

Advancing Social and Behavior Change Measurement in Family Planning

FEBRUARY 2023



Breakthrough RESEARCH is USAID’s flagship social and behavior change (SBC) research and evaluation project to drive the generation, packaging, and use of innovative SBC research to inform programming. A six-year project (2017–2023), Breakthrough RESEARCH was led by the Population Council in collaboration with our consortium partners: Tulane University, Avenir Health, Population Reference Bureau, Institute for Reproductive Health at Georgetown University, and ideas42. Our approach was to foster collaboration and shared learning, ensure SBC programs are based in ‘what works’, elevate the impact of evidence-based SBC programs, and put evidence into practice. Breakthrough RESEARCH did this by assessing the evidence, identifying priority research questions, designing and implementing research studies to fill evidence gaps and strengthen programs, and synthesizing and packaging evidence for use.

Within the breadth of our research portfolio, Breakthrough RESEARCH had **four main project legacy areas**: provider behavior change (PBC); integrated SBC; advancing SBC measurement; and costing and cost-effectiveness of SBC. For each of these legacy areas, Breakthrough RESEARCH curated a legacy resource highlighting the state-of-the-art evidence and the tools and guidance produced by the project over the past six years to advance evidence-based SBC programming.

This legacy resource highlights evidence, insights, and learnings from Breakthrough RESEARCH’s work to **advance SBC measurement and evaluation** and fill critical evidence gaps. This document is a compilation of selected resources that do not represent the full breadth of Breakthrough RESEARCH work. This document links to the available resources for more in-depth learning and understanding, including all relevant citations of the existing evidence base. For more information on Breakthrough RESEARCH’s work on SBC measurement, visit <https://breakthroughactionandresearch.org/br-legacy-area-sbc-innovation-measurement/>.

DID YOU KNOW?

Breakthrough RESEARCH conducted 53 research studies over the past 6 years!

DID YOU KNOW?

Breakthrough RESEARCH worked in 19 countries!



Inside this legacy resource:

Explore key measurement insights from Breakthrough RESEARCH

Learn about state-of-the-art measurement evidence Breakthrough RESEARCH has generated

Discover tools you can use to strengthen measurement of SBC interventions and SBC approaches in family planning programs

Find calls to action to continue to advance evidence-based SBC measurement

A growing body of evidence suggests that SBC interventions improve family planning/reproductive health outcomes, such as directly increasing contraceptive uptake or increasing contraceptive use through pathways that address intermediate determinants such as attitudes around family planning, yet barriers still exist to SBC inclusion in investments.¹ Some SBC interventions are more effective than others, and the estimated effectiveness of SBC interventions varies depending on the measures we use to assess them.¹ The measurement of SBC interventions and SBC implementation science approaches can also be important in addressing questions around scale-up and program replication.

SBC approaches can support family planning programs and the standardized measurement of these approaches guided by a defined theory of change is critical to understanding their effectiveness and contributing to their success.

¹Rosen, James E. et al. 2019. *The Business Case for Investing in Social and Behavior Change for Family Planning*. Breakthrough RESEARCH. Washington, DC: Population Council. https://breakthroughactionandresearch.org/wp-content/uploads/2020/01/20191211_BR_FP_SBC_Gdlns_Final.pdf

Research and Learning Agendas

One of Breakthrough RESEARCH’s most important contributions to the SBC field was the development of consensus-driven research and learning agendas (RLAs)—one for integrated SBC programming and another for PBC programming. These agendas identify cross-cutting SBC knowledge gaps and key research questions with broad applicability at global, regional, and local levels across health sectors. The goal in developing these RLAs was to help guide decision-making across sectors, foster collective learning, reduce duplication of efforts, and maximize the impact of research and programmatic investments.

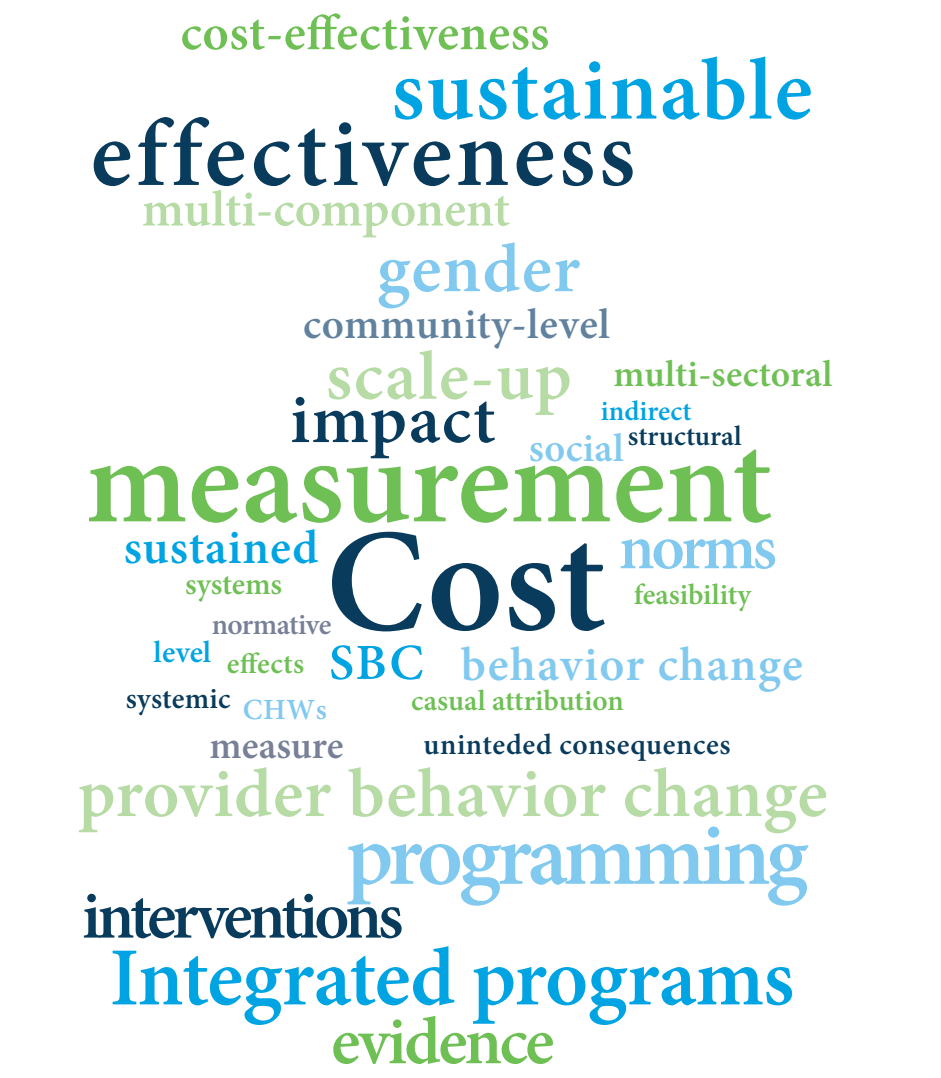
The [RLA for Advancing PBC Programming](#) is particularly germane for family planning. It lays out a set of questions that help discover what is needed to better understand factors that influence providers’ behaviors—behaviors that, in turn, influence clients’ health outcomes, including family planning outcomes. Answers to these questions can help improve the work of family planning service providers in public, private, and community settings. The RLA for Advancing PBC Programming reflects consensus from a wide range of experts regarding the critical evidence gaps and identified a set of research and learning questions that are intended to advance the innovative work around PBC. Experts identified **measurement** as a key evidence gap. Within measurement, two primary research and learning questions are articulated: first, *how can we best assess/measure the quality of client-provider interactions from client and provider perspectives?* and second, *how can we best measure provider attitudes, norms, and biases that influence their performance and adherence to timely and respectful client-cen-*

tered care practices? Defining and addressing the research and learning questions allows for a coalescence around common evidence generation goals to systematically build the evidence base and strengthen SBC measurement.

The [RLA for Advancing Integrated SBC programming](#) is also relevant for family planning. In recent years, there has been a shift away from a vertical programming approach, focusing on one health or development topic, to integrated approaches tackling multiple health or development issues or outcomes under the same program.² Integrated SBC programs aim to address factors such as knowledge, attitudes, and norms pertaining to multiple health areas or development sectors in a coordinated and intentional way. Integrated programs have the potential to reduce duplication, lower costs, avoid missed opportunities, and provide the right services and information to the right clients at the right time.³ This RLA likewise articulates a set of RLA questions that reflect consensus regarding the most pressing evidence gaps for integrated SBC programming. Two of these gaps have significant implications for strengthening measurement: **effectiveness of integrated SBC** and **cost-effectiveness**. To answer the research questions outlined under each of these evidence gaps, measurement of effectiveness and cost-effectiveness needs to be guided by the program theory of change (including a theory of change that outlines the behavioral pathways to outcomes and impact), and program teams—program designers as well as research, monitoring, and evaluation teams—need to be using standardized measures and tools.

²USAID. 2018. Social and behavioral change, available from www.usaid.gov/what-we-do/global-health/cross-cutting-areas/social-and-behavior-change; FHI 360. 2014. Integration of Global Health and Other Development Sectors. Washington, DC: FHI 360; and FHI 360. 2016. Integrated development evidence map, accessed at <http://fhi360integrationevidence.com/>.
³Health Communication Capacity Collaborative. 2016. Social and Behavior Change Communication in Integrated Health Programs: A Scoping and Rapid Review. Washington, DC: Health Communication Capacity Collaborative.

Over the past six years, Breakthrough RESEARCH generated evidence to support better measurement of SBC and its application in improving family planning program design and outcome monitoring.



SBC INDICATOR MAPPING MATRIX

PERCENTAGE OF INDICATORS FROM SBC INDICATOR BANK REPRESENTED IN INDICATOR MATRIX (N=71) (FOR EXAMPLE, 100% PERCENT OF INDICATORS IN THE SBC INDICATOR BANK WERE REPRESENTED IN THE INDICATOR MATRIX AT THE INDIVIDUAL REACH LEVEL IN COTE D’IVOIRE)

| CÔTE D’IVOIRE | OUTPUT | REACH | INTERMEDIATE | OUTCOME |
|----------------------------|--------|-------|--------------|---------|
| Individual | — | 100% | 42% | 64% |
| Community | 100% | 100% | — | — |
| Facility | 53% | — | 0% | — |
| Regional/national/policy | 40% | — | — | 0% |
| Total number of indicators | 38 | | | |
| BURKINA FASO | OUTPUT | REACH | INTERMEDIATE | OUTCOME |
| Individual | — | 75% | 29% | 57% |
| Community | 100% | 100% | — | — |
| Facility | 40% | — | 0% | — |
| Regional/national/policy | 60% | — | — | 0% |
| Total number of indicators | 32 | | | |
| TOGO | OUTPUT | REACH | INTERMEDIATE | OUTCOME |
| Individual | — | 75% | 25% | 57% |
| Community | 100% | 100% | — | — |
| Facility | 33% | — | 0% | — |
| Regional/national/policy | 80% | — | — | 0% |
| Total number of indicators | 31 | | | |
| NIGER | OUTPUT | REACH | INTERMEDIATE | OUTCOME |
| Individual | — | 50% | 13% | 36% |
| Community | 67% | 100% | — | — |
| Facility | 27% | — | 0% | — |
| Regional/national/policy | 20% | — | — | 0% |
| Total number of indicators | 18 | | | |

Strengthening Social and Behavior Change Monitoring and Evaluation for Family Planning in Francophone West Africa

When SBC programs are implemented, indicators measuring domains relevant for SBC, such as attitudes and norms, are often not systematically applied to monitor and evaluate program performance, limiting our understanding of the promise and potential of SBC approaches to help family planning programs meet their goals. Global family planning partnerships, such as FP2030 and the Ouagadougou Partnership, have regular measurement and reporting systems in place to ensure the latest data are available to support decisions and improve results of family planning programs. Yet, their core indicators, with a few exceptions, focus primarily on contraceptive uptake and service delivery outcomes such as availability of contraceptive methods at facilities.

Breakthrough RESEARCH **mapped family planning investments, technical approaches, and indicators** in four West African countries to better understand the family planning measurement landscape in the region and to explore the barriers to SBC inclusion in family planning programming investments. This mapping aimed to identify strengths and gaps in current approaches to SBC measurement by mapping existing indicators being used at the individual, community, facility, or regional/national/policy level and whether the indicator was capturing an output, reach, an intermediate determinant, or an outcome. The report then offers a list of additional indicators selected from the SBC Indicator Bank for Family Planning and Service Delivery⁴ that are not currently being used by stakeholders, based on this mapping, for possible incorporation into SBC monitoring systems to fill some of the identified gaps (Table 9 in the report), and ends with recommendations for governments, donors, research and measurement partners, and implementers to strengthen SBC measurement in the region.

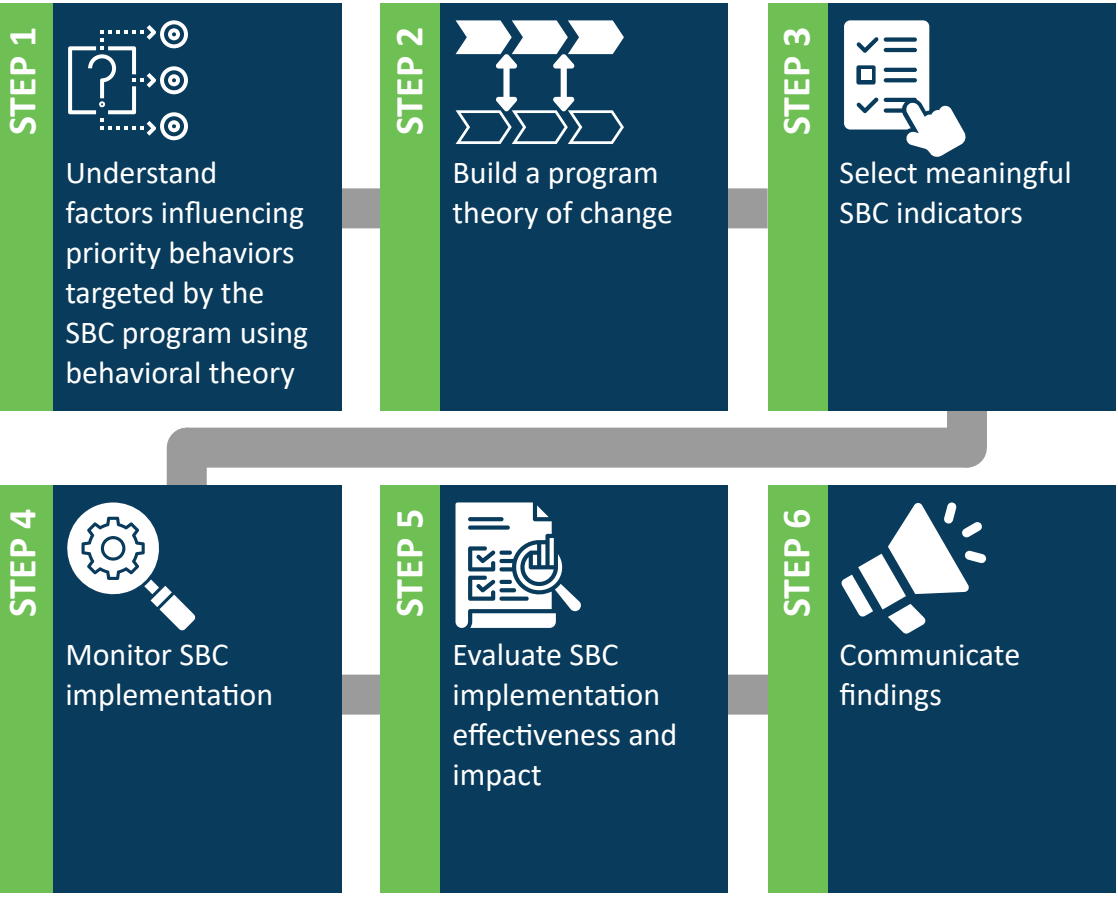
⁴Breakthrough ACTION. nd. Social and Behavior Change Indicator Bank for Family Planning and Service Delivery. Accessed <https://breakthroughactionandresearch.org/social-and-behavior-change-indicator-bank-for-family-planning-and-service-delivery/>

Applying tools to understand who SBC programs are reaching, how they are reaching them, with what content, and what changes they are producing is critical for effective measurement of SBC in family planning programs.

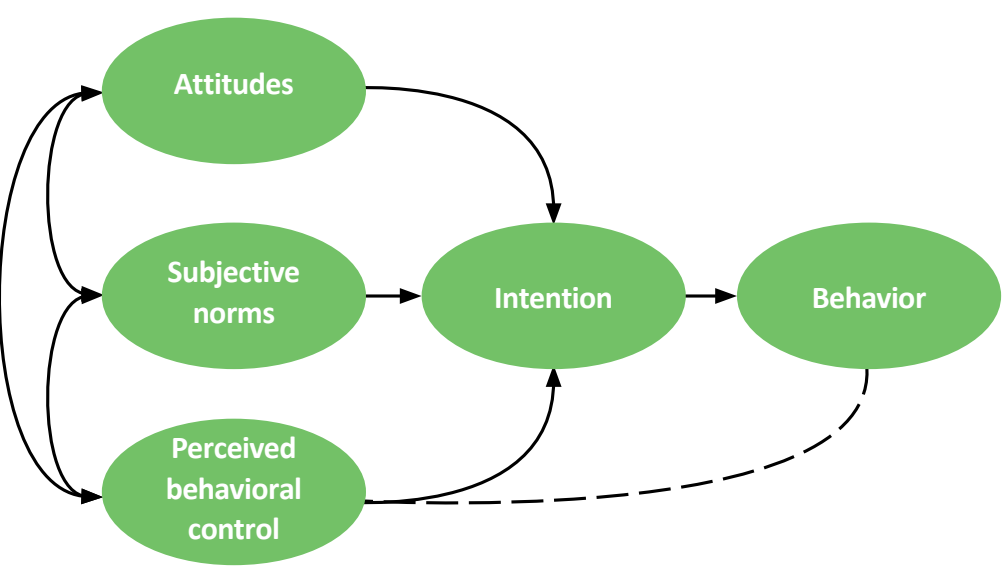
How to Use a Theory of Change to Monitor and Evaluate SBC Programs

Behavior change theory explains the determinants that make it easier or harder to change health-seeking behaviors. Behavior change theory should be incorporated into an SBC program’s theory of change to illustrate how or why a desired change is expected to occur and provide guidance on how to measure behavioral determinants that influence program goals and objectives. These behavioral determinants should be addressed both in SBC programming and measured in SBC evaluations. Breakthrough RESEARCH developed a useful [“How-To” guide for using a theory of change](#) that can support family planning program planners and monitoring and evaluation (M&E) staff to ensure they have the programmatic data required to track results across and at all levels of theory of change. The change pathways reflected in the theory of change should guide development of the M&E plan. The guide is a step-by-step manual to make sure a family planning program is guided by robust, theory-driven evidence with results tracked over time and at program completion. Users will be guided through six steps (shown on this page) to select and use a theory of change, such as the Theory of Planned Behavior (shown on this page) as one potential behavior change theory, to monitor and evaluate SBC programs, with details and example applications along the way.

SIX STEPS TO SELECT AND USE A BEHAVIORAL THEORY OF CHANGE







THEORY OF PLANNED BEHAVIOR



Ajzen, I. 1991. “The theory of planned behavior,” Organ Behav Hum Decis Process 50(2): 179–211.

TWELVE RECOMMENDED SBC INDICATORS FOR FAMILY PLANNING

- **Exposure to SBC programming**
enables us to understand the extent to which beneficiaries are exposed to SBC approaches.
- **Intention & behavioral outcomes**
enables us to determine if behavior has changed.
- **Intermediate** enables us to understand the factors contributing to behavioral outcomes.
- **Cost** enables us to understand the resources used/needed to reach a target audience.
- Indicator 1:** Number of decision-makers reached with SBC FP advocacy activities.
- Indicator 2:** Percent of target audience that recalls hearing or seeing a FP message, campaign, or communication initiative.
- Indicator 3:** Number of service providers trained in interpersonal communication for FP counseling.
- Indicator 4:** Percent of target audience that knows of at least three modern FP methods.
- Indicator 5:** Percent of target audience with favorable attitudes of modern FP methods.
- Indicator 6:** Percent of target audience that believes most people in their community approve of people like them using FP.
- Indicator 7:** Percent of target audience confident in its ability to use FP.
- Indicator 8:** Percent of target audience that discussed FP with spouse or partner.
- Indicator 9:** Percent of non-users intending to adopt a modern FP method in the future.
- Indicator 10:** Percent of target audience currently using a modern FP method.
- Indicator 11:** Percent of modern FP users intending modern FP method continuation.
- Indicator 12:** Cost per person reached by SBC activities.

Twelve Recommended SBC Indicators for Family Planning

Measurement of SBC approaches within programs and of SBC interventions enables family planning programs to engage in continuous learning and improvement, enables programs to demonstrate how SBC interventions improve desired outcomes, and provides evidence of SBC’s effectiveness that can be used to mobilize further investment. To fill identified measurement evidence gaps, Breakthrough RESEARCH has proposed [Twelve Recommended SBC Indicators for Family Planning](#) from the SBC indicator bank that align with the ideational model of SBC interventions that has been extensively applied by SBC practitioners. Family planning programs can adopt these indicators, guided by their program’s SBC theory of change, to monitor and evaluate programs. These indicators can complement existing service delivery M&E. The recommended indicators can support countries, donors, and implementing partners to strengthen their SBC measurement and improve program performance. To accompany these 12 recommended indicators and help audiences use these indicators in their family planning programs, Breakthrough RESEARCH also developed [indicator reference sheets](#). Indicator reference sheets help program implementers use and adapt indicators to measure programs’ successes and failures, ensure data quality, and help users correctly interpret data produced by an organization.

DID YOU KNOW ? All the Ouagadougou Partnership countries have referenced the Twelve Recommended SBC Indicators for Family Planning?

SBC Measurement Learning Courses

Recognizing the need for support and tools to help program planners and managers to develop robust theory-driven M&E plans, Breakthrough RESEARCH has developed two learning courses of special interest for the family planning community. Each module of each course includes instructional videos with resources for easy reference.

This first course on [Monitoring and Evaluating Social and Behavior Change Approaches](#) is designed for program managers and midlevel professionals who are not trained as researchers but need to understand the rationale for using a theory-based approach to designing programs and the measurement processes involved. This course aims to support SBC programs by explaining how programs can develop a robust theory-driven M&E plan that provides evidence to strengthen implementation. The course also aims to support program evaluation through the use of a M&E plan developed to reflect the change pathways in the defined theory of change for the program. A M&E plan for an SBC program outlines a) indicators to measure progress and results following the change pathways, b) methods for how they are going to be collected and monitored, and c) plans for how data will be analyzed and results will be communicated. A M&E plan for an SBC program helps ensure that data will be used efficiently to improve the program and report on results at various intervals.

The second course, [Measuring Social and Behavior Change Program or Campaign Exposure](#), aims to support SBC programs that apply different approaches, such as mass media and interpersonal communication, to reach target audiences. This course is designed for M&E officers to help them understand how to capture and use SBC exposure data to inform, monitor, and evaluate SBC program performance. Determining the extent to which target audiences are exposed to SBC approaches requires methods that are specific to the chosen approach. For example, household surveys could be used to assess exposure to a mass media campaign while social media monitoring can be used to assess exposure to internet-based campaigns. Exposure measures can be used to assess respondent awareness, sentiment, and comprehension to a campaign message. In addition, exposure methods and measures should be tailored to address measurement challenges such as selective attention and social desirability bias. Understanding levels of exposure to SBC programs and campaigns is useful to inform implementation and determine budgets for future programs or campaigns. The course provides an overview of SBC program or campaign exposure measures including measurement challenges and how to minimize error. Examples of questions and data sources are provided along with explanations for how exposure data can be used to inform SBC programs.



Program designers and evaluators can benefit from SBC insights gained when tried-and-true research and evaluation methods have new applications in the family planning field.

Expanding the tools in the research and evaluation toolbox to better understand how SBC approaches can strengthen family planning programs and help these programs meet their goals requires learning from the methodologies employed by a range of sectors and health areas. Applications of these methodologies that are not ‘new’ but may be ‘new’ to SBC approaches in the family planning field can yield innovative insights. In this section, we highlight Breakthrough RESEARCH’s applications of three of those methodologies: most significant change, audience segmentation, and social listening.

Most Significant Change: Intergenerational Communication and Young People’s Family Planning and Reproductive Health Outcomes

Methods that are “complexity aware” enable us to recognize the inherent complexity in modern development programs, where environments are dynamic, multiple stakeholders intervene, and programs have many sectors of activity. The most significant change (MSC) technique is a participatory and complexity-aware M&E approach to identify key program outputs and outcomes over a project period. MSC relies on the decision of key project stakeholders and program recipients about what changes are of greatest significance.⁵ While complexity aware methods are not new, as SBC programs become increasingly interconnected, evaluation methodologies that embrace this complexity are needed to provide a more robust and contextualized understanding of a campaign’s effectiveness, successes, and weaknesses.

Breakthrough RESEARCH **applied the MSC methodology to a mixed media campaign that addresses intergenerational communication in West Africa.** To help break down taboos around talking about sexual and reproductive health and to increase access to family planning/reproductive health services for adolescents and youth, Breakthrough ACTION, USAID’s flagship investment for SBC programs, cofacilitated and codeveloped a youth-led, mixed media campaign implemented across francophone countries, called *Merci Mon Héros* (MMH). MMH seeks to improve intergenerational communication affecting family planning/reproductive health services outcomes by creating and disseminating content that highlights the role of adult allies, or “heroes,” that support youth to navigate sexual and reproductive health challenges. The MMH campaign is inherently complex—a campaign delivered across many different types of media and involving different stakeholders, such as parents, youth, and teachers—and the application of the MSC methodology invited selection committees made up of local community members to define what significant change meant for them, and select stories that exemplified some of the MSC brought about by the MMH campaign. Story summaries underscored the changes in perceptions and beliefs around communicating about sexual and reproductive health issues and family planning access and use. The application of this methodology to the MMH campaign revealed several impactful stories of change to improve intergenerational communication about sexual and reproductive health and stories that revealed changes in family planning/sexual and reproductive health access and use.

⁵Breakthrough ACTION. “Most Significant Change Technique.” SBC Monitoring Guidance: Most Significant Change Technique (breakthroughactionandresearch.org).

HIGHLIGHTED SUMMARIES OF MOST SIGNIFICANT CHANGE STORIES*

Côte d’Ivoire—Adult male



Malick used to beat his daughter when she returned from her outings, making their relationship difficult. He attended an event encouraging positive parent-child exchanges on sexuality thanks to the MMH campaign. He became aware of the need to communicate with his children and decided to stop beating her. Since then, Malick and his daughter have had a more relaxed and peaceful relationship.

Côte d’Ivoire—Adult female

Since seeing the campaign, Exaucée gained the courage to talk to her children about topics related to sexuality, which was very difficult for her to do before. Communication with her children improved and she gained confidence in herself. This self-confidence led her to spread knowledge from the MMH campaign to her peers, so much so that some families close to her have introduced sex education in their homes.



Niger—Adult male



Salissou, 25 years old, is convinced that he has mastered the objective of the MMH campaign and is part of a new generation breaking taboos. He said he will now help peers and young girls who are facing the difficulties of their first period to explain how to manage when parents sometimes are unable to help. According to him, parents cannot break the taboo and therefore it is up to them, the new generation, to do it.

Niger—Young adult male

Before, Ali was afraid to go to the doctor for sexual health concerns. Now, thanks to the campaign, regardless of whether the doctor is a woman or a man, he’s not afraid, because he knows that between the doctor and the patient, there is always trust.



*All names are pseudonyms

Using Audience Segmentation Approaches to Inform Integrated Family Planning and Maternal Health Programs in Niger

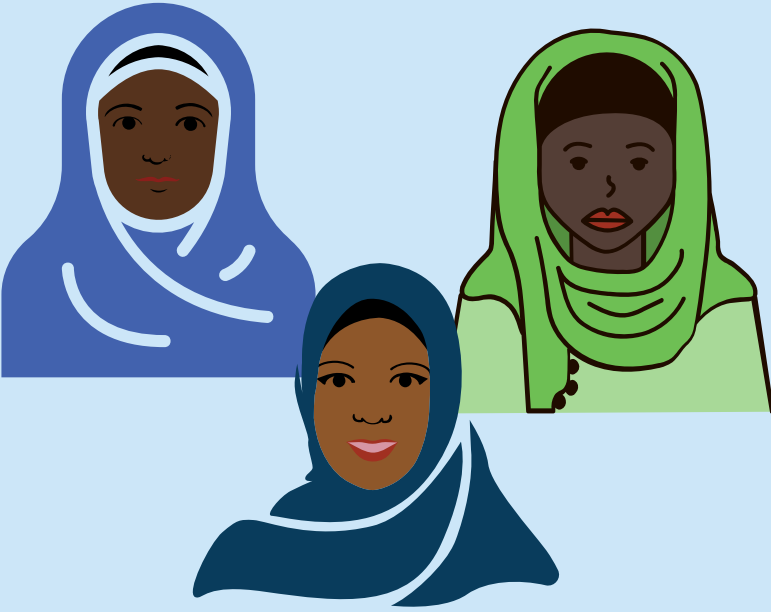


BLOG: EXPLORING FAMILY PLANNING, MATERNAL AND CHILD HEALTH, AND NUTRITION BEHAVIORAL DETERMINANTS IN NIGER

In February 2022, Breakthrough RESEARCH reflected on lessons learned for integrated SBC programming gained through the application of audience segmentation using behavioral determinant data.

Click [HERE](#) to explore the reproductive and maternal health profiles of Aissatou, Bintou, and Fatou.*

*These are names used to represent the personas developed using audience segmentation and do not represent any single person



Audience segmentation, the practice of dividing an audience into subgroups based on demographic, psychographic, and/or behavioral factors to develop tailored SBC approaches that are most likely to resonate with each audience subgroup, has long been a tried-and-true methodology in the field of marketing to identify subgroups within a target audience and deliver tailored messaging to those subgroups. More recent applications of audience segmentation to the field of public health were largely focused on improving HIV prevention programs.⁶ Audience segmentation in family planning programs has increasingly been used to acknowledge the changing contraceptive needs of a woman throughout her life as well as the different contraceptive needs among subgroups of women. To date, much of the application of audience segmentation for family planning has focused on segmentation by demographic characteristics.⁷ In a recorded webinar session, “[Finding the Right Fit: Using Segmentation Approaches to Help Shape Your Social and Behavior Change Programming](#),” Breakthrough RESEARCH dug deeper into segmentation methodologies, as a set of evidence-generated approaches that facilitate a more in-depth and nuanced understanding of the individual and contextual drivers of behavior. Webinar presenters explored how segmentation approaches are applied to current SBC programs across various health areas and with different audiences and the ways these approaches can help in the design and evaluation of SBC approaches.

Understanding the specific behavioral determinants and barriers to health-seeking for reproductive and family planning services is critical to developing SBC programs that can best address the needs of the community. Breakthrough RESEARCH applied **audience segmentation to inform integrated family planning and maternal health programs in Niger.** Breakthrough RESEARCH interviewed over 2,700 married women of reproductive age in Niger, then used segmentation to develop personas related to three health-seeking behaviors: antenatal care utilization, facility-based delivery, and use of modern family planning. The application of this methodology went beyond using demographics for segmentation to incorporate behavioral determinants to health-seeking behaviors such as attitudes, norms, and self-efficacy. The resulting profiles provided nuanced insights into the need for better engagement with opinion leaders to improve community sentiment toward the use of antenatal care, potential strategies to increase facility-based delivery, and suggested programmatic approaches to reach younger more vulnerable women with family planning.

⁶Mathur, S. et al. 2020. “HIV vulnerability among adolescent girls and young women: A multi-country latent class analysis approach.” *Int J Public Health* 65 (4), 399–411. doi: 10.1007/s00038-020-01350-1; Gottert, A. et al. 2020. “Creating HIV risk profiles for men in South Africa: A latent class approach using cross-sectional survey data.” *J Int AIDS Soc.* 23(52):e25518. doi: 10.1002/jia2.25518; Lanza, S. T. and B. L. Rhoades. 2013. “Latent class analysis: an alternative perspective on subgroup analysis in prevention and treatment.” *Prev Sci.* 14(2): 157–68. doi: 10.1007/s11121-011-0201-1; Brantley, M. L. et al. 2017. “Identifying patterns of social and economic hardship among structurally vulnerable women: A latent class analysis of HIV/STI risk.” *AIDS Behav.* 21(10): 3047–56. doi: 10.1007/s10461-017-1673-1

⁷DalGLISH, S. L. et al. 2018. “Using marketing science to understand contraceptive demand in high-fertility Niger,” *Stud Fam Plan* 49:367–383. doi: 10.1111/sifp.12078; Camber Collective. 2015. “Increasing contraceptive use in Niger: project recapitulation.” https://static1.squarespace.com/static/55723b6be4b05ed81f077108/t/566712fe05f8e2d4918a0acf/1449595646623/Niger?FP_Project?Recapitulation.pdf

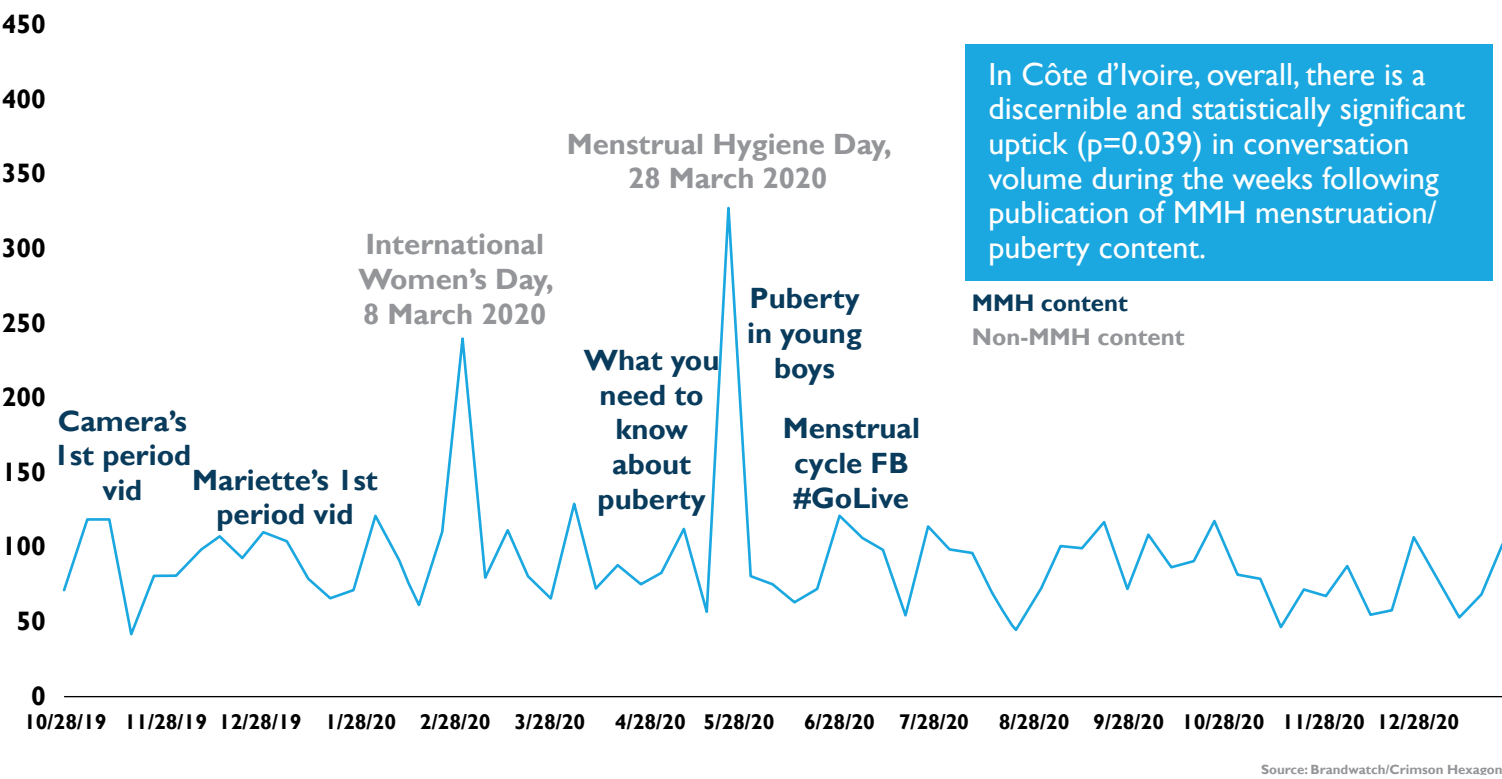
Using Social Listening and Social Media Monitoring for SBC Programs

Social media use is increasing globally. Increasingly, people use social media to express themselves and engage in conversations about their lives and their health. Social media monitoring emerged as a way to track engagement with and reactions to shared messages over social media platforms, including audiences reached and conversation sentiment (feelings and attitudes about a particular topic that are expressed on social media).⁸ In more recent years, social media monitoring and social listening—or the process of tracking the number of mentions and conversation content related to a topic, program, or brand on social media—have been applied in other contexts to better understand campaigns, including public health and family planning/sexual and reproductive health campaigns. SBC programs and family planning programs that incorporate SBC approaches can leverage social listening to gather insights related to people’s health-related knowledge, attitudes, and behaviors. Insights generated through social listening and social media monitoring can be used together with other M&E techniques to produce data-rich learning environments for program design and adaptation.

Breakthrough RESEARCH has developed several tools that family planning programs can use to gather information about target audiences’ knowledge and attitudes, exposure, and responses to SBC interventions. [Informing SBC Programs Using Social Listening and Social Monitoring](#) and a [How to Leverage Social Listening to Inform Social and Behavior Change Programs](#) how-to guide offer practical guidance on how to use social listening and social monitoring as tools to inform SBC programs, with applied examples and lessons learned from Francophone West Africa.

⁸Tony Train. 2020. “What is social listening, why it matters, and 10 tools to make it easier,” Hootsuite, March 3, <https://blog.hootsuite.com/social-listening-business/#whatis>

MENSTRUATION/PUBERTY MENTIONS IN CÔTE D’IVOIRE | 1 NOV 2019–31 JAN 2021



“This call to action is critical for FP2030 commitment makers, and the effort of our new regional FP2030 hubs will be to support commitment makers by transferring this knowledge, great tools, and briefs to family planning decision-makers and programmers to measure whether programming has been successful and whether the outcomes are supporting changes in social norms, attitudes, behavior, and increased agency.

—Jason Bremner
FP2030

Future SBC approaches to strengthen family planning programs should commit to standardized, robust measurement to enable effectiveness evaluations that support continued investments in evidence-based SBC programs.

- **SBC PROGRAMS:** SBC programs can help fill the gaps in measurement by ensuring inclusion of standardized indicators of behavioral determinants and behaviors in their results frameworks, using a behavioral theory of change to guide their M&E efforts, and going beyond a focus on output-level indicators.
- **SERVICE DELIVERY PROGRAMS AND COMMUNITIES OF PRACTICE:** Voluntary family planning efforts and programs that incorporate SBC approaches should commit to monitor and evaluate these SBC efforts using established measurement tools, such as the [Twelve Recommended SBC Indicators](#) for Family Planning.
- **SBC RESEARCHERS:** Researchers should continue to use existing SBC indicators and measurement tools and encourage the inclusion of modules that collect behavioral determinant data in surveys, including large-scale surveys, and build the capacity of implementers and policymakers to use behavioral determinant data.
- **DONORS:** Donors should commit to investing in robust evaluation and standardized measurement of behavioral determinants and exposure to SBC approaches in family planning programs as a way to address global data equity issues and data gaps, so that scaled programs are informed by the evidence they need.

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Breakthrough RESEARCH catalyzes social and behavior change 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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