

Ensuring Effective Partnerships and Coordination for Social and Behavior Change for Family Planning and Reproductive Health



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Background

Social and behavior change (SBC) is a proven, cost-effective approach to address the normative, structural, and behavioral challenges surrounding family planning (FP) use and to increase access to and motivate demand for modern contraception. The [Sustainable Development Goals, Family Planning 2030](#), and [Ouagadougou Partnership](#) goals all uphold a desire to ensure universal access to family planning and reproductive health (FP/RH) information and services. SBC implementers and program managers can play a greater role in ensuring that everyone has the same access to health information, services, and products. To make this a reality, effective partnerships are necessary for coordinating the scale-up of SBC for FP/RH programming.

Without better coordination, gaps will remain, exacerbating long-held inequities, including limited reach among rural populations, young out-of-school populations, and those living in poverty, among others. Additionally, such coordination will ensure appropriate message alignment and help stakeholders identify the most relevant SBC approaches. This will avoid frustration and confusion among SBC practitioners and potential FP clients alike. This technical brief highlights [Breakthrough ACTION's](#) learnings and the programmatic considerations needed to ensure effective partnerships and coordination of [promising and proven SBC high impact practices](#).

This technical brief is one of three complementary thematic briefs on Breakthrough ACTION's key learnings from its work on SBC for FP from the past several years. Together, they highlight three key areas of Breakthrough ACTION's SBC for FP/RH programming: placing communities at the center, strengthening SBC for service delivery, and ensuring effective partnerships and coordination. More information about the approach Breakthrough ACTION used to uncover and consolidate these learnings can

be found in the overview brief, ["Ten Lessons Learned from Breakthrough ACTION's SBC for FP/RH Programs."](#)

This brief is the amalgamation of the past several years of Breakthrough ACTION's experience implementing SBC for FP/RH solutions in 13 countries, including Burkina Faso, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Guatemala, Guinea, Liberia, Malawi, Niger, Nigeria, Togo, South Sudan, and Zambia. Although some of the learnings described in this technical brief may come directly from one country project, they have been validated in terms of their relevance to other country contexts.

Benefits of Ensuring Effective Partnerships and Coordination for SBC for FP/RH

- Maximizes existing resources and investments for SBC for FP/RH programming.
- Increases likelihood of scale-up of effective SBC for FP/RH solutions and, therefore, increases reach and impact.
- Improves understanding of, and appreciation for, the social and behavioral determinants of FP, and the potential return on investment of high-quality SBC programs, among governments, donors, and implementing partners.

Challenges in Ensuring Effective Partnerships and Coordination for SBC for FP/RH

- Donors, governments, and implementing partners vary in their understanding of the benefits and appreciation for SBC, leading to uneven support for investment across the FP/RH community.
- Donors and governments face many competing priorities, especially in light of global health emergencies and humanitarian crises.

Key Learnings From Breakthrough ACTION

Breakthrough ACTION's key learnings in this area highlight the value of active listening to potential partners—whether government, civil society, and/or donors—in ensuring alignment and a shared understanding and vision. This active listening allows for positioning and advocating for SBC for FP/RH in a way that appeals to a broad range of stakeholders and potential partners, including those from non-health sectors. Advocating for SBC also depends upon reliable data. As a result, the use of monitoring data enables programs to effectively make the case for an intervention's potential impact and engage with a wide range of stakeholders and potential partners at all stages of the project cycle. This increases the likelihood of replication and adaptation of a particular solution.

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A shared vision rooted in an understanding of partners' priorities and needs can lead to more effective partnerships for SBC for FP/RH programs.

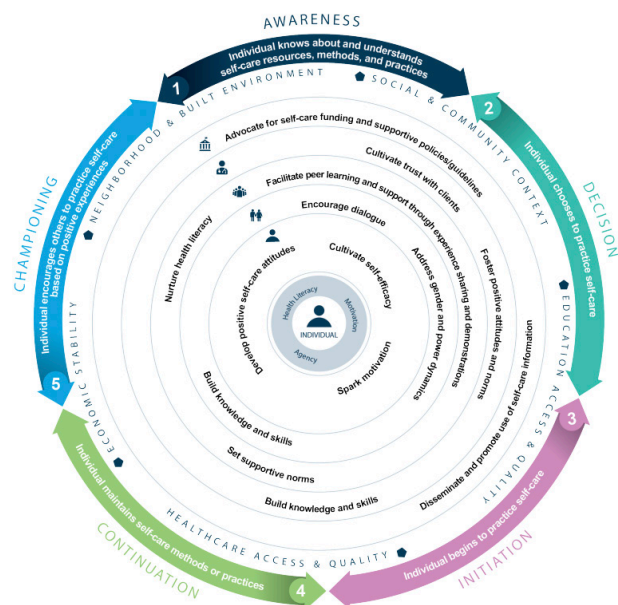
Project partners—from implementers to governments and donors—require a deep understanding of each other's priorities, needs, and constraints related to their organization's SBC for FP/RH efforts. To create a truly effective partnership that drives universal access to FP/RH information and services, all partners need to work within a shared vision to motivate them to strive beyond their project or organizational goals. Although each partner needs to know and work within clear roles and responsibilities, they also need implementers with well-developed soft skills who can convene the most appropriate people for a given situation and appeal to their needs, strengths,

knowledge, and interests. The following examples highlight the importance of convening partners and securing buy-in early to establish and build strong relationships.

Recognize the expertise of all partners to achieve even better outcomes

Effective programs recognize the expertise of all partners and what they bring to the table. To develop a framework that highlights SBC's role within self-care efforts, Breakthrough ACTION recognized the need for both SBC and self-care expertise. To ensure the framework is grounded in self-care

realities and addresses the needs of self-care practitioners, Breakthrough ACTION partnered with the [Self-Care Trailblazer Group \(SCTG\)](#), a global coalition dedicated to expanding the safe and effective practice of self-care. This partnership enabled Breakthrough ACTION to engage self-care practitioners in the co-design of [Supporting Sexual and Reproductive Self-Care through Social and Behavior Change: A Conceptual Framework](#). The SCTG provided self-care expertise and connections, while Breakthrough ACTION contributed the SBC expertise and connections. The framework would not have been as rich or useful without the involvement of partners with unique self-care and SBC perspectives and experiences.



Secure buy-in and build strong relationships

Programs must understand each partner's priorities and organizational structure—especially when working with the government. A Breakthrough ACTION Togo staff member shared, "Listen and take to heart the needs of the Ministry of Health. Seek their advice on how to approach the work and frame the project as meeting their needs. Ask to see their work plans and integrate yours with theirs." Breakthrough ACTION often achieves this through informal interviews with stakeholders to glean insights

into their areas of expertise, geographical focus, and opportunities for partnership. This information can help when approaching potential partners by framing the partnership in terms of "what is in it for them." Across several countries, Breakthrough ACTION supports ministries of health to ensure transparent coordination between all partners through the establishment of a SBC working group and/or the development of a comprehensive SBC strategy or national campaign in which all implementing partners are aligned. For example, in Zambia, Breakthrough ACTION supported the development of the Ministry of Health's National Family Health Campaign under the unifying theme, "Life is Precious. Take Care of It." As a result of Breakthrough ACTION's intentional approach to identify and build partnerships across health sectors, the campaign itself became a national movement that mobilized health service providers, implementing partners, and other government and private sector stakeholders.

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE



[Global Shared Agenda for SBC for FP/RH](#): This tool lays out strategic priorities identified by the SBC and FP/RH community that can benefit from greater coordination and/or investment.

[Advocating for Social and Behavior Change in Family Planning Programs: A Message Framework](#): This tool is intended to help SBC practitioners to advocate with influential organizations, coordinating bodies, and individuals to increase support for SBC in FP/RH.

Using SBC to position FP/RH as part of healthy living can appeal to multisectoral partners and can reach more potential FP clients.

Treating FP/RH as part of healthy living, or even linking it to non-health sectors, is often not only more palatable to potential FP/RH clients but also to potential partners. Different sectors may be interested in supporting integrated SBC interventions that impact FP outcomes as long as they also impact other development sector outcomes as well. Tailored advocacy messages for SBC to appeal to different sectors, such as education; environment; democracy, rights, and governance; and food security and livelihoods, are key. This broader positioning of FP/RH as part of healthy living can lead to multi-sectoral partnerships, which create efficiencies and reduce the risk of disrupting and overburdening the health system with stand-alone interventions. The following examples demonstrate how this can be done by linking to other health areas and sectors.

Link to other health areas

In consultation with Guinea's National Health Promotion Department, Breakthrough ACTION implemented a 14-week SBC campaign, *Parents Fiers* ("Proud Parents"), at the national and regional level to reach young parents (aged 15–30) and new parents of children under five. This campaign promoted the integration

of complementary health service seeking behaviors for young families—vaccination and FP—reinforced with guidance for COVID-19 safety during visits. The campaign involved coordination across the vaccination and FP departments within the Ministry of Health, as well as implementing partners, which strengthened collaborative efforts across health areas. It also furthered the goal of demand uptake through the promotion of seeking multiple services during each visit. The campaign employed a multi-channel approach, which included radio spots and shows, billboards, interactive voice response (IVR) messaging, community engagement, and social media activities.

The campaign reached approximately 715,062 people through radio and billboard, 1.9 million people via social media, 35,000 people through community engagement, and 43,822 people through direct IVR mobile phone calls. Evaluation results revealed that intention to use FP was significantly associated with exposure to campaign messages. In particular, respondents who reported exposure to campaign messages via three or four different channels had more than twice the odds of intending to use FP to space births. The study results reinforce the importance of investing resources in multi-channel campaigns as they show that advantages of seeking multiple services at each visit may contribute to increased demand for FP.

Developing integrated messages according to the life-stage approach has also been effective in Breakthrough ACTION's programs in Ethiopia, Guatemala, Nigeria, and Zambia. This framing enables FP/RH to transcend being a woman's issue to a broader health and wellness issue.



Establish multi-sectoral partnerships

In Ethiopia, Breakthrough ACTION maximized existing resources to offer integrated health information through its *Hulu Beteina* ("All is possible in good health") campaign. Positioning FP/RH as part of healthy living has helped to overcome cultural barriers to talking about FP/RH with young people and, therefore, made it easier for primary healthcare units (PHCUs) and schools to engage in designing and offering a joint activity: the health bazaar. The health bazaar is a two- to four-hour long event designed to create opportunities for community members to learn relevant health information and access health services while having a good time. It brings together families, school communities, and health service providers by engaging students in quizzes, inviting families to fairs, and having health providers offer counseling and services at the bazaar. Using the school system as a platform, students and teachers take the lead in organizing the entertainment, while health experts ensure messages are accurate and timely. The project developed [supporting tools](#) were developed to help both the district level health and education offices, PHCUs, schools, and interested civil society organizations to continue facilitating these events and encourage lasting community engagement for health. This type of integration or partnership requires strong program managers in both the health and

education sectors that own the initiative. This also requires securing higher-level buy-in from both health and education district level departments early on.

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE



Programmatic Aid for Multisectoral Integration of Social and Behavior Change Programming (MULTI-SBC):

This framework provides tools for integrating SBC within existing FP programs and with related fields.

Expanding the "S" in Social and Behavior Change: Addressing Social Determinants of Health and Health Equity in SBC Programming:

This resource serves as a thinking tool for implementers as they consider how to identify, prioritize, and address the social determinants of health through their programming.

Intentionally Incorporating the Social Determinants of Health into SBC Programming for FP:

This resource provides evidence to guide strategic decision-making among donors and governments in support of SBC initiatives to reduce inequities in FP/RH.

Multi-sectoral stakeholders at Strategic Design Workshop in Guinea. Photo by Breakthrough ACTION.



Just as designing and testing SBC interventions is incremental and iterative, so is determining results and impact.

Although the lack of robust impact evidence can threaten scale-up of SBC interventions, Breakthrough ACTION has taken this as an opportunity to reimagine how best to use monitoring data to effectively make the case for an intervention's potential impact. In addition, Breakthrough ACTION's engagement with a wide range of stakeholders and potential partners at all stages of the project cycle helps to ensure broad ownership of the solutions developed and increases the likelihood of adaptation and replication. At times when potential partners are unable to engage throughout the design process, Breakthrough ACTION makes sure it disseminates not only the results and learnings widely, but it also documents solutions in such a way to allow for handover to others. The following examples demonstrate the importance of planning for data needs from the beginning to inform SBC solution scale up and starting conversations early with potential partners and ministries of health to integrate SBC tools and interventions into their work plans and funding cycles.

Plan from the beginning what data will be needed by partners and ministry of health to replicate and scale specific SBC for FP solutions

From the beginning of engagement, work with donors, government, and implementing partners must start with ensuring all understand what data will be needed to make the case for the importance of SBC. Breakthrough ACTION explores how routine monitoring data might be used to advocate for the effectiveness of specific SBC for FP/RH solutions. This is especially useful when budgets do not allow for robust evaluation studies. For example, although several service delivery organizations in Zambia wanted to replicate Breakthrough

ACTION's Adolescent Health and Wellness Day, delays occurred in doing so because the organizations were waiting for results from the project evaluation, which were delayed due to COVID-19. Once the results were available, the window of opportunity had closed.

Start conversations with partners and the ministries of health early about how they might use and adapt SBC tools and interventions

Many potential partners, including government and donors, need as much exposure as possible to SBC tools and innovations to ensure effective implementation. Relevant partners need to start conversations around adaptation and replication early. While Breakthrough ACTION identified significant interest initially in adapting [Empathways](#) to different contexts and health areas, such as for HIV services or using the tool with community health workers, the challenge was "aligning the stars" in terms of staffing, budget, work plans, and funding cycles. With a flexible and extended timeline, Breakthrough ACTION was able to collaborate with Jhpiego in Nigeria on the successful adaptation of Empathways to youth pre-exposure prophylaxis (PrEP) services, which can reduce risk of being infected with HIV. The tool has since been integrated into the national PrEP provider training curricula.



Twelve Recommended SBC Indicators for Family Planning: Indicator Reference Sheets

This tool helps implementers and researchers define measurable indicators of their programs' successes and failures, ensure data quality, and correctly interpret data produced by an organization.

Considerations and Guidance for Using Routine and Program Monitoring Data for SBC Evaluation

This tool illustrates steps in undertaking an evaluation using routinely collected data and demonstrates how results can be applied to SBC programming.

Recommendations and Considerations For Ensuring Effective Partnerships and Coordination

- Strategically assemble partners according to organizational interests, needs, and strengths to enable successful partnerships and robust collaboration.
- Position working together as a win-win by identifying how the partnership will help to achieve each partner's goals.
- Take time to understand the priorities, needs, and structure of ministries of health and similar agencies, and advocate for SBC solutions as a way to advance their strategic goals.
- "Show" rather than "tell" when trying to secure stakeholder buy-in and generate excitement. Bring stakeholders to the community or facility (wherever the SBC intervention is taking place) and immerse them in the action.
- Engage representatives from other health departments, not just FP/RH, as well as other ministries and sectors, where relevant, early to advance program integration and instill group ownership of initiatives.
- Use SBC to position FP/RH into a broader suite of services so that partners and communities see it as a health and well-being approach that allows the achievement of personal and family goals and dreams.
- When adapting and scaling SBC for FP/RH solutions, start with the end in mind. Plan and budget for scale-up from the beginning and consider what evidence would be acceptable to make the case for reinvestment or replication.

This technical brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.