



# ENABLING BETTER COMPLEMENTARY FEEDING **GUIDANCE AND WORKBOOK**

## **MODULE 5**



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## **USAID Advancing Nutrition**

JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4th Floor  
Arlington, VA 22202

Phone: 703–528–7474

Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)

Web: [advancingnutrition.org](http://advancingnutrition.org)

# MODULE 5. IMPLEMENT, MONITOR, AND ADAPT ACTIVITIES 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](#)

**A**n overview of this module: This module will support you in carrying out and managing high-quality activities to improve complementary feeding. The activities are those that resulted from the pathway analysis and that are in the SBC strategy that you developed in module 3. These activities should be monitored and adapted using the MEL plan you set up in module 4. This module outlines important measures to take to ensure successful implementation management, carrying out the program baseline and setting targets, including monitoring and

adapting, of the multi-sectoral activities outlined in your program plan from module 4.

**Before you begin this module:** Ensure staff and partners understand the SBC strategy. Compile plans developed by each team in module 4.

**The output of this module:** High-quality, well-managed implementation that course-corrects to improve complementary feeding

## STEPS IN THIS MODULE:

- 5.1 Review roles with the implementation team.
- 5.2 Establish baselines and set targets.
- 5.3 Strengthen capacity of frontline workers and staff to improve complementary feeding.
- 5.4 Engage communities.
- 5.5 Monitor implementation.
- 5.6 Learn and adapt.

## BACKGROUND

High-quality implementation and management of SBC for complementary feeding means following the implementation plan developed through module 4 based on the SBC strategy. Include a mechanism for assuring implementation quality, such as an implementation tracker, to help you flag when activities are not happening so that adjustments can be made. The steps for ensuring successful implementation are outlined in this module, and additional tips and pitfalls to avoid during implementation from the [Social and Behavior Change Do's and Don'ts tool](#) are outlined below (figure 6).

Figure 6. Do's & Don'ts for Quality Implementation



### MOBILIZE STAKEHOLDERS AND STAFF

- |   |   |
|---|---|
| <b>DO</b> identify and engage relevant stakeholders across sectors. | <b>DON'T</b> wait to involve implementing partners and stakeholders.                    |
| <b>DO</b> build staff ownership and skills.                         | <b>DON'T</b> expect one person to do all of the SBC work                                |
|   | <b>DON'T</b> neglect ongoing training, support, and coaching for continual improvement. |



### DELIVER

- |  |  |
|--|--|
| <b>DO</b> carefully sequence and align activities.   | <b>DON'T</b> settle for generic activities, messages, and materials.   |
| <b>DO</b> plan to strengthen capacity through systematic quality improvement, re-training, and ongoing coaching. | <b>DON'T</b> forget to engage the unique voices of grandmothers, adolescents, peer influencers, and other distinct social groups during implementation feedback opportunities. |
| <b>DO</b> make sure that the implementation team has all of the resources it needs to be successful.             | <b>DON'T</b> assume that one training for change agents will result in quality implementation.   |



### MONITOR

- |   |  |
|---|--|
| <b>DO</b> monitor implementation, including changes in behaviors and factors. | <b>DON'T</b> ignore changes in context, participant groups, and behaviors.                     |
| <b>DO</b> set up a clear, user-friendly monitoring system.                    | <b>DON'T</b> overlook the value of monitoring activities and analyzing and responding to data. |



### ADAPT

- |   |  |
|---|--|
| <b>DO</b> review and revise the SBC strategy, approaches, and activities. | <b>DON'T</b> ignore changes in context, participant groups, and behaviors. |
|---|--|



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## 5.1 REVIEW ROLES WITH THE IMPLEMENTATION TEAM.

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**G**enerate commitment by working with the implementing team and key stakeholders to define, understand, and review roles and responsibilities. All staff are responsible for behavioral outcomes and not just outcomes related to communication activities. All types of activities, beyond just communication, are needed to achieve behavioral outcomes and ultimately the program goal. While everyone needs to feel a commitment to the program and must follow through on their role, it may be important to distinguish between the commitment and level of accountability required from program staff, partners providing specific inputs under contract, and those groups who are collaborating, such as government workers. For every planned activity, determine

who is responsible, who will be supporting the activity, and how they are reporting on implementation and challenges. Hold meetings with the program staff to make sure all needed inputs are in place and everyone feels supported in carrying out activities that they are responsible for. All program staff are accountable for high-quality implementation according to the plan. Partners who are part of the overall strategy and who have committed to supporting the program should be ready to do their part as well, and collaborators such as government workers should also be well-informed and help coordinate with existing programs.

## 5.2 ESTABLISH BASELINES AND SET TARGETS.

**B**aseline data comprise the initial measurement of information collected after deciding on the details of the activity but prior to starting program activities.

- Choose the baselines indicators you measure based on your linked factor-activity pathways so that they can serve as reference points for the evaluation team in determining the amount of progress or improvement the activities have made later on in the evaluation.
- It is especially important to establish baselines for the globally recognized indicators and priority behavior indicators that you set up in 4.3.1. Document baselines in the fourth column of worksheet 4.1.
- When monitoring and evaluating the success of the program, you will want to be able to clearly delineate the program's influence on the specific behaviors it promoted. Because behavioral outcome and factor indicators are so context-specific for complementary feeding, it is unlikely that you can use existing data to establish your baseline.
- If possible, given your program's resources, it will also be useful to collect baseline data for indicators for critical factors that you included in your MEL plan. Based on the program context and existing information, you may be able to prioritize the factor-level indicators that you measure at baseline. For example, if you are bringing a new activity to a context, such as "introducing the use of fish powder" or a "providing bowls to caregivers so they can feed their child from a separate feeding bowl," one might assume that the baseline for related priority behavior is zero and you do not need to conduct the baseline study. Alternatively, if you think some people may already be practicing the behavior but you are unsure about the uptake or if there is variation across communities or within groups of mothers depending on the age of their child, it will be particularly important to establish a baseline.
- You will want to be sure that available baseline data are disaggregated by age, sex, location, or any other demographics that are important to the project. USAID's Monitoring Toolkit has more detail on how to establish baselines in their [Performance Indicators Baselines](#) (2017(b)) resource.

After you determine the indicators for baseline data collection, there are several things to consider when planning your baseline study.

- **When?** Think about how to ask the right questions of the right people at the right time. Baseline data must be collected before the activities start, so you can capture the full program impact later, whether or not your program includes monitoring as well as an evaluation survey. Monitoring is also a form of ongoing evaluation and needs the baseline.
- **Considerations:** There may be special contextual considerations when deciding when to collect baseline data, similar to considerations during your formative research:
  - Are there seasonal variations in available food that might impact the baseline study?
  - Is there a drought that might be affecting which foods are available?
  - Is it a religious holiday during which feeding habits are different?



For example, in Rwanda, one program found that there was a season during which fishing was not allowed due to sustainability reasons, so if the baseline was collected during this time, community members would say "no" when asked about feeding their children fish even though outside of this season they were feeding their children fish. As a result, program staff delayed the program start in order to collect baseline data around feeding children fish when the season was over. Alternatively, data collectors can consider whether asking the question differently would provide an appropriate baseline while being sensitive to recall bias.

Technical experts and MEL staff should collaborate to set targets using baseline data. To prepare to set targets for the selected behaviors and factors:

- Consult with stakeholders and experts. Technical experts with programmatic experience can provide helpful information about what is realistic with respect to the outcomes that can be achieved with a particular type of activity. Local stakeholders, including end users and beneficiaries, can also provide valuable insights about what might be possible to achieve in their particular context in a given period of time.
- Review evidence from similar programs or research. Past programming (your own or that of other organizations) can provide evidence to help inform target setting. Impact evaluations are particularly helpful, as they attempt to estimate the size of the effect of the program over a specific time frame.
- Review historical trends. How has the practice of the behavior increased and decreased in the past?
- Know your context. The context where you are working will affect what you can achieve. Know

the population that you are trying to affect and the operational context in which you are working. Will the contextual conditions reduce or enhance opportunities for people to practice behaviors?

- Separate data into its components. Disaggregating indicator data is useful for target setting if you expect that an activity is likely to affect some populations more than others or have a greater effect in some geographic areas or subgroups than in others.
- Know your activities. Setting targets requires understanding how and why an activity is expected to produce results. This includes knowing what resources will be available, the timeline and seasonal cycles of activities, and how long it will take for outputs to translate into outcomes. Base your thinking on these if you are developing targets at the program or activity level.

For more details, visit [Think|BIG's guidance for setting targets](#) (The Manoff Group n.d. (c)). Document targets in the fifth column of worksheet 4.I.

**Figure 7. Setting Targets**

Example Indicator: Percentage of children 6-23 months of age who consumed foods and beverages from at least five out of eight food groups during the previous day (see Annex 1).



## 5.3 STRENGTHEN CAPACITY OF FRONTLINE WORKERS AND STAFF TO IMPROVE COMPLEMENTARY FEEDING.

**O**rient frontline workers, including community health workers and volunteer cadres, on the SBC strategy. Use the [Frontline Workers Competency tool](#) to observe and ask about relevant competencies and needed resources, and plan to strengthen capacity as needed. These people, who are the ones who interact regularly with

families and community leaders, often have the most important role yet get the least amount of training and support. As well-respected community members, change agents can use their in-depth understanding of community values and local culture to lead by example, recognize contextual challenges, and find local solutions to enable behavior change.



**KEY CONSIDERATION.** Start off a program with a paradigm shift for staff, partners, and frontline workers to reframe their thinking and focus from simply “educating” caregivers to enabling caregivers, families, and communities to practice the priority behaviors. It is important to put the power to improve children’s diets and feed children well in their hands. This shift prevents staff, partner, and frontline workers from simply repeating messages and recognizes the nuances of local contexts, challenges, and solutions. It will lead to more sustainable long-term change and encourage ownership of improving the behaviors.

Training is often needed. Videos are an excellent way to strengthen skills (see annex 5). Within 3–6 months after an initial training, provide intensive supportive supervision, including mentoring and modeling, to cover challenges, tools, and problem solving with these change agents.

- Ensure that staff also benefit from supportive supervision to help them solve challenges. Too often, supervision is just monitoring or does not happen at all. Meet with project staff monthly to provide supportive supervision and discuss progress, hear reactions and insights, provide feedback, and praise efforts.
- Have project staff regularly join sector-coordination meetings at the district or regional level. They

can share program updates and practical lessons learned and bring coordination opportunities back to the program.

- Bring together stakeholders from across sectors periodically to gather feedback, talk about progress and challenges, look for new opportunities, and reflect on roles and responsibilities. Staff members’ ideas and insights should be used to improve activities and make adjustments, and they can share these discussions in regular coordination mechanisms with their respective sectors. Implementation of program activities is also a form of behavior change—but for staff—so it will be important to recognize and address barriers and enablers to their behavior change.



Photo credit: Fintrac, Inc.



**KEY CONSIDERATION.** Supportive supervision is a respectful process of helping staff and frontline workers improve their own work performance continuously. It focuses on using supervisory visits as an opportunity to improve knowledge, attitudes, and skills of health staff through open, two-way communication, and building team approaches that facilitate problem solving around achieving the inputs needed for behavior change. It also focuses on monitoring performance towards goals and using data for decision-making (WHO 2008). Alive & Thrive Ethiopia (2015) developed [supportive follow-up checklists](#).



Photo credit: Karen Kasmauski/MCSP

## 5.4 ENGAGE COMMUNITIES.

**I**t is important to involve families and communities as change agents and implementers, in addition to participants. Communities help shape activities in ways that make the most sense for the context. Partner with formal leaders, both political

and traditional, and informal leaders, and call on members of groups to support collective change. It is also key for communities to discuss and decide how they can engage change agents, including volunteers.



For example, communities provided in-kind support to recognize and motivate community volunteers in Honduras under the Atención Integral a la Niñez initiative. Some communities decided to give volunteers free bus passes. Others gave volunteers the right to be seen first in health facilities without having to wait in line. All communities also gave volunteers identification cards, diplomas, carrying bags, letters of recognition/thanks from the Regional Health Office, and badges giving them preferential access to care at Ministry of Health facilities, Children's Day piñata parties, and annual family days. These family days were festive events for volunteers and their families to celebrate their contributions. A [review](#) found that active inclusion and participation of their families was especially important in motivating volunteers (Rodriguez and Peterson 2016).

Another element of entering communities is ensuring that the community and frontline workers have a record or register of every child in the community. A starting point may be a household census in each community. This enables the program to be sure to reach every child, time contacts, and track progress

as they age. It also helps frontline workers know who each child's caregiver is and the level of family support. Without a census of the community, the program risks addressing the factors for some but not all community members, hindering the population-level change needed for sustainability.

## 5.5 MONITOR IMPLEMENTATION.

**M**onitor changes in behaviors and influential factors using the systems set up in module 4 and document findings in the worksheet below. Behavior and factor monitoring will occur alongside wider program monitoring based on the MEL plan. This robust ongoing monitoring data may be even more useful than a formal evaluation. Documentation can be as indicated in the plan; however, you may want to pull out findings on priority

behaviors and their factors using [worksheet 5.1](#) to ensure that you have a full picture of progress made and can make programmatic adjustments as necessary. Discuss the findings from monitoring with SBC and MEL staff to make sure monitoring is happening as planned, and there are no issues with the chosen indicators.

### **Worksheet 5.1 Monitoring Behaviors and Factors**

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

## 5.6 LEARN AND ADAPT.

**A**fter analyzing the quantitative and qualitative data, use your plan from module 4 to identify the trends in worksheet 5.1. Bring stakeholders and staff together to review findings and trends along with implementer insights as part of regular learning meetings. To what extent are the agents of change at all levels supporting change? To what extent are the community or key families engaged/playing a role in change? For some factors, such as social norms, monitor pushback and the negative or unfavorable actions that may arise. It is very important to share and discuss findings with communities and participants so that they may understand and use the findings. Sharing the results with communities will also help you better understand and contextualize trends as well as recommendations for adaptations. Data can be shared and discussed with communities using

methods of data collection already in place or through a [dashboard](#) (Save the Children 2016), [scorecard](#) (CARE 2013), [visual tracking tool](#) (Hurtado, Ramírez, and Moreira 2020), or [community dialogues](#) (Martin et al. 2017).

Engage program participants during feedback opportunities and be sure to listen to the unique voices of each group, including grandmothers, peer influencers, and other distinct social groups. Take time to reflect on their feedback and use what they have shared to improve activities.

At the subnational or local level, you may bring stakeholders together quarterly for reflections, and at the national level, an annual discussion may be helpful for policy and big picture discussions.



**KEY CONSIDERATION.** Do not forget to look at your process indicators as well. Did the activity reach the intended participants? Was it delivered with quality as intended? Are the inputs (e.g., human resources, funds, infrastructure, materials) required to address the factors in place? Did participants face additional, unanticipated barriers to practicing the behaviors? These indicators will help you further understand why factor-level or behavioral outcome indicators are improving or not, and they will help you decide what to tweak in the program to strengthen implementation.

Adapt activities based on learning from the monitoring data. Analysis of the data and the feedback from participants from section 5.6 will tell you what needs to be changed. Changes may be big or incremental. They could range from focusing efforts more narrowly on a specific part of an activity, expanding an activity, eliminating an activity, or adjusting a measure, among possibilities. For example, if a priority behavior such as feeding children 6–23 months an egg each day seemed to increase only among mothers working in markets, emphasize outreach to other mothers during the next phase of activities and check the progress of the associated factor-level measures such as access to eggs. Or if handwashing with soap before preparing or serving complementary foods is not increasing due to soap access challenges, resolve soap access as a priority in the program.



## ILLUSTRATIVE STORY: MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

### Ready to go!

Maryam and Brian are now ready to put their implementation plan into action. First, they set up a tracker to flag when activities are happening or not. Brian had faced a major challenge during a previous program when one of his activities stalled because of flooding and a road closure he was not aware of. He learned his lesson! He convinces Maryam that it will help them organize and coordinate activities. Then, they bring together key stakeholders and staff to review roles and responsibilities. They also make sure that staff have all the supplies, materials, and personnel needed to carry out activities. For the “Marketing incentives to support market suppliers and vendors to dry and sell fruit and small fish packaged for children year-round” activity, this means making sure financial resources are in place for incentives and available personnel to track the supply chain and manage vendor relationships. They meet with suppliers to make sure the supply chain will run smoothly. The suppliers can’t help but tease Brian about his down-to-business nature, but ultimately they assure him they are ready. Maryam and Brian also remind the Ministry of Agriculture of their planned activities and establish regular lines of communication to provide updates and be informed about other ongoing activities in the area. The Ministry of Agriculture is engaged and eager to hear about their progress.

Before starting the activities, Maryam and Brian take stock of the competencies of the program team. The assessment shows a gap around community mobilization skills, which will be important for the community dialogues and cooking demonstrations they are planning. Maryam spearheads setting up a training to strengthen the skills and plan another training 3 months later.

### Setting the Stage

To kick off MEL activities for the complementary feeding component, the MEL team collects baseline data including the priority behaviors and factors from their monitoring plan. They decide one of the baselines they will collect is percent of vendors in local markets selling eggs. They know this will help them later on to see if their activities are actually successful in increasing the availability of eggs. Once they collect baseline data they work with their MEL staff to set targets. Maryam isn’t sure what will be a reasonable target for percent of caregivers who fed small fish to a child 6-12 months in the past 24 hours so she looks at what a similar program in the area had previously achieved, and she talks with opinion leaders about what they think will be possible. Meanwhile, Brian checks with market vendors on the space and positioning they will give to small dried fish. (See [these additions to worksheet 4.1](#))

Maryam and Brian use the monitoring plan to track quality implementation. Each quarter they review findings with the program team and with communities. Maryam always looks forward to the sharing events because of the energy and excitement. The community leaders use their data to share updates with their district leadership for local policy tracking and action.

### Striving for Success

During one review, monitoring forms for home visits show that few caregivers tried new behaviors. To strengthen the capacity of the CHWs in counseling, Maryam and Brian talk to CHWs to understand their challenges. CHWs open up about their struggles. They share that additional mentoring opportunities and peer-to-peer quality improvement meetings to solve problems together would be helpful, so Brian sets these up. When improvements in access to fish and fruit stalls, they also work with local women’s groups to expand sales of fish and fruit; vendors organize parties and taste tests for young children during group meetings. The taste tests are lively with children laughing and playing.



Photo credit: Fintrac, Inc.

## CHECKLIST

### Did you:

- Review roles and responsibilities in the work plan?
- Establish baselines and set targets?
- Strengthen capacity of frontline workers?
- Initiate a process to engage communities?
- Conduct monitoring?
- Feed findings back and discuss with communities for learning and adaptation?



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#### **USAID ADVANCING NUTRITION**

Implemented by:  
JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4th Floor  
Arlington, VA 22202

Phone: 703-528-7474  
Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)  
Web: [advancingnutrition.org](http://advancingnutrition.org)

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