Advancing Social and Behavior Change Measurement for Family Planning—Slide deck

Breakthrough RESEARCH

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Advancing Social and Behavior Change Measurement for Family Planning
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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

• 2nd 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 advance SBC measurement to support and strengthen family planning (FP) programs

• Share resources and evidence-based, practical tools you can use to strengthen SBC measurement, evaluation, and research
Roadmap for Today

1. SBC Measurement in FP
2. Breakthrough RESEARCH’s State-of-the-art Evidence and SBC Measurement Tools You Can Use
3. Call to Action
4. Discussion and Q&A
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Why SBC Measurement for Family Planning Programs?

- SBC interventions can improve FP/reproductive health (RH) outcomes, through pathways that address intermediate determinants such as attitudes around FP.
- Yet, barriers still exist to the inclusion of SBC in FP investments.
- Some SBC interventions are more effective than others, and the estimated effectiveness of SBC interventions varies depending on the measures we use to assess them.
- The measurement of SBC interventions and SBC implementation science approaches can also be important in addressing implementation questions around scale-up and program replication.
SBC approaches can support family planning programs and the standardized measurement of these approaches guided by a defined theory of change is critical to understanding their effectiveness and contributing to their success.
Research and Learning Agendas
Research and Learning Agendas (RLAs)

Reaching consensus through collaboration and by building on previous efforts

• Breakthrough RESEARCH took a multi-pronged approach to develop global SBC RLAs

Desk review of literature to identify cross-cutting research needs

Convene expert consultations

Establish technical advisory networks

Develop actionable research questions for priority thematic areas

Package priority SBC research agendas for broader dissemination
The desk review revealed 6 cross-cutting knowledge gaps related to SBC programs across health areas and geographic regions.
Effectiveness of Integrated SBC Programming (Relative to Vertical SBC Programming)
- When a norm (or other determinant) influences multiple behaviors, how and to what extent does addressing it yield desired change for multiple behaviors?
- Under which conditions (such as social structures or health systems structures) is integrated SBC programming more effective than vertical SBC programming?
- What are the potential unintended (positive and negative) consequences at the individual, household, community, and health-systems level for integrated compared to vertical SBC programming?
- How and to what extent do differences in the integration program model (for instance, umbrella brand with nested vertical components, phased introduction of content, add-on) impact outcomes among different audiences? Which integration program models are most effective and what models still need to be explored (such as multisectoral integration of FP and economic growth) with specific audiences?
- How can we utilize more participatory approaches to improve the design, monitoring, and evaluation of integrated SBC programming?

Effectiveness
- Does improving the behaviors/practices of health providers influence the quality of care provided?
  - What are the most effective SBC approaches to enable/motivate/facilitate (different cadres of) providers to provide respectful, client-centered care (such as staff recognition through incentives to provide postpartum FP counseling)?
  - What are the most effective non-communication-based SBC interventions to improve provider behaviors (for instance, a suitable waiting room)?
- How does addressing the factors that influence provider behavior (normative, structural, behavioral) lead to improved health outcomes?

Measurement
- How can we best assess/measure the quality of client-provider interactions from client and provider perspectives?
- How can we best measure provider attitudes, norms, and biases that influence their performance and adherence to timely and respectful client-centered care practices?
Research and Learning Agendas
Applying tools to understand who SBC programs are reaching, how they are reaching them, with what content, and what changes they are producing is critical for effective measurement of SBC in family planning programs.
SBC Measurement Tools You Can Use
How to Use a Theory of Change to Monitor and Evaluate SBC Programs
How to Use a Theory of Change to Monitor and Evaluate SBC Programs

• Behavior change theory should be incorporated into an SBC program’s theory of change to illustrate how or why a desired change is expected to occur.

• Behavior change theory also provides guidance on the behavioral determinants that influence program goals and objectives to measure.

• Breakthrough RESEARCH’s guide is intended to help managers support research, monitoring, and evaluation staff and ensure they have the programmatic data required to track results, and it will ensure the program is guided by robust theory-driven evidence.
How to Use a Theory of Change to Monitor and Evaluate SBC Programs

Tools You Can Use

1. Understand factors influencing priority behaviors targeted by the SBC program using behavioral theory
2. Build a program theory of change
3. Select meaningful SBC indicators
4. Monitor SBC implementation
5. Evaluate SBC implementation effectiveness and impact
6. Communicate findings
How to Use a Theory of Change to Monitor and Evaluate SBC Programs

Building a Program Theory of Change—Example

**Adult/caregiver knowledge** of the benefits of FP for youth

**Adult/caregiver attitudes toward youth use of FP methods & services**

**Adult/caregiver self-efficacy** to talk to & support youth to access services

**Adult/caregiver social norms & barriers** related to youth access of FP services

**Youth attitudes towards use of FP methods & services**

**Youth social norms & barriers related to use of FP methods & services**

**Youth self-efficacy related to the use of FP methods & services**

**Youth intention to use FP methods & services**

**Use of FP methods & services**

**Environmental constraints**
- Provider bias towards youth
- Availability of FP methods
- Access to health services (location, affordability, etc.)

**MMH Interventions:**
- Disseminating youth & ally FP/RH stories
- Community discussions about youth FP/RH

Source: https://ccp.jhu.edu/2020/03/30/youth-reproductive-health-heroes-francophone
# How to Use a Theory of Change to Monitor and Evaluate SBC Programs

## Tools You Can Use

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Knowledge</th>
<th>Attitude</th>
<th>Self-efficacy</th>
<th>Intent</th>
<th>Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/adult ally speaks to youth about FP/RH</td>
<td>Parent/adult ally recognizes that youth are/can be sexually active</td>
<td>Parents/adult allies accept/tolerates that youth are sexually active</td>
<td>Parent/adult ally believes they can speak to youth about FP/RH</td>
<td>Parents/adult allies intend to talk to youth about FP/RH</td>
<td>Parent/adult ally believes other parents accept that youth are/ may be sexually active</td>
</tr>
<tr>
<td>Parent/adult ally knows to talk to youth about FP/RH</td>
<td>Parent/adult ally believes they should speak to youth about FP/RH</td>
<td>Parent/adult ally believes they can speak to youth about FP/RH</td>
<td>Parent/adult ally believes other parents in the community speak to youth about FP/RH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/adult ally knows that youth need guidance</td>
<td>Parents/adult allies approve of youth using FP</td>
<td>Parent/adult ally believes they can speak to youth about FP</td>
<td>Parent/adult ally believes other parents in the community approve of youth using FP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/adult ally knows that FP can help youth achieve life goals</td>
<td>Parents/adult allies have a favorable attitude toward young people’s use of FP to help them achieve life goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Youth speak to adults about FP/RH</td>
<td>Youth know that there are adults they can trust to talk about FP/RH</td>
<td>Youth believe they should speak with adults about FP/RH</td>
<td>Youth intend to speak to adults about FP/RH</td>
<td>Youth believe that other youth speak to adults about FP/RH</td>
<td></td>
</tr>
<tr>
<td>Youth use FP if sexually active</td>
<td>Youth know about the FP methods</td>
<td>Youth believe they should use FP if sexually active</td>
<td>Youth intend to use FP if sexually active</td>
<td>Youth believe that other youth use FP if sexually active</td>
<td></td>
</tr>
</tbody>
</table>
How to Use a Theory of Change to Monitor and Evaluate SBC Programs

To effectively integrate a theory of change into a monitoring and evaluation (M&E) plan, SBC programs should:

• **Use a theory of change process at the design stage** and identify the important behavioral determinants that should be addressed with SBC programs.

• Select indicators for SBC M&E plans that consider **measures that assess exposure to the program, determinants of behavior, and the behavioral outcome**.

• Introduce qualitative studies such as in-depth interviews or focus group discussions to complement routine monitoring and help explain how the program is working.

• **Share evidence** on what works and how interventions can be improved.
How to Use a Theory of Change to Monitor and Evaluate SBC Programs
Mentimeter

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Twelve Recommended SBC Indicators for Family Planning
SBC measurement enables programs to:

• engage in continuous learning and improvement;
• demonstrate how SBC interventions improve desired outcomes; and
• provide evidence of SBC’s effectiveness that can be used to mobilize further investment.

We propose 12 SBC indicators that programs can consider adopting to monitor and evaluate SBC programs.
12 Recommended SBC Indicators for Family Planning

12 Recommended SBC Indicators for Family Planning

**Exposure to SBC programming** enables us to understand the extent to which beneficiaries are exposed to SBC approaches.

**Indicator 1:** Number of decision-makers reached with SBC FP advocacy activities.

**Indicator 2:** Percent of target audience that recalling hearing or seeing a FP message, campaign, or communication initiative.

**Indicator 3:** Number of service providers trained in interpersonal communication for FP counseling.
12 Recommended SBC Indicators for Family Planning

**Skills & Knowledge**

**Ideation**
- Cognitive Beliefs, Attitudes, Knowledge, Perceived risk, Subjective norms, Self-image
- Emotional Emotional response, Self-efficacy
- Social Spousal communication, Perceived social support, Personal advocacy

**Intermediate**

Intermediate enables us to understand the factors contributing to behavioral outcomes.

**Indicator 4:** Percent of target audience that knows of at least three modern FP methods.

**Indicator 5:** Percent of target audience with favorable attitudes of modern FP methods.

**Indicator 6:** Percent of target audience that believes most people in their community approve of people like them using FP.

**Indicator 7:** Percent of target audience confident in its ability to use FP.

**Indicator 8:** Percent of target audience that discussed FP with spouse or partner.
12 Recommended SBC Indicators for Family Planning

**Intention & behavioral outcomes** enables us to determine if behavior has changed.

**Indicator 9:** Percent of non-users intending to adopt a modern FP method in the future.

**Indicator 10:** Percent of target audience currently using a modern FP method.

**Indicator 11:** Percent of modern FP users intending modern FP method continuation.

**Cost** enables us to understand the resources used/needed to reach a target audience.

**Indicator 12:** Cost per person reached by SBC activities.
12 Recommended SBC Indicators for Family Planning
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SBC Measurement Learning Courses
**M&E of SBC approaches**

1. Building an SBC M&E theory of change
2. Selecting meaningful SBC indicators
3. Monitoring SBC implementation
4. Determining if the SBC program reached the desired outcome

**Measuring SBC program or campaign exposure**

1. Understanding SBC program or campaign exposure
2. Examples of SBC exposure questions and data sources
3. Using exposure data to inform your SBC program or campaign
Measuring SBC Program or Campaign Exposure
### Measuring SBC Program or Campaign Exposure: Understanding Exposure

<table>
<thead>
<tr>
<th>SBC exposure</th>
<th>Description</th>
<th>Example questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Measures the extent to which the program or campaign reaches the intended audience.</td>
<td>How many decisionmakers (i.e., local or religious leaders) participated in SBC program trainings?</td>
</tr>
<tr>
<td>Awareness: recall</td>
<td>Recall (Spontaneous) measures if the respondent is aware of the campaign or topic and can provide an affirmative response.</td>
<td>Do you recall hearing or seeing the “X campaign”?</td>
</tr>
<tr>
<td>Awareness: recognition</td>
<td>Recognition (Prompted) measures if the respondent can provide an affirmative response when prompted with a campaign element (i.e., chime or tag line).</td>
<td>Can you identify the campaign logo (from a group of logos)/Can you complete this campaign slogan: “X ….”?</td>
</tr>
<tr>
<td>Comprehension</td>
<td>Comprehension measures message elements related to information, or an idea being communicated.</td>
<td>Thinking about the radio commercials you heard about family planning; can you tell me one of the messages in these commercials?</td>
</tr>
<tr>
<td>Message reaction</td>
<td>Message reaction measures if a respondent agrees or disagrees with the message.</td>
<td>Did you agree or disagree with the message in the commercial?</td>
</tr>
</tbody>
</table>
## Measuring SBC Program or Campaign Exposure: Exposure Data Sources

<table>
<thead>
<tr>
<th>Source of data</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine program monitoring (e.g., # of household visits)</td>
<td>Low cost</td>
<td>Does not tell you whether people remember anything from this exposure</td>
</tr>
<tr>
<td>Project-tailored surveys (mobile and household)</td>
<td>Allows for construction of very specific measures</td>
<td>High cost</td>
</tr>
<tr>
<td>Estimates using existing large-scale surveys (i.e., DHS)</td>
<td>Low cost</td>
<td>Questions included are generic, only capturing exposure to messages in general by health topic and by channel</td>
</tr>
<tr>
<td>Client-provider observations (e.g., provider is observed using a job aid to discuss FP)</td>
<td>Does not rely on self-reported data</td>
<td>High cost; may be particularly subject to social desirability bias</td>
</tr>
<tr>
<td>Social media monitoring and listening</td>
<td>Low cost</td>
<td>Requires technical expertise</td>
</tr>
<tr>
<td>Qualitative interviews with community leaders and program participants</td>
<td>Useful to assess comprehension and message reaction in richer ways that may lead to program learning</td>
<td>Not generalizable to entire target population</td>
</tr>
</tbody>
</table>
Measuring SBC Program or Campaign Exposure: Using Exposure Data to Inform Programs

SBC program or campaign exposure data can be used to:

- Determine if the program reached the intended audience.
- Assess audience reaction to the SBC program or campaign.
- Determine how to budget for your SBC program based on the desired number of people reached.
- Assess whether the program had an impact on the audience reached.
- Assess whether the audience understood the program.
Measuring SBC Program or Campaign Exposure: Using Exposure Data to Inform Programs

**Determine if the program reached the intended audience**

Radio listenership from a mobile survey among men and women in Abidjan, October 2020

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a day</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Not at all</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

**Finding:** Radio listenership skewed male, with about a third of female survey respondents reporting not listening to the radio at all.

**Implication:** Findings suggest a multi-channel approach beyond radio is necessary to reach women of reproductive age.
SBC Measurement
Learning Courses
Mentimeter

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Program designers and evaluators can benefit from SBC insights gained when tried-and-true research and evaluation methods have new applications in the family planning field.
Audience Segmentation

• Practice of dividing an audience into subgroups based on demographic, psychographic, and/or behavioral factors to develop tailored SBC approaches that are most likely to resonate with each audience subgroup.

• More recent applications of audience segmentation for FP has focused on segmentation by demographic characteristic.
Using Audience Segmentation Approaches in Niger

**Knowledge**
- Knows that a woman must have at least 4 ANC visits for her health and that of her baby
- Knows that a woman should give birth in a health facility
- Has heard of at least 3 different FP methods

**Attitude**
- Pregnant women only need ANC if they are sick
- Health care facility is the best place to give birth
- Acceptable for a couple to use FP methods such as condoms, the pill or injectables to delay or avoid pregnancy

**Norms**
- Most women in the community have 4 or more ANC visits
- Most women in this community deliver in a health facility
- Members of this community agree that a woman should use FP methods

**Self-Efficacy**
- Not at all difficult to go to a health facility for ANC
- Not at all difficult to go to a health facility to give birth
- Know where to go to get FP methods

**Partner Communication**
- Not at all difficult to start a conversation with my partner about ANC visits
- Not at all difficult to start a conversation with my partner about giving birth in a health care facility
- Feel comfortable discussing FP methods with my partner
**State-of-the-art Evidence**

**Using Audience Segmentation Approaches in Niger**

**AISSATOU** is less likely to use ANC services than other women in Niger. Approximately, 29% of women interviewed were similar to Aissatou.

**BINTOU** is more likely to use facility-based delivery services than other women in Niger. Approximately, 12% of women interviewed were similar to Bintou.

**FATOU** is more likely to use family planning than other women in Niger. Approximately, 21% of women interviewed were similar to Fatou.
State-of-the-art Evidence

Audience Segmentation

Finding the right fit: Using segmentation approaches to shape your social and behavior change programming

Trouver la bonne personne : utiliser des approches de segmentation pour façonner votre programme de changement social et comportemental

9 February 2022
Social Listening
In 2020 there were over 3.6 billion social media users worldwide.

**Social media**: Websites and applications that enable users to **create** and **share content** or to participate in social networking.

Source: statista.com
Using Social Listening and Social Media Monitoring for SBC Programs

Social Listening

Can help you **qualitatively** understand:

- **Who** is messaging about topics of interest and what are they saying?
- **Where** are these topics of interest mentioned?
- What are the **attitudes & behaviors** of an audience to a specific topic?
- What **misinformation exists** about the topic?
- What **insights** can be learned about underlying attitudes or social norms expressed about a topic?

Social Media Monitoring

Can answer questions **quantitatively** such as:

- What is the awareness and level of **engagement** (# of likes, # of shares, etc.) with a campaign or brand on social media platforms?
- What is the **volume of conversation** for key topics in a given location?
- What is the **sentiment** of conversations related to a campaign, brand, or topic?
Tools You Can Use

Using Social Listening and Social Media Monitoring for SBC Programs

• SBC programs and FP programs that incorporate SBC approaches can leverage social listening to gather insights related to people’s health-related knowledge, attitudes, norms, and behaviors.

• Insights generated through social listening and social media monitoring can be used together with other monitoring and evaluation techniques to produce data-rich learning environments for program design and adaptation.
Cote d’Ivoire “Family Planning & Sexual Attitudes” Bi-gram Analysis
Using Social Listening and Social Media Monitoring for SBC Programs

Tools You Can Use
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Discussion and Q&A
Future SBC approaches to strengthen family planning programs should commit to standardized, robust measurement to enable effectiveness evaluations that support continued investments in evidence-based SBC programs.
Call to action

**SBC PROGRAMS**: SBC programs can help fill the gaps in measurement by ensuring inclusion of standardized indicators of behavioral determinants and behaviors in their results framework, using a behavioral theory of change to guide their M&E efforts and going beyond a focus on output-level indicators.

**SERVICE DELIVERY PROGRAMS AND COMMUNITIES OF PRACTICE**: Voluntary FP efforts incorporating SBC approaches through programming or across community of practice platforms should promote the use of standardized SBC measures, and monitor and evaluate these SBC efforts using established measurement tools, such as the 12 Recommended SBC Indicators for FP.

**SBC RESEARCHERS**: Future researchers should continue to use existing SBC indicators and measurement tools and encourage the inclusion of modules that collect behavioral determinant data in surveys, including large-scale surveys, and build the capacity of implementers and policymakers for data use of behavioral determinant data.

**DONORS**: Donors should commit to requiring robust evaluation and standardized measurement of SBC approaches in FP programs and promote the routine collection of behavioral determinant data as a way to address global data equity issues and data gaps, so that scaled programs are informed by the evidence they need.
Reflecting on the Call to Action:
Jason Bremner, FP2030
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Discussion and Q&A

• Please post your questions in the chat.

• We will also discuss the implications from the Mentimeter results we’ve seen throughout the webinar.
Advancing Social and Behavior Change Measurement in Family Planning

FEBRUARY 2019
Join Us For 4 Breakthrough RESEARCH Legacy Webinars

We will reflect on what we have learned over the past 6 years about catalyzing social and behavior change (SBC) in family planning around the world with cutting-edge research and evaluation. Scan the code to access registration links for each webinar. Each webinar will be simultaneously interpreted in French.

Provider Behavior Change and SBC Approaches to Quality of Care in Family Planning
31 Jan 2023

SBC and the Enabling Environment for Family Planning
21 Mar 2023

Advancing SBC Measurement for Family Planning
28 Feb 2023

Costing for Family Planning SBC
19 Apr 2023
Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018. The contents of this document are the sole responsibility of the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.

https://breakthroughactionandresearch.org/