

# Project Strategy

## I. Background

Breakthrough ACTION is an eight-year USAID-funded global project that accelerates the use of social and behavior change (SBC) through state-of-the-art, evidence-based tools and processes that encourage the adoption of healthy behaviors while addressing structural barriers and underlying social and gender norms that prevent uptake of services and positive health practices. Breakthrough ACTION stands firmly on decades of experience and evidence that strategic communication can and does shift behaviors and embraces newer SBC approaches that are rapidly moving into the mainstream. Under the leadership of Johns Hopkins Center for Communication Programs, Breakthrough ACTION is implemented together with principal partner Save the Children and core partners ideas42, ThinkAction, and Camber Collective. Other specialized partners include the International Center for Research on Women and Viamo.

## II. Purpose

The project strategy is intended to highlight what makes Breakthrough ACTION different, how it will address intractable social and behavioral challenges, and the initiatives the project will undertake to shape its legacy.

## III. Values

Breakthrough ACTION is governed by the following values shared by every staff member and its principal, core, and specialized partners:

- Equitable collaboration, teamwork, and partnership
- Measured risk-taking, with necessary safeguards for unintended consequences
- Tolerance for ambiguity and uncertainty to allow creative and impactful solutions to unfold
- Innovation coupled with existing evidence and proven best practices
- Tackling issues head-on as they arise in a constructive manner
- Focus on the greater good and ultimate positive impact of our work
- Leading from behind, ensuring capacity strengthening along the way
- Commitment to the decolonization of our work by shifting power and control to those closest to the issue, championing local voices, centering activities around local priorities, and not making assumptions about need and capacity

- Accountability to those with whom we work
- Intentionally addressing inequity throughout our programming
- Questioning assumptions and discovering the stories behind the data
- Appreciating the critical importance of dynamic learning and allowing space to fail, reflect, and adapt

## IV. Vision and Mission

The project vision is to ignite collective action using next-generation SBC thinking and practices to empower households and communities to become healthier and more prosperous. The project mission is to forge, test, and scale up new or repurposed hybrid solutions that will accelerate the adoption of healthy norms and behaviors among individuals, families, and communities with an emphasis on improving family planning/reproductive health; HIV; malaria; maternal, newborn, and child health; nutrition; and infectious disease outcomes as well as through other development areas.

Breakthrough ACTION engages a broad range of stakeholders, supporting them in developing, promoting, and operationalizing a visionary, consensus-driven programmatic agenda for SBC. The project will fulfill a global leadership function that is desperately needed within SBC, working through new and existing platforms to create opportunities for technical agenda-setting, learning, and collaboration; designing and implementing innovative and strategic SBC programs; and promoting agreed-upon priorities. The work of Breakthrough ACTION will be done in tandem and closely coordinated with Breakthrough RESEARCH to ensure both projects build on one another's momentum and remain aligned throughout the life of the projects. This same spirit of partnership drives our collaboration with governments, civil society actors, and other donor-funded projects.

Within Intermediate Result 1 (country-driven, high-quality SBC interventions implemented), the project will identify and apply best practices and innovations in SBC. Activities will focus on the evidence-based application of robust tools and formative research to support the work of a range of SBC practitioners and organizations. Knowledge exchange and learning are emphasized throughout this intermediate result.

Within Intermediate Result 2 (coordinated global and country leadership mobilized to address priority SBC challenges), Breakthrough ACTION will convene a broad range of stakeholders to identify, further develop, and advocate for shared SBC programming and investment agendas. Through proactive engagement with SBC communities at the global, regional, and country levels, Breakthrough ACTION will advocate for, implement, and support proven SBC interventions at scale and promote common SBC agendas wherever possible while also measuring its impact through additional research as identified and prioritized.

## V. Global Trends and Context

It is important to understand global trends and contexts relevant to SBC so Breakthrough ACTION can be proactive against potential threats and take advantage of opportunities. Despite significant gains in recent years, SBC programming is hindered by insufficient and unactionable evidence, inconsistent application of best practices, too little global investment, and over-reliance on a limited set of

interventions. The lack of systematic exchange across technical health areas and development sectors further contributes to these challenges.

Increasing levels of inequity affect all of the contexts in which Breakthrough ACTION operates. It manifests in the disenfranchisement of women and girls and in the structural inequalities that impact differential access to health services. Further, there is an increasing distrust of government and the media. At the same time, widespread access to mobile phones and social media has enhanced interpersonal connectivity and advanced the spread of new ideas and norms—as well as misinformation. These and other trends are worth monitoring within each country context where Breakthrough ACTION works.

## VI. Key Challenges

In addition to the overall global context, there are several challenges and outstanding questions facing Breakthrough ACTION over the life of the project. For example:

### 1. How might we strengthen the capacity of SBC practitioners to draw from the best combination of disciplines and approaches to address the problem at hand?

- *Convergence of methodologies:* There is an ongoing debate about how trending approaches, such as human-centered design (HCD), behavioral economics (BE), and marketing science, integrate with communication-focused solutions. While there is an opportunity to draw on the strengths of each discipline, leading to something greater than the sum of its parts, doing so in a strategic and evidence-based way is challenging, given differing terminology and approaches.
- *How to balance quality with timeliness?* How can we conduct discovery and diagnosis and design a fully-rounded set of solutions in a technically-grounded and low-resource setting? How might we respond to the pressure of time and limited resources by repurposing/adapting solutions without compromising appropriateness?
- *How might we merge true evidence-based interventions with flexibility and openness to varied SBC approaches and clearly make the case for their added value?* The appetite for speed and swift demonstration of impact remains an ongoing pressure.
- *How might we position community engagement and community mobilization as part of SBC?* Community collective action or community-driven action for SBC is touted in the growing context of localization and decolonization. However, community engagement is often overlooked or distorted in the name of time or resources. There is a need to make this approach visible in the SBC agenda.

### 2. How might we change the perceptions of what SBC is and what it can do?

- *Defining SBC:* The perceptions of what SBC is and is not vary greatly by governments, donors, implementers, and service delivery providers—both within and across health areas. In some instances, SBC is conflated with demand generation, with little understanding of the broader application of the discipline and what it can offer. Furthermore, there is confusion and disagreement around the “S” (social) in SBC. The field of SBC has, perhaps, placed an overemphasis on individual behavior change without adequately prioritizing how social determinants shape those behaviors in fundamental ways and create inequity. SBC is uniquely

positioned to address social and structural challenges while encouraging healthy behaviors and creating more supportive enabling environments. The ambiguity from a lack of a shared definition of SBC inhibits the field's ability to clearly communicate its value and share what works in a way that is easy for others to understand and learn from.

There is a tendency towards greater investment in individual behavior change without the equally important prioritization of addressing social norms and more structural factors.

Further, meaningful community engagement in collective action can improve an enabling environment and address structural barriers to behavior change, particularly in contexts where inequitable gender norms inhibit change. That said, questions related to cost, intensity, and institutionalization or sustainability often hinder investments in these important social and normative programmatic aspects. In addition, power sharing and social accountability need to be more immediately recognized as components of work with communities.

- *Building recognition of SBC as a proven science-based approach:* Despite innovative advances in SBC implementation, the field has not captured the attention of key leaders in development and, consequently, is underfunded, underutilized, and lacks a clear or visible home within many governments.
- *Essential inclusion of SBC:* Even with changing perceptions of SBC, institutionalizing SBC remains a salient challenge. Where should it live as a discipline in government? Outside of government? Who should lead it? How might the development of SBC innovations be supported instead of falling back on the same types of activities that may not always translate into effective SBC strategies? There is a pressing need to create greater country-level ownership and capacity to implement high-quality SBC programs as countries institutionalize the practice while also ensuring SBC approaches are firmly integrated into risk communication and community engagement.

### **3. How might we facilitate program integration across health areas and sectors to facilitate the adoption, practice, and maintenance of different behaviors?**

- *Underlying factors impact multiple behaviors:* Health behaviors vary widely in how often they must be enacted; by whom; at what financial, logistical, or social cost; and with what interpersonal agreement or support. The same factors (e.g., gender norms, unequal access to information and services, education) often shape behaviors across different health topics. Applied programming that addresses integration offers the potential to improve impact and cost-effectiveness in SBC programming; however, programs are not always conceptualized or funded in this way.
- *Identifying best practices in SBC integration:* SBC strategies address multiple behaviors across health areas and rely on a cadre of health personnel. While integrated approaches are believed to offer opportunities for both heightened impact and economies of scale in programming, there is little evidence supporting these assumptions or understanding of best practices in their design, implementation, or monitoring. The call for evidence—by vertical health programs—creates a tension that may ultimately reduce investments in integrated health SBC programs. Further, while cross-sector work carried out through risk communication preparedness and response has benefits, it can be challenging to operationalize and takes time and resources to do so successfully.

**4. How might we improve SBC in service delivery to both impact service utilization and improve client-provider interaction?**

- *Provider behavior change:* While training has historically been a primary focus of many provider-focused interventions, new solutions are needed to improve the larger set of health service delivery/system strengthening challenges. SBC challenges include ensuring clients have a positive experience, motivating providers, and increasing the practice of empathy and compassion among providers while improving their job satisfaction and addressing their mental health and burnout. Prompting and sustaining community engagement in improving the quality of care is just as important.
- *Coordination:* Linkages and intentional coordination between SBC and service delivery partners have improved, though more is needed to ensure both are working to their strengths and integrating SBC before, during, and after service. The field must continue to find a common language and continue to build bridges between SBC and health systems strengthening practice. Capacity strengthening in sophisticated service communication and provider behavior change is also needed.

**5. How might we use dynamic learning, existing research, and best practices to design, iterate, repurpose, and promote innovative, cost-effective, and impactful SBC programs in the most meaningful way?**

- *Balancing best practices with innovations:* SBC programs do not always deploy proven best practices that are ignored for their lack of “innovation.” At the same time, there is a need to test and explore new approaches to help achieve true breakthroughs; yet, there is sometimes a resistance to doing so, given comfort for what has always been done. The capacity of partners in countries of implementation to apply these new approaches is also limited. The project needs to acknowledge where innovation is still needed and apply proven practices where innovation is not required.
- *Audience segmentation:* While most SBC practitioners understand the need to segment populations according to more than simple demographic factors, the depth and nuanced segmentation needed for impact is not always prioritized, nor is the practice widely spread.
- *Promoting evidence-based decision-making and data utilization:* Despite buzz words around data-driven decision-making, opinions are often formed, and programmatic decisions are made based on personal experience and intuition. Moving to the consistent application of real-time monitoring and adaptation can be slow when programs are unclear when it is best to tweak an existing intervention or reshape it entirely. Furthermore, evidence is often generated but not effectively packaged in ways that make it easy for others to use it to take action. Communities also often lack access to local data from which to shape their own decision making.

## VII. Project Strategy Pillars

The project strategy pillars are those initiatives Breakthrough ACTION will undertake to achieve the project mission and vision, guided by our values and principles and informed by the context in which the project operates. The pillars take into consideration the challenges noted above and represent the legacy of the project if accomplished.

**Figure 1: Overview of the Breakthrough ACTION project strategy pillars**



### 1. Embrace experimentation and learning in a systematic way

Breakthrough ACTION will continue to focus on experimentation with the goal of innovating where progress has lagged. The project will start by creating a culture that supports individual, team, and project-wide learning. To build this community of learners, Breakthrough ACTION will capture insights, interpret them within the context, synthesize learning across the project, and share knowledge with the body of SBC practitioners.

To address this pillar, Breakthrough ACTION will:

- Set a project-wide culture that embraces failure, tinkering, and professional growth.
- Build capacity to develop insights, efficiently manage a co-creation process, and embrace a beginner's mindset to allow the project and partners to pursue learning and innovation.
- Identify opportunities to measure the effectiveness of solutions that Breakthrough ACTION classifies as breakthroughs.
- Consider adapting existing solutions in new contexts to save time and resources and to expand learning about those solutions.
- Bring greater focus on the social determinants of health and structural barriers as the project explores solutions.
- Share and communicate breakthroughs and learning with the wider SBC community.

## 2. Place users and communities at the center

Breakthrough ACTION's work values inclusivity and participation as necessary features of accountable SBC programming. The project is committed to community engagement and partnership and places users and communities at the center of our work. Co-creation, with communities leading the design of interventions, ensures designs speak to the true needs that community members have expressed and are not developed without a deep commitment to understanding their lived reality. Breakthrough ACTION values and will encourage communities to position themselves as advocates for their own health and as implementers and monitors of SBC activities in collaboration with government support services and other multisectoral partners. Breakthrough ACTION will inspire host governments to listen to local actors, strengthen linkages between communities and health systems, and increase community and other development actors' capacity to change social norms and behaviors through meaningful collective action.

To address this pillar, Breakthrough ACTION will:

- Utilize innovative formative research methodologies that give voice and power to users and communities in program design.
- Employ approaches and tools that help strengthen communities' capacity for collective action and position them in the driver's seat to design, implement, and monitor SBC interventions.
- Develop strategies to amplify user and community voices and power to have an impact beyond their own circumstances.
- Challenge ourselves to develop programs that are socially transformative, including gender transformative, based on the stated goals, expectations, and needs of community members.
- Utilize robust systems to capture the impact of our programs at the community level and ensure that normative changes are also documented where possible.
- Hold convenings to share and exchange learnings related to social normative change as well as elevate the importance of intentionally incorporating equity within SBC programming across health and development areas and as part of risk communication and community engagement efforts.

### 3. Elevate the importance of SBC

Despite an increasing interest in the use of SBC to achieve global health goals, the investment to support the implementation of proven SBC programs at scale remains insufficient. A targeted effort is needed to engage donors and decision makers—at global, regional, and country levels—to build awareness and prioritization of SBC as an integral component of their strategies and, in doing so, increase their investments. Breakthrough ACTION has a unique opportunity to further build credibility in SBC as an evidence-based field in its own right.

To address this pillar, Breakthrough ACTION will:

- Make the case for increased investment in SBC across all health areas where the project has funding at both the global and country levels.
- Contribute to agenda-setting within the SBC community, provide leadership to its coordination, and propose opportunities for ongoing collaboration that will enhance complementarity across investments with a jointly agreed-upon focus on clearly articulated priorities.
- Convene key actors (including donors, multilateral institutions, governments, non-governmental organizations (NGOs), and the private sector) to exchange learning, socialize a shared programmatic and investment agenda related to SBC, and advocate for greater investment in SBC and risk communication.
- Lead and engage in community-building activities with SBC stakeholders to exchange learning while empowering key champions to advocate for greater investment in SBC and risk communication.
- Design and participate in high-profile advocacy events and create illuminating and rigorous case studies that elevate the importance of SBC, its impact, and its return on investment whenever possible.

### 4. Build and capture learning related to program integration

Breakthrough ACTION will contribute to greater understanding and shared learning focused on if and how integrated programs—across health areas and sectors—support greater effectiveness of SBC programs and economies of scale.

To address this pillar, Breakthrough ACTION will:

- Examine how COVID-19 has affected SBC programming and how innovation in COVID-19 and other emergency responses benefits SBC.
- Generate and synthesize evidence on integrated programming and identify best practices in SBC integration.
- Explore gateway behaviors that offer the potential to impact outcomes in one or more health and development areas, particularly around social and gender norm change.
- Investigate the value of multimedia campaigns that address multiple health areas.
- Explore and use tools in the Dynamic Learning System to build an integrated SBC knowledge base.



## 5. Improve client-provider interactions and experience of care

More and more, service delivery programs invest in SBC to enhance outcomes. However, Breakthrough ACTION is discovering important evidence to justify further investment in a wide range of SBC initiatives that contribute to an improved experience of care for the client and the provider in family planning, malaria, and maternal and child health. Quality of care has tangible benefits for the health system, users, and providers and is a concrete point of alignment that unites SBC and service delivery programs.

To address this pillar, Breakthrough ACTION will:

- Continue to strengthen coordination among SBC and service delivery partners, specifically using the [Provider Behavior Ecosystem](#) to align support for health systems and the communities they serve.
- Improve client-provider interaction through greater empathic or compassionate care on the part of providers for each client they serve, including the most marginalized.
- Engage communities to build mutual trust and encourage social accountability related to services.
- Systematically invite the community to find and apply solutions to challenges facing individual health centers or health districts that contribute to service quality and quality of care.
- Explore structural changes to generate quality services.
- Create opportunities for learning by convening SBC and service delivery partners while capitalizing on existing platforms, including [Springboard](#) and [Compass](#), to ensure shared learning through the SBC for Service Delivery Community of Practice and other fora.
- Better understand provider behavior and identify innovative and effective approaches to changing provider behaviors and improving their work experience, motivation, and satisfaction.
- Support clients to be informed, empowered, and engaged while also improving empathy with providers. Pairing client- and provider-side initiatives may improve outcomes and impact for both.
- Continue to measure client-provider interactions and apply new evidence to quality of care activities.
- Support efforts to improve behavioral maintenance and adherence to ensure each stage of the [Circle of Care](#) is prioritized before, during, and after service interactions.

## 6. Address gender-related determinants of health and implement gender-transformative programs

Gender-related factors may support or impede a person's ability to practice health behaviors. For example, gender norms that limit access to health services for women and girls can constrain women's use of contraception. At the same time, masculine constructs that sanction men for showing weakness may serve as barriers to men's engagement in healthcare-seeking, such as timely HIV testing and care. Similarly, assigned gender roles may limit women's participation in COVID-19 decision making at community, district, and national levels or influence their exposure to zoonotic diseases. Programs cannot meet their goals or influence positive and sustainable change without focusing attention on the role of gender in health outcomes and identifying successful strategies to achieve gender equality.

To address this pillar, Breakthrough ACTION will:

- Encourage all staff to build their capacity and that of others in addressing gender inequalities.
- Be intentional in considering how gender impacts project work, both in internal organizational practices and in its programmatic work.
- Conduct a gender program review using the [Gender Equality Check-In tool](#) at the start of every work plan process.
- Ensure all programs and products are, at minimum, gender sensitive, do not exploit existing inequalities, and aim to be gender responsive or gender transformative.
- Consider how to work with community and religious leaders who are important for project outcomes but who may uphold gender inequitable norms and practices.
- Consider intersectionality and how gender, youth, disability, education, and other factors intersect in relation to project activities as well as in project staffing.
- Address gender roles, norms, power dynamics, and access to resources between men, women, and people of other genders that negatively impact health outcomes.
- Use evidence-based practices and test innovative approaches that expand the evidence base on the role of SBC in gender transformation.
- Advocate for equal representation of women and men in decision-making bodies at the community, district, and national levels.
- Collect and utilize sex-disaggregated monitoring data to inform programmatic design and adjustments.
- Mobilize global partners to work collaboratively towards a shared agenda with the overarching goal of creating enabling environments that support achieving gender equality and sustained health behavior change.

## 7. Institutionalize SBC capabilities and networks

Breakthrough ACTION is eager to ensure that donors, ministries, and implementing partners are: (1) familiar with the spectrum of SBC approaches and best practices; (2) use that range of approaches as they design programs that transform structures, systems of power, community, and household health practices; and (3) consistently fund those approaches. In addition to building the capacity of select organizations, the project will foster a network of committed SBC champions who can design and monitor evidenced-based SBC programs. This network of SBC professionals will reflect collaborative relationships between governments, donors, NGOs, and community-based organizations.

To address this pillar, Breakthrough ACTION will:

- Advocate for and strengthen the ability of governments and implementing partners to use SBC capacity measurement tools so they can co-design and co-lead capacity strengthening efforts.
- Deliver tailored SBC capacity strengthening approaches based on proven and new, cost-effective methodologies that reach those in resource-limited settings.
- Plan for sustainability in supporting technical working groups to develop, maintain, and build the expertise of SBC networks.

- Leverage graduates of SBC training programs in local working groups and on Springboard events.
- Share and apply proven tools, including the application of newer SBC approaches.
- Embrace the scale-up of promising innovations through capacity strengthening.
- Advocate for and explore the integration of SBC capacity strengthening platforms and networks in local governments, municipalities, and within the community health system.

## VIII. Conclusion

With the key challenges in mind, Breakthrough ACTION commits to elevating cutting-edge SBC, expanding the evidence base for the tools and processes that work in SBC, and addressing underlying social and gender norms and social determinants that create inequity and prevent uptake of services and positive health practices. The project will measure success across all these areas through the performance management plan as well as through specific field evaluations conducted by Breakthrough RESEARCH, annual USAID management reviews, and external mid-term and final evaluations.