrieved from: <http://gapmaps.3ieimpact.org/evidence-maps/social-behavioural-and-community-engagement-interventions-reproductive-health>
3. Breakthrough RESEARCH literature review. (Forthcoming).

the OP region, leaving limited evidence of how social accountability approaches are working to increase the voice, choice, and power of those most affected by unmet demand for family planning.⁴ **We must commit to improving our capacity to identify, respond to, and measure our progress in addressing social and gender factors that impact family planning outcomes. We must use SBC and social change theories and strengthen the links among actors working on social change initiatives, including those working on individual-level behavior change, policy change, norms shifting and gender transformative interventions, human-rights advocacy, and community health.**

Strategic Priority 4: Understanding and Meeting the Needs of Youth

With 60% of West and Central Africa's population being under age 24⁵, youth represent a vast proportion of potential family planning clients in the OP region.

While some OP countries have prioritized youth's sexual and reproductive health in their CIPs, details defining specific youth activities are often lacking. Many donors have made investments in youth-focused SBC programs, but these investments are not always

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

5. UNFPA Regional Office for West and Central Africa. (2018). 2018 Annual Report: Demographic dividend in West and Central Africa. UNFPA. Retrieved Nov 1, 2019 from: <https://wcaro.unfpa.org/sites/default/files/pub-pdf/UNFPA-WCARO-ANNUAL-EN-web-02.pdf>

aligned or the results of these investments are not consistently shared. **The family planning community must better understand behavioral patterns and typologies across the adolescent life course; design high-quality SBC programs – in partnership with youth – that take into account the impact of physical and environmental changes on youth family planning decision making; document effective approaches of integrated programs that meet young people's needs for positive youth development, including meaningful employment, safety, and a gender equitable world; and invest in such actions to see real progress.**

Strategic Priority 5: Increasing Coordinated Investment in SBC for Family Planning

Limited awareness of the existing evidence on SBC impact and cost effectiveness is a common barrier to investment in SBC for family planning. In addition, resistance to addressing social and gender norms around family planning, especially through external investments and influences, further weakens interest in SBC approaches. As such, the OP region has low or fragmented investment in SBC approaches compared to other regions, and SBC is not yet anchored as a core element of strategic planning mechanisms for family planning, such as CIPs. **The family planning community needs to build appreciation for and prioritize SBC as an integral component of their family planning strategies. A key aim is to demonstrate the added value of SBC to increase the modern contraceptive prevalence rate when complementing service delivery investments. Rigorous evaluation is also needed to test programming innovations and to document the cost-effectiveness of SBC programming for family planning outcomes; however, this effort remains underfunded.**



Conclusion: Working Together to Achieve Shared Priorities

If the OP region is to reach its ambitious family planning goals, we must collectively acknowledge and invest in the opportunities SBC offers across these strategic priorities. To achieve this, we must:

- Increase the understanding of, and build capacity in, SBC in OP countries;
- Coordinate high-quality SBC with service delivery activities – across the Circle of Care;
- Prioritize SBC research across the five priorities, package and share the results, and engage in strategic advocacy for SBC for family planning among decision-makers in the region; and,
- Harmonize, and advocate for the inclusion of high-quality SBC approaches in, strategic planning processes (for example, CIP development) and implementation according to these five priorities.

This OP Shared Agenda aims to galvanize partners to work together in the pursuit of common goals within the region. All stakeholders must commit to socializing and endorsing the Shared Agenda to ensure its active use at the donor, government, and implementation level, so we can harness the power of SBC for improved global family planning outcomes.

This booklet is an abridged version of the full Agenda, still in development. If you would like to provide feedback on this version, or review the full document, kindly email us at:

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