



Multi-Sectoral Integration of SBC Programming

A High-Level Exploration of Integrating Family Planning with Other Development Sectors

Submitted to: USAID

Submitted by: Johns Hopkins Center for Communication Programs

September 6, 2019

Cooperative Agreement #AID-OAA-A-17-00017

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the Breakthrough ACTION Cooperative Agreement #AID-OAA-A-17-00017. Breakthrough ACTION is based at Johns Hopkins Center for Communication Programs (CCP). The contents of this report do not necessarily reflect the views of the Ministry of Health, USAID, the United States Government, or Johns Hopkins University.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough ACTION logo, consisting of a blue square with a white curved line and a grey sphere at the top right corner.

Table of Contents

Acronym List	ii
Executive Summary	1
Approach	5
Methods for linkages assessment	5
Methods for interviews	7
Methods for stakeholder consultation	8
Findings	9
Factors affecting multi-sectoral integration	9
Results of consultation exercise and discussion of “challenges”	21
Limitations and Next Steps	24
Limitations	24
Next Steps	24
Annex A: Literature Scan Results by Sector	27
Annex B: List of Projects and Resources Extracted from Literature Scan and Interviews	30
Annex C: Challenge Clusters	34
Annex D: Interview Guides	40



USAID
FROM THE AMERICAN PEOPLE



Acronym List

AOR/COR	Agreement Officer's Representative/Contract Officer's Representative
DFID	Department for International Development
DFSA	Development Food Security Activities
DRG	Democracy, Rights, and Governance
DO	Development Objective
FFP	Food for Peace
FP	Family Planning
HIV	Human Immunodeficiency Virus
KM	Knowledge Management
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MIYCN	Maternal, Infant, and Young Child Nutrition
PAD	Project Appraisal Document
PHE	Population, Health, and Environment
RFA/RFP	Request for Application/Request for Proposal
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough ACTION logo, consisting of a blue square with a white curved line and a grey sphere.

Executive Summary

Introduction

Despite well-documented linkages between family planning (FP) outcomes and outcomes from other development sectors, multi-sectoral Social and Behavior Change (SBC) integration has been limited in application. However, although linkages have been established, connections have not always been the result of systematic, coordinated, and aligned efforts. Improved multi-sectoral SBC integration can reduce missed opportunities to address unmet need for FP and may strengthen mutually beneficial SBC programming.

Breakthrough ACTION's multi-sectoral analysis of literature, past programmatic evidence, and stakeholder interviews sought to identify the potential for improved SBC integration within the scope of established linkages between outcomes in FP and outcomes in other development sectors. We focused our analysis on reviewing potential integration in three specific sectors: Population, Health and Environment (PHE); Democracy, Rights and Governance (DRG); and food security/livelihoods. This report summarizes the work conducted by Breakthrough ACTION for this analysis, findings from the analysis, and some proposed next steps for future assessment. In this assessment, we reviewed opportunities to integrate FP SBC programming with non-health development sector SBC programming.

Structure of Analysis

Breakthrough ACTION conducted this analysis in three parts:

- A linkages assessment that outlined existing linkages documented in various published and grey literature, evidence maps, and program directories, and identified themes in enablers, barriers, and needs.
- Stakeholder interviews representing our three development sectors of focus and various organization types, the findings from which were informed by the linkages assessment and synthesized in this report
- An expert stakeholder consultation where the synthesis of findings from the previous two parts was presented and joint discussions about the challenges, needs, and opportunities for multi-sectoral SBC integration were facilitated.

Findings from Analysis

Breakthrough ACTION identified and synthesized various factors affecting SBC multi-sectoral integration through the analysis conducted. Additionally, interviewees identified many opportunities for multi-sectoral integrated programming. Below is a quick snapshot of those factors and some brief descriptions of the central issues identified:



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Factor affecting SBC Multisectoral Integration	Barrier, Enablers and Opportunities identified	
Funding	Barriers	<ul style="list-style-type: none"> -Silosed funding and lack of flexibility in funding streams -Mental models about what constitutes SBC programming
	Enablers/ Opportunities	<ul style="list-style-type: none"> -Funding available from different sectors or funding sources
USAID-specific Considerations	Barriers	<ul style="list-style-type: none"> -Tensions over ‘ownership’ of particular sectors -Perception of donor risk aversion -Perceived hassle factors
Prioritization of Behaviors	Barriers	<ul style="list-style-type: none"> -Focusing on too many behaviors -Challenges in identifying priority behaviors (lack of evidence base)
Targeting of Populations	Barriers	<ul style="list-style-type: none"> -Lack of available tools and capacity for precise targeting -Target populations vary across sectors
	Enablers/ Opportunities	<ul style="list-style-type: none"> -Flexibility for implementers to identify promising new target groups -Shared target populations for integrated SBC programming exist
Evidence Gaps	Barriers	<ul style="list-style-type: none"> -Lack of evidence on the value-add of integration -Lack of readily available evidence for project design and management -Ambiguity of responsibility for identifying cross-sectoral linkages
	Enablers/ Opportunities	<ul style="list-style-type: none"> -Documenting the contribution of SBC to different outcomes in integrated programs
Project Management	Barriers	<ul style="list-style-type: none"> -Team structure reinforces sector-specific implementation
	Enablers/ Opportunities	<ul style="list-style-type: none"> -Applying adaptive management practices -Appropriate/commensurate project staffing -Integrated team structures break down silos



Factor affecting SBC Multisectoral Integration	Barrier, Enablers and Opportunities identified
--	--

Knowledge Gaps and Mental Models	Barriers	<ul style="list-style-type: none"> -Lack of knowledge amongst staff about sectors other than their own -Varying mental models of integration in theory and in operation -Lack of SBC capacity outside health sector
	Enablers/ Opportunities	<ul style="list-style-type: none"> -More context-specific SBC approaches -Less solely communication-based SBC approaches
Communication Gaps	Barriers	<ul style="list-style-type: none"> -Lack of common language across sectors relating to SBC -Perception of SBC as health-specific and/or inadaptable
Integration Theories of Change	Barriers	<ul style="list-style-type: none"> -Varying perspectives on integration theories of change with no consensus
Entry Points for Integration	Enablers/ Opportunities	<ul style="list-style-type: none"> -Work in one sector can present entry points to other sectors -Identifying shared behavioral determinants, priorities in geographies and populations -Acknowledging that integration is not always appropriate
Stakeholder Engagement and Time	Enablers/ Opportunities	<ul style="list-style-type: none"> -Engaging multi-sectoral stakeholders at various levels throughout the project cycle -Building cross-project collaboration into scope of work (at implementer level) -Community stakeholder engagement to promote problem-driven approach
Project Design	Barriers	<ul style="list-style-type: none"> -Time limits reduce investment in long-term/intergenerational outcomes -Difficult to collaborate with projects that are already underway -Harder with larger programs theories of change become too complex/unwieldy

Conclusions and Next Steps

Breakthrough ACTION has recommended some potential future directions to explore the state of SBC multi-sectoral programming and identify priorities going forward. The synthesis of findings presented and the feedback we received from the expert stakeholder consultation will finally inform the development of a programmatic aid or tool, with the aim of addressing some of the barriers or leveraging some of the enablers to assist stakeholders engaged in different aspects of SBC multisectoral work. The findings and tool aim to contribute to increasing co-investment, aligning efforts, and



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



maximizing impact across key development outcomes while emphasizing Sustainable Development Goals.

This document discusses all three components of the stakeholder analysis. The findings assess the extent and nature of existing SBC and integrated programming and include consideration of potential opportunities for FP SBC integration. This report also documents the results of the stakeholder consultation and the discussion of action steps to support improved multi-sectoral integrated programming.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough ACTION logo, consisting of a blue square with a white curved line and a grey sphere.

Introduction

Despite well-documented linkages between family planning (FP) outcomes and other development areas, multi-sectoral Social and Behavior Change (SBC) integration has been limited in application. Coordinated efforts to improve multi-sectoral SBC integration can reduce missed opportunities to address unmet need for FP and may strengthen mutually beneficial SBC programming.

Breakthrough ACTION’s multi-sectoral analysis of literature, past programmatic evidence, and stakeholder interviews sought to identify the potential for improved SBC integration within the scope of established linkages between outcomes in FP and outcomes in other development sectors.

Approach

This section details the methods for each of the three parts of the stakeholder analysis: the linkages assessment, the stakeholder interviews, and the stakeholder consultation.

Linkages Assessment

Breakthrough ACTION documented existing linkages between the use of SBC for FP and additional development outcomes including nutrition, PHE, DRG, economic development, and food security. This assessment included a rapid scan of both published and grey literature from the past 15 years to identify areas of cross-sectoral opportunities to leverage SBC approaches jointly and effectively.

Searches were conducted in Google Scholar, Google, and PubMed using the following keywords:

KEYWORDS USED IN LITERATURE SCAN		
WITH “SBC”	WITH “BEHAVIOR CHANGE”	WITH “SBCC”
“Multisectoral AND/OR SBC AND integration”	“Multisectoral AND/OR behavior change AND integration”	“Multisectoral AND/OR SBCC AND integration”
“Multisectoral AND/OR SBC AND family planning integration”	“Multisectoral AND/OR behavior change AND family planning integration”	“Multisectoral AND/OR SBCC AND family planning integration”
“Family planning, nutrition SBC integration”	“Family planning, nutrition behavior change integration”	“Family planning, nutrition SBCC integration”

“Population, Health and Environment SBC integration”	“Population, Health and Environment behavior change integration”	“Population, Health and Environment SBCC integration”
“Democracy Rights and Governance SBC AND/OR family planning integration”	“Democracy Rights and Governance behavior change AND/OR family planning integration”	“Democracy Rights and Governance SBCC AND/OR family planning integration”
“Economic development SBC AND/OR family planning integration”	“Economic development behavior change AND/OR family planning integration”	“Economic development SBCC AND/OR family planning integration”

Additional searches were conducted in USAID’s Development Experience Clearinghouse, the United Kingdom’s Department for International Development’s (DFID) Development Tracker, in two evidence maps (FHI 360 Integrated Development Evidence Map and the World Health Organization (WHO) Evidence Map for Social, Behavioral, and Community Engagement Interventions for Reproductive, Maternal, Newborn, and Child Health), and through a review of the posters from the February 2019 Social and Behavior Change Communication (SBCC) Francophone Summit.

The reference sections of the identified sources were then reviewed to find additional articles and grey literature not identified in the initial search. 44 programs were found to fit the criteria (see Annex A – Literature Scan Results by Sector). In order to meaningfully cluster these programs and conduct analysis, the 44 programs were categorized by ‘Integration Sector/Type’, ‘Monitoring and Evaluation (M&E) Data Availability’, ‘Family Planning Delivery Method’, and ‘Family Planning Outcome Tracked’. The most common category of integration found was SBC programs that coupled FP and other health outcomes (e.g., postpartum care, Human Immunodeficiency Virus (HIV) care, nutrition, post abortion care, immunization, Water, Sanitation, and Hygiene (WASH), etc.). The vast majority of sources only contained some or sparse M&E data.

Synthesizing by development sector, Breakthrough ACTION consolidated repeated themes, enablers and barriers, or needs identified by programs across documents. The findings from these sector-specific syntheses were subsequently cross-referenced with themes that emerged from the stakeholder interviews. A complete analysis is reviewed in the *Findings* section of this document.

Synthesis from the literature review produced high-level themes across sectors. The Results of the review were then used to create guides and *a priori* codes for the Stakeholder Interviews. Stakeholders largely supported the findings of the literature review and were able to add additional nuanced information based on their individual experience.

Stakeholder Interviews

Breakthrough ACTION identified and spoke with United States Agency for International Development (USAID) staff across development sectors and USAID projects/partners to supplement the rapid scan of the literature and further identify key actors and potential entry points. This outreach provided insight into different sectors' mental models about SBC, integrated SBC programming, as well as barriers and enablers of improved multi-sectoral SBC integration. Stakeholder mapping and the assessment of linkages helped to identify opportunities, gaps, and areas to build on existing successes.

To identify stakeholders, Breakthrough ACTION initially conducted purposive and convenience sampling of stakeholders based on USAID recommendations and personal networks, with a strong focus on USAID staff and USAID-funded programs. Various combinations of stakeholder categories (USAID Washington staff, USAID Mission staff, project staff) and development sectors (health, PHE, DRG, food security/livelihoods) participated in the interviews. Subsequently, interviewees were asked for recommendations for additional stakeholders to contact and projects and resources to capture. This snowball sampling was done with the goal of acquiring contacts for development sectors that were under-represented in the initial purposive sampling, especially DRG. In total, 23 stakeholder interviews were conducted, with representation from all aforementioned stakeholder categories and development sectors:

DISTRIBUTION OF INTERVIEWS BY SECTOR AND ORGANIZATION TYPE				
	USAID/ WASHINGTON	USAID/MISSION	IMPLEMENTER	TOTAL
Health	3	1	4	8
PHE	5	0	1	6
DRG	1	1	1	3
Food Security/ Livelihoods	3	0	3	6
Total	12	2	9	23

Semi-structured interview guides were developed for both project and USAID staff, with an ongoing process of iteration and editing based on theme saturation and stakeholder areas of expertise. Interview guides can be found in Annex D. Interviewees consented verbally to participate in the interviews and to note taking by Breakthrough ACTION staff during the interviews.

Qualitative analysis of interviews was completed using Dedoose coding software. Interviews were coded using a combination of pre-determined codes and emergent codes that developed through the analysis process. Findings for key codes of interest were synthesized at two different stages: the first to



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

determine what further codes and sub-codes might be needed, and the second to more fully synthesize findings. These syntheses, informed by the literature scan, formed the crux of the findings presented at the expert consultation. Breakthrough ACTION also extracted lists of all integrated projects, resources, and tools found through the literature scan and interviews (see Annex B -- List of Projects and Resources Extracted from Literature Scan and Interviews).

Expert Stakeholder Consultation

The stakeholder analysis concluded with an in-person consultation, hosting 25 individuals to share findings from the assessment and stakeholder outreach. At the consultation, stakeholders jointly discussed challenges, needs, and opportunities for multi-sectoral SBC integration. The consultation also served as a co-design session to explore action steps to support improved multi-sectoral integrated programming.

ideas42 hosted the expert stakeholder consultation on May 14, 2019 in Washington, DC. 21 individuals attended the consultation, with four additional participants joining remotely. Of the 25 attendees, 17 were from outside of the Breakthrough ACTION partners consortium. Attendees represented the following categories and development sectors:

DISTRIBUTION OF ATTENDEES BY SECTOR AND ORGANIZATION TYPE				
	USAID/ WASHINGTON	USAID/MISSION	IMPLEMENTER	TOTAL
Health	4	0	16	20
PHE	1	0	0	1
DRG	1	0	0	1
Food Security/ Livelihoods	0	0	3	3
Total	6	0	19	25

The goals of the expert consultation were twofold:

- To share, jointly discuss, and validate findings to date around key factors affecting multi-sectoral integrated programming; and
- To jointly determine next steps, including possible new tools to support improved multi-sectoral integrated SBC programming.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

The consultation opened with a summary of the overall objectives of the multi-sectoral integration activity, work to date, and key findings. After the presentation on the activity overview and findings, participants were split into three groups to discuss specific three sub-topics of focus from the findings: *integration; knowledge and communication; and prioritization, targeting, and evidence*. Next, all attendees reflected on integration challenges in SBC programming across the project cycle. The group decided *Design, Formative Research, Implementation, M&E and Evidence, Advocacy and Demand Creation, Learning and Knowledge Sharing, and Knowledge Management* were the important project cycle phases to consider. Attendees listed their most common SBC integration challenges, adding to pre-populated challenges from the activity findings to date, then categorized them into similar groups or clusters (see Annex C – Challenge Clusters). For the final activity, attendees identified the clusters that they would most like to see fixed or improved. A deeper group-wide discussion focused on these clusters, and feedback on the clusters was noted for tool development.

Findings

These findings reflect the factors affecting integrated SBC programming identified in the linkages assessment, stakeholder interviews, and the consultation discussion on the most popular challenges. Where relevant and additive, inputs from the expert stakeholder consultation have been included.

Factors affecting multi-sectoral integration

Funding

Siloed funding, coupled with the lack of flexibility in funding streams, prevents cross-sectoral collaboration and leads to program tunneling on primary outcomes of interest. Different funding priorities, funding requirements/earmarks, and reporting requirements may prevent programmatic alignment, cause difficulties in bringing together key roles during the planning phase of a project, and/or lead to parallel activities. For example, biodiversity funding must address biologically significant areas, which tend to be sparsely populated. This constrains collaboration with other sectors that are interested in reaching large populations. While this exploration focused on USAID and USAID-funded projects, interviewees highlighted that ministries are generally siloed and the donor community funding structure perpetuates these funding siloes. One consistent exception to funding as a negative factor in successfully integrating programming was the flexibility of funding in Food for Peace (FFP) programming. FFP funds can be used for a variety of interventions across different development sectors, allowing for a broader and potentially more multi-sectoral program using only a single pot of funding.

Scarce funding and mental models about what constitutes SBC lead to de-prioritization of SBC investments. Another funding constraint interviewees shared was the size of the overall funding envelope. A non-health development sector interviewee reflected that there often are not enough funds for programs and, if there are funds, it is felt they are better spent on "direct action" (e.g., funding



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

downstream or proximal activities with a direct impact on the outcome of interest) as opposed to SBC programming.

The literature synthesis also suggested enablers and barriers related to funding. **An oft-mentioned key enabler for successful integrated programming was having funding from different sectors or funding sources**, either from within one donor agency or from multiple donors. Such an approach minimizes the restrictive effects of funding siloes and naturally facilitates collaboration between key actors across sectors right from the planning phase of a project.

USAID-specific considerations

Tensions over “ownership” of a given sector and its activities may contribute to resistance to integrated programming. Multiple USAID interviewees shared tensions that they had experienced in trying to design or implement programs across development sectors. These tensions could be between field- and Washington-funded programming, with field staff resistant to Washington-funded activities in their sector(s); they could also be more basic tensions between sectors, with resistance to sector-specific programming that originated or was proposed by staff outside of that sector. In a similar vein, for sectors or initiatives with more flexible funding, there can be concerns about flexible funding encroaching on the purview(s) of dedicated sector funds and their planned activities.

Perception of donor risk aversion. Some implementing partner organizations also shared the impression that their business development staff are not convinced that USAID is receptive to “new ideas,” likely reducing the scope or innovation of proposed integrated programming in response to USAID solicitations. Interviewees also shared that the current structuring of certain development sectors within USAID has marginalized the demand or SBC side of possible work; for example, while nutrition is included in global health work, it is overwhelmingly addressed outside of the Global Health Bureau and with a focus on the supply side.

Funding restrictions create perceived hassle factors to incorporating FP. Finally, some U.S. Government (USG) funding restrictions (such as the Tiahrt amendment) can be confusing to those working outside of the health sector, leading to additional uncertainties about whether and how to incorporate FP into their non-health work.

Multiple interviewees reported integrated projects that identified dozens of potential behaviors to change, with one project identifying over one hundred in the initial phase of project

Prioritization of Behaviors

Projects suffer from choice overload by focusing on too many behaviors, which can affect quality and effectiveness of programming. Multiple interviewees reported integrated projects that identified dozens of potential behaviors to change, with one project identifying over one hundred in the initial phase of project design. Multi-sector projects face the greater challenge of prioritizing across as well as within sectors, and interviewees reported that addressing too many behaviors often becomes



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

overwhelming and ineffective. It is also difficult to conduct comprehensive formative research without prioritizing behaviors. One interviewee gave the example of projects that conduct formative research on only a handful of behaviors but address up to twenty behaviors; without a sufficient evidence base for all behaviors, programming may miss the factors that determine the behaviors and/or develop content uninformed by formative research or evidence. While this issue can be a problem across any SBC programming, it becomes an even greater challenge in integrated programming, where there are likely to be a higher number and type of behaviors to be addressed.

Even when projects are aware of the need to prioritize, it can be difficult to do so. One interviewee shared that while the evidence base for mortality reduction is fairly objective, prioritizing behaviors and messages in other sectors is more subjective. Stakeholder consultation attendees agreed with this assessment that the health sector has more and better data than other sectors. Without a strong evidence base to aid in identifying priority behaviors, it is necessary to convene stakeholders to consider different behaviors' proximity to the project's goals and attempt to place them on a causal pathway. In addition to gaps in evidence, funding requirements can restrict prioritization. Interviewees made multiple references to prioritization challenges due to earmarks, sector strategies, and sector policies that established priorities for a given funding stream; these challenges not only create competing priorities but can also dictate which behaviors are included in programming. Challenges in prioritization can also stem from the important upstream challenge of defining behaviors within a specific sector on which to focus. A related point of discussion was that, when behaviors are defined, they are often defined at the outcome level but not necessarily at a step-by-step, granular level that would be more helpful for programming design and implementation. Consultation attendees also raised the question of what criteria are used to prioritize behaviors; discussants listed feasibility, impact, costing, and working within existing government priorities as examples of such criteria. The lack of standard, or even recommended, criteria for prioritization likely contributes to difficulties in prioritization, and these difficulties are compounded in integrated programming where there is even less likelihood of agreement on prioritization criteria among stakeholders.

Targeting

There is a lack of available tools and capacity to execute more precise targeting of priority populations. Several interviewees outside of the health sector reflected that they needed greater precision in targeting priority populations; for example, the mandate and/or ability to specify priority populations at the individual or household level. Improved precision could be especially useful for integrated programming; for example, if it can identify shared key groups across multiple development sectors or population segments that are impacted by cross-cutting social determinants. This more precise targeting could also leverage segmentation tools to better identify those “most likely to adopt” the behaviors in question. However, multiple interviewees stated the need to include other “levels” in integrated work (e.g., including the systems level or strengthening a whole community and not just



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

certain community segments). This potential tension between higher precision and broader inclusion in priority populations may be exacerbated in integrated programming.

Target populations can vary across sectors and activities, prohibiting effective integration. Often the same group may not be the beneficiary of multiple sector activities or desired outcomes. For example, FFP and Feed the Future have different target populations; some sectors/activities target the “poorest of the poor,” while others target the “poor” and above in the socioeconomic ladder; some interventions focus on mothers of children under two, while others focus only on older women. Consultation attendees also reflected more broadly that the two main target groups for interventions -- those most in need and those most likely to adopt the intervention -- do not always overlap. The question of how to choose which target group to focus on lacks a straightforward answer.

Opportunities do exist for shared target populations for integrated SBC programming. However, implementers can be biased towards the status quo. One interviewee noted that, though there is sometimes flexibility for implementers to identify promising new target groups through formative research, implementers sometimes assume that they need to use the same traditional target groups. Another interviewee identified youth entering the workforce who are not interested in traditional livelihoods (especially agriculture-based livelihoods) as an especially ripe target population for SBC approaches. This is encouraging for integrated programming, as youth are also a priority population for FP interventions.

Evidence Gaps

USAID Missions do not have evidence readily available for project design and management and have limited time, staff, and resources to fill those evidence gaps, either by themselves or through partners. Interviewees identified several evidence gaps as obstacles to integrated programming, including the lack of evidence for non-health behaviors and the lack of a specific set(s) of documented cross-sectoral linkages. The literature also identified a lack of robust integrated indicators, M&E tools, and baseline data as barriers to integrated programming. A stakeholder consultation participant reported experiencing a disconnect between evidence researchers generate and implementers’ needs, noting that, even when research is available, it does not provide all of the information needed to, for example, design an SBC strategy. Another consultation participant commented that, because there has traditionally been so much scrutiny of the impact of SBC programming, the SBC community has tended to “over-research” and set the bar too high for what qualifies as acceptable evidence. Allowing for a greater range of “acceptable” evidence and making sure that evidence is sufficiently helpful for and available to implementers will be important to improve programming.

There is ambiguity of responsibility across sectors for determining multi-sectoral linkages and measuring outcomes outside of one’s sector. Consultation attendees reflected that, within FP SBC work, there has traditionally been high-level considerations of why FP is relevant beyond health outcomes (e.g., job security, income, etc.); however, it is not certain whether FP SBC work ever actually



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

measures these non-health outcomes. Attendees raised important questions about whose role it is both to figure out how FP affects other sectors as well as to measure those outcomes but did not come to consensus.

In terms of SBC evidence gaps, interviewees noted that often there are not enough resources (financial or otherwise) to document the contribution of SBC to the different outcomes in integrated programs. It takes both time and skills to document this, and that documentation often does not happen in the field. Consultation attendees agreed, discussing the importance of documenting process in general and noting that implementers currently do not have the incentives nor the availability to do this. Interviewees also reflected on the importance and power of storytelling in the absence of evidence.

When you're really out in the field doing stuff, you're not writing things for publication.
- Interviewee

A lack of evidence on the value-add of integration in general came up as a consistent barrier to successfully pursuing integrated programming. Some donors still need or want more evidence on the value of integration, including return on investment. Bluntly put, there is minimal evidence demonstrating the effectiveness or value-add of integrated programming writ large or of SBC's contributions to positive outcomes in integrated programming.

Knowledge Gaps and Mental Models

There is often a lack of knowledge among staff at both funding agencies and implementing partners about sectors other than their own. There is unfamiliarity with other sectors' outcomes of interest and indicators, theories of change, and models, tools, and frameworks. Many interviewees reported gaps in their knowledge of other sectors that limited or reduced the quality of integrated program design or implementation. Interviewees who have traditionally worked in FP reported that they encountered these knowledge gaps in working with other development sectors, and those who worked in other development sectors expressed the need to better understand FP programming and what is required to include it in their work. Similarly, interviewees expressed a need for more health technical expertise within other development sectors; for example, more health expertise in FFP programs. One interviewee reported creating reference sheets for different sectors that outlined their methods and priorities in order to bridge that knowledge gap and help identify fertile areas for integrated work. From the implementation perspective, individual project staff technical expertise tends to be within a single sector. The structure and management of integrated programs is often separated by sector, resulting in different technical staff supervising different activities. These technical advisors are most often experts in one sector and have gaps in knowledge about the functioning, utility, and approaches specific to other sectors integrated in the program. This leads to difficulties in cross-sectoral communication and collaboration.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



There are varying mental models of theoretical integration. There are a broad range of levels at which interviewees thought programs are or should be integrating, ranging from the community level to the systems level. Integration conversations have historically focused on the service level, though one interviewee stressed the need to integrate at the community level. Another perspective was that countries that are more focused on self-reliance (e.g., middle income countries) are thinking at the systems level and looking less at individual- or household-level outcomes, which would complicate efforts to focus integration at these more micro levels. Another mental model of theoretical integration focused on blending approaches, such as using political economy analysis to inform efforts to improve health service provision or using a participatory approach, like community engagement, across development sector activities. Others may think of integration as addressing upstream behavioral determinants that impact multiple sectors, such as household decision making or gender norms. Participants at the stakeholder consultation saw potential to increase the use of multi-sectoral SBC by changing people’s mental models of SBC and explicitly framing SBC as cross-cutting, similar to gender or youth. In participants’ experience, the cross-sectoral nature of SBC is often assumed but not made explicit in workplans. One participant shared that they saw an increase in the use of cross-sectoral SBC after their organization began including it in their workplans as a cross-cutting factor.

While some donors and national governments can endlessly debate the relative merits of focused versus integrated programs, communities almost always identify, express, and seek solutions to their needs in an integrated way.
-Scaling Up Across Sectors: The Growth of the Population—Health—Environment Program

There are varying mental models of how integration is operationalized. Interviewees also varied in their understandings of what integration looks like in practice. Common areas of divergence included project management, selection of indicators, operationalization, targeting, and evaluation of multi-sectoral SBC programs. For example, with respect to management, some interviewees expressed the belief that integrated programming is difficult to achieve when reporting structures remain sector-specific. In contrast, others felt that successful integration is possible under separate reporting structures as long as cross-sectoral cooperation requirements are written into awards and there is collective input into initial strategizing and program design. A few interviewees stated that beneficiaries tend to understand the linkages across sectors intuitively; this was also supported by the literature.

Several interviewees reported that a general lack of SBC capacity outside of the health sector is a barrier to integration. While capacity varies across partners and projects, some examples include lack of capacity to do SBC formative research, implementation of non-strategic SBC (e.g., not developing a theory of change), inability to define priority behaviors, and poor SBC implementation in general. One



interviewee noted that while tools to facilitate SBC work exist, they often require SBC expertise to use and are inaccessible to people unfamiliar with the jargon and assumed knowledge of the discipline.

I developed the training module. It wasn't my role, but nobody else had the SBC experience - Interviewee

A general need was expressed for SBC approaches to be both more context-specific and less focused on communication-based approaches alone. The knowledge gap for context-specific SBC approaches involves a lack of capacity to carry out the necessary formative research before program design and/or program implementation; this could include the ability to conduct a social network analysis, use formative research tools, or develop a sector-specific or integrated SBC strategy. Regarding reducing focus on communication-based approaches alone, interviewees reported that there is a default tendency to focus SBC interventions on communication materials (posters, pamphlets, etc.) and there is a knowledge gap about the broader possibilities and approaches available for achieving SBC objectives.

Communication Gaps

A lack of a common language for SBC-related concepts and approaches hampers communication across sectors. Several interviewees reported that many program designers and implementing partners they have worked with in the past have included aspects of SBC in their programming, but that they would not identify their work as SBC (or inclusive of SBC). Interviewees also reported people in different sectors using the same term to mean different things -- and different terms to mean the same thing -- within their individual sectors, making cross-sectoral communication challenging.

Several interviewees perceive that people in other sectors often view SBC as health-specific and either difficult to adapt or not meant for other sectors at all. The lack of a common language exacerbates these attitudes, since the use of jargon and language more familiar to those in the health sector reinforces perceptions of inaccessibility and lack of cross-sectoral utility. This problem is prevalent enough that an interviewee suggested that it would be useful to do a rapid audience study to understand the extent to which inaccessible nomenclature in and of itself deters those working in non-health sectors from wanting to integrate SBC or believing they can integrate SBC. One stakeholder consultation participant reported that their organization uses an SBC onboarding training which has successfully bridged some knowledge gaps in their projects.

Integration Theories of Change

Interviewees shared multiple perspectives on theories of change for integration, with no clear consensus. For example, a behavioral outcome may be sector-specific, but the means and approaches to achieve that outcome are cross-cutting or multi-sectoral, and a theory of change needs to reflect that. However, one interviewee reflected that multi-sectoral theories of change can be too complex to translate into individual behaviors. Another proposed that individual, sector-specific behaviors can be rolled up into integrated results in a logical framework. One interviewee advocated taking a behavioral lens to development goals, with behaviors as ultimate outcomes to frame theories of change.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Entry Points for Integration

Work in one sector can be used as an entrée to another; for example, citizen engagement to improve health services can also achieve DRG aims, or providing health services can make populations more receptive to conservation activities. This entry point was also supported by the literature: awareness messages about basic health issues often provided projects with a good entry point to work on conservation and vice versa, with or without FP-specific messages. For example, the Successful Communities from Ridge to Reef Project in Kenya used population health awareness raising sessions to promote environmental protection and reported that this entry point contributed significantly to ease of communication with community members and the level of community engagement that was observed. The project also noted that using environmental sessions to discuss community health and family planning was equally straightforward and elicited good engagement.

Shared behavioral determinants, approaches, geographic priorities, or priority populations are also possible entry points for integration. Multiple interviewees reported an integration approach where projects address upstream behavioral determinants, such as governance, community participation, and women's empowerment, that impact multiple sectors. This could include addressing gender norms that influence both family planning utilization and women's participation in income-generating activities. Integration could also include community engagement and participatory approaches that result in broader social change impacting multiple sectors. Other interviewees reflected that entry points for integrating programming may be when sectors share geographic priority areas, strategic priority population segments, and/or system-level goals.

Successful integration tends to be problem-driven. Consultation attendees noted that integration is most effective when there is an understanding of the needs of the community and when integration can occur holistically, purposefully, and with a clearly identified community enabler. The group noted that integration has the potential to occur organically, but the decision of whether to integrate is often taken after a review of the individual situation. An example was given in Togo, where integration at the ministry level has been successful because the government sector is small and close-knit (e.g., the Ministry of Finance knows what is happening at the Ministry of Health), and all key actors know each other and their work.

Integration is not always appropriate. Several consultation attendees commented that integration should not consistently be a proposed outcome in SBC or SBC-related activities. Most of the group agreed that some activities should take place in their silos where there have been clear instances of success. Instead, integration should present itself naturally once the effects of activities that were previously siloed are understood. While integration may be appealing from the perspective of a funder, nothing should be integrated without careful analysis. Instead, integration begins with creating a shared vision and analyzing the overlap in priority behaviors.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Stakeholder Engagement and Time

It is important to convene the right people (multi-sectoral stakeholders) at multiple levels (national, sub-national, community, etc.) at the right times (throughout the project cycle). At the solicitation design phase, support from Mission Directors, Ambassadors, host country government actors, civil society organizations, and other USAID champions is a key enabler of integrated programming. This support plays three key roles. First, USAID stakeholder buy-in enables the creation of integrated scopes of work by encouraging integration attempts and providing support to staff spending their time on integrated projects outside of their direct reporting chain. Some Missions even have integrated development teams and track metrics on how much time Mission staff put into those teams. Second, USAID and host country stakeholder buy-in at the design phase lays the groundwork for continued support during the implementation and scaling phases. Host country government actors' input enables the design of a project that addresses real needs in the community, so local government and community actors are more likely to support the project during implementation. Cross-sectoral coordination builds ownership from the very beginning. Defining target behaviors with sectors less experienced with SBC builds their understanding of SBC and develops a common goal for behavior change programming. Negotiating streamlined M&E and reporting requirements minimizes the project management burden while ensuring that funding stream requirements are met. Third, including relevant host country policy makers enables designing for scale from the outset. Local actors will ultimately inherit and hopefully expand the program, so including them in the design phase makes sustainability and scale an integral part of the project.

Stakeholder engagement is also an enabler for effective integrated implementation. At the donor level, joint supervision and joint visits across sectors for multi-sectoral projects enable fidelity to the project design during implementation by ensuring the continued provision of technical expertise across technical areas. Donor flexibility and technical support also enable data-driven or adaptive management and refining programming to maximize results.

At the implementer level, building cross-project collaboration into projects' scopes of work provides both a mandate and the resources to integrate across USAID projects. However, some interviewees believe that donors should play a stronger role in facilitating cross-project integration. Multi-sectoral startup workshops such as Monitoring, Evaluation, and Learning (MEL) workshops and FFP's Development Food Security Activities (DFSA) Refine and Implement workshops convene stakeholders from multiple sectors so they can learn about problems outside of their area of technical expertise, identify cross-cutting challenges, and co-define pathways of causality and theories of change. Other thoughtful startup workshops can play a similar role, including workshops addressing cross-cutting themes like gender, youth, and SBC.

Community stakeholder engagement also helps ensure that programming addresses the community's priority problems and that communities will actively support the project. At the community level,



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

engaging stakeholders, including religious leaders, men, and the parents and partners of sexually active adolescents can ensure culturally appropriate programming. It can also address community questions and concerns about programming areas so they don't become inhibiting factors to change. Some multi-sectoral projects, such as USAID's East Africa Health of People and Environment in the Lake Victoria Basin project, report that engaged community members became the main drivers and advocates for their project, even advocating to local government institutions and spreading the interventions to neighboring communities. This engagement further enables sustainability and scale by laying the foundation for community ownership following the end of the project. Multiple interviewees reported that communities intuitively understand integrated programming because it mirrors the way they live their lives. In the interviewees' experience, community-based interventions can help the whole community relate to the issues being addressed rather than thinking of them as them as "just a women's issue" or "just a men's issue." The importance of engaging community-level stakeholders was a strong theme from the literature as well. For example, inadequate male involvement, as well as lack of support from other family members including grandmothers and mothers-in-law, from the outset of Maternal, Infant, and Young Child Nutrition (MIYCN) and FP programs was often cited as a key barrier to successful program outcomes.

While stakeholder engagement is a powerful enabler of successful multi-sectoral integration, interviewees report that **integrated programming is more time intensive than single-sector programming**. Collaborating with a large group of stakeholders requires frequent meetings and emails in addition to kick off meetings. As noted above, each sector has its own vocabulary, and establishing a common language can be time-consuming. Similarly, some sector experts may not be familiar with SBC methodologies, and identifying relevant behaviors and interventions may require extended collaboration. Some interviewees reported difficulty getting the right stakeholders to attend start-up or pause and reflect workshops. Individual stakeholders may value integration but have difficulty justifying time spent meeting with other sectors when their own offices have significant demands to meet. Finally, increasing the number of stakeholders to incorporate multiple sectors can rapidly complicate communication. There is a non-linear relationship between the number of stakeholders and the potential lines of communication, and collaboration can become unmanageable even with a relatively small number of stakeholders.

The biggest sticking point is always time...The more complicated the integration becomes, the more challenging it is to manage.
- Interviewee

Project Design

Projects' time limits often reduce donor investment in programming that targets long-term or intergenerational outcomes. Certain integration combinations and their theories of change may target outcomes that take longer to achieve. For example, while the linkages between family planning and nutrition are well established, showing improvement in an outcome such as stunting is difficult to produce in a traditional project's 5-year timeframe.



Similarly, **projects that are already underway are often more difficult to coordinate and collaborate with.** Even though the potential for integration due to strong linkages may be present, there is little scope for collaboration if, for example, one project is just starting up while another is deep into implementation. One reason for this difficulty is that interest in multi-sectoral integration in global health programming has been growing for the past few years, and the management and operationalization of some older projects are not well-suited for general coordination, let alone integration. The particular difficulties of management and operationalization of projects with respect to integration are explored in a subsequent section.

Finally, interviewees often noted that **integration is harder with larger programs, since an extremely complex theory of change becomes unwieldy.** Theories of change that include a high number of multi-sectoral determinants and/or outcomes face various challenges, including prioritizing target behaviors, identifying appropriate sectoral indicators, targeting the program for priority populations that would benefit from many multi-sectoral goals, and finding technical assistance that can support all of those multi-sectoral outcomes.

The literature also identified some barriers to integration pertaining to project design. Several reports noted that the concept of integration is often not well-articulated at the outset of a project. Further, the collaborative efforts required for successful integration and the need to bring together sectoral experts and team leads are often not reflected in the overall project strategies nor in their workplans. Staff are spread throughout programs and regions, and the onus often falls on them to come up with collaborative strategies and a more streamlined management system on their own time.

Project Management

Team structure often reinforces sector-specific implementation. The most central theme that emerged from the interviews regarding the management of multi-sectoral projects is having parallel vertical structures that inhibit cross-project collaboration. Interviewees very often characterized their experience with integration as dealing with programs that were integrated in design but not in management. In many cases, programs are set up with a lead for each sector, and the teams are set up to function as if their sectoral goals constitute separate projects within the overall program. Such a set up was repeatedly described as being unlikely to yield successful integration since the incentives for the sector leads (and most of the staff) are aligned with sector-specific outcomes and not with the collaborative approach that successful integration requires.

If a program is set up so that you have a lead for each sector, and those people are reporting into the program manager or Chief of Party (COP), then you're going to have a probability of not being integrated. The incentive will be to manage sectors like mini projects within the overall program.
- Interviewee

Projects should apply adaptive management practices. Interviewees reported both a lack of uptake of best practices to facilitate changes in processes based on new information and a lack of iterative



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

learning based on results of evaluations. For example, formative research often does not uncover all local determinants of, say, poverty and hunger, and there is a need for projects to adapt to such new information in a systematic fashion. To this end, emphasis was placed on a broad push for the adoption of approaches such as the DFSA's Refine and Implement approach in order to scale up adaptive management practices across integrated programming. Stakeholder consultation participants reported some success using data utilization workshops to improve projects' adaptive management. However, multi-sectoral projects face greater challenges to data collection due to the exponential increase in data requirements to address multiple technical areas.

There are increased levels of project management required for integrated programs; projects need to staff commensurately. As referenced above, the more complicated the integration, the more complicated the project management. Integration was characterized as more easily achieved when programs are smaller, as program size has direct effects on the ability to have more integrated team structures, technical staff whose expertise may cover the full range of technical areas in the project, and the ability to collaboratively adapt to new findings and circumstances. The literature review substantiated the aforementioned project management challenges, and a commonly-suggested mitigation strategy was having an appropriate level of staffing. As integration is heavily dependent on factors such as well-connected team structures and proactive collaboration with cross-sectoral technical expertise, planning for staffing levels to account for an inevitably high level of project management was emphasized as a necessary factor of success.

Opportunities

Geographically, **there is a very strong interest in integrated programming in Eastern and Southern Africa.** There are also some USAID Missions (e.g., Ghana) that want integrated Development Objective (DO) teams, Project Appraisal Documents (PADs), and mechanisms that will ultimately do more cross-sectoral integration work.

Livelihoods and certain environment sub-sectors at USAID are interested in strengthening their SBC programming. From a sector-specific perspective, several USAID interviewees mentioned that the environment teams are very interested in learning about and strengthening their SBC programming. Certain sub-sectors, such as biodiversity, include a cross-sectoral integration mandate at their core and thereby provide a good opportunity to leverage existing receptivity to integrated programming. In looking at livelihoods, especially agriculture-based livelihoods, one interviewee reflected that SBC approaches are ripe for targeting youth entering workforce who do not want to be absorbed by traditional livelihoods. SBC approaches could be used as the link between youth livelihoods and youth FP programming.

Some existing multi-sectoral connections already exist and could be further leveraged. There is an existing multi-sectoral relationship between FP and nutrition programming. Work that explicitly includes



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

both FP and nutrition is already included in some programming and could be a good entry point for further FP and/or FP SBC work.

Results of consultation exercise and discussion of challenges

Consultation participants reviewed and discussed the above findings. The findings were used to pre-populate some challenges for integrated programming across the project life cycle; participants added other challenges, clustered them, and voted on which they would most like to see improved. After participants voted there was a discussion of the top choices in order to further elucidate the important aspects of the challenges (for a full list of challenges, see Annex C – Challenge Clusters).

Design of Formative Research

This issue received the third-highest number of votes (after “using formative research” and “theory of change”) as a challenge to improve. There was general agreement that this is an issue that could feasibly be addressed. Formative research design is important because, if it is well-defined, then one should be able to identify the underlying causes of the issues of interest, which will drive which partners are selected for integration. Additionally, research design, if it is not done right, will limit the impact of the rest of the program. An outstanding question is what integrated formative research would look like since the SBC field is accustomed to carrying out this research in sector silos. Integrated formative research is more complex, as it requires identifying factors leading into multiple outcomes. There is the risk of ending up with an excessively long survey in order to capture data on all the needed factors.

There are existing materials which could be adapted for other sectors and other levels of inquiry, e.g., the Passages project’s social norms exploration guide and toolkit, originally developed for FP and at the community level. Another possible solution might be to develop a clearinghouse for all methodologies and approaches from all sectors and detail how and when to use which one(s).

Using Formative Research

Use of formative research findings tied with theory of change for top-voted challenge. Linked to the issue of designing and accumulating relevant, quality formative research is using the data efficiently in program design and interventions. Several consultation attendees reported an over-collection of data that cannot/do not connect to program design. In contrast, scenarios also exist where gaps in data are identified from desk reviews but not addressed via field research. It was generally agreed that there is a lack of capacity in terms of number of staff and staff availability to be able to use data efficiently.

Another scenario that participants discussed occurs when actors from other sectors are brought in after formative research is conducted and a program theory of change is developed. This limits the other sectors’ ability to fully integrate into the program and benefit from formative research findings. It is important to consider how programs can iterate and utilize adaptive management in these types of situations. Finally, there was a suggestion to consider how those involved in this work might think more



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

creatively about research utilization in order to prevent jumping to perfunctory interpretations of the data.

Theory of Change

Theories of change tied with “use of formative research” as the top voted challenge. Theories of change are a helpful means to articulate why integration is important, especially in the current absence of substantial evidence. Theories of change can also connect different sectors in one clear strategy with a common goal and help tease out what exactly is meant by integration for a given project, providing more of a common language across sectors. Having actors from multiple sectors work together on developing a theory of change can help all parties explore and better understand other sectors, force a clear articulation of how integration will lead to specific outcomes, and clarify whether there may be shared outcomes that will benefit multiple sectors.

From an SBC perspective, one major challenge is that behavioral determinants are often absent in integrated theories of change, and this makes it particularly hard to create actionable programming. There is often an implied role for SBC but few granular aspects of a theory of change to help with SBC activity design. One PHE colleague noted that, though SBC strategies are not very explicit in many projects, most of the priority behaviors are those which contribute to multisectoral goals. One additional activity that might help solidify and clarify SBC in theories of change is to draw linkages to target populations, i.e., showing the clear target population(s) and how the behaviors will change and drive impact.

A possible tool might focus on the process and importance of theory of change development, especially when working with different sectors. When thinking about theories of change with different actors within the PHE space, it has been successful to give each ownership to select what they will endeavor to change within the broader theory. This ownership helps develop buy-in while also allowing different actors to see how their pieces fit into a larger system or goal. Another participant cautioned that the often highly complex theories of change for integrated programs may not be useful as a management or implementation tool.

Integration in design but not in implementation

Participants reflected on experiences where a top-down mandate for integration failed to elicit wider buy-in or understanding, resulting in non-integrated implementation. One common example was when the design process was led by someone who fully supported integration but did not manage to convince other actors that it would add value to their sector-specific work. Those other actors considered integration tasks to be an additional burden without any clear value, as opposed to considering those tasks to be part of a holistic, integrated programming effort in service of shared goals and outcomes. Asymmetrical power dynamics – between a USAID Agreement Officer’s Representative/Contract Officer’s Representative (AOR/COR) and the rest of the management team, or between a prime implementing partner and other partners – can also influence whether all sectors are represented or



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

bought in to design or implementation discussions. Finally, implementing staff may also regress to habitual behaviors and programming if they do not understand the implementation implications of the integrated program design.

Another potential cause for non-integration in implementation in spite of an integrated design is due to budgeting. Organizations, especially non-health organizations with less experience integrating SBC programming, may not include funding for SBC programming in a budget. Consultation participants proposed a potential tool to help with budgeting for SBC activities. However, the point was also raised that multiple activities should be contributing to desired social and behavior change, and a single budget line item may inappropriately silo SBC work or perpetuate misconceptions about how SBC fits into a program.

Failed integration may also occur when one partner has much more to gain from integration than others. As an example, there is often a strong desire to integrate with immunization programs and platforms; however, immunization projects are concerned that they will not hit their targets if they integrate with other health areas or sectors. The perception from the immunization perspective is almost wholly one of loss as opposed to anticipating any outcomes gained due to integration.

One participant did reflect on successful integrated programming that included an SBC component. There was a standalone SBC component, but SBC was also interwoven throughout the other technical areas. Teams from multiple technical areas were brought together to develop a joint SBC roadmap; this was operationalized into an action plan, and money and technical assistance roles and responsibilities were assigned. This helped the technical areas better understand the objectives of the SBC team and appreciate their technical knowledge. Some technical advisors from the other teams were also SBC champions and helped further integrate SBC work into the program.

Attribution

There was acknowledgement that integration is difficult and costly, so there is a need to know whether these integration efforts are “worth it.” The aforementioned issue of lack of behavioral determinants in theories of change creates challenges in assessing or evaluating integrated programs. There is also the important question of how generalizable any findings might be for successful and attributable integration given the variety of contexts in which integration might occur. Of note is that one consultation participant from a non-health sector disagreed, saying they did not consider attribution a large barrier when working to convince partners of the value of SBC.

Participants were not sure what feasible tool might be developed to help with the question of attribution. There was a sense that the need for attribution also links well to advocacy needs; if attribution can demonstrate win/win scenarios for the sectors involved, it may help convince the needed stakeholders to invest or buy in to integrated programming.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Limitations and Next Steps

Limitations

This activity's findings and report are by no means exhaustive. This activity was a high-level, exploratory analysis of potential high-impact linkages between FP SBC programming and other development sector SBC programming. Any of the findings could be examined in further detail in the future. Within the scope of this activity, there was an intentional focus on USAID staff and USAID-funded projects. There are other donors working to varying degrees within and across development sectors; learnings and perspectives from those donors and their projects are underrepresented in this report. Additionally, per its mandate, this activity was focused on FP SBC integration with three non-health development sectors: PHE, DRG, and food security/livelihoods. There are other development sectors with which FP SBC integration might be possible and even promising but that were not explored here (e.g., education). Furthermore, while concerted efforts to engage with and capture learnings from other development sectors were relatively successful, the bulk of the evidence and stakeholder participants came from the health sector. Finally, though efforts were made to involve both USAID and implementing partner in-country staff, and many activity stakeholders have previous in-country experience, there was limited reach with current in-country actors for the stakeholder interviews.

Questions of definition. This activity purposely did not define integration, acknowledging 1) that there are a wide range of ways in which people both conceptualize and operationalize integrated programming and 2) that exploring only the integration of FP SBC programming with other development sector SBC programming could be too narrow a scope, to the point of excluding potentially useful literature and stakeholders. This non-definition allowed the research team to identify relevant literature across development sectors and to ensure that stakeholder interviewees could contribute meaningfully across their varied experiences and definitions of integration, SBC, etc. However, the lack of definition resulted in findings and consultation discussions that cover a broad span of topics and levels of specificity: integration more generally, integration of FP programming writ large, integration of FP SBC programming, integrated SBC programming more broadly, etc. Within the expert stakeholder consultation discussions there was a needed and welcome reminder to focus on characteristics specific to *integrated* SBC programming as opposed to characteristics of SBC programming in general.

Next Steps

Future directions

USAID is well-positioned to lead additional research into SBC integration. Further exploration would benefit from deeper investigation into integrated projects, perceptions and use of SBC programming,



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



tools and resources used in other sectors for sector-specific and integrated programming, and increased participation of non-health sector actors in future conversations.

Further exploration in multi-sectoral integration may include:

- Further documenting cross-sectoral linkages
- Developing robust indicators and M&E tools for integrated programming
- Documenting the contribution of SBC to different outcomes in integrated programs in the form of value-add, cost, and/or cost-effectiveness of SBC programming
- Evidence on the value-add of integration in general
- Further exploration of whether/how cross-cutting or upstream behaviors contribute to outcomes across multiple sectors
- Definition of priority behaviors and/or behavioral pathways for non-health sector outcomes both inside and outside of the health-space
- Operations research to better understand and address management and stakeholder engagement challenges



USAID
FROM THE AMERICAN PEOPLE

ideas ⁴²

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough Action logo, consisting of a blue square with a white curved line and a grey sphere.

Programming aids

In thinking more broadly about next steps, there was a shared recognition among consultation attendees that the improvement of multi-sectoral integrated SBC programming requires intervention on “both sides” – that is, USAID Mission staff as well as implementing partners need support to improve program design, implementation, M&E, and knowledge sharing. Multiple tools may be needed for multiple audiences (e.g., donors, implementing partners, governments, etc.), and these tools require input from all involved actors and sectors. People engaged in multi-sectoral integrated programming who are not currently incorporating SBC programming would be initial “low-hanging fruit” for this type of outreach and engagement. Conversely, building SBC capacity for non-health sectors’ vertical programming may lay the groundwork for multi-sectoral integration. As other sectors see the benefits of SBC they may be more likely to support and recognize opportunities for SBC integration.

An additional consideration for moving forward is defining different scenarios or models where SBC would be integrated as opposed to looking at integration from the perspective of combining work in different sectors. Full integration of multi-sectoral SBC programming looks very different from, for example, coordination between two sector-specific projects, or inserting health SBC programming into an overarching DRG or environment project. This cross-cutting perspective of types of integration may elicit more actionable insights or more useful tools.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough ACTION logo, consisting of a blue square with a white curved line and a grey sphere at the top right corner.

Annex A: Literature Scan Results by Sector

Nutrition

1. Jef L Leroy, Deanna Olney, Marie Ruel, *Tubaramure*, a Food-Assisted Integrated Health and Nutrition Program, Reduces Child Stunting in Burundi: A Cluster-Randomized Controlled Intervention Trial, *The Journal of Nutrition*, Volume 148, Issue 3, March 2018, Pages 445–452, <https://doi.org/10.1093/jn/nxx063>
2. [USAID, Extending Service Delivery, Pathfinder International, IntraHealth, Management Sciences for Health, and Meridian Group International. 2008. ESD Country Brief: Burundi \(page 18\)](#)
3. [Case Study: Ramba Kibondo \(Live Long Child\) Child Survival Program](#)
4. [Tuendelee Pamoja II, Development Food Assistance Project Feature](#)
5. [Academy for Educational Development LINKAGES Program \(Ethiopia\) \(page 15\)](#)
6. [Adventist Development and Relief Agency: Family Planning and Reproductive Health Project \(Ethiopia\)](#)
7. [Pathfinder International and John Snow, Inc. Ethiopia Integrated Family Health Program](#)
8. [Save the Children Initiative pour la Santé Communautaire \(ISCOM\) \(The Community Health Initiative for the Districts of Kouroussa and Mandiana, Guinea\)](#)
9. [Integrating Maternal, Infant, and Young Child Nutrition and Family Planning Services in Bondo Sub-County, Kenya](#)
10. [Academy for Educational Development LINKAGES Program \(Madagascar\)](#)
11. [USAID/Uganda Strides for Family Health Report](#)

PHE

1. [Health of the People and Environment in the Lake Victoria Basin \(HoPE-LVB\) Project Evaluation](#)
2. [World Wildlife Fund- Successful Communities from Ridge to Reef \(Kenya\) Final Report](#)
3. [Ethiopia Wetlands and Natural Resources Association Integrated Wetland and Watershed Management: A Landscape Approach towards Improved Food Security, Poverty Reduction and Livelihood Enhancement; BALANCED seed grant](#)
4. [World Wildlife Fund- Successful Communities from Ridge to Reef \(Madagascar\) Project Summary \(page 26\)](#)
5. [JSI Best Practices in Scaling Up Case Study \(Voahary Salama Environment Health Project\)](#)
6. [Blue Ventures-Safidy Community Health Program](#)
7. [Healthy Families, Healthy Forests: Combining Reproductive Health with Biodiversity Protection for Effective Programming](#)
8. [Madagascar Green Healthy Communities Project Final Report](#)



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

9. USAID Sustaining Partnerships to enhance Rural Enterprise and Agribusiness Development (SPREAD) Project Integrated Community Health Program Mid-Term Program Evaluation
10. Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project Final Report
11. Mavanza, M., & Grossman, A. (2007). Conservation and Family Planning in Tanzania: The TACARE Experience. *Population and Environment*, 28(4/5), 267-273. Retrieved from <http://www.jstor.org/stable/27503998>
12. Pathfinder International Tuungane Project
13. Hardee, K., Patterson, K.P., Schenck-Fontaine, A. et al. Family planning and resilience: associations found in a Population, Health, and Environment (PHE) project in Western Tanzania. *Popul Environ* (2018) 40: 204. <https://doi.org/10.1007/s11111-018-0310-x>
14. Hahn, S., Anandaraja, N. and D'Agnes, L. (2011), Linking Population, Health, and the Environment: An Overview of Integrated Programs and a Case Study in Nepal. *Mt Sinai J Med*, 78: 394-405. [doi:10.1002/msj.20258](https://doi.org/10.1002/msj.20258)
15. Integrated Population and Coastal Resource Management (IPOPCORM) Initiative
16. USAID Community Capacity for Health Program (Mahefa Miaraka)- Annual Report 2018

Food Security

1. Relief Society of Tigray Development Food Aid Program (DFAP)- Ethiopia
2. Sidibé, Sidikiba; Della E. McMillan; and Bonaventure B. Traoré. 2007. Identifying and Managing a Major Shock: Case Study of the Title II Funded Guinea Food Security Initiative. *Africare Food Security Review*, No. 8, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper8>. Washington DC: Africare.
3. ACDI/VOCA Sustainable Nutrition and Agriculture Promotion (SNAP) Program
4. USAID/Uganda Community Connector (CC) Project
5. USAID Title II Multi-Year Assistance Program Health and Livelihoods Initiative in Ghor- End of Project Evaluation Report
6. Sak Plen REP (Full Sack Resiliency Enhancement Program)- Case Study
7. USAID Livelihoods, Agriculture and Health Interventions in Action (LAHIA) Project Fact Sheet
8. USAID FANTA Desk Review of Programs Integrating Family Planning with Food Security and Nutrition

Health Sector

1. FHI 360; Land O' Lakes International Development Program Research for Strengthening Services (PROGRESS) Project



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

2. Strengthening Postnatal Care Services Including Postpartum Family Planning in Kenya; Frontiers in Reproductive Health
3. Curamericas Nehnwaa Child Survival Project Final Knowledge, Practice and Coverage (KPC) Survey Report
4. Save the Children Mwayi wa Moyo (“A Chance to Live”) Project Year Two Annual Report

Economic Development

1. Bangladesh Smiling Sun Franchise Program Impact Evaluation Report
2. Khan, M. E., Hazra, A., Kant, A., & Ali, M. (2016). Conditional and Unconditional Cash Transfers to Improve Use of Contraception in Low and Middle Income Countries: A Systematic Review. *Studies in family planning*, 47(4), 371–383. doi:10.1111/sifp.12004

Democracy and Governance

1. Improving Family Planning Services through Community Scorecards in Khyber Pakhtunkhwa
2. Sara Gullo, Christine Galavotti, Lara Altman, A review of CARE’s Community Score Card experience and evidence, *Health Policy and Planning*, Volume 31, Issue 10, December 2016, Pages 1467–1478, <https://doi.org/10.1093/heapol/czw064>

Education

1. The Malawi Girls’ Empowerment Through Education and Healthy Activity (ASPIRE): 2017 Performance Evaluation Report



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Annex B: List of Projects and Resources

Extracted from Literature Scan and Interviews

Where available, resources are hyperlinked to relevant site or document

1. Individual Projects

1. [USAID/Bangladesh SHOUHARDO](#)
2. [USAID/Madagascar Hay Tao and USAID/Madagascar Mikajy](#)
3. [USAID/GH PACE: Policy, Advocacy, and Communication Enhanced for Population and Reproductive Health](#)
4. [USAID Health of People and Environment in the Lake Victoria Basin \(HOPE LVB\) - Uganda and Kenya](#)
5. [USAID/Tanzania Landscape Conservation in Western Tanzania \(LCWT\)](#)
6. [USAID/Ghana Sustainable Fisheries Management Project \(SFMP\)](#)
7. [Pamawa ndi a Chinyamata \(PaMawa\) - "Moving into the Future with the Youth" \(USAID, Irish Aid, UKAID, UN, EU\) - Malawi](#)
8. [USAID Biodiversity Results and Integrated Development Gains Enhanced Project \(BRIDGE\)](#)
9. [USAID/GH ACCELERATE](#)
10. [U.S. Fish and Wildlife Service Africa Regional Program; Decreasing threats to protected wildlife populations in Central Africa by reducing demand for bushmeat in large urban areas – DRC and Republic of the Congo \(AFR1643; Grant # F16AP00865\) \(page 4\)](#)
11. [USAID/FFP Livelihoods, Agriculture and Health Interventions in Action \(LAHIA\) Project - Niger](#)
12. [USAID/FFP WADATA Project- Niger](#)
13. [USAID/GH Strengthening Partnerships, Results, and Innovations in Nutrition Globally \(SPRING\) Project](#)
14. [USAID/FFP - Niger Projects](#)
15. [USAID/FFP - Burkina Faso Projects](#)
16. [USAID/FFP - Malawi Projects](#)
17. [USAID/FFP United in Building and Advancing Life Expectations \(UBALE\) - Malawi](#)
18. [USAID/GH The Gender Roles, Equality and Transformation \(GREAT\) Project - Uganda](#)
19. [USAID Advancing Nutrition](#)
20. [USAID/Tanzania Public Sector Systems Strengthening \(PS3\)](#)
21. [USAID/Ethiopia Communication for Health](#)
22. [USAID/Senegal Governance for Local Development \(GOLD\)](#)
23. [USAID Building Actors and Leaders for Advancing Community Excellence in Development \(BALANCED\) Project](#)



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

24. [USAID Center for Resilience The Resilience Evaluation, Analysis and Learning \(REAL\) Award](#)
25. [USAID/Guatemala Western Highlands Integrated Program \(WHIP\)](#)
26. [USAID/Sahel Regional Office Resilience in the Sahel Enhanced \(RISE\)](#)
27. [USAID/Sahel Regional Office Resilience in the Sahel Enhanced \(RISE\) II](#)

2. Initiatives/Partnerships/Efforts

1. [USAID Feed the Future](#)
2. [Saving Mothers Giving Life](#)
3. [Bill and Melinda Gates Foundation \(BMGF\) Learning Collaborative to Advance Normative Change](#)

3. List of Resources by Sector

Population, Health and Environment (PHE)

1. [USAID Biodiversity Results and Integrated Development Gains Enhanced Project \(BRIDGE\)](#)
2. [Performance Indicator Reference Sheets: Combating Wildlife Crime](#)
3. [USAID Biodiversity Conservation Gateway](#)
4. [BALANCED: Developing Behavior Change Communication Interventions for Population, Health and Environment Projects Facilitator's Guide](#)
5. [K4Health Population, Health, and Environment Toolkit](#)
6. [ATLAS \(Adaptation Thought Leadership and Assessments\) Tools](#)
7. [Healthy People, Healthy Ecosystems: A Manual on Integrating Health and Family Planning into Conservation Projects](#)

Democracy, Rights and Governance (DRG)

1. [Thinking and Working Politically Through Applied Political Economy Analysis: A Practitioner's Guide](#)
2. [Improving Development Outcomes Through Social and Behavior Change Communication: Applying a Governance Lens](#)
3. [Sri Lanka Democracy and Governance Assessment](#)

Food Security and Nutrition

1. [Office of Food for Peace: 2016 - 2025 Food Assistance and Food Security Strategy](#)
2. [USAID's Office of Food for Peace Indicator List for Development Food Security Activities](#)
3. [Integrating Family Planning into Development Food Security Activities: Formative Research with the Njira Project in Malawi](#)
4. [FANTA Report on a Review of Social and Behavior Change Methods and Approaches within Food for Peace Development Food Security Activities](#)



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

5. [Food Security and Nutrition Network: Resources](#)
6. [USAID Food Assistance Fact Sheet- Malawi](#)
7. [SPRING Project Tools](#)
8. [USAID Food and Nutrition Technical Assistance \(FANTA\) Tools](#)

Health

1. [Family Planning High Impact Practices](#)
2. Mbizvo MT, Bellows N, Rosen JG et al. Family Planning in Zambia: An Investment Pillar for Economic Development [version 1; peer review: awaiting peer review]. Gates Open Res 2019, 3:1459 (<https://doi.org/10.12688/gatesopenres.12989.1>)
3. [Tékponon Jikuagou - Addressing Unmet Need for Family Planning Through Social Networks in Benin](#)
4. [The Compass Trending Topic – Integrated SBC](#)

Cross-Cutting Resources

1. [Bridge Collaborative Practitioner’s Guide: Principles and Guidance for Cross-sector Action Planning and Evidence Evaluation](#)
2. [Nature, Wealth, & Power 2.0: Leveraging Natural and Social Capital for Resilient Development \(2013\)](#)
3. [ACCELERATE Project - Behavior Integration Guidance: Resources](#)
4. [Transform/PHARE Audience Segmentation Resources](#)
5. [Social and Behavior Change Communication- FANTA](#)
6. [Camber Collective Niger Segmentation](#)
7. [Passages Project - A Landscape Review: Addressing Social Norms in Six USAID Sectors](#)
8. [Human-Centered Design](#)
9. [Socio-Ecological Model \(See Module 1\)](#)
10. [Passages Project - Social Norms Exploration Tool \(SNET\)](#)
11. [Guide to Social Network Mapping](#)
12. [CLA \(Collaborating, Learning and Adapting\) Toolkit](#)

Assessments

1. [Niger Strategic Resilience Assessment \(STRESS\)](#)
2. [Veríssimo, D. , Schmid, C. , Kimario, F. F. and Eves, H. E. \(2018\), Measuring the impact of an entertainment-education intervention to reduce demand for bushmeat. Anim Conserv, 21: 324-331. doi:10.1111/acv.12396](#)



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

3. Understanding the Sociocultural Drivers of Urban Bushmeat Consumption for Behavior Change Interventions in Pointe Noire, Republic of Congo. Chausson, A.M., Rowcliffe, J.M., Escouflaire, L. et al. Hum Ecol (2019) 47: 179. <https://doi.org/10.1007/s10745-019-0061-z>



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough ACTION logo, consisting of a blue square with a white curved line and a grey sphere.

Annex C: Challenge Clusters

Note: Cells filled in blue were challenges identified by donors. “Solo” clusters were individual challenges that consultation participants did not cluster.

PROJECT CYCLE PHASE: DESIGN		
CLUSTER	# OF VOTES	CHALLENGES
Theory of Change	11	Lack of explicitly theory of change that is applied in intervention/output design
		Being able to change the theory of change at the project design stage if need be, when your formative research points to value of integration beyond what was originally envisaged or mandated. Having that flexibility!
Target Population	7	-Who needs to be reached (specific targeting) and for what purpose
		Target populations not the same across sectors
		Target populations aren't precise enough to craft tailored SBC interventions
Cross-sectoral Collaboration and Learning	4	Are we listening closely enough to beneficiary needs rather than program "perceived" priorities to influence design?
		Limited capacity and experience in high quality project design
		Familiarity with evidence, process, and implementation across sectors
		Understanding priorities, language, processes across sectors
Complexity/Challenge of integration and integrating SBC	2	Not sure what design requirements are for other sectors
		Hard to develop integrated SBC strategy
		Hard to develop integrated SBC theory of change
		Keeping design simple even when grappling with complexity
		Consideration to potential risks, reinforcing power structures, issues of safety
		SBC is not/should not be stand alone or considered a separate strategy
		Programs do not treat SBC as a cross-cutting approach (like gender or youth)
Develop more sophisticated theories of change that incorporate SBC		
Funding Constraints/Challenges	1	Funding requirements constrain ability to design an integrated program
		Limited funding for project constrains scope of integration
		Design is constrained by funding mandates
		Design is artificially timebound by 5-year funding cycle



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



FOR SOCIAL & BEHAVIOR CHANGE

		Implementers do not allocate specific budget line items to cross-cutting SBC during design phase; technical and budget don't always match
		Funding streams given post-award don't always support integrated program envisioned at design stage
		Donors (USAID) don't always think through what's required at the RFA/RFP stage for integration
"One Ring"	1	Behavioral outcomes as focus of design

PROJECT CYCLE PHASE: FORMATIVE RESEARCH		
CLUSTER	# OF VOTES	CHALLENGES
Using FR results	11	Especially around integration, program officers have very limited experience in design, conducting FR and in analyzing and using the findings (in skills needed, using FR results, and design of FR)
		How to make FR and design iterative; it's hard to adjust design based on FR and make continual updates and adjustments (CLA!)
		Define an SBC integrated strategy
		Distilling/analyzing FR from other sectors - priority findings and focus differ but data exists
Design of FR	10	Especially around integration, program officers have very limited experience in design, conducting FR and in analyzing and using the findings (in skills needed, using FR results, and design of FR)
		Tools that are robust enough to be useful cross-sectorally
		Many behaviors and not all can have the same level of formative. Efforts to look at cross cutting drivers or motivators may be harder to link to each.
		No understanding of how to do FR for integration
		Failure to start with known common determinants to confirm basis for integration
		Asking the right questions in FR for multiple behavioral outcomes
		Limited time and budgets for SBC FR (although this is getting better)
		Use FR to identify the "clusters" of behaviors that can be influenced to achieve the outcomes from across sectors. So better tools for analysis and interpretation.
Timing Issues	0	When to do FR - to define the integration opportunities? Strategy?
		Timing of FR and usefulness in program design/implementation
		Not enough time for sufficient FR
		Not enough emphasis placed on the critical importance of FR, so program managers do not adequately budget time and resources (in timing issues and funding issues)



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

		FR "takes too long." Need to simultaneously expedite and manage expectations with donor staff.
Funding issues	0	Not enough emphasis placed on the critical importance of FR, so program managers do not adequately budget time and resources (in timing issues and funding issues)
		Not enough money for sufficient FR
		Limited funds/attention to FR
		Too many questions in surveys for multiple issues
Skills Needed	0	Especially around integration, program officers have very limited experience in design, conducting FR and in analyzing and using the findings (in skills needed, using FR results, and design of FR)

PROJECT CYCLE PHASE: IMPLEMENTATION		
CLUSTER	# OF VOTES	CHALLENGES
Was in design but difficult to operationalize and align stakeholders	7	Devil in the details; easy to put "integration" in project write-up, more difficult to sync and make specific, especially if these stakeholders weren't involved in design
		Implementers, designers, and donors are not always on same page
		Implementation benefits need to trickle down
Human resources: proper hiring and getting the right technical staff, avoiding burnout, AND training and coordinating staff to be more integrated	4	Thinking about workload of staffing -- how does integration influence staff skills, time, etc.
		Program staff need strong training and incentives, motivation to ensure integration; seen as "extra work" or "not their job"
		Matching human resources/budget to integration activities, e.g. multisectoral workshops, frequency
		Finding a common language
		Hard to structure project team to ensure multi-sectoral expertise
		Don't know where to go to find good SBC resources
		Limited capacity to design high quality programs
Identify opportunities at point of implementation but wasn't in the design	3	Integration not reflected in project strategy
Difficulties with collaborating with multiple stakeholders	1	With so many stakeholders, difficult to convene
		Government counterparts don't operate and "think" in the same way, aka vertical



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

and other projects, many with different timelines		Coordination/collaboration theoretically makes sense, practically does not
		Differing project cycles across projects
		Supposed to work with a project that's [not yet awarded/midway through award/close to ending]
Logistical challenges (money, timeline, etc.)	0	Integration not reflected in work plan
		Increased project management requirements but no commensurate funding increase
		Extra time required to reach consensus on anything
		Approval of approach by each individual sector generates long lags

PROJECT CYCLE PHASE: M&E		
CLUSTER	# OF VOTES	CHALLENGES
Attribution	9	Lack of RCTs and other methods that can establish attribution for SBC activities and impacts (especially SBCC)
		Difficult to measure and attribute effect of integration on outcomes and at regular intervals
		Need to collect evidence of how/whether cross-sectoral integration is more effective/cost-effective
Limited evidence	7	Don't know evidence base for other sector(s)
		Not sure what M&E requirements are for other sector(s)
		No evidence base for other sectors' SBC work
		Less focus on evidence in other sectors - apart from SBC capacity, research capacity is also limited
		Limited evidence on the value add, and the role of SBC for cross sectoral outcomes
		Limited evidence on what works best where?
Adaptive management	2	Standards of evidence across sectors which inform research design
		Programs need opportunity to make adjustments in program design based on monitoring; encourage adaptive management
		Need more monitoring for adaptive management loops in project cycle
		Data utilization to track outreach, effectiveness, and course correction
Complexity	2	Need to continuously demonstrate the value of integration and what each area is "getting" throughout implementation
		Too many indicators
		Theory of change isn't always clear, complex to rigorously evaluate multi-sectoral work given level of coordination required



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

		What are the tracer indicators? 3-5 that are sensitive to cross-sectoral programs
Funding	2	Limited funds to conduct robust M&E Multiple reporting requirements increase cost and burden of M&E
Solo	0	No clear SBC indicators in my sector
Solo	0	No robust indicators for measuring integration
Solo	0	Need to design "learning" into M&E element of program and KM
What we're choosing to measure	0	Measuring integration instead of what it achieves Ensuring the focus on integration as a means, not an end unto itself Failure to capture outcomes of integration beyond behavior change - - what about capacity, client/professional satisfaction, cost efficiency? Need to build monitoring systems to capture from beginning

PROJECT CYCLE PHASE: ADVOCACY/DEMAND CREATION		
CLUSTER	# OF VOTES	CHALLENGES
Evidence of effectiveness of integration	4	Stakeholders don't think SBC is best practice
		Insufficient evidence proving "it" is worth all the other challenges
		Hard to convince stakeholders of SBC's contribution to integrated programming
		Don't have evidence/business case
		Hard to convince stakeholders of benefit of integration
Terminology	4	Find common language
		Need for terminology that resonates with non-SBC and non-health sector people, especially decision makers
Clear asks	1	Lack of clear "asks"
		Lack of clearly defined, most effective practices across sectors (HIPs)
		Promoting "integration" -- too broad
		We need to be clear about what we're advocating for -- is it SBC? Cross-sectoral integration? Integrated SBC? Particular best practices?
How to	0	Collaboration with other projects
		Project opportunities/activities to explain how SBC fits as "cross-cutting"
Time allowance	0	Not enough time to develop buy in
Knowledge management	0	Need to document and share learning; need very strong and dedicated KM resources/skill



USAID
FROM THE AMERICAN PEOPLE



PROJECT CYCLE PHASE: LEARNING AND KNOWLEDGE SHARING		
CLUSTER	# OF VOTES	CHALLENGES
Fora to share	5	Dissemination across sectors: best practices; commonalities; terminology; case studies
		Need more sharing of data across organizations and projects so others can learn from each other's' experiences
		Lack of fora for cross-sectoral exchange
Solo	1	Sharing and discussing unfavorable results -- less appetite for this. Cost opportunity to learn
Solo	0	Is the learning piece appropriate for the audience; do needs match
Solo	0	Learning agendas more/less defined across sectors; what are the priority research questions?
Solo	0	Long cycles for iterative learning when several sectors are involved and all might not agree on what needs to change
Solo	0	"How" integration was achieved needs documentation
Solo	0	Lack of common language limits cross-sector learning

PROJECT CYCLE PHASE: KNOWLEDGE MANAGEMENT		
CLUSTER	# OF VOTES	CHALLENGES
Silos of knowledge management	0	Are we "silo"ed in our knowledge management?
		Online platforms differ across sectors
		Various platforms from different sectors
		Sharing evidence - how to reach across sectors, i.e., what journals to publish in? What keywords to use? Conferences to attend?
Timing	0	How to keep relevant, fresh, and useful across sectors
		When does it make sense to KM
		Lack of tools/mechanisms/approaches that can bridge mechanisms/"between cycles"
Solo	0	Strong KM skills needed to share/consolidate learning
Solo	0	Creating systems that are easy to use in implementation/learning without duplicating efforts for reporting purposes



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



Annex D: Interview Guides

Note: interviews were semi structured and often diverged from the guides as written below.

Implementing partner interview guide:

Hello! Thank you for taking the time to speak with us today. [introductions]

Breakthrough ACTION, USAID's flagship SBC project, is conducting a high-level exploration of integration of FP SBC programming with other development sector SBC programming.

Part of this entails discussing with stakeholders, including relevant projects. Ultimately we are also tasked with the development of 1-2 tools, based on the findings of our research and a stakeholder consultation, to support USAID project partners in improving the quality of their integrated SBC work.

For the purposes of this activity, social and behavior change programming extends beyond communication-based programming; it can include more innovative approaches from disciplines such as marketing science, behavioral economics, and human-centered design.

Of particular interest is the SBC work Passages has done, in particular 1) mapping the use of community-based SBC approaches in other (non-health) sectors to address adolescent health and development issues and 2) compiling experiences with social norms approaches across USAID sectors. Of course, we would be happy to learn about any other experiences and insights you/your team has regarding multisectoral integration of SBC programming.

We plan on taking no more than an hour of your time. My colleagues and I will be taking notes during the interview.

[Any questions?]

Please share your name, position and organizational affiliation (and position with project)

Can you share a bit about the genesis of your program. How did this activity come about?

What internal or external tools were you able to use to design and implement the activity?

What tool(s) have you used (in the last 6 months/recently)?

Are there any tools that didn't exist that would have been helpful?

What were some of the barriers you faced to integration?

Probe for specific barriers (including funding)



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Did you encounter any enablers to integration?

Probe: Were there any key actors (within or outside the project staff) who were instrumental in making integration happen?

Probe on experience during different project phases: planning, implementation, monitoring, eval
Did your thinking/approach change over the course of design and implementation?

Lessons learned? Things you would do again/wouldn't do again/would do differently

Do you know of any other projects like this one? (your own current/former organization, other organizations, funded by USAID, funded by others)

Worst/best examples of integrated programming?

The term “multisectoral integration” can be described in many different ways. How would you or your organization define integration?

Are there other organizations/projects/people you suggest we contact to learn more about this type of integration?

Also probe: papers/researchers?

Thank you so much for speaking with us today. If it's ok, we may reach out to you if we have any clarifying questions based on this conversation. We may also engage with you later in the course of this activity to solicit your feedback on recommendations and/or tools we develop.

USAID interview guide:

Hello! Thank you for taking the time to speak with us today. [introductions]

Breakthrough ACTION, USAID's flagship social and behavior change project, is conducting a high-level exploration of integration of FP SBC programming with other development sector SBC programming. Part of this entails discussing with stakeholders, including USAID staff outside the GH Bureau. Ultimately we are also tasked with the development of 1-2 tools, based on the findings of our research and a stakeholder consultation, to support USAID project partners in improving the quality of their integrated SBC work.

For the purposes of this activity, social and behavior change programming extends beyond communication-based programming; it can include more innovative approaches from disciplines such as marketing science, behavioral economics, and human-centered design.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

We would be happy to learn about any experiences and insights you/your team has regarding multisectoral integration of SBC programming.

We plan on taking no more than an hour of your time. My colleagues and I will be taking notes during the interview.

[Any questions?]

What's your opinion of SBC programming? What SBC programming are you familiar with in your (sub-)sector?

What's your opinion of multisectoral integrated programming? What multisectoral integrated programming are you familiar with in your (sub-)sector? [note for interviewer: we should prioritize integrated programming that includes FP, but it would be interesting to hear about any type of integrated (SBC) programming they're doing]

What USAID projects in your sector are doing SBC activities?

Probe: or outside of your sector

What USAID projects in your sector are doing integrated activities?

Probe: or outside of your sector

What other donors are doing SBC (integrated) activities in your development sector?

What information/tools did you use to [design, manage] the activity/project?

What tool(s) have you used (in the last 6 months/recently)?

Are there any information/tools that didn't exist that would have been helpful?

Probe on experience during different project phases: design, implementation, monitoring, eval

Did your thinking/approach change over the course of design and implementation?

Did you include outcome(s) that were unique to/reflective of the fact that the programming was integrated?

What were some of the barriers you faced to integration?

Probe for specific barriers (including funding)

Did you encounter any enablers to integration?

Probe: Were there any key actors (within or outside the project staff) who were instrumental in making integration happen?

Lessons learned? Things you would do again/wouldn't do again/would do differently



USAID
FROM THE AMERICAN PEOPLE

ideas **42**



Are there other organizations/projects/people you suggest we contact to learn more about this type of integration?

Also probe: papers/researchers?

Thank you so much for speaking with us today. If it's ok, we may reach out to you if we have any clarifying questions based on this conversation. We may also engage with you later in the course of this activity to solicit your feedback on recommendations and/or tools we develop.



USAID
FROM THE AMERICAN PEOPLE

ideas **42**

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

A graphic element for the Breakthrough Action logo, consisting of a blue square with a white curved line and a grey sphere at the top right corner.