

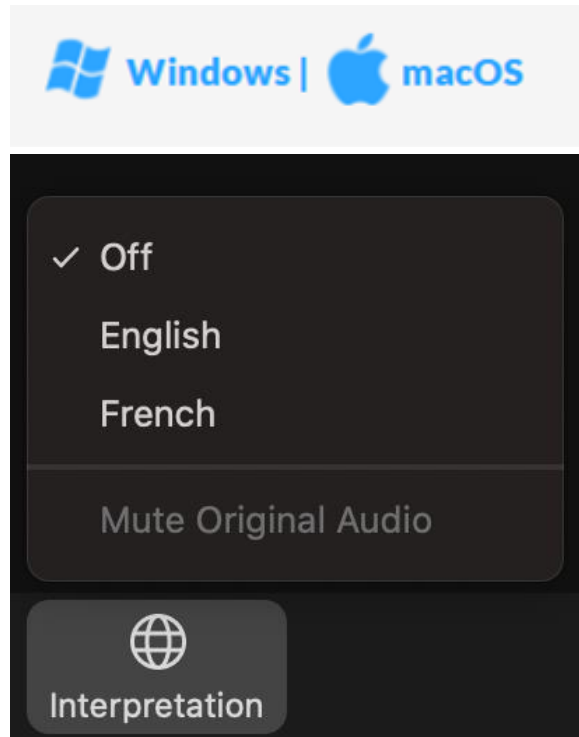
Breakthrough RESEARCH Legacy and Learning Event Series

March 21, 2023

Social and Behavior Change and the Enabling Environment for Family Planning



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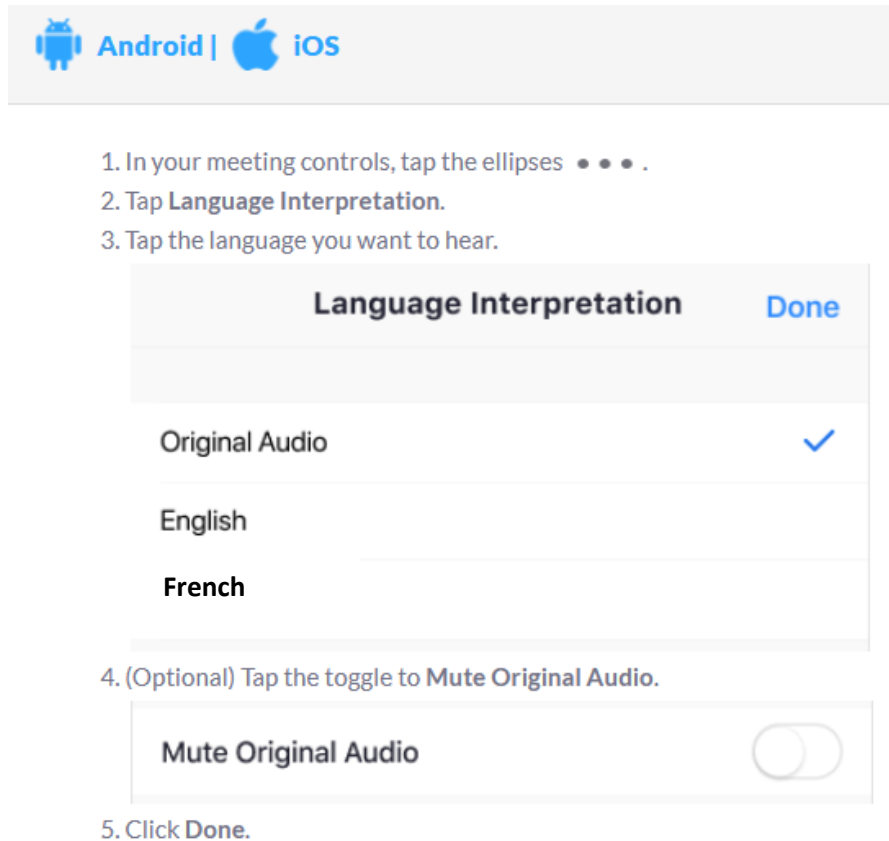
Click on the Interpretation icon on the bottom right of your screen and select your preferred language.

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(Optional) To hear the interpreted language only, click **Mute Original Audio**.

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Select Your Preferred Language: Mobile phone application



Under “meeting controls” press the three (3) dots then press **Language Interpretation**. Select English or French.

*Sous « contrôles de la réunion », appuyez sur les trois (3) points, puis appuyez sur **Interprétation de la langue**. Sélectionnez l'anglais ou le français.*

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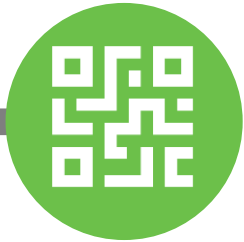
Logistics for today



Use the chat! Ask questions (in English or French) at any time to the group or directly to a moderator if you need technical assistance.



We'll be using Mentimeter today—you can use this on your phone, tablet, or laptop.



QR codes and links (via chat) will be provided throughout the webinar for you to access resources and tools.



Links to webinar recording, presentation, and resources will be shared.

Welcome!

Breakthrough RESEARCH

- Flagship social and behavior change (SBC) research and evaluation project for USAID Global Health Bureau to drive the generation, packaging, and use of innovative SBC research to inform programming.
- Six-year project—August 2017 to July 2023
- 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.



Breakthrough RESEARCH Snapshot



Worked in **19**
countries



Engaged with **21**
local and global
partners



Conducted **53**
research
studies



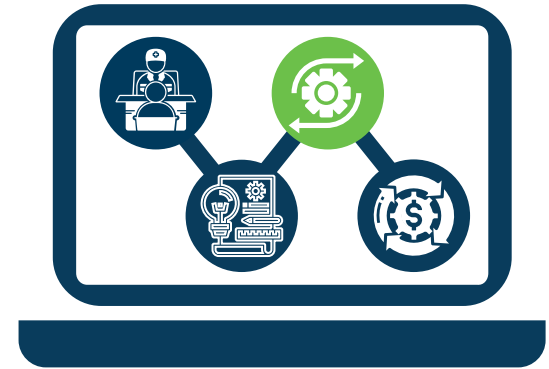
Published **27**
articles in
peer-reviewed
journals to date



Cited **94** times
in grey and
peer-reviewed
literature to date

Webinar Objectives

- **3rd** of 4 complementary legacy and learning webinars
 1. Provider Behavior Change: SBC Approaches to Quality of Care in Family Planning
 2. Advancing SBC Measurement for Family Planning
 3. SBC and the Enabling Environment for Family Planning
 4. Costing for Family Planning SBC
- Highlight evidence, insights, and learnings from the past 6 years from Breakthrough RESEARCH's work to support a better understanding of the enabling environment for SBC and its application in improving family planning program design and implementation.



Roadmap for Today

1. SBC and the Enabling Environment
2. Breakthrough RESEARCH's State-of-the-art Evidence
3. Call to Action
4. Discussion and Q&A

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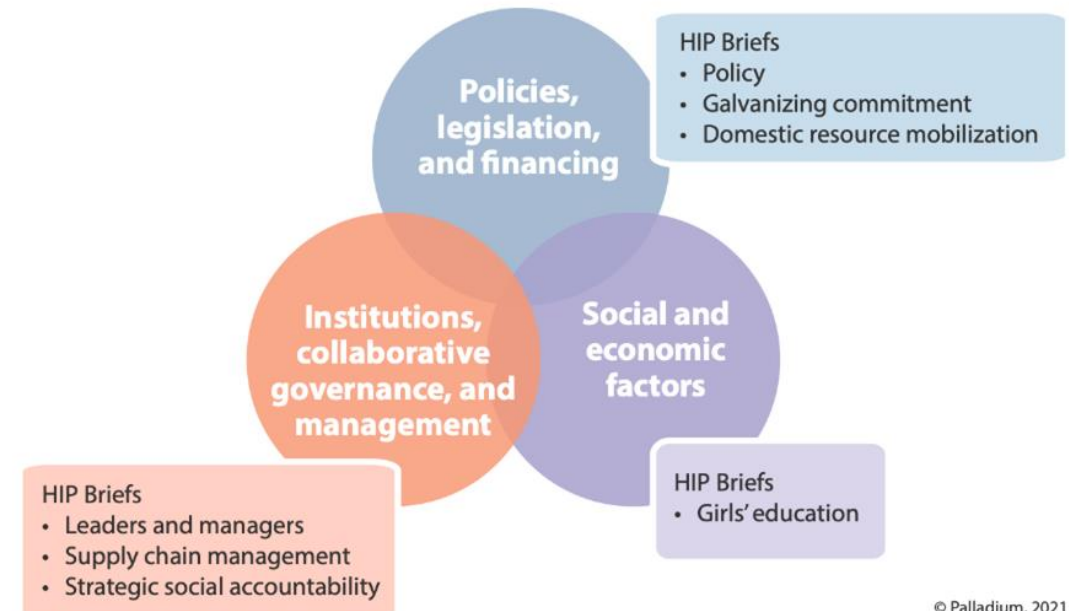


The Enabling Environment



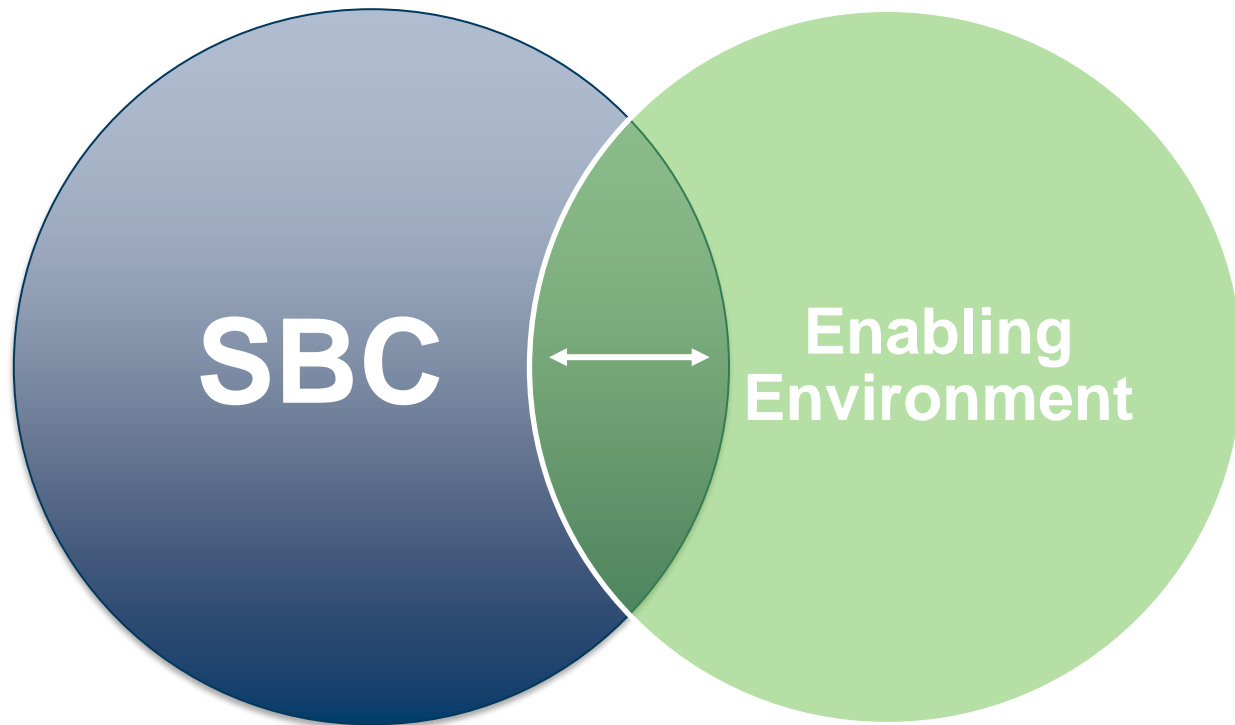
- SBC approaches can support family planning programs to reach their goals when contextual factors are clear.
- An enabling environment for voluntary, rights-based family planning brings together three interrelated groups of practices: policies, legislation, and financing; institutions, governance, and management; and social and economic factors.

Family Planning High Impact Practices



© Palladium, 2021

SBC and the Enabling Environment



- The enabling environment can act on SBC approaches in a way that facilitates or creates barriers.
- SBC approaches can identify areas where the enabling environment could be strengthened and then work to create a more supportive environment.

Key Message



SBC approaches can best support family planning programs to achieve their goals when the context of the enabling environment is clearly defined and measured, better elucidating the pathways by which behavioral determinants influence health outcomes.



Research and Learning Agendas

Research and Learning Agendas



Breakthrough RESEARCH developed a **consensus-driven research and learning agendas (RLAs)** for integrated SBC programming.

The RLA for Advancing Integrated SBC Programming lays out a set of questions **to prompt the generation of knowledge** that can help focus the global SBC community, development partners, and donors on the most important questions related to the effectiveness and efficiency of integrated SBC programs.

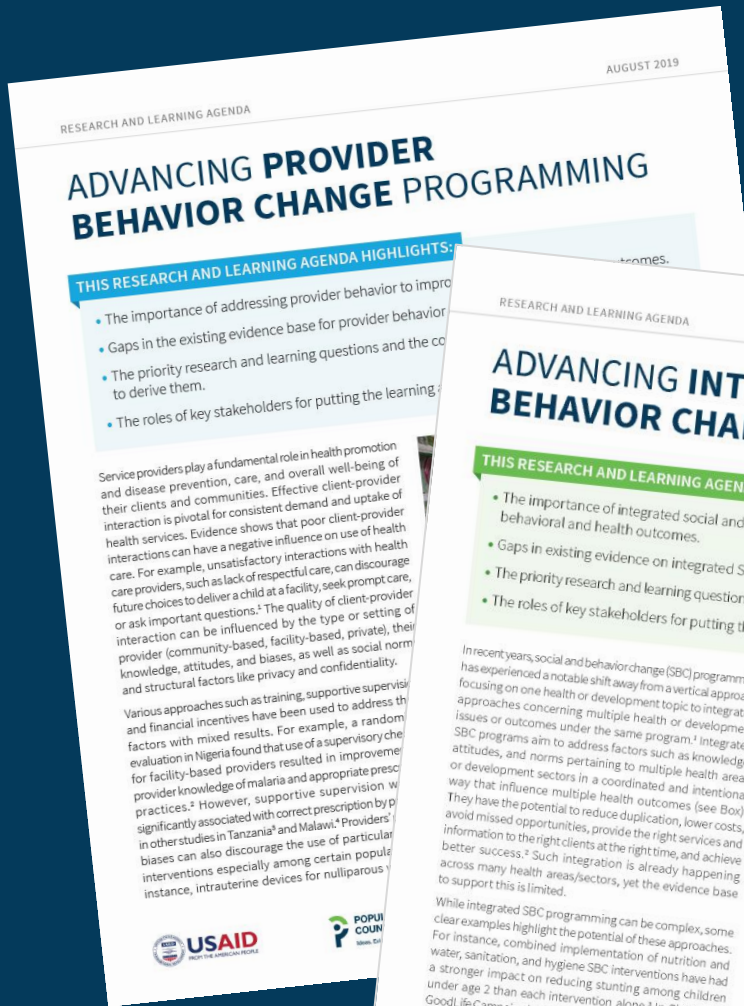
- Four themes: **Implementing in an Enabling Environment**, Intervention Content and Programmatic Model, Effectiveness of Integrated SBC Programming, Cost Effectiveness

Implementing in an Enabling Environment

1. What are the conditions (for instance, political and donor support, timing, capacity, coordination with/by government, and resources for implementation) that enable or hinder design for appropriate and feasible implementation of integrated SBC programming?
2. What are the conditions that enable effective adaptation and sustainability of integrated SBC programs?



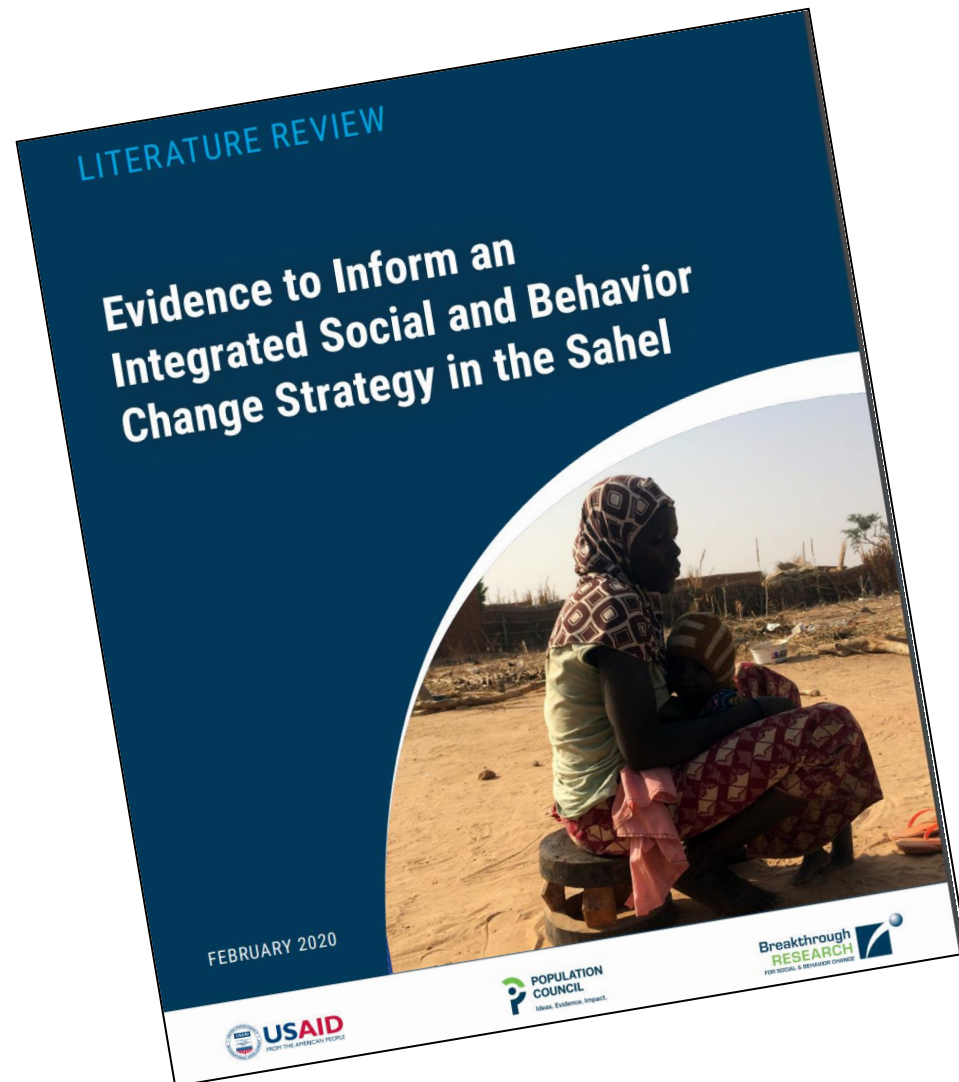
Research and Learning Agendas





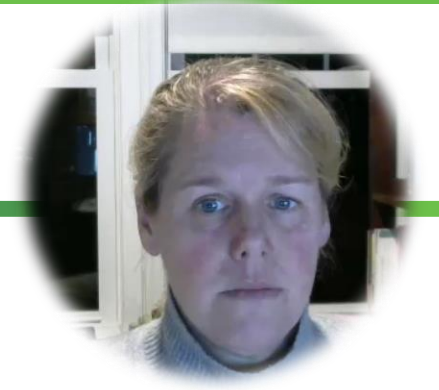
Evidence to Inform Integrated SBC in the Sahel

Evidence to Inform Integrated SBC in the Sahel



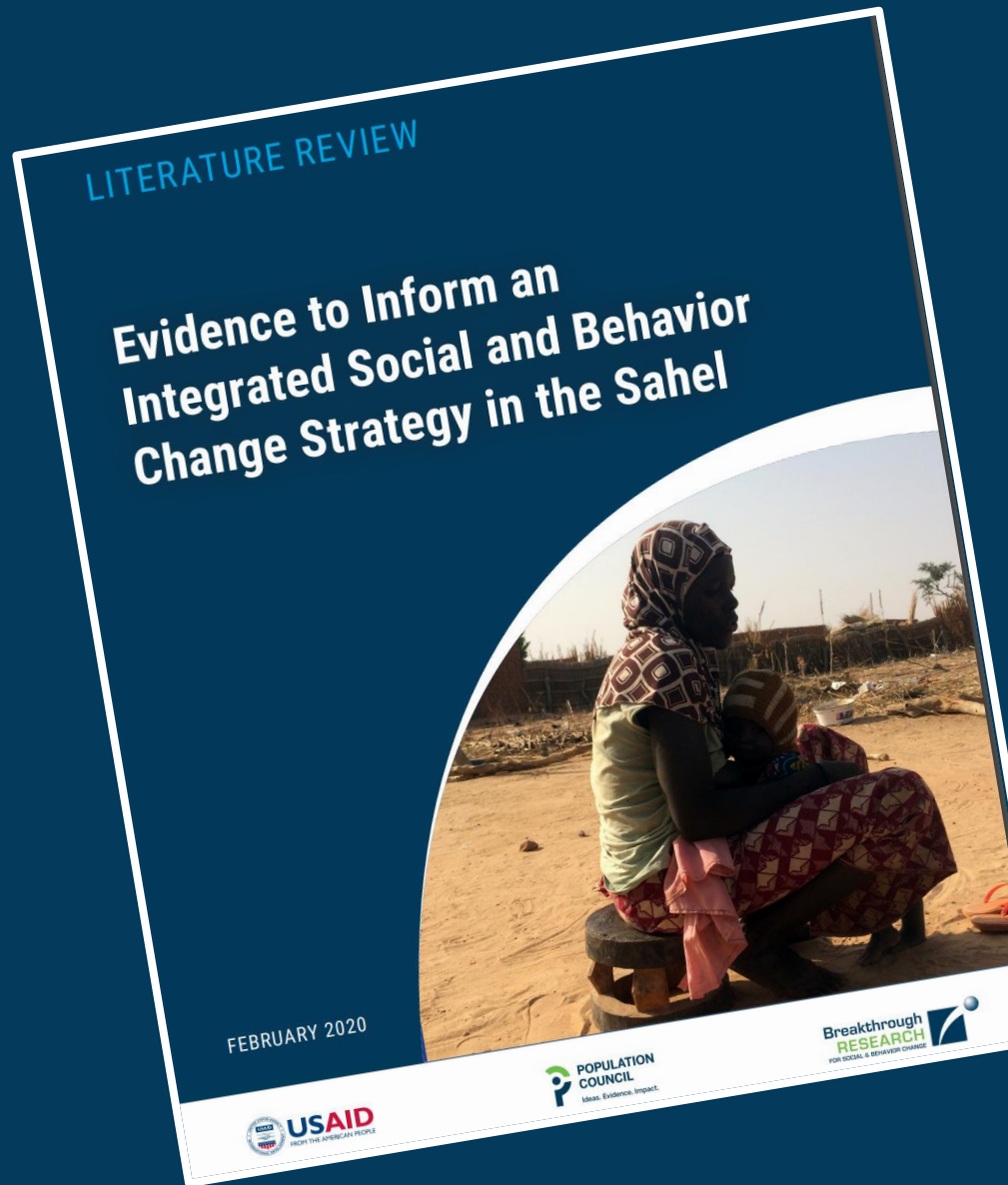
- Governments and donors in the Sahel recognize the need for strengthening state and local institutions and governance, increasing sustained economic well-being, and improving health and nutrition.
- Interest has grown in the viability of building upon existing humanitarian and development assistance to cohesively address more than one health or development issue within integrated programs.

Evidence to Inform Integrated SBC in the Sahel



The Enabling Environment

- Persistent knowledge gaps, myths, misperceptions, and norms continue to influence health behaviors.
- Many of the health behaviors included in the review are practiced by women but are **influenced by their parents, husbands, friends, and community leaders.**
- Need to know how these **influence can be engaged** to support adoption of priority behaviors and **how information is shared within communities**, including which sources of information are **most frequently accessed and trusted.**



Key Message



An enabling environment for sustainable SBC in family planning programs promotes and incorporates structural, community, and individual drivers of change for a more complete understanding of the pathway from knowledge to behavior.



Understanding Family Planning Outcomes in Northwest Nigeria

Understanding Family Planning Outcomes in Northwest Nigeria



- Breakthrough RESEARCH conducted a three-year evaluation in northwest Nigeria of the Breakthrough ACTION/Nigeria project, an **integrated SBC program targeting family planning, malaria, and maternal, newborn, and child health and nutrition.**
- Northwestern Nigeria is a region with high fertility and low contraceptive use, driven in large part by **high-fertility norms, pro-natal cultural and religious beliefs, misconceptions about contraceptive methods, and gender inequalities.**
- **SBC programs often try to shift drivers of high fertility through multiple channels including mass and social media, as well as community-level group, and interpersonal activities.**

Understanding Family Planning Outcomes in Northwest Nigeria



Behavioral Sentinel Surveillance (BSS) Survey

Study population

Women with children under 2 living within Breakthrough ACTION/Nigeria program areas in Kebbi, Sokoto and Zamfara states (*not representative at state level*)

Study design

Cross-sectional

Sample size

3,043 women

Sampling method

90 wards in Breakthrough ACTION/Nigeria program areas
Random selection of women with children under 2 years

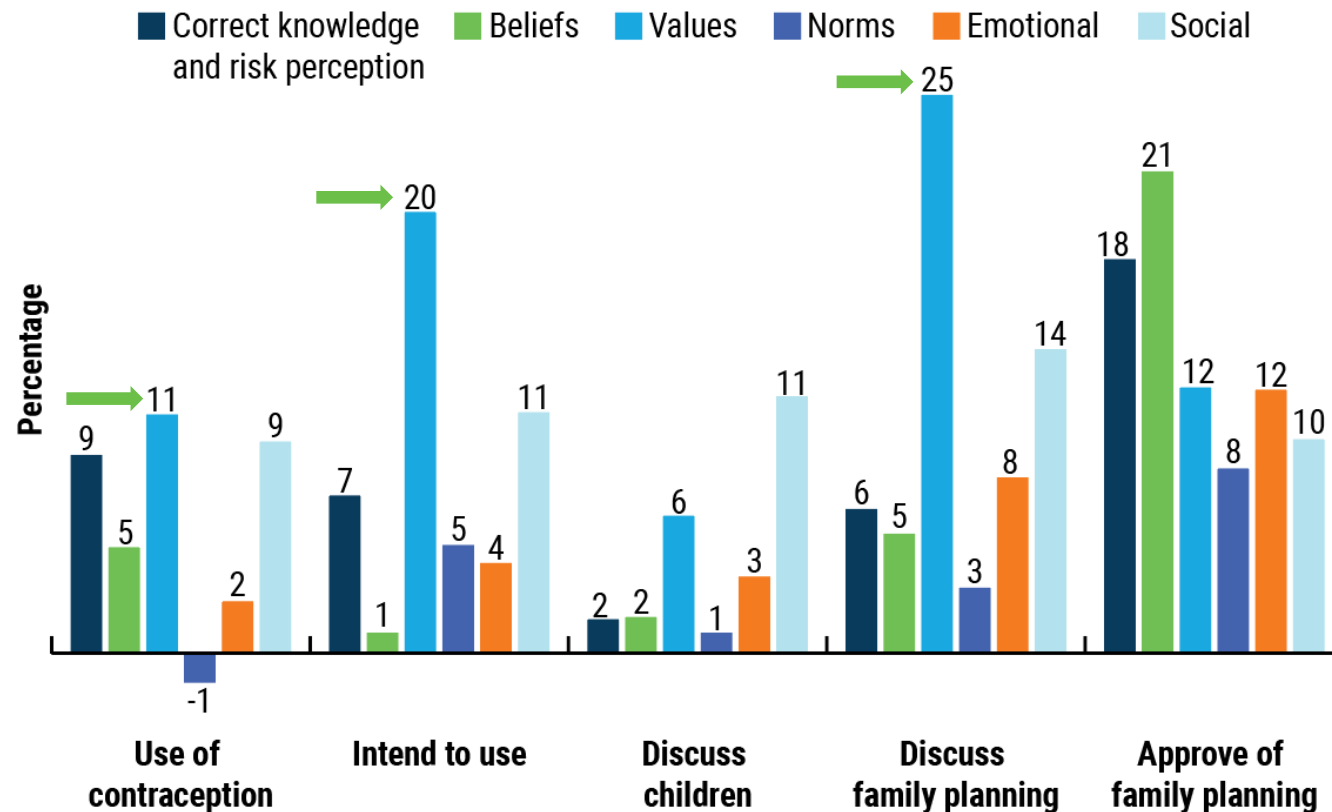
Data analysis

Multivariate regression analysis

Understanding Family Planning Outcomes in Northwest Nigeria



Potential Effects on Family Planning from Ideational Factors



- **Values**, specifically approval of family planning, appeared to have the largest impacts in general
- Achieving ideal knowledge, dispelling contraceptive myths, and positive social influences could also be largely impactful
- A supportive enabling environment is needed to achieve this impact



BASELINE TECHNICAL REPORT

Behavioral Sentinel Surveillance Survey in Nigeria

JUNE 2020



Hutchinson et al. *BMC Public Health* (2021) 21:1168
<https://doi.org/10.1186/s12889-021-11211-y>

BMC Public Health

RESEARCH Open Access

Understanding family planning outcomes in northwestern Nigeria: analysis and modeling of social and behavior change factors

Paul L. Hutchinson^{1*}, Udochison Anaba¹, Dele Abegunde², Mathew Okoh³, Paul C. Hewett² and Emily White Johansson¹

Abstract

Background: Northwestern Nigeria faces a situation of high fertility and low contraceptive use, driven in large part by high fertility norms, pro-natal cultural and religious beliefs, misconceptions about contraceptive methods, and gender inequalities. Social and behavior change (SBC) programs often try to shift drivers of high fertility through multiple channels including mass and social media, as well as community level group, and interpersonal activities. This study seeks to assist SBC programs to better tailor their efforts by assessing the effects of intermediate determinants of contraceptive use/uptake and by demonstrating their potential impacts on contraceptive use, interpersonal communication with partners, and contraceptive approval.

Methods: Data for this study come from a cross-sectional household survey, conducted in the states of Kebbi, Sokoto and Zamfara in northwestern Nigeria in September 2019, involving 3000 women aged 15 to 49 years with a child under 2 years. Using an ideational framework of behavior that highlights psychosocial influences, mixed effects logistic regression analyses assess associations between ideational factors and family planning outcomes, and post-estimation simulations with regression coefficients model the magnitude of effects for these intermediate determinants.

Results: Knowledge, approval of family planning, and social influences, particularly from husbands, were all associated with improved family planning outcomes. Approval of family planning was critical – women who personally approve of family planning were nearly three times more likely to be currently using modern contraception and nearly six times more likely to intend to start use in the next 6 m. Husband's influence was also critical. Women who had ever talked about family planning with their husbands were three times more likely both to be currently using modern contraception and to intend to start in the next 6 m.

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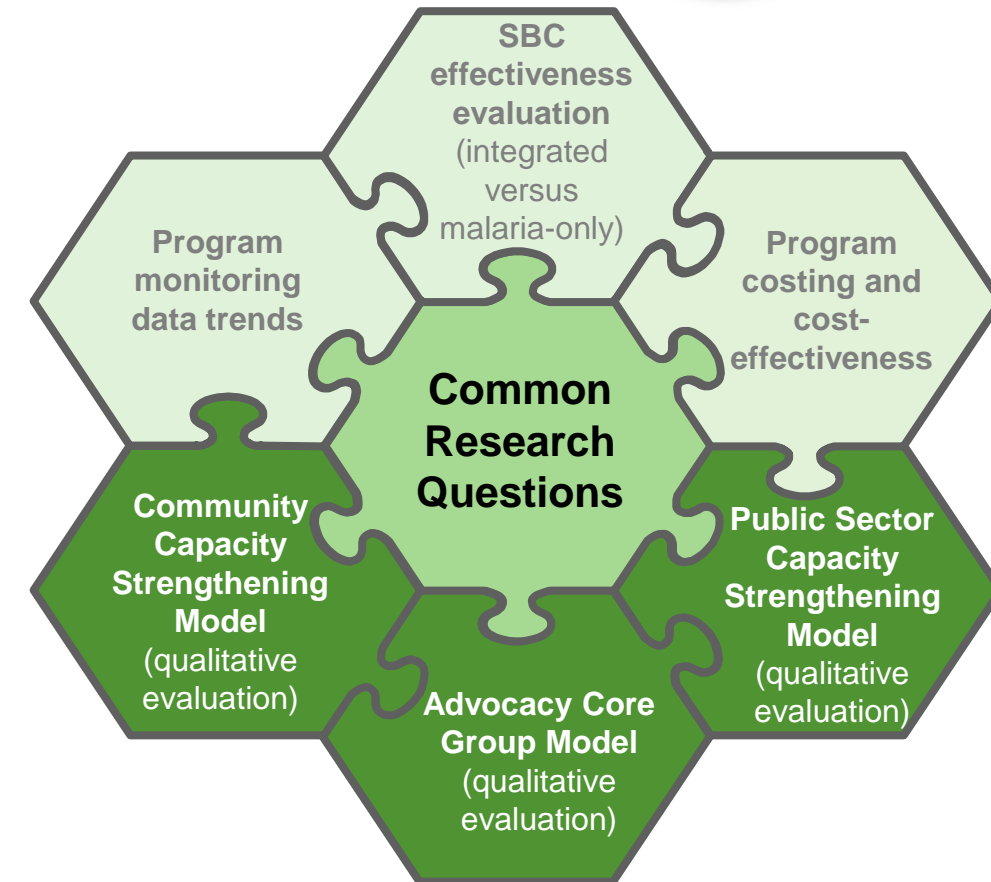
Exploring the Intersection of Individual, Community, and Institutional Influences in Northwest Nigeria

Exploring the Intersection of Individual, Community Institutional Influences in Northwest Nigeria



To complement the BSS evaluation of individual behaviors and behavioral ideations and influences:

- Developed a set of qualitative studies that aimed to help answer the RLA questions about the conditions that enable or hinder effective SBC programming
- Explored the multiple pathways of drivers—structural, community, and individual—that intersect to affect behavior change, including for family planning programming.



Advocacy Core Group (ACG) Model



Breakthrough ACTION/Nigeria's ACG Model: formalized structure of social groups (religious, women, traditional, and youth) that work through key opinion leaders and influences to affect community-level health norms and individual behaviors



Responsibilities of SBC ACG members at all levels

Address barriers, wrongful beliefs and misconceptions on reproductive, maternal, newborn, and child health plus nutrition (RMNCH+N) interventions	Facilitate dissemination of correct information on RMNCH+N interventions, including childbirth spacing through mass media
Support demand creation for MNCH interventions, including childbirth spacing	Advocate to governments, communities, non-governmental organizations, relevant institutions and other stakeholders for resources and support
Engage with community, traditional, key opinion and influential leaders in the LGAs and communities	Advocate with government and implementing partners on establishment and provision of accessible and quality RMNCH+N services
Facilitate discussions aimed at reducing barriers and increasing access to RMNCH+N interventions	Contribute to development and implementation of RMNCH+N and childbirth spacing programs in the states.
Support efforts to ensure messages used for demand creation are culturally appropriate and acceptable	

Enabling Environment Findings

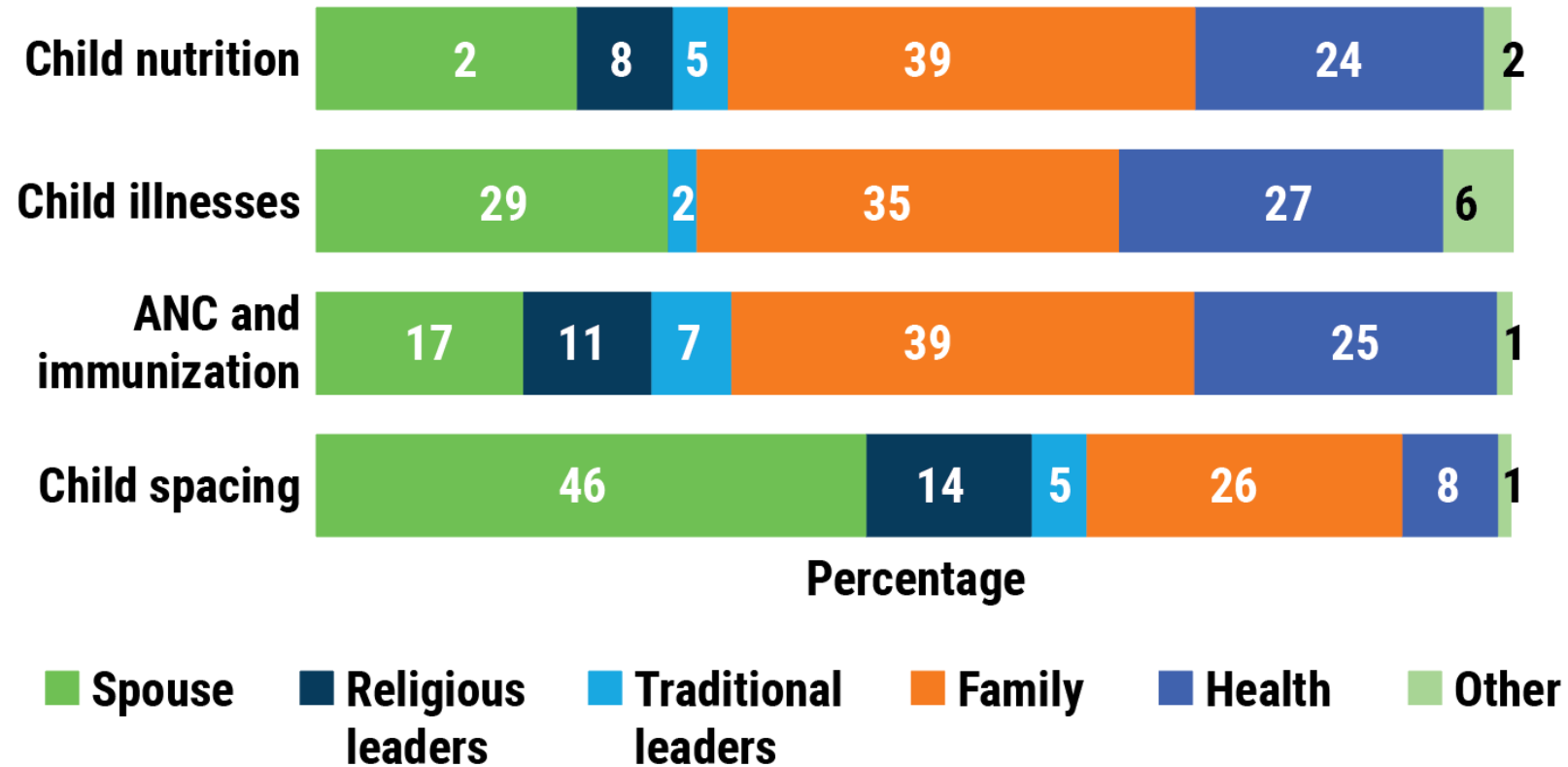


- Although social norms are entrenched in certain health areas, **norms around child spacing are shifting**, with a recognition of the benefits to mothers' and children's health.
- Women, however, **do not have the agency to make health decisions and independently take action** to seek care in family planning, pregnancy, childbirth, and childcare.
- ACGs appear to be fulfilling their responsibilities by **actively discussing and encouraging shared decision-making on health matters**.

Influencers of Health-seeking Behaviors



Influencers in maternal and child care (Bauchi)



Successes



Promising Areas for Potential Impact

- *Skills-building in community engagement and community liaison:* receiving supportive training on how to mobilize communities
- *Combining mid- and mass media:* work has been bolstered by radio broadcasters transmitting similar SBC messages, lending credibility and support to their own work, reinforcing health messaging, and reaching broader audiences
- *Motivating participation and leadership:* The structure of the ACG model, based on close liaison and social support from government leaders at all levels to mobilize and reach communities of interest, provides a source of intrinsic motivation to ACG members, in spite of the lack of financial remuneration





**Advocacy Core
Group Model**
(qualitative
evaluation)

TECHNICAL REPORT

**Qualitative Research on
Breakthrough ACTION's Advocacy Core
Group Model for Integrated Social
Behavior Change Programming in Nigeria**



MARCH 2023



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Community Capacity Strengthening (CCS) Model



Breakthrough ACTION/Nigeria's CCS approach has

3 specific objectives:

1. Help communities to **identify priority health areas and behaviors** in family planning, MNCH+N and malaria, and demand appropriate and quality health services;
2. Empower communities to **mobilize resources, enhance participation in health services, and address underlying barriers** to improved health, including gender biases and norms; and
3. Increase **community ownership and sustainability** by developing systems to ensure continued community involvement and participation.

Early Successes



- **Perceived self-efficacy:** all participants place great importance on “committees” and their role in fundraising and leadership.
- **Cohesion:** evidence of social cohesion among and between community committees.
- **Leadership, trust, accountability and transparency:** key elements of perceived capacity and community cohesion.



“

We are all united, we've become like a broom tied together. Everyone has a role to play. When we hear any [health] news, we'll look for this party and that other party...we CVs won't be enough, WDCs won't be enough...when we joined hands, we've been having progress through Breakthrough.

—Sokoto, Female
Community Volunteer

Challenges to Sustainability



1. **Financial:** members can collectively solve social and health problems up to a certain extent, but there are limits when a project has out-of-pocket financial demands.
2. **Logistical:** community volunteers experience logistical issues, particularly in hard to reach and remote settings, or due to poor roads and weather conditions.
3. **Human resource constraints:** perceived potential for waning motivation because volunteers had little incentive beyond their initial enthusiasm and commitment to improving the community's health.

Key Recommendations



1. Support the diversification of fund generation strategies.
2. Strengthen capacity for addressing a wider range of behavior influences sustaining change, including practicing holding government and other stakeholders accountable to their commitments to support community health and advocacy.
3. Further promote female participation in ward development committees and community structure leadership.





Community Capacity Strengthening Model (qualitative evaluation)

TECHNICAL REPORT

Qualitative Evaluation of Breakthrough ACTION/Nigeria's Community Capacity Strengthening Approach to Sustaining Integrated Social and Behavior Change Programming: Phase I



JUNE 2022



Breakthrough RESEARCH's Evaluation of Breakthrough ACTION Nigeria's Community Capacity Strengthening Approach



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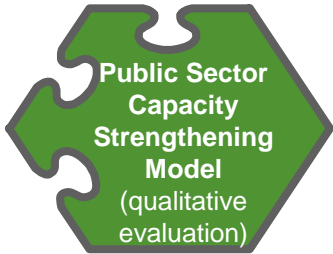
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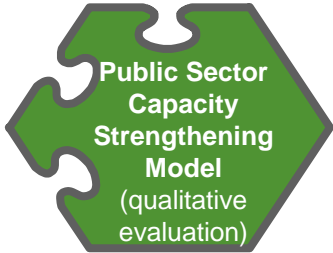
Public Sector Capacity Strengthening Approach



Breakthrough ACTION/Nigeria's Public Sector Capacity Strengthening (PSCS) approach has four strategic objectives:

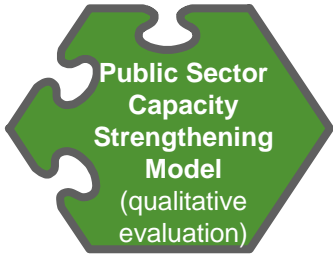
1. Support key MOH units to strengthen coordination, planning, and quality assurance for SBC at the national and sub-national levels.
2. Strengthen public sector systems for oversight and coordination of SBC at the national and sub-national levels.
3. Improve the quality and impact of SBC activities across the public sector by establishing improved systems and data use for coordination and joint planning.
4. Develop mechanisms for ensuring SBC quality assurance and establishing consensus agendas.

Key Findings



1. **Individual-level outcomes** comprised initial actions to develop health messages and adapt national guidelines.
2. **Organization-level outcomes** were related to training and facilitation, community mobilization, and design and monitoring.
3. **System-level outcomes** were focused on coordination and guideline adherence.
4. Challenges in implementing the knowledge and skills acquired include **illiteracy, resistance to change, financial and mobility issues, a lack of data collection equipment, and conflicting work plans.**

Recommendations



1. Investigate and address limiting factors that could lead to slow implementation of SBC PSCS activities.
2. Increase coordination efforts to ensure even greater synergy between different State Ministries of Health and related ministries, departments, and agencies.
3. Focus on individual and systemic efforts to create balance and optimal achievement of strategic goals.

Public Sector Capacity Strengthening Study



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Key Message



SBC approaches that address barriers that can result in differential exposure to SBC activities can employ more effective and inclusive engagement strategies to foster empowered family planning decision-making for women, couples, and youth.



Understanding and Overcoming Barriers to Reaching Target Audiences

Understanding and Overcoming Barriers to Reach Target Audiences



- Understanding which channels to use to reach target audiences and how structural barriers in the enabling environment may impact exposure are important for adaptive management to inform SBC campaigns in support of family planning programs.
- Breakthrough RESEARCH has taken several approaches as part of evaluations of SBC programming to inform the campaigns in reaching target audiences.

Understanding and Overcoming Barriers to Reaching Target Audiences



Niger

Low levels of access to television but higher access to radio and mobile phones, though overall, still low in all study areas. There were also gendered differences: two-thirds of women had not listened to the radio compared to one-fifth of men.

Nigeria

Radio listenership among women was found to be varied across the different study sites but ranged from 24% to 38% (exposure to other forms of media was much lower). Awareness of the intervention radio program was lower among respondents in the poorest households (12%) than in wealthiest households (42%).

Using Social Listening

Skew in audience reach – 72% of the audience was male, and yet the target audience for the SBC campaign was both males and females.

Understanding and Overcoming Barriers to Reaching Target Audiences



BASELINE TECHNICAL REPORT

Behavioral Sentinel Surveillance Survey in Nigeria



JUNE 2020


USAID, Tulane University, POPULATION COUNCIL



TECHNICAL REPORT

Evaluation of RISE II Integrated Social and Behavior Change Activities in Niger

Baseline Report



AUGUST 2022

USAID, CESA, Tulane University, POPULATION COUNCIL



TECHNICAL REPORT

Using Social Listening to Inform Integrated Social and Behavior Change Programs in Burkina Faso



The diagram features a central blue circle with a white hashtag symbol (#). Surrounding it are six smaller blue circles, each containing a white icon: a thumbs-up (like), a heart, a share icon, a factory, a person, and a location pin. Text labels are placed around the central circle: 'breastfeeding', 'childbirth', 'nutrition', 'water sanitation', 'handwashing', and 'vaccination'.

JULY 2021

USAID, Tulane University, POPULATION COUNCIL, Breal REI





Employing SBC Strategies to Engage Men in Family Planning

Employing SBC Strategies to Engage Men in Niger and Nigeria



- In both Niger and Nigeria, **gender dynamics** influence decision-making about health behaviors and outcomes.
- **Social norms and women's lack of agency in decision-making** challenge efforts to meet women's family planning needs in the region.
- Baseline findings from Breakthrough RESEARCH evaluations in both countries suggested **potential differential exposure to campaign content based on access to things like radio and TV** and the need to employ approaches that reach husbands and wives to encourage spousal communication around healthcare decision-making.

Employing SBC Strategies to Engage Men in Niger



RISE II partners used a variety of SBC approaches:

- community engagement, radio, interpersonal communication (IPC) through peer group activities, including husbands' schools.

The husbands' schools brought together married men, health workers, and cultural and religious leaders to discuss the importance of male involvement in household responsibilities, and improved couples' communication and joint decision-making related to maternal and child health.

Employing SBC Strategies to Engage Men in Niger



“ Health issues are discussed at almost every moment between my wife and me, especially when we are trained on a new topic at the husband school. The most recent example is that of a delivery that she made at home... And I was very unhappy about this [home delivery] because my friends from the husband school had asked me why.

—Man from Maradi, Niger

Employing SBC Strategies to Engage Men in Nigeria



In Nigeria, the SBC campaign, *Albishirin Ku!*, aims to shift the drivers of high fertility through multiple channels including mass, social, and digital media, as well as community-level events and home-visits by community volunteers.

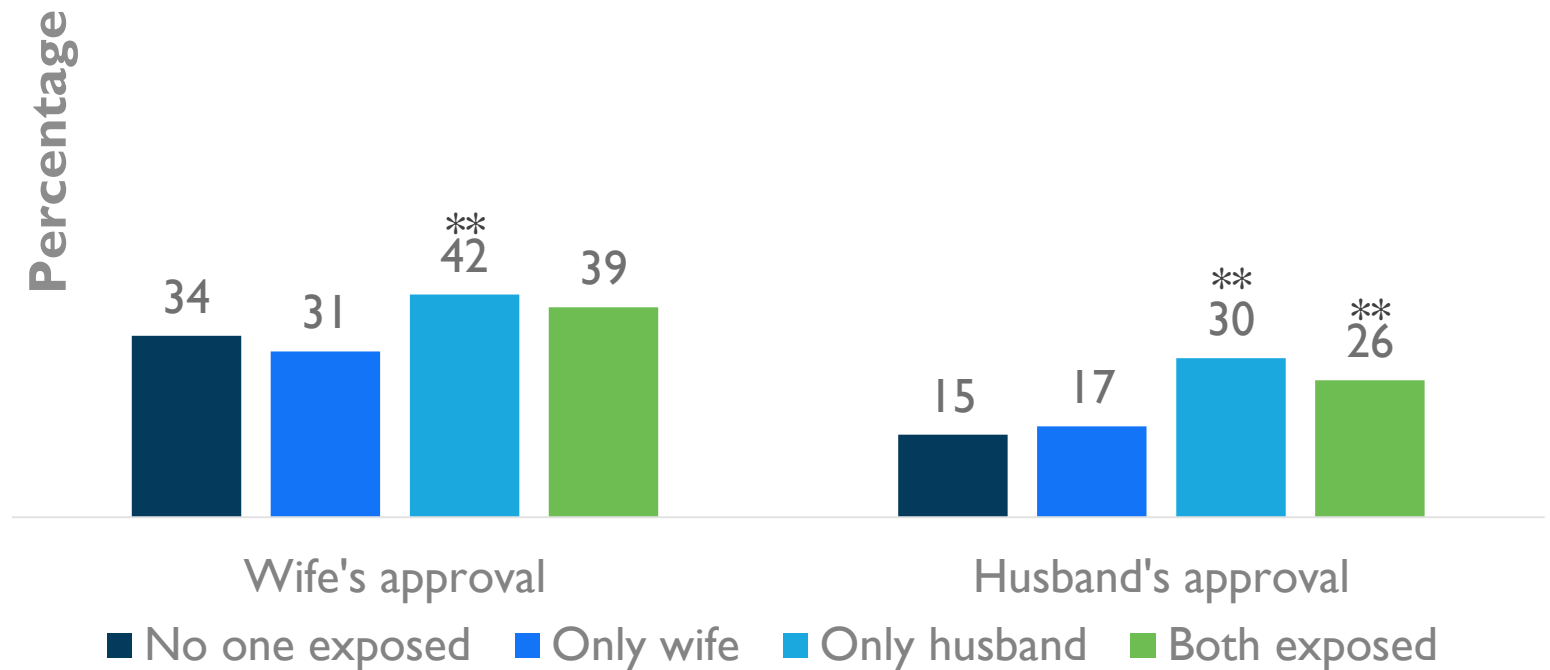


Is Exposure to *Albishirin Ku!* Related to Approval of Contraception for Birth Spacing?



- Approval of FP is generally higher with exposure to *Albishirin Ku!* but
- ...only husband's exposure to *Albishirin Ku!* matters: both for his own approval of FP and for his wife's
- A wife's exposure to *Albishirin Ku!* matters only if her husband is also exposed

Approval of family planning, husbands and wives



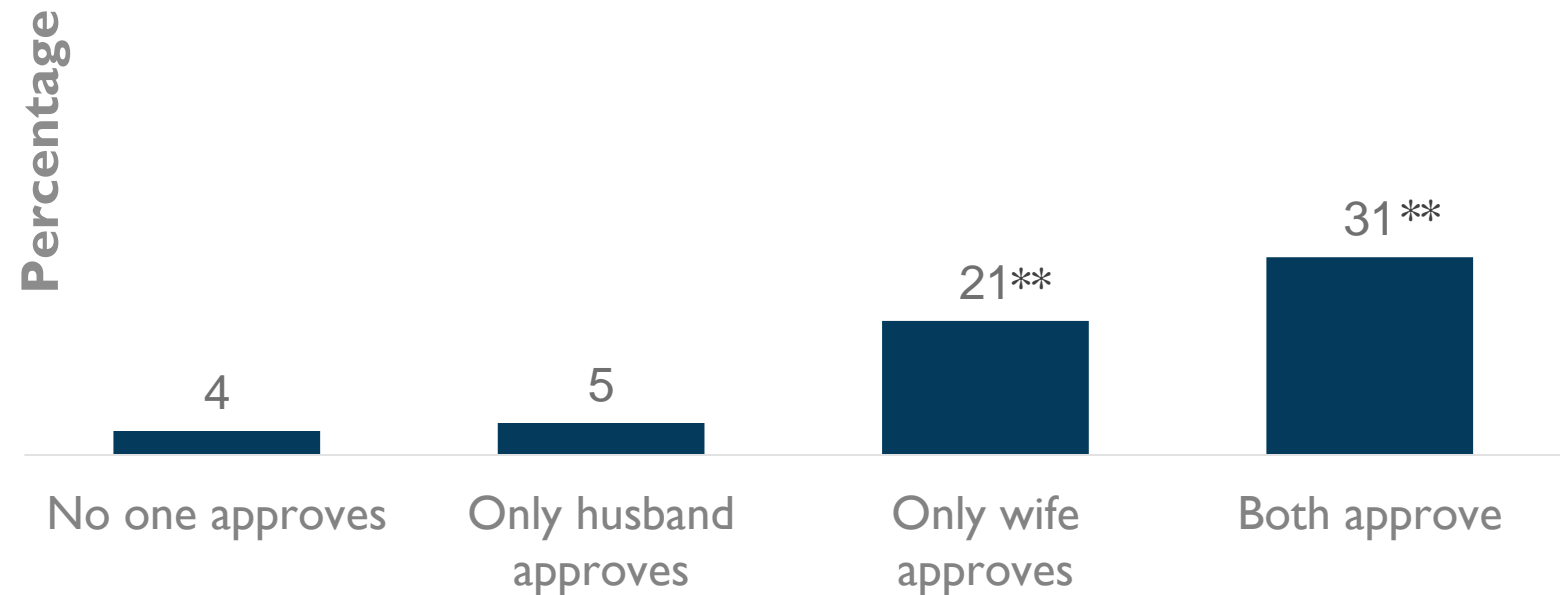
** p<.01 * p<.05

How does the approval of contraception by husbands & wives relate to family planning use?



- A wife's approval is a necessary condition for contraceptive use while a husband's approval alone is insufficient
- Modern contraceptive use is highest if both partners approve of contraception

Likelihood of contraceptive use, by who supports its use



** $p < .01$ * $p < .05$



Employing SBC Strategies to Engage Men in Niger and Nigeria

BREAKTHROUGH RESEARCH PROGRAMMATIC RESEARCH BRIEF | OCTOBER 2022

Evidence that drives effective social behavior change programming in Kebbi State

Comparing the Attitudes, Norms, and Beliefs of Husbands and Wives for Reproductive, Maternal, and Child Health

In northwestern Nigeria, a large proportion of primary health care services—reproductive, maternal, and child health services—are intended for women and children. Yet women often have limited autonomy when it comes to decisions about their own health care and that of their children. Traditional gender roles and norms mean that husbands are typically the principal decision-makers surrounding the health of family members. Studies have shown that husbands' involvement in health decision-making can impact overall family health.¹⁻³ Hence, ensuring that husbands and wives share similar attitudes, norms, and knowledge and that women are empowered to act to improve their health and the health of their children are critical factors for achieving sustained improvements in health in the region.

This research brief outlines and compares the health attitudes, norms, knowledge, and behaviors of husbands and wives surrounding the practices of priority reproductive, maternal, and child health behaviors in Kebbi State, Nigeria. Data come from the population-based behavioral sentinel surveillance (BSS) survey conducted in 2021 by the United States Agency for International Development's (USAID)-funded Breakthrough RESEARCH project. The findings presented here provide rigorous, evidence-based insights to inform the design and implementation of high-impact social behavior change (SBC) programs for women, men, and their children.

particularly for programs that focus on modern contraceptive use; antenatal care (ANC) and facility delivery; malaria prevention; nutrition; and child health.

The results in this brief are premised upon the Ideational Behavior Change framework developed by Kincaid,⁴ which serves as the guiding basis for the design of SBC interventions of Breakthrough ACTION in Nigeria. This framework highlights the roles of cognitive, emotional, and social factors affecting behavioral intentions and actual behavior.⁴ Factors included in the Ideational Framework include knowledge, attitudes, perceived risks, norms, self-efficacy, and social influences (Figure 1). As an individual's ideational metrics improve, the likelihood that a person will engage in a targeted behavior is theorized to also increase. SBC programs aim to influence these ideational factors, for example by engineering new information about the benefits of maternal and child health services, shifting descriptive and injunctive norms about using those services, and empowering people to access the services. This in theory leads ultimately to the adoption and practice of healthy maternal and child health behaviors.^{5,6}

In this context, understanding the dynamics and communication between husbands and wives, as well as the concordance or discordance in ideational metrics within couples, can provide important insights for developing a more effective approach to designing and adapting behavior change interventions. This brief therefore provides perspectives to consider in designing and implementing SBC program activities.

Breakthrough RESEARCH
Breakthrough RESEARCH is USAID's flagship SBC program in Nigeria. It implements evidence-based SBC strategies across multiple sectors in Nigeria.

POPUL COUNCIL
POPUL COUNCIL is a leading research and advisory organization in the field of population, reproductive, maternal, and child health.

Tulane University
Tulane University is a leading research and advisory organization in the field of population, reproductive, maternal, and child health.

USAID
USAID is the United States Agency for International Development.

Chace Dwyer et al. BMC Public Health (2022) 22:1350
https://doi.org/10.1186/s12889-022-13683-y

BMC Public Health Open Access

“When you live in good health with your husband, then your children are in good health ...” A qualitative exploration of how households make healthcare decisions in Maradi and Zinder Regions, Niger

Sara Chace Dwyer^{1*}, Sanyukta Mathur¹, Karen Kirk¹, Chaibou Dadi² and Leanne Dougherty¹

Abstract

Background: Gender dynamics influence household-level decision-making about health behaviors and subsequent outcomes. Health and development programs in Niger are addressing gender norms through social and behavior change (SBC) approaches, yet not enough is known about how health care decisions are made and if gender-sensitive programs influence the decision-making process.

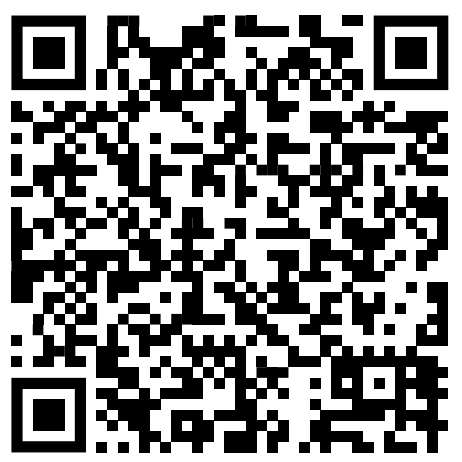
Methods: We qualitatively explored how households make decisions about family planning, child health, and nutrition in the Maradi and Zinder regions, Niger, within the context of a multi-sectoral integrated SBC program. We conducted 40 in-depth interviews with married women ($n=20$) and men ($n=20$) between 18 and 61 years of age.

Results: Male heads of household were central in health decisions, yet women were also involved and expressed the need to discuss health issues with their husbands. Participants described three health decision-making pathways: (1st pathway) wife informs husband of health issue and husband decides; (2nd pathway) wife and husband discuss and jointly identify a solution; (3rd pathway) wife identifies the health issue and husband decides. Additionally, the role of spouses, family members, and others varied depending on the health topic. Family planning was generally discussed between spouses, whereas child malnutrition, and some men who participated in husbands' schools (a group- or change approach) reported that this activity influenced their approach to and involvement in health activities. However, it is unclear if program activities influenced health care decision-making or not.

Conclusion: Program activities that focus on involving spouses should be sustained to enhance women role in health decision making. Program activities that emphasize spousal communication, provide health information, discuss household

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Full article text and abstract are visible in the image.





Discussion and Q&A

What's Needed Next



Stakeholders, including communities, need to be engaged in the design and coordination of SBC approaches in family planning programs, and investments made in long-term evaluations, to ensure collaboration with the enabling environment, promote accountability, and sustain positive change.

What's Needed Next for SBC and the Enabling Environment?



1. Community capacity strengthening approaches appear to yield positive outcomes. Yet, to fully understand their impact, **support for investments into long-term evaluations are needed.**
2. A clear threat to the sustainability of SBC approaches that engage communities and other local stakeholders and actors is **sustained financing** for these efforts.
3. **Agency and empowerment are undermeasured intermediate determinants** but a key link along the pathway from knowledge to behavior.
4. As the focus on integration continues to grow, the **evidence gaps identified in the RLA for Integrated SBC Programming remain relevant.**

**Reflecting on What's Needed Next:
Foyeke Oyedokun-Adebago, USAID|Nigeria**

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Discussion and Q&A

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- We will also discuss the implications from the Mentimeter results we've seen throughout the webinar.



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