Nutrition Social and Behavior Change Strategic Focus Document

Contents

Acronyms

BHA	Bureau for Humanitarian Assistance
CLA	collaboration, learning, and adaptation
FANTA	Food and Nutrition Technical Assistance III
FY	fiscal year
HCD	human-centered design
L-FFP	[Legacy] Office of Food for Peace
IDEAL	Implementer–led Design, Evidence, Analysis and Learning project
IMPEL	Implementer-Led Evaluation and Learning
IR	Intermediate Result
M&E	monitoring and evaluation
MIYCN	maternal, infant, and young child nutrition
MSNS	Multi-Sectoral Nutrition Strategy
RFS	Bureau for Resilience and Food Security
RFSA	Resilience and Food Security Activities
SBC	social and behavior change
SBCC	social and behavior change communication
SEEMS-Nutrition	Strengthening Economic Evaluation for Multisectoral Strategies for Nutrition
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Executive Summary

To be successful, nutrition programs, like all development efforts, must understand the role of human behavior. Every change requires someone to act— policymakers, market actors, health workers, or community members. Their behaviors lead to program results.

The U.S. Agency for International Development (USAID) recognizes the complexity and challenges of nutrition programming and draws on experience in formulating approaches. No single solution will effectively improve nutrition because social and behavior change (SBC) is central to achieving many program outcomes. We refer to these complex, cross-cutting efforts as SBC.

In its first year, USAID Advancing Nutrition, the Agency's flagship multi-sectoral nutrition project, co-developed a project-wide internal *SBC Strategic Focus Document* with nutrition SBC leads at the USAID Bureau for Resilience and Food Security (RFS), the Bureau for Global Health, and the Bureau for Humanitarian Assistance (BHA) to guide activities during the life of the project and help carry out the *USAID Multi-Sectoral Nutrition Strategy*. This document builds on that roadmap and experience and presents an updated strategic direction. As with the previous internal document, USAID nutrition SBC leads co-created this revised SBC Strategic Focus Document with project SBC staff. It outlines current challenges to quality nutrition SBC. It highlights nutrition SBC priorities common to USAID bureaus and describes why these are relevant and the expected results of achieving each. It also provides illustrative activities or ways that the new global USAID nutrition partner could address the area internal to the award and with external nutrition partners.

The strategic focus areas are—

1. quality implementation of systematic processes to design, deliver, and measure nutrition-related behaviors and social norm change
2. monitoring and evaluation for SBC decision making
3. sustainability and scale-up of nutrition SBC.

This document is intended to be operationalized by USAID nutrition SBC leads across GH, RFS, and BHA through USAID's current and future investments.

Introduction

This *Nutrition Social and Behavior Change Strategic Focus* document offers direction for U.S. Agency for International Development (USAID) investments in sustainably improving nutrition-related behaviors and social norms. This document highlights priorities for programs and activities to improve these behaviors and norms in health systems and food systems across development and fragile contexts. The annex highlights particular areas of consideration and emphasis for the Bureau for Humanitarian Assistance (BHA), which operates uniquely in the management and implementation of projects.

Experts from the Bureau for Global Health, BHA, and the Bureau for Resilience and Food Security (RFS) co-created this strategic focus document with USAID Advancing Nutrition.

This document builds on a prior internal road map for USAID Advancing Nutrition, the Agency's flagship multi-sectoral nutrition project, from fiscal years (FYs) 2018–2023. The prior *Nutrition SBC Strategic Focus* document informed USAID Advancing Nutrition's annual work plan development and deliverables and linked with other project plans. Namely, the project's *Gender Equality Strategy* highlighted social and behavioral change (SBC) as an essential strategy for transforming gender norms. The internal project *Maternal, Infant, and Young Child Nutrition (MIYCN) Strategic Focus Document* and the Legacy Office of Food for Peace (L-FFP) visioning exercise[1] to guide project work incorporated SBC as a cross-cutting, supportive approach.

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[1] The exercise included the Legacy Office of Food for Peace (L-FFP) and the Office of U.S. Foreign Disaster Assistance, as these were in the process of merging to create the new BHA Bureau.

Nutrition-Related Behaviors and Norms in USAID Nutrition Strategies

SBC is a central element in USAID's nutrition-related strategies. USAID's *Multi-Sectoral Nutrition Strategy 2014–2025,* which guides nutrition work across the agency, positions SBC under Intermediate Result (IR)1, "Increased equitable provision and utilization of high-quality nutrition services," as the fourth cross-cutting Sub-IR: **"Improved social and behavior change strategies and approaches for both nutrition-sensitive and nutrition-specific activities**." The strategy highlights SBC's essential role in increasing optimal nutrition practices, demand for services and commodities, and use of services fundamental to USAID's overall mission of ending extreme poverty. It calls for the scale-up of "effective, integrated nutrition-specific and nutrition-sensitive interventions, programs, and systems across humanitarian and development contexts" (USAID 2014).

As noted in the strategy's Technical Guidance Brief, "Effective At-Scale Nutrition Social and Behavior Change Communication," all immediate and underlying causes of malnutrition are influenced by the behaviors of individuals and households, providers, market actors, businesses, community leaders, policymakers, and others (USAID 2015). Directly or indirectly, people's behaviors affect nutrition outcomes. SBC directly contributes to the IR-level indicators for IR 1 as well as the cross-cutting gender indicators and supporting indicators under IR 2, "Increased country capacity and commitment to nutrition," and IR 3, "Increased multi-sectoral programming and coordination for improved nutrition outcome" (USAID 2018b).

USAID also prioritizes SBC as a cross-cutting approach in bureau-specific strategies and in Agency-wide positions. The L-FFP of the Bureau for Democracy, Conflict, and Humanitarian Assistance *2016–2025 Food Assistance and Food Security Strategy* highlights SBC within IR 1.2: "Nutrition and water, sanitation and hygiene practices improved." The strategy recognizes that SBC is central to IR 2 and essential for addressing social and gender norms and enhancing health-seeking behaviors and demand for services (USAID 2016). The 2018 *Technical References for Development Food Security Activities* highlights SBC's role in all sectors of programming to improve food security practices for communities, households, and individuals (FFP 2018). It calls for engaging communities and persons of influence to build on local knowledge for lasting solutions. It also advocates considering contextual conditions or factors in the local environment, such as culture, social structure, gender and age dynamics, and the realities of everyday life (FFP 2018). In 2022, BHA included a description of SBC's role in the Refine and Implement Information for Resilience Food Security Activities (RFSAs) and specific expectations for SBC in the refinement period (BHA 2022).

Recognition of the importance of behaviors, and behavioral science is increasing throughout the nutrition and international development communities. The *U.S. Government Global Food Security Strategy Fiscal Year 2022-2026* recognizes that behavior change is essential to reducing hunger, poverty, and malnutrition and emphasizes the potential of behavioral science to continually improve SBC approaches across the Feed the Future initiative. Human behavior is called out in multiple objectives and result areas. Objective 3, "A well-nourished population, especially women and children," emphasizes improvements in nutrition-related behaviors. IR-7, "Increased consumption of nutritious and safe diets," specifically identifies applying nutrition education, training, marketing, and SBC strategies with local-system stakeholders to increase demand for a safe and nutritious diet. It also aims to promote adequate diets for women and appropriate infant and young child feeding practices, including promoting early and exclusive breastfeeding and appropriate complementary feeding starting at six months. IR8, "Increased use of direct nutrition interventions and services," commits to advancing interventions identified by *The Lancet* 2013 Maternal and Child Nutrition series, and subsequent *Lancet* 2021 Maternal and Child Undernutrition Progress series. These interventions rely on the behaviors of pregnant and lactating women and caregivers in the first 1,000 days and/or health providers.

Best Practice in Improving Nutrition-Related Behaviors and Norms

Definitions and Concepts

Improving nutrition-related behaviors and norms is central to achieving USAID's program outcomes and nutrition goals. Every change requires people, be it USAID staff, policymakers, market actors, health workers, or community members, to act. Too often, nutrition SBC focuses solely on an individual, such as a farmer or caregiver. While an individual's changed behavior may be an end outcome, people live in family systems and rely on health and food systems to be able to act. Each system depends on the behaviors of multiple people; their behaviors also matter to improve nutrition-related behaviors and norms.

Effective SBC is a systematic, evidence-driven approach to improve and sustain changes in behaviors and social norms. SBC nutrition interventions aim to change key behaviors and social norms related to nutrition by addressing individual, social, and structural factors that influence dietary and caring practices (Feed the Future 2022). In other words, SBC puts people and their behaviors at the heart of problem solving; it helps us to define and solve a problem from the perspective of the user, client, or participant. SBC is grounded in multiple disciplines, including systems thinking, strategic communications, marketing, psychology, anthropology, and behavioral economics. Many ways and disciplines to understand behavior exist; the key is to understand behaviors and norms, not to use one theory, process, or approach over another (USAID 2014).

The terminology and concepts underpinning SBC programming have evolved over the past 50 years. This document uses the following definitions and concepts.

> **Box 1: Key Terms and Definitions**
>
> **Behavior:** An action that can be measured.
>
> **Behavioral outcomes:** The measurable change in a behavior a program expects to achieve for a specific population within a given time for each intervention (USAID 2018a).
>
> **Behavioral science:** An evidence-based understanding of how people actually behave, make decisions and respond to programs, policies, and incentives (UN 2021).
>
> Factor: Barriers that prevent or enablers that support the practice of a behavior (USAID 2018a).
>
> **Multi-sectoral nutrition:** Linking effective nutrition solutions through programs implemented by multiple sectors (USAID 2014).
>
> **Social and behavior change (SBC):** A systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. For nutrition, SBC efforts aim to affect key behaviors and social norms by addressing a range of individual, social, and structural factors that influence diet and care. Effective nutrition SBC promotes healthy behaviors and reduces barriers to **maintaining those behaviors (Feed the Future initiative 2022).**
>
> **SBC communication:** A set of interventions that systematically combine elements of interpersonal communication, social change, and community mobilization activities, mass media, and advocacy to support individuals, families, communities, institutions, and countries in adopting and maintaining high-impact, nutrition-related behaviors. Effective nutrition SBC communication enhances enablers of behaviors and reduces psychological and practical barriers to adopting and maintaining behaviors (USAID 2015).

SBC uses evidence-based systematic processes throughout program design, implementation, and measurement to increase the practice of nutrition-related behaviors and improve supportive norms.

Evidence of Nutrition SBC's Cost-Effectiveness

To better understand the cost-effectiveness of SBC investments in nutrition, Breakthrough RESEARCH developed a business case model that examines the impact, costs, and cost-effectiveness of SBC interventions on breastfeeding and complementary feeding outcomes for children younger than two (Avenir Health 2023). The model was applied to two different scenarios which used SBC to improve nutrition outcomes; one in Kebbi state, Nigeria, and one in Nepal. The results demonstrated that SBC breastfeeding and complementary feeding interventions can be a highly cost-effective means to reduce the morbidity and mortality associated with undernutrition.

Evidence-Based Principles of Nutrition SBC

Quality social and behavior for any sector is guided by a systematic process. The Food and Nutrition Technical Assistance III (FANTA) project reviewed SBC methods and approaches for the L-FFP across 11 activities in six countries (FANTA 2018). The 2018 review began by examining best practice in SBC advocacy, community mobilization, and communication:

- Theories are a good starting point for evidence-based SBC; creative and tailored use of models and theories increases the success of intervention. The socio-ecological model is the gold standard for conceptualizing and responding to layers of influence (USAID 2015).

- Insights from other disciplines bring in new elements to SBC. For example, learning from psychology helps to harness emotion and a sense of identity. A growing body of evidence from behavioral economics shows that nudges, or changing the presentation of choices, can help improve behaviors.

- Providing information is not enough to change behavior, and interventions must address the full range of factors in people's context that influence behaviors. A rich array of approaches to research and implementation (e.g., community dialogues and human-centered design), are being used to engage audiences, tailor activities, and pursue change at social as well as individual levels.

- Audience-centered approaches focus on the participants' perspectives and engage them in all program stages to improve design that meets their needs and leads to more sustainable results.

Steps to Quality Nutrition SBC

Quality SBC entails specific actions at each step of a project cycle. Figure 1 shows the steps. Tools and resources for each step are described in this section. Developing these tools was a focus of USAID Advancing Nutrition's SBC work throughout the life of the project.

Step 1: Prioritize. The process starts with prioritizing behaviors that will most affect nutrition or other goals. Preliminary priority behaviors are identified through a review of the scientific evidence, potential to change, and the program and policy fit. These are behavioral outcomes closest to the nutrition goal which, if improved, would help to achieve the goal. Global nutrition behaviors and illustrative nutrition-sensitive agriculture behaviors are helpful starting points.


Figure 1. Steps to Quality Nutrition SBC

Step 2: Research. The process continues with an analysis using quantitative and qualitative data from existing data and experience, and/or focused formative research. This research can be used to refine the behaviors for sub-groups or segments that may have distinct needs and make the behaviors more specific to the context. Formative research also allows you to identify why behaviors are or are not being practiced and the factors that prevent or support each sub-group to practice priority behaviors.

Quality SBC engages program participants from the start to understand why behaviors are practiced or not, identify acceptable and feasible behavioral solutions, and ensure the contextual nuances are considered and appropriately addressed.

Depending on the behavior and context, factors can be either barriers or enablers across the health and food systems at the structural, social, and internal levels (figure 2).

Figure 2. SBC for Multi-Sectoral Nutrition
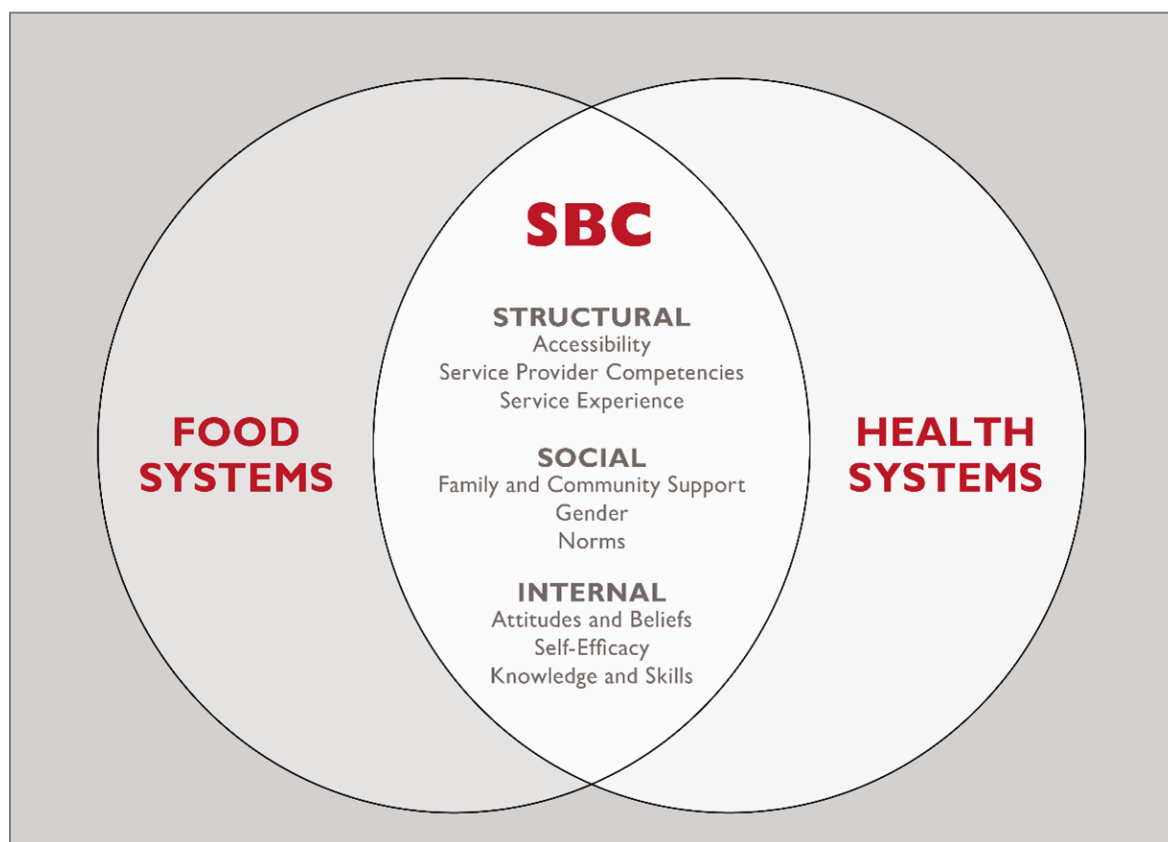
Research also identifies the supporting actors or influencers who need to act to address the most important factors.

Step 3: Strategize. Using research to synthesize key findings for SBC use is a key step. This should lead to identifying change pathways, or the logical sequence of these steps, to design activities that can effectively change behaviors. When combined, these activities can create a strategy. SBC strategies usually depend on a variety of activities working together to address the factors that prevent or support people in practicing recommended behaviors, often by engaging influencers.

The SBC strategy provides a framework for integrating sectors, including health systems and food systems, in development and fragile contexts. By targeting factors common across sectors, SBC can

bring strategies together in a coordinated and intentional way that influences multiple outcomes. Integrated strategies can reduce duplication, lower costs, avoid missed opportunities, provide the right services and information to the right participant groups at the right time, and achieve better results. The _Nutrition SBC Strategy Checklist_ helps to ensure key elements are included.

Step 4: Plan. Staff's capacity, or knowledge, attitudes and skills, to design, implement, and monitor social and behavior change, and frontline workers' ability to deliver activities, are fundamental to quality SBC. The _Defining Social and Behavior Change Competencies for Multi-Sectoral Nutrition_ list helps to guide hiring decisions, identify areas for capacity strengthening through a range of approaches such as training, mentoring, and supervision, and track changes in performance over time for program staff and partners. The _Community Health Worker Competency List for Nutrition Social and Behavior Change_ can help with planning capacity strengthening for community health workers and volunteers. Ideally, these inform a competency assessment for focused capacity strengthening efforts. M&E teams and technical needs also need to plan to monitor changes in priority behaviors and factors to adapt to activity progress or challenges and changes within communities. The Nutrition SBC Work Plan Checklist helps ensure that all key SBC elements are covered in plans.

Step 5: Implement, Monitor, and Adapt. How well efforts to achieve social and behavior change are implemented is just as important as high-quality design for outcomes and needs regular monitoring and adjustment to improve quality at every stage. Gender underpins nutrition outcomes in complex, multiple directions. Gender is a core underlying determinant of nutrition status. In turn, improved nutrition is key to achieving gender equality. Socially constructed gender roles diminish the nutrition of women, adolescents, and children. Gender considerations should be integrated at each step through reflection with staff and partners and in activities to improve nutrition-related behaviors and norms.

Step 6: Evaluate. Strong evaluations are also essential to achieving high-quality SBC. The _Measuring Social and Behavior Change in Nutrition Programs: A Guide for Evaluators_ provides resources to develop a M&E plan and manage an evaluation that demonstrates progress in achieving social and behavior change.

Challenges and Opportunities

The following are challenges and opportunities for applying the abovementioned best practices to improve nutrition-related behaviors and norms within health systems and food systems.

Common Understanding of Nutrition SBC

Although most programs aim for high-quality design, implementation, and monitoring of SBC interventions, different programs define these approaches differently. Too often decision makers and implementers think of SBC as only communication, especially messaging. This makes identifying synergies, providing technical assistance, and advancing the field difficult. It also creates challenges for SBC practitioners to create a more systematic, comprehensive strategy to address the drivers of nutrition-related behaviors and norms (usually not only knowledge) because they may be given a small role or brought in late to the process. Different people understand the meaning of newer approaches differently, too, such as human-centered design (HCD).

Furthermore, health, food security, and agriculture/market-based sectors use different terms for similar approaches, limiting potential integration of efforts. For example, nutrition-sensitive agriculture programmers tend not to view their work in terms of SBC even when they are actively changing behaviors. SBC is often seen as the domain of health and nutrition. Yet great opportunity exists for synergies and more holistic, convergent activities through unpacking the commonalities, staying theory agnostic, and using more generic terms.

Adequately Prioritizing Nutrition Behaviors

A key challenge in nutrition is prioritizing behaviors. The United Nations Children's Fund (UNICEF) framework identifies three underlying determinants of maternal and child nutrition: safe food and food security; adequate care and feeding practices; and adequate services (UNICEF 2021). As each determinant includes many contributory behaviors, programs often try to address many behaviors at the same time. Multi-sectoral nutrition programs that integrate actions across sectors, in particular, may be strained by spreading their efforts too broadly. Even when program planners acknowledge that promoting too many behaviors at once can overload and overwhelm program participants, pressure persists to show that the program tries to address the full range of nutrition needs. This situation often leads to a dilution of efforts and resources, preventing sustained change and impact.

Behaviors should be prioritized and sequenced based on in-depth contextual analysis, considering what actions individuals or groups are willing and able to do, and what programs can do within their mandate, resources, and policy context. Decisions about how many behaviors to address and what strategies to use must also be guided by greater understanding of the costs of achieving behavior change. Costing efforts on multi-sectoral nutrition by Strengthening Economic Evaluation for Multisectoral Strategies for Nutrition (SEEMS-Nutrition) provide useful insights especially as SBC, not only communication, becomes more recognized as part of activities.

> It is useful to consider what makes nutrition-related behaviors and norms different or unique. Some nutrition behaviors, such as feeding a young child, are repeated many times every day and rapidly change as a child grows, all within a short window of time. In addition, nutrition behaviors are often complex, and reflect multiple steps. For example, one nutrition behavior, such as "pregnant women eat an adequate diet," depends on completion of multiple, additive steps that rely on multiple actors in the food and health systems and in families. These steps include securing food, ensuring diversity and quantity of the food, and equitable household food allocation.

Designing Activities to Improve Nutrition-Related Behaviors and Norms

Nutrition SBC practitioners are increasingly recognizing the value of identifying the most important factors preventing or supporting priority behaviors at all socio-ecological model levels and the influencers or supporting actors: the people who need to act to address the factors. A continued challenge is designing activities that address the specific factors. For example, many programs have some type of peer group model. Peer groups can address some nutrition-related behavior influences, including social support, skills, and attitudes. Other influences can be addressed if the design intentionally incorporates them. Social norms can be changed if groups reflect and discuss with the people who hold and enforce the norms. Food products young children need can be made more affordable and accessible through connections with vendors selling these products or by supporting communities to develop and sell these products.

Newer approaches from other sectors, including the private sector and reproductive health, offer opportunities to be more strategic and focus design efforts. For example, behavioral design, used in reproductive health and applied to nutrition through Breakthrough ACTION, identified deep insights into drivers of health worker behaviors to create effective local solutions. Audience segmentation, routinely used by the private sector, can be used to identify subgroups and the needs specific to each so that nutrition programs better understand and meet those specific needs rather than blanket approaches. These newer approaches can be applied to steps of the project cycle beyond design. For example, deeper insights into what drives local implementers to adopt new approaches could help inform effective capacity strengthening efforts.

Strengthening SBC Capacity of Program Staff, Partners, and Frontline Workers

Multi-sectoral nutrition SBC is also constrained by varied capacity across implementing partners, governments, and Missions. Capacity strengthening in SBC should be tailored to individuals' specific needs at each project cycle stage. For example, project staff who provide quality monitoring and coaching need different skills than local change agents who facilitate peer groups. Programs need to assess the nutrition actors' capacity to tailor a mix of capacity strengthening efforts that includes, but goes beyond, training.

Many program staff receive technical assistance in the early phases of SBC efforts, particularly around strategy development, but may also need support to continue to use and refine the strategy and implement it with quality throughout the program cycle. The 2018 review of SBC identified a need for more intentional capacity transfer from experts to frontline staff (FANTA 2018). Many programs get assistance during design but not throughout implementation, yet individuals', households', and communities' behaviors often change during the life of a program (FANTA 2018). Capable and experienced local staff should continually monitor and adjust implementation to ensure programs' success.

In addition, too often frontline workers get limited support and resort to solely informing people about nutrition recommendations rather than facilitating or negotiating meaningful and feasible change. This can lead to greater awareness of desired behaviors but not necessarily behavior change.

Strategic workforce development models for implementers could be an opportunity to strengthen SBC efforts by role and need. Preliminary experience with developing competency assessments that build on competency lists specific to roles shows promise to expand. Moreover, as interest grows, and quality SBC continues to be taken up by nutrition practitioners, intentionally engaging decision makers and managers would help to expand and institutionalize best practice. For some sectors, focusing on local champions and early adopters could help ensure local expertise.

Integrating Norms into Programming as a Routine Practice

Many programs now accept that social norms are important influencers of nutrition-related behaviors, along with well-recognized gender and age-based roles and dynamics. Social norms are the perceived informal, mostly unwritten, rules that define acceptable, appropriate, and obligatory actions within a given group or community (IRH 2021). They influence all types of nutrition behaviors in supportive and unsupportive ways, including participation in groups, group dynamics, decisions on which seeds to plant

or foods to buy, and the nature of caregiving in a specific context. Over the past several years, evidence has grown on the role social norms play as both barriers and facilitators to nutrition SBC (Dickin et al., 2021; Passages 2019). The evidence suggests that programs will achieve greater, and more sustained, impact by incorporating considerations on social norms throughout program design, delivery, and evaluation. Responding to social norms means going beyond individuals to engage communities and influencers who uphold social norms to reflect and make locally determined change.

Measurement of social norms is a particular gap. Assessing changes in social norms benefits from a mixture of qualitative and quantitative measures. Although measures are available, these are complex and can seem intimidating for nutrition programs, especially when the M&E team is not working closely with the SBC team. More work is needed to simplify measures and scale up routine integration into monitoring and evaluation plans.

Monitoring Real-Time Change

Improving multi-sectoral nutrition SBC is also constrained by the limited common indicators of some behaviors and inconsistent measurement of many behaviors and behavioral drivers. For example, consumer demand and several complementary feeding behaviors, such as hygienic feeding, do not have consistent indicators.

Even when formative research identifies key factors that influence behaviors, these are often not incorporated in ongoing learning and adaptation efforts or evaluations. Practical limitations to continually monitoring change include the large sample size needed to assess changes in behaviors and factors, the time required to observe behavioral changes, and the cost to conduct this large-scale, long time-frame research. The SBC evaluation guidance helps to address these concerns and constraints. With priorities in multi-sectoral nutrition, such as consumer demand for quality diets, initial efforts to measure incremental change pathways show promise and should continue.

However, less attention has been paid to monitoring behaviors and factors of priority population groups or segments overall and for some areas of multi-sectoral nutrition. This means that programs do not have data in time to make needed adaptations. Opportunities to increase appreciation and use of monitoring could be to encourage strong collaboration between M&E and SBC practitioners and better engage M&E experts or teams in the SBC strategies. In addition, fresh or newer approaches from collaboration, learning, and adapting (CLA) could invigorate this important step in quality SBC.

Strategic Focus Areas

The Nutrition SBC priorities or focus areas in this document respond to gaps and opportunities identified with USAID to accelerate impact across health systems and food systems. The focus is on priorities common to USAID's Bureau for Resilience and Food Security, Bureau for Global Health, and Bureau for Humanitarian Assistance.

Strategic focus areas do not entail, directly, the specific behavior and social changes needed in each context to improve nutrition outcomes. Rather, they relate to preparing workers, including implementing partner staff, community change agents, government counterparts, and USAID advisors. The goal is to ensure that participants understand and gain confidence with the principles of SBC; develop the ability to use high-quality design, implementation, and measurement for sustained behavioral outcomes and social change; and understand how to use the results to adapt programming.

Three priority strategic focus areas are—

1. quality implementation of systematic processes to design, deliver, and measure nutrition-related behaviors and social norm change

2. monitoring and evaluation for SBC decision-making

3. sustainability and scale-up of nutrition SBC.

The activities below are proposed as USAID nutrition SBC leads across GH, RFS, and BHA look forward. These activities would result in agreed priorities and could be addressed in some way through USAID's current and future investments.

Quality Implementation of Systematic Processes to Design, Deliver, and Evaluate Nutrition-Related Behaviors and Social Norm Change

A high-quality SBC approach results in improved nutrition-related behaviors and social norms that meet communities' needs. It also results in stakeholders, including program participants, becoming change agents. Quality implementation of SBC needs systematic or stepwise design, delivery, and evaluation while navigating many competing priorities and constraints. Applying SBC practices to multi-sectoral nutrition is inherently challenging with so many potential behaviors to address, many of which are small, frequent, and additive, changing rapidly during the life cycle. This suite of quality nutrition SBC tools and resources makes best practice more accessible to nutrition partners at each project cycle step.

Supporting nutrition partners to apply these fundamental basic quality processes, along with introducing approaches from other sectors to nutrition, has continued utility. This will help to move thinking from a set of interventions (often predetermined) to what within interventions is actually needed. Nutrition partners are starting at varying places with concepts about SBC, familiarity with the fundamentals, and ability to shift their own systems and practices. Even when partners are willing to try new processes or approaches, the formats or mechanisms of support matter. These must be tailored to meet their needs and realities. Longer comprehensive guides detailing the gold standard may not make the processes easy enough to pick up and apply without technical assistance given the nuances and complexities of nutrition programming design and implementation.

Nutrition programs and policies need support to regularly apply systematic quality processes at each project cycle step, focused on the local level where implementation takes place. This focus area therefore emphasizes continued uptake of best practice through the roll out of quality tools and processes while introducing newer approaches to accelerate impact.

Continued evidence generation of what works and how is also necessary. For continued use of best practice, more evidence on the difference these make, such as prioritizing behaviors, how they work with nutrition-sensitive and multi-sectoral activities, and whether the tools can be used by local partners, for example. For introducing newer approaches, generating learning about what difference these make to the program overall and how programs can integrate would be useful. In addition, new formats and ways to share resources with partners may be helpful to introduce concepts and steps in bite-sized ways or through hands-on technical assistance. Considering nutrition SBC practitioners and managers the users of processes and resources and therefore the audience for them could help in designing an effective approach targeting that audience's specific barriers and enablers to uptake.

To support quality SBC implementation across multiple sectors—

- USAID should specify expectations of applying quality SBC to each step of program design and implementation.

- USAID, and implementing partners tasked with supporting SBC of other partners or local actors, could consider nutrition SBC practitioners as an audience to effectively share resources and assistance. Understanding their barriers and enablers to using new processes or tools within their system and context. This analysis of practitioners' needs will generate numerous practical ideas for increasing local adaptations and uptake. This may entail:

  — segmenting nutrition SBC practitioners for more tailored support, i.e., level of experience or local organizations

  — intentionally engaging managers and decision-makers with their own orientations or discussions, or companion tools such as checklists

  — linking resources to websites commonly used by nutrition proposal applicants

  — facilitating sharing across partners or partner segments on key steps to quality SBC

  — recognizing when partners use quality processes.

- USAID should encourage implementing partners to accelerate results through greater use of behavioral science and newer approaches from the private sector and sectors such as reproductive health and environment. These will benefit from implementation research to test and generate evidence on how the approaches should be adapted for nutrition as well as the results. This could include technical assistance from other USAID programs using the approaches, collaboration or sharing with organizations applying these approaches (e.g., UNICEF), scholarships or fellowships to build local expertise in regions and/or nutrition priority countries, and focused technical assistance. Applying newer approaches will benefit from implementation research to test and generate evidence on how the approaches should be adapted for nutrition.

- USAID and implementing partners should issue technical reviews and publications to strengthen the evidence base on applying quality processes. Gaps in evidence include the difference that applying these steps can make to achieving intended outcomes in programs. Another need is to show what works to ensure that local actors lead processes and decisions at each step, using quality SBC.

- USAID and implementing partners should continue to support knowledge sharing, convening of experts and practitioners, and global conference participation to advance nutrition SBC related to fundamental concepts and resources, as well as how to apply behavioral science and techniques from other sectors to processes to accelerate impact.

SBC Capacity Strengthening

A sub-focus of this area is capacity strengthening, a key foundation for quality SBC. Capacity—knowledge, attitudes, and skills—for program staff and public and private counterparts, and for key activities by frontline workers and program participants. Effective capacity strengthening activities are based on standards, assessed, and tailored using a mix of learner-centered methods according to people's roles and program goals, following a process:

- assessment of multi-sectoral nutrition SBC capacities

- tailored, learner-centered capacity strengthening.

The first step is to assess a program's capacities and results in nutrition SBC for areas for improvement. This can include institutional capacity as well as individuals' capacity in SBC processes. By approaching capacity assessments through a participatory, assets-based appreciative inquiry, the process identifies and leverages existing capacity and resources for greatest impact. Findings are used to design a plan to provide support in the areas of highest impact, considering constraints. The methods selected should embed and maximize skills transfer and mentoring at all levels, as needed.

Competency lists are good foundations for more comprehensive SBC competency assessment and workforce development for SBC practitioners in multi-sectoral nutrition. Moving the center of expertise from to local centers where implementation happens is an essential consideration to advance nutrition SBC capacity in partners.

To strengthen nutrition SBC capacity—

- USAID should make expectations about SBC capacity strengthening for staff and local actors clear.

- USAID and implementing partners should target nutrition SBC capacity strengthening efforts to key people in nutrition priority countries, including leaders, champions, and early adopters of the fundamentals. This is needed to build local expertise and technical assistance providers.

- USAID should continue to share with implementing partners SBC competency lists and experience using them to design participatory capacity assessments and capacity strengthening activities to address needs.

- Implementing partners should prioritize intentional nutrition SBC capacity transfer to local staff, partners, and government stakeholders at crucial times, such as preservice training, fellowships, coaching and mentoring, and peer-to-peer learning.

- Implementing partners should employ a workforce development approach to strengthen capacity, starting by assessing nutrition SBC competencies specific to roles within a program or organization. Design capacity strengthening activities based on the assessment findings using a mix of approaches such as synchronous and asynchronous courses, peer-to-peer learning, and mentorship.

- Implementing partners should document learning on what works to strengthen capacity in nutrition SBC for staff and local actors and how these can be realistically integrated with programs during a project cycle.

Monitoring and Evaluation for SBC Decision-Making

Timely, appropriate use of behavioral data allows programs, countries, and communities to be more responsive and effective, as well as to foster accountability and social change. The guidance on evaluations for nutrition SBC lays out steps to planning for and conducting evaluations. As this guidance is applied to program evaluations, there is a continued need to elevate perception of behaviors and

social norms as essential outcomes. Improvements are needed in the rigor of evaluations to identify the full change pathways and in helping practitioners understand these findings and ask the right questions to adapt them to other contexts.

Beyond evaluations, there are gaps in applying data to prepare strong theories of change and design and adapt effective activities, whether from existing information and experiences, formative research, learning activities, or surveys.

Yet using and tracking incremental changes in behaviors and the factors that drive behaviors, including social norms, can inform programs on what is working or not, and to what extent. Many useful monitoring and learning models and tools are available. Applying these models and tools to SBC outcomes and processes in nutrition programs and policies would lead to greater impact through timely adaptation. This learning would also generate better evidence about what works and what is needed to achieve change.

Iterative use of data is needed so that nutrition programs and policies can better design context-specific activities listening to community voices, track and understand progress, and promptly refine and adjust implementation. This should be seen as fundamental to SBC, as design is now. How do we incentivize people to make the measurement of why behaviors and change pathways change, and how, as important as the SBC strategy and formative research? This could be done through testing new approaches as well as closer collaboration between SBC and M&E teams at each step. Engaging people with program experience in thinking and planning around data use could also help.

> "Creating a culture of testing and learning requires program implementers to be open to diverse perspectives and have their assumptions challenged, recognizing that this has tangible benefits for project delivery and broader learning." Guillum et al 2023

To monitor and evaluate quality nutrition SBC—

- USAID should make expectations clear to implementing partners that M&E should use the evaluating SBC guide to design evaluation plans.

- Implementing partner SBC teams should set up a close collaboration with the M&E colleagues and teams to ensure cross-team work at each step with clear expectations and lines of communication. It is important to establish this collaboration from the start to reflect social and behavior change in results frameworks or theories of change and M&E plans. These should be developed to achieve priority behavioral outcomes, so that the change pathways to those outcomes are monitored and measured for timely adaptation and impact.

- Implementing partners should iteratively track and evaluate changes in priority nutrition-related behaviors and factors, including social norms. Including continual data use in learning agendas, evidence generation activities, and knowledge dissemination.

- Implementing partners should test innovations in rapid, iterative data collection and use for nutrition service delivery, such as counseling or consumer demand generation, through user-centered methods with program implementers. Document experiences and solutions developed.

- Implementing partners should innovate participatory approaches to ensure community voices are central to monitoring change. Generate evidence and document what works.

- For programming in fragile settings, implementing partners can contribute to designing methods of rapid data collection to track progress against the impact pathway. Rapid methodology options that could be tested include crowdsourcing, scorecards, or periodic qualitative assessments to discuss trends with program communities.

- USAID should continue to work with experts to develop and test simplified measures of social norms in multi-sectoral nutrition and share the learning with the broader nutrition community.

Sustainability and Scale-Up of Nutrition SBC

A recent business case on nutrition SBC found interventions to be highly cost-effective. Advocacy on the impact of SBC with national and local governments and partners is needed to devote resources to nutrition SBC, and include quality SBC within nutrition financing activities, such as economic analyses – and scale up through country-led approaches as well as nutrition programs.

Clear understanding is lacking about what sustainability means, especially in relation to SBC. For SBC, some partners aim for nutrition-related behaviors and social norms to be sustained in communities despite a lack of evidence on conditions to make this possible. Other partners aim for sustaining certain activities, such as sales of products, or platforms, such as media and material use, through public and private services. However, both normative shifts and core activities likely must be sustained for nutrition-related behaviors to be sustained. Useful evidence on sustaining activities includes the FANTA project's multi-country study on the effectiveness of L-FFP-supported projects' sustainability plans and exit strategies (Rogers et al. 2015). The findings outlined considerations, needed resources, and approaches overall that could be more likely to lead to sustainability—

- all three studied factors were critical: resources, capacity, and motivation

- linkages, especially vertical linkages, such as those between community-based organizations or individuals and existing public or private sector institutions were useful

- a gradual transition from project-supported activities to independent operation at exit is recommended.

To support multi-sectoral nutrition programs and policies in using best practice and innovations more widely, a systematic approach to scale-up would be useful. To sustain SBC more effectively, clear expectations and plans are needed from the beginning.

To sustain and scale up quality SBC—

- USAID should share expectations with implementing partners about adapting and applying innovations that are ready to scale up through preparing documents under the authorship of USAID and noting to partners.

- USAID should convene experts and/or review experiences from other sectors to define when an innovation is ready to scale.

- Defining sustainability and scale up expectations from the start of programs and planning for these in program activities is needed. Implementing partners can use learning and experience from other sectors about systematic scale-up processes and consider newer behavioral science approaches to around particular priorities, such as local ownership. Document evidence from efforts to scale up quality nutrition SBC approach and share it with the nutrition community.

- Implementing partners should intentionally include time for building local ownership through true co-creation and transfer of power and decision-making to local actors.

- USAID should continue to invest in evidence generation about what works to sustain social and behavior change in nutrition.

Operationalizing the Nutrition SBC Strategic Focus Areas

New awards by the USAID bureaus, together with USAID nutrition SBC leads, can take these priority areas forward. This document is not intended to be static. It should be updated as the context and bureau priorities change, and with new opportunities to advance nutrition-related behaviors and norms.

Considerations for operationalizing the document include sharing the focus areas across the awards, including with management; measuring progress; and continuing evidence generation.

Share the updated strategic focus areas for nutrition SBC with all technical teams, M&E and other cross-cutting teams, and management. This can help to coordinate planning, infuse the focus on people and their needs into each area, and advocate for engaging experts and teams across the award in any activity so that SBC is truly supportive of core and country efforts.

Measuring the focus areas should be incorporated into the projects' performance monitoring plan and any country buy-in surveys and evaluations, where applicable. Lessons show that early and close collaboration with the M&E teams to include the behavior change pathways, including social norms, into M&E plans for country buy-ins is important.

Where capacity strengthening is likely to be part of country buy-ins, local grants, or other opportunities to work with implementing partners, incorporate SBC competency measures for staff, partners, and frontline workers.

In addition to updating the focus areas through a continual learning cycle current and future USAID investments could embed learning questions into activities or conduct a focused CLA activity to answer questions related to the focus areas. As possible, continue to generate evidence to test and document what works through implementation research. Staying up to date on innovations from the private sector and other sectors outside of nutrition will help to generate ideas for advancing nutrition.

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