

From Insight to Impact Learning Series

Trailblazing Change: Institutionalizing SBC Innovations and Advocacy



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 (SBC) 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.



ThinkPlace ideas⁴²



Today's Speakers



Erin Portillo

Senior Program Officer,
Breakthrough ACTION,
Johns Hopkins Center for
Communication
Programs (CCP)



Mohamed Sangare

Regional SBC Advisor for
Francophone West
Africa, Breakthrough
ACTION, CCP



Dini Aboubacar

Capacity Building,
Community Engagement
and Partnership Advisor,
Breakthrough ACTION,
Save the Children Niger



Oretha T. Lah-Bangurah

Advocacy and Capacity
Strengthening Specialist,
Breakthrough ACTION
Liberia, CCP



L. Joseph M. Menlor

Executive Director,
Health Advocacy
Committee, Nimba,
Liberia

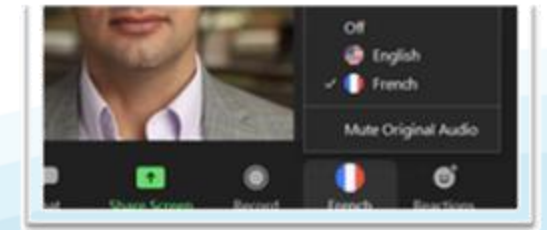
Logistics and Housekeeping

- 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.



Elevating the Power of SBC in Ouagadougou Partnership Countries Through Technical Support and Capacity Strengthening

Mohamed Sangaré
Erin Portillo

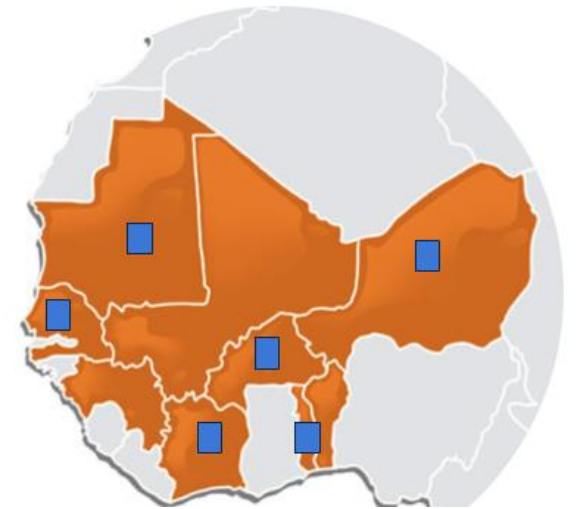
Ouagadougou Partnership

- Created in 2011 in Ouagadougou by nine West African countries.
- Led by designated Ouagadougou Partnership Coordination Unit (OPCU) in Dakar.
- Aims to accelerate progress in family planning (FP).
- Aims to reach 13 million women using modern methods by 2030.
- Partners: USAID, Bill & Melinda Gates Foundation, Children's Investment Fund Foundation, Hewlett Foundation, Agence Française de Développement, United Nations Population Fund, West African Health Organization, and Foreign, Commonwealth & Development Office



Breakthrough ACTION Technical Support

- Provide technical support to countries and organizations to strengthen their strategic and operational capacities, enabling them to maximize the potential impact of SBC for FP interventions.
- Provide strategic support to the OPCU to strengthen its leadership and guidance on SBC in Ouagadougou Partnership (OP) countries.
- Advocate for increased investment in SBC interventions and integration of SBC into regional agendas as one of the main levers for capturing the demographic dividend.

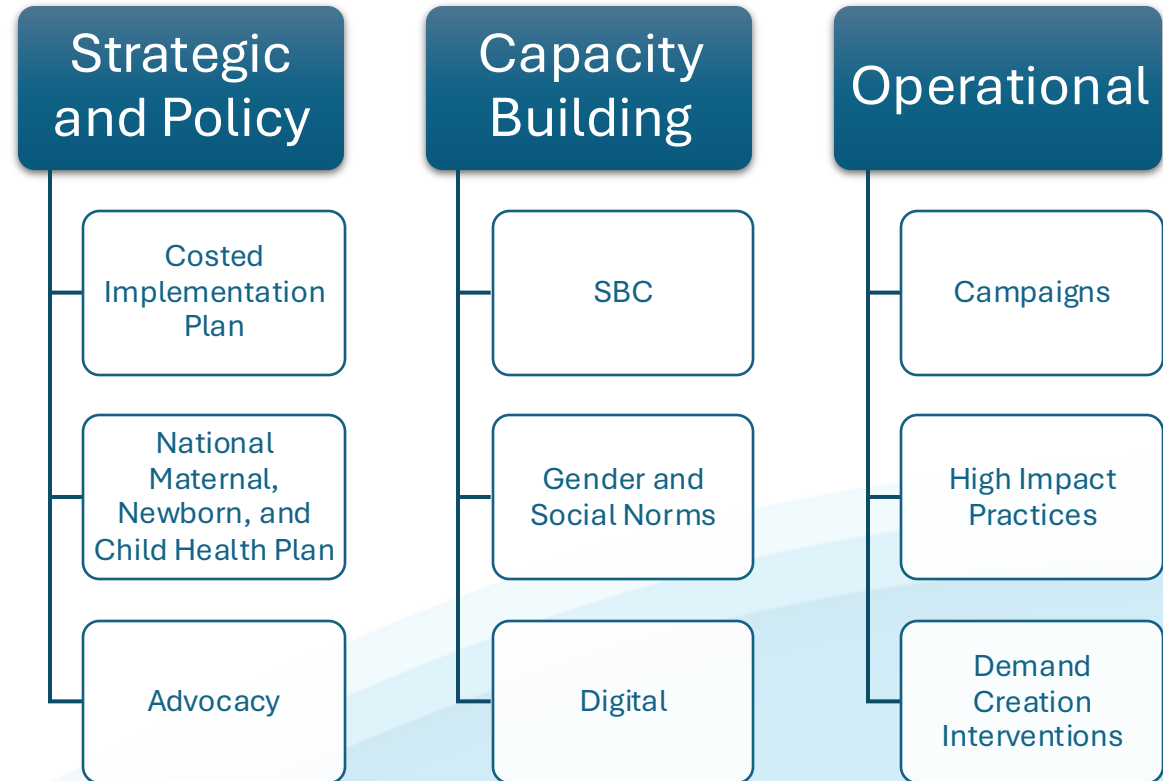
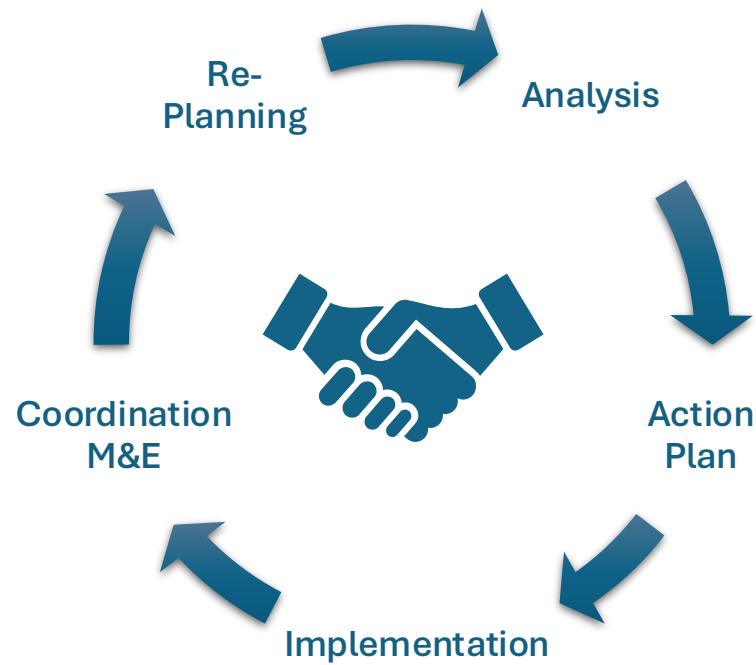


OP Shared Agenda: Five Strategic Priorities



Breakthrough ACTION. (n.d.). Shared Agenda for Social and Behavior Change in Family Planning in the Ouagadougou Partnership region. Breakthrough ACTION and Johns Hopkins University. <https://breakthroughactionandresearch.org/resource-library/shared-agenda-sbc-fp-ouagadougou-partnership>

Technical Support Process and Domains

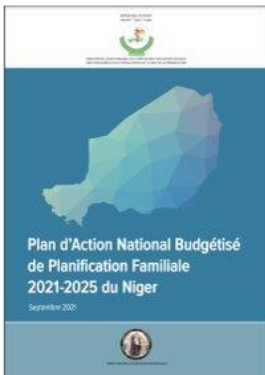


Key Results: Capacity Building

- Country-specific SBC capacity assessments identified unique needs for each country and defined several common needs.
- Session themes included: SBC foundational concepts, social norms, gender, provider behavior change, high-impact practices, and knowledge management.
- Across nine OP countries, 637 participants joined, representing:
 - Government, nongovernmental organizations, implementing partners, youth organizations, and civil society organizations.

Rubrique	Niveau	Pays							PO ¹
		Togo	Burkina	Côte d'Ivoire	Mali	Guinée	Sénégal	Niger	
Planification	0 à 63								
	64 à 84								
	85 à 106								
Mise en œuvre	0 à 34								
	35 à 46								
	47 à 58								
Evaluation	0 à 13								
	14 à 17								
	18 à 22								

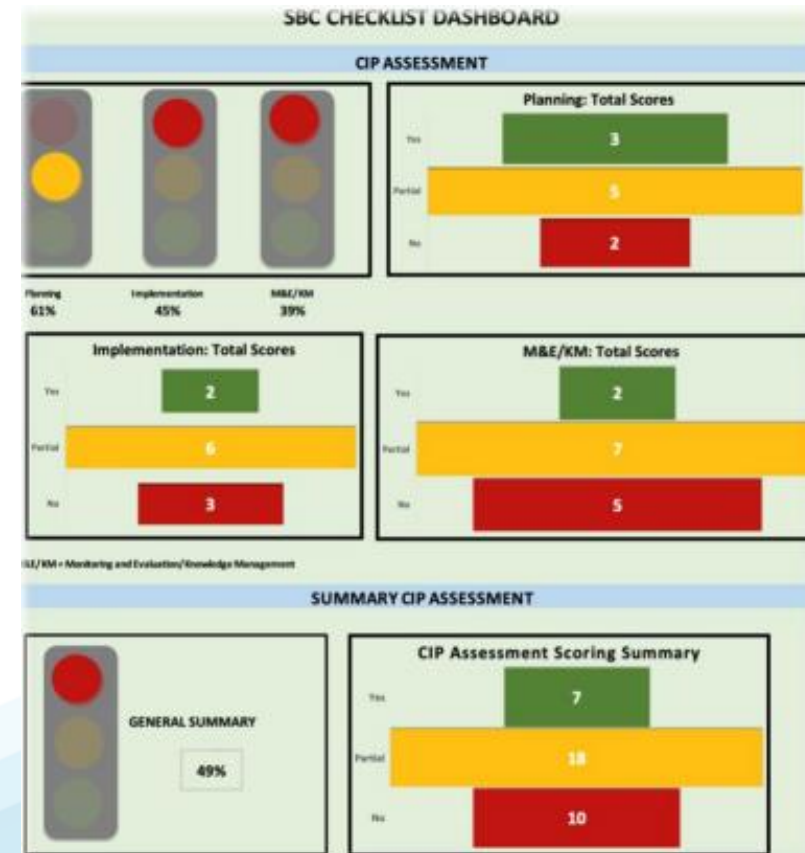
Key Results: Costed Implementation Plans



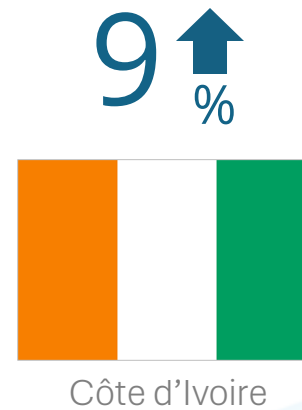
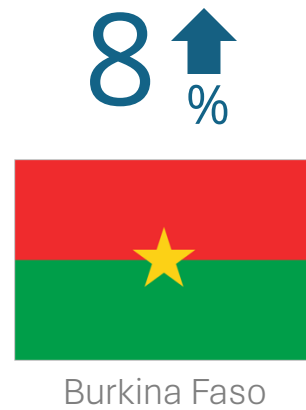
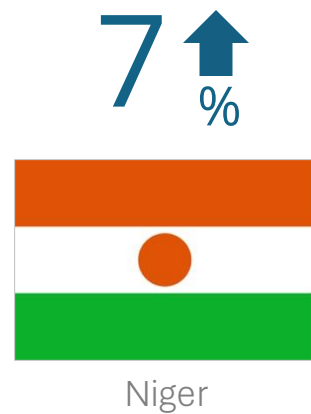
- The costed implementation plan (CIP) is a multi-year roadmap that identifies evidence-based strategies and approaches for improving FP programs in a country and estimates the costs of implementing them.
- The project supported evaluation of expired CIPs, and the development of new CIPs.

Key Results: Costed Implementation Plans

- The project used the Breakthrough ACTION SBC Checklist to evaluate current CIPs and identify gaps and opportunities to incorporate SBC best practices.
- SBC capacity reinforcement among stakeholders allowed these actors to select which SBC approaches to integrate into the CIP for its improvement, for example:
 - Integrated health programs.
 - FP client needs before, during, and after FP service delivery.
 - Knowledge management.




Key Results: Increases in SBC Budget Allocations



Key Results: *Think Tank Jeunes* (Youth Think Tank)

- More than **13,745** adolescents and young people from nine OP countries chatted with DSSR-Bot.
- More than **244,500** messages exchanged with DSSR-Bot.
- The most popular topics are:
 - General family planning/reproductive health (FP/RH) information
 - Menstrual cycle management
 - Where to find reproductive health services



Réponse automatique de "DSSR-BOT"
Quelles sont les différentes méthodes de contraception ?

Il existe plusieurs méthodes de contraception : les méthodes naturelles, les méthodes de longue durée, les méthodes de courte durée et les méthodes permanentes. Pour choisir une méthode, rends-toi dans un centre de santé, pour recevoir des conseils et bénéficier d'une méthode de contraception.

Choisis le numéro du type de méthodes sur lesquelles tu veux en savoir plus :

230. Les méthodes de courte durée ;
231. Les méthodes de longue durée ;
232. Les méthodes permanentes.

Tu peux en savoir plus, en choisissant un autre numéro.

24. Quels sont les effets secondaires liés à l'utilisation de ces méthodes ?
25. Que faire en cas d'effets secondaires ?

1. Retour au menu Informations générales sur la planification familiale.
6. Où trouver des services SR pour jeunes dans mon pays ?
0. Retour menu principal.

Nous utilisons le Chatbot **DSSR-Bot** pour nous informer sur les méthodes contraceptives

WhatsApp, Messenger, Telegram, Signal, (+221) 70 677 74 67

USAID DU PEUPLE AMÉRICAIN, PLANIFICATION FAMILIALE Le Partenariat de Ouagadougou, Breakthrough ACTION

Key Results: OPCU and Regional Partnerships

- **Supported OP annual meetings (OPAM)** and two high-level share fairs with approximately 150 participants in Niger (2022) and Abidjan (2023).
- **Facilitated a regional youth dialogue** at OPCU on changing narratives for adolescent and youth sexual and reproductive health (SRH) with 52 youth participants.
- **Organized online Regional SBC Days**, with Pathfinder Burkina Faso, OPCU, and Knowledge SUCCESS, which brought together approximately 40 participants to discuss SBC approaches to improve FP service quality.
- **Supported establishing an OP research agenda** and organized capacity-building sessions for OP researchers on social norms with 50 researchers. Of these participants, 26 received completion certificates.
- **Coached two research institutes**, which received OP research agenda grants.



Challenges

- Security contexts in Sahelian countries, and politico-military problems in Mali, Niger, Guinea, and Burkina Faso have impacted stakeholder commitment.
- Changes in focal points and decision maker staff in ministries, and often at the operational level, impact partnership dynamics.

Impact

Co-designed a shared vision around OP's SBC agenda among OPCU and OP countries with positive results.

- Increased inclusion of SBC in FP/SRH strategic plans, notably in CIPs and reproductive, maternal, newborn, child, and adolescent health and nutrition plans.
- Increased budget allocation for SBC in various strategic plans.
- Increased SBC interest and capacity, as evidenced by the number of registered users from OP countries on SBC Learning Central (27%) and participation in SBC events.
- Propelled SBC to forefront as a main pillar of successful FP programs, as evidenced by the theme of the 12th OPAM 2023, which focused on SBC, and the share of the research agenda dedicated to SBC (30%).

Additionally:

- Using Breakthrough ACTION resources, Senegal (national *Andxeex Nef* campaign) and Benin (provider behavior change) are conducting SBC interventions.
- OPCU now proposes SBC ideas to countries and other partners as part of their OP coordination activities.



Please share
your questions in
the Zoom Q&A
panel.

Niger's National Innovations Team: Building Skills and Inspiring Change Among Policy Makers

Dini Aboubacar

Inspiration

- Systematic application of behavioral science is a proven powerful driver for more effective programs based on the realities of how people behave.
- Programs, policies, and systems are too often built on assumptions about how we think people should behave.
- Limited expertise and training opportunities are available for public sector leaders in behavioral science, particularly in francophone settings.

GOAL: To engage decision makers to creatively address health issues using evidence-based behavioral science informed approaches.



Establishing a National Innovations Team

Through an interactive, in-depth course, Breakthrough ACTION coached policymakers and practitioners in Niger to apply principles from behavioral design to generate innovative solutions for some of their most complex health challenges.



Members

National Innovations Team (NIT) practitioners and coaches represent:

- Ministry of Public Health/Population/Social Affairs
- Ministry of Hydraulics, Sanitation and Environment
- Ministry of Land Management and Community Development
- Regional Public Health Directorates
- USAID implementing partners and Resilience Food Security Activities: Kulawa, Wadata, Girma, and Hamzari





Skills Building

- Remote online coaching combined with in-person sessions.
- Three interactive modules covering behavioral design and common design principles, multimedia presentations, and real-life case studies.
- Personalized coaching to create innovative solutions for priority behaviors.

Process

- Collaborated with local health committees to develop innovative solutions to address different behavioral challenges.
- **Cycle 1:** Developed and tested prototype for complementary infant feeding.
- **Cycle 2:** Developed and tested four additional health prototypes.
 - Nutrition for pregnant women
 - Postpartum contraception
 - Prenatal care
 - Reducing open defecation
- Developed programs that adopt solutions.
- Involved political decision makers throughout.



Local Financing

- The private sector (traders and women's associations) ready to invest in the marketing of enriched flour for the supplementary feeding of infants.



Why It Works

- Empowers decision makers to define their priorities and target behaviors within the framework of national strategic objectives in the different focus areas.
- Expands understanding of behaviorally-informed interventions through insights into innovative SBC approaches beyond traditional messaging, such as behavioral design techniques.
- Shifts perceptions of the target audience not as “beneficiaries,” but as users who actively engage with SBC programs, making their perspectives invaluable.

“

We’ve started paying much more attention to mood, physical environment, and social context [...]. We didn’t consider these things before. For example, we’d often approach organizing events around increasing visibility. We didn’t think about how there could be specific moments or new things in people’s everyday lives that could push them to take action. We learned this through the NIT training.

Hamsatou Moumouni Moudi, Communications and Public Relations
Ministry of Public Health, Population and Social Affairs (NIT Cohort 2)



Impact

- Introduced innovative solutions for the adoption of health-promoting behaviors.
- Built expertise in behavioral economics and human-centered design.
- Built expertise in validating innovative behavioral design tools and approaches.
- Strengthened capacity of government partners.



Localizing Behavioral Sciences

- **Adapting tools to the Niger context:** The online content and hybrid coaching approach can be customized for various environments and situations.
- **Coaches creating a course for students:** Members conducted a seminar at the National Institute of Public Health to introduce the next generation of public health practitioners to behavioral design.



Thirty certified NIT practitioners, five coaches, and 51 health communication students from Niamey Public Health Institute.

Sustainability

- The NIT is now a recognized national resource available to assist development projects.
- Upcoming activities include:
 - Defining key health behaviors and diagnosing obstacles to adoption.
 - Developing a training module for health education settings.
 - Introducing behavioral economics into curriculum of Niger Institute of Public Health.



Lessons Learned and Challenges

- User-centered design approaches can attract the interest of public and private sector players, but they need to respond to a perceived immediate need.
- Challenges to adopting the solutions proposed by the NIT, due to issues of financing and timing within project cycles.
- Introducing new concepts requires repeated practice as well as ongoing advocacy.





Please share
your questions in
the Zoom Q&A
panel.

Empowering Local Voices: Liberia's Health Advocacy Committees Transition to Independent Civil Society Organizations

Oretha T. Lah-Bangurah

L. Joseph M. Menlor

Background

- High burden of disease and poor health indices:
 - High maternal mortality rate: 742 per 100,00 live births.
 - Under-five mortality rate: 93 per 1,000 live births and attributed to malaria, pneumonia, and diarrhea.
- Low utilization of basic health care services particularly in rural areas.
- Influential community leaders have a role to play, given they:
 - Influence community member's views and opinions.
 - Inspire change among community members making them a critical resource for sustaining SBC efforts for improved health outcomes.
 - Change social norms and reduce harmful practices that negatively affect health.



Intervention

- Adapted the SMART Advocacy approach from Breakthrough ACTION-Nigeria
- Intervention aimed at engaging influential community leaders to:
 - Lead efforts to influence social norms in their communities.
 - Strengthen their capacity to identify and resolve health issues using advocacy skills.
 - Lead and participate regularly in improving laws and policies that promote health.
- Involved:
 - Training community leaders in SMART Advocacy.
 - Establishing them as Health Advocacy Committees (HACs).



Health Advocacy Committees

Goal: To engage decision makers and policy makers to address health issues.

- Selection criteria:
 - Participate voluntarily.
 - Be an influential community leader.
 - Come from diverse groups such as civil society organizations (CSOs), religious leaders, traditional leaders, driver unions, and youth.
 - Have some health knowledge.
- Collaborated with county health teams (CHTs) and district health teams (DHTs) to identify and recruit HAC members from communities across 12 counties.
 - Actively encouraged female inclusion and participation.



How We Worked with HACs

- Training
 - Trained 736 members (500 men; 236 women) in SMART Advocacy.
- Structure and coordination
 - Established 47 HACs across 12 counties (one per district/four districts in each county).
 - Supported HACs to draft bylaws and constitutions, establish a leadership structure, draft work plans and meeting schedules, and set up WhatsApp groups.
 - Linked HACs to local authorities (e.g., CHTs, DHTs, local government).
 - County health promotion/community health focal persons serve as liaison.
- Ongoing capacity building
 - Conducted follow up visits, mentoring sessions, and refresher trainings.
 - Facilitated experience sharing and learning events between groups.



ambulance services to the Bahn Health Center.

Challenges and Lessons Learned

- Challenges

- HAC members had limited capacity in other areas (e.g., resource mobilization and budget management).
- Misconceptions about HAC activities and how their functions differed from that of community health structures (e.g., Health Facility Development Committee [HFDC]).
- Some HAC members initially expected to receive incentives or stipends.

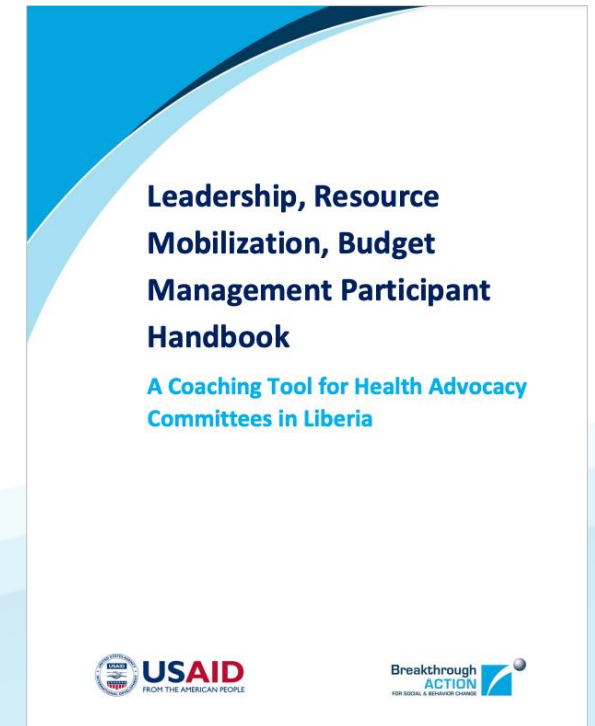
- Lessons learned

- Frequent onsite mentoring and coaching sessions strengthened the capacity of HACs.
- HACs functioned more effectively and recorded more successes with improved capacity.



Actions Taken

- Supported HAC visibility by linking them with other CSOs (e.g., National Civil Society Council of Liberia), and government (e.g., Ministry of Internal Affairs and Governance/Decentralization Unit, Ministry of Health) to:
 - Share experiences and participate in learning events.
 - Build networks and partnership opportunities.
- Supported HACs to become more independent by:
 - Working with them to revise their bylaws, constitutions, human resources/staff handbooks, and financial policies.
 - Supporting them to obtain legal registration as CSOs and establish local offices.
 - Providing continuous mentoring to further strengthen the capacity of HAC members in other areas, beyond what the original training provided.



Progress to Date

- Completed the transition of district level HACs into county-level CSOs:
 - Forty-seven district-level HACs consolidated into 12 groups at the county-level.
 - Each group instituted payment of annual dues, recruited new members, and constituted a Board of Directors.
 - Lofa, Nimba, and Margibi groups secured offices.
- Registration status:
 - Nine of 12 HACs successfully transitioned to CSOs: Nimba, Lofa, Grand Cape Mount, Grand Bassa, River Gee, Bong, Margibi, Montserrado, and Grand Gedeh.
 - The remaining three raised over 50% of funds needed for registration (Bomi, Maryland, and Grand Kru counties).



Fireside Chat



Erin Portillo

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Johns Hopkins Center for
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Interested in Learning More?

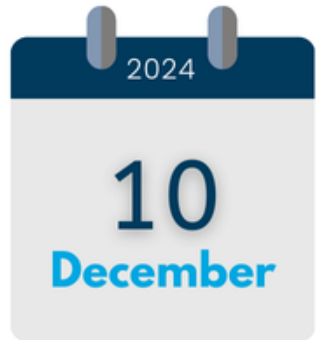
Trailblazing Change

A BREAKTHROUGH ACTION LEARNING SERIES

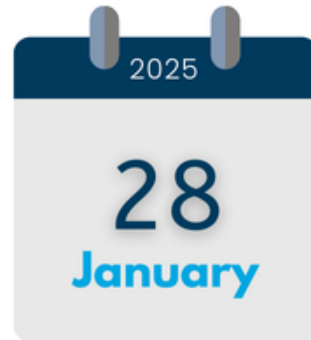


Explore additional advocacy resources: adobe.ly/4eYllhd

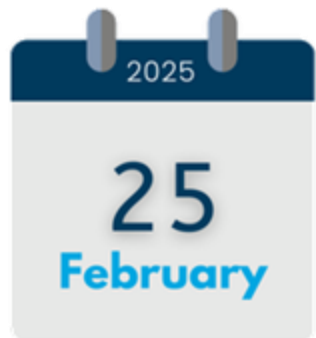
Coming Soon!



Leveraging SBC
to Strengthen
Health Systems



Advancing Gender
Equality and
Social Inclusion



Applying SBC
Across Sectors

TO REGISTER



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