INSIGHT BRIEF: INCREASING INVESTMENT IN SOCIAL AND BEHAVIOR CHANGE FOR FAMILY PLANNING/REPRODUCTIVE HEALTH

Introduction

One objective of the Breakthrough ACTION project—funded by the U.S. Agency for International Development (USAID)—is to advocate for increased investment and support for social and behavior change (SBC). This brief presents findings on behavioral barriers to increased investment in SBC for family planning and reproductive health programming (FP/RH). The analysis focuses on the barriers and needs of three key groups: (1) country offices of government assistance agencies (e.g., USAID Missions and the Netherlands Ministry of Foreign Affairs), (2) private foundations (e.g., the Bill & Melinda Gates Foundation and the William and Flora Hewlett Foundation), and (3) country decision makers (e.g., staff in the Ministries of Health or Finance). By understanding the characteristics and factors that influence these agents of change in their investment choices, SBC practitioners can develop more effective, evidence-driven advocacy strategies. Although this brief focuses on the decision-making processes of these actors, the behavioral barriers described may apply to other categories of decision makers, such as implementing partners and coordinating bodies who may operate within similar contexts of limited resources, competing priorities, and with similar perceptions of SBC. Finally, the brief suggests avenues advocates could explore to address these barriers and meet these groups' needs.

Approach

To develop these insights, Breakthrough ACTION applied a process of behavioral diagnosis. First, Breakthrough ACTION generated hypotheses, based on behavioral science literature, as to what might be shaping investment decisions of the three prioritized groups. Next, project staff conducted a desk review and stakeholder interviews to assess those hypotheses and develop new insights based on the gathered data. The desk review included FP costed implementation plans (CIPs), strategy documents, social media activity, and other publicly available data sources. Stakeholder interviews included donors and country decision makers at the national level from 10 different countries.[1] Breakthrough ACTION first assessed data by different decision maker categories and then synthesized the key cross-cutting insights for this brief.

Findings

Strategy documents and CIPs define national FP priorities. These documents serve as a reference for country decision makers and development partners, such as donors, implementing partners, and coordinating bodies, to inform their investment priorities, intervention approaches, and coordination efforts. However, these national strategies are often influenced by perceived donor priorities or the preferences of implementing partners or other actors, given that donors and implementing partners

[1] Our interviews with government decision makers focused on Bangladesh, Burundi, Guinea, Kenya, Mali, Nigeria, Niger, Rwanda, Senegal, and Togo.

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often provide technical support to country decision makers in developing these strategies. The interplay between these actors and how they influence each other's decision making is interwoven throughout the insights which follow.

Note for readers:

- Each decision maker group has an associated colored box (see key below). The appearance of a colored box next to an insight or opportunity indicates relevance for that particular group.

  ★ **Private Foundations**

  ▲ **Country Offices of Government Assistance Agencies**

  ● **Country Decision makers**

- For some insights, related psychologies explain the barriers. These are indicated in parentheses and defined in the nearby text boxes.

★▲● ***Insight 1*** **(Mental models):** *Decision makers have a narrow view of when SBC might be relevant and, therefore, fail to think about investing in SBC more broadly, thus limiting its application.*

Decision makers perceive SBC is primarily relevant for demand creation and for addressing sociocultural barriers (e.g., norms and attitudes). Country decision makers most often associate SBC with mass media approaches, while the other two decision maker groups consider SBC useful for addressing client needs and overcoming normative or attitudinal factors by clients or communities. The full potential of SBC is not realized because of these narrow views of what SBC is suited for and can accomplish.

Mental model refers to the mental representation or cognitive framework used by individuals, consciously or not, to understand and make sense of the world around them.

▲● ***Insight 2*** **(Status quo bias)**: *The benefits of investing in familiar approaches are clearer than the benefits of investing in unfamiliar areas. In the past, these approaches alone have produced good results.*

For many years, investments in expanding access and improving health worker training translated into increased modern contraceptive prevalence rates and new contraceptives users, thus fostering a perception that these approaches are all that is necessary for achieving better FP/RH results. Government assistance agencies and country decision makers have extensive experience with activities such as clinic mentoring, training, and health workforce recruitment. In addition, many country decision makers and donors are clinicians or have been trained in disciplines other than the social sciences, thus strengthening their natural orientation towards service delivery and health systems strengthening (HSS) approaches. In some cases, FP results have started to stagnate, and stakeholders are exploring more effective ways to address this problem. Although SBC could boost countries' efforts, investment in and implementation of less

familiar approaches like SBC is more challenging and ambiguous for country decision makers. They may feel they lack skills or understanding about how to judge successful implementation of SBC activities. Additionally, decision makers may count activity completion as the sole marker of success. All of this leads to a bias toward approaches that are familiar and easy to implement. Since SBC is a less familiar approach and can be viewed as less easy to implement, it often gets left out of funding and program plans.

The **status quo bias** is the tendency of individuals to prefer to maintain the status quo rather than to make changes or new decisions.

Insight 3 *Actors such as large implementing partners and regional or global entities exert significant influence over what receives funding, and many of these actors focus more on the components of HSS than SBC.*

Many times, donors leave the details of programmatic approaches and funding allocations up to implementing partners and the large regional and global bodies they fund (such as UNFPA and FP2030). Clinicians lead many of these entities, which focus more on elements of the health system, leaving SBC deprioritized. During CIP development, implementing partners' priorities and recommendations carry significant weight since their funding often supports the development of the CIP and several activities in the CIP. Thus, country decision makers often look to what implementing partners and other large entities prioritize since they want to align with donor priorities to ensure continued resources.

Insight 4 **(Salience)**: *The World Health Organization (WHO) health system building blocks inform country strategies, and investment decisions are shaped by these strategies. This leads to prioritizing activities most aligned with the building blocks.*

The most prominent areas in national FP strategies are service delivery, governance, and health workforce, which are WHO health system building blocks. Country decision makers then base their CIPs on these strategies, and many donors also orient their investments according to country strategies. Since the building blocks do not feature SBC, and SBC's connection to each of the building blocks is unclear for most actors due to their narrow view of SBC and its utility (Insight 1), many decision makers see SBC as a complement to efforts tied to other primary investments for FP, which receive a larger share of the budget.

Salience refers to the ability of an element or piece of information to stand out or attract attention. It also refers to the characteristics that make it more notable for individuals.

Insight 5 **(Illusory correlation)**: *Decision makers find attributing results to specific interventions challenging, and they often base their assessments on what they are already monitoring routinely, which does not often include SBC-based activities.*

The main sources of data that country decision makers use to monitor activities include national health management information systems (referred to as DHIS2), health facility reports, and activity and supervision reports. None of these reports capture

SBC outcomes[2] which makes it difficult to see how much SBC has contributed to results. Without clear data, actors may assume the results they achieve are due to the larger investments they have made in service delivery or HSS and related approaches. Furthermore, for donors and country decision makers, measuring and monitoring SBC may be more daunting than measuring and monitoring other activities given their limited exposure to SBC, and the connection between SBC activities and prioritized outcomes may not be as clear in actors' minds (Insight 1).

Opportunities

This section outlines opportunities to overcome the barriers and address the needs identified in order to increase investments in SBC for FP/RH. They should spur thinking and help concretize how to address these barriers. However, programs could also leverage existing resources[3] for each of these opportunities. Different actors may seek to develop new resources or tools which align with these opportunities, adapt existing resources to better address the identified barrier, or increase dissemination of resources which map neatly against the challenge.

Clearly highlight the additional benefits of increased investment in SBC in terms that align with the goals of stakeholders. This could include highlighting country case studies, how much countries invested in SBC, and what they achieved with increased funding. Potentially resources might also note where countries decreased investments to have those resources available for SBC. This could help stakeholders have clear heuristics or simple rules-of-thumb for what might be achieved with different levels of increased funding. *Responds to Insights 1, 2, and 5.*

Decrease the hassles and uncertainty around budgeting and planning for SBC implementation. This could include guidance for how much to budget for SBC under different scenarios, simple SBC measures (which could ideally be incorporated into existing ongoing data collection efforts), and step-by-step guidance for effective inclusion of SBC in CIPs, including sample CIPs highlighting where to include SBC investments. *Responds to Insight 2.*

Illustrate the value-add of SBC for achieving their FP/RH project aims to large, influential implementing partners and regional/global entities, such as United Nations agencies. This could consist of tailored documents—by stakeholder category or specific entity—highlighting the direct ways in which SBC could impact their FP/RH goals outside of demand generation. This could also include tips on how to plan for and implement relevant SBC approaches, including investment levels. *Responds to Insights 1 and 3.*

Influence the scope of SBC in country strategies and other key documents by highlighting how SBC is an approach that can be applied to each of the WHO health system building blocks. This should include concrete, results-focused approaches that could apply to each of these areas and concise guidance on their implementation according to the structure of country strategies. *Responds to Insights 1, 3, and 4.*

[2] To learn about potential SBC indicators, visit the SBC **Social and Behavior Change Indicator Bank for Family Planning and Service Delivery**.
[3] Find additional material at **Social and Behavior Change for Family Planning Resources**.

Advocate for the inclusion of simple indicators in DHIS2[4] or other more universally-leveraged monitoring platforms. This could also include providing concise guidance for how to incorporate these indicators and how monitoring these indicators could inform decisions and improve FP/RH results. Responds to Insight 5.

Stretch mental models of how SBC is relevant to the funding priorities of donors. This could include tailored documents for each donor highlighting specific ways in which SBC could be applied to their different funding priorities beyond demand generation. One could leverage case studies and synthesize evidence of effectiveness on outcomes of interest to the donor where feasible, for example: highlighting how SBC can strengthen quality of care, illustrating how to improve data use for decision making, informing advocacy efforts, driving technology development and adoption, or finding the human challenges inherent in health systems challenges in supply chain management. This can highlight SBC as a lens to apply to any host of challenges rather than a narrowly defined intervention approach, such as mass media campaigns for demand creation. *Responds to Insights 1 and 6.*

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[4] **DHIS2** (HISP Centre, Oslo, Sweden) is an open-source software platform for data collection, reporting, and analysis.