Scoping Review Report: Social and Behavior Change in Protracted Nutrition Emergencies

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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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Acronyms

ADRA	Adventist Development and Relief Association
BCC	behavior change communication
BHA	Bureau for Humanitarian Assistance
CVA	cash and voucher assistance
FFP	Food for Peace
HPC	humanitarian program cycle
ICYF-E	infant and young child feeding in emergencies
MIYCN-E	maternal, infant, and young child nutrition in emergencies
MVAM	mobile Vulnerability Analysis and Mapping [tool]
OFDA	Office of Foreign Disaster Assistance
SBC	social and behavior change
Tech RRT	Technical Rapid Response Team
WASH	water, sanitation, and hygiene

Executive Summary

USAID Advancing Nutrition conducted a scoping review of social and behavior change (SBC) for nutrition in protracted emergencies to help stakeholders in the Bureau for Humanitarian Assistance (BHA)—

- **define the most important questions to explore** related to SBC design, implementation, monitoring, and adaptation in protracted nutrition emergency contexts

- **map SBC methods and approaches being used** by implementing agencies with emergency programs funded by BHA (including legacy Office of Food for Peace (FFP) and or Foreign Disaster Assistance (OFDA) programs)

- **determine how well** those methods and approaches are aligned with better practices for SBC generally

- identify the common **perceived strengths and weaknesses** within protracted emergency responses, in the design, implementation, monitoring, and ongoing adaptation of nutrition SBC programming.

To meet these objectives, we reviewed general and project-specific documents related to nutrition SBC in protracted emergencies and interviewed key BHA staff.

Document Review

We identified a range of guidance and standards; toolkits; evidence reviews, briefs, and case studies; and project-specific documents (see the Results and Findings section for document summaries). Project-specific documents demonstrated that some implementers are using SBC methods, approaches, and platforms that are similar to nutrition SBC work in recovery or development contexts. We also discovered indications that SBC in emergency contexts has similar programming weaknesses to SBC in development contexts. For example, one monitoring plan measured inputs and outputs but did not include intermediate outcomes such as reducing barriers to priority behaviors.

Interviews

In two rounds of interviews with BHA staff, we identified several areas of broad agreement: 1) the importance of consulting communities to prioritize needs, 2) the need to understand basic principles of SBC, and 3) the value of conducting rapid assessments related to barriers and enablers. There was less consensus around 1) whether SBC should aim to increase optimal nutrition practices or to prevent deterioration in emergency contexts, and 2) whether or not SBC interventions should be designed to create behavior, social, and structural changes that last beyond the end of an activity.

Recommendations

Summarized recommendations for BHA can be found on the next page, followed by our detailed findings and recommendations.

Box 1. Recommendations for BHA

- Work with the Global Nutrition Cluster, the Global Nutrition Council Technical Alliance, and the CORE Group Humanitarian-Development Task Force to develop a resource clearinghouse for SBC in protracted nutrition emergencies

- Hold a visioning meeting on SBC in protracted emergencies with a range of BHA staff to discuss the following questions:

  — Should SBC methods and approaches be integrated into protracted emergency response activities? What is feasible for single-year-funded activities? What is feasible for multi-year-funded activities?

  — Are BHA technical advisors getting enough information about the types and quality of SBC approaches being implemented from current applications, reports, and evaluations? If not, is it feasible to ask implementers to provide more information, given page limitations and urgent competing priorities?

  — Is it appropriate for protracted emergency response programs to incorporate interventions that will increase the sustainability of structural, social, and behavior change after an activity closes? What are the tradeoffs when the work becomes about strengthening capacities of local institutions as well as saving lives?

- Harmonize language and clarify expectations about SBC that are included in BHA application guidelines across sectors

- Monitor SBC-related trends in new applications using the guidelines to understand how implementers understand and apply the guidelines for different sectors

- Support implementers to focus more on assessing and responding to the stated priorities of different beneficiary groups in affected communities. Currently, implementers may assume, without community consultation, what the priority needs are. This may lead to the design focusing on push factors; increasing access to infrastructure, information, goods, and services and diminished focus on understanding and responding to demand from different beneficiary groups.

Background

The Bureau for Humanitarian Assistance (BHA) requested that USAID Advancing Nutrition review current or recently completed social and behavior change (SBC) programming in BHA-funded responses to protracted nutrition emergencies. Definitions of protracted emergencies vary, so we considered programming scenarios where partners have completed at least one year of programming and received funds for a following round of activities. SBC is defined as an approach to programming that applies insight about why people behave the way they do, and how behaviors change within wider social and economic systems, to effect positive outcomes for and by specific groups of people (SPRING 2017). SBC supports program partners and participants in adopting new or improved behaviors, and fosters supportive social norms that contribute to improved behavioral outcomes. SBC interventions catalyze change at individual and family levels while working at structural levels to create an enabling environment for optimal practices (FANTA 2018). Even in development contexts, it can be challenging to facilitate uptake of evidence-based behaviors due to long-standing local practices and other barriers to change. The disruption in local systems inherent in emergencies further complicates SBC interventions. For example, some emergency-affected people may be more open to trying new behaviors as part of their coping strategies, while others may cling to traditional behaviors (IMC 2015).

Complex, protracted emergency response programs aim to integrate SBC across a range of project platforms to achieve objectives in security and social protection; maternal and child health and nutrition; water, sanitation, and hygiene (WASH); agriculture and livelihoods strengthening; governance; and disaster risk reduction. Challenges programs face related to SBC design, implementation, monitoring, and adaptation vary across protracted emergency contexts, from post-conflict and drought-affected areas to those affected by multiple, overlapping emergencies. Opportunities for integrating SBC vary depending on the length and funding mechanism of the response and the capacities and priorities of implementing partners and local stakeholders.

Objectives

This report provides a picture of the range of SBC methods and approaches being used in protracted nutrition emergency responses and describes where key gaps in programming or documentation of programming may exist. It outlines what BHA staff perceive as the challenges of implementing SBC activities in emergency contexts, as well as the opportunities to strengthen SBC in emergency contexts. It defines priority questions to help BHA ask and answer more precise questions about SBC in protracted nutrition emergencies in the future as part of an intentional learning agenda.

BHA asked USAID Advancing Nutrition to undertake this work as a step in a longer process to work with humanitarian partners to optimize participatory, equitable, and effective SBC in the challenging operating environments in which they work. This report is intended to be a descriptive, rather than prescriptive, look at what's happening related to SBC during design, implementation, monitoring, and evaluation of BHA-funded protracted nutrition emergency responses. It explores how BHA staff and implementing partners perceive SBC's role in emergency response and what implementers regularly measure and document related to SBC.

Table 1 maps the objectives of the review to priority questions and outlines the extent to which the authors were able to meet the review objectives.

Table 1. Objectives, Priority Questions, and Results

Objective	Priority Questions to Meet Objective	Was the Objective Met?
Define (priority) questions that key stakeholders in BHA want to explore related to SBC design, implementation, monitoring, and adaptation in protracted nutrition emergency contexts	- What specific questions do key stakeholders in BHA have about SBC in protracted nutrition emergencies? - Which of those questions can be answered in this review? - Which are issues to explore as part of a future learning agenda?	- A set of priority questions was developed with BHA for the key informant interviews - Further priority questions about SBC in protracted nutrition emergencies were elicited from respondents during key informant interviews - Many of the key informant interview respondents' priority questions are beyond the scope of this review but could become part of a learning agenda for SBC in emergencies, especially for activities with multi-year funding
Map SBC methods and approaches being used by current and recent historically Food for Peace (FFP)-funded emergency response implementers and, possibly, those being used by historically Office of Foreign Disaster Assistance (OFDA)-funded implementers in the field-visit country	What are the SBC methods and approaches being used in protracted nutrition emergency responses by selected BHA-funded implementing partners?	- The document review showed common approaches and delivery platforms for SBC in protracted nutrition emergencies, including interpersonal communication, peer groups, community mobilization, SMS and hotlines, and mass media - The response rate for project documents was insufficient to construct a comprehensive map of approaches
Determine how well those methods and approaches are aligned with better practices for SBC generally	How do these methods and approaches align with better practices for SBC generally?	- Limited documentation of SBC assessments, design, implementation approaches, delivery platforms, and monitoring data made it difficult to assess this - Key stakeholders are not in agreement about whether better practices for SBC in development contexts apply to SBC in emergency contexts. The BHA Emergency Application Guidelines ask for better practices, but sectors vary in their level of specificity and requirements
Identify the common perceived strengths and weaknesses, within protracted nutrition emergency responses, in the design, implementation, monitoring, and ongoing adaptation of SBC programming	What are the common perceived strengths and weaknesses of SBC design, implementation, monitoring, evaluation, and learning within protracted nutrition emergency responses?	- We were able to document key perceived strengths, weaknesses, challenges, opportunities of SBC in protracted nutrition emergencies from respondents to the key informant interviews? - Reviews of evidence, technical briefs, and case studies that we reviewed also provide some insight into these questions.

Methodology

The authors used the following methodologies to complete the scoping review.

1. A **review** of available publications related to SBC in nutrition emergencies including **global guidance documents.** These fell into three categories: guidance and standards; toolkits; and evidence reviews, briefs, and case studies. The review helped refine topics to explore in key informant interviews, and provides a context to relate findings about BHA-funded responses to the larger field of SBC in emergency nutrition. It clarified what types of publications are available to guide and support implementing partners' SBC work.

   To identify documents for the global document review we conducted an internet search using terms like "SBC and emergency", "nutrition emergency", "SBCC and emergency, "communication in emergency". Given the small number of documents resulting from this search, we also sourced relevant documents from colleagues on the USAID Advancing Nutrition team. We excluded documents that were not related to nutrition emergencies, and SBCC materials that were specific to one context and set of behaviors. The documents selected are representative of the kinds of resources available to programmers of SBC in nutrition emergencies and of high enough quality to be useful for that purpose.

2. The review of **project-specific documents** helped describe current SBC methods and approaches being used by USAID implementing partners; clarified their perspectives on challenges and successes related to SBC in emergencies; and identified gaps in current documentation.

   To obtain project-specific documents for review, we put out a call for documents related to SBC in nutrition emergencies from BHA-funded activities through the CORE Group and Ag2Nut list serves, as well as through USAID Advancing Nutrition staff connections. We reviewed every project-specific document we received, excluding only those that were not nutrition related. We received just 5 project specific documents that fit our criteria, from 4 different organizations/projects. While the documents were of different types and several lacked information specifics about whether funded by OFDA or FFP, all of the projects we reviewed were implemented by NGOs.

3. **Key informant interviews** with U.S.-based BHA staff helped to understand how BHA staff:

   — think about the role of SBC in protracted emergencies, and about challenges and opportunities related to nutrition SBC specifically

   — work with implementing partners, including support for SBC design, implementation, and monitoring in responses

   — use information provided by implementing partners about SBC activities.

A field visit to a BHA-funded response activity was initially planned, which would have included key informant interviews with implementing partner staff and local counterparts and structured observations of SBC activities. Due to COVID-19 and BHA-initiated adjustments to the scope of the review, these additional methodologies were dropped.

Limitations of the Scoping Review

This is not a systematic literature review; it does not provide an exhaustive description of all of the SBC work happening in BHA-funded protracted nutrition emergency response projects. Given the low response rate for requests from documents from BHA's implementing partners, we were only able to review a very small sample of project-specific documents, and only from NGO implementers. Our

findings in that area should be taken as indicative of areas for further inquiry, not firm conclusions about SBC in BHA-funded protracted nutrition emergency responses. For example, the review does not provide a conclusive picture of implementing partner perceptions and priorities related to SBC. Finally, determining the effectiveness of the SBC work carried out by BHAs partners was outside the scope of this review, and thus we did not develop recommendations about which specific SBC methods and approaches are more suitable in what type of emergencies. It may inform recommendations and future studies of acceptability, feasibility, and effectiveness of SBC methods and approaches in protracted nutrition emergency responses.

Results and Findings

This section presents the results of our document review and interviews, as well as a discussion of findings and observations.

Document Review

The publications available relating to SBC in nutrition emergencies (acute and protracted), can be categorized into four types: **1. guidance and standards; 2. toolkits; 3. evidence reviews, briefs, and case studies; and 4. project-specific documents.**

We refer to the first three types of documents collectively as "global documents." We included 15 documents in the global document review. The objectives of the global document review were to help refine topics to explore in key informant interviews, to provide a context to relate findings about BHA-funded responses to the larger field of SBC in emergency nutrition, and to clarify what types of publications are available to guide and support implementing partners' SBC work.

We also conducted a limited review of project-specific documents, which included 5 documents from 4 projects, all of which were implemented by NGOs. The objectives were to describe current SBC methods and approaches being used by USAID implementing partners, clarify implementer perspectives on challenges and successes related to SBC in emergencies, and to identify gaps in current documentation.

The fifteen global documents are discussed in turn below, followed by a review of SBC documentation from four selected projects.

Guidance and Standards

For this report we reviewed the following guidance and standards documents that use and or reference behaviors and behavior standards. While not exhaustive, these resources are useful for USAID and implementing partners as they seek to be more purposeful in applying SBC in humanitarian response settings:

- The Sphere standards

- The Humanitarian Program Cycle (HPC) resources

- The Social and Behavior Change Communication Emergency Helix

- The BHA Emergency Application Guidelines Applicable to Fiscal Years 2021 and 2022 Annex A: Technical Information and Sector Requirements; specifically the maternal, infant, and young child nutrition in emergencies (MIYCN-E) subsection of the nutrition sector

- The Guidance on Social and Behavior Change for Nutrition during COVID-19 brief

- The Guidance on Market Based Programming for Humanitarian WASH Practitioners brief.

The **Sphere standards** are a set of principles and minimum humanitarian standards in four technical areas of humanitarian response: WASH promotion; food security and nutrition; shelter and settlement; and health (Sphere 2018). Globally, humanitarian response efforts are guided by these mutually agreed standards for coverage, equity, and quality of interventions, and for transparency and accountability by those who implement them. Each of the sectors include behavioral standards, and some refer to BCC specifically.

The **Humanitarian Program Cycle resources,** hosted by the United Nations Office for the Coordination of Humanitarian Affairs, "support efficient, effective, and coordinated humanitarian

response through the sharing of operational information" within the disaster response community. The HPC is a coordinated series of actions (figure 1) to help prepare for, manage, and deliver humanitarian response. (United Nations Office for the Coordination of Humanitarian Affairs, 2021) Successful implementation of the HPC dependents on effective emergency preparedness, coordination with national and local authorities and humanitarian actors, and information management. This program cycle is in alignment with general SBC processes of assessment, design, implementation, monitoring and adaptation, and redesign.

Figure 1. The Humanitarian Program Cycle
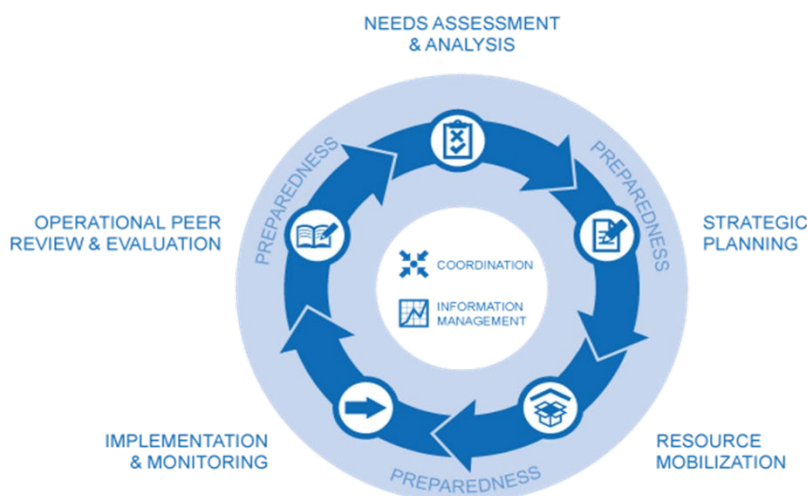
The Health Communication Capacity Collaborative (HC3) developed the **SBCC Emergency Helix** depicted in figure 2 (HC3 2017). The framework can help programmers integrate SBCC design and implementation approaches in all phases of an emergency response. It shows how SBCC can strengthen participation of affected groups, program effectiveness, and transitional programming between acute emergency, protracted emergency, and development contexts. The SBCC Emergency Helix framework and associated technical brief focus mostly on communication approaches within the health sector, but can be adapted to communication in other sectors. Levels of uptake and discussion about this framework among the wider SBC and emergency nutrition fields are unclear.

Figure 2. The SBCC Emergency Helix
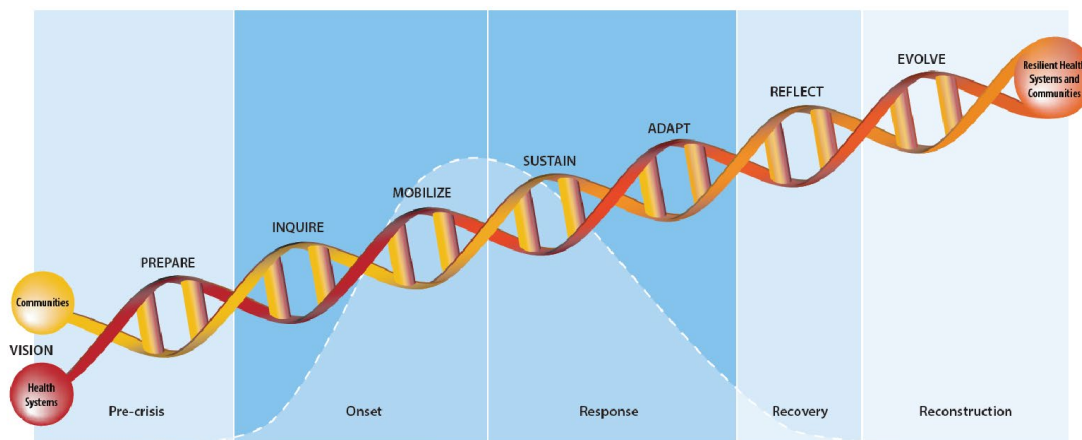
BHA's **Emergency Application Guidelines Applicable to Fiscal Years 2021 and 2022** (USAID 2020a) categorizes areas of need for which implementing partners can apply for funding. References to behaviors and factors that determine them, SBC approaches and delivery platforms, and monitoring of behavioral indicators are included throughout the sectors in the guidance. For the purposes of this review, the authors took a close look at the MIYCN-E subsector of the Nutrition sector section.

The needs assessment summary in the MIYCN-E subsector states that applicants should provide data on maternal diets, exclusive breastfeeding, child feeding, and hygiene. It asks for data on factors that drive behaviors, for example cultural, gender, and religious dynamics; household-decision making structures; mothers' workload and psychosocial status; and the availability of breast milk substitutes. It asks applicants to seek existing human resources, SBC delivery platforms, SBC or MIYCN-E policies, and formative research and SBC strategies.

The technical design section for MIYCN-E conforms to better practices for SBC design, implementation, and monitoring. The guidance states that "Design of SBC activities must be evidence-based and aligned with activity purposes. Activities should target no more than five MIYCN-E behaviors, prioritized based on pre-existing data…or a baseline KAP survey." There is guidance for monitoring specific behaviors and coverage of behavioral interventions. The technical design section requires applicants to provide a detailed description of the nutrition SBC approaches to be used, including channels or delivery platforms, and materials, media, and methods for reaching target population(s). Applicants are also asked to identify the target population(s) and influencing groups.

The technical design section also covers aspects of program quality, requiring applicants to provide training, nutrition, and education according to local standards and protocols, and to use multiple methods for capacity strengthening, rather than relying on trainings alone. It suggests that applicants coordinate with development nutrition activities and plan how the MIYCN-E activities will transition to development activities in the future. Other sectors in the BHA application guidelines address SBC concerns, but much less extensively than the MIYCN-E subsector.

The **Guidance on Social and Behavior Change for Nutrition during COVID-19** brief, drafted by Breakthrough ACTION and USAID Advancing Nutrition, is an example of a guidance document focused on only one sector or behavioral area. The brief includes "important considerations, messaging, and resources to support country programs in adapting nutrition SBC programming in response to the challenges presented by COVID-19." (USAID 2020b).

The **Market Based Programming for Humanitarian WASH Practitioners** was produced by the Global WASH Cluster. The guidance introduces basic concepts about how markets and WASH intersect, and how both can be affected in emergencies. It guides practitioners through an assessment and design process to engage and

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Box 2. WASH Options to Achieve Objectives

- WASH technical support
    - Capacity building
    - Technical implementation/supervision
- Community engagement (other than reinforcing demand)
    - Participatory approaches
    - Behavior change approaches
- Advocacy
- Direct delivery goods/services
    - Using markets
    - Supporting markets
- Developing market systems
- Working with WASH local markets
    - Reinforcing demand
        - Using markets
        - Supporting markets
        - Developing market systems
    - Reinforcing supply
        - Using markets
        - Supporting markets
        - Developing market systems
- Reinforcing market secondary services and infrastructures
- Strengthening regulatory framework: policies, norms and rules

strengthen markets in an emergency WASH response. The options described in box 2 would all involve SBC approaches (Global WASH Cluster 2019).

SBC Toolkits

There are a variety of resources, toolkits, and communication materials to help implementing partners assess an issue. Some pertain to general program design, implementation, and monitoring, but they often include sections related to SBC strategies, approaches, and materials. These toolkits aim to help implementers operationalize SBC principles and frameworks, from defining priority behaviors and population groups, to conducting formative research, designing SBC interventions, implementing a package of behavior change activities, and monitoring and evaluating outcomes. Each of the toolkits we reviewed follows basic principles of SBC design, such as analyzing current practices, priorities and needs of the target population, prioritizing behaviors, identifying barriers to and enablers for those behaviors, and developing interventions to reduce barriers and strengthen enablers. Each one is specific to one sector, and we didn't find one toolkit that addressed SBC design, implementation, and monitoring for all the sectors needed to address nutrition in a protracted emergency.

To give an idea of the range and variety of toolkits available we have included a synthesis of the following five toolkits:

- [Infant and Young Child Feeding in Emergencies (IYCF-E) Toolkit: Rapid start-up for emergency nutrition personnel](#).

- [IYCF-E Capacity Mapping and Assessment Tool](#).

- [Multi-sector Market Assessment: Companion Guide and Toolkit](#).

- [Behavior Change Communication in Emergencies: A UNICEF Toolkit](#).

- [Bringing the Community Together to Plan for Disease Outbreaks and Other Emergencies community planning guide](#).

Save the Children's **Infant and Young Child Feeding in Emergencies (IYCF-E) Toolkit: Rapid start-up for emergency nutrition personnel** (2017) integrates SBC terminology and approaches to design, implement, and monitor IYCF-E programming. The toolkit includes assessments of current behaviors and influencing factors, and methodologies including structured observation, knowledge, attitude, and practice survey, and barrier analysis. The toolkit's technical areas are breastfeeding, complementary feeding, management of acute malnutrition in infants, maternal nutrition, HIV, appropriate use of breast milk substitutes, and psychosocial support. Approaches to promote priority behaviors in each technical area include counseling, peer groups, action-oriented groups, baby-friendly spaces, mother/baby areas, handwashing stations, and cooking demonstrations. The toolkit contains job descriptions for staff and volunteers implementing SBC activities, training materials and job aids including counseling cards, brochures, and short videos. Program quality is assessed through an exit interview for clients/community members, supportive supervision checklists, and observation templates for different SBC activities. The toolkit has a separate section for coordination and communication that contains a set of tools, templates, and examples of joint statements, press releases, mass media messages, and print materials for health workers and community members.

The **Infant and Young Child Feeding in Emergencies (IYCF-E) Capacity Mapping and Assessment Tool** was developed by Save the Children, the Global Nutrition Cluster, and UNICEF and published in 2020. It prioritizes IYCF-E as a "key technical area in need of skilled support and collaboration to achieve optimal results in emergencies." This tool provides ministries of health and other health and nutrition professionals step-by-step guidance for conducting a capacity assessment in six priority areas (policy programming environment; human resources; coordination; information management; service delivery; and finance). It also describes the role of capacity assessment; illustrates

the steps in conducting a capacity-mapping exercise; provides assessment rating schemes; and describes assessment benchmarks. The results of this assessment can help implementers better understand the barriers and enablers to SBC for IYCF-E in their local context.

The **Multisector Market Assessment: Companion Guide and Toolkit** was developed by the United Nations High Commissioner for Refugees. It is meant to be adapted by humanitarian partners and "provides step-by-step guidance and ready-to-use tools to enable non-specialist staff to conduct market assessments and undertake market monitoring." Its 12 assessment tools (questionnaires, checklists, mapping instructions, and worksheets that can be tailored to users' contexts) aim to identify current behaviors and priorities of local market actors, as well as constraints and potential facilitators for change. This toolkit helps teams include findings from market assessment analyses into decisions related to cash-based interventions, and determine whether markets can support cash-based interventions. It provides detail about the assessment methodology and possible solutions to challenges.

The **Behavior Change Communication (BCC) in Emergencies: A UNICEF Toolkit** was designed for anyone working in emergencies caused by natural disasters, and is meant to help program managers "prepare, plan, implement and monitor behavior change communication initiatives supporting health, hygiene and child protection efforts in emergencies." The toolkit explains UNICEF's framework for humanitarian response—the Core Commitments for Children in Emergencies. It reviews the definition and rationale for BCC in emergencies, and provides principles and action points for planning a BCC program. It includes core communication principles, tools to conduct formative research and other groundwork, and key messages for stakeholders on programmatic areas that need to be addressed during emergencies. For each programmatic area, the toolkit provides a snapshot, core communication principles, tools to help do formative research or other groundwork, and key messages that should be shared with stakeholders. It suggests BCC and social mobilization activities, and indicators to monitor milestones. There are useful tools to help with communication planning, rapid assessment, and monitoring activities that implementers might need for an emergency response.

Bringing the Community Together to Plan for Disease Outbreaks and Other Emergencies, developed by the AI.COMM project, focuses on SBC for prevention and mitigation of H1N1 outbreaks in multiple countries. It was developed for local governments and implementing partners to involve local leaders and community organizers in planning for disease outbreaks and other emergencies. The guide recommends developing community action plans that are relevant and feasible; consider community assets; and support residents who are often first responders. This planning tool can identify prevention and mitigation behaviors that are appropriate to the local context and fit with community challenges and priorities.

Evidence Reviews, Briefs, and Case Studies

The four documents in this section describe an SBC process method or programming approach in detail, or compare approaches or methods across contexts and organizations. They are especially relevant for applying SBC principles and processes in protracted nutrition emergency responses.

The **Care Groups in Emergencies: Evidence on the Use of Care Groups and Peer Support Groups in Emergency Settings** report was based on a review by the International Medical Corps in 2015. The report analyzes care groups and other types of peer support being used as an SBC approach in emergency settings, and shares findings about how implementers have adapted their approaches for different population groups and types of emergencies. For example, they made group sizes larger, increased meeting length, and included social protection issues. They changed the way that peer group volunteer moderators were chosen, and measured attendance at groups and numbers of home visits rather than behavioral or other outcome indicators. Implementers did not usually conduct additional formative research; they relied on existing data or rapid unstructured assessments.

The authors analyzed benefits of and challenges to using these approaches in acute and protracted emergency responses. Benefits include that forming peer groups can be a rapid way to establish trusted sources of information, build social capital, and create important contact points for monitoring, screening, and referrals for treatment of illness and malnutrition, and services like antenatal care. Challenges include insecurity and population mobility, as well as finding, training, and supporting staff and volunteers for quality implementation and community sensitization. Linking participants to follow on services when they "graduate" from the group was found to be difficult. **The report ultimately finds that care groups and other peer support approaches may be better suited to protracted emergencies and contexts transitioning from emergency to development. They may not be appropriate for acute emergencies and contexts with highly mobile populations.** The methodology used for the study would be useful to adapt for learning more about other types of SBC approaches in emergency contexts.

The **Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies** was published by the Global Nutrition Cluster in 2020. The use of CVA for nutrition outcomes in emergencies has been limited, and this note aims to fill a gap in guidance about when and how to integrate cash and voucher modalities into nutrition interventions, or how to maximize the effectiveness and minimize risks of CVA. Highlighting evidence from development contexts, **the note emphasizes that softer conditionality and longer duration/more regular transfers are more likely to have a positive impact on nutrition; and that cash and voucher modalities by themselves are unlikely to improve nutrition without combining them with context-specific SBC tailored to the stated purposes of the assistance.** The note identifies five approaches for integrating CVA into emergency nutrition responses to prevent or treat malnutrition:

- Using CVA for household assistance and/or individual assistance.

- Combining household CVA with SBC interventions.

- Providing conditional cash transfers as an incentive to attend priority health services.

- Using CVA to facilitate access to treatment of malnutrition.

- Providing household cash or vouchers as part of treatment of severe acute malnutrition.

Knowing Just in Time: Use Cases for Mobile Surveys in the Humanitarian World (Morrow et al. 2016) explores the use of the World Food Programme's mobile Vulnerability Analysis and Mapping (MVAM) tool in nutrition and food security-related emergencies. MVAM surveys usually include the behavioral indicators of food consumption scores and the reduced coping strategies index, as well as factor-related indicators like food prices and wages. Response managers and nutrition clusters use information gathered through MVAM to decide where to focus resources and to advocate for specific interventions, including SBC. In addition to using near real-time data for decision makers, implementers use the technology employed for MVAM as a two-way channel of communication with affected groups, both to deliver messages to and seek feedback on responses. The authors note two **areas of interest for further research on how to best use MVAM to guide responses**. The first is **to validate self-reported dietary diversity indicators**; the second is **to explore methods to analyze open-ended responses for insights** into factors driving people's behaviors in humanitarian contexts.

Consensus Building Around Nutrition Lessons from the 2014–2016 Ebola Virus Disease Outbreak in Guinea and Sierra Leone (Kodish et al. 2019) explores key lessons from the nutrition interventions within the Ebola outbreak response. Stakeholders identified challenge areas such as nutrition policy, program implementation, community activity, and household behaviors. The authors find that **many of the challenges were worsened by weakness in the health care and nutrition systems before the emergency, highlighting the importance of systems strengthening in**

recovery and disaster preparedness work. Many lessons highlight the importance of well-coordinated community and household level interventions, including tailored, intensive interpersonal and mass SBC, integrated with food assistance and malnutrition treatment. **In the recovery period, implementers have built on these lessons by strengthening community support networks for nutrition and nutrition counseling at health facilities.**

Project-Specific Documents: Findings and Discussion

USAID Advancing Nutrition reviewed quarterly and formative research reports and strategy documents obtained directly from implementing partners. The objectives of the project-specific document review were to describe current SBC methods and approaches being used by USAID implementing partners, clarify implementer perspectives on challenges and successes related to SBC in emergencies, and to identify gaps in current documentation. We developed an analysis matrix to document this information drawing from the documents from the four organizations/projects that fit our criteria. This allowed us to illustrate how projects document SBC processes and approaches, how they describe priority behaviors, whether they document factors influencing behaviors, including gender issues, and what platforms are commonly used. Given the small sample, these findings are indicative of areas for further inquiry rather than being conclusive.

Details from each of the reviewed documents can be found in Annex 2.

We did not review SBCC media and materials specific to a given topic or set of behaviors. **We found valuable documentation of SBC approaches, platforms, and lessons, however they focus on health, WASH, and agriculture/livelihoods, with very little description of the nutrition-sensitive aspects of those sectors**. This is likely because of the focus on reducing acute malnutrition and mortality, which are more responsive to nutrition-specific interventions. While we were not able to obtain enough project-specific documents to conduct a comprehensive mapping of SBC methods and approaches being used, the examples are drawn from the documents made available to us. We received documentation from five emergency response projects in four countries: Yemen, the Democratic Republic of Congo, Jordan, and Nepal. One caveat is that the implementers most willing to share project-specific documents may be those who dedicate more time and resources to SBC. **These project documents show that some implementers are using SBC methods, approaches, and platforms that are quite similar to nutrition SBC work in recovery or development contexts.** They conduct formative research, though the method used most often, barrier analysis, has limitations (this includes the ability to research only one specific behavior at a time, and the need to find a certain number of doers to compare with non-doers.) They design SBC plans or strategies that use formative research findings to help them focus on priority barriers to behaviors, and to reach the influencing groups that can facilitate change. The approaches described in the documents include interpersonal communication, peer groups, community mobilization, and nudging. The channels and media mentioned include print materials, radio spots, and call-in programs, SMS, or WhatsApp messages, hotlines, and suggestion boxes.

The project documents indicate some of the same weaknesses in SBC programming that are common in development contexts. Implementers are monitoring inputs, outputs, and coverage (disaggregated by gender and sometimes age), but not changes in barriers or behavioral outcomes. It would be useful to analyze a broader sample of project-specific reports to see if these weaknesses are a trend in SBC in nutrition emergency programming generally. One exception to this may be the Adventist Development and Relief Association (ADRA) programming in Yemen. Several implementers had mechanisms for community feedback and suggestions. Most of the SBC programming focuses on mothers, without engaging men as caregivers, and without engaging influencing groups to ensure adequate maternal support. Only ADRA/Yemen, supported by the Global Nutrition Cluster Technical Alliance Technical Support Team (formerly Tech RRT), describes the SBC theories underpinning its work, and lays out guiding principles for its SBC strategy. These principles were

developed with emergency responders and other stakeholders in the country. They state that the SBC strategy will—

- be participatory

- reflect a behavior-centered approach including communication and non-communication approaches

- reflect a long-term/post-crisis view: community ownership and integration with the health system

- include community mobilization to facilitate social change

- prioritize quality over quantity

- focus on quality of community health volunteer and health worker communication

- integrate different sector and program activities

- target multiple contacts, be parent-focused, and use peer support approaches

- incorporate an individual approach at household, village, and health unit levels.

The principles outlined by the ADRA/Yemen project are similar to SBC principles in development contexts (FANTA 2018). The technical advisors who worked with ADRA state that the aspects of their work in Yemen that differ from SBC work in development contexts are the compressed timeline, the early focus on prioritizing behaviors, and the need to design activities within more stringent operational constraints (Tech RRT 2019).

> **Box 3. Areas of Agreement and Disagreement among Respondents**
>
> There were several areas of broad agreement. Respondents said that **programming is stronger when community members are consulted** to prioritize needs and decide the feasible priority behaviors in a given emergency context. They thought it important for **implementers to understand basic principles of SBC and how to conduct rapid assessments related to barriers and enablers** for behaviors to understand whether traditions are becoming more firm or more open to change as a result of a crisis, and to **reach influencing groups who often determine the success or failure of all (not just SBC) interventions**.
>
> There was **less consensus about the appropriate purpose of SBC interventions**. Should SBC work focus on **preventing deterioration in current practices** across nutrition-related sectors, or should it focus on **increasing the prevalence of optimal practices**? Should implementers **sustain impact by strengthening existing systems through SBC work,** or is that not feasible along with the urgent priorities of saving lives and preventing acute malnutrition?

BHA Staff Interviews: Findings and Discussion

USAID Advancing Nutrition interviewed key staff at BHA to—

- define priority questions related to SBC design, implementation, monitoring, and adaptation in protracted emergency contexts

- identify the common perceived strengths and weaknesses in SBC programming in protracted emergency contexts.

We conducted two rounds of interviews. In the first, we explored priority questions developed with BHA. In the second, we explored some of the emerging themes from the first round, including implementer use of guidance and tools, and whether SBC interventions in emergencies should aim for sustainable change, in more depth. A wide range of insights from BHA staff are outlined below. We interviewed staff who were historically with OFDA, and staff who were historically with FFP, and their perspectives were well aligned; we didn't identify any differences in general themes and responses.

Respondents mentioned the **importance of relationship-building at organizational and individual levels to influence program design** and adapt programming for future shocks. Many said

that existing strong relationships between the Global Nutrition Cluster, Tech RRT, and BHA helped produce guidelines for adapting nutrition SBC interventions for COVID-19, and helped implementers integrate them into their activities. Respondents stressed the **need for off-the-shelf toolkits to conduct SBC-related assessments in different sectors**, **to develop or adapt media and materials** for different channels or platforms, and to **train activity staff and volunteers to implement high-quality SBC interventions**. Despite the need for off-the-shelf SBC tools for rapid response, **implementing agencies should take time to tailor tools to the local context and type of crisis in protracted emergencies.**

Detailed interview findings, organized by eight themes that were included in the discussion guide or emerged during the interviews, are presented below.

Respondent Roles Related to SBC in Emergencies

At the time of the first round of interviews, respondents were working in two different offices, Food for Peace, and the Office of Foreign Disaster Assistance, with different mandates and emergency funding mechanisms in their portfolios (these offices have merged and become BHA). Despite these differences, respondents had similar perceptions about what SBC is, the challenges related to SBC in protracted nutrition emergencies, and the different constraints and opportunities for SBC approaches in acute versus protracted emergencies.

We asked BHA respondents how their roles intersect with SBC in emergencies. Their responses made it clear that **SBC is considered by staff as a technical area, almost like another sector, rather than a programming approach that cuts across sectors**. Respondents who work as technical advisors said that **their role and level of technical engagement with implementing partners varied**, especially during protracted responses where there is more opportunity to engage over consecutive years of programming (even if the funding is year-by-year). If a technical advisor is part of a physical deployment to the response country, s/he is much more likely to be heavily involved in the specifics of design, implementation, and monitoring, including after the trip. Some funding mechanisms allow for more direct technical engagement than others, and some implementing partners are more open to detailed technical engagement than others.

Another important aspect of respondents' role is developing relationships with implementing partner country offices, response managers, and Nutrition and WASH cluster participants. These relationships help them understand partners' priorities and capacities related to a given response, including SBC capacities. **Several respondents mentioned the importance of building and maintaining relationships with specific partner staff and in-country counterparts,** such as cluster coordinators, to foster greater understanding and support of partners. Particularly in post-conflict contexts, **working with organizations that BHA has prior relationships with allows safer and more rapid response.**

Challenges

Respondents spoke of eight SBC programming in protracted emergencies-related challenges that cut across four areas: proposal and design process; data for design; emergency timelines; and SBC skills and capacity.

Proposal and Design Process

Respondents acknowledged that protracted emergency design processes are more ad-hoc and less rigorous than the Resilience Food Security Activity design processes, as is necessary to allow for a rapid and nimble response. There is **some perception that effective, multi-channel SBC approaches are prohibitively expensive.**

Most partners propose SBC interventions, but not all partners all define or operationalize SBC methods and approaches in the same way. This is related to a challenge of documentation, where implementing

partners don't have space in applications or reports to describe SBC processes or approaches in detail, so **BHA staff find it difficult to identify trends in SBC within emergencies and collate information for cross-program learning**.

Partners may not clearly state the objectives of SBC efforts in a given response, which makes it challenging to gauge the appropriateness of an approach and to measure its effectiveness. In an acute emergency, programs rightly focus on promoting behaviors most related to survival and harm reduction. In that context, some IYCF behaviors, such as continued breastfeeding, are feasible to promote and practice, while others, like increased dietary diversity, are more feasible to promote and practice in the context of a longer-term development program. Similarly, respondents said that some SBC approaches are more appropriate to protracted emergency or development settings, and not to acute emergencies. An example of this was one-on-one counseling to strengthen exclusive and continued breastfeeding. Partners may add the counseling because they know it is an effective SBC approach for breastfeeding, but may not have the capacity or resources to provide high-quality counseling to enough mothers and families.

A few respondents stated **that while some partners conduct formative research to inform the design of SBC interventions in emergency responses, many partners propose a standard package of interventions with limited adaptations across contexts.** The ability to use formative research results to improve program design is a skill set in itself. BHA respondents saw the value of SBC for improving both the effectiveness and the sustainability of improved outcomes past the life of the response. At the same time, they were concerned that the specific needs and constraints of the emergency remain central to every analysis, including behavioral analysis. Further, they thought it would be helpful for implementing partners to orient their staff to basic SBC models that explain why people behave the way they do and help analyze coping mechanisms from the perspective of affected groups. They also suggested that existing assessment, design, and monitoring tools could benefit from a greater focus on understanding resources and assets that different groups bring to a response, including government resources and capacities. One respondent mentioned the difference between short-term and protracted emergency responses, when using an SBC lens. S/he stated that conversations about when and how to integrate SBC happen more at the partner level and that the "off-the-shelf approach" to SBC is generally preferable during short-term emergencies, whereas in protracted emergencies with longer timelines, SBC should be included in the design phase to inform a longer timeline and layered approach.

Data for Design

It can be difficult for the BHA design team and technical advisors to access contextual data to assess the quality of designs. Obtaining accurate information from the field is challenging because "people don't know what they don't know." Not only are proposals necessarily brief, but staff preparing them may not be sufficiently knowledgeable about SBC to clearly describe how the situation on the ground has informed the behavioral areas of focus, and the specific SBC approaches to be used. **Without accurate and timely context assessment data, it is difficult to identify which behaviors and outcomes would be most strategic in a given moment or emergency response, and which SBC approaches would be most appropriate to reach target populations and move behavioral indicators.**

Emergency Timelines

It is difficult to adapt SBC messaging and incorporate languages and dialects that take into account culturally specific interventions within the short time frame of emergency response awards. This means that implementers often use pre-packaged communications campaigns that are not adapted to local context nor sustainable after the program finishes. Tailored SBC interventions that require longer-term layering and sequencing may not be realistic or appropriate in shorter-term awards, so **there is an ongoing need for off-the-shelf, less targeted or contextualized packages of SBC interventions.** Respondents gave examples of implementing partners using training and counseling

packages and SBCC materials that were created for development contexts, or using materials that were developed for a nutrition emergency in a different place. Their perspective is that while the use of off the shelf or less contextualized packages is not ideal, sometimes it is the only route available due to time, resource, or capacity constraints.

SBC Skills and Capacity

Respondents agreed that in general, SBC requires a diverse skill set to design and implement strategies that influence behaviors. In emergencies, partners that lack the requisite technical and communication skills may be working with volunteers and others in the community. **Partners may face resource and time constraints in training volunteers in SBC and supporting them to strengthen new and diverse skills, from engaging community leaders productively, to counseling individuals and facilitating small groups, to measuring whether behaviors are changing.** Respondents added that **SBC is often programmed within the separate category of "complementary activities" rather than integrated across all activities in which it could increase program effectiveness.**

Monitoring and Evaluation

USAID Advancing Nutrition asked respondents generally about whether implementing partners are following monitoring guidelines related to changes in behavior, and how BHA uses those data. While were unable to get a clear picture of how BHA uses reporting data for decision making, **there was general agreement that strengthening and retaining capacity for monitoring and evaluation in emergency programming, including related to SBC interventions, is very difficult due to short time frames.** Contributing to this is the fact that monitoring and evaluation staffing generally is a challenge for implementing partners in humanitarian response. Similar to the discussion about whether some SBC objectives and approaches are appropriate to acute or protracted emergencies, there was discussion about what kinds of assessments, monitoring activities, and evaluations are appropriate to ask of implementers. **Monitoring requires time, resources, and technical expertise, which can end up comprising a high percentage of the total budget. Even when this monitoring highlights problems, there is often no time or capacity to fix them**, which makes spending money on monitoring less attractive to implementers.

Respondents discussed which changes are reasonable to expect in a one-year program or an emergency situation. **Multiple respondents said it was unreasonable to expect significant positive changes to practices, or increases in rates of practices like exclusive breastfeeding or dietary diversity**. Rather it may be more appropriate to consider preventing deterioration of current rates of optimal behaviors (as determined by rapid assessment) as a success. The complexities of knowing which indicators to select was also brought up. Respondents indicated that **"the monitoring conversation" remains challenging within BHA "as it can be difficult to incorporate any other components when life-saving needs take priority."**

Use of Guidance and Tools

A broader discussion emerged about the variety of guidance and tools related to SBC in emergencies in different nutrition-related sectors available to implementing partners. Respondents said that there were tools and apps in different sectors for assessment, design, and monitoring, including SBC or communications, but that they had little sense of which tools and apps partners found most valuable. Specifically, respondents mentioned BHA's Modality Decision Tool and the World Food Program's Filling the Nutrient Gap. **BHA respondents expressed interest in learning more from implementing partners about the tools they use for assessment, design, and monitoring in different contexts and types of emergencies, and what would add value to existing tools.**

The ability to adapt existing tools, formative research methods, SBC approaches, and communication media/materials to different contexts came up as another important capacity gap, especially for emergencies in urban settings. Generally, **respondents agreed that any tools meant for use in**

even protracted emergencies need to be off the shelf, relatively rapid, and should include guidance for decision-making based on assessment, research, or monitoring findings.

A number of respondents asked if there are SBC frameworks that could help with emergency programming. One said that it might be **useful to think about "common aspects of health, food security, resilience, etc. that we want to protect in emergency response," and to create a common set of protocols and processes for designing SBC interventions that protect them.** Two respondents pointed to the Integrated Phase Classification framework used by FEWS NET as a model.

Changing Communication Needs, Including Related to COVID-19

In response to a question about how communication needs (as a subset of SBC interventions) change over the lifetime of a protracted emergency, one respondent said that implementing partners tend to first implement a blanket approach with people receiving distribution of goods, followed by one or more mass communication campaigns promoting health, nutrition, or WASH behaviors. Respondents agreed that these **mass communication campaigns are often not well developed or responsive to a particular context.** They said that communication plans tend to be more detailed if the implementers are taking a multi-year approach, citing an example of a multi-year emergency program in South Sudan in which the implementing partner conducted a barrier analysis to inform the response design.

We asked about how emerging mid-response shocks change communication needs. Respondents said that public health emergency responses, such as those for Ebola, cholera, and Zika, provided lessons that helped them adapt activities to the COVID-19 context. BHA asked implementers how they were adapting their work and told them to reach out if they needed help. One respondent added that **with the onset of COVID-19 (and other crises), USAID often requires additional reporting, and therefore implementing partner priorities often shift to that, instead of refining messaging.** For new applications, BHA issued guidance on how to include COVID-19 considerations in assessment, design, and monitoring so that partners could adapt existing grants and incorporate COVID-19 response into new applications. Changes to programming due to new crises are usually demand-driven and require the implementing partners to reach out and request design support. The **BHA design teams assume that there will be additional shocks during programming and build scenario planning and flexibility into all awards.**

Respondents said that developing guidance for adapting programming during the COVID-19 pandemic has been an easier lift for nutrition than other sectors. This is in part related to the existing relationships and communication mechanisms among field-based implementing partner staff, headquarters-based partner staff, USAID technical advisors, and other global technical assistance providers like the Global Nutrition Cluster Technical Alliance Technical Support Team and UNICEF. For example, nongovernmental organization partners were already amenable to accepting guidance from the Global Nutrition Cluster, which collaborated with technical assistance providers to develop guidance rapidly.

Building on Existing Platforms, Resources, and Capacities

We asked if implementing agencies are able to identify and build on existing delivery platforms, and tap into SBC-related resources and capacities when they initiate an emergency response. Respondents said that, ideally, at the outset of a design process, implementers look at what is already working in a given context and think about how to build upon it. One respondent noted that this is not usually how emergency responses work. Instead, implementers seem to operate with the premise that if there is a problem, the response must do something new to fix it. Thus, **opportunities to build on existing platforms, resources, and capacities are missed.**

The same respondent added that building on human resources or institutional knowledge does arise regularly in design conversations, depending on the crisis and the relationship that the local or national government has to it. Respondents frequently mentioned **high rates of implementing partner staff**

turnover as a challenge to local capacity strengthening. One respondent mentioned that turnover isn't always negative, as effective community-level staff may move to higher-level positions and use the skills that they gained during the crisis for the rest of their careers. While this might be a positive outcome for individuals, it does make programming a challenge **as partners are often losing institutional memory and capacity**, and are often looking for replacement staff with needed skills.

Local or multilateral counterparts, including UN cluster coordinators, tend to be more stable, so respondents said that on technical assistance trips they often make sure to connect with them. This doesn't always translate to being able to influence the design of a response, including SBC interventions, because there is variability in how much technical discussion happens within clusters. Often, the UN cluster focus is agreeing on targeting and amounts of resources to be distributed. Respondents mentioned the **variability in quality of coordination among implementers, line ministries and other government agencies, and UN cluster mechanisms**. This may result from the crisis itself if government is disrupted, but may stem from poor communication among actors. During the response to COVID-19 in Mali, for example, there was a great need for communication campaigns promoting prevention and mitigation behaviors, but partners began disseminating messages that differed from what the Mission wanted. It was challenging to get all partners to disseminate the same messages.

USAID Advancing Nutrition asked if implementing partners are able to tap into existing private sector resources and capacities, and respondents couldn't give examples. In general they stated that **where implementers are working with private sector actors, it should be within a public-private sector collaboration** mechanism, and transitional strategies should be developed at the beginning of the collaboration.

Transition and Sustainability

Respondents linked the issue of building on existing resources to transitioning responsibilities to local counterparts and sustaining positive changes after the acute emergency passes. They cited maintaining WASH infrastructure post-emergency response as an example of these types of challenges. **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**. Despite these challenges, respondents had seen programs that fostered local government ownership of interventions and assets, though they didn't provide examples.

Sustainability emerged as an important theme during both rounds of interviews. We asked whether sustainability should be a goal for protracted nutrition emergency response activities. Respondents had mixed opinions. Some thought that implementers should work to sustaining change after the life of activity by planning for handover and strengthening local capacity where possible. Others said that sustainability may not be an appropriate aim in the context of interventions whose purpose is to save lives. Some felt that there is too much of a trade off with efficiency and effectiveness when the work focuses on building capacities of local institutions.

One respondent said that BHA's should make expectations about sustainability clearer during the design phase of an activity, to foster an enabling environment for partners to make these types of choices. This respondent added that **single-year programming often turns into a protracted emergency response, which is unlikely to be fully resolved without mitigating underlying causes in sustainable ways**. Another respondent made a similar point and said that while s/he didn't think sustainability is a reasonable goal for one-year emergency response programs, protracted emergency programming that is three or more years might have more hope of catalyzing sustainable systemic, social, and behavior changes. That person suggested that **short-term programs could work more on maintaining and preventing losses and that BHA could review and update the current interim emergency guidelines to clarify sustainability for longer programming.**

Topics for Further Exploration

Respondents had the following questions about SBC in protracted nutrition emergencies:

- **Design tools and apps:** What assessment and design tools and apps—including but not limited to those that explicitly relate to SBC—do end-users find most useful, by context and stage of response?

- **Assessment to action:** How can we help implementing partners translate assessment/formative and evaluation results and findings into innovative action? How can we document their successes?

- **Indicators:** What are appropriate indicators for SBC in emergencies? For example, while increased exclusive breastfeeding and increased dietary diversity are required indicators, is it really appropriate to seek to improve the exclusive breastfeeding rate if skilled counseling is not available, or to increase dietary diversity in areas of extreme food insecurity? Is there a way that monitoring can be improved so that data are gathered along impact pathways, not just at output and outcome stages?

- **Implementation research:** How can we support additional implementation research and impact evaluations of SBC in emergencies for different sectors?

  - What types of communication approaches have been proven effective in conflict prevention or resolution?

  - What approaches are best for shifting social norms? How can we assess if norms are more or less open to change in a given emergency context?

- **Frameworks:** Can we adapt an existing SBC framework to guide implementers through design, implementation, and monitoring in a way that is appropriate to emergency contexts? How can we help implementers identify SBC priorities and what is feasible to change depending on the time frame of the response and the type of crisis?

- **Intervention packages:** What combinations of SBC interventions will save the most lives? We do not give implementers guidance on this right now, so they might not even apply for the best combination of components in the new application system, now that BHA has removed the former parameters on complementary activities.

- **Costs:** How much do SBC assessments, interventions, and monitoring cost? Is it worthwhile to invest in SBC programming if we know we will lack sufficient funding to implement multi-channel, layered, and sequenced programming?

Recommendations

This review of documents and BHA perspectives was not exhaustive, but it highlighted actions, below, that BHA could take to increase the use of effective SBC approaches in protracted nutrition emergency response activities.

- Work with the Global Nutrition Cluster, the Global Nutrition Cluster Technical Alliance, and the CORE Group Humanitarian-Development Task Force to **develop a clearinghouse for SBC in protracted nutrition emergencies**. This clearinghouse should pull together guidance, training curricula, and tools for assessment, design, and monitoring across nutrition sectors. It could have a vetting process to assure quality while making resources more easily available to implementers.

- **Hold a visioning meeting on SBC in protracted emergencies** with a range of BHA staff. Questions to be discussed at the meeting:

  - Should SBC methods and approaches be integrated into protracted emergency response activities? What is feasible for single-year-funded activities? What is feasible for multi-year-funded activities?

  - Are BHA technical advisors getting enough information about the types and quality of SBC approaches being implemented from applications, reports, and evaluations? If not, what is it feasible to ask implementers to report, given page limitations and competing urgent priorities?

  - Is it appropriate for protracted emergency response programs to incorporate interventions that will increase the sustainability of structural, social, and behavior change after the life of an Activity? What are the tradeoffs involved when the work becomes about building capacities of local institutions as well as saving lives?

- **Harmonize language and clarify expectations** about SBC included in BHA application guidelines across sectors. Guidelines for most subsectors mention the need to engage communities in change, assess their priorities, and think about current practices and barriers to change when designing interventions, but the level of specificity varies considerably across sectors. This is likely to result in uneven quality and effectiveness of SBC work across sectors in any given response Activity, and perpetuates the limiting perception that SBC is a health, WASH, and nutrition approach, not an agriculture, livelihoods, or social protection approach.

- **Monitor SBC-related trends in new applications using the new guidelines** to understand how implementers are understanding the guidelines for different sectors. The recently launched Application and Award Management Portal, which allows organizations to submit applications (formerly referred to as proposals) and report results, should make it easier to monitor trends. BHA could use this portal to support documentation of SBC design processes, approaches being implemented, and the impact of those approaches on behavioral outcomes.

- Support implementers to **focus more on assessing and responding to the *stated priorities* of different beneficiary groups in affected communities**. Currently, implementers may assume, without community consultation, what the priority needs are. This may lead to the design focusing on *push factors*; increasing access to infrastructure, information, goods, and services. It may lead to less of a focus on understanding and responding to *demand* from different beneficiary groups. A shift in focus to *supporting beneficiaries to meet their own priority needs* would place the locus of action (behaviors) and control with community members, leaders, and institutions. While acute emergency responses benefit from standard assessments and packages of interventions focused more on push or supply factors, protracted emergency responses likely

allow more room for a balanced supply and demand focus. This is because of the opportunity to monitor changes, reassess priorities, and engage different priority groups in the community as proactive agents of change, in participatory change processes that require sustained interaction with community members, and a secure and stable context.

Conclusion

At the beginning of the scoping review, USAID Advancing Nutrition and BHA agreed that SBC programming—

- identifies who needs to practice what behaviors to achieve agreed outcomes

- analyzes behaviors that priority groups currently practice and why

- identifies factors that prevent priority groups from practicing priority behaviors, including who influences them and what resources or services can support them to change

- develops specific program interventions to—

  — engage priority and influencing groups

  — reduce barriers to change.

Interviews revealed that BHA staff agreed with what implementers stated in their documents: that emergency response interventions in health, nutrition, and WASH should focus on promoting behaviors that align with the outcomes that partners are trying to achieve in nutrition, food security, WASH, and other areas. Both see the value in ensuring that the promoted behaviors are feasible for community members, service providers, and other actors to practice and that they align with community priorities. **There is broad agreement on which elements of SBC are important for protracted nutrition emergency programming, but less consensus on how and when to integrate these elements of SBC into such programming.**

We did identify examples, however, that show it is feasible to bring essential elements of nutrition SBC thinking to protracted emergency contexts. Tech RRT and ADRA have used the promising approach of consulting with key actors to select a short list of priority behaviors, then conducting rapid formative assessments on those behaviors only. They used a collaborative process to develop an SBC strategy for their program that integrated SBC approaches across sectors and laid out clear roles and responsibilities for implementing the strategy. Focusing on a short list of behaviors allowed a compressed timeline for all of these processes. Suaahara was able to mount an emergency SBC communications campaign quickly by building on existing delivery platforms and using a familiar character developed through previous programming, along with trusted community agents to disseminate messages. By acting as a clearinghouse for existing SBC tools and guidelines and working through some of the "how" and "when" questions internally, BHA can help implementers integrate SBC processes and approaches into its activities in more consistent, efficient, and effective ways.

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Annex 2. Project Document Review Detailed Findings

Document 1. Social and Behavior Change Strategy (2019–2022) and Action Plan (2019–2020), Adventist Development and Relief Association (ADRA).

Date: April 2019
Country: Yemen
Project name: Not stated
Years of implementation/rounds of funding: Not stated

SBC-related processes/strategies/ approaches/methods/tools mentioned	• ADRA conducted formative research on three priority behaviors using barrier analysis and focus group discussions with mothers, husbands, and older women. • The strategy mentions 5 specific SBC theories or models that underpin the SBC approaches recommended in the strategy: the health belief model, the theory of reasoned action, the stages of change, the socioecological model, and nudge theory. • The strategy recommends these SBC interventions: mother-to-mother and father-to-father support groups; home visits; positive deviant families; older women's groups; community leader groups; sharing key messages during public meetings; posters for community and household spaces; text and WhatsApp messages; a health and nutrition advice hotline; health unit level counselling and support groups; and mobile health team counselling and support groups. • ADRA implements cooking demonstrations, food voucher distributions, and water infrastructure support/WASH item distribution, but cautions against considering them to be primarily SBC interventions due to time and logistics challenges of doing high-quality SBC work at this time. • There is an action plan to operationalize the SBC strategy, which includes the staffing and supervision structure; a summary of core training content; guidelines for effective materials; targeting at household, health unit, and village levels; and a detailed roll out plan.
SBC platforms/media/ materials mentioned	Community spaces for support groups; households for individual family support; health units and mobile health units for individual counseling and support groups; mosques to deliver messages to village leaders and husbands; and mobile phones to deliver messages and as a way for community members to seek information and provide feedback.
Specific behaviors mentioned (including priority groups/doers and influencing groups)	• Mothers wash hands with soap and water at 5 critical times; mothers seek care for a child within 24 hours after 3 episodes of diarrhea in a day; pregnant women eat an extra meal a day; mothers initiate breastfeeding within 1 hour of giving birth, mothers exclusively breastfeed up to 6 months, and mothers of 6–23-month-olds feed them foods from at least four of seven food groups each day. • Specific objectives are set for each priority behavior. • "Influencing groups have been selected based on findings from the formative research. Husbands have particular influence when spending is concerned…and older women in relation to child care…Community leaders, particularly imams, are a useful resource for influencing behavior of communities at large, particularly men. Health unit workers are respected and can influence mothers during antenatal classes and health unit visits."
Factors mentioned (demand, supply, enabling environment, gender, youth, disability, other marginalization)	• Multiple factors are detailed for each of the priority behaviors.

Anecdotes, indicators, outputs, or outcomes mentioned	• "The strategy fosters an approach to both social and behavior change based on formative research about why people behave in a particular way, and how behaviors change in a given social and economic system. The approach aims to affect the desired positive outcomes by targeting known determinants amongst specific groups of people." • The strategy builds on existing national SBC and nutrition documents, as well as previous formative research. • "The counseling approach will include training community health volunteers and health workers in negotiated behavior change, understanding perspectives of another, motivating conversations for change, implementation intention, home visits and counselling, behavior change through guided testimonials and learning through cross site visits using the Make Me a Change Agent guidance as a key resource."

Document 2: Improving Early Initiation of Breastfeeding in Yemen: Evidence from the Multi-Sectoral Assistance and Nutrition Response, Adventist Development and Relief Agency (ADRA).

Date: 2019
Country: Yemen
Project name: Not stated
Years of implementation/rounds of funding: Not stated

SBC-related processes/strategies/ approaches/methods/tools mentioned	• No specific approaches are mentioned but the project "integrates agriculture, livelihoods, WASH, health, and nutrition sectors." • The project conducted formative research to understand key factors influencing early initiation of breastfeeding, using barrier analysis and focus group methodologies. • The report recommends non-specific activities to improve maternal health and likelihood of normal deliveries; activities to provide support to mothers from influencing groups; and awareness campaigns to promote the importance of colostrum.
SBC platforms/media/ materials mentioned	None
Specific behaviors mentioned (including priority groups/doers and influencing groups)	• Early initiation of breastfeeding
Factors mentioned (demand, supply, enabling environment, gender, youth, disability, other marginalization)	• Key barriers to early initiation of breastfeeding are perceived self-efficacy, access, cues for action, risk, severity, and action efficacy. • Mothers with good health and who had a normal delivery were more likely to have initiated breastfeeding early. • Support from friends and family was cited by practitioners of the behavior as making early initiation of breastfeeding easier. • Mothers who know the connection between early initiation of breastfeeding and colostrum and those who perceive a risk of not feeding colostrum were more likely to initiate breastfeeding early.
Anecdotes, indicators, outputs, or outcomes mentioned	None

Document 3: Ditekemena Quarterly Performance Report, October 1, 2018–December 31, 2018, Catholic Relief Services (CRS).

Date: January 2019
Country: Democratic Republic of the Congo
Project name: Ditekemena
Years of implementation/rounds of funding: 1 year and 4 months at time of report

SBC-related processes/strategies/ approaches/methods/tools mentioned	● Food assistance, agricultural input support, seed protection rations and provision of tools, rapid health and food security assessment, seed security assessment tools were designed. ● On-site satisfaction surveys were conducted with households. ● Monitoring of food prices for disruption in local markets as a result of distributions. ● Trainings and workshops for Ditekemena and partner staff on a variety of topics including seed/tool fair modalities; use of the data collection platform; food quality; and warehouse management. ● Beneficiaries were "oriented and sensitized" about good agricultural practices.
SBC platforms/media/ materials mentioned	● Three mechanisms for community feedback: suggestion boxes, national free hotline, and on-site during distributions. ● The call center is updated with information about recent and upcoming activities. Field teams adapt messages during community awareness sessions based on questions coming in to the call center.
Specific behaviors mentioned (including priority groups/doers, and influencing groups)	● Timing of rations with the agricultural season helped households avoid harmful coping practices like early harvesting. ● Food consumption scores increased from 19.7 to 28.7. 74% of households consumed most rations within the household; 21% shared rations with other relatives. ● 67% of households said spouses decided together how to use the assistance; 12% said the decision was made by the woman; and 21% said the decision was made by the man.
Factors mentioned (demand, supply, enabling environment, gender, youth, disability, other marginalization)	● People were satisfied with the rations, which were within 2 hour walk for 100% of households. ● Pit latrines were constructed at distribution sites, which the community wished to keep open after the intervention.
Anecdotes, indicators, outputs, or outcomes mentioned	● To cope with supply chain disruptions, they transferred stocks of already purchased commodities between provinces. They gave double rations to make up for missed distributions, and purchased from existing local private suppliers. ● Report lists households receiving food assistance, disaggregated by presence of adult males, females, both, or neither. ● The report outlines coordination with the Food Security cluster and "other food and seed actors" in the intervention areas.

Document 4: Camp-based Barrier Analysis of Early Initiation of Breastfeeding, Iron-rich Food Consumption, and Early Antenatal Care Seeking Behaviors of Syrian Refugees in Azraq Camp, Jordan, International Medical Corps (IMC).

Date: September 2016
Country: Azraq Camp, Jordan
Project name: NA
Years of implementation/rounds of funding: Not stated. The camp was opened in April 2014.

SBC-related processes/strategies/ approaches/methods/tools mentioned	● IMC conducted formative research on three behaviors using the barrier analysis methodology. ● A cost of the diet study was conducted, identifying barriers to accessing iron-rich foods. ● IMC drafted a "bridges to action" matrix with partners using results of the barrier analysis. This matrix can be used as an input for an SBC strategy and intervention planning. ● Providing support, counseling, and messaging to strengthen IYCF behaviors, leading outpatient therapeutic feeding program, and providing counseling, supplementation, and messaging about dietary diversity to prevent micronutrient deficiencies. ● The "bridges to action" matrix recommends additional or refined SBC approaches, including: advocating for baby-friendly hospital initiative with policy makers; establishing care groups for pregnant women and mothers; increasing coverage of existing counseling services; arranging a system of transport to clinics for women to access antenatal care; ensuring all medications are available at antenatal care; providing specific vouchers for iron-rich foods; and promoting micro-gardens focused on production and use of iron-rich vegetables.
SBC platforms/media/ materials mentioned	● Community members will be reached through education and food security services; health centers; nutrition, mental health, and reproductive health services; water supply and waste water treatment services; community centers; and multi-purpose sports grounds.
Specific behaviors mentioned (including priority groups/doers, and influencing groups)	● Early initiation of breastfeeding, iron-rich food consumption, and early antenatal care. ● Residents access food via vouchers provided at a central supermarket. Some residents do small-scale gardening outside their caravans, producing vegetables, herbs, and aromatic plants. Some work or sell goods at the camp-based market. ● Anecdotally, early initiation of breastfeeding in the camp was uncommon. 29% of children under 2 years of age consumed iron-rich or -fortified foods, and of pregnant women seeking antenatal care, only 45% accessed it during their first trimester.
Factors mentioned (demand, supply, enabling environment, gender, youth, disability, other marginalization)	● The priority factors identified by the barrier analysis for early initiation of breastfeeding were perceived self-efficacy, access, cues for action, and social norms. ● The priority factors identified by the barrier analysis for early treatment seeking for antenatal care were perceived self-efficacy, positive consequences, and access to services ● The priority factors identified by the barrier analysis for children consuming iron-rich foods were perceived self-efficacy, positive consequences, and severity; and social norms.
Anecdotes, indicators, outputs, or outcomes mentioned	None

Document 5: Suaahara's Social and Behavior Change Strategy in Earthquake Emergency Initial Recovery Period, Save the Children.

Date: May-December 2015
Country: Nepal
Project name: Suaahara
Years of implementation/rounds of funding: Multiple years for development work; 7 months of emergency response programming at the time of writing

SBC-related processes/ strategies/approaches/ methods/tools mentioned	● Interpersonal communication, home visits, food demonstrations, breastfeeding corners at mother/baby play areas, short videos
SBC platforms/media/ materials mentioned	● Channels: home/camp visits, nutrition rehabilitation centers, health volunteers and other front line workers, radio. ● Media/materials: print materials, radio spots, call in radio show.
Specific behaviors mentioned (including priority groups/doers, and influencing groups)	● Primary audiences: 1,000-day pregnant, lactating mothers and their families, especially caretakers in 10 districts. ● Secondary audiences: health volunteers, teachers, FS/SMs [acronym isn't spelled out], and community leaders. ● Behaviors: continued breastfeeding, drink only treated water; use toilet and dispose child feces in toilet; wash hands with soap and water at key times; one extra serving for pregnant women and two extra servings of food for lactating mothers every day; treat babies that have three or more watery stools in a day with oral rehydration solution and zinc; seek health care for danger signs for infants.
Factors mentioned (demand, supply, enabling environment, gender, youth, disability, other marginalization)	None
Anecdotes, indicators, outputs, or outcomes mentioned	● "Suaahara program has a vast network of trained staff and volunteers, existing SBCC materials that reinforce and model key safety and health messages, a trusted source of information through Banchhin Aama (76% recognition), and a number of interpersonal communication job aids under development that can further reinforce the key behaviors." ● "During this crisis time, the SBCC strategy is to be quickly responsive to these [urgent] needs and provide essential feedback to the community through the appropriate channel."

Annex 3. Discussion Guides for Key Informant Interviews with BHA Staff

Discussion Guide, Round 1 Interviews

Scoping Review of SBC in Protracted Emergency Nutrition Responses

May 2020

Purpose of the Discussion

Today's discussion will help USAID Advancing Nutrition to:

- **define** priority questions related to SBC design, implementation, monitoring, and adaptation in protracted emergency contexts, and

- **identify** the common perceived strengths and weaknesses in SBC programming in protracted emergency contexts.

Note for discussion guide reviewers: The questions below are a guide to discussion only. Although we plan to touch on several key topic areas, the interview will be semi-structured, and allow for more open discussion as ideas emerge during the conversation.

Date: _____ Starting Time: _____ Ending Time: _____

Name and Title of Respondent(s)

Name of Facilitator: _____

Name of Note Taker: _____

For the Facilitator:
Introduce facilitator and note taker.
Say: Thank you for taking the time to meet with us today. We aim to take no more than 90 minutes of your time today.

- FFP asked USAID Advancing Nutrition to conduct a review of current SBC programming in responses in protracted emergencies. This includes:

  - understanding managers and implementers perceive or position SBC as part of their work, and how they design, implement, and measure SBC interventions

  - describing current resources and practices, capacities and gaps, and successes and challenges

- As a first step, we are speaking with key stakeholders to:

  - **define** priority questions related to SBC design, implementation, monitoring, and adaptation in protracted emergency contexts,

  - **identify** the common perceived strengths and weaknesses in SBC programming

- We will summarize our findings and share them with FFP and OFDA in a briefing. You'll be welcome to attend. Responses from these interviews will **not be attributed to specific individuals.**

Discussion Questions

Background

1. Please tell us about your role related to emergency response programming. Is your role different related to programming responses to protracted emergencies as opposed to acute emergencies?

2. In your experience, do people involved in protracted emergency response perceive that SBC interventions are important to their work? Does this vary between acute emergency and protracted emergencies?

3. What do you think of when you hear SBC? What do you perceive as the major challenges to programming SBC interventions in protracted emergency responses?

Guidance

4. We are interested in understanding how technical assistance and oversight related to SBC interventions look different across funding and coordination mechanisms within USAID. In your experience, how does USAID's level of technical engagement differ between these mechanisms?

   – How do these things differ when USAID is coordinating with external partners (e.g., UN agencies, non-US bilateral agencies, and host country governments)?

5. USAID issues guidance for monitoring emergency responses. Examples of indicators that involve measuring behaviors include:

   – Food Consumption Scores

   – Reduced Coping Strategies Index

   Does USAID look for these components when implementing partners report on their progress? What else do you look for?

6. What are the ongoing needs and appropriate timing for different types of program communications (e.g., initial engagement with communities, communication about targeting of interventions, or promoting specific WASH, health, or food security related behaviors)?

   – If a new shock emerges, how do the communication needs change?

7. Some basic elements of SBC thinking for design, implementation, and adaptation are

   – Identifying who needs to do what to achieve agreed outcomes. The list of "who needs to do what" is sometimes called priority groups and priority behaviors or practices.

   – Analyzing behaviors that priority groups are currently doing and why

   – Identifying factors that prevent priority groups from doing priority behaviors, including who influences priority groups, and what resources or services can support them to change

   – This includes developing specific program interventions to:

   - engage priority and influencing groups, and
   - reduce barriers to change. These strategies often include putting in place or strengthening resources and services to facilitate change.

7a. In your experience, does USAID require this kind of thinking from responders in protracted emergencies? Why or why not? Does the application of this thinking look different in different phases of response and recovery? If so, in what ways?

7b. As far as you know, do implementing partners usually develop SBC strategies or plans? Do they do regular assessments or formative research? Do they change SBC priorities as circumstances or community priorities change? (Probe why or why not for each question).

8. How can SBC help responders build on programming capacity, platforms, resources, and materials that existed pre-emergency?

Closing Questions

9. USAID Advancing Nutrition will be visiting at least one protracted emergency nutrition response in the next few months to ask similar questions to implementers and partners, and to observe SBC efforts in the field. What are two or three things that you'd like to know about related to SBC in protracted emergency responses?

10. Who else at USAID or USAID's technical assistance mechanisms should we be sure to talk to for these initial discussions?

Optional Questions (based on interview timing and interviewee expertise)

11. How can SBC interventions strengthen coordination, collaboration, capacity-strengthening, and ongoing support among these actors engaged in emergency response at different phases?

12. How are primary and influencing actors identified at community, institutional, and government levels? What types of capacity strengthening and job aids do these actors receive?

13. How can SBC help responders assess situations and design response interventions with an improved gender, youth, and social-inclusion lens?

14. What are the opportunities to integrate SBC into ongoing blanket and supplementary feeding interventions?

15. What types and scale of SBC programming are currently aimed at protecting maternal nutrition in emergencies?

16. Are implementers defining the quality of SBC across the continuum of care for acute malnutrition, including family, community leader, and provider behaviors? What, if any, quality assurance/improvement mechanisms do they have in place?

17. What is the current role of private sector partners in SBC design, implementation, monitoring, and adaptation? Have opportunities to partner with private sector actors or to leverage market-led approaches for SBC been missed? Please give us some examples.

Discussion Guide: Round 2 Interviews

Scoping Review of SBC in Protracted Emergency Nutrition Responses

February 2021

Purpose of the Discussion

Today's discussion will help USAID Advancing Nutrition to:

- refine our understanding of how protracted emergency response managers and implementers perceive or position SBC as part of their work, and

- identify common perceived strengths and weaknesses in SBC programming in protracted emergency contexts.

Note for discussion guide reviewers: The questions below are a guide to discussion only. Although we plan to touch on several key topic areas, the interview will be semi-structured, and allow for more open discussion as ideas emerge during the conversation.

Date: _____ Starting Time: _____ Ending Time: _____

Name and Title of Respondent(s)

Name of Facilitator: _____

Name of Note Taker: _____

For the Facilitator:
Introduce facilitator and note taker.
Say: Thank you for taking the time to meet with us today. We aim to take no more than 75 minutes of your time today.

- BHA asked USAID Advancing Nutrition to conduct a scoping review of current SBC programming in responses in protracted emergencies. This includes:

  - understanding how managers and implementers perceive or position SBC as part of their work

  - how they design, implement, and measure SBC interventions, and

  - describing current resources and practices, capacities and gaps, and successes and challenges

- In 2020, we spoke to a few of your BHA colleagues. We have reached out to you to add your perspective to the review, and to explore a couple of topics raised in those interviews in more depth.

- This year we'll be sharing our findings from the scoping review in a report which will be shared with BHA. Responses from these interviews will **not be attributed to specific individuals.**

Discussion Questions
Background

1. Please tell us about your role related to emergency response programming.

2. In your experience, do people involved in protracted emergency response perceive that SBC interventions are important to their work? Does this vary between acute emergency and protracted emergencies where responses may continue for multiple years?

3. What do you think of when you hear SBC? What do you perceive as the major challenges to programming SBC interventions in protracted emergency responses?

Adapting SBC Approaches for Protracted Nutrition Emergency Contexts

4. What are the ongoing needs and appropriate timing for different types of program communications, e.g. initial engagement with communities, communication about targeting of interventions, or promoting specific WASH, health, or food security related behaviors?

   — If a new shock emerges, how do the communication needs change?

5. **Background to the question:** Some basic elements of SBC thinking for design, implementation, and adaptation are

   — Identifying who needs to do what to achieve agreed outcomes. The list of "who needs to do what" is sometimes called priority groups and priority behaviors or practices.

   — Analyzing behaviors that priority groups are currently doing and why

   — Identifying factors that prevent priority groups from doing priority behaviors, including who influences priority groups, and what resources or services can support them to change

   — Developing specific interventions to:

   ▪ engage priority and influencing groups, and
   ▪ reduce barriers to change.

   Your colleagues whom we interviewed are generally supportive of integrating SBC thinking and approaches into protracted emergency activities. They feel that SBC analysis and design need to be adapted to the specific features of a given crisis, but at the same time, they see a need for modular, "off the shelf" tools for SBC because of urgency and compressed time frames.

   Question: How do you think the application of SBC thinking and approaches should look different in protracted emergency response activities, compared to development activities?

6. As you know, BHA issues guidance for monitoring emergency responses. Examples of indicators that involve measuring behaviors include:

   — Food Consumption Scores

   — Reduced Coping Strategies Index

   What else do you look for related to behavioral indicators?

   Your colleagues whom we interviewed would like more discussion around appropriate indicators for SBC in emergencies. For example, is it appropriate in any emergency to aim to change the exclusive breastfeeding rate, or increase dietary diversity? What do you think?

Building on Existing Platforms, Resources, and Capacities

7. Your colleagues whom we interviewed mentioned that it can be difficult for emergency response activities to build on SBC platforms, resources, capacities, and materials that existed pre-emergency. For example there is high turnover among nongovernmental organization staff, and the cluster system operates in a somewhat parallel way to government structures like line ministries. Do you know of response activities that have been able to build on these existing resources? Are there SBC methods or approaches you know of that might help emergency response activities to identify and tap into existing resources, platforms, and capacities?

8. Your colleagues linked this issue of building on existing resources to the issue of sustainability and the humanitarian/development transition. They mentioned challenges with transitioning responsibilities to local counterparts, and sustaining positive changes during recovery and transition to development programming. Maintaining WASH infrastructure post the life of an activity was given as an example of these types of challenges.

9. Do you think that sustainability should be a goal for protracted emergency response activities? Why or why not? Do you know of response activities that have proactively considered how to sustain changes after the life of activity?

Closing Questions

10. What do you see as current challenges and opportunities to assess situations and design response activities with a gender, youth, and social-inclusion lens? Are there SBC methods or approaches you know of that that might help programmers assess and respond to the needs and priorities of different population groups more effectively?

11. What are two or three things that you'd like to know more about related to SBC in protracted nutrition emergency responses?