



MONITORING SOCIAL AND BEHAVIOR CHANGE FOR MULTI-SECTORAL NUTRITION

Nutrition social and behavior change (SBC) programmers can use this tool during program design and implementation to select indicators, track progress, and make adaptations.

High-quality SBC design requires multiple steps, beginning with prioritizing behaviors. The [Prioritizing Multi-Sectoral Nutrition Behaviors](#) tool guides you through that process based on the overall goals and objectives of your program's theory of change or results framework. After prioritizing behaviors, apply the [Using Research to Design an SBC Strategy tool](#) to identify the barriers and enablers that prevent or support the practice of nutrition behaviors so that you can prepare the SBC strategy. Then, use this tool to determine which priority behaviors and influencing factors to monitor as you prepare the monitoring, evaluation, and learning (MEL) plan. It can also help SBC technical and MEL staff select and apply monitoring methods, analyze results, and make adaptations. The *Guide to Designing Evaluations for Social and Behavior Change Approaches in Nutrition Activities* has additional detail that can help you carry out the steps outlined in this tool.

Monitoring changes in nutrition behaviors and factors on a regular basis helps programmers know how things are going and where and when to make adaptations for high-quality SBC. Some behaviors can be taken up faster than others, and some barriers are reduced more easily than others. Others may be more difficult to change and require the application of additional resources or attention. Because people and contexts shift continually, mid-term and endline measures, while useful, may not be timely enough or indicate the full extent to which a program is on track. Monitoring changes in behaviors and factors should be considered common practices across programs with behavioral objectives because it helps program managers learn about which activities achieve behavioral results.

Follow these steps to monitor behaviors and factors:

1. Choose behaviors and factors to monitor.
2. Select indicators for priority behaviors and influencing factors.
3. Identify the frequency and method for collecting data on each indicator.
4. Establish a plan for analyzing monitoring data and sharing with communities.
5. Monitor and analyze the findings.
6. Share findings with communities and participants.
7. Implement program changes as needed.



Step 1: Choose behaviors and factors to monitor.

First, select the behaviors to monitor from the priority behaviors most closely related to key outcomes and that fit best with the program's monitoring methods. If your program has not prioritized behaviors yet from the theory of change or results framework, use [Prioritizing Multi-Sectoral Nutrition Behaviors](#) to do so. For each priority behavior, review existing data or formative research using the [Using Research to Design an SBC Strategy tool](#) to identify the most important influencing factors. If your program's theory of change already includes factors, use the tool to refine and prioritize them based on formative research and the SBC strategy. If a program cannot monitor all factors regularly, choose the 1–3 most important for each behavior and most feasible to monitor, considering resources.

Step 2: Select indicators for priority behaviors and factors.

Identify or create indicators for each priority behavior and 1–3 influencing factors for each behavior. Indicators fall under the three levels of the program's theory of change or results framework from the SBC strategy, which include:

1. Outcome indicators measure long-term, gradual changes of key results on the way to achieving the overall goal. These measure shifts or observed differences for program participants, including behaviors, which you influence but do not have direct control over.
2. Output indicators measure short-term and direct results that you usually have control over—activities, services, events, and products that reach program participants. Output indicators can be signs that the activities are implemented as planned.
3. Input indicators measure the resources, contributions, and investments that go into a program.

Programs regularly monitor inputs to activities and outputs such as the number of caregivers reached or community leaders trained. While these track implementation according to plans, they do not necessarily help you assess quality or effectiveness. Quality SBC requires monitoring the full implementation pathway between the behavior, factors, and activities. Measure behaviors through outcome indicators. Measure factors through outcome or output

indicators, depending upon the level of control the program has over the change. For example, accessibility of a particular food could be measured as the number of markets in the program area with the food in stock or as the percentage of caregivers who live within 1 kilometer (0.6 miles) of a market with the food sold.

Box 1 contains sample outcome, output, and input indicators for recuperative feeding of children after illness, as an example.

Box 1. Sample Indicators

Behaviors related to recuperative feeding of children after illness

Outcome indicator: % of caregivers who fed child extra food and breastmilk for 2 weeks during recovery from illness

Factors

Outcome indicator: % of caregivers of children under 5 with a sick child in the past month who received quality counseling from a health provider on feeding after illness

Output indicator: # of home visits conducted on recuperative feeding after illness

Input indicator: # of health workers equipped with counseling materials on recuperative feeding

Search sources such as [World Development Indicators](#), [Demographic and Health Surveys \(DHS\)](#), [Multiple Indicator Cluster Surveys](#), [Data for Impact](#), and [Think|BIG's Sample Nutrition Behavior Profiles](#)¹ for applicable behavior indicators. If you are unable to find appropriate indicators, which is likely to be the case for factor indicators, work with MEL experts to design custom indicators, using the following formula:

Formula:	Example:
[percentage/number/proportion of]	[Percentage of women]
+	+
[who/what]	[with a live birth]
+	+
[verb (did, receive, etc.) _____]	[in the 3 years preceding the survey]
+	+
[optional: when, where, how long, disaggregation]	[who increased food intake during their most recent pregnancy]

Social norms are common influencing factors that are particularly difficult to measure due to their unstated, informal nature.² Consider shaping indicators for these factors around perceptions as seen in the example completed worksheet.

For custom indicators, develop a [Performance Indicator Reference Sheet](#). Then, add your selected indicators to your MEL plan if needed.

Download and use [Worksheet 1](#) to organize your indicators. Follow the structure of the example: In the first column, insert priority behaviors. In the second column, insert the most important factors to monitor. In the third column insert the indicators. In the example,

the DHS indicator will likely already be in your MEL plan. Depending on how context-specific your priority behaviors are, the outcome indicator for priority behaviors may or may not be the same as the DHS indicator. (See [Using Research to Design an SBC Strategy](#)).

To set targets for indicators, first add data on the baseline or starting point to the Baseline column. Consult with stakeholders and experts and review evidence from similar programs or research to determine a realistic target for change within your timeframe. Review historical trends and consider the context and interventions.³ This can be more challenging for factor-level indicators, so use your best judgement based on the information you have. Add the targets to the appropriate column.

¹ The Manoff Group. N.d. *Nutrition: Guidance and Sample Behavior Profiles*. Think|BIG: Behavior Integration Guidance. <https://thinkbigonline.org/nutrition>

² Dickin, Katherine L., Kate Litvin, Juliet K. McCann, Fiona M. Coleman. 2021 February. "Exploring the Influence of Social Norms on Complementary Feeding: A Scoping Review of Observational, Intervention, and Effectiveness Studies." *Current Developments in Nutrition*. 52): 1–24. <https://doi.org/10.1093/cdn/nzab001>

³ The Manoff Group. N.d. Set Targets. Think|BIG: Behavior Integration Guidance. https://thinkbigonline.org/action/document/download?document_id=238

Worksheet I. Monitoring Plan for Behaviors and Factors

Priority Behavior	Factors	Indicators (added to your MEL plan)	Baseline	Target	Method of Monitoring	Frequency of Monitoring
Caregivers feed children 6–23 months a diverse diet daily, including animal source foods such as eggs		% of children 6–23 months with minimum dietary diversity (DHS)	25%	10% increase/ year (i.e. 27.5% after year one; 30.25% after year two, etc.)	Survey	Annual
		% of caregivers enrolled in peer groups who fed a child 6–23 months an egg in the past 24 hours	12%	20% increase/ year	Peer groups reports	Quarterly
	1. Access to eggs	% of vendors in local markets selling eggs	65%	10% increase/ year	Digital SMS survey of markets by consumers	Bi-annual
		Price of eggs as a proportion of total household food budget	5% as a proportion of the food budget	No change or decrease	Survey of households	Annual
	2. Norms about feeding children eggs	The social norm of not feeding children eggs is shifting ⁴	--	Positive trend in the number of caregivers who perceive that a norm is becoming less common over time	Observation of activities (home visits and cooking demonstrations) Interviews with caregivers	Bi-annual

⁴ Leigh Stefanik. 2021. "Monitoring Shifts in Social Norms: A Guidance Note for Program Implementers." IRH for the Social Norms Learning Collaborative. Accessed June 29, 2021. <https://www.comunit.com/content/monitoring-shifts-social-norms-guidance-note-program-implementers>

Step 3: Identify the frequency and method for collecting data on each indicator.

Decide how often you will track progress and fill in the Frequency column in [Worksheet 1](#). Then determine the method to track progress and complete the final column of the worksheet. To maximize program resources and results, track behavior and factor indicators more frequently than mid-term and endline so you can adjust and adapt as necessary. A mix of quantitative and qualitative methods may be useful to consider. For some factors, such as social norms, monitor any positive or negative actions or reactions that may arise through consultations or focus group discussions with communities. All programs have budgetary, time, and human resource constraints. As you select or develop indicators, consider whether you have the practical means to collect the data. See box 2.

Box 2. Methods for Collecting Monitoring Data for Behaviors and Factors			
Type	Description	Advantages	Challenges
Survey	Programs can use a variety of surveys to monitor behaviors and factors. This could be a short survey, conducted on a regular basis by data collectors, of a sample of program participants (e.g., Suaahara II ⁵). Surveys could also focus on one program area, such as market observation. Digital surveys such as GeoFarmer ⁶ provide rapid results, including those on behaviors and factors.	<ul style="list-style-type: none"> Behaviors and factors can be monitored through ongoing surveys Data are reliable and credible Analysis is straightforward Many options for types of surveys Allows for estimating the proportion of the population affected 	<ul style="list-style-type: none"> Usually long periods of time between surveys Cost and expense, including staff time to manage the survey and analysis Constraints on large sample size Potential bias from self-reported data Constraints on length of questionnaires to add behaviors and factors
Reviewing records of community groups	If peer groups meet on a regular basis, programs can request reporting on behaviors and/or factors on a monthly or quarterly basis, such as the Wheel of Practices for Better Living . ⁷	<ul style="list-style-type: none"> Minimal costs Can collect frequently and quickly Flexible design Reinforce group's own progress tracking "Closed group" with a denominator (number of people enrolled in groups). Can track data as percentage change. 	<ul style="list-style-type: none"> Potentially less reliable data due to bias compared to studies collected by trained, objective data collectors Documentation may be inconsistent Only covers those who participate in the group on the day of data collection

5 Suaahara II. 2019. *Implementation and Science: A Two-Way Street with Lots of Turns!* Accessed May 21, 2021. https://www.implementnutrition.org/wp-content/uploads/SISN_Suaahara-II_Sept16_Final.pdf

6 Eitzinger, Anton, James Cock, Karl Atzmanstorfer, Claudia R. Binder, Peter Läderach, Osana Bonilla-Findji, Mona Bartling, Caroline Mwongera, Leo Zurita, Andy Jarvis, 2019. "GeoFarmer: A Monitoring and Feedback System for Agricultural Development Projects." *Computers and Electronics in Agriculture*. 158109–121. <https://doi.org/10.1016/j.compag.2019.01.049>.

7 Hurtado, Elena, Lillian Ramirez & Pablo Moreira. 2020. "Chapter 3: Addressing Behavior Change in Maternal, Neonatal, and Child Health with Quality Improvement and Collaborative Learning Methods in Guatemala." *Improving Health Care in Low- and Middle-Income Countries: A Case Book*. Bethesda: University Research Co., LLC.

Type	Description	Advantages	Challenges
Reviewing records of community agents	Community health workers and agricultural extensionists can record and tally the monitoring data. These data could come from questions, observations, or tools on a monthly or quarterly basis, such as this commitment card . ⁸	<ul style="list-style-type: none"> • Minimal costs • Can collect frequently and quickly • Can summarize with community agents to share back with communities for reflection and dialogue on progress, reflecting in program performance 	<ul style="list-style-type: none"> • Potentially less reliable data/bias compared to studies collected by trained, objective data collectors • Documentation may be inconsistent • May be unable to provide data for all indicators
Focus group discussions	Discussions with groups of community members and program participants can provide general pictures of trends on behaviors and factors as program performance metrics.	<ul style="list-style-type: none"> • Minimal costs • Can collect rapidly and include all relevant program participant groups • Use when there is not a “closed group” with a denominator to understand program performance 	<ul style="list-style-type: none"> • Potentially less reliable data due to bias compared to studies collected by trained, objective data collectors • Facilitation and analysis requires specialized skills • Use to generate ideas and trends, not on individual behaviors (would be biased)
Consultations with communities	Consultations can be conducted with community members and also with program staff. For example, the Passages Project brought together staff, local implementers, government partners, and community members to review data and experiences in quarterly learning meetings .	<ul style="list-style-type: none"> • Helps to understand experiences and trends with low costs • Allows program implementers to hear trends among behaviors and factors—including issues of pushback—among a community members regularly 	<ul style="list-style-type: none"> • Documentation may be inconsistent • Only covers perceptions and experiences of those who participate

⁸ NOURISH. n.d. Commitment Card for Champion Families. Accessed May 27, 2021. <https://drive.google.com/file/d/1pvkM9UBBQm6EiyIAcs2qKgkyf5WJJO5bm/view>

Step 4: Establish a plan for analyzing monitoring data and sharing with communities.

Based on the monitoring frequency and methods you chose in step 3, determine how often you will collect and analyze data. First, plan to look at trends for individual behavior and factor indicators to see if they are headed in the right direction. Then, look at the factor-level measures alongside the behavior indicators to see the full picture of what is happening and what requires attention or adaptations. Be sure your plan includes contextual factors that could affect your data (e.g., a new road opening, a drought, or a national-level policy related to your selected behaviors). These factors may not become clear until you analyze the data. Determine with whom you will share and analyze the data (e.g., implementers, stakeholders, communities).

Step 5: Monitor and analyze the findings.

Behavior and factor monitoring will occur alongside wider program monitoring based on the MEL plan. Documentation can be as indicated in the plan, but you may want to pull out findings on priority behaviors and their factors (download [Worksheet 2](#) to use for your program) to ensure that you have a full picture of progress and can make programmatic adaptations accordingly. Use the Trends/Notes column to document qualitative comments or observations during monitoring. Discuss the findings with SBC and MEL staff to make sure monitoring is occurring as planned and there are no problems with the chosen indicators or measures.

Worksheet 2. Monitoring Behaviors and Factors

Behaviors and Factors	Indicators	Desired Direction of Change (+ -)	Time 1			Time 2			Time 3			Time 4		
			Actual	Change	Trends/Notes									

Step 6: Analyze and share findings with communities and participants.

Using your plan from step 3, analyze the data and identify the trends in [Worksheet 2](#). Convene stakeholders and staff to review findings and trends along with implementer insights as part of regular learning meetings. Share and discuss findings with communities and participants so they understand and can use the findings as they see fit. Do this using methods of data collection already in place or through a [dashboard](#),⁹ [scorecard](#),¹⁰ [visual tracking tool](#),¹¹ or [community dialogue](#).¹² This will help you understand and contextualize trends and recommendations for adaptations.

Step 7: Implement program changes, as needed.

Adapt activities based on what you learn from the monitoring data in step 5. Changes may be big or incremental. They could range from focusing efforts on a specific part of an activity, expanding or eliminating an activity, or adjusting a measure. For example, monitoring may show that the behavior of feeding children 6–23 months an egg increased only slightly, even though the market surveys show vendors are selling eggs at an affordable price. During community consultations, caregivers may express concerns about negative judgments by extended family members and neighbors about feeding children eggs due to food customs. The program would then need to address this in community dialogue and communication activities.

Additional Resources

Office of Learning, Evaluation, and Research in USAID's Bureau for Policy, Planning, and Learning (PPL/LER). Monitoring Toolkit. USAID Learning Lab. <https://usaidlearninglab.org/monitoring-toolkit>

The Manoff Group. n.d. *Adaptive Management Guidance and Tools*. Think|BIG: Behavior Integration Guidance. <https://thinkbigonline.org/resources>

The Manoff Group. n.d. *Establish Behavioral Outcome Indicators*. Think|BIG: Behavior Integration Guidance. https://thinkbigonline.org/action/document/download?document_id=224

USAID Advancing Nutrition. 2021. *A Guide to Designing Evaluations for Social and Behavior Change Approaches in Nutrition Activities*. Arlington, VA: USAID Advancing Nutrition.

9 Save the Children. 2016. *NOURISH Semi-Annual Progress Report: April 2016–September 2016*. Washington, D.C.: USAID Cambodia NOURISH Project. Accessed May 27, 2021. https://pdf.usaid.gov/pdf_docs/pa00mm9k.pdf

10 CARE Malawi. 2013. *The Community Score Card (CSC): A Generic Guide for Implementing CARE's CSC Process to Improve Quality of Services*. Atlanta: CARE. Accessed May 27, 2021. https://www.care.org/wp-content/uploads/2020/05/FP-2013-CARE_CommunityScore-CardToolkit.pdf

11 Hurtado, Elena, Lillian Ramirez & Pablo Moreira. 2020. "Chapter 3: Addressing Behavior Change in Maternal, Neonatal, and Child Health with Quality Improvement and Collaborative Learning Methods in Guatemala." *Improving Health Care in Low- and Middle-Income Countries: A Case Book*. Bethesda: University Research Co., LLC.

12 Martin, Sandrine, Jordana Leitão, Denis Muhangi, Anthony Nuwa, Dieterio Magul, and Helen Counihan. 2017. "Community Dialogues for Child Health: Results from a Qualitative Process Evaluation in Three Countries." *Journal of Health, Population, and Nutrition* 36(29). <https://doi.org/10.1186/s41043-017-0106-0>