



USAID
FROM THE AMERICAN PEOPLE

ENABLING BETTER COMPLEMENTARY FEEDING **GUIDANCE AND WORKBOOK** **MODULE 4**



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MODULE 4. PREPARE THE IMPLEMENTATION AND MONITORING, EVALUATION, AND LEARNING PLANS



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

An overview of this module: In this module, you will design an implementation plan and linked activity plans, including a communication plan, for the SBC strategy. Alongside program preparation, you will also develop a MEL plan to track and measure the success of implementation and allow for adaptations as needed. It is critically important to develop a MEL plan once program specifics are defined. This plan lays out the monitoring practices and sets the stage for program evaluations at key points, usually midterm and at the end of a program. Further details on conducting the evaluation are covered in module 6.

Before you begin this module: Identify any templates for implementation and MEL plans used within your organization and related national or subnational systems. At this point, subject matter experts must work collaboratively with implementation teams and MEL experts to complete the process described in this module.

The output of this module: Implementation, activity, and MEL plans.

The plans developed in this phase will include the details on the activities to achieve improved outcomes on young children's diets and metrics that can be



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used to monitor progress and evaluate the quality and success of the activity. These pieces are needed for coordination and accountability with key stakeholders. The coordination may be to link to other activities and efforts to complement your program and/or to synergize implementation for efficiencies.

STEPS IN THIS MODULE

- 4.1 Prepare detailed plans for implementation based on the SBC strategy.
- 4.2 Develop linked activity plans.
- 4.3 Plan for monitoring.
- 4.4 Plan for evaluation.

BACKGROUND

To make the SBC strategy a reality and bring the planned activities to communities, a work plan and a MEL plan are useful to ensure that all elements are in place and well coordinated. In addition, some strategic activity areas may benefit from detailed plans. First, consider which activities in the SBC strategy will be implemented by your program and which activities are under the leadership of other stakeholders. For

those activities in the SBC strategy that cannot be implemented due to your program's limited scope or resources, explicitly plan for coordination with other partners and/or advocacy instead of direct implementation (see 3.5 above). These complementary activities may include systems support, services, or products needed to achieve the desired change. For example, if your strategy includes improving hygiene around child feeding and local markets lack affordable supplies for handwashing stations, your program can invite private sector actors engaged in sanitation marketing to expand to your program area. As your program will generate demand for sales of the products, this collaboration is mutually beneficial.

The MEL plan guides how to track progress and use data to make adjustments as needed. It also makes sure you have the right systems in place early for ultimately measuring the success of your program. Part of the MEL plan will outline key points for upcoming evaluations, including evaluation questions. Beginning to think about the evaluation at this point enables you to collect appropriate baseline information that will provide the needed comparison with endline measures to determine if the program achieved its goal.

4.1 PREPARE DETAILED PLANS FOR IMPLEMENTATION BASED ON THE SBC STRATEGY.

Using the work plan format the program requires, develop an implementation plan for each of the activities identified in the SBC strategy in module 3. Key technical teams, partners, and government stakeholders should work together

to develop the detailed implementation plan for the activities they are responsible for (e.g., production and market introduction of a new food product for children), as decided in module 3.



Tip: At this stage, there may be one overall work plan that shows all program elements and more detailed plans for key activities, such as market systems engagement or communication (detailed in 4.2 below). Pull together the implementation plans to develop a work plan for each year of your program.

Coordination among the program team, stakeholders, and implementers is fundamental to ensure that activities are sequenced and aligned to deliver the full strategy. Not everything needs to start at the same time, but ultimately the whole strategy should be operational. The critical part of this step is to make sure that activities and inputs are aligned for change. That means ensuring that components needed to address the critical factors are available together and layered appropriately. If a program is promoting increased consumption of green vegetables, it makes sense to put the home garden activity in

the same area as demonstrations to mothers of how to prepare them for young children. In promoting increased consumption of foods that are viewed as expensive, such as eggs, it makes sense to put income-generation or savings activities in the same areas as market activities that promote these foods for consumption by young children. Decisions may need to be made along the way about what can be rolled out if one element is delayed.

4.2 DEVELOP LINKED ACTIVITY PLANS.

Develop plans to provide additional details beyond the SBC strategy for any strategic approach or activity that needs extra attention across program teams. An SBC strategy will often show the need for different activities, including policy change or enforcement, food value chain strengthening, service improvement, and communication. Each may benefit from an activity plan.

To detail the communication work across the strategy, develop an SBC communication plan. SBC communication can serve as the thread that holds the program together, creating the coherent whole and reminding both implementers and participants of goals and progress. SBC communication can be a distinct activity and also supports the totality of the activities in the strategy to keep implementers together. SBC communication also supports activities for the enabling environment and systems, products, and services:

- **Adequate food:** SBC communication is usually needed to support activities that are creating an enabling food environment for better child feeding. For example, communication is needed to engage food producers or market vendors to offer healthy food for young children and to motivate policymakers to create financing schemes

around healthy foods for children or limiting highly processed foods.

- **Adequate services:** SBC communication is a key element of quality services, including counseling and supportive supervision of health providers. Communication can also be used to promote new or improved quality of services.
- **Adequate feeding practices:** SBC communication developed specifically to support complementary feeding behaviors can inform and motivate participant groups to try, adopt, and maintain the priority behaviors by addressing factors such as family support and individual attitudes and agency. Communication can also model and/or reinforce supportive social norms and expectations. This is where to include national materials such as the Community-Infant and Young Child Feeding (C-IY-CF) package (UNICEF 2017).

In addition to this external SBC communication for program participants, program staff and stakeholders also need communication. Do not forget about this internal communication for the program team and partners; motivation may be driven by reminders and reports on progress.



KEY CONSIDERATION. There are useful resources that can be used directly or adapted by programs, including the First Foods for Young Children: UNICEF video series. See annex 5 for the full list.

Video series for mothers and caregivers: These seven videos on complementary feeding and two videos on continued breastfeeding provide an important opportunity to improve the learning experience during group and individual counseling sessions. Download on phones or tablets or show on pico projectors for caregivers and/or groups. The videos can also be shown in public spaces such as health facilities, hospital waiting rooms, and other public venues.

Video series for frontline workers: These eight videos can be integrated into training platforms. Download on phones, tablets, and computers to show as an important reference for frontline workers.

Link the communication plan with other activities that address specific factors based on the SBC strategy. For example, to increase consumption of eggs by children, the SBC may have identified two key factors:

access to affordable eggs and social norms to feed children eggs every day. The SBC communication plan would delve into shifting norms while linking closely to the other elements of the strategy that are work-

ing to make affordable eggs accessible in the markets. Use SPRING's [Lesson Plan: Developing a Plan for Communication Activities within a Broader SBC Strategy](#) (n.d.(b)) or the worksheet in annex 5 to prepare a plan that answers the who, what, and how.

Communication objectives are a key piece of the plan. These objectives will answer the question, "What can communication do to reduce barriers and enhance enablers to achieve the priority behaviors?" SBC communication objectives may be to—

- create demand for improved or new food products for children and counseling services on complementary feeding
- support correct use of food products
- shift social norms that enable complementary feeding behaviors
- motivate family members to provide support, encourage, and share tasks with caregivers
- strengthen caregivers' confidence and agency to care and feed children.



Tip: Do not rush to develop messages. Develop the messaging within the SBC communication plan. Messages connect insights about the participant groups with key information that they need to adopt the priority behavior. A message includes the following elements: [call to do the priority behavior + overcome resistances or barriers + key promise or benefits]. Effective messages usually include emotional appeals, so work on the creative elements highlighted below before developing messages (HC3 n.d.).



KEY CONSIDERATION. Just repeating a behavioral recommendation is not an effective message. We all know that telling people to "wash hands with soap at key times" rarely results in change, yet programs often instruct caregivers to "feed children a diverse diet." **Messages should promote and motivate the action and address a factor that prevents or supports the behavior.**

Effective messages also touch the heart by appealing to emotions. The art of the communication plan begins with creative elements. Creative elements can connect all SBC communication activities within the plan through a consistent tone conveyed by images, logo, and taglines. These can be simple or complex. Either way, these should be locally meaningful; they can be designed and pretested with your participant groups by a creative agency, such as an advertising firm (HC3 n.d.). Start with overarching or connecting concepts such as the example of healthy growth symbolized by the sunflower described below.



For example, the **Growth through Nutrition** project in Ethiopia uses the creative concept of a sunflower growing to show the key age stages for infant and young child nutrition: starting from a seed to represent pregnancy, to a sprout to reflect the period of exclusive breastfeeding, to a bud for early complementary feeding from 6–11 months, to a flower for 12–23 months (figure 4). Testing with caregivers and families found that the stages and images were easily understood and memorable. SBC communication materials used this creative concept for consistency and emotional connection to the behaviors tied to each stage. These materials include songs, stories, dramas, games, print materials (e.g., leaflets, flyers, stickers, posters, story cards), and demonstration videos by role models (USAID Growth through Nutrition Project 2018).

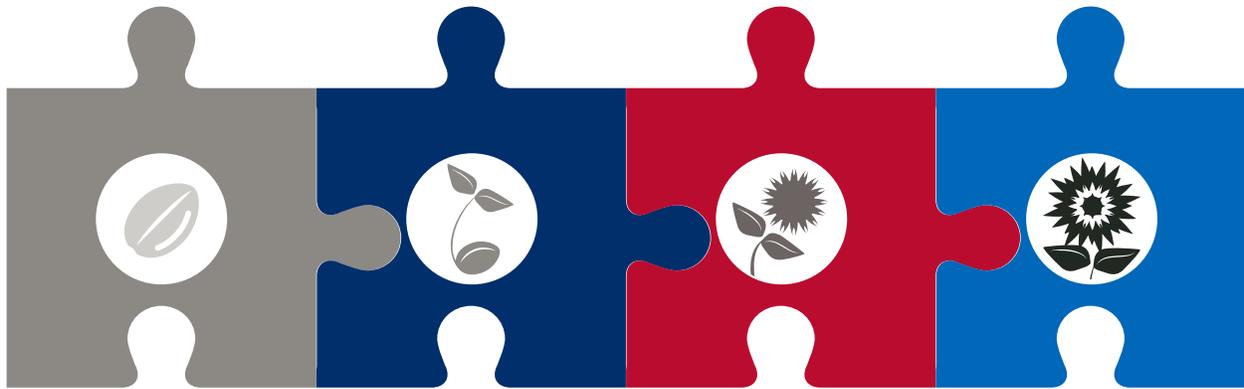


Figure 4. Growth Through Nutrition (2018) Ethiopia Puzzle Visually Linking Stages of Child Growth to a Sunflower

Within the SBC communication activity, a range of communication activities can be applied. Each has advantages and challenges. It is helpful to think of these in layers. Communication to create a supportive food system and health system for complementary feeding is often directed at the policy level. Communication to shift norms, local policies, and workplaces reaches community and organization settings. Interpersonal communication supports dialogue among families, peers, clients and providers, religious leaders and communities, and others. Programs usually include some type of interpersonal communication. Highlights of how interpersonal communication is often used to improve complementary feeding follow.

- **Effective counseling:** To be effective, counseling should be focused on the age, ability, and needs of the child and tailored to what the caregiver is able to try. In addition, counseling is most effective if it means that practices are “negotiated” with caregivers and families based on their situation rather than simply instructing them to follow general recommendations. There are often many ways to solve a feeding challenge, and caregivers know best what they would be willing to try.
Ingredients for success: Tailored, negotiated communication with an initial goal of trial and then support to sustain.
- **Counseling in the home environment through home visits:** In Bangladesh, [Alive & Thrive](#) trained outreach workers conducted home visits and effectively used interpersonal communication to significantly improve a suite

of complementary feeding behaviors. Outreach workers tailored communication to the specific situation and concerns of the family and helped solve problems that the caregiver faced. Outreach workers were also able to talk with family members, including fathers and grandmothers, to increase family support for key behaviors (BRAC 2014 and Sanghvi et al. 2016).

Ingredients for success: Tailored communication to the age and ability of the child and situation of the family; practical problem solving; family engagement to increase family support.

- **Peer groups:** In Ethiopia, USAID’s Growth through Nutrition’s (2018) [Enhanced Community Conversations](#) with mothers, fathers, and grandmothers of children under 2 years meet in their respective peer groups once per month. Groups are led by trained community volunteers who use a multi-media package of SBC communication materials. The materials, combined with the activities, support an experiential learning approach to helping mothers, fathers, and grandmothers build on the knowledge, experiences, and skills they already have and then practice new behaviors and transformative gender roles.

Ingredients for success: The group dialogue and experiential activities fostered social support and expectations for change. Groups of men and groups of grandmothers who come together with groups of women periodically enable communities to foster change together.



Photo credit: Aquaculture Project

4.3 PLAN FOR MONITORING.

MEL and technical teams should work together to refine and incorporate the indicators for the priority behaviors and critical factors into the existing MEL plan or develop a new one, if needed. Once indicators have been established, **immediate steps should be taken to plan for monitoring progress and evaluating success.** Review

[USAID’s Activity Monitoring, Evaluation, & Learning Plan \(AMELP\): Guidance Document \(2017\(a\)\)](#) prior to beginning. Use the [Monitoring SBC for Multi-Sectoral Nutrition](#) tool or the worksheets in the sections that follow to set indicators, track progress, and adapt as needed.



Tip: If you have a MEL plan but you have not completed behavior prioritization and analysis, go back and complete modules 1–3 to ensure your monitoring and evaluation is behavior-centered and your indicators are measuring the behaviors and factors that matter the most for achieving nutrition outcomes for young children in your context.

4.3.1 Determine key indicators.

Now that you have finalized the prioritization, refinement, and analysis of complementary feeding behaviors for your program context, it is important to develop the behavioral outcome indicators. These indicators enable program leaders to check progress toward the end goal: uptake of priority behaviors. Note that many behaviors are measured at the outcome level. Globally recognized indicators exist for most complementary feeding practices or topics, as seen in annex 1. These indicators have been widely tested, have clear guidance for measurement, and represent expert consensus as the best way to compare

complementary feeding behaviors in different settings. Tailor the indicator to the program's context, as necessary, ensuring that the most appropriate participant group is counted. Consider the age, location, and other demographic information that might need to be refined to properly measure your priority behavior using the indicator. Use the globally recognized indicator in addition to more specific behavior and factor indicators so that you can measure progress that your program is making toward your behavioral objectives and your contribution to the globally recognized indicator.

The globally recognized indicator allows the program to compare across borders. The more specific indicator helps you to understand your program's own efforts and how you may be feeding into changing the global indicator.





KEY CONSIDERATION. When refining behaviors, be sure they are clear enough to enable the design of associated measures or indicators by asking critical questions such as—

- Does this behavior focus on a specific population (e.g., children 6–24 months, pregnant women, or decision-makers) or location (urban vs. rural)?
- Is the behavior specific enough to be measured with one well-defined indicator? This means **each of the words/actions** in the behavior has a clear definition. For example, terms like “caregivers,” “children,” “healthy,” and “frequently” (“Caregivers feed their children one healthy snack frequently”) will need to be further defined in order to measure the behavior. Be sure that you know who qualifies as a caregiver, if it matters; which of their children should be fed/counted; and which snacks are considered healthy. So the behavior would be: “Caregivers feed their children over 9 months one snack of fruit or vegetable each day.”
 - If, based on the responses to those questions, the doable action is not clear or otherwise suitable, work collaboratively to better understand the small, doable action or to refine it sufficiently.

As the indicator is being developed, the behavior may undergo several iterations. Each priority behavior should be measured in order to determine progress toward achieving and sustaining behavior change. You will develop additional indicators in module 4.

Use [worksheet 4.1](#) to organize your indicators. Priority behaviors and factors in columns 1 and 2 can be pulled from worksheet 3.1, which you completed in module 3. If your program cannot monitor all of the priority behaviors or factors regularly, choose those behaviors and factors that are most important and most relevant for the stage of program implementation and are feasible to monitor. With input from both MEL and technical specialists, consider your ability to properly execute the necessary data collection methods with the available resources or your ability to use existing data sources so that your monitoring plans are realistic.

To establish indicators, start with the [WHO and UNICEF Indicators for IYCF](#) (2021) and DHS (see annex 1). Add your selected indicators to the third column. If you are unable to find appropriate indicators for behaviors and factors, work with MEL experts to design new ones. The indicators you create may be related to program processes or outputs, such as the number of community health workers (CHWs) trained in counseling for complementary feeding. Indicators may be related to factors affecting behavior, such as decision-making autonomy. For something like the latter, you might not have a measurable indicator as part of routine monitoring, but instead you may engage in discussions or interviews to get a sense of community dialogues and if norms may be chang-

ing. You could describe those findings qualitatively in a report and could rate an indicator, “yes,” “no,” or “partly.” Social norms are common influencing factors that are particularly difficult to measure due to their unstated, informal nature (Dickin et al. 2021). Consider shaping indicators for these factors around perceptions. For other indicators that you want to measure with a survey during evaluations or if you have a census-based, closed program, you can use this formula to construct them:

[percentage/number/proportion of]
+ [who/what]
+ [verb (did, receive, etc.) _____]
+ [optional: when, where, how long, disaggregation]

*Example: [Percentage of]
+ [mothers of children between 6 and 23 months]
+ [who fed their child porridge with ASF at least once per day]
+ [the week prior to the survey]*



Photo credit: Kate Holt for Jhpiego/MCSP

Add all indicators to the third column of worksheet 4.1 and for custom indicators, develop a [Performance Indicator Reference Sheet](#) (USAID 2016a). Then, add your selected indicators to your MEL plan if they are not already there. You will fill in baselines and targets in module 5.



KEY CONSIDERATION. Do not forget to include process indicators to monitor the degree to which activities are being implemented, the coverage or participation, whether staff are trained and have knowledge/materials, etc. Process indicators will help you to see if your activities are reaching participants as intended and should provide feedback about implementation that will help you improve your program. Consider using supervision records to monitor quality of service delivery where relevant.

Worksheet 4.1 Monitoring Plan for Priority Behaviors and Factors

Priority Behavior	Factors	Indicators	Baseline	Target	Method of Monitoring	Frequency of Monitoring

4.3.2 Identify the frequency and method for collecting data on each indicator.

Monitoring changes in behaviors and factors on a regular basis helps you know how things are going and where and when to make program adjustments. Some participant groups may take up priority behaviors and address factors faster than others, be ready for additional inputs, or need extra attention. As you select or develop indicators, consider whether you have the means to collect the data. While clever proxies sometimes exist, directly measuring behaviors typically requires collection of survey or observation data.

MONITORING CHANGES IN PRIORITY BEHAVIORS:

- If you want to know the proportion of a population practicing a certain behavior, then you need a survey to generate a denominator unless you are working in a closed system and have a census of all people affected by your program. In that case, your program records will provide a denominator and the means to generate statistics about the population. If you will rely on a survey for these statistics, then the behaviors will likely be measured only during evaluations.
- Another option is to use [lot quality assurance sampling](#) (LQAS) for monitoring, which enables the generation of statistics (MEASURE Evaluation n.d.).
- Your monitoring plan can include standard monitoring methods as well as regular reviews of data from program activities and feedback sessions with participants.
- You can also monitor progress through non-statistical methods. You may check on behaviors through key informant interviews with service providers or other stakeholders or through focus group discussions with different population groups.

MONITORING CHANGES IN FACTORS THAT PREVENT OR SUPPORT PEOPLE TO PRACTICE THE BEHAVIORS:

- Looking at changes in factor indicators allows you to more precisely understand why a behavior is

or is not changing. To maximize program resources and achieve results, track factor indicators more frequently and adjust and adapt the program as necessary. If done well, this will tell you which pieces of a program are missing or not performing to complete the pathway needed for change.

- You can monitor factors through surveys as well as regular reviews of data from program activities. For example, You can monitor the factors that affect behaviors through routine service records and program records as well as observation and supervision checklists to understand if the activities are being delivered with fidelity and quality expected. When frontline workers conduct home visits, reviewing the records from these visits can also provide valuable data. Similarly, peer groups can keep records of what members agree and try to do.
- These qualitative methods, as well as feedback sessions with program participants, also provide the opportunity to check in on persistent barriers and gauge how to optimize facilitators. As an added benefit, reviewing and sharing the summarized trends with communities enables participants to see, own, and act on their progress and challenges.
- For situations in which changes are difficult to predict and/or interpret, complexity-aware monitoring can supplement more traditional monitoring. [MOMENTUM's Guide to Complexity-Aware Monitoring Approaches](#) (2020) outlines several approaches that can be integrated with existing MEL systems to answer key questions that may be missing from traditional monitoring approaches or cannot be answered with traditional approaches due to complexity:
 - What outcomes might be missing or yet to emerge?
 - How do participants and stakeholders perceive the activities?
 - What is happening in the wider context?



Photo credit: Karen Kasmauski/MCSP

For each indicator included in worksheet 4.1, consider what method you will use to collect data (Methods column) and how often you will track progress on the indicator (Frequency column). Every program faces budgetary, time, and human resource constraints. As much as possible, link with related national and subnational system monitoring. To do this, work with MEL experts to consider the following:

- How closely do the indicators align with the indicators you are planning to use?

- What are the disaggregations of the data?
- How frequently is data collected?
- What is the quality of the data?

Based on these considerations, the decision to link with existing monitoring systems will be highly context-specific.



Photo credit: Karen Kasmauski/MCSP

4.3.3 Establish a plan for analyzing monitoring data, sharing with communities, and continual learning.

Based on the frequency and methods for data collection you chose in step 4.3.2, determine how frequently you will analyze data. Analysis should be done regularly (monthly or quarterly) to inform learning and improvement:

- 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 story of what is happening and what requires attention or adaptations. Be sure to include in your plan contextual factors that you expect might impact your data, such as a new road opening, a drought, or a national-level policy related to the behaviors. These contextual factors may not become clear until you are analyzing the data.

- Think about and note who you will share and analyze the data with, including implementers, stakeholders, and communities.

Monitoring data will help you justify continuing as is, making adjustments, or scaling up. It can also tell you about variation in implementation across program areas, a disconnect between improvements in factors and changes in behaviors, or where you may need to focus more resources and attention to improve program quality. It may raise questions about implementation to examine further in the evaluation. For example, if one program area is making more progress than another, you may decide to add an evaluation question that looks at why there is variation so that you know if and how you need to redistribute resources and attention or if there are other contextual factors at play.



Photo credit: Mubeen Siddiqui/MCSP

4.4 PLAN FOR EVALUATION.

Planning for evaluation early is a best practice. It includes determining the scope and design of the evaluation, drafting key evaluation questions, determining which monitoring data can provide useful context or help answer evaluation questions, selecting evaluation methods, establishing

project baselines, and setting targets for key indicators. USAID Advancing Nutrition's [Measuring Social and Behavior Change in Nutrition Programs: A Guide for Evaluators \(2022\)](#), includes key considerations for planning and designing evaluations.



Photo credit: Karen Kasmauski/MCSP

4.4.1 Determine the scope of the evaluation.

There are different types of evaluation; determine which to use based on the purpose of the evaluation and research questions. Evaluations may be focused on performance, process, or outcome; impact; cost-effectiveness; and sustainability. Use the decision tree in annex 6 to decide what design you will use. Setting up your MEL plan is an iterative process. After you have set up your evaluation questions using the criteria that follows, it is a good idea to revisit your monitoring indicators to see if any indicators need to be added based on the scope and type of evaluation you select. Then, determine the scope of the effort by considering the following questions.

1) How will the evaluation be used? While monitoring is helpful for regularly tracking implementation and progress, evaluation will give you a more complete picture of whether or not you are achieving your program goals and how. Evaluation can help you strengthen the functionality of specific aspects of the implementation and plan for future program design. Your evaluation questions will include behavioral outcome and factor-level indicators if you are—

- interested in checking progress on addressing the factor-behavior pathways outlined in your strategy
- justifying expenditure and demonstrating achievement
- informing decision-making about activities to improve complementary feeding for your program or future programs.

For example, you may want to know if your program successfully increased the number of caregivers feeding their children diverse diets, and if so, why and how, or if not, why not. You might then check factors that contributed to this change, such as successfully increasing the accessibility of fruits and vegetables by lowering prices. Alternatively, if you aim to make sure your activities reach participants as intended, build trust across stakeholders by showing that expectations have been met, and ensure accountability, your evaluation questions will focus on the process indicators. For example, you may want to know how many caregivers you have reached with a specific activity, such as introducing a separate child feeding bowl, and determine if the caregiver attributes increased feeding frequency or amount. In this case, you could look at the number of bowls distrib-

uted and use the evaluation to collect insight from the caregivers in the activity.

2) Which key questions need to be answered to measure the success of the activity? Based on the purpose of the evaluation, develop your research questions. Start by reviewing your strategy, which outlines the impact pathways you have identified to improve complementary feeding. Your questions should address—

- which behavior(s) changed, and to what degree
- factors that contributed to or were associated with the behavior
- existing factors/barriers that might influence the behavior
- the reach and frequency with which the program actions might have affected the participants
- the quality of what was implemented.

The number of evaluation questions you select will depend on the scope of your program and how it may fit into a larger nutrition program (e.g., if behaviors other than complementary feeding behaviors are included in your evaluation).

Here are some sample evaluation questions for a complementary feeding program:

1. To what extent have the priority complementary feeding behaviors been adopted? (This will be

based on behavioral outcome indicators and may determine the extent that the sample will need to be able to be disaggregated by age and/or other sociocultural or demographic characteristics.)

2. To what extent have the identified intermediate outcomes (the factors that influence priority behaviors) been achieved? (This will be based on factor-level indicators.)
3. What is the level of exposure to activities, including participation in activities and recall of materials? (This will be based on process indicators.)

Be sure to tailor these sample evaluation questions to your program and context. You will need to make them more specific, include some questions and not others, or develop your own, depending on the purpose and scope of your evaluation.

3) What resources (financial and human) and how much time will be available for the evaluation? The scope of your evaluation may be limited by the financial and human resources your program can dedicate to it. You may need to decide which program elements the evaluation will primarily focus on through subjective decisions based on what you are interested in, what you know about the context, and information you have received from engaging staff, key stakeholders, and communities. This may result in adding or adjusting questions.

4.4.2 Determine the most appropriate methodologies for evaluating success.

Evaluations are usually mixed-methods studies and include some combination of different data collection techniques such as semi-structured observations, key informant interviews, household surveys, and reviews of existing secondary data. Evaluators usually use more than one data source to answer an evaluation question—which involves using more than one perspective or technique, also known as triangulation. In laying out the evaluation plan note the various monitoring studies or inputs that will be available to support the evaluation effort.

For example, during monitoring, you may use peer group reports to collect data on the percentage of caregivers who fed fruit and vegetable finger foods for snacks in the past 24 hours (behavioral outcome indicator). During the evaluation, you may explore this in more detail through in-depth interviews by asking questions, such as what types of fruit and vegetables

they feed their children for snacks and why, in order to understand how widespread and frequent the practice is and whether further efforts are needed to further refine your implementation. Evaluation is an opportunity to take a different snapshot of the progress than what is captured by your monitoring indicators by engaging different groups or using different data collection methods.

Decide on data collection methods for each research question based on who will be able to provide the information you are looking for or where you might find the information (e.g., desk review or survey), the rigor of the evaluation, the time you have for evaluation, and the resources available for the evaluation. The table in annex 3 outlines types of research methods, the purpose for each method, and pros and cons.



ILLUSTRATIVE STORY:

MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

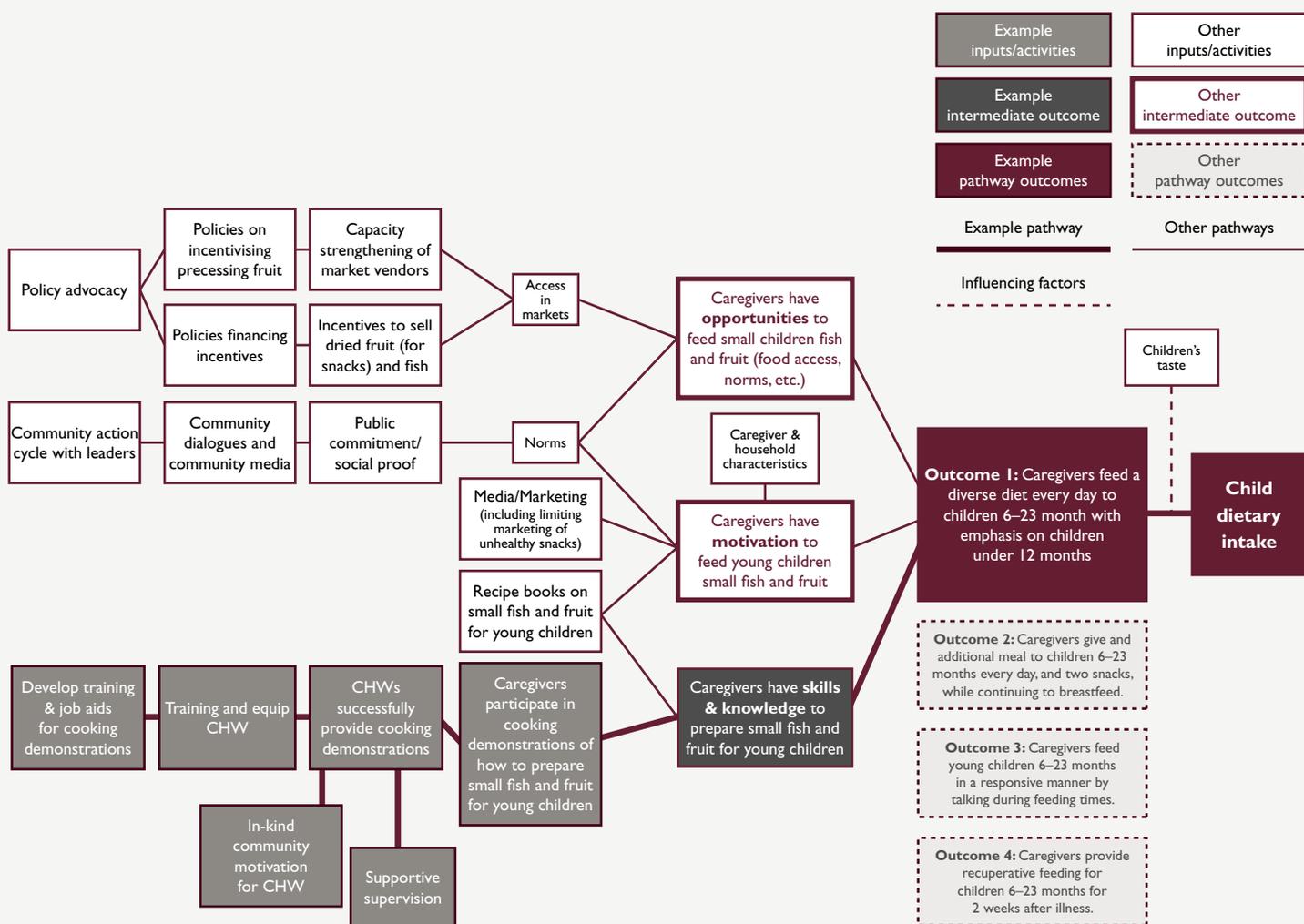
Preparing Plans

After launching the SBC strategy with the program staff and stakeholders, Maryam and Brian feel energized from positive feedback. They work closely with technical teams and management to integrate the complementary feeding activities into the overall program work plan. Each technical team is also excited to prepare plans to describe the activities for which they are responsible. Though the market advisors have conflicting ideas, they work together to prepare a plan to work with fish suppliers to get dried small fish, branded in a unique and attractive way for families, to market.

Maryam and Brian draft the communication plan. This [communication plan](#) builds on the SBC strategy, with additional details on activities and the content of the activities. In particular, this plan shows what topics to include in home visits, and what to focus on during the visits to ensure that these result in reducing barriers and enhancing enablers with the caregivers and families. Brian feels the creative ideas flowing so he offers to lead the scripting of a community drama and the creation of games to engage fathers and grandmothers with feeding children.

At the same time, the MEL team develops the [monitoring plan](#). They start by determining indicators for the priority behaviors and factors. They use the PIP (figure 5), which they develop based on behavioral pathways established in previous worksheets, to select process indicators and make sure they are capturing the coverage of their program and participation.

Figure 5. Story Program Impact Pathway



This takes some time, but Brian reminds them it's worth it because it will set them up for success; if they do not see changes in factor-level indicators, they can trace the pathway back to inputs to see where the activities are not happening as planned (e.g., training, occurrence of cooking demonstrations at home visits or in women's groups, attendance of women's groups, etc.). The colored boxes show an example pathway they focus on for cooking demonstrations. They repeat the process for all of the other pathways leading to "opportunities" and "motivation." They also repeat it for each of the other behavioral outcomes. At first, they list all of the indicators to be included in the annual survey. Maryam and Brian are shocked at how many additions to the survey will be required and they all work to cut the list down.

Making the Most of Monitoring

They add different methods of monitoring because several factors, such as norms and skills, can be monitored through community consultations and home visits. The technical team wants to see trends in this sub-set of indicators more frequently than the program surveys. They train frontline workers to use this [monitoring tool](#) for home visits (USAID IYCN Project 2010). Next, they remove indicators to shorten the list. They determine the factor-level indicator of skills would not need to be in the official monitoring plan and tracked because it will come out in observation of activities.

The MEL team then prepares for integrating the complementary feeding work into the evaluation plan. They draft key evaluation questions, determine which monitoring data can provide useful context or can help answer evaluation questions, and select evaluation methods.

They plan to use the evaluation to answer the questions for the first behavior:

- Did the program contribute to increasing minimum dietary diversity in children 6–23 months? And to children 6–12 months? Why or why not?
- Did the factors of access, social norms, and skills contribute to this change?
- Did the level of participation in the program activities lead to improvements in minimum dietary diversity?

Some members of the team are concerned about the number of factors they are monitoring. Maryam and Brian explain that previous programs only monitored the number of people trained and the number of caregivers reached, for example. They recall the previous program that increased caregiver knowledge did not show improved complementary feeding outcomes. It takes some negotiation, but Maryam convinces them that without the monitoring indicators for behaviors and factors, the program will not be able to explain what happened. Maryam, Brian and the MEL team work together to ensure the agreed plan can be implemented.



Photo credit: Karen Kasmauski/MCSP

CHECKLIST

Did you:

- Prepare an implementation plan based on the SBC strategy?
- Develop linked activity plans?
- Establish outcome and process indicators?
- Create a MEL plan?
- Determine the evaluation framework (key questions, frequency)?



Photo credit: Jake Lyell



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FROM THE AMERICAN PEOPLE

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