

Going Beyond Engagement:

Community-Centered Social and Behavior Change for Family Planning and Reproductive Health (FP/RH) Programming



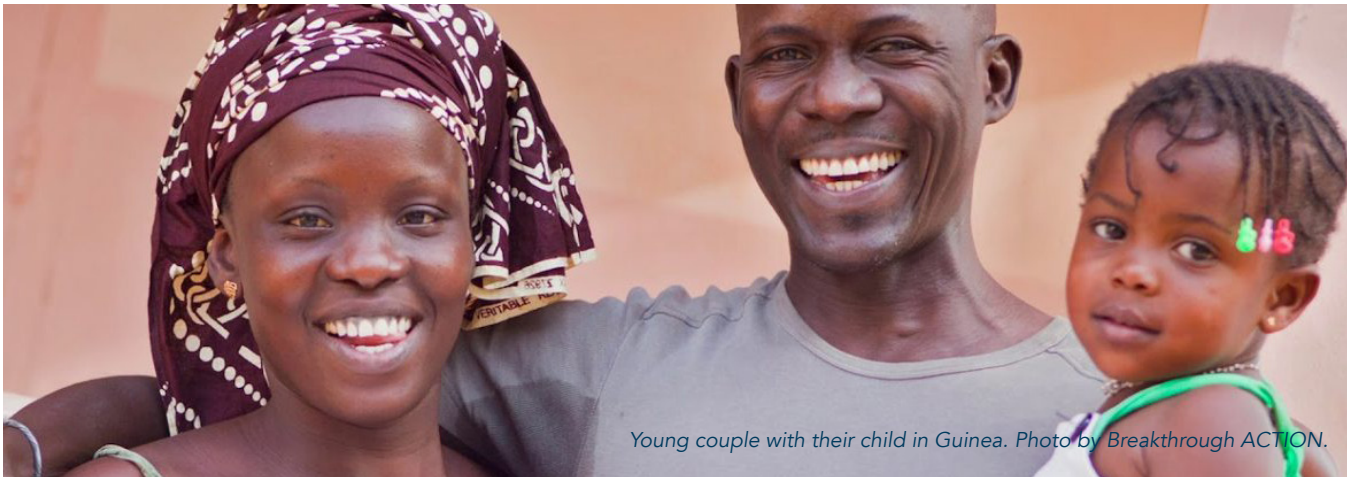
Community engagement in action in Guatemala. Photo by Breakthrough ACTION



USAID
FROM THE AMERICAN PEOPLE

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE





Background

Successful social and behavior change (SBC) for family planning and reproductive health (FP/RH) programming involves communities and defers to their needs, values, and opinions to inform programming priorities and efforts. [Community engagement](#) involves working collaboratively with and through groups of individuals, organizations, and institutions within a given community that have a stake in the priority health area or issue being addressed. Over the last several years, [Breakthrough ACTION](#) engaged and partnered with community stakeholders, including local residents, community and religious leaders, health providers, youth, and community-based organizations (CBOs) and civil society organizations (CSOs), among others, throughout all stages of SBC for FP/RH programming. By placing communities at the center of SBC for FP/RH programming and prioritizing their needs, values, and desires, Breakthrough ACTION's SBC for FP/RH programming goes beyond community engagement.

Community-based SBC for FP/RH programming that is created and implemented in partnership with communities can address the normative and behavioral barriers related to FP/RH, and increase access to, trust in, and demand for modern contraception and FP/RH services at both the individual and community levels for

those who choose to use them.

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 family planning and reproductive health (FP/RH) solutions in 13 countries, including Burkina Faso, Côte d'Ivoire, Democratic Republic of 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 Community-Centered SBC for FP/RH Programming

- Results in contextually relevant and tailored SBC interventions that better address FP/RH needs of community members, increasing the likelihood of sustained behavior change over time
- Reinforces communities' power to drive desired change in targeted behaviors, increasing likelihood for sustained changes in the focal behaviors
- Ensures greater reach of FP/RH programming and services and engages sub-groups that may not otherwise be engaged in programming (e.g., female religious leaders)
- Increases the likelihood of social accountability in which communities demand quality FP/RH services, contribute to service improvements, and hold the health system accountable in fulfilling its mandate to deliver quality FP/RH services

Challenges in Implementing Community-Centered SBC for FP/RH Programming

- Access to and use of FP is constrained by social and structural factors that community-based approaches often do not have the time or resources to intentionally address.
- Different segments of the community may have different or conflicting priorities or values regarding FP/RH.
- The public sector health systems are not incentivized or held accountable for engaging community members in SBC solution development. As a result, they often do not make the time or see the value in establishing processes to engage communities and follow-up with them.
- Placing communities at the center can be difficult to do and measure quantitatively given that funding is required to track collective efforts over time to confirm these efforts have been sustained.



Community engagement activities in Xejalivinté, Guatemala. Photo by Breakthrough ACTION.

Key Learnings From Breakthrough ACTION

Breakthrough ACTION's key learnings in this area demonstrate that community involvement in the co-design process is crucial to creating locally owned and effective SBC for FP/RH solutions. Simple solutions which are co-designed with communities and build upon existing assets and concepts create the environment for sustained behavior change. Through iteration and tailoring to specific audiences, SBC for FP/RH solutions can better meet communities where they are and ensure continued, sustained behavior change.

Breakthrough ACTION most often introduces the community co-design process in close collaboration with relevant ministries (for example, Ministry of Health, Education, and Gender, to name a few), community-based organizations (CBOs), faith-based organizations and religious groups, service delivery partners, and schools, among others. By working in close collaboration with these local partners and institutions, Breakthrough ACTION engages them as co-facilitators, building and/or strengthening their capacity to facilitate various co-design approaches. The intention of this collaborative partnership is to strengthen the ability and likelihood of these local partners and institutions to lead co-design processes independently in the future. This requires a recognition of the critical role of the community in bringing about change and the value of and commitment to co-design processes. It often helps to follow a specific approach, such as the steps of the community action cycle, human-centered design (HCD), or other design processes. As a result, local partners and institutions not only need to have the capacity to facilitate participatory processes of engagement and co-design but also be supported with funding dedicated to do so.

1

Community involvement in the co-design process uncovers more nuanced insights and creates locally owned and effective SBC for FP/RH solutions.

Breakthrough ACTION's approach to developing community-informed and sustainable SBC for FP/RH programming goes beyond engagement by centering the community in the co-design and implementation of solutions through various approaches, including human-centered design (HCD). A lesser-known power of HCD is its ability to level the playing field among the various power dynamics at play among individuals in any community that wish to tackle a common

problem. HCD requires people to come together, understand, and learn from each other, and work side-by-side to prioritize and ideate solutions to shared challenges regardless of their economic, educational or social status. The following examples highlight how centering communities and increasing their capacity to steer the co-design and implementation processes can uncover deep, nuanced insights and create conditions for sustainable and effective solutions.

Uncover more nuanced insights

HCD has the power to convene community stakeholders from across different walks of life and uncover key observations about collective challenges. Using HCD, Breakthrough ACTION supported the development of tailored, context-specific, and relevant SBC solutions to address priority community-identified FP/RH challenges in several countries. For example, in South Sudan, Breakthrough ACTION involved a broad and diverse set of community members in audience segmentation workshops to better understand critical determinants of FP usage and identify FP client sub-groups based on their attitudes towards and beliefs about FP. The team identified the following four audience segments, from which local organizations in South Sudan developed tailored SBC for FP/RH messages and solutions with Breakthrough ACTION support.

Open Strugglers (36%)

"I believe in women's rights; I'm aware of FP, but contraceptives can be hard to access in my community."

Advantaged Adopters (30%)

"I'm ready to have children, and I understand how FP helps me achieve my goal."

Restricted Traditionalists (17%)

"I'm well aware of FP, but I cannot have it without getting permission."

Skeptical Adventurers (23%)

"Having a child is probably many years away from me. I don't have a strong opinion and haven't thought about FP."

Create a sense of ownership

HCD can also strengthen the capacity of stakeholders at various levels to identify potential solutions. Good ideas can come from anyone, anywhere and are often best when centered in the local context from those with lived experience. Involving government stakeholders to generate and co-design solutions alongside the community generates trust, strengthens ownership of solutions, allows mechanisms for government accountability and buy-in, and helps to elevate the importance of SBC in producing locally-relevant SBC for FP/RH interventions. It is critical to involve those who are directly impacted by the behavioral barriers and proposed interventions throughout the entire co-design process.

In Guatemala, Breakthrough ACTION's community-led SBC for FP programming included community dialogues and collective action to ensure community buy-in and ownership of solutions. Breakthrough ACTION's *Dialogo de Saberes y Acción Colectiva* (Dialogue of the wise and collective action) program produced a community action plan with activities on a range of ten health behaviors, including those related to FP and nutrition, prioritized and selected by community stakeholders. These dialogues and collective action planning brought together community stakeholders with disparate attitudes about and views towards FP, such as religious leaders and men opposed to FP. Breakthrough ACTION staff in Guatemala shared: *"More and more often, FP is being selected as a key activity for the plan in Mayan communities. What is even more interesting is that the topic is being brought up by religious leaders and men."*

In Zambia, Breakthrough ACTION worked directly with the Zambian Ministry of Health, community-based organizations (CBOs), non-governmental organizations, schools, entertainment groups (such as DJs and theater groups), and the private sector to design [men's](#) and [adolescent wellness days](#) to improve male

and youth engagement and uptake of health services, including FP/RH services. Involving government and community stakeholders from the start of the intervention design produced a sense of co-ownership. Breakthrough ACTION staff who worked in Zambia shared a quote highlighting this shared ownership of the interventions: “The people who helped develop the toolkit—the Zambian Ministry, service delivery, partner NGOs—felt a high level of ownership and were sharing it with their colleagues... I think that’s the greatest joy when it’s not us talking about this stuff -- it’s someone else who feels that ownership.”

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE



Leveraging Human-Centered Design for Family Planning: Lessons and Considerations:

This brief highlights opportunities and recommendations for using HCD in FP programs based on the existing evidence.

2

Co-designing and co-developing simple SBC for FP/RH solutions that build on existing community assets, concepts, or points-of-reference create the environment required for sustained behavior change.

SBC for FP/RH programming does not have to be time-consuming, multi-layered or complex to be effective or worthy of investment. Simple innovations that are co-designed and developed with, by, and for community members and build upon existing structures, values, or practices creates the enabling environment required for increasing demand and uptake of FP/RH services. The following examples highlight the importance of leveraging existing, culturally appropriate concepts and values and developing simple SBC for FP/RH solutions based on what already exists.

Leverage existing culturally appropriate concepts and values

In Nigeria, as part of its multi-channel SBC approach to increase women’s participation in conversations about their own health (thereby increasing gender equity) and sustain healthy behaviors in FP/RH, Breakthrough ACTION

leveraged an existing, culturally-appropriate concept called, *adalci*, a Hausa word meaning “to provide a level playing field” or “ensure fairness and justice.” By employing this concept of *adalci*, which is an important concept in Islam, Breakthrough ACTION Nigeria was able to increase community support of FP/RH by deliberately targeting male and female religious leaders to promote MCH behaviors, including FP/RH, among their congregants. Breakthrough ACTION engaged female religious leaders, in particular, to inspire communities to take care of their health by positioning women’s inclusion, health, and well-being within *adalci* and other religious and social norms that emphasize fairness and justice. As a result, Breakthrough ACTION Nigeria was able to support the dissemination of MCH and FP/RH-related information in communities and bring the FP/RH needs of women to the forefront.

Develop simple solutions building upon what already exists

In the Democratic Republic of Congo (DRC), Breakthrough ACTION and community stakeholders created simple SBC for FP/RH solutions under the VIVA! Campaign to support couple communication and joint decision-making. Among the activities of the VIVA! campaign is *Fête des Couples* (couples' parties), which are public events targeting married couples (parents of children under 5) led by a trained facilitator and registered nurses or community health volunteers (RECOs). The party provides an opportunity for 20 couples to enjoy their time together while participating in different activities, such as health knowledge contests to gain a better understanding about FP/RH, prenatal care, breastfeeding, and other health topics. The concept for these public events is based on the popular TV game show "*Libala ya Bosembo*" (Happy Marriage). During the event, couples who are interested in accessing family planning or getting more information about different family planning methods can enter a private tent where professional counseling is available. The couples' parties created a social dynamic to the practice of various health behaviors, including FP/RH, as couples are rewarded for their knowledge of the health topics, and promote gender equality through shared health decision-making.

"I have taken a contraceptive method and I am very grateful to the VIVA! campaign for getting my husband to accept so that there would be a consensus for planning."

– Woman in Kalehe, Sud Kivu

To strengthen the traceability of health service utilization after participating in VIVA! Interventions, Breakthrough ACTION introduced care coupons or recall tickets at community events. The majority of tickets redeemed (25%) came from the couples' parties compared to five other VIVA! interventions.

Other simple solutions that Breakthrough ACTION co-designed with community members and health care providers include:

- In Togo, adding signs to enhance client flow to FP and other services in supported health facilities. Early feedback showed that clients are satisfied to know exactly where they should be going in the health center, and health center staff are proud of the enhancements.
- In Côte d'Ivoire, introducing a new standardized counseling tool to improve FP service quality. Clients have reported that providers who use the new tool offered concise information on side effects without any hesitation.

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE



SBC Flow Chart: Democratic Republic of the Congo:

This tool highlights the application of Breakthrough ACTION's work in the DRC, using methods which favor the participation of the community members who are directly impacted by the activities identified in the design and testing of those activities.



Demonstration about family planning methods at couples' party in DRC. Photo by Breakthrough ACTION

3

Effective SBC for FP/RH solutions strike the right balance between simplicity and complexity through iteration and tailoring to specific audiences.

While multi-faceted, multi-user SBC for FP/RH solutions that capture the myriad of interrelationships and social and gender norms provide a comprehensive approach to SBC, it is important to use iterative design to ensure that specific tools or approaches employed are simple, clear, and straight-forward. Breakthrough ACTION programming often meets complex, layered FP/RH behavioral barriers with similarly intricate SBC solutions. However, through co-design and continuous testing and revision of solutions with community members, simplification is best in meeting communities where they are. Further, simple community-based tools and solutions are portable and adaptable for other implementing partners and government stakeholders to more easily scale-up. The following examples highlight the value of simplification in SBC for FP/RH programming.

The [Empathways](#) tool was developed by Breakthrough ACTION to forge greater empathy for young people among stakeholders to improve youth-centered FP service delivery. The full tool is a 50-deck card activity conducted in three rounds between health providers and youth clients to facilitate dynamic discussion and can take an entire day to conduct. The tool began as a large and complex tool with many components targeting multiple audiences, including researchers, program designers, decision makers, and other key stakeholders, and ended up as a more targeted tool that is designed to facilitate conversations between providers and youth.

Pretesting the simplified tool with communities validated that this was the right approach and allowed the tool to achieve its goals. Breakthrough ACTION also learned the

value of making an option for users to further concentrate the tool by selecting just a few cards from each round. This adaptation with FP providers and young people was scaled into an Empathways youth-adult iteration in Breakthrough ACTION West Africa (WABA) implemented in Burkina Faso, Togo, Niger, and Côte d'Ivoire in the past year. In the youth-adult iteration, 9-12 cards out of the total deck of 50 are used to keep sessions to 90 minutes instead of using the entire deck, which takes approximately a full day.

Reflecting upon the design and development of the original concept behind the Empathways tool, Breakthrough ACTION staff shared:

"While it was really awesome and intricate to go through that process and design it and be able to integrate so much of what we knew to be important in youth's FP/RH experiences and needs, it was overwhelming. Validation sessions revealed the need to pare it down, be precise on the audience, and realistic about what people would pick up and use."

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE



Adaptations of the Empathways tool

Since its release in 2021, the Empathways tool has been adapted to different contexts with various audiences to achieve health goals, including youth and community leaders to address FP norms as well as youth and health providers to address adherence to HIV treatment.

Recommendations and Considerations For Placing Communities at the Center

- Involve individuals, communities, government and other stakeholders early and throughout the co-design process and implementation. Co-designing not only reveals valuable insights, it is a powerful way to generate ownership over and excitement about what is being created. Seeing one's voice reflected in what is being created helps build trust in the process and helps drive sustainability in the implementation.
- Begin community involvement in the co-design process with frequent touch base points. As government structures become more responsive to community needs over time, the frequency of engagement and medium of interaction may evolve from face-to-face to phone calls, depending on what needs to be communicated and shared.
- Build local partners' and institutions' capacity to independently facilitate co-design processes and help them to plan and budget for their implementation and monitor their impact in the future. This can be done by ensuring the co-design process is facilitated in close collaboration with local partners and institutions that see the community as critical actors in bringing about change and see the value and commit to co-design processes.
- Recognize that co-design and co-creation activities can take time. Those less familiar with HCD, for example, may underestimate the time it takes to go through the process. Create awareness around this and develop work plans and budgets accordingly. This is especially important related to monitoring the impacts of community-centered SBC which may be latent, such as observable changes in collective efficacy, collective action, social capital, social cohesion, and social norms, for example.
- Involve key influencers - such as religious leaders - in SBC for FP/RH programming to increase the chances that behavior change will occur and be sustained over time.
- Observe what values, services, and practices are already in use or highly prioritized in communities. Integrate these considerations in the co-design process and leverage familiar concepts, values, and assets in SBC for FP/RH solutions/innovations.
- Build upon what exists while creating new associations and connections between places, people, concepts, and products through simple, incremental, and low-cost innovations.
- Consider that SBC for FP/RH programming and interventions do not need to be complex to be effective. Engaging one audience at a time with simple tools can make it easier to apply and therefore more effective in the long-run.

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.