

CONFERENCE REPORT AND STRATEGIC AGENDA FOR NUTRITION SBCC

DESIGNING THE FUTURE OF NUTRITION SOCIAL AND BEHAVIOR CHANGE COMMUNICATION: HOW TO ACHIEVE IMPACT AT SCALE

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I. OVERVIEW

This report presents a Strategic Agenda for nutrition Social and Behavior Change Communication (SBCC) to streamline priorities and investments by nutrition stakeholders in order to maximize the contribution of SBCC in reaching global nutrition targets. The Strategic Agenda has been developed through a collaboration between the Global Alliance for Improved Nutrition (GAIN) and SPRING¹, and included a review of current evidence around proven and promising SBCC approaches from multiple sectors, a working meeting with thought leaders and experts to identify key principles of effective at-scale SBCC, and a broader stakeholder Conference called **Designing the Future of Nutrition Social and Behavior Change Communication: How to Achieve Impact at Scale**.

In the past five years, nutrition has gained importance on the development agenda, in large part due to the Lancet Nutrition Series 2008² and 2013³, which contributed to creating high-level consensus around the size of the problem as well as the evidence base for nutrition-specific and nutrition-sensitive interventions. The Scaling Up Nutrition Movement has increased political will and alignment among all nutrition stakeholders at country level in over 50 countries. The Global Nutrition Report⁴ and the 2nd International Conference on Nutrition⁵ both drew attention to the fact that nutrition is not only the problem of developing countries but a global issue crossing socio-economic lines, which requires systemic change to be addressed.

At the same time, the 2010 Global Burden of Disease Report highlighted unhealthy behaviors as risk factors for global mortality and illness. For example, for sub-Saharan Africa, 15 of the top 20 health risk factors are behavioral, and the other five are highly influenced by behavior.⁶ There is considerable evidence for the effectiveness of SBCC interventions to improve nutrition behaviors, yet the global conversation around reducing stunting, wasting, micronutrient deficiencies, and non-communicable diseases does not reflect the primacy of social and behavior change to improving health, nor the SBCC toolkit for affecting that change.

“ *Behavior matters – particularly in nutrition. We know what works. We have to work together across uncommon allies: advertising firms, faith-based groups, and others. 45% of under-5 mortalities are related to nutrition. If we do the right things for survival, then we do the right things for health. We can’t do these things without behavioral change.*” Katie Taylor, Deputy Assistant Administrator for Bureau of Global Health and Child and Maternal Survival Deputy Coordinator, USAID, speaking at the Designing the Future of Nutrition Social and Behavior Change Communication Conference

The report authors are driven by the certainty that collective efforts to reach national and global nutrition targets will fall short unless nutrition stakeholders implement more, effective, at-scale, Nutrition SBCC interventions. The Strategic Agenda we propose, shown in Figure 1, aims to bring at-scale SBCC to the top of the global nutrition agenda with five points outlining priority areas on which nutrition stakeholders should focus resources. These points must be addressed in parallel as they build upon and strengthen each other.

¹ SPRING is a USAID funded project to strengthen global and national efforts to scale up high-impact nutrition practices and policies. SPRING’s mission supports two major U.S. Government initiatives: Ending Preventable Child and Maternal Deaths and Feed the Future.

² <http://www.thelancet.com/series/maternal-and-child-undernutrition>

³ <http://www.thelancet.com/series/maternal-and-child-nutrition>

⁴ International Food Policy Research Institute. 2014. Global Nutrition Report 2014: Actions and Accountability to Accelerate the World’s Progress on Nutrition. Washington, DC.

⁵ Second International Conference on Nutrition, Rome, 19–21 November 2014. Conference Outcome Document: Framework for Action.

⁶ Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380(9859): 2224–2260.

OVERVIEW (CONTINUED)

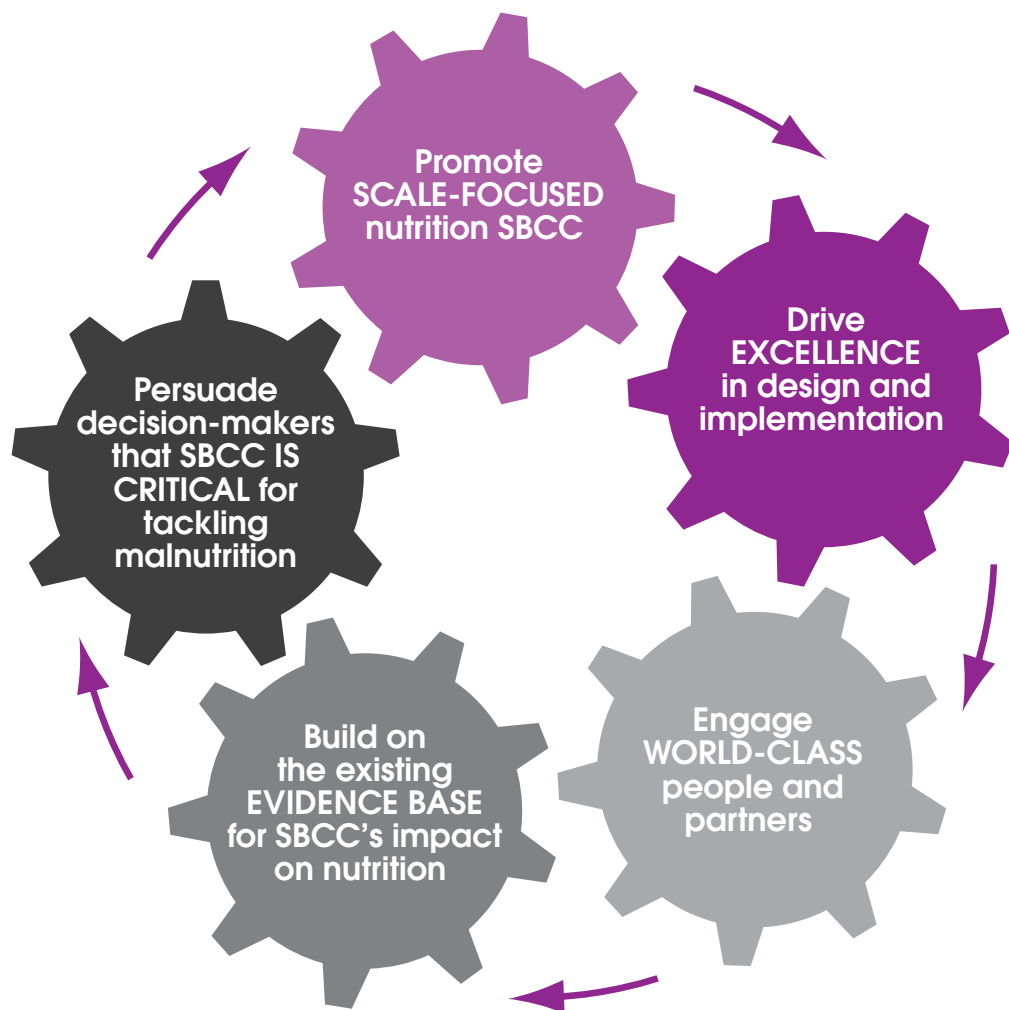


FIGURE 1: STRATEGIC AGENDA FOR AT-SCALE NUTRITION SBCC

This report is intended to provoke discussion and catalyze change among existing nutrition and SBCC institutions, decision-makers, practitioners, and influencers. USAID has included SBCC as a key activity in its 2014-2025 Multi-sectoral Nutrition Strategy, which presents an important opportunity for USAID's partners to move the Strategic Agenda forward.⁷ Adopting part or all of the Strategic Agenda for Nutrition SBCC will lead to different specific actions, differing by the roles and resources of different audiences. We believe that the cumulative efforts of multiple actors taking this agenda forward will lead to substantial improvements in global nutrition.

Section II of this report presents the Strategic agenda for Nutrition SBCC, elaborating on each point. Section III describes the key findings from an inclusive and consultative process which informed the Strategic Agenda. Section IV summarizes the proceedings of an innovative two-day Conference bringing together a broad group of nutrition and SBCC stakeholders to explore key principles and real-world examples of effective at-scale SBCC from multiple sectors. The vibrant and challenging discussions at the Conference further refined the Strategic agenda and confirmed that there is a felt need for collective action to make SBCC a top priority for global nutrition.

⁷ <http://www.usaid.gov/nutrition-strategy>

II. STRATEGIC AGENDA FOR NUTRITION SBCC

Within the context of recent global evidence validating SBCC theories and approaches, the Strategic Agenda provides a blueprint for creating impactful at-scale SBCC, resulting in the social and individual behavior changes needed to meet global and country-level nutrition commitments.

1. PROMOTE SCALE-FOCUSED NUTRITION SBCC

- Ensure that SBCC is an integral component of every nutrition intervention in every sector.
- Invest only in pilots with a clear potential for scale.
- Implement approaches which enable short-term behavior change AND the longer-term structural changes needed for sustainability.
- Leverage resources and opportunities to build on existing systems (formal and informal).

2. DRIVE EXCELLENCE IN DESIGN AND IMPLEMENTATION

- Broaden formative research to include observational methods and methods that explore unconscious motivations and cognitive biases.
- Use iterative approaches, where ideas and insights are constantly tested and adapted.
- Focus on a limited number of behaviors; think of phased and cumulative interventions.
- Take a consumer or user-centered approach.
- Cut through crowded information environments to connect with users.
- Involve community members in leading and evaluating community-based programs.

3. ENGAGE WORLD-CLASS PEOPLE AND PARTNERS

- Recognize and use the strengths of both the public and private sector.
- Find and partner with unusual allies.
- Build teams of multi-disciplinary members with complementary skillsets and proven past performance.
- Learn private sector approaches to consumer insight research and design.
- Enlist the services of creative, media and technology specialists to craft compelling interventions.

4. BUILD ON THE EXISTING EVIDENCE BASE FOR SBCC'S IMPACT ON NUTRITION

- Explicitly state and test theoretical frameworks and program impact pathways.
- Use standard indicators to measure social change, behavior change, and outcomes.
- Align reporting requirements to include common aspects of design and implementation.
- Identify key success factors for replicating or scaling-up interventions.
- Compare the cost-effectiveness of approaches and communication channels, alone or in combination, at different scales.
- Conduct long-term evaluations to understand factors contributing to sustainable change.

5. PERSUADE DECISION-MAKERS THAT SBCC IS CRITICAL FOR TACKLING MALNUTRITION

- Focus time and resources on securing at-scale SBCC as a top priority for global nutrition.
- Create compelling and engaging tools that highlight the strong evidence for nutrition SBCC.
- Recruit SBCC champions within existing nutrition organizations and platforms.
- Approach advocacy for at-scale Nutrition SBCC as a social and behavior change effort in itself, within and beyond these groups.

STRATEGIC AGENDA FOR NUTRITION SBCC (CONTINUED)

1. PROMOTE SCALE-FOCUSED NUTRITION SBCC

SBCC should be integral to any nutrition intervention, whether related to increasing the use and quality of products and services or to changing norms, social structures, and lifestyles. With this assumption, and thinking of nutrition as a multi-causal issue that touches society at multiple levels, investments must be allocated to implement at scale and to engage with and strengthen existing systems. Scarce resources should not support non-scalable pilots. A systems approach and integration of SBCC into all nutrition interventions will drive impact and sustainability.

2. DRIVE EXCELLENCE IN DESIGN AND IMPLEMENTATION

Scaling-up and increasing cost-effectiveness and impact require moving from good to excellent design and implementation. Basic elements of quality design include:

- conducting a contextual and behavioral analysis with the participation of those impacted by the issues and other influential actors
- developing a theory of change or program impact pathway with defined indicators along the pathway
- using formative research methods that are suited to the context and type of behavior being addressed
- using those formative research results to inform intervention design rather than falling back into “typical” interventions
- checking in and making course corrections if an aspect of the intervention isn’t working as planned

Limiting the number of target behaviors will help drive impact. Therefore, interventions should be designed in terms of phasing and cumulative interventions (“the right message to the right person at the right time”). Creative, engaging media and materials and innovative uses of traditional and non-traditional communication channels are needed to cut through crowded information environments and connect with users. Ensuring community engagement in program evaluation and measuring the degree of collaboration and shared leadership with communities are key to accountability, ownership, and sustainability⁸.

3. ENGAGE WORLD-CLASS PEOPLE AND PARTNERS

SBCC and nutrition stakeholders must work with non-traditional allies, including the private sector. New and innovative partnerships are needed to provide the talent, varied skillsets, and resources needed to design and implement effective at-scale SBCC. Program partnerships must align incentives and build in transparency and accountability. Nutrition SBCC can learn from the private sector, which uses multi-disciplinary teams, such as technical behavioral experts, social scientists, cognitive psychologists, behavioral economists, operational researchers, and private sector marketing analysts, media planners, and advertising creatives, to find insights into consumer and societal behavior. The private sector also uses data to drive strategy in an iterative way. To lead these efforts, SBCC professionals will need to build their own capacity to create and manage partnerships.



Despite the involvement of businesses in over 20 Scaling Up Nutrition (SUN) country multi-stakeholder platforms, countries’ strategic or implementation plans express little understanding or articulation of the role of business. ...business leaders in SUN countries express strong interest in joining multi-stakeholder initiatives and national conversations about public policy incentives related to regulation enforcement, taxes, and infrastructure, which can stimulate greater investment. To fully leverage business investments, countries will need to integrate these kinds of incentives into their national plans.”
(Jonathan Tench, SUN Business Network, IFPRI Global Nutrition report, 2014)⁹

⁸ S. Katherine Farnsworth, Kirsten Böse, Olaoluwa Fajobi, Patricia Portela Souza, Anne Peniston, Leslie L. Davidson, Marcia Griffiths & Stephen Hodgins “Community Engagement to Enhance Child Survival and Early Development in Low- and Middle-Income Countries: An Evidence Review”. *Journal of Health Communication* 19:1, 2014.

⁹ International Food Policy Research Institute. 2014. *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World’s Progress on Nutrition*. Washington, DC, p.61.

STRATEGIC AGENDA FOR NUTRITION SBCC (CONTINUED)

Collaboration with the private sector can take multiple forms and can include organizations as diverse as social and mobile technology companies, advertising agencies, the financial sector, or the food and beverage industry. In addition to investing and implementing partnerships, working together on social and policy changes related to marketing of and access to foods and healthy workplace policies are other potential areas of engagement.

4. BUILD ON THE EVIDENCE BASE FOR SBCC'S IMPACT ON NUTRITION

Summarizing what we do know highlights gaps in the evidence. Current theoretical models are not sufficient to explain and predict the intermediate and ultimate impact of SBCC interventions and there are not many interventions implemented at scale. Evidence is needed to identify determinants of sustainability and cost-effectiveness in different contexts, for different types of behaviors. In addition, increased completeness and transparency in reporting using comparable data¹⁰, and standardized indicators to measure change are key to generating discipline-wide evidence and refining the predictability and replicability of great SBCC.



Future research and programs need to cultivate a broad understanding of behavioral and social change, be driven by problem-based assessments and past experiences, support innovative impact studies that address scale and sustainability, and promote collective efforts to refine coherent and elegant theories of change. The expectation is that behavioral studies need to deliver arguments that meet basic conditions of scientific research, namely validity, replicability, generalizability, and predictability.” (Waisbord, Journal of Health Communication, 2014)¹¹

5. PERSUADE DECISION-MAKERS THAT SBCC IS CRITICAL FOR TACKLING MALNUTRITION

SBCC actors must advocate strongly for at-scale SBCC as an essential component of nutrition investments because it is a crucial, accessible/realistic and effective investment. To achieve sectoral change will require sustained and collective effort on a set of mutually reinforcing activities by a range of stakeholders over time. Change will start with the development of compelling engagement tools that provide strong evidence that SBCC at scale works. Efforts must engage champions within existing platforms, such as the SUN Network, Nutrition for Growth signatories, and Business Platform for Nutrition Research, and should include tangible steps to leverage global efforts, such as building at-scale SBCC including advocacy into national and donor multi-sectoral nutrition strategies.

Basic SBCC principles apply equally to this communication effort. Understanding the systems and institutions affecting nutrition and applying an SBCC lens to advocacy efforts will help SBCC stakeholders to identify and build on what is important to the people who make decisions within those institutions. Decision-makers, as all people, do not make decisions based on evidence alone, but they are swayed by social pressures and emotional and psychological factors; therefore communication efforts targeting decision-makers must incorporate emotional and social as well as informational components.

¹⁰ Variables suggested in Fabrizio, van Liere, and Pelto 2014; Naugle and Hornik 2014; and Noar 2006 include: use of theory for design and evaluation, formative research methods, how insights from FR were incorporated into design, audience segmentation, message development and pretesting, choice of communication channels, duration and intensity of interventions, implementation details such as type of sessions, facilitators, training and ongoing fidelity, instruction methods, specific key messages, examples of communication materials, population exposure levels broken down by audience and

channel, frequency of exposure, sampling method and size, type of analyses performed, and insights resulting from the study relating to the program impact pathway.
¹¹ Silvio Waisbord (2014). Where Do We Go Next? Behavioral and Social Change for Child Survival. Journal of Health Communication, 2014.

III. RATIONALE FOR THE STRATEGIC AGENDA

A CONSULTATIVE PROCESS, APPLYING EXPERTISE AND EXPERIENCE TO THE STATE OF EVIDENCE

Recognizing the need for concerted action to place SBCC at the top of the global nutrition agenda, GAIN and SPRING joined in a year-long effort to develop a Strategic Agenda that could achieve such action. The organizations were building on internal reviews of evidence around the effectiveness of SBCC in bringing about social and behavior change to improve nutrition outcomes, which in turn were informed by the June 2013 “Evidence Summit on Enhancing Child Survival and Development in Lower- and Middle-Income Countries by Achieving Population-Level Behavior Change” convened by USAID and partners. Under the leadership of Elizabeth Fox, the summit addressed the issues of scale in identifying which evidence-based interventions and strategies support a sustainable shift at the population level in health-related behaviors to reduce under-5 morbidity and mortality and ensure healthy development. Coming out of the summit, a series of articles in a special issue of the Journal of Health Communication (2014) have presented evidence of successes and effective interventions as well as a series of real gaps in knowledge and data¹².

The process to develop the Strategic Agenda consisted of four distinct phases, as shown in Figure 2:

1. Summarizing the state of evidence for Nutrition SBCC with applicable learning from nutrition, water, sanitation, and hygiene (WASH), and HIV sectors, with a specific focus on scalability, sustainability and impact (see Annex 2)
2. Convening an Expert Working Group (EWG) of SBCC and nutrition thought leaders to define the key principles of effective at-scale SBCC interventions, triangulated from the evidence summary and the EWG members’ professional expertise and experience (see Annex 2).
3. Engaging a wider group of key stakeholders in the dialogue at the Conference “Designing the Future of Nutrition Social and Behavior Change Communication: How to Achieve Impact at Scale”.
4. Proposing, disseminating, and promoting the adoption of a Strategic Agenda for Nutrition SBCC.



FIGURE 2: CONSULTATIVE PROCESS ON AT-SCALE NUTRITION SBCC

¹² Population-Level Behavior Change to Enhance Child Survival and Development in Low- and Middle-Income Countries: a Review of the Evidence. Journal of Health Communication 19:1, 2014.

RATIONALE FOR THE STRATEGIC AGENDA (CONTINUED)

CONVENING THE EXPERT WORKING GROUP AND SUMMARIZING WHAT WE DO KNOW ABOUT NUTRITION SBCC

In January 2014, a coordinating group from GAIN and USAID/SPRING invited thought leaders in SBCC, within and beyond the nutrition sector, representing diverse institutional, practical, and theoretical perspectives, to join an Expert Working Group (EWG). The EWG members were brought together to harness their expertise and experience to identify gaps and opportunities for proven and promising SBCC approaches and practices, and define the building blocks of effective, at-scale SBCC.

To ground the process, the coordinating group reviewed and summarized key SBCC evidence. Publications to be included in the review were suggested by the EWG and included recent systematic reviews of evidence, and publications about large SBCC programs at scale, related to the first 1,000 days, or SBCC programs in related sectors. During this process, 53 documents were identified, 22 of which met the criteria for review. Evidence summaries were developed, according to an agreed and standardized framework, then shared with the EWG for their review and input. See Annex 2 for a detailed description of this process and some findings from the evidence summaries.

Key findings from the evidence summaries, including special journal issues of Food and Nutrition Bulletin and Maternal and Child Nutrition, as well as the Journal of Health Communication issue mentioned above, highlight what we do know about nutrition SBCC¹³:

- There is **extensive evidence for the positive impact of SBCC** on improving infant feeding practices, nutritional status, and other health behaviors. One-on-one or small group communication is the approach most consistently and effectively used, with the most published evidence supporting it.

- Projects using social and behavior change theoretical approaches have a **greater impact on outcomes** than those that do not.
- **Mutually reinforcing interventions** through multiple channels and points of contact improve effectiveness of social and behavior change interventions.
- **There is evidence of effectiveness for a wide variety of delivery strategies** including: interpersonal communication, community mobilization, social marketing, and, to a lesser extent, mass-media campaigns, and environmental nudges (e.g. incentives or choice architecture).
- There is emerging evidence **that mass media can be cost effective** in creating individual behavior change.
- There is continued recognition of the **importance of social change and change in the environment** to support individual behavior change. **Mass media and advocacy for enabling policies and structural investments** play a role in bringing about those changes.

However, despite some national level successes such as the rapid reduction of tobacco use in some countries, the majority of public health related SBCC interventions are dispersed and implemented by multiple actors with limited alignment. This contributes to the evidence gaps remaining around the sustainability and cost-effectiveness of at-scale implementation, and formed part of the rationale for focusing the Strategic Agenda for Nutrition SBCC around the issue of scale.¹⁴

¹³ For more information about the findings of recent evidence summaries, see Annex 2.

¹⁴ Fabrizio et al 2014, Lamstein et al 2014.

RATIONALE FOR THE STRATEGIC AGENDA (CONTINUED)

SBCC WORKING DEFINITION

For the purposes of this process, the Expert Working Group characterized Social and Behavior Change Communication (SBCC) interventions as those communications aiming to increase the individual and group practice of optimal nutrition actions within a defined population, working at the multiple, and interrelated, levels within the socio-ecological model. A partial list of relevant actors who influence nutrition includes: mothers, caregivers, husbands, grandmothers, and mothers-in-law, health care workers, community and religious leaders, district and regional officials, private sector and civil society organizations, media personnel, and policy makers.

Communication approaches include IPC, social change, small, medium, and mass media, and social/community mobilization, as well as design approaches, which incorporate behavioral “nudges.” Interventions that directly increase access to resources, enabling technologies, or services are not included as communication for the purposes of this process, although SBCC is often integrated with these interventions. While Social Change Communication and Behavior Change Communication require different analyses, approaches, and strategies, for ease of communication we refer to them together as SBCC.

In April 2014, EWG members gathered with GAIN, SPRING, and USAID staff for a one-day workshop. The workshop aimed to combine evidence from the evidence summaries with the expertise and experience of all participants to generate a set of “building blocks” of more impactful, sustainable and cost-effective Nutrition SBCC focused around the first 1,000 days. The building blocks were summarized into a set of common themes which was validated by the EWG as follows:

1. Develop an at-scale mindset.
2. Build a shared frame of reference.
3. Fill key SBCC process and expertise gaps.
4. Use a people-centered approach based on local knowledge and values.

The convening organizations decided that the at-scale mindset was the highest priority among these themes and that this would be the guiding theme for the Conference. The work of the EWG informed the design of the larger Conference, as well as the development of a set of key principles for working with an at-scale mindset in nutrition SBCC, which are included in Annex 1. These principles were shared with participants in the Conference, which was the next step in the four-stage process.

For further details on the evidence for SBCC in nutrition and related sectors, the outcomes of the EWG, please consult the Framing Document in Annex 2.

IV. SUMMARY OF CONFERENCE PROCEEDINGS

The main objectives of the Conference were to engage stakeholders in developing a strategic implementation and research agenda for Nutrition SBCC and to get stakeholder commitment toward increasing the scale, sustainability, and cost-effectiveness of Nutrition SBCC interventions during the first 1,000 days. With these objectives in mind, the Conference was structured as an innovative two-day working meeting organized around the major components of an at-scale mindset: design, research and implementation. For each component a number of examples of effective at-scale SBCC from around the globe were explored with participants. Sessions were planned to share lessons learned about engaging with systems to achieve scale and implementing programs at scale. Key considerations for Nutrition SBCC around systems and scale were developed to inform these sessions and can be found in Annex 3.

Conference participants included more than 100 SBCC thought leaders, comprising academics, program developers and implementers, marketing and media experts, and donors and policy makers, including strong representation from the countries which are part of the Scaling Up Nutrition (SUN) movement and Feed the Future countries. It is challenging to convey the richness of discussion with such a compelling topic and a diverse group of people, but Annex 4 presents a sample of ideas which emerged in the lively discussions during the Conference.

Leaders of the convening organizations opened the Conference with their shared vision for SBCC at scale: Elizabeth Fox (USAID), Marc Van Ameringen (GAIN), and Carolyn Hart (SPRING) highlighted what they believe to be important aspects of scale, including:

- Attaining reach without sacrificing equity and quality.
- Partnering effectively and innovatively with traditional and non-traditional partners.
- Holding each other accountable to ambitious targets, leveraging success, and what we know works.
- Learning more about the trade-offs between different models of scale and scaling (vertically, horizontally, functionally) for different interventions and in different contexts.
- Striving for sustainability, recognizing that sustainability may mean generating ongoing investments.

APPLICABLE LEARNING FROM “GREAT SBCC EXAMPLES”

A group of interventions, from a range of sectors, were showcased at the Conference to inspire and illustrate components of SBCC Excellence at scale. These “Great Examples” served to ground some key principles of at-scale SBCC (see Annex 1) in real world applications, and to stimulate discussion among participants. Criteria which guided the selection of examples included:

- addressed complex behaviors
- showed evidence of effectiveness at scale
- had applicable learning for nutrition SBCC

More detailed briefs exploring these examples, which can be found at www.spring-nutrition.org/sbccstrategicagenda can be used as learning aids, or simply as illustrations of the key take-aways from the Conference by experts at country level. The summarized key learnings from each example, related to the Strategic Agenda, are presented below.

SUMMARY OF CONFERENCE PROCEEDINGS (CONTINUED)

1. ALIVE & THRIVE: SCALING UP INFANT AND YOUNG CHILD FEEDING PROGRAMS IN BANGLADESH, ETHIOPIA, AND VIETNAM

This three-country program demonstrates the impact of an at-scale, iterative design approach, supported by strong monitoring and evaluation data.

Alive & Thrive is an initiative to save lives, prevent illness, and ensure healthy growth and development through improved breastfeeding and complementary feeding practices. In its first five years, Alive & Thrive implemented innovative approaches to improve feeding practices at scale in three contexts: Bangladesh, Ethiopia, and Vietnam.

Applicable learning for Nutrition SBCC:

- Refine and use standard process and impact indicators. Design monitoring and evaluation processes which integrate continual data collection and analysis into program management and build in mechanisms to periodically course correct during implementation.
- Engage in effective multi-sectoral partnerships.
- Plan for scale from the start.
- Refine and build capacity to use formative research methods.

>> View this Great SBCC Example Brief in detail at:
https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/alive_thrive

2. BADUTA: IMPROVING INFANT FEEDING PRACTICES IN EAST-JAVA, INDONESIA

A new theoretical framework and formative research methodologies led to the development of a creative campaign, executed through multiple channels. Effective multi-sectoral partnerships capitalized on local and commercial expertise.

Baduta is an integrated stunting reduction program aiming to improve infant feeding practices, access to nutritious foods and supplements, access to safe drinking water and better hygiene practices, and strengthen the nutrition interventions in the health systems. The behavior change component focuses on three key feeding behaviors for children below 2 years, using multiple channels: mass and social media, community activation, and interpersonal counseling in the health center.

Applicable learning for Nutrition SBCC:

- Focus on non-conscious motives for behavior: A new theoretical framework and formative research methodologies provided key insights, which also revealed some of the important non-conscious drivers of behavior (eg. status and affiliation).
- Focus on fewer behaviors to achieve greater impact: Formative research, in conjunction with stakeholder validation, prioritized three feeding behaviors.
- Engage in effective multi-sectoral partnerships, capitalizing on local and commercial expertise: A diverse group of experts was involved in the intervention design including commercial creative agents, academic experts, field researchers, and government representatives. This led to the development of a creative, big idea campaign, while rigorously applying scientific behavior design principles in all executions.

>> View this Great SBCC Example Brief in detail at:
<https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/baduta>

SUMMARY OF CONFERENCE PROCEEDINGS (CONTINUED)

3. CARE GROUP: REDUCING MALNUTRITION AND CHILD DEATHS IN MOZAMBIQUE

The Care Group model demonstrates that interpersonal communication at scale can cost-effectively impact behaviors and health outcomes.

The Care Group model uses small groups of 10 to 15 volunteer community-based health educators who regularly meet together with project staff for training, supervision and support. Care Group volunteers, in turn, provide peer support for mothers in the community, often with the objective of promoting child survival. The Care Group volunteers have routine and frequent one-on-one and small group meetings with mothers. The Care Group model in rural Mozambique reached a population of over one million people to decrease malnutrition in children aged 0–23 months.

Applicable learning for Nutrition SBCC:

- **Refine and build capacity to use formative research methods.**
- **Use a low cost-structure and integration within the community health worker structure to enhance scalability and sustainability.**
- **Integrate the intervention with the health system** to help assure continued data surveillance and incorporation of health and nutrition data into the MOH information system.
- To promote complex, daily behaviors, **utilize trusted facilitators, whom audiences identify with, and make time for the audience to process information together and share strategies for implementing recommendations in daily life.**
- **Develop, test, evaluate, and refine promising approaches for scaling participatory methodologies.**

>> https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/care_groups

4. DIGITAL GREEN: AMPLIFYING IMPACT OF INNOVATIVE AGRICULTURAL PRACTICES IN INDIA

Reliable, inexpensive technology increased the reach of community-developed videos while also retaining credibility and relevance to similar audiences. What began as an agriculture extension approach was successfully extended to nutrition behaviors.

Poor farmers are often risk-averse and reluctant to adopt new methods of farming, since crop failure could potentially lead to extreme hardships. The Digital Green approach builds on existing community organizations such as self-help groups to amplify their efforts. This approach involves (a) participatory identification of content and local production of low-cost videos; (b) group discussions; (c) follow-up home visits; and (d) an innovative IT system, COCO, which continuously captures, reviews, and analyzes near real time operational data.

Applicable learning for Nutrition SBCC:

- **Keep program design flexible and adaptable; regularly and rapidly review data to inform continuous improvement.**
- **Focus on localized interventions; for faster implementation and greater community buy-in, integrate intervention into existing structures.**
- **Refine and use standard process and impact indicators in a way that is feasible to use at scale.**
- **Develop, test, evaluate and refine (a) the application of information and communication technology, and (b) participatory methodologies at scale.**

>> [View this Great SBCC Example Brief in detail at: https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/digital_green](https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/digital_green)

SUMMARY OF CONFERENCE PROCEEDINGS (CONTINUED)

5. DMI: USING MASS MEDIA TO IMPROVE CHILD SURVIVAL IN BURKINA FASO

Testing a predictive model used to determine the focus and frequency of mass media messages promoting optimal maternal and child survival behaviors, and conducting a randomized control trial (RCT) to evaluate impact and cost-effectiveness.

Development Media International (DMI) uses mass media, including radio and/or TV campaigns, to increase maternal and child survival by creating demand for and increasing the practice of healthy behaviors. DMI and the London School of Hygiene and Tropical Medicine implemented a cluster randomized controlled trial (RCT) of a mass media intervention in Burkina Faso designed using their predictive model and implemented in partnership with local radio stations. The evaluation showed cost-effective impact on behaviors.

Applicable learning for Nutrition SBCC:

- Refine and use standardized processes and impact indicators.
- Leverage contextual factors in design and check-in through routine data collection and analysis.
- Refine and build capacity to use formative research methods and to implement SBCC interventions.
- Design for scale from the start, considering channels with cost-effective reach like mass media.

>> View this Great SBCC Example Brief in detail at:
<https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/dmi>

6. PROSPERA/ESIAN, THE NATIONAL INTEGRATED NUTRITIONAL STRATEGY: A SYSTEMS THINKING APPROACH IN MEXICO

A national SBCC program, implemented within the framework of a conditional cash transfer program, demonstrates the importance of a multi-sectoral systems approach to at-scale SBCC.

EsIAN is a national strategy to address under-nutrition and obesity with a focus on the first 1,000 days, working within the framework of the national conditional cash transfer program (Prospera). Both government programs take a multi-sectoral systems approach across the health, education, and social development sectors to benefit low-income households.

Applicable learning for Nutrition SBCC:

- Design and plan for scale from the start.
- Garner government support at the national and sub-national levels to create an enabling environment for national scale-up, commitment, and resources.
- Engage in effective multi-sectoral partnerships to divide responsibilities and leverage resources.
- Focus on fewer behaviors and messages to achieve greater impact and narrow the scope of the intervention.

>> View this Great SBCC Example Brief in detail at:
<https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/prospera>

SUMMARY OF CONFERENCE PROCEEDINGS (CONTINUED)

7. SUAAHARA: A MULTI-LEVEL APPROACH TO SBCC IN NEPAL

Extensive formative research yielded insights about aspirations, which were incorporated into the design of a multi-level, branded SBCC campaign that utilized media for reach and impact.

Suaahara is a USAID-funded, five-year integrated nutrition program designed to improve the nutrition of women and children in 41 districts in Nepal. The intervention, *Bhanchhin Aama*, includes a community level and mass media campaign targeted at a variety of maternal and child health and nutrition integrated behaviors, including infant and young child feeding, hygiene and sanitation, agriculture, and family planning. The intervention includes field activities, radio dramas, radio programs and radio discussion groups. All materials utilize a trusted, knowledgeable, friendly mother-in-law character to model and promote positive behavior change, and are conveyed with consistent branding.

Applicable learning for Nutrition SBCC:

- Engage in effective multi-sectoral partnerships.
- Create integrated SBCC approaches that leverage contextual factors.
- A unified theme across levels and platforms helps reinforce key messages.

>> View this Great SBCC Example Brief in detail at:
<https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/suaahara>

8. FINAL MILE: UTILIZING BEHAVIORAL ECONOMICS AND NEUROSCIENCE TO IMPROVE TRAIN SAFETY IN MUMBAI

A multi-disciplinary team, using expertise from neuroscience and behavioral economics, under strict budgetary constraints, designed a behavior architecture intervention, which changes habitual and non-conscious behaviors.

Mumbai's suburban railroads experienced over 36,000 fatalities per year, as they served over 7 million daily commuters; with 2,000 train services spread over 465,000 km. The rail tracks are often the shortest pedestrian route, with few effective physical barriers and over 1,000 trespassing points. A behavior architectural approach was taken: new signs were printed containing dramatic photos without text, placed close to the tracks; train engineers were instructed to hit the horn with short, staccato bursts at a certain distance from people crossing; and yellow lines were painted at regular intervals on the tracks. A pilot test of this inexpensive, seemingly simple intervention helped reduce fatalities from 23 per month to one.

Applicable learning for Nutrition SBCC:

- Design for scale from the start, utilizing cost-effective designs that are sustainable.
- Observations become powerful and useful if examined through scientific frameworks, such as behavioral economics and cognitive neuroscience.
- Designs to change unconscious and habitual behaviors benefit from commercial expertise in areas like choice architecture.

>> View this Great SBCC Example Brief in detail at:
https://www.spring-nutrition.org/designing-future-nutrition-social-and-behavior-change-communication/final_mile

SUMMARY OF CONFERENCE PROCEEDINGS (CONTINUED)

9. EXPERIENCE FROM A PRIVATE SECTOR ADVERTISING AGENCY: MCCANN HEALTH

A range of advertising examples demonstrates the impact of incorporating private sector creative and strategic expertise for innovative formative research and motivating campaign ideas.

McCann Health presented examples including public health behavior change campaigns, such as the viral “Dumb Ways to Die” railway safety campaign; a replicable package of materials developed with UNICEF to increase the use of ORS+Zinc to treat diarrhea; and a social media campaign started by a McCann employee that the agency decided to support within their organizational mission. Conference participants summarized the key takeaways from the presentation as:

- **Ride the wave of social tides: Take advantage of an event or important emotional symbolism in society and use it to build momentum for a nutrition-related issue.**
- **Develop a “big idea”:** Use formative research to develop a universal insight into what matters to your consumers, and apply it to the design of your intervention strategy.
- **Give space for creativity and risk-taking:** Help conservative institutions understand how risk-taking can be aligned with their incentives and objectives. Find a way to reshape how progress and success are measured.



We can't continue to talk just to ourselves – we need dramatic efforts. SBCC is not integrated into nutrition platforms. We need advocacy. We need to be testing more to determine what we can replicate across countries. There are capacity gaps on the ground. What are some partnerships that will allow us to fill gaps and allow us to move forward?” Marc van Ameringen, Executive Director, GAIN, speaking at the Designing the Future of Nutrition Social and Behavior Change Communication Conference.

V. CONCLUSION

Based on an extensive and consultative development process, the Strategic Agenda for Nutrition SBCC outlines five priority areas for focusing resources to maximize impact on national and global nutrition outcomes. It affirms the need for at-scale action, strives for excellence in intervention design and implementation, asserts the need to build an evidence base of interventions, recommends engaging world-class partners, and asserts the need to persuade decision-makers of the critical importance of SBCC for addressing malnutrition.

SBCC actors must advocate strongly for at-scale SBCC as an essential component of nutrition investments because it is a crucial, feasible and effective investment. We call upon policy makers, multilateral agencies and SBCC program implementers to ensure integration of SBCC into any nutrition investment, and to strive for excellence and quality throughout design and implementation. Global platforms such as the SUN movement, Nutrition for Growth signatories, and the Business Platform for Nutrition Research are taking steps to harness partnerships with new private sector allies and are encouraged to include bilateral donors, civil society organizations and national government representatives, as well as companies from various sectors including digital media, logistics, finance, and mobile technology. Academic and research organizations, donors, and investors are also encouraged to scale-up investments in operational research, while implementing SBCC at scale, to increase the evidence base for impact, cost-effectiveness, scalability and sustainability.

To achieve sectoral change will require sustained and collective effort on a set of mutually reinforcing activities by a range of stakeholders over time. This report begins that process. The authors seek to identify partners and work across sectors to ensure that the Strategic Agenda for Nutrition SBCC presented in this report is widely promoted and gains traction in the global nutrition arena.



Innovate and learn. Create a revolution. SBCC is fundamental to improving nutrition. We need to get the message out not just to the “usual suspects” – we need to de-mystify SBCC, and get lessons learned about success out there. We must push people to take risks, and learn from it. We need to inspire people and be creative.”

Ellen Piwoz, Bill and Melinda Gates Foundation, speaking at the Designing the Future of Nutrition Social and Behavior Change Communication Conference.

VI. ANNEXES

Annex 1. Key principles for working with an ‘at-scale’ mindset in Nutrition SBCC

Based on the evidence summaries and the key elements of effective Nutrition SBCC generated by the Expert Working Group, these key principles are suggested to further great, at-scale Nutrition SBCC. These principles are not meant to be prescriptive, and application in a given setting will depend on policy, programmatic, and contextual factors.

DESIGN AND IMPLEMENTATION

- 1. Plan for scale from the start.** Utilize cost-effective designs that are sustainable at scale (in terms of cost, complexity, partnerships, and human resources). Limit investment in approaches that can never go to scale.
- 2. Focus on fewer behaviors to achieve greater impact.** Collaboratively identify the priority behaviors; phase interventions over time; identify and leverage “universal insights”; and avoid over-messaging.
- 3. Create integrated SBCC approaches that leverage contextual factors,** including social structures, roles and identities, and norms. Meet people where they are, in the midst of complex daily lives and interdependent with their families and communities.
- 4. Refine and build capacity to use formative research methods** which are simple, feasible, and cost-effective; utilize direct observation as well as self-reporting; identify cognitive and psychological factors influencing behavior, often unconsciously; and identify specific elements of the enabling environment which are constraining or enabling

change. Build in mechanisms to ensure that the insights from the formative research are the key driver in the design of the intervention.

- 5. Utilize a systems approach,** with attention to equity and sustainability as a standard practice within Nutrition SBCC. Engage informal as well as formal systems to empower communities for sustainable change. Design and test how to strengthen existing systems effectively, including locally-owned processes for continuous capacity development, political commitment, and financial resources.
- 6. Engage in effective multi-sectoral partnerships,** including multiple public sectors, civil society, and private sector actors, leveraging overlapping interests and managing conflicts of interest. Tap into existing infrastructures and capabilities to achieve scale, leverage resources to stretch budgets, and reimagine competing interests as opportunities to co-create lasting, positive change.
- 7. Capitalize on commercial expertise** for structuring multi-disciplinary teams and processes; for leveraging universal insights and creativity during intervention design; for linking behaviors to lifestyles and identities, and for tapping into mass and social media channels.

RESEARCH AND LEARNING

- 8. Determine how the theories, frameworks, and tools used for designing SBCC interventions contribute to effectiveness,** to facilitate cross program learning and progress as a field. Publish which formative research methods and processes have been used, including how the insights from the formative research influenced the design and delivery of SBCC interventions.

- 9. Refine and use standard process and impact indicators** specific to social change and behavior change which are measurable, feasible to collect at scale, and useful for process and impact evaluation of SBCC interventions. Design monitoring and evaluation processes which integrate continual data collection and analysis into program management, and build in (with donors and partners) mechanisms to periodically course correct during implementation. Evaluate impact at scale rather than in discrete intervention areas.
- 10. Prioritize implementation research which focuses on the “HOW” of SBCC interventions,** including delivery mechanisms, structures, and processes, failures as well as successes, and changes that are made over the course of implementation.
- 11. Generate evidence for determinants of sustainability,** in part by documenting what happens when implementation ends.
- 12. Develop, test, evaluate, and refine promising approaches for:**
 - **Applying information and communication technology and other enabling technologies to SBCC interventions,** to monitor behavior, to drive the formation of new habits, to resolve time or other resource constraints, and to broaden social structures and shift social norms.
 - **Scaling participatory methodologies** (such as participatory action research or the community learning and action cycle) to benefit from the voices and influence of those most affected by the issue.

Annex 2. Framing document for the Nutrition SBCC Expert Working Group meeting

This document was sent to Expert Working Group (EWG) members ahead of the April 2014 working meeting. It summarizes the evidence for SBCC in nutrition and related sectors and distills it into commonalities. The EWG used this, in conjunction with their own significant experience, to develop the key principles for working with an 'at-scale' mindset in Nutrition SBCC, which are in Annex 1.

OBJECTIVE OF THE EWG MEETING: To identify gaps and opportunities for proven and promising Social and Behavior Change Communications (SBCC) approaches and practices to move the research and implementation agenda forward.

This meeting is the first step in the process of developing a future-focused strategy for SBCC in nutrition focused on the first 1,000 days. The opportunities identified during this first meeting will be explored and elaborated upon over the next six months by the Expert Working Group and during the SBCC Conference, which will be conducted later this year.

SBCC WORKING DEFINITION: For the purposes of this process, Social and Behavior Change Communication (SBCC) interventions are characterized as those aiming to increase the individual and group practice of optimal nutrition actions within a defined population, working at the multiple, and interrelated, levels within the socio-ecological model. A partial list of relevant actors who influence nutrition includes: mothers, caregivers, husbands, grandmothers, and mothers-in-law, health care workers, community and religious leaders, district and regional officials, private sector and civil society organizations, media personnel, and policy makers.

Communication approaches include interpersonal communication (IPC), social change, small, medium, and mass media, and social/community mobilization, as well as design approaches, which incorporate behavioral 'nudges.' Interventions that directly increase access to resources, enabling technologies, or services are not included as communication for the purposes of this process, although SBCC is often integrated with these interventions. While Social Change Communication and Behavior Change Communication require different analyses, approaches, and strategies, for ease of communication we refer to them together as SBCC.

DEVELOPMENT PROCESS FOR THE EVIDENCE SUMMARIES

In preparation for this meeting, the Coordinating Group (CG) reviewed and summarized key evidence. Evidence documents were identified through a review of prominent systematic reviews and evidence suggested by Expert Working Group members.

Two CG members independently reviewed the evidence for inclusion/exclusion. Criteria for inclusion included:

- a focus on SBCC as defined in the CG working definition, either directly related to maternal, infant, and young child nutrition (MIYCN), or with application to MIYCN and recommended by EWG members
- recent systematic reviews
- recent evidence of large programs at scale, with detail on the design, implementation, and/or monitoring and evaluation process

Note: Single item models or tools, and book-length academic resources were outside the scope of the process.

Applying these criteria, the CG evaluated 53 documents and included 22. The CG developed a matrix for SBCC Evidence Summaries to provide a standardized level of abstraction for the EWG to draw conclusions. CG members discussed and revised the coding categories, based upon Expert Working Group input. Thereafter, CG members summarized the evidence documents, using the matrix. Summary matrix coding categories were discussed and revised, and summary contents revised as necessary. Finally, a different CG member reviewed each summary in depth and provided feedback, which was then incorporated into the summary by the original reviewer. All CG members participated in the summary and review process.

ANNEX 2. FRAMING DOCUMENT FOR THE NUTRITION SBCC EXPERT WORKING GROUP MEETING (CONTINUED)

PRELIMINARY ANALYSIS OF THE SBCC EVIDENCE SUMMARIES

Following the completion of the SBCC Evidence Summaries, the CG made the first start at analyzing the evidence and distilling commonalities. Two CG members independently reviewed the Evidence Summaries, and two CG members, who had reviewed half of the summaries, developed a draft of the “Framing the Discussion” document. These four sets of observations were integrated by one member, then discussed, edited, revised, and agreed to by the CG.

CG members looked for those points that came out consistently in the Design, Implementation or Impact of SBCC approach to maternal, infant, and young child nutrition (MIYCN). They also compared MIYCN SBCC to SBCC implemented in other sectors, looking for striking differences, and lessons to be drawn and applied.

It is worth noting that the eight review documents that had the most comprehensive set of recommendations included:

- Aubel, J. (2012). The role and influence of grandmothers on child nutrition: culturally designated advisors and caregivers. *Maternal & child nutrition*, 8(1), 19-35.
- Dreibelbis, R., Winch, P.J., Leontsini, E., Hulland, K. R., Ram, P.K., Unicomb, L., & Luby, S. P. (2013). The integrated behavioural model for water, sanitation, and hygiene: a systematic review of behavioural models and a framework for designing and evaluating behaviour change interventions in infrastructure-restricted settings. *BMC Public Health*, 13(1), 1015.
- Fabrizio, C. S., Liere, M., & Pelto, G. (2014). Identifying determinants of effective complementary feeding behaviour change interventions in developing countries. *Maternal & Child Nutrition*, 10(4), 575-592.
- Lamstein, S., T. Stillman, P.Koniz-Booher, B. Collaiezzi, A. Aakesson, T. Williams, K. Beall, and M. Anson. (2014). Evidence of effective approaches to SBCC for preventing and reducing stunting and anemia: Report from a systematic literature review. <https://www.spring-nutrition.org/publications/series/evidence-effective-approaches-social-and-behavior-change-communication>
- PSI, The Evidence for Social Marketing (<http://www.psi.org/research/evidence/social-marketing-evidence-base/>)
- Shefner-Rogers, et al. (2013) Applied Communication for development strategies for newborn care and the prevention and control of childhood pneumonia and diarrhea: A literature review of the evidence of impact on child survival. UNICEF/NYHQ Report.
- Storey, D., Lee, K., Blake, C., Lee, H. Y., Depasquale, N., & Lee, P. (2011). Social & Behavior Change Interventions Landscaping Study: A Global Review. Report Prepared for the Family Health Division of The Bill & Melinda Gates Foundation.
- Waddington, B., Snilstveit, B., White, W., Fewtrell, L. (2009) Water, sanitation and hygiene interventions to combat childhood diarrhoea in developing countries. Vol. 31. New Delhi: International Initiative for Impact Evaluation.

Finally, the CG summarized key findings under the areas of Design, Implementation, and Impact, categorizing the findings as gaps or weaknesses, strengths, and opportunities for the field of Nutrition SBCC (See tables below).

IMPACT

WHAT ARE WE DOING ALREADY THAT'S WORKING IN NUTRITION SBCC?

- There is extensive evidence for positive impact of SBCC (particularly IPC) on improving infant feeding (notably breast feeding) practices (Lamstein, Fabrizio, Storey, Alayon, Sanghvi), nutritional status (Lamstein, Fabrizio, Storey); and other health behaviors (Baker, Lutter, WASH/Dreibelbis, Diarrhea/Shefner-Rogers, WASH/Waddington)
- Wide variety of delivery platforms used: interpersonal, community-based, social marketing, mass-media, nudges (e.g. incentives or choice architecture), with some evidence of effectiveness for each on IYCF (Lamstein, Fabrizio, Storey)
- IPC is the approach most consistently and effectively used, with the most published evidence supporting it (Lamstein, Fabrizio, Storey)
- Continued recognition of the importance of social change or change in the environment to support individual behavior change and some evidence that mass media and advocacy for enabling policies and structural investments can help bring that about (Lamstein, Fabrizio, Pelletier, Storey, Diarrhea/Shefner-Rogers)
- General acceptance that targeting multiple audiences/influencers with more intensity is more effective (though perhaps not sustainable or scalable); however, evidence supporting this is weak (Storey, Lamstein, Diarrhea/Shefner-Rogers)
- Some/ limited / emerging evidence that mass media can create impact (Lamstein, Fabrizio, Storey, Alayon, Sanghvi)
- Evidence that mass media can be cost effective in other sectors (Diarrhea/Shefner-Rogers)

WHAT COULD WE DO BETTER IN NUTRITION SBCC TODAY?

- Gap in evidence for long-term behavior change (Fabrizio, Storey, WASH/Dreibelbis)
- Difficult to draw conclusions regarding effectiveness of SBCC in changing certain nutrition behaviors due to lack of standardized, clear indicators and limited scope for description of the how (Lamstein, Fabrizio, Storey, Lutter)
- Gap in evidence of the effectiveness of SBCC for improving women's dietary behaviors during pregnancy and lactation
- Gap in evidence for "quantifying the link between program effects on social and structural changes and health behaviors and outcomes" (Storey)
- Gap in evidence for comparative cost effectiveness of different strategies or study design components in Nutrition SBCC (Lamstein, Fabrizio, Storey) and other studied health sectors (WASH/Dreibelbis, Diarrhea/Shefner-Rogers)
- Going to scale may require compromise in approach (highly intensive IPC may not be possible at scale; however, mass media, which is easier to implement at scale, may not be personalized enough to "address local needs and touch the emotions." (Storey)
- Gap in evidence of how overall capacity in government, civil society, and private service sectors (in health or related sectors) supports or inhibits implementing at scale
- Gap in evidence for different models of integration within existing systems - including building human resource capacity, generating political commitment and financial resources—support or inhibit implementing at scale
- Gap in evidence in nutrition (Lamstein, Fabrizio, Storey) and other studied health sectors (WASH/Waddington, Diarrhea/Shefner-Rogers) for sustained change at individual, household, community, social, or political levels
- Gap in evidence to identify which skills and capacities are needed within developing countries for sustained SBCC efforts aimed at improving MICYN via social and behavior change

DESIGN

WHAT ARE WE DOING ALREADY THAT'S WORKING IN NUTRITION SBCC?

- Belief in Formative Research (FR) to understand cultural context for program delivery among practitioners (Pelto), including to refine target audiences, define feasible behaviors, and design specific communication strategies
- FR can be effectively used to support an ecological approach (Bentley)
- Agreement that effective messaging emphasizes “small, doable actions” (Sanghvi)

WHAT COULD WE DO BETTER IN NUTRITION SBCC TODAY?

- An abundance of theories, frameworks, tools, guidance, and recommendations exist (Pelto, Bentley), many based on social and ecological models, and incorporating insights from social psychology, behavioral economics, and commercial marketing
- Nearly universal acknowledgement of the importance to adapt strategy and messaging to cultural context (Pelto, Lamstein, Fabrizio, Storey)
- Evidence of the value of matching language and content to the preference of the audience, featuring people who are homogeneous with the intended audience and framing messages in personal, attractive and emotionally engaging ways in order to make the messages relevant and useful (Storey)
- Gap in peer reviewed evidence for explicit mention or detail of theoretical or conceptual frameworks (Lamstein, Fabrizio, Storey, Pelto) although many interventions appear to utilize the reasoned action/health belief model with a focus on knowledge transfer or cognitive arguments. BC practitioners report use of many theories, frameworks & tools, some proprietary (Pelto, Bentley, WASH/Dreibelbis)
- Gap in comparative analysis of SBCC tools or guidelines for choosing (Pelto)
- No clear/standardized process for translating FR findings to program decisions and issuing formal program reports (Pelto)
- Current operational definition of context or culture does not always encompass values and motivations, nor of asset-based inquiry (Pelto, Aibel)
- Programs not sufficiently linking to people with skill sets and experience doing high quality, rapid social research (Pelto)
- Many theoretical models focus on individual-level factors and do not take into consideration ecological/societal factors (WASH/Dreibelbis)
- Theoretical models probably under-represent the role of new technologies (WASH/Dreibelbis)
- Gap in evidence which examined the systematic application of the ecological model or assessed impacts of integrating an ecological approach into PH programs (Diarrhea/Shefner-Rogers)
- Gap in peer-reviewed evidence for details on effective messages, such as what the messages were or how they were delivered (Fabrizio, Lamstein)
- Little consistency in the messages utilized (Lamstein)

ANNEX 2. FRAMING DOCUMENT FOR THE NUTRITION SBCC EXPERT WORKING GROUP MEETING (CONTINUED)

DESIGN OPPORTUNITIES – WHAT IS HAPPENING IN SBCC BEYOND NUTRITION WE COULD LEARN FROM OR LEVERAGE?

- Articulate a common process to apply SBCC theory (regardless of the theory/ies used), in any context, for any scale, to provide a framework for FR, strategy development, and monitoring and evaluation of SBCC interventions (such as with HIV/Airhihenbuwa).
- Expand formative research tools with more observed than reported information, with specific focus on :
 - identifying aspirations and psychological motivations of target populations
 - identifying assets/positives on which to build
 - clearly defining audiences and desired individual and social changes
 - testing concepts and behaviors early in the process
- Identify the most effective method of utilizing FR to develop the optimal program impact pathway (Storey, Alayon)(*Trace pathways to change over time- Storey*).
- Build on local cultural assets and strengthen social structures in designing programs to enhance social capital and social safety nets. Incorporate informal and traditional systems, particularly in cross-sectoral efforts for programming and advocacy towards sustainable change through community empowerment. Design interventions, using broader context and the social roles that shape behavior instead of single individual (Aubel, Storey, Hajeebhoy, Pelletier, Diarrhea/Shefner-Rogers, WASH/Waddington, WASH/Curtis)(*Consider a focus on households as a unit of health- Storey*).
- Consider target individual as a consumer, with many other wants and needs than the target behavior we try to influence (PSI).
- Identify the specific domains and characteristics of context (e.g. political, economic, cultural) to optimally tailor programs and policies to contexts, including appropriate scale and cost, devolution, and decentralization.
- Evaluate the impact of different behaviors over time, and the potential effect of one SBCC impacting subsequent behaviors, such as prenatal counseling on birth preparation, BF, immunization, CF, etc. (Storey) (*Take advantage of gateway behaviors and gateway moments*).
- Explore how to build in principles of social psychology and behavioral economics, to increase impact, cost-efficiency and sustainability, with minimal resources (Storey).
- Frame message in personal, attractive and emotionally engaging ways in order to make the messages relevant, memorable, and useful.

IMPLEMENTATION

WHAT ARE WE DOING ALREADY THAT'S WORKING IN NUTRITION SBCC?

- **Systems strengthening:** Recent evidence for successful implementation, monitoring and evaluation, and revisions from Alive & Thrive (Alayon, Rawat).
- **Scale:** Recent evidence of implementing scale-up from Alive & Thrive (Alayon).
- Evidence suggests that effective interventions monitored and evaluated the program impact pathways to learn what worked and make adjustments as needed (Fabrizio, Alayon, Sanghvi, Rawat). Although process evaluations are not universally reported in the literature, BCC professionals report that they are common in practice and often result in program revisions (Pelto, Rawat).

WHAT COULD WE DO BETTER IN NUTRITION SBCC TODAY?

- Effectiveness of IPC is heavily reliant on the skills, training and performance of implementers, which can be affected by supervision and incentives (Fabrizio, Storey, Diarrhea/Shefner-Rogers).
 - Gap in evidence of comparative effectiveness of IPC, mass-media, and community/social mobilization independently and in different combinations (Lamstein, Fabrizio, Storey).
 - MIYCN SBCC has not fully explored the use of mass-media and new technologies. Proven approaches from social marketing and behavioral economics could be further integrated into MIYCN SBCC conceptual frameworks and practice (Lamstein, Fabrizio, Storey, Pelto, MAMA).
 - Gap in evidence on the effectiveness of technology and mass media for promoting nutrition behavior.
 - Gap in evidence for the effectiveness of “hardware” or systems interventions such as the distribution of Tippy Taps or provision of soap to change handwashing practices (WASH/Waddington).
 - Communication not always seen as an intervention but as a core activity of health workers (Diarrhea/Shefner-Rogers).
- Gap in evidence on how SBCC interventions are being designed and why they work, due to little reported monitoring and evaluation outcomes; therefore it is difficult to identify generalizable determinants across studies (Lamstein, Fabrizio, Rawat, Storey, WASH/Waddington).
 - Gap in evidence regarding optimal timing and intensity of SBCC interventions (Lamstein, Fabrizio).
 - Gap in comparative evidence for study design or approach (study duration, follow-up, outcome indicators) (Pelto, Lamstein, Fabrizio).

ANNEX 2. FRAMING DOCUMENT FOR THE NUTRITION SBCC EXPERT WORKING GROUP MEETING (CONTINUED)

IMPLEMENTATION OPPORTUNITIES – WHAT IS HAPPENING IN SBCC BEYOND NUTRITION WE COULD LEARN FROM OR LEVERAGE?

- Develop and test standardized program tools (planning, implementations, M & E) to make the personalization of initiatives faster, simpler, more systematic, more efficient, and therefore more scalable (Storey, supported by Pelto, Fabrizio) (*Achieve innovation through standardization & Go big in a small way – Storey*).
- Build evidence for optimal combinations of IPC, mass media, and community mobilization in terms of impact and cost-effectiveness, particularly in scaling up (Lamstein, Storey, Alayon).
- Monitor and evaluate program impact pathway analysis to help identify causality and key behavioral determinants, to facilitate scale-up and dissemination (Fabrizio).
- Identify media's role in creating an enabling environment for advocacy and policy (Pelletier & Hajeebhoy).
- Identify media's role in influencing target behaviors that are influenced by habit (evidence from PSI & WASH/Dreibelbis).
- Test methods to improve equity and sustainability through participatory methodologies (such as participatory action research) to ensure voice and influence of the most vulnerable.
- Determine most effective and efficient way to scale up (e.g. from A & T).
- Determine role for and optimal use of new technologies, including social media and mHealth (MAMA), including for personalization at one end of the scale, and social change on the other.
- Determine role of enabling technologies vs. SBCC alone in changing behaviors, especially those driven by habit, time or other resource constraints, or cultural mores.

PUBLICATIONS CITED IN THE FRAMING DOCUMENT:

AUTHOR	TITLE
Airhihenbuwa, Makinwa & Oberegon (J of Health Communication, 2000)	Towards a new comm. framework for HIV/AIDS
Alayon et al. (two documents reviewed in one summary, 2013)	1) Using behavioral theory to evaluate the impact of mass media on BF practices in Vietnam_Evaluation plan and baseline findings. 2) Alternatives to RCTs: Evaluation of Alive & Thrive's national mass media campaign, lessons from Viet Nam
Aubel (MCN, 2012)	The role and influence of grandmothers on child nutrition: culturally designated advisors and caregivers
Baker et al. (FNB supplement, 2013)	Learning from the design and implementation of large-scale programs to improve IYCF
Bentley et al. (NYAS special issue, 2014)	Formative research methods for designing culturally appropriate, integrated child nutrition and development interventions: an overview
Dreibelbis et al. (BMC Public Health, 2013)	The integrated behavior model for water, sanitation and hygiene: a systematic review of behavioral models and a framework of redesigning and evaluating behavior change interventions in infrastructure-restricted settings
Fabrizio, et al. (MCN, 2104)	Identifying determinants of effective complementary feeding behavior change interventions in developing countries
Hajeebhoy et al. (FNB Supplement, 2013)	Developing evidence-based advocacy and policy change strategies to protect, promote, and support IYCF
Lamstein, et al. (SPRING project, 2014)	Evidence of effective approaches to SBCC for preventing and reducing stunting and anemia: Report from a systematic literature review
Lutter et al. (MCN special issue, 2013)	Key principles to improve programmes and interventions in CF

AUTHOR	TITLE
MAMA , unpublished	Evidence from the Mobile Alliance for Maternal Action
Pelletier, et al. (MCN special issue, 2013)	The principles and practices of nutrition advocacy: evidence, experience and the way forward for stunting reduction
Pelto (unpublished draft)	Mapping the scope and practice of BCC to improve IYCF (BCC practitioner landscape analysis)
PSI (online review)	The Evidence for Social Marketing
Rawat et al. (FNB Supplement, 2013)	Learning how programs achieve their impact: Embedding theory-driven process evaluation and other program learning mechanisms in Alive & Thrive.
Rosato, et al. (Lancet, 2008)	Community participation: lessons for maternal, newborn, and child health (Alma-Ata: Rebirth and Revision 5)
Sanghvi et al. (FNB Supplement, 2013)	Strengthening systems to support mothers in IYCF at scale
Sanghvi et al. (FNB Supplement, 2013)	Tailoring communication strategies to improve IYC feeding practices in different country settings
Shefner-Rogers, et al. (UNICEF/NYHQ Report)	Applied Communication for development strategies for newborn care and the prevention and control of childhood pneumonia and diarrhea: A literature review of the evidence of impact on child survival
Storey et al. (JHUCCP, 2011)	Social & Behavior Change Interventions Landscaping Study: A Global Review
Waddington et al. (International Initiative for Impact Evaluation, 2009)	Water, sanitation and hygiene interventions to combat childhood diarrhoea in developing countries

Annex 3. Key considerations around scaling and the importance of engaging with systems to achieve scale

This document was developed to inform the planning for the Conference sessions on engaging with systems and implementing at scale.

DEFINITION OF SCALING:¹ A process of expanding nutrition interventions with proven efficacy to more people over a wider geographic area that maintains high levels of quality, equity, and sustainability through multisectoral involvement.

TYPES OF SCALING

- **Horizontal:** adapting for different contexts to expand coverage of an intervention to a wider number of people
- **Vertical:** broadening the stakeholders and sectors involved in the intervention from local to national or global levels; internalizing basic principles at institutional level for buy-in and sustainability
- **Functional:** moving beyond one function (e.g., health and education) to include others; improving quality and sustainability and allowing for expansion through different platforms.

There are multiple models of scaling, and each one has trade-offs in terms of cost, complexity, sustainability, and impact. The key thing is to make a conscious decision about which model a SBCC intervention will use, and then plan accordingly from the planning and design phase of the intervention. Quality of implementation and end benefits to the target groups is a defining characteristic of scale-up¹⁶. Victora and colleagues note the importance of focusing on quality because in practice, trade-offs between it and coverage are often made¹⁷.

Discussion at the Conference included what characteristics make some models more “scalable” than others. Participants highlighted a recent document which proposes tools for estimating how easy or difficult a given intervention, or approach is to scale based on the following characteristics¹⁸:

- **Credibility:** evidence of success, endorsements, causality; evidence that the solution has strong public sector buy-in or market adoption, and that the solution will continue to build momentum with a broad base of stakeholders
- **Observability:** stakeholders can see and feel the results
- **Relevance:** relates to objectively important issues, policy priorities, and/or actual demand from stakeholders
- **Implications for power arrangements and equity:** usually some groups will benefit and others lose from large scale implementation
- **Clear advantages:** over existing policy, programs, practices or other promising new alternatives, e.g. cost effectiveness

- **Feasibility to implement** (intrinsic): in new contexts, with different groups of stakeholders
- **Ease of adaptation and transfer** (extrinsic) incorporate sustainably in systems: compatible with existing capabilities, culture and incentives, or capacity can be feasibly built
- **Affordability:** within financial/budgetary constraints at scale for all actors, price point, financial space

A theme which presenters and participants repeatedly spoke about at the conference was the need to engage with and strengthen formal and informal systems for Nutrition SBCC interventions to achieve scale with equity, quality, and sustainability. Systems which impact nutrition and exist at multiple social and geographic levels include:

- **Policies and governance,** e.g. supportive policies and accountability structures to ensure quality and commitment, structures and processes to ensure equity
- **Infrastructure and markets,** e.g. physical infrastructure supporting access to markets, goods, and services; functioning markets supporting equitable participation in food value chains and innovation in goods and services across the multiple sectors which contribute to nutrition
- **Inputs and services** e.g. enough skills, human resources, volunteers, etc. for service delivery, supervision, refresher trainings, retention and recruitment; material inputs for food production and processing, WASH services, and health services including training materials, mobile phones, and other equipment

¹⁵ D’Agostino, Alexis, Jolene Wun, Anuradha Narayan, Manisha Tharaneey, and Tim Williams. Defining Scale-Up of Nutrition Projects. Arlington, VA: SPRING Project, 2014. http://www.spring-nutrition.org/sites/default/files/publications/briefs/spring_scale_up_definition_working_paper.pdf.

¹⁶ CORE Group. 2005. ‘Scale’ and ‘Scaling-Up’: A CORE Group Background Paper on ‘Scaling-Up Maternal, Newborn, and Child Health Services. http://www.coregroup.org/storage/documents/Workingpapers/scaling_up_background_paper_7-13.pdf.

¹⁷ Victora, Cesar G, Kara Hanson, Jennifer Bryce, and J Patrick Vaughan. “Achieving Universal Coverage with Health Interventions.” *The Lancet* 364, no. 9444 (October 2004): 1541–48. doi:10.1016/S0140-6736(04)17279-6.

¹⁸ Larry Cooley and Johannes F. Linn, Taking Innovations to Scale: Methods, Applications and Lessons. http://tr4d.org/sites/resultsfordevelopment.org/files/Taking%20Innovations%20to%20Scale_0.pdf, 2014 : adapted by Kristina Gryboski

- **Financing**, e.g. budget lines for all needed expenses, and cost recovery approaches; sufficient political commitment at multiple levels to ensure continued funding for nutrition across sectors
- **Information and communications**, e.g. channels for sharing data and coordination of activities, supervision, etc. within and across sectors to ensure continuity of quality of implementation; feedback mechanisms for accountability and to continually improve quality of interventions, goods, and services
- **Household resources**, e.g. the set of productive assets, education, incomes, and technologies which household members can access drive the ability of families to improve nutrition-related behaviors; equitable intra-household resource allocation which is key to improved nutrition during the first 1,000 days
- **Sociocultural environment**, e.g. family and community structures and roles, identities and norms; existing social institutions and traditions to support ongoing action and knowledge sharing; support to ensure equitable participation and accountability¹⁹

At-scale Nutrition SBCC has an important role to play in effectively engaging and strengthening these and other formal and informal systems to impact nutrition outcomes.

¹⁹ Adapted from *Systems Thinking and Action for Nutrition: A Working Paper*. Arlington, VA: SPRING Project, 2014.

Annex 4. Inspirational ideas from the Conference

These are some of the ideas Conference participants felt were important for carrying out Nutrition SBCC with an at-scale mindset to bring about the social and behavior changes needed to impact global nutrition.

- Work through existing systems, engaging them as valuable resources for change
- Respect client constraints when designing interventions
- Get better at incorporating cognitive biases and environmental cues for action in design
- Appreciate the value of marketing, mass media, mobile technologies, and social media, and use them more effectively
- Catalyze social diffusion for scaling up and scaling down, balancing greater reach with ensuring micro context-specific communication and reaching remote areas or marginalized communities
- Rapid experimentation and flexible iterative design are key but investors and policy makers are understandably concerned about risk mitigation
- Tap the resource of students and interns working in marketing to bring those creative and consumer-focused practices and principles into public health organizations
- Work with private companies to implement national maternity and paternity protection policies, and to develop and implement healthy workforce programs. Private sector employees represent a significant portion of the population, enough to change markets and move population level nutrition indicators
- “It’s not about the program, it’s about the intervention’ – SBCC interventions are not standalone but part of larger set of efforts aimed at reducing undernutrition; we need to understand how this affects measurement of impact, and how we interpret results
- Understanding how interventions fit into existing infrastructure, e.g. public and private health and food systems
- Focus on scaling up *processes* instead of specific interventions/models
- Learn from how emergencies galvanize social and behavior change, e.g. Ebola and hand washing in West Africa
- Mindful approaches are the way most people are approaching SBCC. Behavioral economists advocate an approach that works with mindlessness/unconscious decision-making
- Try creative methods using everyday objects, like printed fabrics with pictures of nutrition messaging, or decals for the backs of buses
- Find the key concept; identify the emotional benefit for moms, dads, and families. For example “a strong child,” resonated with mothers in one ORS campaign. Messaging shouldn’t prioritize implementers’ motivations
- Let’s move past an “enabling environment,” for individual or group change, to designing and facilitating a “guiding environment”
- The cost of illness and poor nutrition is not sustainable, yet people everywhere are used to paying this cost. They may perceive malnutrition as just the way things are. How do we disrupt the status quo?
- An important determinant of hand washing is having soap and water near food preparation and eating areas. How do we design for optimal convenience and effective cues to action in Nutrition SBCC?
- We will likely get better predictions by asking people to predict the actions of others (what candidate will win the election?) rather than their own intentions (who will you vote for?)

NOTES



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