

# MOMENTUM

INTEGRATED HEALTH RESILIENCE



Photo © 2020 Sean Hawkey

Technical Brief

August 2022

## SOCIAL & BEHAVIOR CHANGE STRATEGY TO ENHANCE RESILIENCE

Taking Proactive Steps to Improve Demand for and Use of Quality Health Services in Fragile Settings

**MOMENTUM INTEGRATED HEALTH RESILIENCE** partners with countries facing ongoing shocks and stresses (e.g., weak institutions, conflicts, disasters). Proactive social and behavior change activities among health providers, community health workers, and community members before, during, and after shocks and stresses increase health resilience and prevent disruption in health services for families and communities.

### Social & Behavior Change for Resilience

The five principles presented here for social and behavior change in fragile and conflict-affected settings will help to strengthen absorptive, adaptive, and transformative resilience capacities, and prevent disruptions in health service demand and care seeking.

## INTRODUCTION: WHAT AND WHY

Social and behavior change (SBC) approaches provide valuable advantages when working to strengthen health resilience, particularly within the contexts of the crises, shocks, and stresses where MOMENTUM Integrated Health Resilience works. This strategy is designed to lay out the details for the project’s approach

### Social and Behavior Change

SBC refers to activities and interventions that seek to understand and facilitate change in behaviors, and the social norms and environmental determinants that drive them. SBC interventions are grounded in several different disciplines, including social and behavior change communication, community mobilization, marketing, advocacy, behavioral economics, human-centered design, and social psychology. SBC is an essential element of voluntary family planning (FP), reproductive health (RH), and maternal, newborn, and child health (MNCH) programming. It shapes not only demand for services but also client-provider communication, couples’ communication, and the engagement of community leaders and other influencers of health-related behaviors and norms.

to SBC, in particular as it relates to working in fragile settings. The key principles within this strategy will be used by MOMENTUM Integrated Health Resilience and other implementing partners to build the evidence for this specialized SBC approach.

**This strategy posits that SBC in fragile settings requires a tailored approach that accounts for the unique programming contexts and utilizes SBC as a tool to strengthen resilience capacities within those contexts.**

MOMENTUM Integrated Health Resilience must be proactive, rather than reactive, to ensure that individuals, households, communities, and health systems “build better back and forward,” or that restoring and improving health services and health outcomes are in line with the principles of sustainable development (MOMENTUM Integrated Health Resilience 2021).

The graphic below represents the benefits of the project’s proactive approach to SBC in strengthening health resilience capacities in fragile settings.

### Benefits of a Proactive Approach to SBC in Fragile Settings



Better understand implementing SBC in shocks and stresses, its significance in fragile settings, and developing relevant proactive approaches and mitigation strategies.



Maximize opportunities to optimally synergize resources (time, personnel, funding) and collaboration along the humanitarian-development nexus.



Ensure that community demand and support are maintained for all FP/RMNCH services during crises.



Meaningfully engage communities to maintain healthy behaviors and use of services.



Long-term sustainability; program impacts; maintain adopted behaviors; community prepared for future shocks and stresses.

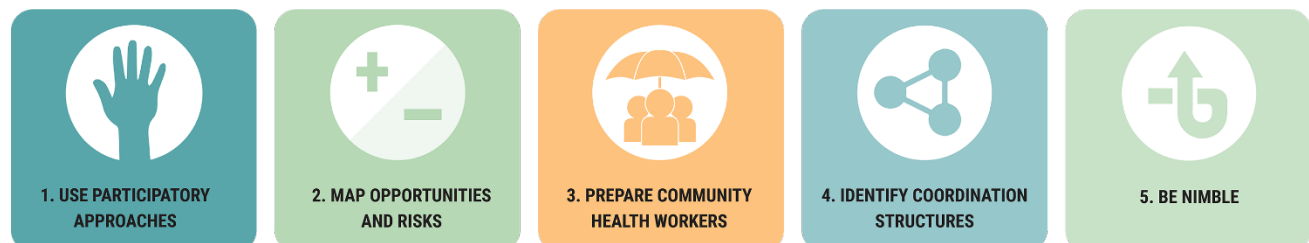
# SOCIAL AND BEHAVIOR CHANGE AND HEALTH RESILIENCE

Social and behavior change, health resilience, and the related resilience capacities are emerging in the humanitarian-development nexus as key components to addressing fragility, with community group engagement and social accountability at the core. The latter two concepts are also core principles in the Humanitarian Charter within the [Sphere Handbook](#), with minimum standards in humanitarian response. Community group engagement is a [USAID FP High Impact Practice](#) (HIP) (USAID 2016).

## Resilience Capacities

- *Absorptive* capacity includes prevention and coping measures to avoid permanent, negative impacts from shocks and stresses, and to maintain health system stability.
- *Adaptive* capacity is the ability to make changes in response to longer-term change, and the capacity of the health system to implement adjustments while improving overall performance.
- *Transformative* capacity is the enabling environment for systemic change. It describes the ability to make fundamental change that addresses the underlying vulnerabilities and contextual dynamics that affect system performance and progress towards health outcomes (USAID 2021).

MOMENTUM Integrated Health Resilience’s proactive approach to SBC considers “when” and not “if” a shock or stress will occur. As part of this unique approach to addressing crises, the project presents five effective principles (summarized graphically below) that MOMENTUM Integrated Health Resilience plans to put into action in all project work, which are based on previous evidence and lessons learned globally. These principles consider the instability and fragility that MOMENTUM Integrated Health Resilience programming is challenged with regularly. They focus on key elements (e.g., trust and community engagement, gender, social norms) that are important in achieving resilience capacities in the humanitarian-development nexus. The following sections illustrate each of the five principles in action and share how this work is expanding evidence and learning for similar settings.



## Example

**The 2014-2016 West Africa Ebola Virus Disease outbreak:** Community engagement approaches were crucial to building trust and more resilient health systems, as documented through an extensive, qualitative, post-epidemic inquiry in Liberia (Barker et al. 2020). Meaningful community engagement, although belated, saw communities as active participants versus passive recipients in health responses. Participants emphasized that strengthening established community platforms (e.g., community groups, village chief meetings) in advance of a crisis is vital. This meaningful community engagement led to increased trust and improved communication, which are critical to improving health resilience (Ibid, p. 420). Established community-based systems (surveillance networks, community groups) will be increasingly important in building resilience for future shocks and strengthening primary health care, requiring communities to be key actors in their health systems, and not just clients of health services (Simen-Kapeu et al. 2021).





## PRINCIPLE 1: USE PARTICIPATORY APPROACHES TO BUILD TRUST BETWEEN CITIZENS AND DUTY BEARERS

**The context:** In fragile settings, citizens, especially the marginalized and poor, may lack the ability to provide feedback on quality service delivery to health providers and administrators (duty bearers) in the health system. This could be attributed to stigma, contextual and social norms, provider bias, and misinformation<sup>1</sup> during crises, shocks, and stresses. Better channels are needed to promote two-way information flow and increased accountability relationships between communities and duty bearers (Malena et al. 2004). Active community engagement improves trust in the health system, increases health facility response, and helps ensure that community member participation and decision-making is prioritized during crisis responses (Barker et al. 2020).

### Examples

**Partnership Defined Quality (PDQ, Save the Children):** PDQ improves the quality and accessibility of health services with community involvement in defining, implementing, and monitoring the quality improvement process. It links quality assessment with community mobilization through ongoing participatory joint monitoring for quality improvement in FP/RH/MNCH and other health care settings.

**Community Score Card (CSC, CARE):** CSC increases participation, accountability, and transparency among community members, health facilities, and health decision-makers in the health system. It uses the community as the unit of analysis and focuses on local health facilities to determine user satisfaction with FP/RH/MNCH services, advocate for improvements, and contribute to increased policymaker responsiveness.

### What MOMENTUM Integrated Health Resilience is doing

Social accountability and local community engagement are guiding principles for MOMENTUM Integrated Health Resilience. In South Sudan, MOMENTUM Integrated Health Resilience engaged communities, civil and informal



community leaders, and marginalized and excluded groups in participatory program planning and implementation for the PDQ activity. Actively engaging the communities (some of whose members may often be perceived as being voiceless and invisible) and community leaders helped ensure that every voice was counted in defining quality and in demanding high-quality and equitable health services. A “30 percent equity” approach (i.e., 30 percent of community members should be at meetings) was used to ensure fair participation of socially marginalized groups, which helped to build trust between communities and their health system. It also empowered them to hold the system responsive and accountable, a step in strengthening health resilience.

Based on findings from the project’s 2021 family planning social norms assessment in South Sudan, approaches are being adapted to engage community leaders, who in turn engage their communities in health actions. Community leaders gather locally in an interactive process to reflect on and better understand how gender inequality, gender-based violence, and poor FP/RH/MNCH outcomes are intricately linked. Including community leaders in the PDQ process ensures that these and similar key issues in South Sudan will emerge more strongly from health service discussions.

<sup>1</sup> For more details about SCB along the service delivery continuum, see the HC3 Project’s “Circle of Care Model,” <https://healthcommcapacity.org/wp-content/uploads/2017/06/Circle-of-Care-Model.pdf>.



## PRINCIPLE 2: USE INFORMED PLANNING TO ANTICIPATE SHOCKS BY MAPPING SBC OPPORTUNITIES AND COMMUNITY RESILIENCE CAPABILITIES

**The context:** In fragile settings in particular, it is important to anticipate shocks and coordinate in advance to apply relevant lessons from past outbreaks, pandemics, and other crises. Informed planning mechanisms, including clear processes of engagement at local, regional, and national levels prior to the onset of crises, can help identify potential shocks and stresses, map SBC opportunities, and highlight community capabilities and vulnerabilities. Informed planning also builds absorptive capacity by preparing communities and health systems to respond to and mitigate shock impacts. Informed planning engages trusted and influential members of society in leadership and planning. The results are better informed, more coordinated, and more rapidly deployed SBC and risk communication efforts during times of crisis.

### Example

**Proactive community response:** The 2014-15 Ebola Virus Disease outbreak in West Africa revealed the need for resilient health systems to prevent, prepare for, and respond to shocks and stresses. In a post-Ebola qualitative study in Liberia, participants mentioned the importance of “strengthening existing community institutions and relationships in calm, non-emergency settings,” with leadership from district health officers to formalize communication strategies by the health systems before health crises occur (Barker et al. 2020).

*You don't have to have an epidemic before you start forming another response team.*

**Community Health  
Department Director,  
Liberia (post-Ebola)**

### What MOMENTUM Integrated Health Resilience is doing

To support partners in conducting informed planning, MOMENTUM Integrated Health Resilience is developing and testing tools to map community-based capabilities, SBC opportunities, and risks. We are adapting checklists like the READY Initiative Preparedness Tool,<sup>2</sup> and enhancing an existing SBC mapping tool used early in project work. These tools will complement the Analysis of Resilience of Communities to Disasters (ARC-D) Health tool that the project adapted to map resilience risks and assess resilience capacities among communities. The tools will also complement the new Fragility, Crisis Sensitivity and Complexity (F2C) assessment, which explores recent and current crises, shocks, and stresses. Both tools provide context and background data on broad risk scenarios for health resilience work, a baseline and monitoring system to track the context at the district, facility, and community levels, and information communities need to employ effective health preparedness planning.

This adaptation process and tools will spread to other MOMENTUM Integrated Health Resilience partner countries. The combined SBC mapping/ARC-D Health/F2C approach will allow existing SBC activities, structures, and channels in project-supported areas to be strengthened using a resilience lens for FP/RH/MNCH and other health activities. For example, SBC mapping in South Sudan identifies key formal and informal community leaders who speak out in response to the looting and vandalism of public structures that occur during shocks such as political and inter-tribal conflicts. To enhance absorptive and adaptive resilience capacities, these leaders take responsibility to encourage community ownership of these structures during both normal and violent times. Actions like these put communities at the center of SBC implementation, including co-design, co-implementation, and co-monitoring, evaluation, and learning. These involvement and integration actions help to address deeply entrenched social and cultural barriers to health care seeking, create demand for health services, and ensure stronger accountability systems.

<sup>2</sup> See the READY Initiative at <https://www.ready-initiative.org/> and <https://www.ready-initiative.org/global-and-regional-covid-19-rcce-coordination-mechanisms/> for more details.



## PRINCIPLE 3: ENGAGE COMMUNITY HEALTH WORKERS IN CO-CREATING SOLUTIONS TO ADAPT AND LEVERAGE PREPAREDNESS RESOURCES

**The context:** Community health workers (CHWs) are part of the communities they serve and often implement SBC activities, becoming critical links to individuals, households, facilities, and community leaders. CHWs can be instrumental in supporting families and communities in anticipating and preparing for shocks. This includes promoting self-care and continued demand for FP/RH, MNCH, nutrition, and immunization services, even in difficult times, as well as providing health services themselves. CHWs' insights can help communities prepare for unpredictable events that affect societal health and wellbeing.

### Example

**Learning lessons from prior crises and advocacy for CHW's critical role in emergency preparedness:** Evidence from disease outbreaks (e.g., Ebola, 2014; Zika, 2015) and in long periods of conflict and insecurity (Miller et al., 2020) shows that CHWs were critical to health security and preparedness and response.

In the infectious disease outbreaks, CHWs promoted pandemic preparedness before and during the epidemics. However, the achievements CHWs made in their roles as well as in previous interventions assume that adequate resources will be available in all communities. This is not always the case in fragile settings, per Boyce and Katz (2019). They advocate for expanding the roles and responsibilities of CHWs to improve community-level resilience and highlight the importance of sub-national capacities. This is evidenced by the performance of CHWs during lengthy periods of conflict and insecurity in South Sudan and Central African Republic (Miller et al. op. cit.) The box highlights how CHWs can contribute to absorptive and adaptive resilience among communities, with the goal of attaining adaptive resilience.

#### CHW roles in promoting and attaining absorptive and adaptive resilience in communities

- Help to increase community access to health services and commodities to enhance the population's health and lessen outbreak probabilities
- Communicate vital public health principles in a socially and culturally appropriate way
- Assist facilities feeling burdened by helping to improve quality clinical care
- Assume roles as community-level educators, organizers, and mobilizers during shocks or stresses
- Contribute to disease surveillance systems while undertaking routine activities
- Fill unrelated but needed health service gaps created during or after a disease outbreak (Boyce and Katz 2019)

### What MOMENTUM Integrated Health Resilience is doing

Based on the joint capability and opportunity mapping above under Principle 2, MOMENTUM Integrated Health Resilience will leverage existing emergency preparedness materials. This includes those developed by [Breakthrough ACTION](#) and [UNICEF](#), and materials available through the [COVID-19 Communication Network](#). These will be piloted through co-creation activities and the design of preparedness materials with CHWs in Mali and Burkina Faso that build on the existing CHW training packages. The materials will recognize and address the CHWs' important role as critical links between the health system and community and provide them with tools to improve their communication with families and communities about risk and preparedness. MOMENTUM Integrated Health Resilience will maximize the use of gateway moments, or transitional times in life (e.g., first birth, marriage), when families may be particularly receptive to new information, including risk preparedness and mitigation. Current examples from MOMENTUM Integrated Health Resilience programming include [First Time Parent programming](#), Youth Community Action Teams (modified from [The ACQUIRE Project/EngenderHealth and Promundo](#)), and other programming that is focused on these transitional times. Through these efforts, MOMENTUM is building trust both in FP/RH/MNCH services and in CHWs, as they provide information and resources that strengthen the health system from the bottom up. This community trust and awareness will lead to improved resilience capacities during shocks and stresses.



## PRINCIPLE 4: PRIORITIZE COORDINATION AND COLLABORATION WITH SBC PARTNERS

**The context:** The devastating 2010 Haiti earthquake showed where ineffective and unorganized emergency responses can lead. The number of in-country humanitarian and development NGOs quickly went from 3,000 to 10,000 (Bradley 2012), and problems soon arose due to lack of coordination among organizations and the failure to engage local authorities (Harvard 2018). To ensure an effective response among SBC partners when a crisis occurs, deliberately and actively coordinating key resources prior to an event can facilitate harmonization in SBC planning and implementation (Silva et al. 2020). An example might include working group meetings at sub-national and local levels with humanitarian and development partners working in SBC to enhance the alignment and organization of anticipated actions. Developing and strengthening this capacity before a crisis helps to solidify the base for a rapid and robust SBC emergency response (Health Communication Capacity Collaborative 2017). In addition, leveraging any available structures at the country level can help to promote more viable and long-term platforms.

### Example

**READY Initiative’s global and regional coordination mechanisms:** This [initiative](#) has proactively organized ongoing cluster meetings at the global level, and regionally in East/Southern Africa, West Africa, and Asia. Websites, portals, and contact information are readily available for further expansion and linkages in these regions for emergency preparedness and response.

### What MOMENTUM Integrated Health Resilience is doing

MOMENTUM Integrated Health Resilience operates in the humanitarian-development nexus. This presents the opportunity to identify early on the existing coordination structures in partner countries, and expand the footprint by engaging partners to create a well-grounded, holistic preparedness and response approach. MOMENTUM Integrated Health Resilience is not focused on providing shelter, food, and clean water.



Structures focused on the areas noted in the graphic above complement the MOMENTUM Integrated Health Resilience mandate to ensure ongoing access and uptake of health services during shocks and stresses. Linking to them can create a synergistic and more impactful response and improve resilience capacities, as the graphic above suggests.

MOMENTUM Integrated Health Resilience will use the lessons learned from previous successes and failures (e.g., dealing with coups, political instability, volcanic eruptions, migrations, COVID-19) to ensure SBC coordination and collaboration is deliberate and constant to prepare for crisis mitigation.



## PRINCIPLE 5: BE NIMBLE AND PIVOT WHEN NEEDED WITHOUT DELAY

**The context:** When shocks occur with little or no warning, changing health needs can be addressed quickly if activities are designed to be nimble and adaptive. Proactive, prepared communities are more agile in crisis response to sustain FP/RH/MNCH and other health services.

### Example

#### **Pivot of the UNFPA-UNICEF Global Programming to End Child Marriage to Respond to the COVID-19 Pandemic:**

COVID-19 greatly affected UNICEF-supported countries focused on reducing early childhood marriage programs. For example, in Ethiopia, school closures due to COVID-19 overlapped with the marriage season, leading to a less safe and supportive environment for girls' protection from early marriage. In anticipation, UNICEF pivoted their implementing partners to support women's development groups and community surveillance systems for close monitoring of child marriage arrangements, leading to behaviors that resulted in fewer child marriages. UNICEF and UNFPA shared best practices regionally (UNFPA/UNICEF 2020).

*In my experience, three things are critical to an effective response: be ready, be fast, and be agile.*

**Dr. Michael Ryan, Executive Director, WHO Health Emergencies Programme (September 2021)**

### What MOMENTUM Integrated Health Resilience is doing

#### **Adaptive management and flexibility through routine monitoring and proactive planning and design:**

MOMENTUM Integrated Health Resilience developed a draft, two-page participatory monitoring primer<sup>3</sup> with examples for adaptive management. The project plans to field test examples related to SBC and social accountability in Mali and Sudan, document the results for country and global learning, and spread the results to other project countries.

**Dedicated time and routine action for unanticipated events:** MOMENTUM Integrated Health Resilience assisted in the COVID-19 vaccine rollout in the DRC after adapting to the stresses brought by the May 2021 Mount Nyiragongo volcanic eruption. A designated team developed a "rapid" health worker and community survey to understand immediate perceptions, norms, and expectations related to vaccine uptake. The resulting information facilitated a rapid communication campaign that helped increase vaccine uptake among targeted populations. The team continued working with partners on ongoing monitoring to improve response, while also carrying out routine program implementation to ensure continued service delivery in program-supported areas.

**Learn lessons during the transition from humanitarian response to development:** In the DRC, MOMENTUM Integrated Health Resilience transitioned programming from the USAID Bureau of Humanitarian Assistance-funded Ebola Virus Disease response to a development focus in all 10 program-supported health zones. Lessons learned from improving community involvement were woven into MOMENTUM Integrated Health Resilience approaches, particularly as programming evolved to support needs such as the Ebola resurgences and COVID-19 vaccination efforts. The approaches included improved involvement of and communication with communities; involving local authorities and religious leaders in outbreak response and communications; developing and implementing outbreak preparedness strategies; prioritizing local staff hiring; investing in multiple modes of communication and backup systems; and awareness and prevention of sexual exploitation and abuse through ongoing training, monitoring, and documented compliance.

---

<sup>3</sup> Participatory monitoring enables implementing partners and their counterparts, including communities, to continually assess activities for ongoing improvement.



## GOING FORWARD: RESULTS OF THE PROACTIVE APPROACH

MOMENTUM Integrated Health Resilience envisions that through implementation of the five principles described above at the country level, the following results benefitting FP/RH/MNCH care and services will be achieved:

- Established partnerships among providers/duty bearers and citizens will build trust and agency for attaining resilience capacities at the individual, household, community, and system levels.
- The gap between the onset of crises and adequate SBC responses will be minimized, leading to more rapid and effective risk communication and community engagement approaches, including community engagement and surveillance activities.
- Coordinating activities (e.g., identifying and organizing partners in advance) will allow for enhanced and improved responses and associated mitigation measures during crises.
- Strategic investments and improved efficiencies in SBC will be better aligned along the humanitarian-development nexus.
- Ongoing learning will translate into real-time adjustments in SBC activities to maximize the efficacy of responses to unforeseen circumstances.

## SUMMARY/CONCLUSION

MOMENTUM Integrated Health Resilience recognizes and emphasizes the importance of proactive SBC approaches. Shocks and stresses may be unforeseen, but using proactive approaches prepares individuals, households, communities, and health systems to be ready. This ultimately will lead to strengthened resilience capacities and achievement of MOMENTUM Integrated Health Resilience goals for improved FP/RH/MNCH outcomes in fragile settings. As next steps, MOMENTUM Integrated Health Resilience will build the evidence base across the five principles, leading to resilient communities that are informed and prepared to respond to, overcome, and recover from shocks and stresses while continuing to seek out and use quality FP/RH/MNCH services and engage in other relevant, positive health behaviors.

## ONLINE RESOURCES

**Global Outbreak Alert and Response Network (GOARN):** A WHO network of over 250 technical institutions and networks that respond to acute public health incidents with the mobilization of staff and resources to impacted countries. <https://extranet.who.int/goarn/>

**Ten Steps to Community Readiness (WHO, IFRC, UNICEF, GOARN):** Guidance with 10 evidence-based and established risk communication and community engagement principles that engage and empower communities in the [roll-out of new vaccines, treatments, and tests for COVID-19. <https://www.ready-initiative.org/wp-content/uploads/2021/03/WHO-2019-nCoV-Community-Readiness-2021.1-eng-2.pdf>

**COVID-19 Communication Network:** A platform to access and share guidance, tools, and materials among SBC professionals and other responders needing to address the COVID-19 pandemic. <https://covid19communicationnetwork.org/>

## References

- Barker, K.M., E.J. Ling, M. Fallah, B. VanDeBogert, Y. Kodl, R.J. Macauley, K. Viswanath, and M.E. Kruk. 2020. "Community Engagement for Health System Resilience: Evidence from Liberia's Ebola Epidemic." *Health Policy and Planning*, 35(4):416–423.
- Boyce, M.R. and R. Katz. 2019. "Community Health Workers and Pandemic Preparedness: Current and Prospective Roles." *Frontiers in Public Health* 7.
- Bradley, Megan. 2012. "Notes from the Field: Haiti-Displacement and Development in the 'Republic of NGOs.'" The Brookings Institution. <https://www.brookings.edu/blog/up-front/2012/10/11/notes-from-the-field-haiti-displacement-and-development-in-the-republic-of-ngos/>.
- Harvard T.H. Chan School of Public Health. 2018. "Using Lessons from Haiti Earthquake to Improve Humanitarian Aid." <https://www.hsph.harvard.edu/news/hsph-in-the-news/lessons-haiti-earthquake-humanitarian-aid/>.
- Health Communication Capacity Collaborative (HC3). 2017. "The SBCC Emergency Helix: A Framework for Strengthening Public Health Emergency Programs with Social and Behavior Change Communication." Baltimore, MD: Johns Hopkins Center for Communication Programs.
- Malena, C., with R. Forster and J. Singh. 2004. "Social Accountability: An Introduction to the Concept and Emerging Practice." Paper #76. Washington, DC: Social Development Department, World Bank.
- Miller, N.P., F.B. Ardestani, H.S. Dini, F. Shafique, and N. Zunong. 2020. "Community Health Workers in Humanitarian Settings: Scoping Review." *Journal of Global Health* 10(2), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7719274/>.
- MOMENTUM Integrated Health Resilience. 2021. "Building Resilience in Health: The MOMENTUM Integrated Health Resilience Approach." Washington, DC: USAID/MOMENTUM.
- Silva, M., J. Fleckman, J. Stolow, K. LeSar, K. Hoffmann, and P.C. Hewett. 2020. "Lessons Learned for SBC Programming from the USAID Zika Response." Breakthrough RESEARCH. Washington DC: Population Council.
- Simen-Kapeu, A., S. Lewycka, O. Ibe, A. Yeakpalah, J.M. Horace, G. Ehounou, T. Boima, and C.S. Wesseh. 2021. "Strengthening the Community Health Program in Liberia: Lessons Learned from a Health System Approach to Inform Program Design and Better Prepare for Future Shocks." *Journal of Global Health*, 11:07002.
- UNFPA/UNICEF. 2020. "Adapting to COVID-19: Pivoting the UNFPA-UNICEF Global Programme to End Child Marriage to Respond to the Pandemic." [https://aa9276f9-f487-45a2-a3e78f4a61a0745d.usrfiles.com/ugd/aa9276\\_f2d923cf0e944da1a70be491ebf91358.pdf](https://aa9276f9-f487-45a2-a3e78f4a61a0745d.usrfiles.com/ugd/aa9276_f2d923cf0e944da1a70be491ebf91358.pdf).
- USAID. 2016. "High-Impact Practices in Family Planning (HIPs). Community Engagement: Changing Norms to Improve Sexual and Reproductive Health." Washington, DC: USAID.
- USAID. 2019. "Fragility Analytics Guidance." (Final Draft)
- USAID. 2020. COVID 19 Risk Communication and Engagement: Guide for Missions. (Via personal communication)
- USAID. 2021. "Blueprint for Global Health Resilience." [https://www.usaid.gov/sites/default/files/documents/Blueprint for Global Health Resilience.pdf](https://www.usaid.gov/sites/default/files/documents/Blueprint%20for%20Global%20Health%20Resilience.pdf).
- WHO. 2021. "Dr Michael Ryan's remarks at the launch of the WHO Hub for Pandemic and Epidemic Intelligence." <https://www.who.int/director-general/speeches/detail/dr-michael-ryan-s-remarks-at-the-launch-of-the-who-hub-for-pandemic-and-epidemic-intelligence>.

**Suggested Citation:** Hoffmann, K., A. Traore, M. Herbert, and T. Redding. 2022. "Social and Behavior Change Strategy to Enhance Resilience." Washington, DC: USAID/MOMENTUM.



**MOMENTUM** USAIDMomentum.org

**TWITTER:** @USAIDMomentum

**FACEBOOK:** USAID Momentum

**LINKEDIN:** USAID-MOMENTUM

MOMENTUM Integrated Health Resilience is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by IMA World Health with partners JSI Research & Training Institute, Inc., Pathfinder International, GOAL USA Fund, CARE, and Africa Christian Health Associations Platform (ACHAP) under USAID cooperative agreement #7200AA20CA00005. For more information about MOMENTUM, visit [www.USAIMomentum.org](http://www.USAIMomentum.org). The contents of this technical brief are the sole responsibility of IMA World Health and do not necessarily reflect the views of USAID or the United States Government.