

From Insight to Impact: Leveraging SBC for Sustainable Change

Innovative SBC Solutions for Health



Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE



About Breakthrough ACTION

Breakthrough ACTION is an eight-year cooperative agreement funded by USAID to lead social and behavior change programming around the world. We seek to ignite collective action and encourage people to adopt healthier behaviors—from using modern contraceptive methods and sleeping under bed nets to being tested for HIV—by forging, testing, and scaling up new and hybrid approaches to social and behavior change.



ideas⁴²



Today's Speakers



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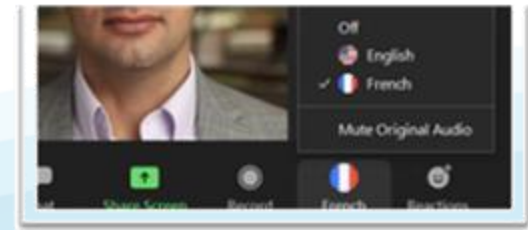
Logistics and Housekeeping

- Session length: 60 minutes, including Q&A
- Submit your questions via the Q&A feature throughout the presentations
 - Questions will be addressed live or in the Q&A feature by presenters
- Simultaneous interpretation available in French
 - Select your preferred language

Step 1: Click on the interpretation icon on the bottom right of your screen.



Step 2: Choose your language. Select **Mute Original Audio** option.



Simplified Referral for TB Testing Through Medicine Stores

Bolatito Aiyenigba
Ibrahim Aliyu Umar

The Problem: Nigeria Needs Better TB Detection



Nigeria has one of the lowest rates of tuberculosis (TB) case detection in the world, with less than 26% of projected cases of TB notified in 2018.

SOURCE: World Health Organization (2019). *Nigeria Tuberculosis Profile*.

Insight: Long Treatment Journeys

- Often, a person with TB might seek care from religious leaders, friends and family, **pharmacies**, and **informal community medicine stores**.
- People are often reluctant to visit health facilities due to **concerns about the cost**.



The lack of accurate information sends many TB patients searching the community for informal care.

TB Testing and Treatment are Free in Nigeria

Not only that, but there is a **toll-free National TB Hotline** where people can get information about TB, including Directly Observed Therapy (DOT) locations, where they can receive free testing and treatment.



Solution: Link Medicine Stores to the TB Hotline

Meet the patient where they are going...

Many people with undiagnosed TB regularly buy cough syrup, often **returning to other medicine stores** to buy more cough syrup as soon as they run out.

...and point them in the right direction.

Use **medicine store staff to refer** anyone with a cough for two or more weeks to get tested for TB by referring them to a nearby DOT center, or to call the National TB hotline for other locations.



A Makeover with the User in Mind

Been There, Done That

Earlier attempts by other projects relied on store staff to complete **long forms** when making a referral. Store staff were unlikely to fill out the forms even with **incentives**.

The forms were used to satisfy donor reporting requirements for monitoring and evaluation (M&E) data.



Doing it Better...

Breakthrough ACTION designed a simple pad of referral slips attached to a desktop calculator that staff could **just tear off and hand to any customer who had a cough.**

Each referral slip had a serial number that could be tied back to the store. This information was used to generate the M&E data the project needed.

The calculator was useful to store staff and, therefore, likely to be kept on the counter.



...and Faster

Rather than relying on training workshops, project staff held **brief orientations** directly in the medicine store. They explained why and how to refer someone for TB testing.

Staff also left behind posters or stickers to promote TB testing services.





Evidence: The Pilot Test Showed Promising Results

Testing the System

During design and testing, Breakthrough ACTION oriented medicine store staff, provided the referral slips, and left.

Later that day, **mystery clients** visited the same medicine store, complained of a persistent cough, and asked for cough syrup.

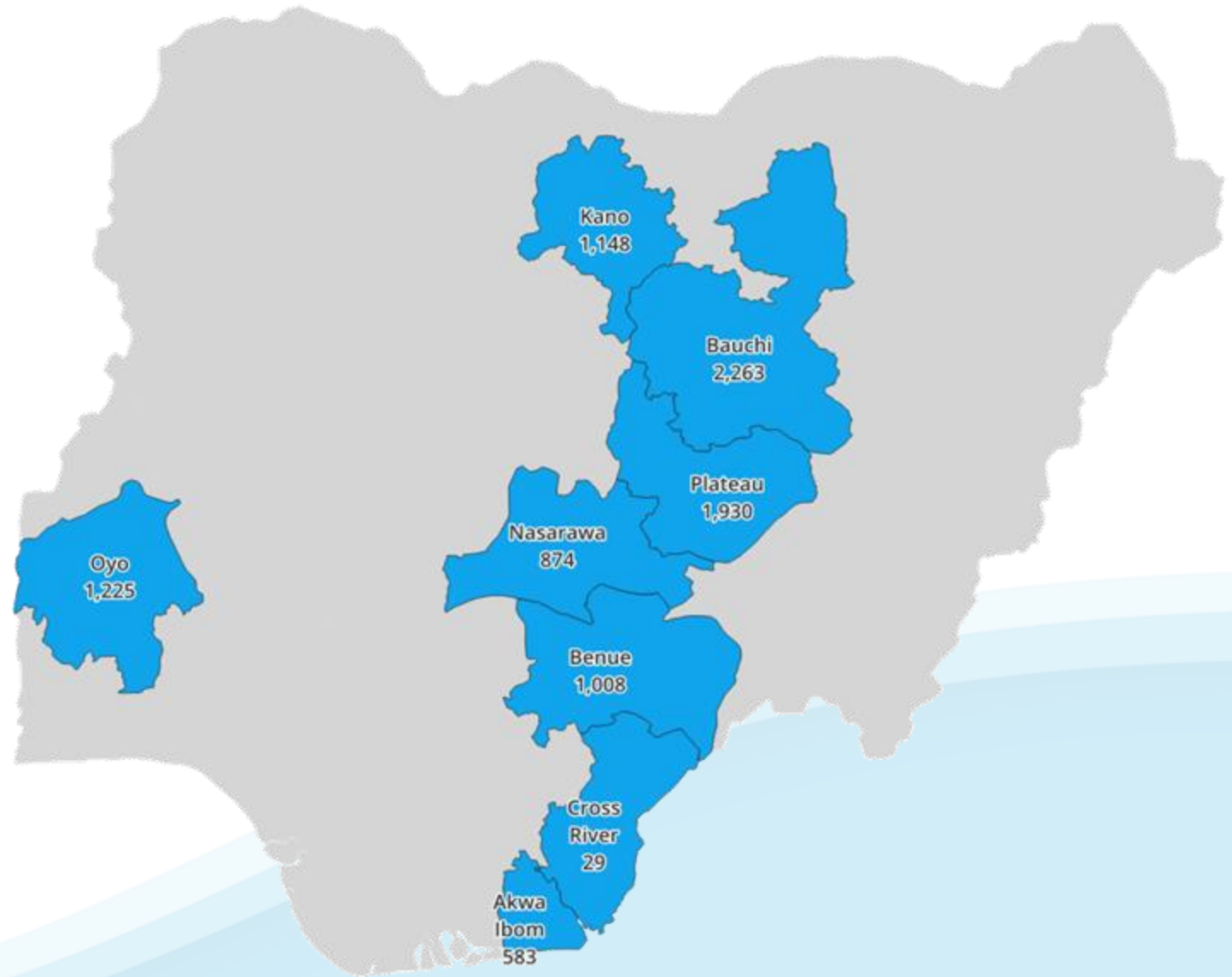
Early Signs of Success

About **2 out of 3 medicine stores** gave referral slips to the mystery client.

Small community medicine stores were more likely to issue the referral than busy roadside pharmacies.

Scale




- Over **9,000** Patent and Proprietary Medicine Vendors (PPMVs) are issuing referrals for TB testing voluntarily without monetary incentives across eight Breakthrough ACTION TB implementing states in Nigeria (recruited October 2020–June 2024).
- Over **40,000** people have been tested for TB after being referred by a PPMV.





Adaptation




- Due to the demand for data, Breakthrough ACTION slightly modified the design of the referral slip taking care to keep it simple.
- The modifications included adding client sex and age to comply with M&E requirements.

REFERRAL SLIP





CLIENT NAME: S/N 0000 - 0000



SEX:   AGE: 0 - 14 years ☐ 15 years and above ☐



CLIENT NAME: S/N 0000 - 0000

SEX:   AGE: 0 - 14 years ☐ 15 years and above ☐

Call 3340 or dial *3340#
for more information



Results to Date



Referrals issued
by PPMVs

59,173



Referrals from
PPMVs completed

40,608



Positive cases from
PPMV referrals

10%



Lessons Learned

- Some people felt entitled to VIP treatment with referral slips; further communication was needed to manage expectations.
- A folder/box was needed at DOT facilities to store referral slips.
- Some PPMVs were highly motivated; they supported patients beyond referral in their TB treatment journey.
- Feedback on referral efforts helped maintain motivation.
- Non-monetary incentives such as recognition, training, and media appearances were effective.



Acknowledgements

- National Tuberculosis and Leprosy Control Program
- State Tuberculosis and Leprosy Control Programs
- USAID for funding this work
- KNCV Nigeria
- Institute of Human Virology, Nigeria
- All PPMVs working with Breakthrough ACTION in Nigeria





Please share
your questions
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Q&A

Showcasing the Power of Cognitive Behavioral Therapy at the Intersection of Mental Health and Family Planning

Leah Mallett
Tesera Bitew

Problem: Many postpartum women have an unmet need for family planning and experience depression and anxiety

In lower- and middle-income countries...

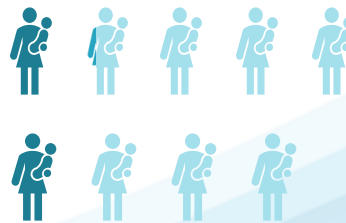
~ **33%** of mothers experience common mental disorders¹

~ **50%** of women who are one year postpartum have an unmet family planning (FP) need^{2,3}

Mental health is also **an identified need** among peripartum adolescents⁴



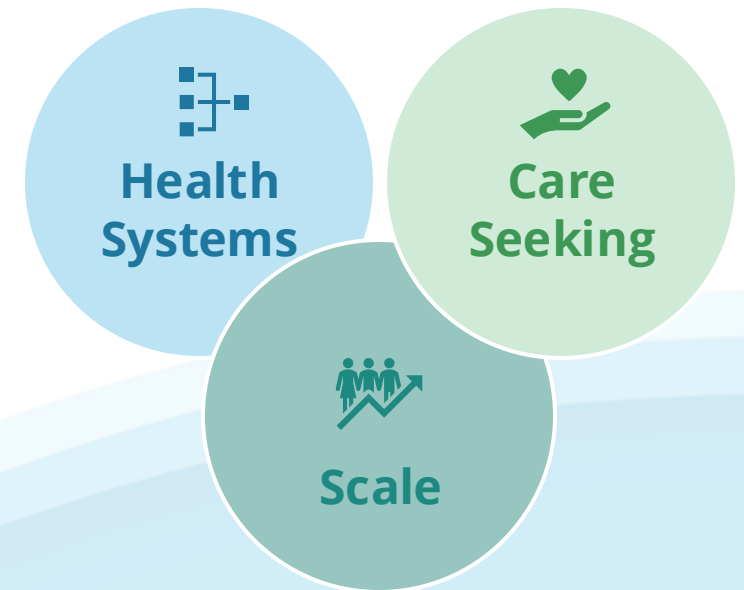
In Ethiopia...



Postpartum depression: **23%**⁵

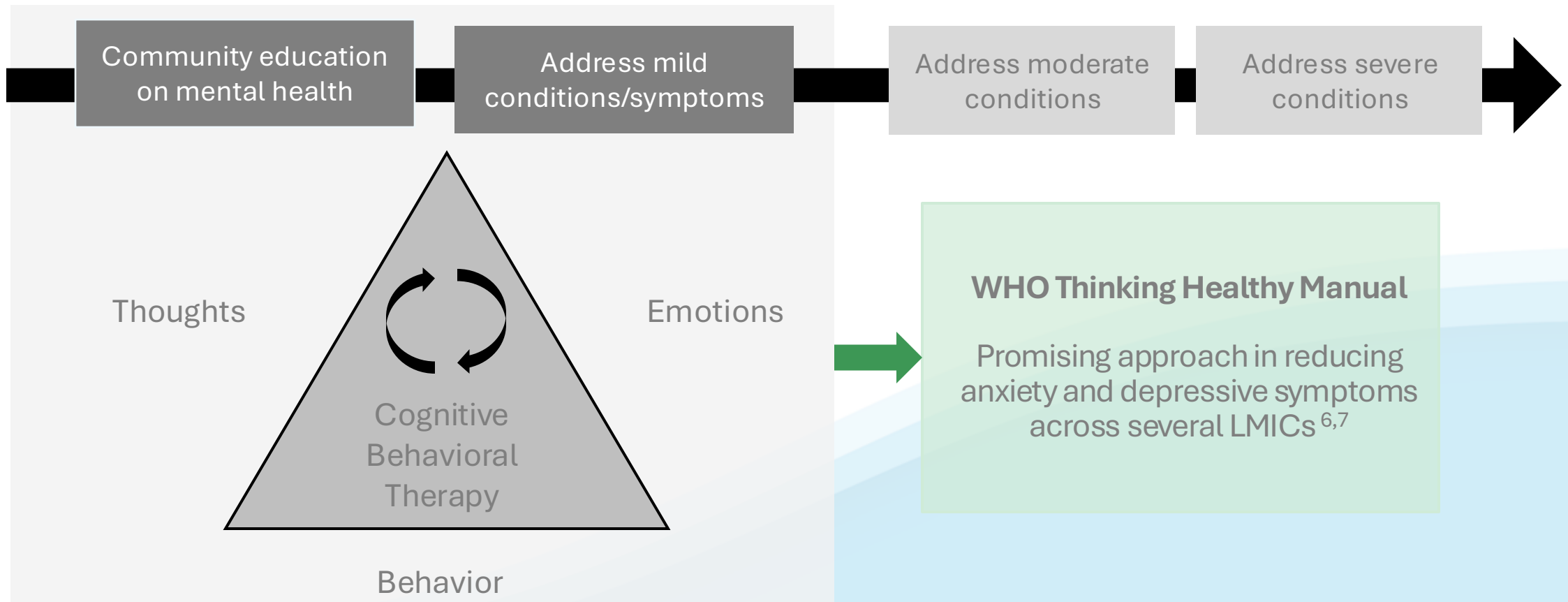
Modern FP use postpartum: ~**25%**⁵

Key barriers in closing treatment gaps for mental health^{3,4}



Insight: Cognitive behavioral therapy is an evidence-based practice that can be applied in postpartum settings to address mental health challenges and shift health behavior

Considering mental health interventions on a spectrum:



Solution: Thinking Healthy was adapted to improve FP among women with postpartum depression and anxiety in Ethiopia

- Breakthrough ACTION, with Ethiopian mental health experts, developed Mothers Time, for Ethiopian community health workers to use with postpartum women experiencing mild to moderate symptoms of stress, depression, or anxiety
- Intervention pilot tested and refined based on a feasibility study
- Each session 60–90 minutes delivered to small groups of 4–6 women
- Women given simple “homework”

Mothers Time Intervention



Session 1

What are healthy thoughts?



Session 2

Thinking healthy about yourself



Session 3

Thinking about relationships



Session 4

Thinking about family



Birhan, the main character in Mothers Time



Content: Fictional stories of Birhan struggling with sad and anxious thoughts; designed to provoke discussion of how thoughts influence FP decisions.

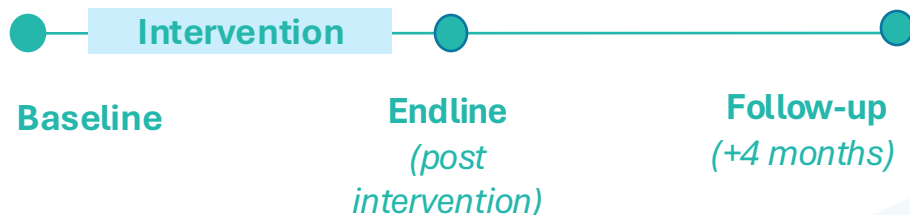
Evidence: Cluster randomized controlled trial

Study Design

Assess immediate and long-term impact of *Mothers Time* on:

- 1 **Behavioral predictors of FP** like reproductive agency, FP intentions, self efficacy, and communication with a partner
- 2 Symptoms of stress, **depression, and anxiety**
- 3 Use of a **modern contraceptive method** and decision making around pregnancy prevention

Data was collected at **three** distinct times:



Study Sample

Four Woredas across the West Gojjam zone in Amhara region with 10 health centers/clusters. Within each cluster, ~5 kebeles with 2 CHWs responsible for implementing Mothers Time.

A total of 511 women aged 16–24 were screened; 329 were eligible and enrolled at baseline, 171 in the intervention group and 158 in the control group.



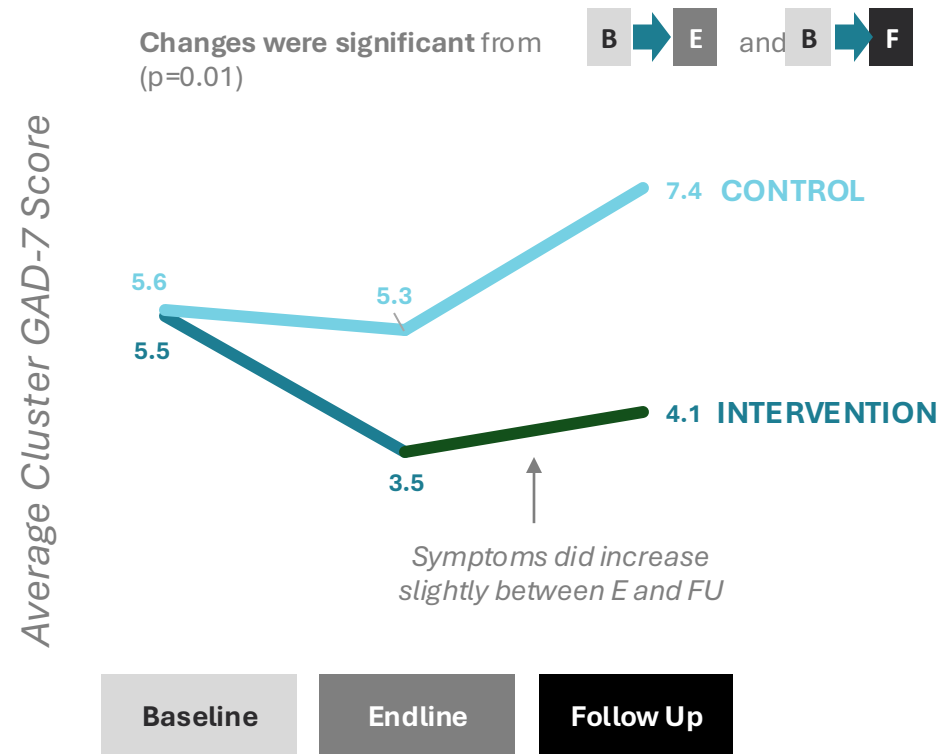
Participant selection criteria

Women sampled if...

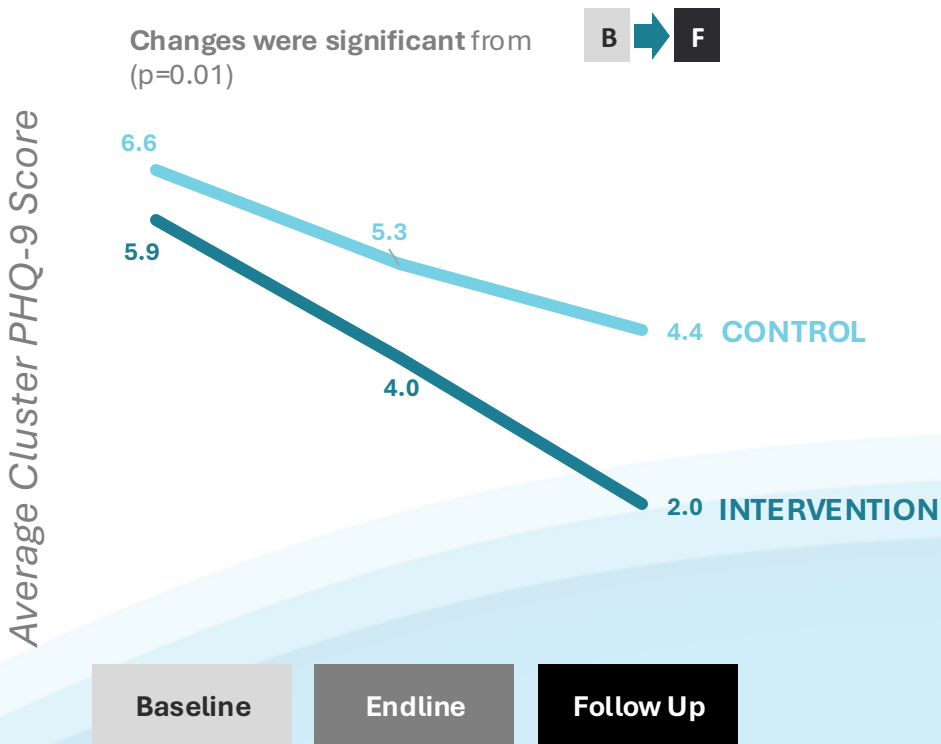
- ✓ 16–24 years of age
- ✓ Not currently using a modern method of FP
- ✓ Had mild to moderate symptoms of anxiety and or depression
- ✓ Gave birth in last year

Evidence: Intervention group had significant reductions in anxiety at both endline and follow-up and significant reductions to depression at follow-up

REDUCTION IN ANXIETY SYMPTOMS



REDUCTION IN DEPRESSION SYMPTOMS



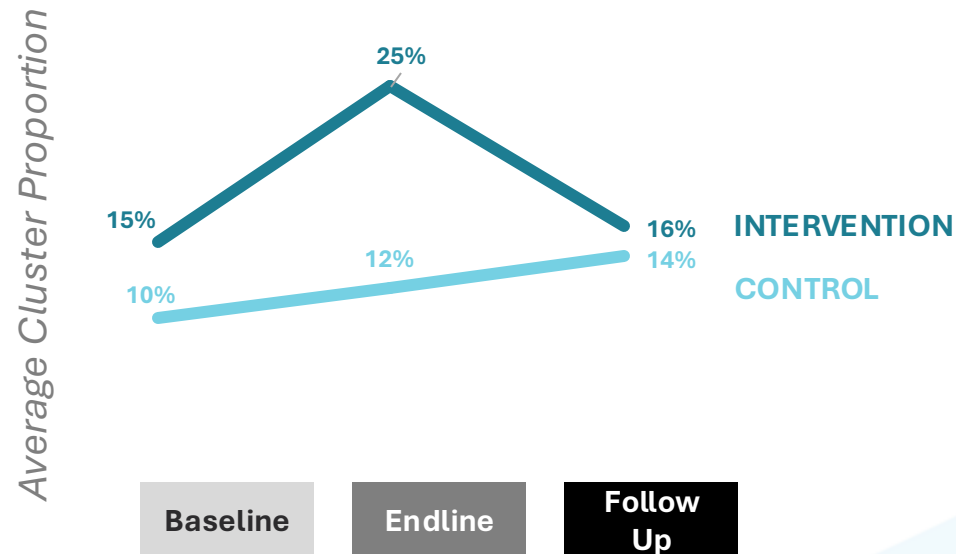
Change from baseline to endline sample (n=324), baseline to follow-up and endline to follow-up sample (n=302)

Adjusted for the following covariates: age, education, bank account, work, births within the last 2 years, ever use of a FP method
baseline scores of GAD-7, and baseline scores of PHQ-9

Evidence: The intervention group showed a significant increase in FP communication with partner at endline, though not sustained at follow-up; also observed for reproductive agency

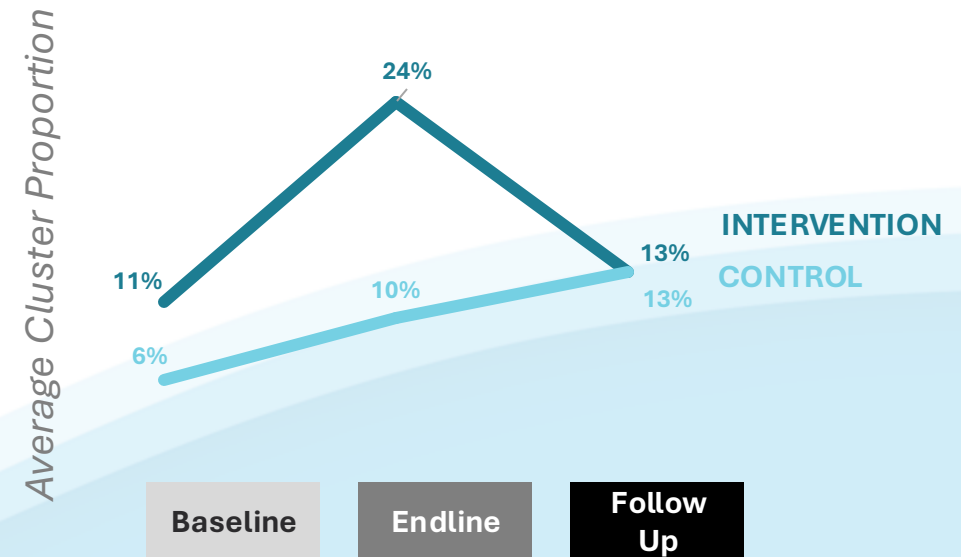
% COMMUNICATED WITH PARTNER ABOUT PREGNANCY PREVENTION

Changes were significant from **B** → **E**
($p=0.03$)



% HAVING FINAL SAY REGARDING PREGNANCY PREVENTION

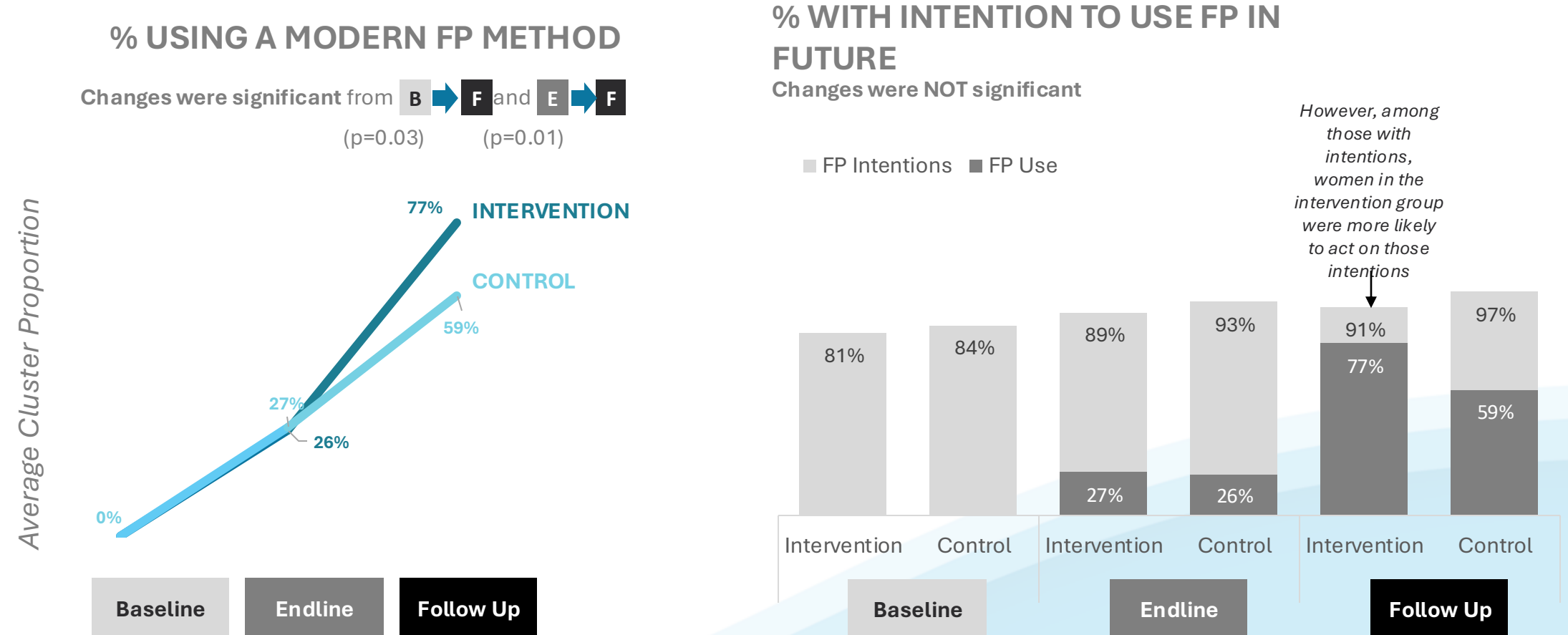
Changes were significant from **B** → **E**
($p=0.04$)



Change from baseline to endline sample ($n=324$), baseline to follow-up and endline to follow-up sample ($n=302$)

Adjusted for the following covariates: age, education, bank account, work, births within the last 2 years, ever use of a FP method baseline scores of GAD-7, and baseline scores of PHQ-9

Evidence: Modern FP use increased significantly from baseline to follow-up; the intervention group did not show an increase in intentions to use FP in future



Change from baseline to endline sample (n=324), baseline to follow-up and endline to follow-up sample (n=302)
 Defined as IUD, injectables, implants, pill, condoms, emergency contraception, Standard Days Method, and lactational amenorrhea method
 Adjusted for the following covariates: age, education, bank account, work, births within the last 2 years, ever use of a FP method baseline scores of GAD-7, and baseline scores of PHQ-9

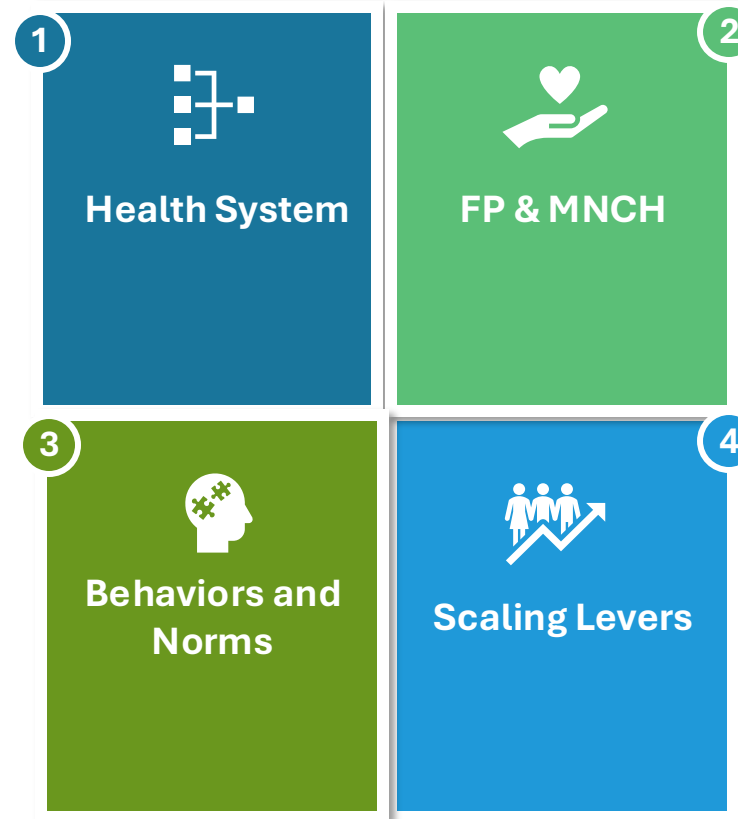
Potential Scale and Adaptation: Recommendations and suggestions for future work

Include mental health in community health programs and health systems strengthening (HSS) efforts

- Consider mental health in design of CHW care packages.
- Leverage HSS approach to maintain balance in CHW workload and address access or capacity gaps in the primary health care environments connected to them.

Explore the intersections between mental health and sexual and reproductive health behaviors and norms

- Understand intersecting normative and behavioral drivers for PPFP and mental health to better tailor future CBT programs.
- Consider expanding CBT curricula to include other postpartum behaviors like exclusive breastfeeding and infant nutrition.



Explore the integration of mental health into FP and maternal, newborn, and child health programming

- Identify avenues for integrating mental health in FP counseling and education.
- Train CHWs to administer PHQ-9 and GAD-7 screening tools during antenatal care, postnatal, or child health visits to detect and treat mental illness.

Tailor and scale CBT

- Identify approaches to scale that balance normative and contextual considerations across communities.
- Explore potential for digital adaptations to reach a wider audience, particularly in urban areas where such technologies are readily accessible.

Acknowledgements

- Ethiopia Federal Ministry of Health for contributions to the study design
- Team of mental health specialists at Injabara University for technical expertise in adapting and implementing Mothers Time
- Deep Dive Consulting research team for coordination and implementation of data collection activities
- Study participants, Woreda Health Office officials, and health workers in Amhara region for delivering Mothers Time
- USAID for funding this work





Please share
your questions
in the Zoom
Q&A

Cost Comparison to Encourage the Use of Health Services

Colin Elumba

Democratic Republic of the Congo

- Among the world's five poorest nations: 74.6% live on less than \$2.15/day (World Bank, 2023)
- High maternal (473/100,000) and infant (70/1,000) mortality rates
- Only 40% use health services in Kasai Oriental (DHS2, 2019)
- 60% of healthcare costs are paid by households; only 40% funded by the government and partners
- **Problem:** People assume healthcare is too expensive, so they seek treatment elsewhere



Qualitative Research Results



In 2019, Breakthrough ACTION conducted qualitative research in Kasai Oriental and Haut Katanga provinces and in six health zones in each province.

"I don't go to the health center because I'm sure it's expensive."

"It's difficult to save money because my income is not stable."

"Every night, I drink alcohol with friends."

"I prefer to start with the church or the traditional healer before going to the healthcare service, because of the costs."

"At home, food is the priority."

"I pay less by going to traditional healers."

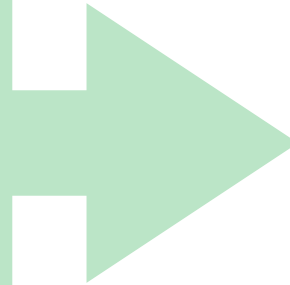
Insights and Design Question

Given widespread poverty and the cost of health care, the decision to seek care is based on cost (not quality or effectiveness of care).

Many people do not perceive the risks of seeking health care from traditional healers and religious organizations.

There are opportunity costs and tragic consequences related to the delays in seeking care at health facilities.

Spending on healthcare is tertiary after food and education.



How might we change misperceptions about healthcare costs



Solution: The Cost Comparison Activity

The prototype was developed and tested in Kasai Oriental province in three health zones: Dibindi (urban), Bipemba (periurban), and Citenge (rural).

The process:

1. Confirm health service costs with head nurse.
2. Ask Health Management Team to gather community to co-design, test, and refine the prototype.
3. Gather feedback from other community representatives.










“You tricked us! You knew all along the health services were not so expensive!”
—Man from Citenge during testing



Famille en bonne santé, famille épanouie

COUTS COMPARATIFS

LES SOINS	PRIX (FC)	EQUIVALENTS
 Consultation/fiche Enfant	<input type="text"/>	= <input type="text"/>
 Consultation/fiche Adulte	<input type="text"/>	= <input type="text"/>
 CPN	<input type="text"/>	= <input type="text"/>
 Accouchement	<input type="text"/>	= <input type="text"/>
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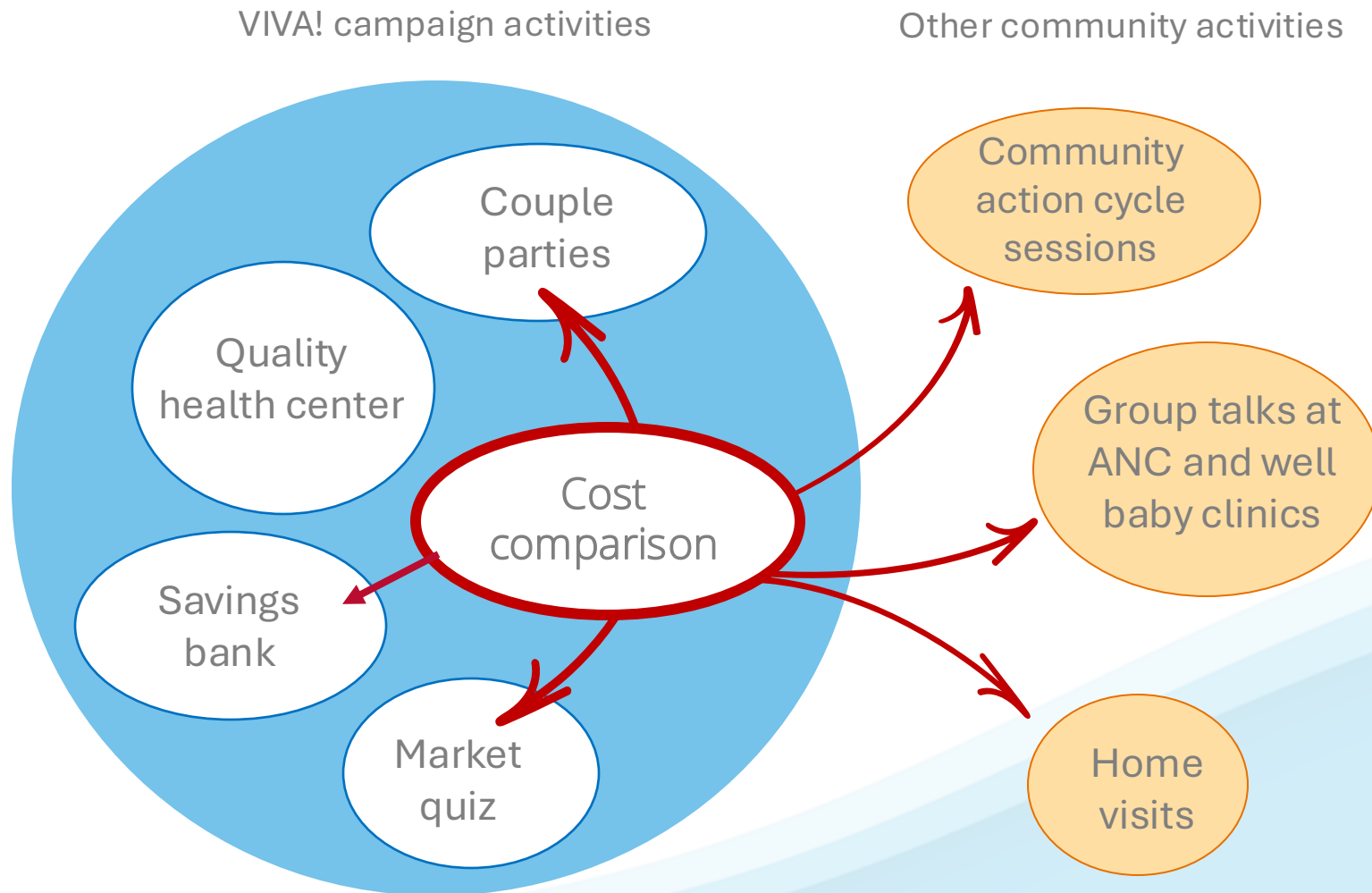
Solution: The Cost Comparison Activity

This dynamic activity involves comparing prices of goods generally acquired in everyday life and the cost of primary health services offered by health centers.

Community relays and local head nurses lead these interactive discussions about the actual costs of services in the local health center, and the comparative costs of common daily purchases in the catchment area.

“For example, the soft drinks that I buy for my friends can cost considerably more than my wife's ANC services.”
—Man from Kenya Health Zone, Haut Katanga

The Cost Comparison Activity was integrated into all community activities



Bundling the Cost Comparison Activity with a Savings Bank

How to save money to pay for healthcare?

With the cost comparison activity, people acknowledge that healthcare costs are affordable.

The **savings bank** helps households set aside small amounts for health care costs. It started as a plastic bottle prototype that was tested in several provinces. It evolved into small wooden boxes that could be locked. The boxes were distributed at couples' parties and during market quizzes to facilitate savings for healthcare costs.

“Based on what we earn from our farming activities, we are now starting to divide up our produce, some for consumption and others for storage, and to pay off previous debts to the health center. In the event of illness, we use our family fund to pay for treatment.”

—Man from South Kivu Province





Reminder tickets link the Cost Comparison Activity to health services

Reminder tickets distributed at community activities where cost comparison activity were held, were redeemed at a rate of 6–21% depending on the province, the activity, and the sex of the person presenting the ticket.

Most tickets were redeemed by women (69%), who most used tickets for ANC visits (29%) and child fever (25%). Men most often redeemed tickets for child fever (45%) and cough (24%).



Scale-up

Breakthrough ACTION and local partners implemented the Cost Comparison Activity as part of the community-based VIVA! campaign in

- 110 health areas across
- 4 health zones in
- 4 provinces (Kasai Oriental, Kasai Central, Haut Katanga, Sud Kivu)

Training Other Partners to Further Scale-up



IHP USAID

- From 8 to 179 health zones
- From 4 to 9 provinces



Qualitative Evaluation Study: Adaptation of Most Significant Change Technique

- 236 interviews in South Kivu (November 2020) and 424 in Haut Katanga (June 2021).
 - Interviews with men and women who participated in VIVA! interventions.
- Key focus: Changes in the community since the interventions, past challenges, and current health-seeking behaviors.
- Key changes
 - Couples now save money for family health by cutting non-essential expenses.
 - Previously, lack of information and high perceived costs led people to visit traditional healers.

“I'm aware that getting and staying healthy depends on financial means and quality services. So, in my family, we set up a savings policy, an account to meet the family's needs, including those linked to illness.”

—Woman, South Kivu



Togo Adaptation

The Cost Comparison Activity was integrated into five health districts during site walk-throughs focused on male engagement.

In Togo, reminder tickets were distributed at the site walk-throughs and community dialogues and were redeemed at a rate of 20% from both activities.

Data shows approximately 10% greater uptake of costed FP methods after participating in the site walkthrough where the cost comparison was conducted.

N.B., In the image, the cost of the injectable method is comparable to a bottle of beer, and childbirth (vaginal delivery) costs compare to a pair of shoes.




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Q&A



Interested in Learning More?

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bit.ly/sbc-innovations-for-health



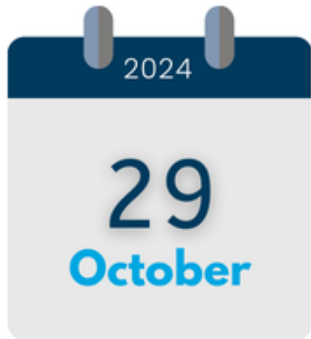
Simplified Referral for Tuberculosis Testing

The **Simplified Referral for Tuberculosis Testing** addressed the challenges in tuberculosis detection, particularly the barriers preventing timely access to care in Nigeria. The referral system equipped medicine store staff with straightforward tools to direct individuals showing TB symptoms to free testing and treatment services.

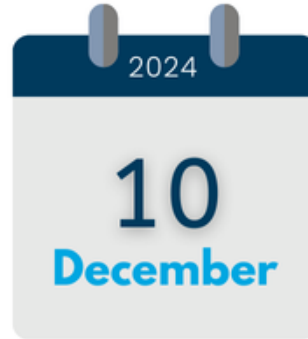
LEARN MORE

- [SBC Flow Chart: Nigeria Tuberculosis Spotlight](#)
- [Increasing Case Detection of Tuberculosis in Nigeria: Design and Test Phase Report](#)
- [Working with Trusted Patent Medicine Vendors to Increase Tuberculosis Case Finding in Nigeria](#)

Coming Soon!



Advancing
the Field of
SBC

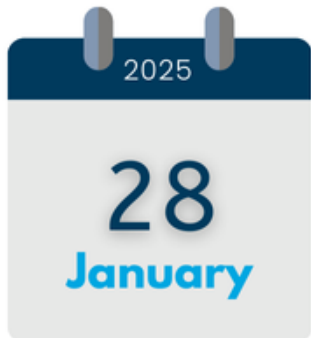


Leveraging SBC
for Health System
Strengthening

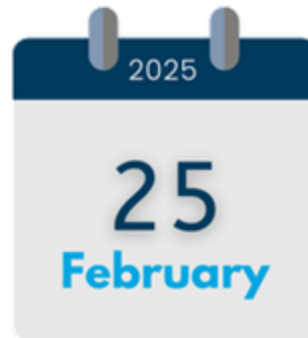
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Addressing
Gender and Social
Determinants of
Health



Applying SBC
Across Sectors

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