

Is Better Measurement the Key to Increased Investment in Social and Behavior Change for Family Planning in Francophone West Africa?

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Presentation overview

- About Breakthrough RESEARCH
- Exploring the SBC measurement landscape
- Mapping results and identifying gaps
- Recommendations
- Monitoring and evaluating SBC approaches
- Next Steps

About Breakthrough RESEARCH

Fast Facts

- Flagship SBC project for USAID Global Health Bureau to drive the generation, packaging, and use of innovative SBC research to inform programming
- Fiveyear project from August 2017 to July 2022
- USAID/W and country office supported activities
- Close collaboration with sister project Breakthrough ACTION
- In the Francophone West Africa (FWA) region, Breakthrough RESEARCH supports family planning investments in four Ouagadougou Partnership Countries (Burkina Faso, Niger, Togo and Côte d'Ivoire)



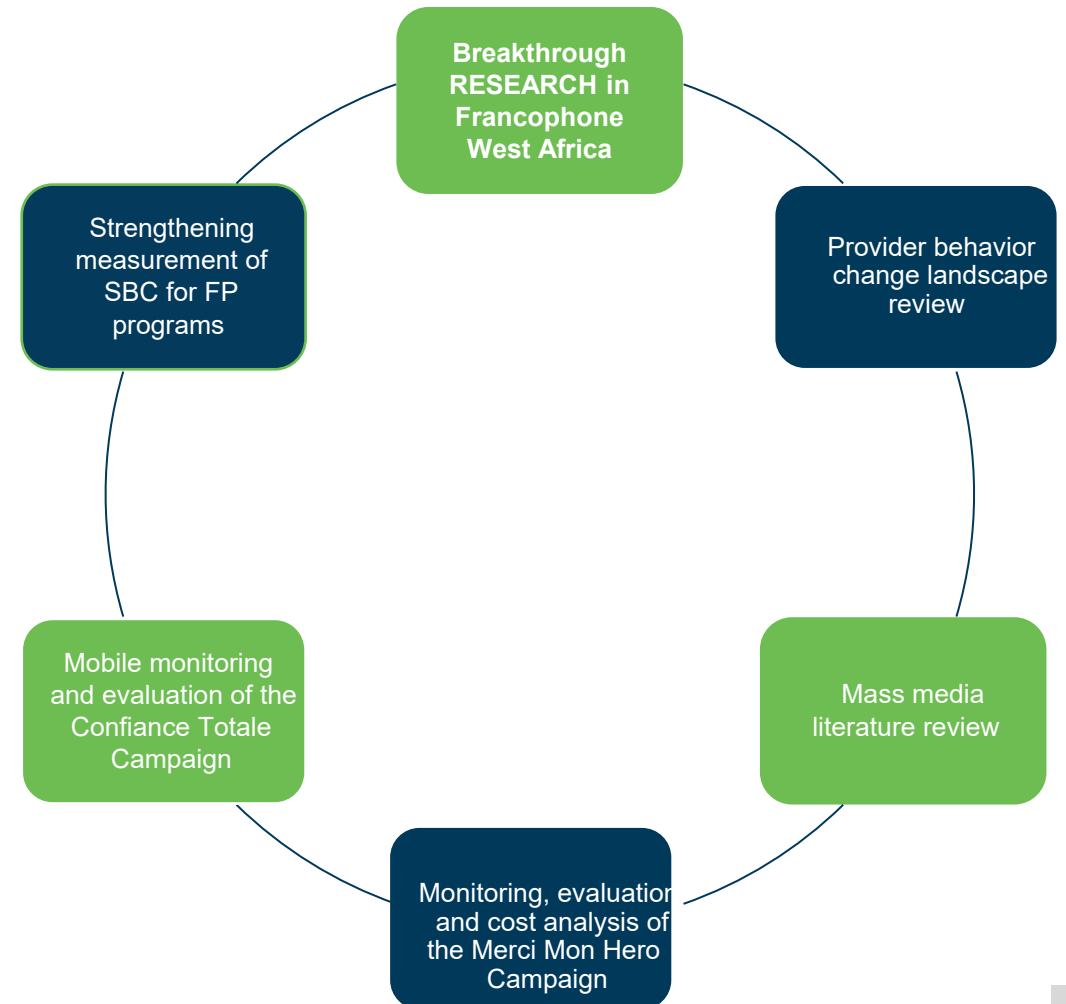
Consortium



Breakthrough RESEARCH in Francophone West Africa

Breakthrough RESEARCH's suite of research activities will build the evidence base on interventions that address knowledge, attitudes and social norms to support demand for family planning.

- **Landscaping and literature reviews** address SBC approaches that focus on provider behavior and use of mass media.
- **Mass media campaign evaluations** using quantitative and qualitative approaches including innovative social listening methodologies.
- **Mapping SBC indicators** to identify gaps in measurement and make recommendations or provide technical assistance to partners in the region



Developing Research and Learning Agendas to Strengthen Social and Behavior Change Programming

An Overview of the Approach, Outcomes, and Next Steps

Updated June 2019

*Conducted a desk review to inform the RLA and found a **lack of consistency/alignment** in the indicators used **to measure** the same outcomes or mediating factors in **behavioral interventions** .*

Exploring the SBC

Measurement Landscape

Rationale for SBC measurement

- Investing in rapid, inexpensive innovative measurement strategies can enable programs to engage in continuous learning and improvement.
- Evidence of effectiveness of SBC is also critical in our efforts to mobilize resources.

Measurement is a tool to strengthen SBC programmatic focus and determine effectiveness and programmatic impact.

How can we strengthen M&E for SBC in a cost-effective way?

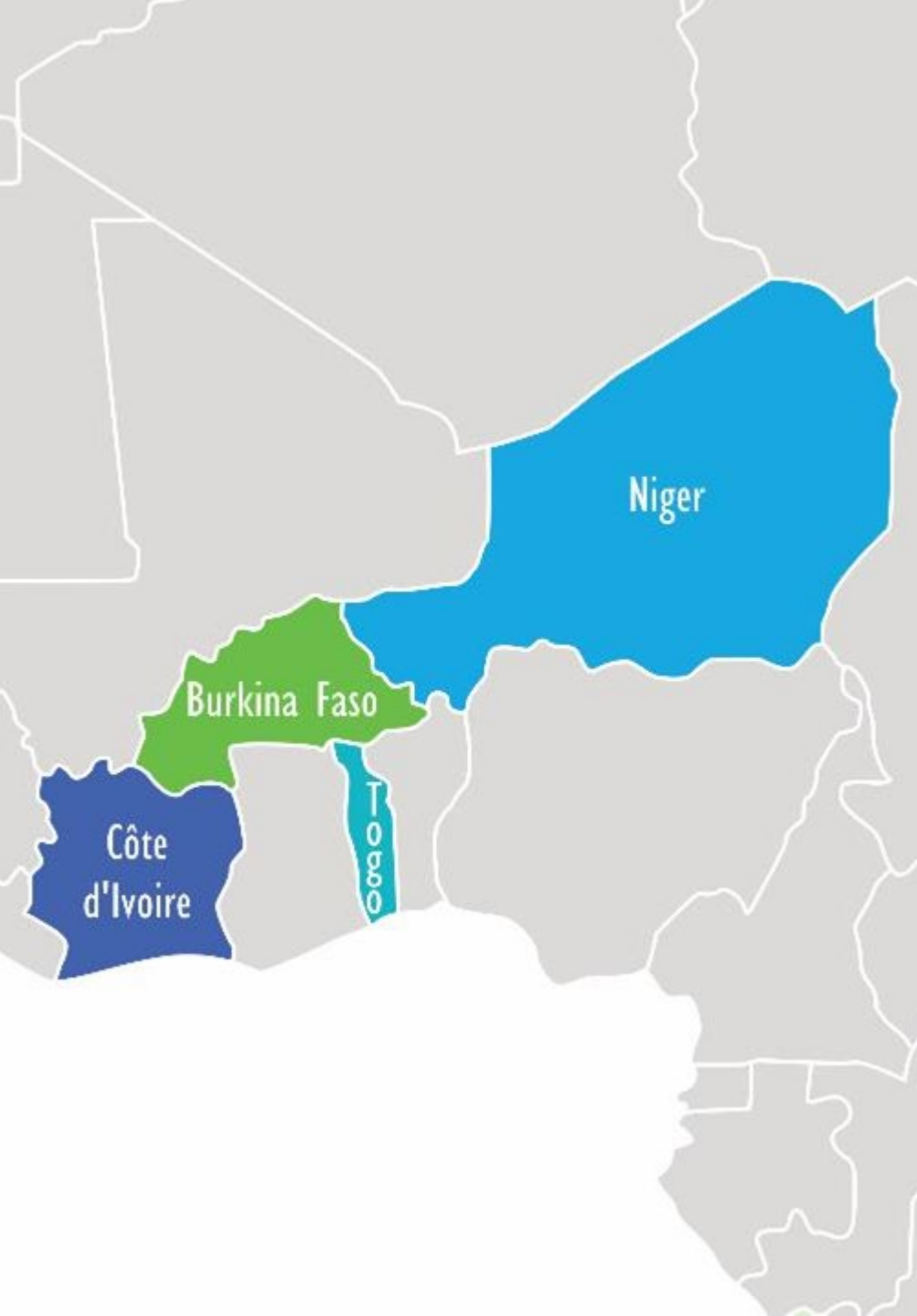
Indicator Mapping Activity

Question 1

To what extent are FP indicators collected on 1) programmatic reach, 2) determinants of behavior, 3) service delivery including supply chain, 4) FP-related behaviors, 5) policy, and 6) cost?

Question 2

What gaps exist and what additional SBC indicators can stakeholders adopt to increase the availability and utility of routine SBC data?



Methods

Setting

- Conducted in West Africa Breakthrough ACTION/Amplify-FP countries

Stakeholder interviews

- Conducted structured key informant interviews with family planning stakeholders (November through December 2019)

Data collected

- Program descriptions, monitoring-evaluation and learning plans, and indicator reference sheets

Analysis

- Compiled information in Excel matrix with information on partner/donor, data collection frequency, geographic level, and coded by type and sociocological level

Family planning in FWA

	Burkina Faso	Niger	Cote d'Ivoire	Togo
TFR	5.2*	7.6*	5.0*	4.8
mCPR	27.3	15.2	20.9*	16.7
Unmet need	23.3	21	26.5*	33.6
Adolescent pregnancy (15-19)	25.1*	40.4*	29.6**	18.6
Source	2018 PMA Survey * 2017-2108 MIS	2017 PMA Survey *2012 DHS	2018 PMA Survey * 2011 MIS	2013-14 DHS

Type of indicators and socio -ecological levels

Type of indicators

OUTPUT

Occurs as a result (direct product) of a program's activities



REACH

or % of beneficiaries exposed to an intervention



INTERMEDIATE

Factors that are considered as contributing to behavioral and health outcomes



OUTCOME

Desired behavioral or health effect on target audience; may also include unintended behavioral or health effects



Socio-ecological levels

INDIVIDUAL

Indicators reported at the beneficiary level, including intermediate behavior and health outcomes



COMMUNITY

Indicators capturing activities at the community level such as community mobilization, engagement with community leaders



FACILITY

Indicators reporting on service delivery providers (SDP), pharmacy, or other FP distribution points



NATIONAL/POLICY

Indicators reporting national-level plans in place, policies, national TV and other channels, and government expenditures



Analysis

- We collated 1,507 indicators from 55 stakeholder/projects operating in four countries that are currently active into an indicator matrix.
- We prepared heat maps based on the indicator matrix by type of indicator and socioecological level.
- We first looked at all indicators and then SBC-specific indicators

SBC-related indicators : measure processes and approaches implemented to motivate and increase uptake and/or maintenance of health service-related behaviors among intended audiences.

Mapping Results

Identifying Gaps

Heat map of indicators by country, type, and socio-ecological level (n=1,507)

HEAT MAP OF INDICATORS BY COUNTRY, TYPE, AND SOCIO-ECOLOGICAL LEVEL (N=1,508)

CÔTE D'IVOIRE	OUTPUT	REACH	INTERMEDIATE	OUTCOME	LEGEND					
Individual	14	26	26	74						
Community	67	7	0	1	0					81
Facility	81	0	0	3	Total number of indicators:					406
Regional/national/policy	44	0	7	26	Excludes 30 project indicators					
BURKINA FASO										
Individual	11	27	27	145						
Community	30	1	1	1	0					145
Facility	68	0	0	2	Total number of indicators:					539
Regional/national/policy	120	15	8	26	Excludes 57 project indicators					
TOGO										
Individual	4	9	21	55						
Community	14	0	0	1	0					93
Facility	28	0	0	0	Total number of indicators:					297
Regional/national/policy	93	1	8	30	Excludes 33 project indicators					
NIGER										
Individual	2	10	39	36						
Community	26	0	1	2	0					60
Facility	33	0	0	1	Total number of indicators:					266
Regional/national/policy	60	3	8	28	Excludes 17 project indicators					

Heat map of SBC-related indicators by country, type, and socio-ecological level (n=810)

HEAT MAP OF SBC-RELATED INDICATORS BY COUNTRY, TYPE, AND SOCIO-ECOLOGICAL LEVEL (N=810)

CÔTE D'IVOIRE SBC	OUTPUT	REACH	INTERMEDIATE	OUTCOME	LEGEND						
Individual	0	20	25	60							
Community	56	7	0	1							
Facility	5	0	0	1							
Regional/national/policy	20	0	0	0							
BURKINA FASO SBC											
Individual	8	26	27	138							
Community	20	1	1	1							
Facility	19	0	0	0							
Regional/national/policy	83	15	0	0							
TOGO SBC											
Individual	1	9	20	49							
Community	12	0	0	1							
Facility	7	0	0	0							
Regional/national/policy	29	1	1	2							
NIGER SBC											
Individual	0	9	34	31							
Community	14	0	1	2							
Facility	3	0	0	0							
Regional/national/policy	19	3	1	1							

0 60
Total number of indicators 199
Excludes 4 project indicators

0 138
Total number of indicators 356
Excludes 17 project indicators

0 49
Total number of indicators 135
Excludes 3 project indicators

0 34
Total number of indicators 120
Excludes 2 project indicators

Recommendations
for
Countries, donors, and implementing partners

Country recommendations

- Government should adopt standardized SBC measures, such as the 12 we recommend as well as those in the SBC FP indicator bank, to allow for cross country comparability in key measures, leading to a clearer understanding of the behavioral drivers that require attention in each country.
- Ministries who invest in collecting routine data and monitoring systems should leverage SBC data for decision making and promote their use across all levels of the health system.

Donor recommendations

- Global and regional FP partnerships have regular measurement and reporting systems in place to ensure that the latest data are available to support decisionmaking.
- Yet, standard indicators monitored for these partnerships focus on contraceptive uptake and service delivery indicators.
- DHS and PMA surveys are currently not designed to provide SBC measurement.
- Donors should consider investing in project specific surveys that collect a greater number of SBC relevant indicators than large national surveys such as DHS and PMA are able to.
- Donors should regularly convene and coordinate partners to facilitate the standardization of SBC indicators, and data collection methods, and ensure data-informed programmatic learnings are shared.

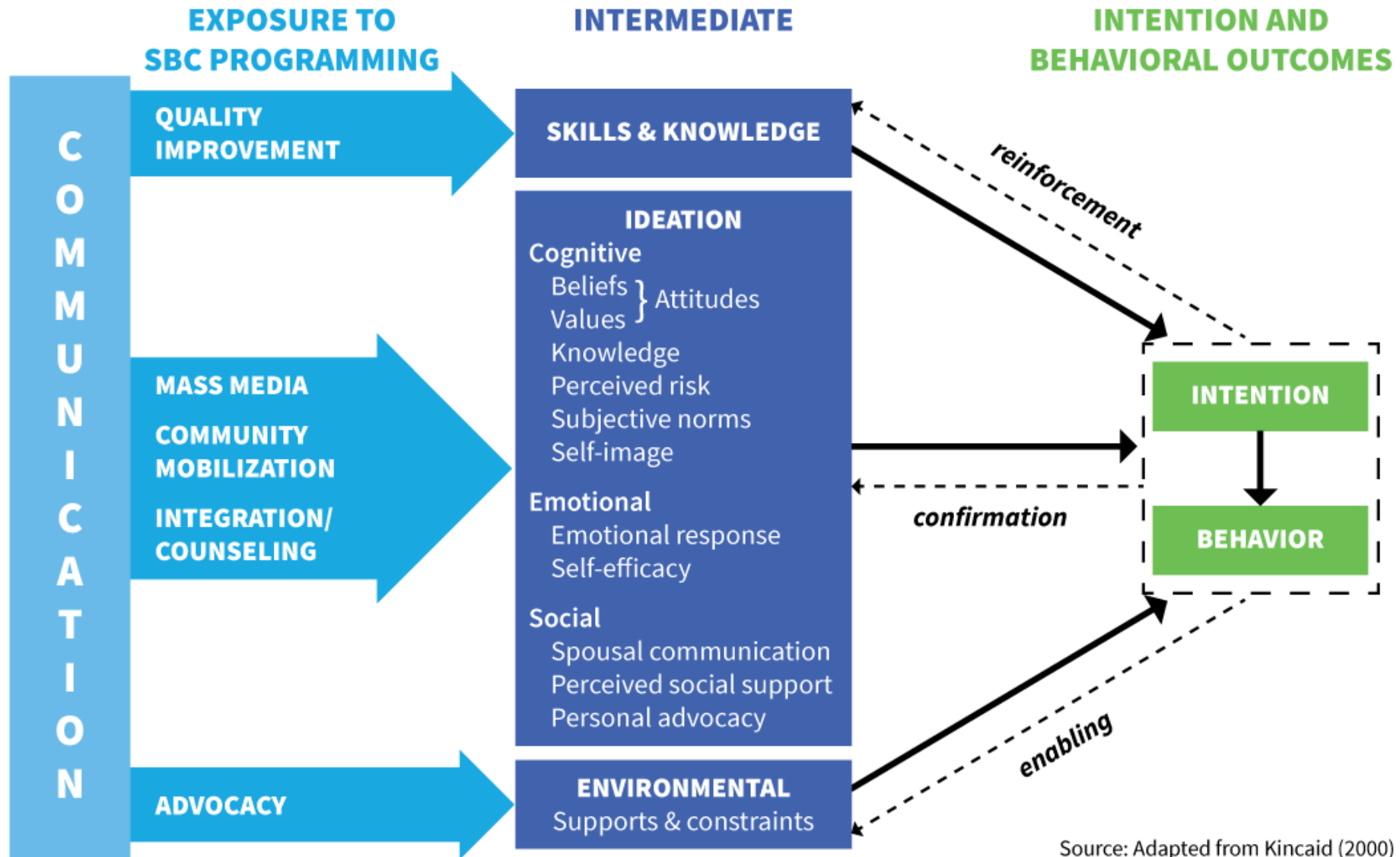
Implementing partner recommendations

- Programs should identify, through a theory of change development process at the design stage, important behavioral drivers that can be addressed with SBC programs.
- There is a need for improved and more consistent measurement of program reach.
- SBC and service delivery partners would benefit from jointly reviewing ~~supply~~ ^{supply} demandside data; thus, partners may better map results, interpret findings, and identify programmatic needs.
- While the goal of facilities is to improve outcomes for clients, there is a need for service delivery partners to measure intermediate indicators such as changes to providers' knowledge, attitudes, and behaviors.
- There is a dearth of cost-related measures available to inform programs. Programs should leverage the availability of [SBC costing guidelines](#) to develop cost measures that can support advocacy, program prioritization, and agenda setting.

Monitoring and Evaluating SBC Approaches

Indicators for consideration

Ideational model



Source: Adapted from Kincaid (2000)

Measuring exposure to SBC programming

Enables us to understand the extent to which beneficiaries are exposed to SBC approaches



Recommended indicators to measure exposure to SBC programming

Number of decisionmakers (i.e. local or religious leaders) reached with advocacy activities

Percentage of intended audience who recall hearing or seeing a specific message/campaign/communication initiative

Number of service providers trained in interpersonal communication for FP counseling

Measuring SBC intermediate outcomes

Enables us to understand the factors that are contributing to behavioral outcomes

SKILLS & KNOWLEDGE

IDEATION

Cognitive

Beliefs } Attitudes
Values }

Knowledge

Perceived risk

Subjective norms

Self-image

Emotional

Emotional response

Self-efficacy

Social

Spousal communication

Perceived social support

Personal advocacy

ENVIRONMENTAL

Supports & constraints

Recommended family planning SBC intermediate indicators

Percentage of
intended
audience who
know of at
least three
modern FP
methods

Knowledge

Percentage of
intended
audience with
favorable
attitudes
towards
modern FP
methods

Attitude

Percentage of
intended
audience who
believe that
most people in
their
community
approve of
people like
them using FP

Norm

Percentage of
individuals of
reproductive age
who are
confident in
their ability to
use FP

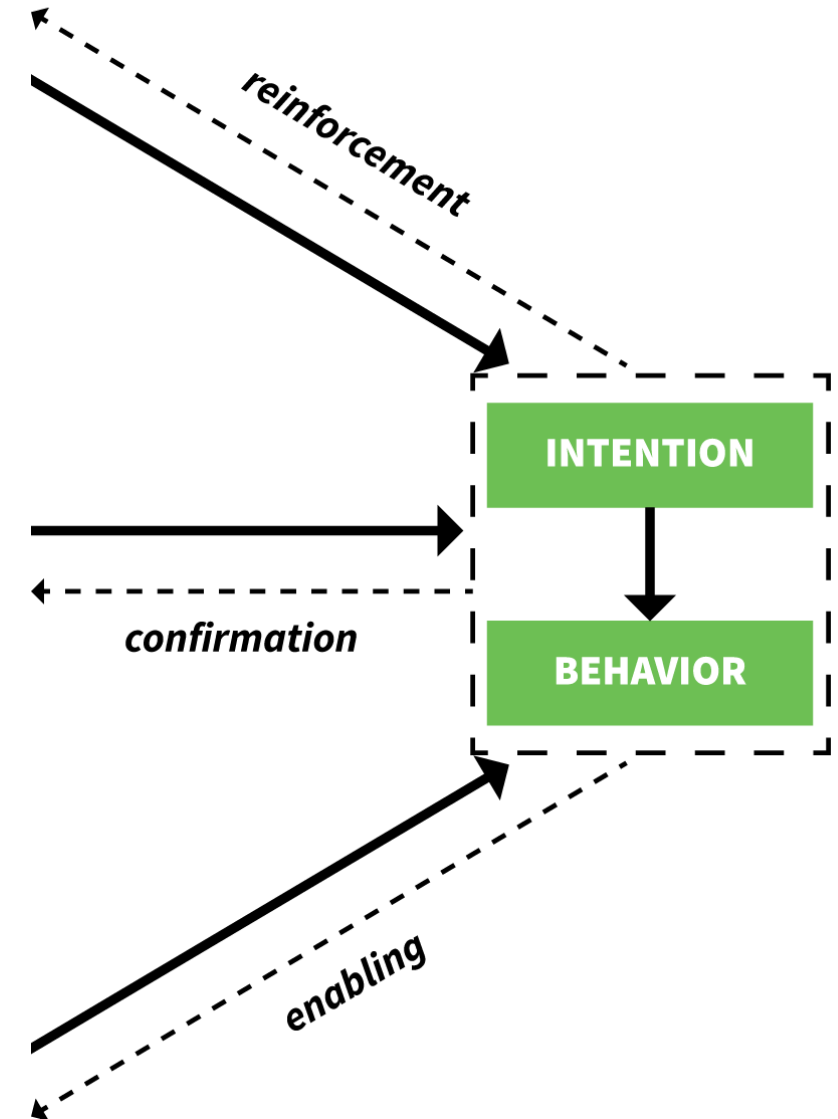
**Perceived
behavioral
control**

Percentage of
the intended
audience who
talked about FP
with their
spouse/partner
in the last 12
months

**Spousal
communication**

Measuring SBC outcomes

Enables us to determine if behavior has changed



Recommended SBC outcome indicators & cost

Percentage of nonusers who intend to adopt modern FP method in the future/
Percentage of modern FP users who intend to continue using a modern FP method

Intention

Percentage of women of reproductive age currently using a modern FP method

Behavior

Cost per person reached by SBC message

Cost

Breakthrough RESEARCH next steps

- Planning a series of capacity building activities using online platforms such as webinars, podcasts, and virtual journal club discussions that will be disseminated via the burgeoning francophone Springboard community.
- Conducting inperson skillsbuilding exercises with existing country Technical Working Groups in two WABA countries.
- Creating indicator reference sheet for proposed SBC indicators
- Completing a similar indicator mapping exercise focused on supporting RISE II partners in the Sahel and using findings to advocate for a joint RISE II SBC M&E plan that allows for implementing partners to harmonize SBC indicators.

THANK YOU

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<https://breakthroughactionandresearch.org/>

Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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