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ENABLING BETTER COMPLEMENTARY FEEDING
GUIDANCE AND WORKBOOK
MODULE 3

USAID ADVANCING NUTRITION

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About USAID Advancing Nutrition

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MODULE 3. DESIGN AN SBC STRATEGY TO IMPROVE COMPLEMENTARY FEEDING

Module 1 **Prioritize Complementary Feeding Behaviors**

Module 2 **Plan and Conduct Formative Research**

Module 3 **Design an SBC Strategy to Improve Complementary Feeding**

Module 4 **Prepare the Implementation and Monitoring, Evaluation, and Learning Plans**

Module 5 **Implement, Monitor, and Adapt Activities to Improve Complementary Feeding**

Module 6 **Evaluate Activities to Improve Complementary Feeding**

Link to Full Guide

An overview of this module: This module guides you to design an SBC strategy that improves young children's nutrient intake. In this module, you will analyze research and translate the key insights into a critical pathway for change that will include actions in multiple sectors.

Before you begin this module: Collect your list of priority behaviors and a completed research table or profile for each behavior, updated based on the desk review and any formative research reports.

The output of this module: SBC strategy
The multi-sectoral SBC strategy will be based on the behaviors you prioritized in module 1, the research you conducted based on your research plan from module 2, and your analysis of the research in this module. This SBC strategy will guide program planning, implementation, and performance management, as outlined in modules 4 and 5.

STEPS IN THIS MODULE:

3.1 Analyze findings for each priority behavior.

3.2 Confirm or refine priority behaviors.

3.3 "Star" factors for priority behaviors and create linked pathways.

3.4 Develop the SBC strategy.

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3.5 Refine the SBC strategy with stakeholders.

BACKGROUND

Analyze your formative research findings to inform your program's development. Analysis will produce—

- a summary report that answers your research questions and describes why they are meaningful in the context
- your program's strategy to improve complementary feeding, which will be based on the findings in the report.

Use your analysis to fill any gaps in information you found during prioritization in module 1 (e.g., if you were missing data on behavior prevalence and have an idea about that after doing the research, factor this into prioritization), or when reviewing existing literature and developing your research questions in module 2. Use your formative research to build a complete profile of the behavior; refine the priority behaviors based on what the participants are willing and able to do. This is particularly important when defining the steps required to practice the behaviors and determining factors that and actors who influence the behavior. Examples of analysis for the behaviors in annex 1 can be found at Think|BIG (The Manoff Group n.d.(a)). These are global examples to get you started. Your analysis will need to be context-specific based on the research from module 2.

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3.1 ANALYZE FINDINGS FOR EACH PRIORITY BEHAVIOR.

Using research findings to design a strategy starts with analysis for each priority behavior. This ensures that the SBC strategy is grounded in evidence from the particular context. The Using Research to Design an SBC Strategy for Multi-Sectoral Nutrition tool can help. Using the tables you filled in during your desk review in module 2 (worksheet 2.1) for each priority behavior, add any findings from research conducted. Add or refine factors that prevent or support each behavior and the list of who needs to support people to do the behaviors. These are the supporting actors as described in section 2.1. If research does not identify specific supporting actors who influence a specific factor, include those you think are relevant based on your knowledge of the context.

For example, in pastoralist areas of Uganda, research shows that young children's diets are affected by gender norms that overburden women with the work of childcare and finding food for the family, which can vary by season. Diets depend upon cattle milk production. Cattle—owned by men—need access to pasture and water, and this access is lowest during the end of the dry season each year (Catley 2017). A program is working to reduce women's time burden for finding food and ensuring food all year for young children by providing goats to homesteads. Community dialogues with recipe and taste testing of goat milk has led to children's acceptance of goat milk (Mulondo 2021).

3.2 CONFIRM OR REFINE PRIORITY BEHAVIORS.

Review priority behaviors to further refine or specify what is feasible in the program context. If needed, update your scoring for the different prioritization criteria in module 1, and make sure you have one or two behaviors to focus on based on the evidence. This may mean dropping a behavior you had previously prioritized because the research found it was not important or can not shift given available resources, services, and constraints in the program area. Alternatively, if you do not want to eliminate it, you could use the research findings to refine the behavior or split it into a smaller step or practice that can be shifted. If you conducted formative research, include the key consideration of what program participants are willing and able to do in their context and, with this information, make the behavior as specific as possible. A behavior should be considered feasible from the perspective of the man or woman in the participant group considering available resources, time, and interest as well as the social context. This specificity enables your program to focus on what is realistic.

For example, to reach the priority behavior "Caregivers feed with age-appropriate amounts of food," the formative research in Zambia found that caregivers were unsure of the amounts their child ate or how to know the amount. They faced the challenge of judging or ensuring that a specific amount was eaten because the young child ate with others from a family pot. To help caregivers visualize amounts of food and feed appropriate amounts, the project encouraged caregivers to use a separate, designated bowl for the young child and ensure that children consume healthy quantities. Trials during formative research showed that this was feasible and appreciated. The priority behavior was refined to: "Caregivers feed children using a separate bowl" (USAID IYCN Project 2009).

Promoting behaviors that are more specific than the global behaviors will contribute to reaching that behavioral outcome. Similar to the concept of the sanitation ladder, people can move from simpler solutions to more advanced ones by moving up rung by rung on a ladder (WHO and UNICEF Joint Programme for Water Supply and Sanitation 2010). In complementary feeding, adopting a specific part of a behavior, such as tracking the amount of food a child eats at each meal, may be a key step in achieving the larger behavior of adequate food intake.

A BEHAVIOR IS DEFINED AS:

person + action verb + issue to be addressed + geography or other specifics (as relevant).

FOR EXAMPLE:

Caregivers (could be the mother, father, aunt, or others) + feed the child + in a responsive manner.

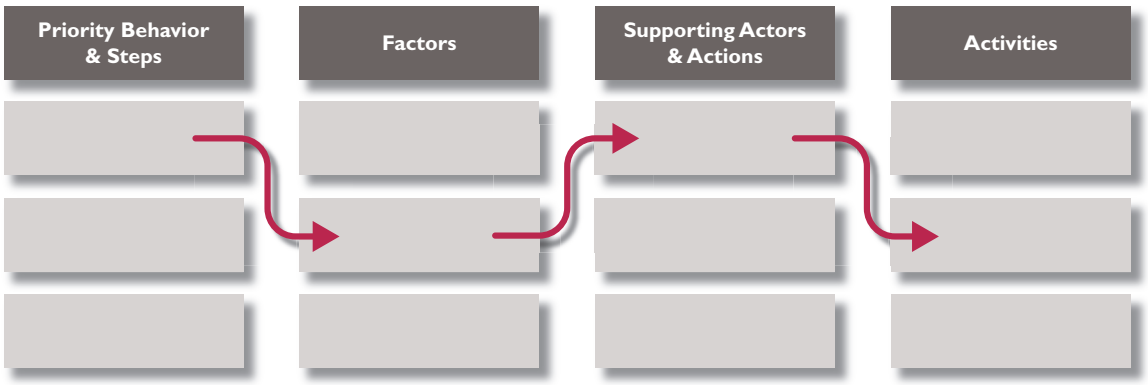
Once you have confirmed priority behaviors, answer the question, "Who needs to do the behavior?" Try to define these people or participant groups with as much detail as possible. Consider characteristics of caregivers that may influence the behavior as well as factors such age and type of work (formal or informal). For example, caregivers in rural and urban areas may have very different access to types of food and norms around feeding children. There may be other important differences as well, such as caregivers who work formal and informal employment or caregivers whose family members live or work away from the community.

3.3 "STAR" FACTORS FOR PRIORITY BEHAVIORS AND CREATE LINKED PATHWAYS.

Star or highlight six to eight prioritized factors and associated influencers, or supporting actors, per behavior in the completed research tables (worksheet 2.1). Sometimes it will be clear which factors to highlight. Other times this will require your best judgement; discuss with your team to reach an agreement.

- Star factors that research shows are strongly linked to the priority behaviors. Look for: (1) factors that are critical to most of the participant groups and (2) feasible to address given your program's focus, resources, and partners.
  - For example, if one of your priority behaviors is that "Caregivers feed their child diverse foods every day," in the research, you may find that the cost of foods in markets and norms around child feeding are barriers. If working with producers on pricing is not within the scope of your project, do not star the factor. Instead, star factors that are within the scope of your project, such as norms around feeding children wild-caught and collected foods.
  - If you star social norms as a factor that influences one or more of the priority behaviors, you may wish to further analyze the norms using Breakthrough ACTION's Guide on Getting Practical: Integrating Social Norms into SBC (n.d.).
- For each starred factor, identify the influencers or supporting actors who need to take action to reduce the barrier or enhance the support. These people may be family members, community leaders, or market actors, as described in section 2.1.
- Then, pulling from the information gathered in previous steps, fill in the summary table or "behavior profile" in the Using Research to Design an SBC Strategy for Multi-Sectoral Nutrition tool (worksheet 3.1 below).
  - Use the priority behaviors you refined in section 3.2.
  - Include the factors you starred in this section.
  - Select activities based on how you plan to remove barriers or support enablers, often working with the identified influencers or supporting actors.

Figure 2. Drawing Behavioral Pathways



- You should be able to "draw" a pathway that links each of these elements (see figure 2).
- Most factors will also have a link to supporting actors before linking with activities. Keep in mind that some factors may link to more than one supporting actor and that actors will likely be able to influence more than one factor. An activity may have more than one pathway leading to it. Consider activities from three levels (The Manoff Group n.d. (b)):
  - Enabling environment: Institutional- or policy-level activities to ensure funding; strengthen structures and processes that deliver or manage programs, products, or services; work with

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partners or networks; and develop, approve, and/or enforce national policies or guidelines

- Systems, products, and services: Organizational-level activities to build or improve physical structure, introduce a new technology, expand or strengthen supply chains, or improve the quality of service delivery
- Demand and use: Individual- and interpersonal-level activities to generate commitment to, inform, influence, motivate, mobilize, or teach skills to practice the behavior.

- Each factor should link to at least one activity at one of these levels.
- UNICEF's Action Framework for Complementary Feeding (annex 2) maps the roles of food, health, WASH, and social protection systems in improving young children's diets in the complementary feeding period. Use this to think through which sectors to engage in developing your activities.

For example, research in Ghana found that the food being fed to young children was of poor quality and low diversity, consisting only of fermented maize porridge. Rural caregivers desired healthy and more convenient options and preferred to buy from trusted people from their own communities. The strategy identified availability of convenient food as a structural factor to be addressed with petty traders as supporting actors, and planned activities at the systems, products, and services level to address the factor. The program engaged petty traders to sell KOKO Plus, a supplement to enrich porridge, as part of a local microfinance initiative. SBC communication through health centers supported marketing. Sales and use by rural families were high as a result of addressing the barrier of access to healthy, convenient options for young children through locally acceptable ways (Aaron et al. 2016 and Ghosh et al. 2014).

In another example, research in Ethiopia identified a barrier to feeding children animal-source foods such as eggs on fasting days in the Amhara region because of mothers' fear of contaminating their own food and scorn from neighbors resulting from their interpretation of religious commands. The program engaged respected church leaders and priests who cleared up misconceptions during sermons (Alive & Thrive 2016).

By completing worksheet 3.1, you have prepared a "behavior profile." A behavior profile includes all essential information about a priority behavior in a simple table that you can see at a glance.

Worksheet 3.1 Behavior Profile

Priority Behavior & Steps	**Factors** (Starred research findings from 3.3)	**Supporting Actors & Actions** (Starred research findings in 3.3.)	**Activities** (Linked activities with a clear pathway back to the priority behavior)
What steps are needed to practice this behavior?	What prevents or supports practice of the behavior? **Structural** Accessibility Provider competencies Facility experience **Social** Family and community Gender Norms **Internal** Attitudes and beliefs Self-efficacy Knowledge Skills	Who must support the practice of the behavior? **Institutional** Policymakers Market actors Providers Employers **Community** Community leaders Religious leaders Peers **Household** Family members Male partners	What activities are needed to address the factors? **Enabling Environment** Financing Institutional capacity building Partnerships and networks Policies and governance **Systems, Products, and Services** Infrastructure Products and technology Supply chain Quality improvement **Demand and Use** Advocacy Communication Collective engagement Skills building

Tip: Be sure you can "draw" a pathway between each priority behavior and activity linking supporting actors and factors. If an activity does not have a linked pathway, it should not be included as it will not have the expected impact. On the other hand, if a factor is not addressed by an activity, consider adding what is needed. It is important to be able to explain the pathway to the program team, stakeholders, and evaluators, including why and how the activity will lead back to the behavior.

3.4 DEVELOP THE SBC STRATEGY.

The SBC strategy provides a "roadmap" to ensure that needed activities to address critical factors are coordinated to achieve SBC outcomes and impact. Strategies will vary according to the needs of the program. A strong SBC strategy—

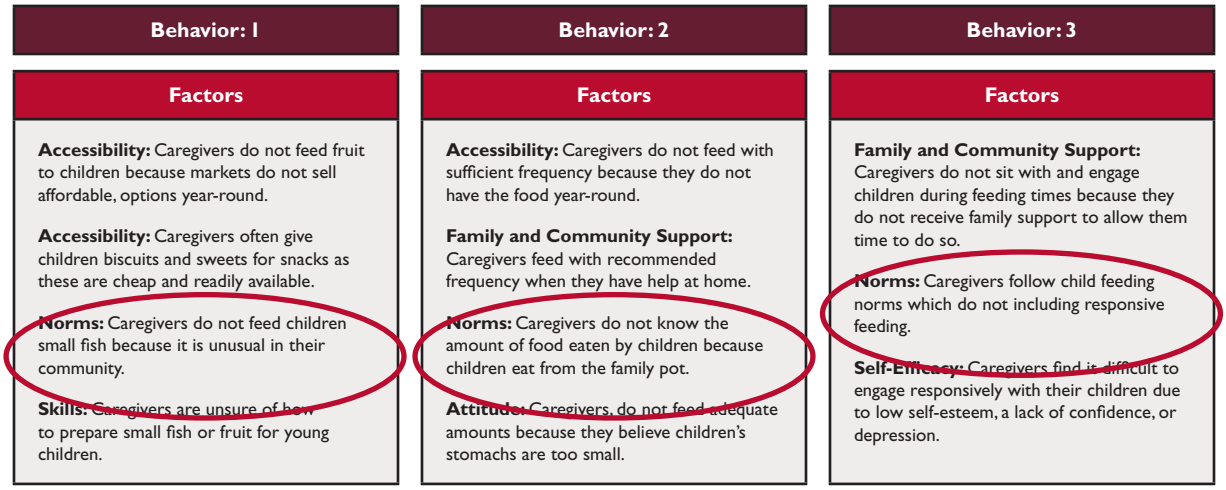
- is tailored to the local sociocultural context and based on the research findings
- describes the linked pathways between priority behaviors, factors, and the activities
- includes unifying, cross-cutting themes or sub-strategies for common elements across the overarching strategy. For example, if civil society or religious leader engagement merits a separate but coordinated effort, include a sub-strategy to guide these efforts.

To develop the program strategy, first combine behavior profiles you developed for each priority behavior, finding commonalities and grouping similar elements together:

- Identify factors that are common to multiple priority behaviors. Many factors may be similar across priority behaviors. For example, family support and shifts in gender norms and expectations are often needed for caregivers to practice complementary feeding behaviors (see figure 3). Grouping these factors together allows the SBC strategy to detail a common theme that links all activities together. Describe the approach to each common factor in detail in the SBC strategy to show how the program will reduce these barriers or enhance enablers across all related activities.
- Identify activities that are common across multiple behaviors. Activities can be grouped based on similar types or on target participant groups. For example, a communication activity such as community dialogues may be needed to address multiple factors and behaviors. Activities can also be grouped in other ways for implementation. For example, if multiple activities will work with private sector actors or civil society groups, these can also be grouped for synergies. Describe the general plans for implementation for each type or group of activity in the SBC strategy.

The product of this work, the SBC strategy, will outline the priority behaviors and the activities that are needed to address the factors that affect these behaviors. The strategy may include activities that are beyond the mandate of your program. For example, new or strengthened health and nutrition services may be needed to address lack of quality services, yet are not part of your program scope. In another example, more affordable foods in local markets may be needed to address the high prices of food for children, but this may not be part of the project scope. It is still useful to include these needed activities in the overall strategy to direct collaboration or advocacy efforts. The SBC strategy should be a living document that is updated and adjusted as the program evolves. SPRING (n.d.(a)) and Growth through Nutrition (2018) have sample strategies, and annex 4 describes a multi-sectoral SBC strategy that includes complementary feeding.

Figure 3. Grouping Common Factors across Behavior Profiles



3.5 REFINE THE SBC STRATEGY WITH STAKEHOLDERS.

Refine the SBC strategy with program staff and partners, such as national and local government, community members, and other stakeholders from all sectors implicated in the strategy. Although the strategy may be broader than complementary feeding, it is critical to share, discuss, and reach a consensus on the cross-sector approach to improving complementary feeding during these workshops. Include stakeholders from other projects that you are coordinating with in these workshops as well so that they are informed about your strategy and can plan accordingly. Workshops with stakeholders help them appreciate the approach and energize coordination. It also sets up the collaborative approach described in module 4 around the implementation and monitoring plans. Multi-sectoral activities require inputs from many sectors, such as—

- **health system actors** to strengthen the quality of services including counseling, micronutrient supplementation and the care of sick children
- **food system actors** related to food production or to regulate the promotion of non-nutritious, highly processed foods
- **WASH** to achieve safe, clean water and environments to support SBC
- **social protection system actors** to reduce cost barriers through insurance or transfers
- **other sectors** such as early childhood development (ECD) stakeholders to promote responsive caregiving.

Decide who is best positioned to carry out the various activities in the strategy (see worksheet 3.2). When engaging non-health sectors' technical experts and line ministries, help them to see how improving complementary feeding for young children is good for their sector and also how collaboration on program elements such as supervision (e.g., shared site visits) and advocacy could strengthen their ability to meet their own goals. Working as a cross-sector team helps overcome the push and pull of balancing limited resources. There are different ways to work collaboratively. For example, one initiative in Tanzania worked with district nutrition officers to reach out to their colleagues in other sectors to create multi-sectoral nutrition action teams.

Worksheet 3.2 Multi-Sectoral Nutrition Coordination for Complementary Feeding

Stakeholders	Health System Stakeholders	Food System Stakeholders	Wash System Stakeholders	Social Protection System Stakeholders	Other Sector Stakeholders (e.g., ECD)
National government					
Local government					
Implementing partners					
Civil society					
Private sector					

ILLUSTRATIVE STORY: MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

Reviewing Research Findings

After Maryam and Brian's program completes the formative research that their team planned in module 2, they are ready to develop the SBC strategy. Tasked with strengthening complementary feeding within a broader program, this SBC strategy will focus on complementary feeding with links to other program activities. The team, led by Maryam and Brian, reviews the formative research report.

First, they refine several of the priority behaviors using the research findings:

1. Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months, with emphasis on animal-source foods for children under 12 months.
2. Caregivers give an additional meal to children 6–23 months each day while continuing to breastfeed.
3. Caregivers feed children 6–23 months in a responsive manner by engaging in simple conversations with the child during feeding times.
4. Caregivers provide recuperative feeding for children 6–23 months for 2 weeks after illness.

Linking Pathways

The team then updates the research table and stars the most critical factors. They prepare a behavior profile, or analysis, with linked pathways for the behavior of recuperative feeding. They ask technical teams on the program to review the linked pathways to be sure the links made sense. Fortunately, the reviewers identify some missing links, especially related to addressing the accessibility barrier. Brian can't believe it, but Maryam reassures him that is what the team is for!

Priority Behavior	Factors	Supporting Actors	Activities
Caregivers provide recuperative feeding for children 6-23 months for 2 weeks after illness	Accessibility: Caregivers are unable to obtain nutrient-rich foods recommended for recuperating children because they are not affordable.	Program Manager: Continually provide supervision and refresher training about feeding advice offered to the family of a child recovering from illness.	Quality Improvement: Expand sick child training and job aides for health workers to include steps for recuperative feeding.
	Health worker competencies: Caregivers do not receive counseling on recuperative feeding because health workers focus on treating the illness.		Communication: Develop a communication activity for families to increase motivation to feed the child extra nutritious foods for two weeks after illness.
	Knowledge: Caregivers are unaware that a child's body can catch up on missed growth with increased feeding after illness.		

So they revise it so that all pieces in the profile are part of linked pathways from activities to behaviors:

Priority Behavior	Factors	Supporting Actors	Activities
Caregivers provide recuperative feeding for children 6-23 months for 2 weeks after illness	Accessibility: Caregivers are unable to obtain nutrient-rich foods recommended for recuperating children because they are not affordable.	Social Protection Program Managers: Establish a voucher for vulnerable families to obtain nutrient-rich foods, especially at times when caring for an ill child.	Financing: Institute a scheme that removes financial barriers to vulnerable families accessing nutrient-rich foods.
	Health worker competencies: Caregivers do not receive counseling on recuperative feeding because health workers focus on treating the illness.	Program Manager: Continually provide supervision and refresher training about feeding advice offered to the family of a child recovering from illness.	Quality Improvement: Expand sick child training and job aides for health workers to include steps for recuperative feeding.
	Knowledge: Caregivers are unaware that a child's body can catch up on missed growth with increased feeding after illness.	Family Members: Recognize and support caregiving during this period of recuperation, ensuring that the child is fed adequate amounts of nutritious foods to resume healthy growth.	Communication: Develop a communication activity for families to increase motivation to feed the child extra nutritious foods for two weeks after illness.

Strategizing

The team completes behavior profiles for each refined priority behavior. With these on paper, Maryam and Brian turn to developing the SBC strategy. By comparing behavior profiles, they notice that social norms and family support are a common factor for many of the behaviors. In response to this finding, the team elevates new norms around caregiving, and support to caregivers, as cross-cutting themes to weave through each activity. They also identify grandmothers, fathers, and market vendors as common influencers or supporting actors for all of the complementary feeding behaviors, which didn't surprise Maryam based on her experience feeding her own children. Their strategy includes the overall description and detailed plans for 1) family engagement and 2) market vendor engagement.

The MEL team asks where the program impact pathway or PIP is, which is new to Maryam and Brian. They learn that a PIP is intended to help think through constraints to effective implementation that may affect the impact on the behavioral outcomes. This is quite helpful! Brian acknowledges and Maryam agrees. Based on previous experience, they know that implementation is often a key challenge to maintaining quality SBC, as things in the context change often. So, they decide to prepare a PIP. (Refer to the story in Module 4 to see their PIP.)

Finally, the program team shares the draft SBC strategy with stakeholders during a 3-day workshop. The team invites representatives of localities as well as technical experts and policymakers from health and nutrition, commerce, rural development, and agriculture departments, as well as private sector experts. The meeting creates a forum for experts to give their recommendations for refining the strategy and ensuring linkages with other initiatives and social protection schemes for households most vulnerable to malnutrition.

Photo credit: Karen Kasmauski/MCSP

CHECKLIST

Did you:

- ☐ Analyze research findings for each of your priority behaviors?
- ☐ Use research findings to confirm/revise and refine the priority behaviors?
- ☐ Identify and "star" the factors critical to achieving your priority behaviors?
- ☐ Create linked pathways from factors to supporting actors to activities?
- ☐ Develop your SBC strategy?
- ☐ Refine the draft SBC strategy with stakeholders?

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