

# Ten Lessons Learned from Breakthrough ACTION's SBC for FP/RH Programs



*Discussions with influential community members on potential program approaches or activities for improving adult-child communication in DRC. Photo by Breakthrough ACTION.*



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## Background

Social and behavior change (SBC) is an essential component in achieving global development goals, including family planning (FP). SBC is a discipline that uses a deep understanding of human and societal behavior and evidence-based interventions—such as mass media, community group engagement, and interpersonal communication—to increase adoption of healthy behaviors and influence the social norms that underpin those behaviors. Living up to the international community’s commitment to achieving universal access to reproductive health by 2030—including FP information and services—requires an understanding of the barriers to modern contraception use and what can facilitate

that usage. FP programs need to consistently and systematically apply a behavioral lens to identify barriers and facilitators and implement strategically designed SBC interventions.

Over the last four years, [Breakthrough ACTION](#) has completed a wide array of activities to improve FP outcomes, including both global and regional level advocacy, technical assistance, and capacity strengthening, as well as country-level implementation of SBC campaigns and solutions. This brief shares the top ten key learnings from the project’s work on SBC for FP. [Three complementary briefs](#) dive into the details and project examples of these lessons learned and provide recommendations to implementing partners, governments, and donors looking to improve their SBC for family planning and reproductive health (FP/RH) programming.

## Breakthrough ACTION Overview

### What?

Breakthrough ACTION is an eight-year global project, funded by the United States Agency for International Development. It accelerates the use of social and behavior change through state-of-the-art, evidence-based tools and processes that encourage the adoption of healthy behaviors, while addressing structural barriers and underlying social and gender norms that prevent uptake of services and positive health practices.

### Who?

A partnership led by Johns Hopkins Center for Communication Programs in collaboration with Save the Children, ThinkPlace US, ideas42, Camber Collective, International Center for Research on Women, and Viamo.

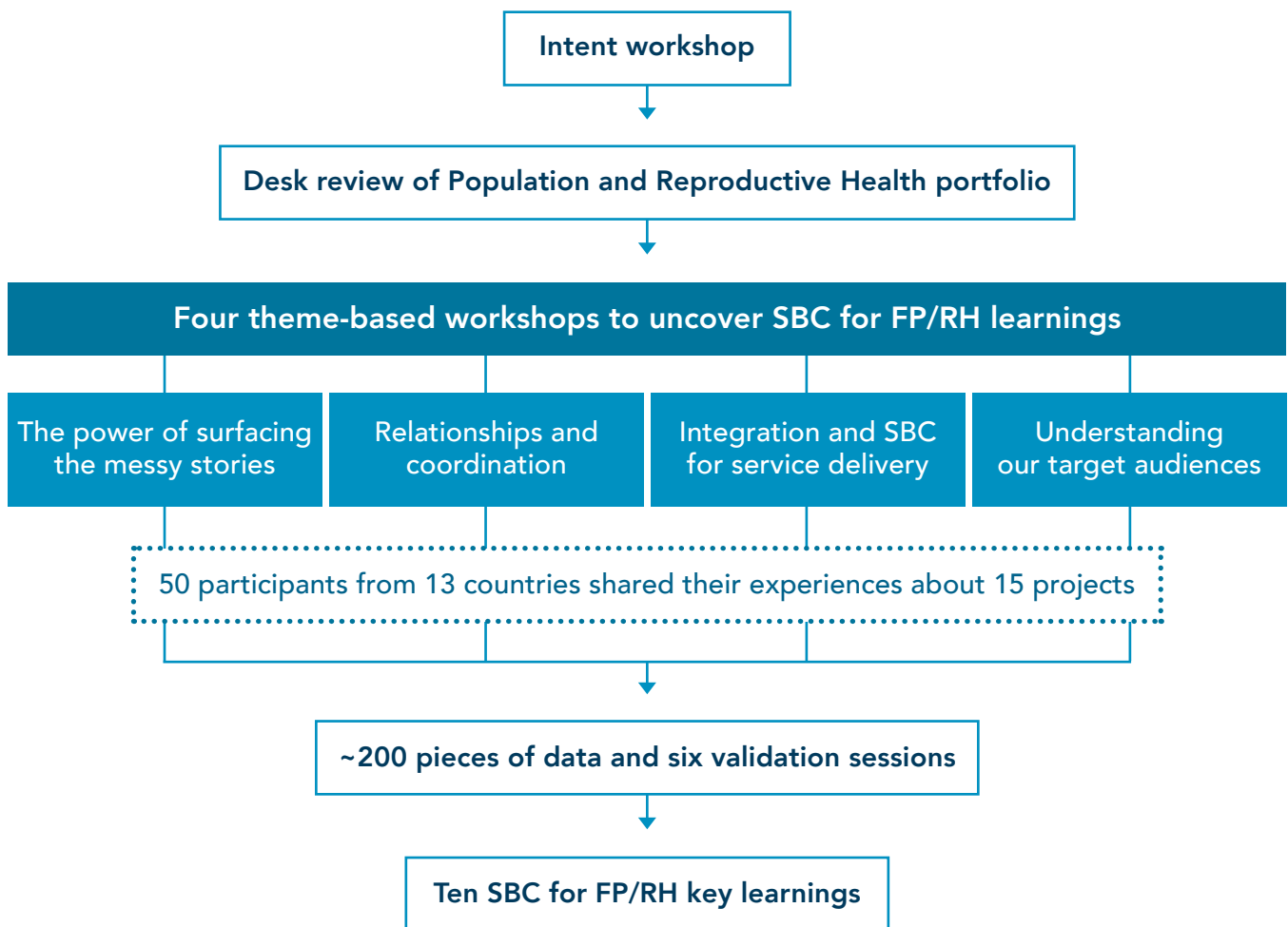
### When?

July 2017 to July 2025

# Approach to Uncovering Key Learnings

To uncover SBC for FP/RH learnings, Breakthrough ACTION conducted an intent workshop with Breakthrough ACTION staff working in FP to discuss and identify highlights from the last several years of programming. It then conducted a desk review of Breakthrough ACTION program literature, reviewed monitoring data, and held virtual workshops with Breakthrough ACTION staff to share experiences, recommendations, and reflections related to four preliminary themes (**Figure 1**). These virtual workshops included staff from Burkina Faso, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Guatemala, Guinea, Liberia, Malawi, Niger, Nigeria, Togo, South Sudan, and Zambia. The qualitative experiences and recommendations shared as part of the workshops were then coded and clustered to reveal new themes and patterns. Key learnings were then refined and asynchronously validated with a selection of global support staff and country of implementation staff.

**Figure 1. Main activities that went into the identification and validation of the ten key learnings**



## Ten SBC for FP/RH Key Learnings

Ten key learnings emerged from Breakthrough ACTION's work across three themes:

1. Going beyond engagement to deliver community-centered SBC for FP/RH.
2. Strengthening SBC for service delivery.
3. Ensuring effective partnerships and coordination.



### Going Beyond Engagement: Community-Centered Social and Behavior Change for Family Planning and Reproductive Health Programming

Breakthrough ACTION values inclusivity and participation as necessary features of accountable SBC programming. The project is committed to community engagement and partnership and places users and communities at the center of its work. Co-creating with communities in the design of interventions ensures that those interventions speak to the true needs of community members and are developed with a deep commitment to understanding their lived reality.

#### Key learnings:

1. Community involvement in the co-design process uncovers more nuanced insights and creates locally-owned, effective SBC for FP/RH solutions.
2. Co-designing and co-developing simple SBC for FP/RH solutions which build on existing community assets, concepts, or points-of-reference lead to creating the environment required for sustained behavior change.
3. Effective SBC for FP/RH solutions strike the ideal balance between simplicity and complexity through iteration and tailoring to specific audiences.

### Strengthening Social and Behavior Change for Service Delivery: Tailoring Interventions for Different Stakeholders in Family Planning and Reproductive Health

SBC for service delivery refers to using SBC processes and techniques to motivate and increase uptake and maintenance of health service-related behaviors, including use of modern contraception. Implementers must tailor SBC interventions to the specific barriers and facilitators faced by not only different existing and potential FP clients, including youth, couples, and men, but also to those delivering services, including facility-based providers and community health workers (CHWs). Programs can apply SBC across the service delivery continuum to improve both access to and use of FP/RH services.

## Key learnings:

4. Building empathetic and compassionate care for youth is crucial for increasing their health seeking behaviors, especially those related to contraceptive services.
5. Leveraging the circumstances under which men seek health care services and intentionally engaging them in FP/RH discussions can improve couple communication and joint decision making about FP.
6. Facilitating provider-client dialogues within communities can spark empathy, generosity, and joint problem-solving.
7. Strengthening CHWs' capacity through SBC tools builds their self-efficacy and confidence in performing their jobs and improves completed referrals from the community.

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

The Sustainable Development Goals, Family Planning 2030, and Ouagadougou Partnership goals all uphold a desire to ensure universal access to FP/RH information and services. SBC practitioners 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.

## Key learnings:

8. A shared vision rooted in an understanding of partners' priorities and needs can lead to more effective partnerships for SBC for FP/RH programs.
9. Using SBC to position FP/RH as part of healthy living can appeal to more multisectoral partners and can reach more potential FP clients.
10. Just as designing and testing SBC interventions is incremental and iterative, so is determining results and impact.

To learn more about each learning, please visit the complementary thematic technical briefs.

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