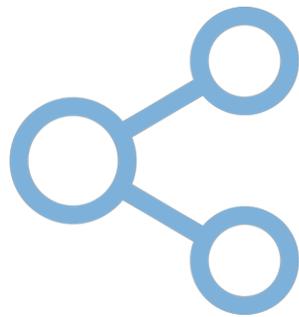


# It Takes A Village



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

November 2019



**USAID**  
FROM THE AMERICAN PEOPLE



**Many thanks to the organizations that contributed to developing the original [Shared Agenda](#), on which this document is based:** 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, Syntegral, ThinkPlace, United States Agency for International Development (USAID) headquarters and country/regional missions, and the William and Flora Hewlett Foundation. Additional thanks to members of ministries and implementing organizations from each of the nine Ouagadougou Partnership countries, who participated in the 2019 Francophone Social and Behavior Change Summit and whose input and priorities are also reflected in this document.

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

## Table of Contents

Why Do We Need a Shared Agenda in SBC for Family Planning for the Ouagadougou Partnership Region?	4
What Is the OP Shared Agenda for SBC in Family Planning?	4
A Shared Vision for SBC in Family Planning	4
What are the Challenges to Achieving this Vision?	5
Who Should Use This Shared Agenda?	5
Strategic Priority Areas for SBC in Family Planning for the OP Region	6
<b>Strategic Priority 1: Expanding Technical Understanding of SBC</b>	<b>7</b>
<b>Strategic Priority 2: Improving SBC for Service Delivery</b>	<b>9</b>
<b>Strategic Priority 3: Supporting Social Change for Family Planning</b>	<b>11</b>
<b>Strategic Priority 4: Understanding and Meeting the Needs of Youth</b>	<b>13</b>
<b>Strategic Priority 5: Increasing Coordinated Investment in SBC for Family Planning</b>	<b>15</b>
Conclusion: Working Together to Achieve Shared Priorities	17



## Why Do We Need a Shared Agenda in Social and Behavior Change for Family Planning for the Ouagadougou Partnership Region?

Countries of the Ouagadougou Partnership (OP)—Benin, Burkina Faso, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo—have pledged to reach 2.2 million additional family planning users by 2020. Reaching this goal will require extraordinary and unprecedented cooperation, collaboration, and shared visioning across the family planning community. 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.<sup>1</sup> Furthermore, prevalence rates are still low, maternal and child mortality outcomes remain among the worst in the world, and fertility rates are high. Projected rapid population growth will have a crippling impact on the region’s economic development, social stability, and environmental sustainability.

**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 by individuals, and influence the gender and social norms that underpin those behaviors.**

Social and behavior change (SBC) is an evidence-based approach to convey accurate information about family planning, increase demand for modern contraception, influence social norms, and catalyze social change. However, despite increasing evidence supporting SBC’s impact on family planning use, government and donor investment in family planning SBC remains negligible. SBC technical capacity in OP countries is low or inconsistent and strategic, high-quality SBC interventions are limited in national Costed Implementation Plans (CIPs). Furthermore, challenges in coordinating donors, governments, and implementing partners have led to duplicative efforts in some areas and critical gaps in others. Ultimately, strategic, well-funded, and coordinated SBC programs are needed to meet the 2020 goal of 2.2 million new users, and any future goals that the region will set.

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

Adapted from the original [Global Shared Agenda for SBC in Family Planning](#), the OP Shared Agenda seeks to catalyze coordination of effort among governments, funders, and implementers seeking to create impact in FP through SBC interventions in the OP countries by:

1. Identifying strategic priorities in SBC and family planning for greater investment;
2. Proposing opportunities to catalyze coordination and collaboration; and
3. Creating linkages between regional investments and global efforts.

## A Shared Vision for SBC in Family Planning

We envision a future in which decision makers’ SBC technical knowledge is strong; investments in SBC for family planning in the OP region are coordinated, strategic, and impactful; and regional, national, and subnational family planning goals are achieved with greater efficiency and effectiveness.

---

<sup>1</sup> Adding It Up: Investing in Contraception and Maternal and Newborn Health in the Ouagadougou Partnership Countries, 2018. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-ouagadougou-partnership>



## What are the Challenges to Achieving this Vision?

A number of challenges hinder coordination, collaboration and investment in SBC in the region, including:

- Different perceptions or a lack of understanding of what SBC is, the language used to describe it, and its impact on family planning outcomes.
- Lack of technical expertise in applying evidence-based SBC approaches.
- The competitive nature of funding stemming from the scarce resources for SBC and family planning more broadly.
- Limited attention to SBC in existing regional coordination mechanisms and therefore limited opportunities for stakeholders to align SBC investments.
- The absence of vocal SBC champions among leading decision-makers and investors.

## Who Should Use This Shared Agenda?

Despite these challenges, a wide range of stakeholders recognize the need to see beyond differences and forge a common understanding around SBC in family planning. Figure 1 provides suggestions for how different stakeholder groups could use this Shared Agenda to achieve that goal. Each strategic priority presented in the Shared Agenda provides recommendations to guide action for each of these groups.

Donors	<ul style="list-style-type: none"><li>• Improve coordination and alignment of investments with: 1) other donors when developing annual budgets, and 2) local country governments (e.g., through CIPs), implementing organizations, and projects once funding is released to countries</li><li>• Identify technical areas where SBC can improve FP outcomes, and share that information at regional, global, and internal FP meetings</li></ul>
Government and Policymakers	<ul style="list-style-type: none"><li>• Guide and develop policies and direct donor investments</li><li>• Mobilize and allocate SBC resources according to defined, strategic family planning priorities (e.g., through CIPs)</li><li>• Guide areas for coordination between implementing partners in country</li></ul>
SBC and Service Delivery Organizations	<ul style="list-style-type: none"><li>• Focus existing and planned family planning SBC technical and advocacy efforts (SBC organizations)</li><li>• Enhance strategic collaboration between SBC and service delivery partners</li><li>• Understand concrete ways SBC interventions can support and integrate with service delivery to improve family planning outcomes across the Circle of Care*</li><li>• Identify areas for technical assistance and advocate for increased SBC resources (e.g., SBC organizations to service delivery organizations or vice versa)</li></ul>
Research Institutions and Universities	<ul style="list-style-type: none"><li>• Focus SBC research, including implementation research, to fuel better-designed and SBC-inclusive family planning programs in the OP region</li></ul>

\* Health Communication Capacity Collaborative. Circle of Care: <https://healthcommcapacity.org/hc3resources/circle-care-model/>

Figure 1. Envisioning how stakeholders will use the shared agenda.



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

The shared agenda identifies five strategic priorities for SBC in family planning for the OP region across two areas—technical and financial (see Figure 2)—where coordination and collaboration are most needed.

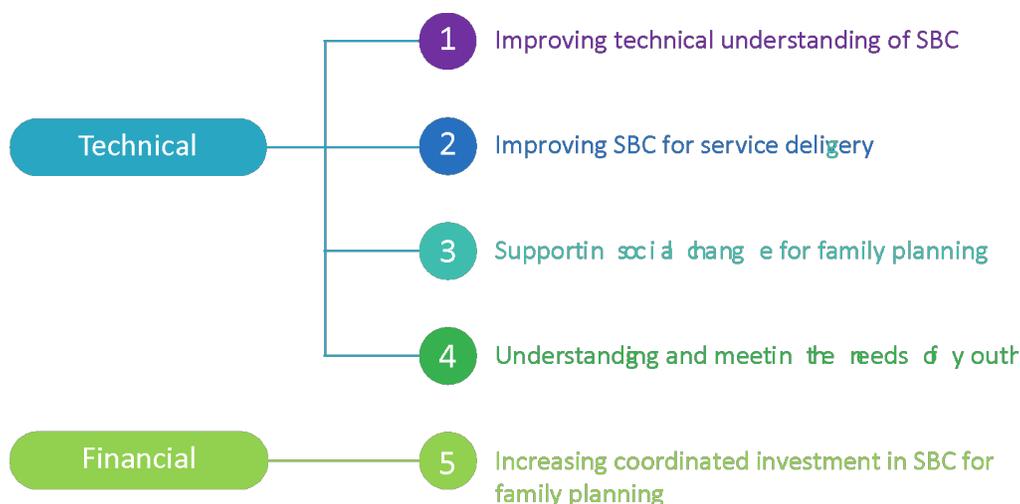


Figure 2. Five strategic priorities for SBC in family planning in the OP Region.

The proposed priorities were identified by analyzing donors' stated priorities and funding allocations; focus areas of national costed implementation plans (CIPs) and annual action plans; expert stakeholder consultations in Nusa Dua (Indonesia), Abidjan (Côte d'Ivoire), and Washington, DC; and recent SBC evidence summaries. These summaries include *An Evidence Map for Social, Behavioural, and Community Engagement Interventions for Reproductive, Maternal, Newborn, and Child Health*, developed by the World Health Organization and the International Initiative for Impact Evaluation (3ie);<sup>2</sup> the [Family Planning SBC Evidence Database](#), developed by the Health Communication Capacity Collaborative; the SBC for family planning [Global Influence Landscape and Strategy](#); and the [Ouagadougou Partnership Influence Strategy](#) developed by Breakthrough ACTION.<sup>3</sup>

**These strategic priorities are not intended to represent all priorities for all actors.** Rather, they highlight areas in which multiple actors are working in order to draw attention to the need for increased coordination. They are also intended to flag critical gaps requiring further investment. Each priority is important. The numbering does not signify order of importance.

<sup>2</sup> World Health Organization and International Initiative for Impact Evaluation (2017). *An evidence map of social, behavioural, and community engagement interventions for reproductive, maternal, newborn and child health*. Geneva: World Health Organization. Retrieved from <http://gapmaps.3ieimpact.org/evidence-maps/social-behavioural-and-community-engagement-interventions-reproductive-health>

<sup>3</sup> Breakthrough ACTION. (2018). *Social and behavior change for family planning: Global influence landscape and strategy*.



## Strategic Priority 1: Expanding Technical Understanding of SBC

Social and behavior change (SBC) refers to activities or interventions that aim to foster change in behaviors, and the social norms, gender norms, and environmental determinants that drive them. SBC leverages a deep understanding of human and societal behavior with evidence-based communication, marketing, community mobilization, advocacy, behavioral economics, human-centered design, and social psychology approaches.<sup>4</sup> As a [proven high-impact practice](#), high-quality SBC programs use theory-driven, interactive interventions across the Social-Ecological Framework – that is at the structural, community, organizational, interpersonal, and individual levels – that follow a tested design and implementation process to inspire healthy behaviors. This process includes formative research, audience segmentation, community engagement, multi-channel approaches, and rigorous monitoring and evaluation.

One key barrier to funding, implementing, and measuring effective SBC in family planning in the OP region is the narrow view of SBC as only being useful to create demand for family planning methods and services. While SBC is indeed a vital “demand generation” tool to reach individuals *before* they seek services, SBC activities can be mapped across a Circle of Care (see Figure 3) and, especially when paired with service delivery interventions, can be critical to improving a client’s experience *during* family planning service delivery and to supporting clients in their use of family planning *after* family planning services are received. Quality SBC interventions consider each of these phases in their design and implementation, and use relevant evidence to determine on which, if not all, an intervention will focus.



Figure 3. Circle of Care for SBC and Service Delivery.

<sup>4</sup> Family Planning High Impact Practices: <https://www.fphighimpactpractices.org/briefs/sbc-overview/>



Once regional stakeholders align around the role of SBC across 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.

### What we hope to achieve

- Improved appreciation of the breadth of SBC and how it complements service delivery investments (particularly as reflected in national CIPs)
- Greater understanding of how to identify and achieve high-quality SBC programs
- Greater investment in building capacity across the [SBC Capacity Ecosystem](#) to design, implement, and evaluate SBC programs

### Recommendations

Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Elevate and discuss the breadth of SBC programming by circulating and referring to the <a href="#">Circle of Care</a> model at international and country-level forums, such as at regional meetings of the OP and the West African Health Organization, CIP development meetings, and country-level SBC technical working group meetings.	X	X	X	
Identify and empower SBC advocates and experts at the national and community level (e.g., local government, implementing partner, donor representatives) to continuously champion expanding technical understanding of SBC at relevant fora.			X	
Review, analyze and share regional evidence for SBC impact with the OP coordinating unit, FP2020 focal points, Ministry of Health officials, Sahel Women’s Empowerment and Demographic Dividend project, and implementing partners.	X	X	X	
Build capacity in SBC of local SBC agencies/partners through convenings and promotion of relevant resources, such as online and in-person training modules on SBC approaches, research methods, and SBC advocacy.			X	X
Develop tools to better monitor SBC regional investments and returns on those investments to build the evidence base for SBC’s impact on family planning across the Circle of Care.	X	X		X



## Strategic Priority 2: Improving SBC for Service Delivery

Quality family planning counseling depends on how well providers respect the rights of family planning clients, how empowered clients are to actively participate, and the extent to which the providers have a supportive environment to focus on delivering quality care.<sup>5</sup> All these factors affect the client's family planning experience. Many service delivery programs include some degree of SBC to improve provider-client interactions, but they are not always designed using behavioral and strategic communication theories and design thinking approaches, evidence, and principles.

Provider behavior is a commonly cited, although little understood, barrier to reducing unmet need for family planning. Large caseloads, inadequate provider-client contact time, lack of counseling skills, sociocultural norms and biases, and a lack of privacy may lead providers to limit access to the full range of family planning methods or offer suboptimal counseling. Despite considerable interest in recent years among the family planning community to identify innovative and effective approaches to changing provider behaviors, few programs rigorously examine the complex interaction between provider behavior and clients' behaviors.<sup>6,7</sup> These interventions often rely on traditional training and regulatory reinforcement, rather than innovative or comprehensive SBC approaches.

### What we hope to achieve

- Greater incorporation of high-quality, [theory-based](#) SBC approaches into family planning service delivery
- Better understanding of factors influencing provider behavior, including motivation, satisfaction, and social and gender norms
- More evidence of approaches that have proven effective in the region to positively influence provider behavior
- Improved quality of care with better client experience and improved provider attitudes and behaviors

---

<sup>5</sup> Huez, 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>

<sup>6</sup> 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>

<sup>7</sup> Breakthrough RESEARCH literature review. (Forthcoming).



## Recommendations

Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Identify and expand on existing global, regional and national-level forums, including the SBC for service delivery Community of Practice, to bring together SBC and service delivery donors and implementing partners and use them to support work plan harmonization and reduce duplication of efforts.	X	X	X	
Develop shared outcome indicators to measure aspects of service delivery impacted by SBC, such as client-provider interaction.			X	X
Articulate the return on investment of SBC for service delivery partners through business cases, presentations, and other media.			X	X
Leverage SBC approaches to integrate family planning into other health services.	X	X	X	
Widely share the Breakthrough RESEARCH provider behavior change learning and research agenda and encourage donors and implementers to adapt and address the learning questions for francophone West Africa.	X			X
Share best practices of emerging successful provider behavior change approaches, tools, and learning through increased documentation and dissemination.		X	X	X



## Strategic Priority 3: Supporting Social Change for Family Planning

SBC professionals understand the “social” aspect of SBC to be a critical component of achieving behavior change and improving family planning goals. In many cases, social change cuts across multiple health and development sectors and can serve as an opportunity to promote greater integration within programming. Social change is complex, comprising of social and gender norms, structural change, and social accountability.

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](#)—such as Benin, Guinea, Mali, Mauritania, and Niger—and norms shifting and gender transformative interventions can be challenging to design, deliver, and measure. Nevertheless, many donors, governments, and partners are starting to tackle this through collaborative investments – such as the [Learning Collaborative to Advance Normative Change](#) – in an effort to address the need for improved resources and guidance on implementation and measurement.<sup>8</sup> 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. Social accountability is a critical component of social change and a key area of rights-based family planning.<sup>9</sup> However, few published studies address this topic, particularly in 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.<sup>10</sup>

### What we hope to achieve

- Greater capacity to identify and respond to social and gender factors influencing family planning outcomes, including use of existing social change theories
- Improved mainstreaming of [gender transformative approaches](#) into SBC for family planning programs
- Increased attention to ethical considerations related to shifting social and gender norms and broad social change, as it relates to family planning
- Greater consensus on a prioritized set of measurement indicators and processes to assess social change that affects family planning, including shifts in social and gender norms, structural factors, and social accountability approaches (building on existing work, as appropriate)
- Strengthened links among actors working on social change initiatives from different vantage points, including those working on individual-level behavior change, policy change, norms shifting interventions, human-rights advocacy, and community health
- Improved access to social change data available outside the family planning/health sphere in order to save time, effort, and money for data collection

---

<sup>8</sup> The Bill & Melinda Gates Foundation. (2018). *Advancing social norms practice: Social norms convening*. Seattle, WA: The Bill & Melinda Gates Foundation.

<sup>9</sup> For resources on rights-based family planning, see <http://www.familyplanning2020.org/microsite/rightsinfp>

<sup>10</sup> 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>



## Recommendations

Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Bridge the gap between researchers and implementers in the fields of SBC, policy, community health, social norms, and gender by mapping different actors and networks and identifying areas for better coordination and collaboration, using family planning outcomes as the common point of interest to bring these groups together.	X	X	X	
Host joint events among these actors, at relevant SBC and health-system-strengthening conferences, technical working groups, and meetings; and write a joint commentary for publication.	X		X	X
Align funds/efforts for gender/social norms and work across health areas.	X	X		
Develop and disseminate advocacy materials to highlight the importance of social and gender transformation in family planning and how SBC programs play a key role in shifting toward positive gender norms.			X	
Leverage existing forums to share insights related to social and gender normative change in family planning, including lessons learned from other health and development areas.		X	X	X
Identify and support SBC champions who can influence key decision makers about their role in catalyzing social change that supports family planning.			X	
Document and share the application of SBC approaches in social accountability mechanisms for rights-based family planning programs.			X	X



## Strategic Priority 4: Understanding and Meeting the Needs of Youth

With 60% of West and Central Africa’s population being under the age of 24,<sup>11</sup> youth represent a vast proportion of potential family planning clients in the OP region. Investment in their health and well-being is critical to promoting their growth and development, and that of their countries. While some countries in the OP region have prioritized youth’s sexual and reproductive health needs in their CIPs, details defining specific youth audience segments and tailored activities are often lacking. Consistently delivering on youth-specific priorities and responding to youth’s unique contraceptive and family planning needs remain areas for improvement, especially in the use of high-quality SBC approaches. Many donors have also made significant investments in youth-focused SBC programs, but these investments are not always aligned or the results of these investments are not consistently shared.

Given the diversity of the youth population, the family planning community must better understand behavioral patterns and typologies across the adolescent life course; design higher quality and more nuanced programs that take into account the impact of physical, hormonal, and environmental changes on youth family planning decision making; and 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.

### What we hope to achieve

- Increased youth-driven family planning SBC programs and meaningful youth engagement and partnership
- Stronger prioritization of youth as a cross-cutting theme across family planning programs
- Improved segmentation of youth to understand their different needs
- Increased advocacy with decision makers and influencers to support family planning for youth
- Greater coordination of investments and lessons learned in designing, implementing and evaluating youth programs

### Recommendations

Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Develop and systematize more opportunities to involve and engage young people in co-creating better youth-focused family planning SBC interventions.	X	X	X	X
Share strategies from youth programs that have proven effective in the region, including comprehensive sexuality education, in order to scale up interventions that are showing a positive impact on family planning outcomes as well as on positive youth development.			X	X

11 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>



Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Align regional, national and subnational investments to fund relevant SBC approaches in CIPs, scale up effective youth programming and maximize efficiencies.	X	X		
Increase attention to, and funding of, youth family planning SBC programs that address the unique needs of both young men and young women at multiple life stages.	X	X		
Share evidence of effective approaches to address the continuum of family planning needs as youth transition into adulthood based on social and psychological aspects.	X	X	X	
Develop regional research agendas around youth-focused SBC programming.	X	X	X	X



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

Quality SBC is not yet anchored as a core element of family planning strategies and planning mechanisms, such as CIPs, across the region. Evidence of SBC’s impact and cost effectiveness are the two most common barriers to donor and government investment in SBC for family planning. In addition, resistance to addressing regional, national and community-level 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 levels of investment in SBC approaches compared to other regions. Of those investments that are made, they are often fragmented rather than complementary.

The family planning community needs to build appreciation for and prioritize SBC as an integral component of their family planning strategies. A key aim in this engagement and advocacy effort 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.

### What we hope to achieve

- Improved coordination related to SBC to maximize the existing resources in the region
- Greater advocacy to fully fund SBC components of CIPs and other planning mechanisms
- Increased appreciation among governments, donors, and implementers for the cost effectiveness of SBC and its return on investment

### Recommendations

Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Elevate and advocate for SBC programming at existing international and country forums by adapting and using the <a href="#">Message Framework for SBC in Family Planning</a> , a resource developed to help make the case for investment in SBC.	X	X	X	X
Package and share existing evidence on the impact of SBC in family planning clearly and simply and disseminate it strategically, using language, models, and frameworks comprehensible to non-SBC government and donor audiences.			X	X
Facilitate coordination around SBC for family planning at the regional and country levels, leveraging multi-stakeholder planning processes, such as national CIPs and the Global Financing Facility.	X	X	X	
Engage leaders and champions beyond ministries of health, including youth peer champions, to galvanize political will among decision-makers using shared messaging and clear evidence.		X	X	



Recommendation	Recommendation for:			
	Donors	Government/ Policymakers	SBC/Service Delivery	Research Institutions
Continue to share any examples of how the Shared Agenda was successfully used by partners and stakeholders globally.	X	X	X	X
Utilize national family planning coordinating bodies to identify donor and government investment priorities linked to family planning, such as climate change, and express the urgency for increased SBC for family planning accordingly.	X	X		



## 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. As such, stakeholders should use this agenda to guide their approach to SBC in family planning and determine how to invest limited resources for maximum impact. Crucial to such strategic investment, will be coordinating SBC with service delivery activities – across the Circle of Care. This is particularly salient among the OP countries as many CIPs in the region devote attention and resources to family planning service delivery, but neglect to complement these activities with high-quality SBC approaches to accelerate results. Coordination between service delivery and SBC activities and cooperation between partners and donors are essential to ensuring that family planning investments in SBC reach their full potential.

In particular, each strategic priority notes the need for research and advocacy in the OP region. Opportunities to work together to collectively generate evidence and advocate for the inclusion of SBC in family planning strategies include:

- Considering SBC's value-add to family planning activities before, during, and after services, and designing programs accordingly.
- Documenting and disseminating SBC approaches that have produced significant changes in family planning behaviors in the OP region.
- Packaging evidence of SBC in the region in ways that are accessible to a variety of actors.
- Engaging and connecting champions, key influencers, and SBC coordinating networks to facilitate evidence exchange and to advocate for investment in SBC approaches.
- Disseminating, adapting, and updating the Message Framework for SBC in Family Planning for the OP region.

Stakeholders must also work together to harmonize strategic planning processes and implementation by:

- Promoting the inclusion of SBC expertise in family planning coalitions and working groups at the global and regional levels.
- Prioritizing the coordination of SBC and service delivery interventions, across the Circle of Care.
- 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 family planning design processes and documents to guide stakeholder action and investment, such as CIPs and requests for proposal development.
- Harmonizing strategies and messages at the national level across donor and partner efforts through collaborative planning, message harmonization workshops, and ongoing communication.

Drawn from iterative technical consultations, 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.

