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Annex: Social and Behavior Change Strategic Focus Areas of the Bureau for Humanitarian Assistance



About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

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USAID Advancing Nutrition

JSI Research & Training Institute, Inc.

2733 Crystal Drive 4th Floor

Arlington, VA 22202

Phone: 703-528-7474

Email: info@advancingnutrition.org

Web: advancingnutrition.org

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Acronyms

BHA	Bureau for Humanitarian Assistance
FANTA	Food and Nutrition Technical Assistance III
FY	fiscal year
L-FFP	[Legacy] Office of Food for Peace
IDEAL	Implementer-led Design, Evidence, Analysis and Learning project
IMPEL	Implementer-Led Evaluation and Learning project
M&E	monitoring and evaluation
PCS	Program Cycle Support
RFSA	Resilience Food Security Activities
R&I	Refine and Implement
SBC	social and behavior change
TOC	theory of change
USAID	U.S. Agency for International Development
WASH	water, sanitation and hygiene

Background

This annex to the *Nutrition Social and Behavior Change Strategic Focus Document* developed by USAID Advancing Nutrition, the Agency's flagship multi-sectoral nutrition project, with three USAID bureaus offers special considerations for the Bureau for Humanitarian Assistance (BHA). With the aim of sustainably improving behaviors and social norms that drive resilience and food security goals in fragile contexts, this annex offers future directions specific to BHA and BHA-funded social and behavior change (SBC) support activities. This is because BHA's approach to improving nutrition-related outcomes differs from the other bureaus. BHA provides technical expertise and collaborates with humanitarian partners to respond to urgent humanitarian needs. BHA also works to build the resilience of people, communities, countries, and systems by helping them mitigate, adapt to, and recover from shocks and stresses in a way that reduces chronic vulnerability and facilitates inclusive growth.

This annex has greater focus on the resilience area of BHA's work. The BHA-funded Resilience Food Security Activities (RFSAs) are complex, multi-sectoral activities implemented by partners. BHA provides assistance through a highly structured process with a focus on the Refine and Implement (R&I) period. Finally, BHA RFSAs are unique within USAID in that implementing partners incorporate SBC considerations across all sectors and BHA's collaboration with USAID Advancing Nutrition to date has reflected this approach, i.e., engaging with partners on SBC beyond the nutrition sector.

The annex builds on a prior internal road map for the USAID Advancing Nutrition from fiscal year (FY) 2018-2023. The prior internal *Nutrition SBC Strategic Focus Document* informed USAID Advancing Nutrition's annual work plan development and deliverables. Experts in SBC with BHA co-created the prior roadmap, the updated strategic focus document, and this annex with USAID Advancing Nutrition.

Current Situation

Recognizing that SBC is essential to achieving sustainable improvements in each sector, BHA places a high priority on integrating SBC approaches into activity design, implementation, monitoring, evaluation, and learning. A 2018 [review of SBC methods and approaches](#) within multi-sectoral food security activities by Food and Nutrition Technical Assistance Project (FANTA) III for BHA, and a 2020 [review of mid-term evaluations](#) by the Implementer-Led Evaluation and Learning (IMPEL) project documented common strengths and challenges related to SBC within RFSAs (FANTA 2018; IMPEL 2020). Although many activities adhered to some SBC best practices, such as integrating multiple approaches and engaging secondary audiences, the quality of implementation varied widely. The reviews identified common challenges as follows--

Common design challenges included—

- trying to change many behaviors simultaneously
- underusing participatory research methods, thereby limiting the ability to reveal factors and foster ownership, or to apply the findings to activity design
- emphasizing barriers over leveraging existing norms, practices, and roles that enable positive behavior change.

Common implementation challenges included—

- limited understanding and use of SBC strategies especially when these are designed by outside experts or not well understood by implementing staff and partners
- a focus on individual-level change by focusing activities on providing information to individuals while neglecting social and structural factors

- limited capacity of some frontline workers to facilitate group dialogues or deliver interpersonal communication effectively, although activities did work to improve SBC capacity overall.

BHA commissioned USAID Advancing Nutrition to conduct a rapid scoping review on SBC in emergencies in 2021 (USAID Advancing Nutrition 2021a). The review found indications of similar strengths and challenges to SBC work in recovery and development contexts.

Findings from the three reviews provide opportunities for BHA and implementing partners to continue to improve outcomes through applying best practices in SBC.

BHA has systematically worked with RFSA implementing partners to address the identified challenges. Specifically, BHA describes [SBC during the R&I period](#) to potential applicants, has designated SBC advisors as key personnel, and requires applicants to propose a draft list of prioritized behaviors for each sector in the request for applications (USAID 2022a). Support to partners continues after a RFSA is awarded. Post-award, BHA technical advisors and support partners—Program Cycle Support (PCS) and USAID Advancing Nutrition—provide technical assistance through workshops at key times in the refinement phase: pre-Inception, during the Inception Workshop and the Gender and Youth Consultation, during the Culmination Workshop, and on request.

To support capacity strengthening, BHA developed SBC competency lists for [staff](#), [frontline workers](#), and a tailored [SBC competency assessment](#) tool for RFSA implementers (USAID Advancing Nutrition 2021b). BHA, through USAID Advancing Nutrition, supported implementers to pilot these in Uganda, Malawi, and Kenya. Learning from this systematic process to develop competencies, from competency lists to competency assessments, to tailored capacity strengthening activities that address gaps in assessments, can be used to improve delivery and sustainability of activities.

BHA also co-created tools for quality nutrition SBC with other USAID bureaus. Key resources include the [guide for evaluators of social and behavior change](#) in nutrition programs, the guide for USAID staff on designing evaluations of social and behavior change components of nutrition activities, and complementary tools for designing and conducting SBC evaluations (USAID Advancing Nutrition 2023). Feedback from some partners who have received technical assistance from BHA, and who have used the resources, suggests progress in adopting best practices. A RFSA implementer in Niger, for example, appreciated BHA technical assistance to focus SBC on priority behaviors. Another RFSA implementer in Ethiopia found SBC quality tools online and applied them together with technical teams. In addition, BHA presentations on the findings of the 2018 and 2020 reviews at the 2023 SBCC Summit generated high interest among RFSA implementers.

To maintain progress on integrating SBC approaches across RFSA, BHA can continue to advocate and institutionalize best practice in internal systems, provide technical support, and invest in learning. Discussions and reflection with BHA during co-creation of this document and SBC resources for RFSA in the refinement phase identified several key opportunities to support SBC best practice:

- Continue to improve the quality of SBC design, particularly by linking design to relevant formative research and design activities. Some activities default to basic information, education, and/or communication.
- Build on experiences with capacity strengthening initiated through USAID Advancing Nutrition, using a systematic approach to assessing and filling gaps in SBC capacities for frontline workers, for example, to negotiate improved behaviors.
- Leverage the momentum in health, nutrition, and water, sanitation, and hygiene (WASH) sectors to achieve SBC outcomes with other sectors.
- Generate rigorous evidence on what works in these complex, multi-sectoral activities to improve social and behavior change impact and sustainability.

Strategic focus areas for future work in SBC, through a global multi-sectoral nutrition award or other mechanisms are discussed in subsequent sections. These include—

- quality implementation
 - design of quality SBC
 - capacity strengthening for quality SBC
 - implementation of quality SBC
- monitoring and evaluation for SBC decision-making
- sustainability.



Members of a local business association meet.

Credit: Sam Phelps/Catholic Relief Services

Strategic Focus Areas

Quality Implementation

Design of Quality SBC

The use of SBC best practice varies; more consistent use of systematic, evidence-based design processes would help partners achieve their intended goals and outcomes. As more partners identify and prioritize behavioral outcomes in their theories of change (TOC) and use these to focus formative research, this experience could be documented, and the learning shared across implementers. In addition, the use of

SBC best practice needs to continue through the refinement phase into activity design. For example, rather than assuming that information or training will lead to improved outcomes, Activities would have greater impact by first understanding the specific barriers or enablers, also called factors, that prevent or support key people from practicing the priority behaviors in the local context. These factors may include access to inputs, social norms, and gender inequities. Understanding of the factors can guide the design of effective activities. As community dialogues or visioning becomes established practice, input from communities about their needs and local solutions in relation to the priority outcomes and the gender analysis could be better integrated into activity design across sectors.

The refinement phase of RFSAs offers an opportunity to focus on the design of quality SBC.

BOX I. SBC in BHA's R&I Overview and FAQ Document

BHA's [Refine and Implement Overview & FAQ](#) describes how SBC relates to the refinement phase (USAID 2022a). It outlines the steps to identify priority behavioral outcomes across purposes and reflect these in the TOC and identify SBC-related knowledge gaps based on a thorough understanding of the context and project goals prior to the Inception workshop. During the refinement phase, partners have an opportunity to fill knowledge gaps through community consultations in addition to desk reviews, pilots, and formative research. Learning from these activities can be useful to complete the analyses of priority behaviors to inform an SBC strategy or plan. The SBC strategy articulates how activities will address the factors influencing the priority behavioral outcomes, giving a line of sight into how the program will improve SBC through all team members across all sectors.

BHA is developing a brief to outline each step and has commissioned USAID Advancing Nutrition to develop a corresponding handbook for SBC design for RFSAs partners to use. BHA is also preparing a technical note with USAID Advancing Nutrition on formative research during the refinement phase for implementers. Going forward, BHA can encourage partners to use these resources in multiple ways:

- **Continue to reinforce SBC best practice overall, and steps most relevant to where partners are in the refinement phase, during meetings and workshops.** These meetings and workshops are usually held at key moments in the early program lifecycle: pre-Inception, Inception and Gender and Youth Consultation, and at Culmination. BHA inputs during these key times help all teams and managers, not only SBC staff, understand the concepts of quality design. BHA inputs have an additional benefit of boosting the SBC advisors' recognition by the activity, and thus their ability to offer more assistance to teams across sectors.
- **Elevate accountability for achieving SBC.** Management and technical teams should see the priority behavioral outcomes as a reflection of their work, not just as the SBC staff's responsibility. While SBC staff support the process, achieving intended outcomes is a reflection on the whole activity. There may be many reasons why an activity does not show significant change in behaviors and norms, but managers and monitoring and evaluation (M&E) teams should be able to describe the behavior change pathways and where in each pathway implementation faltered. RFSAs often use regular reviews of the Indicator Performance Tracking Table to assess progress, focus resources, and make adjustments. Review of data related to the priority behaviors (often part of the indicators) and the change pathway elements being tracked should be led by management and M&E leads, in partnership with technical/sector leads, not separately for the SBC staff.
- **Continue to use a common approach in coordination with other support mechanisms (Implementer-Led Design, Evidence, Analysis and Learning [IDEAL] and associate awards).** Different mechanisms and sector-specific technical assistance providers use different approaches to SBC. For example, some focus on SBC communication or

community engagement while others use a behavior-led strategy. This can be addressed by emphasizing the broader framing around key principles and best practice, rather than specifying a particular approach.

- **To help other sectors become more familiar with SBC, highlight design concepts and examples for sectors beyond health, nutrition, and WASH. Multiple examples of RFSAs applying community-led and participatory action research approaches are available, especially for health, nutrition and WASH.** For example, RFSAs have used action research to identify feasible child feeding behaviors, hygiene behaviors, and local water and sanitation solutions. These methods move beyond identifying challenges or barriers to working with communities to identify solutions and then test and iterate solutions to understand what works before implementing at scale.
- **Engage communities in testing and iterating local solutions; this would be useful for all sectors such as governance, natural resources management, livelihoods, etc.** BHA may also want to adapt strong research and learning plans from health, nutrition, and WASH to other sectors with technical experts to give RFSAs examples.
- **Study and learn what works to engage community members as active agents of change and innovators of local solutions.** To generate needed evidence on this important topic, learning questions to explore may include, “How can RFSAs effectively engage community members as active agents of change?” and “How can RFSAs effectively engage communities to identify local solutions?” The first learning question could inquire about what it means to community members to be agents of change, which community members or how to engage more than volunteers as agents of change (i.e., local government, private sector, etc.), the specific activities to support the change agents, and how this changes the structure of program teams. To answer the question(s), programs could compile implementation experiences with stakeholders, or conduct studies. Study methods should be selected based on time and resources available and proposed with a specific, bounded focus. For example, several programs have successfully applied human-centered design for sanitation solutions which engage communities in identifying local, feasible solutions with a clear focus on one challenge (PRO-WASH 2022). More evidence is needed. For less tangible topics, BHA and partners should be mindful to consider the importance of a narrow focus to generate practical solutions and the time and expertise needed. Other programs have used methods such as Trials of Improved Practices that focus on identifying feasible behaviors to promote in the program. If designed intentionally, any of the user-centered methods would engage community members as agents of change, with added benefits of generating a sense of ownership in the solutions and efficacy in supporting their communities.

Capacity Strengthening

As described in the FANTA 2018 [review of SBC](#), capacity is a requisite foundation for designing SBC, in selecting appropriate formative research methods and using research findings to improve interventions, and monitoring the quality and effectiveness of activities. As SBC is a crosscutting approach to resilience, food security, and equitable development, many staff across an activity should have a basic understanding of SBC and its importance and be able to demonstrate specific SBC competencies according to their roles. Achieving high-quality SBC requires teams and partners to have SBC capacity or a diverse set of knowledge, attitudes, and skills to design, implement, monitor, and evaluate sustained social and behavior change.

For implementing partners to take a more systematic approach to strengthening key competencies for their staff, local partners, and frontline workers, BHA and partners can build on opportunities such as:

- **Encourage implementing partners to conduct [participatory SBC competency assessments](#) according to roles** early in the refinement phase. The assessment findings will guide plans for timed, targeted capacity strengthening activities. In addition, at mid-refinement and again at the end of the program cycle partners can use SBC competency lists to assess the capacity of frontline workers across all sectors to ensure these core people have the skills needed to implement and sustain change.
- **Include staff and frontline worker capacity considerations in learning activities and design approaches** during the refinement phase or whenever these are conducted. For example, when partners use design approaches, i.e., behavioral design or human-centered design to co-create local solutions, the first step is to identify and synthesize challenges from the perspectives of participants. When challenges are related to the attitudes or skills of implementers at any level; the next step of identifying and testing solutions is an opportunity to strengthen capacity. For example, care groups in Zimbabwe tested peer exchange for group leaders to strength skills and motivation.
- **Consider a range of capacity strengthening approaches beyond training** to support partners, such as peer-to-peer learning through pairing RFSA management and SBC practitioners in a country to share experiences. Mentorship could be used within RFSAs for frontline workers, for example, as well as for staff. BHA-funded mechanisms could offer interested SBC or M&E staff ‘light touch’ mentorship through regular check-ins or document reviews or more intensive mentorship through on-site support at key times. Live and online courses tailored for different cadres on specific steps in the SBC process or approaches may also be useful for local teams to complete together.
- **Suggest implementing partners allocate time** for short-term technical assistance providers and/or dedicated research partners **to intentionally transfer skills to local staff and frontline workers during the refinement phase.**
- **Study what works to strengthen SBC capacity and share findings with partners to continually learn and improve.** BHA may invest time and resources to identify common approaches to generate evidence on what is working well and how to strengthen approaches.
- **Identify and share examples of community engagement activities with SBC beyond sensitization.** Community or collective engagement is a core approach to social and behavior change, if it addresses the factors that prevent or support change. These factors for change nearly always go beyond awareness. Collective agreement is useful to bring people together to agree on a need and take collective action. Collective engagement is also able to drive social change by facilitating reflection on social and gender norms, social inclusion, and leadership or service accountability issues which could influence sustained social change. BHA could also explore these experiences in future reviews of SBC in RFSAs.

Partners may also consider longer-term, institutional plans for core staff capacity strengthening to be ready for future awards.

Emergency experts believe it is important for implementers of protracted emergency response Activities to understand basic principles of SBC and how to conduct rapid assessments to understand the factors that prevent or support priority behaviors. This would also help to identify changes because of a crisis, and to reach influential groups who often determine the success or failure of all (not just SBC) interventions. BHA can support partners with off-the-shelf training materials for staff and volunteers to implement high-quality SBC, including community engagement, group facilitation, and interpersonal communication.



A mother in Isiolo County, Kenya and her children feed livestock.

Credit: Abel Gichuru

Implementation of Quality SBC

To have the desired impact, implementation of the SBC strategy at a high level of quality from the beginning of the program cycle to the end is necessary. Core elements of quality implementation include staff and partners with strong capacity, and regular review and application of data to identify areas to adjust as needed to improve quality. These elements are covered in other sections of this document. Additional elements of quality implementation for BHA and supporting mechanisms to help improve are as follows—

- **Encourage partners to break down their SBC strategy** or plan into clear, meaningful concepts that all staff, partners, and frontline workers can understand.
- **Build ownership of the strategy content with staff, partners, and frontline workers** to implement according to their roles through orientations, integration of core pieces to track in work plans and reports. Partners may find it helpful to have visuals or summarized print materials with the core concepts and/or priority behaviors for a common focus among the program teams.
- **Reinforce that everyone has a role in high quality SBC implementation.** While certain activities may be the responsibility of SBC experts, such as branding products or radio

programming, every activity should contribute to improving priority behaviors. All staff, partners, and frontline workers play important roles to achieve outcomes.

- **Remind partners to review and revise the SBC strategy**, approaches, and activities over the life of the program, during technical visits or discussions during implementation. People and contexts change, and SBC plans need to keep up with important changes.

Monitoring and Evaluation for SBC Decision-Making

Monitoring and evaluation are critical for quality SBC. Quality SBC depends upon decisions at key steps, from designing the strategy and activities to continually adjusting implementation based on needs, to assessing what works; the more specific the data can be, the better decisions teams can make.

SBC practitioners understand that people continually change, and therefore value regular monitoring of changes in the context and the change pathways to improve priority behavioral outcomes. RFSAs use monitoring data throughout the life of the activity to review and adjust the TOC (USAID 2021). Ensuring that the prioritized behaviors, and the change pathways to those behaviors, are part of the M&E plan and the monitoring system is key to making timely adjustments to activities and approaches. The nature of BHA-funded Activities—working together with communities—means partners have opportunities to continually refine and improve based on monitoring data with input from communities. Community input might include iterations on learning questions and programmatic engagements such as whether to pilot an activity, ways to engage local leaders, and how to capacitate frontline workers.

Program evaluations play a core role in improving the quality and determining the effectiveness of SBC strategies. Evaluations that are carefully designed and conducted to measure the priority behaviors, the factors that address these behaviors, and the people and activities engaged in addressing the factors, can help programs identify what worked well, what could have been done differently, and how to design future programs.

To continue strengthening SBC across sectors through M&E, BHA could do the following:

- **Continue to help partners create strong connections between M&E and SBC.** BHA could refine the M&E guidance for partners in relation to SBC. This may include notes about the behavioral elements of required and required if applicable indicators.
- **Continue to engage with the M&E experts within BHA to integrate SBC into evaluations**, which will elevate appreciation among partners.
- Invest in developing or adapting **methods, including participatory community-based methods, for real-time monitoring of SBC change pathways (behaviors, factors, influencers)**. BHA guidance notes that community members should also be seen as consumers of monitoring data (USAID 2021). In addition to integration into routine monitoring systems, there may be tools that some RFSAs use (such as scorecards) that could be expanded for community monitoring of the change pathways. Studying novel participatory community monitoring tools of priority behaviors and factors or drivers of behaviors would also be valuable, such as examples from immunization (such as [My Village My Home](#), Jain et al. 2015) but adapted to the multi-sectoral RFSAs around one or more priority behaviors.
- Conduct stakeholder consultations to identify **ways that partners effectively use data for SBC decision making**, such as action reviews to reflect on data collected, and approaches to refine and improve activities with communities.

Sustainability

BHA places a high priority on sustainability to ensure that the benefits of interventions are sustained after an activity ends. BHA now requires a Sustainability Plan Annex in requests for applications to

describe, based on realistic assumptions, the resources, technical and managerial capacities, motivation, and linkages needed to sustain activity outcomes and/or interventions after the program ends. Partners are requested to list the behaviors required to sustain these outcomes and/or interventions. BHA has recently begun conducting Sustainability Workshops with RFSA partners, in collaboration with PCS. This has been done for Bangladesh, Uganda, Niger, Burkina Faso, and Zimbabwe, with Ethiopia and Mali coming later in fiscal year 2024.

Little evidence exists on the effectiveness of different strategies—including SBC—to ensure the sustainability of activities and outcomes. FANTA conducted a study for USAID in 2016 on [Sustaining Development: A Synthesis of Results from a Four-Country Study of Sustainability and Exit Strategies](#). The study team found that “*sustained project impacts depend on the continued delivery of these types of services (of sufficient quality to be effective and valued) and/or the continued adoption and use of practices and behaviors promoted in the project*” (Rogers and Coates 2015). This required: 1) a sustained source of resources; 2) sustained technical and managerial capacity; 3) sustained motivation independent of project inputs; and 4) linkages to public or civil society groups. This applies well to SBC. Sustaining the SBC impact of what the program achieves means that any activities aiming to achieve social and behavior change continue or evolve, or that social and behavior change is maintained after the program ends. Sustained behavior change often requires sustained activity or service delivery, as well as normative change. For example, communities in rural Bangladesh achieved sustained use of sanitation facilities through additional follow-up activities, access to needed inputs, and improvements in social norms (Hanchett et al. 2011). Like SBC best practice to achieve impact, these requirements for sustained change highlight the need for a focus on fewer outcomes; again, less is more.

Sustained delivery of activities and social and behavior change relies on community engagement to ensure that agency or the ability to act is developed among local actors and program participants themselves. Participatory implementation and monitoring are the foundation for this engagement.

To continue strengthening SBC across sectors for sustained impact, BHA and partners could—

- **Distinguish between types of behaviors and what is required for maintenance in the sustainability plan.** Households and communities can maintain some behaviors with their own resources. These could be sustained with continued delivery of the activities through local actors, so the program could focus on capacity and resources to deliver activities. Examples of these types of behaviors are intercropping planting practices or joint financial decision-making. Other behaviors, however, need program resources to improve so the program could consider continued activity delivery and the additional resources that need to be available locally to plan for sustainability. For example, boreholes constructed during the program and managed by community committees may be more likely to continue if a user fee structure is agreed and adopted by the community before the end of the program so challenges are resolved before the program support ends, and the committee is capacitated and sees the user fee structure as their own. Sustaining this will also require consideration of the continued availability of market inputs. Programs can then assess how many years they need to invest before transferring ownership and what is needed to reduce barriers.
- **Plan for continuing or evolving activities** starting at the outset with where the program gets when support ends. Estimate and plan, taking into consideration any trade-offs in breadth vs depth of focus. For each core activity that aims to support continued social and behavior change, partners need to specify where the activity is by the end of the project support and to what extent –
 - the local actors have taken over the activity *as their own*

- the capacity required to continue is adequate at all levels
- any needed resources are in place or not needed any longer.

Like sustaining activities, this requires understanding where local actors and participant groups are at the end of the program by measuring participation in activities, capacity, behavior change, and social norms to make more feasible sustainability plans. When progress may not be sufficient to be self-sustaining with local input only, ensure there are limited expectations of sustainability.

- **Conduct a scoping review to learn about effective participatory approaches to design SBC in the context of RFSAs**, including how approaches are designed, delivered, and monitored with and/or by communities. A USAID learning question is “How can USAID more equitably engage local knowledge, assets, and practices and align programming with local priorities and metrics for success?” For SBC in the context of RFSAs, the study questions could be related to how partners currently engage communities in designing SBC strategies and approaches, and how meaningful community engagement could be increased. Understanding how such participatory approaches could be structured and phased in with planned community consultations and implementation would be useful. Other study questions could be to explore novel participatory ways to shape commonly used activities to address factors or drivers of behaviors (i.e., training leaders, asset vouchers, care groups).
- **Consider community ownership from the start of SBC design.** Co-creation through piloting and iterative improvements is one way to build this into the activity design. Collaborative learning through regular consultations and reflection sessions can also be very useful. In addition, behavioral science techniques such as facilitating agreement and commitments from participants and communities to try a behavior or activity help to generate social proof of efficacy and change. People can see that their actions make a difference and gain confidence and agency to make changes. For approaches or activities, such as peer support groups such as farmers’ groups or savings groups, implementing these as community resources, not only project platforms, would help to establish ownership from the start. Prioritizing community ownership means not only engaging community leaders in establishing or identifying existing groups within community structures, not only asking leaders to approve or select facilitators. It also means designing activities based on change pathways expressed by community voices. For example, during formative research, caregivers may express their desire for knowledge on nutrition for their children, community support for better land to grow food, and that their voice to be heard by community leaders to improve nutrition outcomes. Yet groups established by programs tend to start with a knowledge and skill-based curriculum. Shaping program work with groups to address participants' expressed needs, and a system for them to evaluate if their needs are met, can set the stage for sustainability. In addition to being engaged in skills-based training and mentoring, groups also need to be involved in defining roles and expectations.

For protracted emergency response activities, proposals often state that they will hand responsibilities to local governments as part of their exit strategy, but rarely do implementers consider whether the local government will have the capacity for this, nor do they plan to build that capacity during implementation. BHA could facilitate discussions with BHA staff and implementers to assess how appropriate and feasible it is for protracted emergency response programs to incorporate interventions that will increase the sustainability of structural, social, and behavior change after a program closes. These discussions could consider the tradeoffs when the work becomes about strengthening capacities of local institutions as well as saving lives.

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USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703-528-7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

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