ENABLING BETTER COMPLEMENTARY FEEDING GUIDANCE AND WORKBOOK
About USAID Advancing Nutrition
USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project’s multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

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INTRODUCTION

This workbook highlights challenges and examples specific to quality social and behavior change (SBC) for improving complementary feeding. The basic concepts of quality SBC design; implementation; and monitoring, evaluation, and learning (MEL) presented in this workbook can be used for improving other nutrition behaviors. For any behavior, be sure to tailor the steps to the local context and engage appropriate stakeholders along the way. Each module offers links to resources for good practices and programming more generally.

HOW CAN THIS WORKBOOK HELP YOU?

If you are a program planner or practitioner, you can use this workbook to plan, design, implement, and monitor programs to improve complementary feeding. This workbook offers a proven SBC approach to ensure quality, participant-centered programs, whether multi-sectoral or narrower, to improve complementary feeding. SBC quality processes guide programmers to first focus and analyze key behaviors; then to use those behaviors to design and manage programs, activities, and strategies; and finally, to track and adapt progress on behavioral outcomes. Programs, activities, and strategies designed with SBC go beyond communication to get at the root causes of behaviors (e.g., food access, norms). SBC is necessary to improve all components of feeding young children: adequate food, adequate services, and adequate feeding practices.

QUALITY SBC APPROACHES CAN SUPPORT ADEQUATE FOODS, SERVICES, AND PRACTICES FOR COMPLEMENTARY FEEDING.

The role of SBC in adequate feeding practices is well recognized. It is also important to see the need for quality SBC processes to ensure adequate food and adequate services. The SBC processes in this workbook also guide programs to select and design activities that address the factors that matter. For example, when ensuring that adequate food requires changes in affordability, an SBC lens and approach helps programmers and policymakers identify alternative food, packaging or sizing, or support to reduce prices.

The SBC process laid out in the workbook is evidence-based and grounded in theory. It incorporates multiple behavior change theories and is not specific to any one theory.

The first section of the workbook is a succinct guidance document. You can use the guidance by itself to think through the steps below and spark key planning discussions to ensure adequate food, services, and feeding practices for young children (UNICEF 2020).

The workbook draws from and will help you apply the United Nations Children’s Fund’s (UNICEF) global recommendations to improve young children’s diets (2020). It involves multiple sectors, from health to food systems to early childhood development, and behaviors of people within those sectors. The workbook is organized by generic steps, comprising program design, implementation, and MEL. Each step should be tailored to your local context; the workbook provides ideas for making each step most effective. The tools in this workbook will help you to—

- prioritize complementary feeding behaviors that match your country or community’s needs
- review, plan, and conduct formative research
- assess behaviors and design strategies to help caregivers and others practice priority behaviors.

Support from Community Leaders and Policymakers

Adequate Feeding and Care Practices

Adequate Food

Adequate Services

Source: UNICEF 2020
• prepare an implementation plan
• implement activities across sectors
• develop systems to monitor changes in recommended behaviors and adapt the program based on what you learn
• evaluate how behaviors and influential factors have changed to see what has been accomplished.

HOW SHOULD YOU USE THE WORKBOOK?

The first section is guidance. Start by reading through the guidance to get background information on complementary feeding and a complete picture of the process outlined in the workbook. This will help you plan for the time needed for program steps, determine who to involve, and see how the modules fit together. Share the guidance with key stakeholders who will be involved in decision-making at the various steps and discuss any questions they have to make sure you all agree on the process and have a shared vision before getting started with the workbook. Use the guidance to identify any areas that may be challenging, and before you get started, do your best to prepare for these challenges with those involved.

After reading the guidance and having important planning conversations, read the workbook to get a full understanding of how it is structured and the worksheets you will be completing. Understanding the overall structure will allow you to most efficiently and effectively complete the steps and know where to look for examples when troubleshooting. As with the guidance, share the workbook with key stakeholders who will be involved in the process to make sure they have the opportunity to review it as well.
The first years of a child’s life are critical for growth and healthy physical and cognitive development (UNICEF 2020b; PAHO and WHO 2003). From birth to 6 months, exclusive breastfeeding gives children ideal nutrition. Complementary feeding is “the process starting when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk” (PAHO and WHO 2003). At 6 months of age, children are able to chew, swallow, and digest foods other than breast milk, which means they can start to eat complementary foods (Abeshu et al. 2016).

During the complementary feeding period—from 6 to 23 months of age—children experience dynamic growth and development and have high nutrient needs. However, because their stomachs are small, they can’t eat a lot in one sitting. That is why what, how much, how often, and with what help a child should eat must evolve to meet his or her changing needs.

Children’s nutrient requirements per kilogram of body weight are higher than for any other age group due to rapid growth and development and increased activity (Dewey and Vitta 2013 & UNICEF 2020).

Despite these high nutrient needs, children are only able to ingest small amounts of food at one time due to stomach size (Abeshu, Lelisa and Geleta 2016).

The frequency, amount, and consistency of food that children need changes throughout the period (PAHO and WHO 2003).
WHAT IS A BEHAVIOR?
In everyday language, behavior describes anything and everything people do; in the context of SBC, behaviors describe the specific actions of a particular group.

A BEHAVIOR CONSISTS OF:
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.

WHAT MAKES COMPLEMENTARY FEEDING BEHAVIORS SO DIFFICULT TO CHANGE?
Enabling caregivers to practice these behaviors in the complementary feeding period can establish positive feeding practices throughout the early years. These behaviors change with the child’s age. How caregivers carry out each behavior is influenced by multiple factors across households, communities, and systems (UNICEF 2020). These factors, along with the people who influence them, may also be different for each behavior. People who work in health; food; water, sanitation, and hygiene (WASH); and social protection systems all have a role in making it easier for caregivers to feed children what they need. Laws, positive social norms, and sufficient resources also contribute to healthier behaviors. Due to these challenges and complexities, in 2021, The Lancet identified complementary feeding strategies to improve dietary intake as a major global gap and recommended activity at national and subnational levels (Heidkamp et al. 2021).

WHAT ARE THE GLOBALLY RECOMMENDED COMPLEMENTARY FEEDING BEHAVIORS?
The U.S. Agency for International Development (USAID) Nutrition SBC Working Group identified six globally recommended complementary feeding behaviors. These six behaviors have been shown to reduce malnutrition, especially stunting and wasting, in young children (PAHO and WHO 2003; WHO/UNICEF 1998). Large-scale studies conducted by The Lancet, Cochrane Reviews, and others reaffirm the importance of these behaviors for reducing malnutrition.

Annex 1 lists indicators for measuring each behavior.

Globally Recommended Complementary Feeding Behaviors

<table>
<thead>
<tr>
<th>Complementary Feeding for Children</th>
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<tbody>
<tr>
<td>Caregivers feed children with age-appropriate frequency, amount, and consistency while continuing to breastfeed them.</td>
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<td>Caregivers provide children recuperative feeding for 2 weeks after illness.</td>
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</table>
WHAT IS NEEDED TO ACHIEVE HIGH-QUALITY SBC FOR 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

**Module 1. Prioritize Complementary Feeding Behaviors**

Identifying a small number of specific behaviors that are most likely to help programs reach their goals can make those programs more effective. Programs that try to change too many behaviors at once are less likely to bring about lasting change than those that focus on only one or two behaviors (Packard 2018).

Be as specific as possible when identifying the behaviors so that you can address the factors that prevent or support the desired change. For complementary feeding, it is important to identify key practices by age group within the complementary feeding period, since feeding behaviors vary month to month as children grow (Dickin, Griffiths, and Piwoz 1997). Start with the globally recognized behaviors described above and outlined in annex 1.

Prioritize behaviors by reviewing data to pinpoint which behaviors, if achieved, would have the largest impact on nutrition outcomes (see Prioritizing Multi-Sectoral Nutrition Behaviors tool in the workbook). Demographic and Health Surveys (DHS) or other quantitative data are most useful at this stage. These data sources will help you better define which of the different behaviors are being practiced and to what extent. When these are not available for specific behaviors and age groups, national policy or strategy documents and program experience can fill in gaps. Once identified, you will use the prioritized behaviors to focus formative research.
**MODULE 2. PLAN AND CONDUCT FORMATIVE RESEARCH**

Look for existing research on the prioritized behaviors from module 1 to determine if you need formative research before planning your program. Formative research carried out with people in the program area can help you understand the context, including barriers and enablers, for complementary feeding programming. It allows you to identify the specific behaviors that caregivers are willing and able to do and assess how they can perform those behaviors in the context of their family and community systems. Unlike some health and nutrition services with a simple recommended practice, such as handwashing, there is not one perfect way to feed a child. The interplay between the individuals, the family, and the food environment means that there are many possible ways to achieve positive outcomes. Formative research reveals local solutions.

Start by reviewing the Factors That Influence Multi-Sectoral Nutrition Behaviors tool in the workbook, as it will give you an idea of what to look for in existing published or programmatic research conducted in or near the program area and national policy and program documents for priority behavior. You may need to conduct additional research if you do not know the factors that prevent or support specific behaviors for each group of interest: children, caregivers, and influential family and community members. This could be as simple as conversations with stakeholders or more complex with qualitative research designs such as focus group discussions or observations. The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices can help when planning formative research (USAID IYCN Project 2011).

**MODULE 3. DESIGN AN SBC STRATEGY TO IMPROVE COMPLEMENTARY FEEDING**

An SBC strategy serves as a roadmap for which behaviors the project will aim to change, why those behaviors are prioritized, how the project will address the influencing factors, and the expected results. The SBC strategy draws intentional pathways between the priority behaviors and strategic activities to address the factors that prevent or support the behaviors in that context. It includes many different types of activities, including but not limited to communication (e.g., policy strengthening, food access, infrastructure improvement, and skills building).

Given the complexity of complementary feeding, it is useful to begin strategy development by analyzing each priority behavior using a behavior profile. A behavior profile displays information from existing research or formative research that you collected in module 2 about each priority behavior from module 1 in an easy-to-read table (see Using Research to Design an SBC Strategy for Multi-Sectoral Nutrition tool in the workbook). Examples of behavior profiles for the globally recommended behaviors in annex 1 can be found at Think | BIG (The Manoff Group n.d.(a)).

An SBC strategy brings together and summarizes the assessment of each priority behavior. Activities in the SBC strategy to improve complementary feeding may be multi-sectoral. 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. Bring together stakeholders to review and refine the SBC strategy through collaboration and coordination as appropriate. Not every program can or should try to do everything. Find out what other partners and stakeholders are doing and join forces whenever possible.

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

Prepare an implementation plan following the project theory of change or results framework to put the SBC strategy into action. The plan for complementary feeding activities may be part of a broader multi-sectoral project implementation plan. If this is the case, ensure that the complementary feeding activities are integrated with the others. To develop the plan, break each activity into realistic steps to carefully sequence needed inputs before promoting the behaviors. Activity plans, such as a communication plan, will be a key piece of your broader, detailed implementation plan. For each priority behavior, the communication plan specifies the communication objectives; messaging content; and channels, media, and materials to reach each type of participant group or audience. Communication activities are essential elements of a program and often serve as the thread that holds the program together, creating the coherent whole and reminding both implementers and participants of goals and progress.

Regular monitoring of changes in behaviors and the factors that impact them helps you know where and when to make timely adjustments during implementation (see the Monitoring SBC for Multi-Sectoral Nutrition tool in the workbook). A MEL plan lists the outputs, outcomes, and impact of a program plan and guides monitoring efforts. The MEL plan for a complementary feeding program or activity helps you measure and track progress against the program’s goals.
When possible, use standardized outcome indicators, such as the minimum acceptable diet, so that you can compare your outcomes with national, regional, and global measures and goals (WHO and UNICEF 2021).

**MODULE 5. IMPLEMENT, MONITOR, AND ADAPT ACTIVITIES TO IMPROVE COMPLEMENTARY FEEDING**

Implement the plan developed in module 4. Explicit attention to quality is essential for successful implementation of SBC that improves complementary feeding. To continue to align the multiple sectors required to improve complementary feeding, bring sector experts together for an initial training and periodic reflections so that everyone understands how their work fits together and contributes to improved complementary feeding. If you are addressing complementary feeding as part of a larger multi-sectoral project, be sure to coordinate with other activities to find where complementary feeding SBC activities can overlap, complement, and support to ensure integration.

Quality implementation depends upon a team that is well equipped to understand and operationalize the strategy. Continually strengthen staff capacity through quality improvement, retraining, and ongoing coaching.

Monitor implementation every 3 or 6 months through rapid surveys, review of program records, or qualitative feedback, according to your MEL plan. For example, conduct occasional monitoring visits to interview caregivers, market vendors, and others, to track trends in performance metrics, including any change (or lack of it) observed in the priority behaviors and factors. Discuss monitoring data with your implementation team every few months to understand trends and decide on changes needed to the strategy, activities, materials, or partner relationships.

**MODULE 6. EVALUATE ACTIVITIES TO IMPROVE COMPLEMENTARY FEEDING**

Program planning is the time to think about evaluation. By thinking ahead to what programs want to achieve in a certain time frame, teams can plan activities with efficiency and effectiveness. Evaluations are opportunities to find out how complementary feeding behaviors have changed and which program and environmental factors have contributed to the changes. When carried out at midterm, evaluations provide information that can be used to make course corrections to the program. 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. Include evaluation questions such as the following:

- To what extent have the prioritized complementary feeding behaviors been adopted?
- To what extent have the identified intermediate outcomes (regarding the factors that influence each priority behavior) been achieved?
- What is the level of exposure to program elements, including participation in events and receipt of materials associated with each complementary feeding behavior? How has this affected adoption of behaviors?

These questions will help you determine which methods you should use to conduct the evaluation and the type of experts you should have on your evaluation team. For example, methods could include surveys with dietary recall modules, observations of child feeding, focus group discussions, and in-depth individual interviews, among others. Conducting participatory evaluations with stakeholders is one way to promote learning about the performance of different SBC activities for improving complementary feeding and helps maintain a sense of interest and ownership in program outcomes. In addition, it is good to share evaluation findings at the local, national, and global levels to promote learning and spread information about program approaches that are associated with improved complementary feeding behaviors and children’s diets.

**THE WAY FORWARD**

As outlined in this document, complementary feeding involves a variety of behaviors that need to be practiced together with the right balance multiple times a day. Improving complementary feeding requires high-quality SBC design, implementation, and MEL. You can translate the latest scientific evidence about nutrition for young children using an SBC approach to deliver a program that sustainably achieves outcomes. Use the workbook to learn how to design an SBC approach for improving priority behaviors that guides everything needed in health systems and food systems to achieve these outcomes.

Complete the workbook and all of the worksheets in the order provided; each module builds on the work completed in the previous module. However, if you already have activities planned or underway, you can use the workbook to learn and adapt; it’s not too late! Read through earlier modules and incorporate them into your plans for adaptation as much as possible. You will be able to use the priority behaviors, factors,
and supporting actors from modules 1 and 2 to make small adjustments, and/or phase in new activities for greater impact.

Each module begins with an overview, a note about what you need to do to prepare for the module before beginning, the steps that you will complete in the module, and the expected output of the module. Next, it walks you through each step.

Keep an eye out for examples and tips in call-out boxes incorporated throughout. Use the examples to spark your own creativity rather than as exact models since they are context-specific. At the end of each module, you will see a checklist that will help you ensure you have completed all of the important elements. After you complete the checklist, you are ready to move on to the next module. Time to get started!
MODULE 1. PRIORITIZE COMPLEMENTARY FEEDING BEHAVIORS

An overview of this module: This module guides you to identify the specific complementary feeding behaviors most likely to ensure that the program reaches its goal. In this module, you will analyze behaviors based on a set of criteria. The story of two practitioners who follow the process starts in this module and continues throughout the workbook.

Before you begin this module: Identify the team of technical experts and key stakeholders familiar with the context who will feed into the prioritization process. After reading through the module, gather the experts and stakeholders to prepare for prioritization.

The output of this module: List of priority behaviors and their indicators
The list of priority behaviors will be used throughout the program design, implementation, and MEL. Continue to align plans with these priority behaviors.

Steps in this module:
1.1 Determine the behavior prevalence and gap for the context.
1.2 Assess the potential to impact results.
1.3 Assess the potential ability to change.
1.4 Narrow the behaviors and determine program and policy fit.
BACKGROUND
Prioritizing behaviors is essential for high-quality SBC programming because behavior (what people do) is the outcome closest to the ultimate goal of the program.

A BEHAVIOR CONSISTS OF:
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.

Programs that choose to focus on complementary feeding are typically aiming to improve the nutritional status (reducing stunting, wasting, iron-deficiency anemia, or overweight) of young children. Programs that try to change many behaviors are unlikely to achieve quality because their attention is spread thinly across many participants and activities, and they are less likely to sustain change (FANTA 2018).

Prioritization enables programs to:
• identify and address behaviors that will make the biggest nutrition impact, are the most suitable to the context, and are feasible to change
• efficiently manage time and resources because of the narrowed scope
• achieve and sustain impact.

On the surface, complementary feeding may appear to be a single behavior, but it is actually a cluster of interrelated behaviors. Identifying the right behaviors to target is critical to success in improving the quality of complementary feeding, which often appears resistant to change. Although often linked with the health sector, improving young children’s diets also requires actions from sectors beyond health, such as agriculture, food processing, and social protection. Without a focus for these sectoral activities, activities can miss the mark of what families need to improve child feeding. When the optimal practice of priority behaviors requires inputs from these sectors, it is easy to see each sector’s role and align their inputs for the user, which is the child’s caregiver in the case of complementary feeding.

Behavior prioritization benefits from inputs from SBC experts, technical experts and key stakeholders. It requires team competencies around interpreting data, especially in the context of complex behaviors, and segmenting participant groups for each behavior. Prioritization decisions should be based on relevant data from existing research and from knowledgeable program actors. The steps for prioritization are outlined below, and the worksheets align with the Prioritizing Multi-Sectoral Nutrition Behaviors tool, which is a guide for the process.

KEY CONSIDERATION. If you choose to prioritize complementary feeding based on your program’s nutrition goal, examine the complementary feeding behaviors that people in the community practice. This step is often overlooked and is needed for impact. Although the emphasis here is on all complementary feeding behaviors, this primary focus does not mean that other related behaviors needed to reach your program goal, such as exclusive breastfeeding, are ignored. The need to balance all of the behaviors for young children makes prioritization of specific complementary feeding behaviors all the more important.
As you begin the process of prioritizing complementary feeding behaviors, identify and collect sources of information about the practice of those behaviors nationally and locally as possible. Child feeding and nutrition information can be pulled from DHS; Multiple Indicator Cluster Surveys; government, donor, and nongovernmental organization (NGO) reports on the nutritional situation and nutrition programs; university publications and dissertations; nutrition surveys; market surveys and price information; food consumption data; ethnographic reports; and census data (Dickin, Griffiths, and Piwoz 1997). These data sources will help you better define which of the different behaviors are being practiced and to what extent. Add selected behaviors to worksheet 1.1. As you assess the following criteria, use the notes column in worksheet 1.1 to highlight any nuanced findings or subjective assessments in an absence of data. For example, if you already have research that shows which diverse foods people are willing to feed children, add that now.
1.1 DETERMINE THE BEHAVIOR PREVALENCE AND GAP FOR THE CONTEXT.

For each behavior listed in worksheet 1.1, note whether the behavior is widely practiced, moderately practiced, or minimally practiced among the population or group of interest by denoting high, medium, or low, respectively, in the behavior prevalence column. Use the indicators in Annex 1.

If data are available for particular age segments (under 6 months [early introduction of food]; 6–8 months; 9–12 months; 12–23 months), these should be noted. For complementary feeding, disaggregation of each behavior by age group is important because a low prevalence in one age group, such as 9–11 months, can be masked when looking at all children. Feeding practices often vary by age, as the child grows.

For example, in Mozambique, data suggest that feeding frequency is good for children 6–11 months, but dietary diversity among this group is very low. Children over 12 months, however, have the opposite issue, when diversity increases but frequency is inadequate (Ministério da Saúde, Governo de Moçambique 2018).

Tip: If data are not available, estimate the behavior prevalence based on similar groups or contexts or national-level data using indicators in annex 1. You can also work with your team to explore and discuss what is known about the behaviors based on local experience. To answer these questions, if needed, consult internal or external technical/subject matter experts, participants, community leaders, policymakers, or other people who might be familiar with if and how the behavior is practiced:

- Have you seen this behavior being practiced? Is it common?
- Is it practiced consistently across age groups? Is it practiced similarly or differently for children with feeding difficulties or disabilities? Is it practiced consistently across regions?

Write down key points from the discussion in the notes column of worksheet 1.1.

Determine the behavior gap or the amount of change needed for 80 percent of the population of interest to practice the behavior, using high (for most change), moderate (for some change), and low (for minimal change).
### Worksheet 1.1 Initial Prioritization

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Behavior Prevalence (high, medium, or low)</th>
<th>Behavior Gap (high, medium, or low)</th>
<th>Potential to Impact Results (high, medium, or low)</th>
<th>Average (high, medium, or low)</th>
<th>Potential Ability to Change (Yes or No)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complementary Feeding</strong></td>
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<tr>
<td>Caregivers feed children 6–23 months of age with age-appropriate frequency, amount, and consistency while continuing to breastfeed children.</td>
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<td>Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months of age.</td>
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<td>Caregivers prepare and feed children 6–23 months of age hygienically.</td>
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<tr>
<td>Caregivers feed children 6–23 months of age in a responsive manner.</td>
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<tr>
<td><strong>Feeding During and After Illness Episodes</strong></td>
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<tr>
<td>Caregivers ensure children 6–23 months of age continue to breastfeed and eat during illness.</td>
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</table>

Caregivers feed children 6–23 months of age with age-appropriate frequency, amount, and consistency while continuing to breastfeed children.

Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months of age.

Caregivers prepare and feed children 6–23 months of age hygienically.

Caregivers feed children 6–23 months of age in a responsive manner.

Caregivers ensure children 6–23 months of age continue to breastfeed and eat during illness.

Caregivers provide children 6–23 months of age recuperative feeding for 2 weeks after illness.
1.2 ASSESS THE POTENTIAL TO IMPACT RESULTS.

This is a judgment the team must make based on the extent of the behavior gap, a comparative analysis across behaviors, and again, the importance of the behavior to the desired outcome. Score based on which will have the biggest impact on the intended nutrition outcome. That means if the program outcome is specific to a type of malnutrition, such as wasting, gaps in feeding during and after illness increase in their priority over, for example, dietary diversity, at least in an initial prioritization. Score with high, medium, or low potential to impact results.
1.3 ASSESS THE POTENTIAL ABILITY TO CHANGE.

This assessment answers the question: Given the available resources, services, and constraints in the program area (e.g., food availability), does existing research show that the behavior can shift? Answers to this question generally come from qualitative research that looks at why people do or do not practice certain behaviors and from program evaluations. Write “yes” or “no” in the final column of worksheet 1.1. If there is not enough information to make this determination at this stage, leave this score blank for now. Plan to explore this with formative research and fill in the column later.
1.4 NARROW THE BEHAVIORS AND DETERMINE PROGRAM AND POLICY FIT.

Add four to six behaviors ranked the highest in worksheet 1.1 to the Behaviors column in worksheet 1.2 below. Carefully consider any behaviors with a “no” in the final column of worksheet 1.1 that are also highly ranked. In this case, decide if conducting formative research would help to better understand the factors that prevent or support this behavior.

The program “fit” is based on the program’s time, competencies, and resources needed to promote the practice. If young children’s diets are the focus of a program, you may have prioritized all of the behaviors, emphasizing age groups for each. However, if improving children’s diets is only one aspect of your program, you may want to focus on a few select complementary feeding behaviors. Identifying these behaviors, as the first step, sets MEL plans on the right track.

Mark with “poor,” “moderate,” or “good” with “poor” indicating the behavior does not fit well with the program and “good” meaning a good fit. Any behaviors covered by another arm of the project should be considered a “good” fit. Note whether each behavior is a national or local policy by writing “yes” or “no” in the final column.

KEY CONSIDERATION. If the country in which you are working has a national strategy, follow the basic framework of the strategy while drilling deeper into the behaviors and what they mean for your program specifically. This might mean prioritizing certain behaviors in the strategy over others and/or further refining the behavior into a small doable action since your program alone likely won’t be able to address everything in the strategy.

Select three to five behaviors with the strongest program fit while making sure these behaviors align with policy priorities (marked as “yes” in the final column of worksheet 1.2). If you find it difficult to narrow to three to five behaviors, you can select more as priority behaviors, but plan to address the behaviors in phases.
### Worksheet 1.2 Prioritization Based on Program and Policy Fit

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Program Fit (poor, moderate, good)</th>
<th>National or Subnational Policy Priorities (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Now you have an initial list of priority behaviors for your program. Share these with your full program team and partners. Through this process, you have identified what people need to do to achieve the intended outcomes, which will keep all of the activities planned on track and guide monitoring for each step of the way. Use these prioritized behaviors to focus formative research in module 2. During the formative research, include questions to learn more from participant groups about their willingness and ability to practice the behavior, given their available resources, time, interest, and social support. Focus on behaviors for which the “Potential Ability to Change” column in worksheet 1.1 is blank. Following formative research, as you use the findings to design an SBC strategy in module 3, update scoring as necessary and make the behaviors more specific to the program context.
ILLUSTRATIVE STORY:
MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

Seizing an Opportunity for Change
Program planners, Maryam and Brian, have worked to improve child nutrition in their region for many years. Despite some gains, the number of malnourished children in their area remains high—the data they collect confirms this. But Maryam and Brian also see the reality with their own eyes during routine visits to communities, homes, and health clinics.

They have also noticed that almost all families and communities they visit have very little support for caregivers to overcome barriers to proper complementary feeding practices. They talk often about how they can help mothers, fathers, and other family members adopt better practices because they know from scientific literature that better complementary feeding contributes to better health outcomes for children.

Overcoming a Difficult Roadblock
They’re thrilled when the Ministry of Health (MOH) director asks them to develop a multi-sectoral program to strengthen complementary feeding. But they’re also worried because changing behaviors around complementary feeding is an enormous challenge. Like in many countries, the situation in their region is complex. Their programs have shown good progress in breastfeeding and antenatal care, but progress in children’s diets has stalled. The multiple indirect and underlying causes of malnutrition make it difficult to know where to start.

As Maryam and Brian struggle to choose which behaviors they will target first, a colleague from the Ministry of Health recommends that they use the Behavior Prioritization tool. They tell her it’s just what they need! As they gather nutrition technical team members to complete the tool together, they begin to feel more hopeful. With the help of the group, they clarify nutrition and other program outcomes and goals by finding them in the original nutrition program proposal.

Prioritizing Behaviors to Target
Next, the team reviews recommended complementary feeding behaviors. Brian is surprised to see that complementary feeding actually consists of six behaviors! He is used to talking about complementary feeding in a general way. Maryam explains that she knows well, as a mother, that there are many parts to child feeding and that she hopes he will experience that as a father someday. This reminds Maryam of the time she was feeding her child and was hit in the eye with a piece of flying sweet potato. Together, they get a good chuckle and try to refocus.

They find data for some of the behaviors, but for others, such as food hygiene and responsive feeding, the team asks experts in the district health office and other projects to share reports. Reviewing the data and experience, they ask these questions: Where are there behavior gaps, meaning which behaviors are not practiced now to the extent needed? Are there differences by children’s ages? Which behaviors are within the program mandate?

They complete the prioritization process with four complementary feeding priority behaviors (example worksheets 1.1 and 1.2):

1. Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months, with emphasis on children under 12 months.
2. Caregivers feed children 6–23 months with age-appropriate frequency, amount, and consistency, while continuing to breastfeed.
3. Caregivers feed young children 6–23 months in a responsive manner.
4. Caregivers provide recuperative feeding for children 6–23 months for 2 weeks after illness.

**Staying Focused**

Some staff are confused about why not all of the behaviors have been prioritized and ask about the others. What about fathers’ or grandmothers’ behaviors? Or home gardens? Maryam and Brian explain that these may come later as supporting actions. All of the activities should lead to the priority behaviors of caregivers that are closest to the expected outcomes. They also explain the importance of staying focused on key behaviors and not taking on too much.

Once everyone agrees, Maryam, Brian, and their team members share the priority behaviors during a planning meeting.

---

**CHECKLIST**

**Did you:**

- [ ] Clarify program goals by nutritional status or program outcomes?
- [ ] Determine the behavior prevalence, behavior gap, and potential to impact results for the context?
- [ ] Assess the potential ability to change?
- [ ] Determine program and policy fit?
- [ ] Share the priority behaviors across your teams or program?
MODULE 2. PLAN AND CONDUCT FORMATIVE RESEARCH

A n overview of this module: The goals of this module are to learn about the behaviors prioritized from module 1, determine whether research is needed to fill any gaps in understanding that would limit or accelerate the uptake of the behaviors, and plan this research, if needed. In this module, you will review existing literature about the prioritized behaviors, looking for information about why they are or are not practiced. Then, you will outline key gaps to determine the extent of formative research needed, develop research questions, and select research methods.

Before you begin this module: Collect existing literature, including peer-reviewed articles and policy and program documents. It is important that these resources are context-specific; however, information on similar contexts may also be helpful.

The output of this module: Formative research plan
By the end of module 2, you will have a better understanding of the behaviors that you prioritized in module 1. The output is a research plan to guide your formative research, including questions and methods.

STEPS IN THIS MODULE:
2.1 Review existing literature on priority behaviors to determine whether research is needed.
2.2 Design research questions and plan formative research.

2.3 Select formative research methods.

2.4 Complete the research plan.

**BACKGROUND**

After reviewing existing data, you may decide that additional research is needed to understand what people are willing and able to do in their context, who they need to support them in these actions, and how. This early research is called formative research because it is essential to “forming” or shaping the program activities. Formative research is a key part of understanding the context for complementary feeding and identifying local solutions to feeding challenges:

- The interplay between individuals, families, and the food environment means that there are many possible ways to achieve intended outcomes.
- Focusing the research on behaviors and factors (barriers and enablers that prevent or support practice of the behavior) and engaging caregivers and influencers in the research brings a human-centered approach to program development. This approach can evoke participant groups’ perspectives on the factors that prevent or support priority behaviors, their social networks, and systems as well as suggest needed modifications in products and services.
- Formative research can also reveal actions that other people need to do to overcome barriers.

There are many types and methods of research. Some types are needed to better define the behaviors, while others illuminate the factors that affect them and identify specific actions that people are willing and able to do. This module focuses on the latter—listening to the voices of those who will deliver or participate in the program so that it is designed to fit the context.
2.1 REVIEW EXISTING LITERATURE ON PRIORITY BEHAVIORS TO DETERMINE WHETHER RESEARCH IS NEEDED.

Start by reviewing existing research conducted in or near the program area as well as national policy and program documents, and interview expert informants to understand what is known about each priority behavior and the factors (barriers or enablers) that prevent or support each priority behavior. Factors fall across three levels, as seen in figure 1: structural, social, and internal. To get a complete picture, look at family and community systems, markets, services, and governmental and nongovernmental programs that affect complementary feeding. 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 (UNICEF 2020). Consider the following questions: What has been tried to improve young child feeding practices and with what results? Which sectors were involved? Why were some activities successful in changing practices while others were not?

Figure 1. Factors That May Prevent or Support Complementary Feeding Behaviors

**Optimal complementary feeding practices may depend on the availability and accessibility of safe, affordable, and diverse foods.**
- Do these foods have limited availability (seasonally or year-round)?
- Specifically, are animal-source foods or other foods that are high in micronutrients available?
- Do families have access to them?
- Do they have a place to safely store them for the lean seasons?
- Do families have access to tailored, age-specific counseling to help them solve problems related to recommended feeding practices?

**Complementary feeding behaviors are often highly influenced by household decision-making and power dynamics, gender roles, and women’s empowerment as well as cultural norms.**
- Do caregivers want to share tasks?
- Would additional family support give caregivers more time to feed children?
- Are gender roles limiting which food is left for the children?
- Do cultural norms (e.g., certain foods will spoil children, children cannot digest certain foods, certain foods are not appropriate for children) limit feeding?
- Do parenting norms lead to appeasing children with highly processed, packaged foods?

**Attitudes and beliefs can influence complementary feeding behaviors as well.**
- Do attitudes or beliefs about being a parent motivate practices, such as seeking safe food for children?
- Do caregivers have the confidence to feed their child food of appropriate consistency based on age, or to feed a baby who is fussy and appears to be rejecting food?
- Do caregivers have the skills and time to prepare a diverse range of foods in an appropriate way for their children, and the skills and confidence to use responsive feeding?
When reviewing the literature, it is also important to identify who must support the practice of this behavior and what actions must they take. Similar to the factors influencing actors can be described across three different levels: institutional, community, and household.

- Institutional-level influencers: policymakers, market actors, and health workers
- Community-level influencers: neighbors and leaders, both those in official positions and influencers
- Household influencers: family systems and individual members who need to support primary caregivers to feed children in a way that primary caregivers want. The specific actions that are needed and feasible depend on the social and cultural context. Support may include task sharing, providing inputs and resources, or social support (Martin et al. 2020). USAID Advancing Nutrition’s Program Guidance on Engaging Family Members in Improving Maternal and Child Nutrition (2020) includes recommendations for how to engage family members, starting with formative research and throughout the program.

Fill in the research table (worksheet 2.1 below) using data and research collected for each priority behavior. Descriptive data on behaviors, or what people do, are often available through literature and program reports. Also try to answer questions related to “why” people practice behaviors. For example, you may find in the literature that few caregivers feed their children diverse food each day. This is the “what”—as in what people do or not. But why? The “why” may be that caregivers do not feed children diverse food each day because they do not have access to these foods in the home or markets. But this still does not get to the root of the issue. Are the foods not accessible because of costs or because the local markets do not offer choices? Or because caregivers do not decide what food to purchase for the family? Or, if foods do become available, why do they now have access?

When filling in the research table, also ask “how” questions. Using the example above for “why” questions, this question could be: How could caregivers get better access to diverse foods? Or how could families shift to give women more decision-making ability around food purchases? You may find that some literature does not answer the “why” or the “how” questions. These are gaps to find answers for during formative research.
KEY CONSIDERATION. People and their environments are ever changing. It is not a guarantee that once they adopt a behavior, they will maintain it. For the best chance of sustained behavior change, consider factors at the social (e.g. norms, gender dynamics) and structural levels (e.g. accessibility, service experience), not only internal knowledge and attitudes, to ensure the environment around them is shaped to support practice of the behavior.

Worksheet 2.1 Research Findings: Analysis of Factors

<table>
<thead>
<tr>
<th>Nutrition Behavior &amp; Steps:</th>
<th>Types of Factors**</th>
<th>Factors</th>
<th>Supporting Actors &amp; Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What categories or types of barriers or enablers prevent or support practice of the behavior?</td>
<td>What prevents people from—or supports people to—practice the behavior now?</td>
<td>Who needs to do what to address the factor?</td>
</tr>
</tbody>
</table>

| Structural | Accessibility | |
| Provider competencies | | |
| Service experience | | |

| Social | Family and community support | |
| Gender | | |
| Norms | | |

| Internal | Attitudes and beliefs | |
| Self-efficacy | | |
| Knowledge | | |
| Skills | | |
By reviewing the completed tables, the project team can evaluate if there are research gaps that require formative research and whether additional stakeholders should be part of the process. Areas in the table that are blank, have incomplete information, or raise new questions after the desk review indicate gaps that require further information and need special attention during formative research, especially when you cannot adequately answer “why.”

If research on factors and supporting actors is not available or possible, the Global Nutrition Behavior Profiles may contain regional or global research you can use until learning from program implementation can be incorporated (The Manoff Group n.d. (a)).

If you decide to conduct formative research, continue with this module. While you may not need additional formative research on “why,” it is usually necessary to obtain family and community input through consultations or informal discussions to guide the strategy and then continue to module 3.

For example, UNICEF workshops engaged mothers to talk about how they feed their children and the challenges they face in providing high-quality nutrition. Specifically, mothers shared views on their access to and knowledge of food and nutrition and experiences and aspirations for their children’s, their own, and their family’s consumption practices. Published as a companion report to The State of the World’s Children 2019, the findings identify commonalities and divergences between mothers’ knowledge and experiences in different settings (Schmied et al. 2020).
2.2 DESIGN RESEARCH QUESTIONS AND PLAN
FORMATIVE RESEARCH.

One focus of the research, if needed, could be on gaps in understanding priority behaviors that you identified in module 1. If you were missing important data for prioritization, such as behavior prevalence, be sure to include research questions that will provide you with information about current behavior practices in your formative research plan.

Focus the research on factors that prevent or support the priority behaviors to understand the root causes of why people practice these behaviors, what improvements they would be willing to try, and how. Just like with the literature review, answering “why” and “how” questions with program participants helps you understand specifically how to refine priority behaviors and the factors preventing or supporting these behaviors that are key to improving that behavior. The Factors That Influence Multi-Sectoral Nutrition Behaviors tool summarizes factors from the research table and can be used to make sure the various types of factors are covered in the research questions. There are a few key considerations to take into account:

- **You may find you have more research questions than it is possible to answer given time and resource constraints.** Prioritize research questions by looking across the research tables you completed in module 2 for any major gaps across the different behaviors and levels of factors.

- **Be sure your questions take into account what you already know.** For example, if you are focused on getting caregivers to feed children animal-source foods, and you already know that fathers have the role of purchasing meat, fish, and eggs in markets, asking the question, “Why don’t mothers purchase eggs in markets?” will not provide you with any new information. Instead, you could ask, “Why don’t fathers purchase fish and eggs in markets?” or “Why don’t caregivers feed their children fish and eggs that fathers bring home from the market?”

- **Think about research questions by participant groups.** Be sure to separate each participant group into different segments. A segment is a group of people defined by characteristics that affect child feeding. The specific characteristics used to define segments are those that are expected to reflect differences in the priority behaviors, such as geographic area, rural versus urban residence, ethnicity, religion, age of child, gender of child, situation of family or child, etc. Often, geographic areas are the first unit for segmentation, such as different regions or rural and urban areas. Create more specific groupings within each of those units by the next level of segmentation, such as religion. See Designing by Dialogue pages 4.9–4.15 for guidance and examples of sampling frames (Dickin, Griffiths, and Piwoz 1997).
2.3 SELECT FORMATIVE RESEARCH METHODS.

There are a variety of methods to gather the information required to fill in the gaps as needed for sound programming decisions. Formative research can be qualitative, quantitative, or a mix of both:

- **Qualitative in-depth interviews and focus group discussions** can be helpful when you want to know why participants practice current behaviors and variations in the perspectives of different groups or individuals. These methods will be particularly helpful when looking at family systems, gender expectations, and norms and beliefs.

- **Other methods, such as Trials of Improved Practices (TIPs) or recipe trials**, engage participants and communities to identify and test specific local solutions and feasible behaviors, or what people are willing and able to do in their context.

- **Quantitative surveys, dietary analysis, and market surveys** can give you information on what behaviors are practiced, the nutritional adequacy of the child’s diet, and the availability and the costs of different foods, respectively.

Annex 3 and the [Formative Research Decision Tree tool](#) provide a complete list of the various types of research methods and their use and a guide for how to choose the appropriate methods for your research question.
2.4 COMPLETE THE RESEARCH PLAN.

Worksheet 2.2 serves as a way to pull the various pieces of this module together. More detailed steps for planning and conducting research for complementary feeding can be found in The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices (USAID IYCN Project 2011) and are outlined in annex 3.

Worksheet 2.2 Research Plan

<table>
<thead>
<tr>
<th>Types of Information</th>
<th>Research Questions</th>
<th>Methods</th>
<th>People/Places to Include</th>
<th>Questions to Ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions of childcare and feeding</td>
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<td></td>
</tr>
<tr>
<td>Current behaviors</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Opportunities to improve behaviors</td>
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</tbody>
</table>

Use module 3 to analyze the research and translate the findings from the research into strategy.
ILLUSTRATIVE STORY:  
MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

Preparing for Research
Maryam and Brian begin module 2 by completing a research findings table for each priority behavior. They start with the behavior: “Caregivers use a variety of nutrient-rich foods each day in meals and snacks, with emphasis on children under 12 months.” Existing research in the program area shows that four factors prevent caregivers from doing this behavior, including lack of access to affordable or appropriate eggs, fish, or meat options for young children; lack of family support to prioritize food for children; beliefs about what children under 12 months should eat; and skills to prepare eggs, fish, and meat for children (completed worksheet).

Although the existing research suggests some reasons why caregivers do not feed animal-source food to children, especially those under 12 months of age, Maryam and Brian see from the table that there are still gaps. What would caregivers be willing to do? What could family members do to support caregivers? What could market vendors do to increase access?

In preparation for the formative research, Maryam and Brian face some resistance because team members do not see the value and feel that if they just tell caregivers to feed children animal-source food, it will be enough. They explain to the team that for behaviors to shift it is important to make sure caregivers have the opportunities, motivation, and skills needed—in addition to knowledge—to practice the behavior. The research will help them better understand these factors.

Maryam and Brian prepare the research plan, developing research questions and methods by asking themselves a series of questions. Existing data show that households have access to nutritious foods such as small fish and milk, but do not feed these to young children. The team sees that they need qualitative data to better understand why caregivers do not feed these foods to children, as well as what caregivers and influencers are able to change. They also see the need for a quantitative survey of markets to understand market availability of all types of nutritious food, at what prices, by season of the year.

In the research plan (see sample plan), they fill in the following information:

**Column 1.** Research Questions: What are the gaps in existing research? What do we need to know more about?

**Column 2.** People to Include: What actors should we include?

**Column 3.** Methods: What type of information is needed?

**Column 4.** Questions to Ask: To answer questions about “why” caregivers practice behaviors or not, they selected interviews as the research method. To answer questions about “what else?”, the team chose focus group discussions. Finally, to answer questions about “how” caregivers could try new behaviors, the team planned recipe trials.

With the research plan, the team also discusses sampling. Some team members ask for sampling caregivers in all of the districts in the program area. Maryam recommends sampling in a few districts that could represent other districts. This way, they could include caregivers of children at different ages for the interviews and recipe trials. The team looks for contextual similarities and differences across districts, including ethnicity, religion, livelihood, and proximity to markets among others. They see that livelihoods and proximity to markets could be the biggest differences among families in the program area, so select districts to represent these variables.
CHECKLIST

Did you:

☐ Determine whether formative research is needed based on existing data, by priority behavior?

If research is needed, did you:

☐ Plan research to fill gaps with age and context-specific considerations?
☐ Determine research questions and methods?
☐ Complete a research plan?
**MODULE 3. DESIGN AN SBC STRATEGY TO IMPROVE COMPLEMENTARY FEEDING**

**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:**
1. Analyze findings for each priority behavior.
2. Confirm or refine priority behaviors.
3. “Star” factors for priority behaviors and create linked pathways.
4. Develop the SBC strategy.
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 ThinkBIG (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.
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.
### EXAMPLES OF REFINED BEHAVIORS

<table>
<thead>
<tr>
<th>6 Global Complementary Feeding Behaviors</th>
<th>Examples of Complementary Feeding Behaviors Refined to a Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers feed children 6-23 months with age-appropriate frequency, amount, and consistency, while continuing to breastfeed children.</td>
<td>Caregivers feed children 12–23 months using a separate bowl.</td>
</tr>
<tr>
<td>Caregivers use a variety of age-appropriate nutrient-rich foods each day in the meals and snacks for 6–23 month-old children.</td>
<td>Caregivers feed children 9–11 months pieces of fruits and vegetables as snacks to feed themselves each day.</td>
</tr>
<tr>
<td>Caregivers prepare and feed food to children 6-23 months hygienically.</td>
<td>Caregivers reheat porridge well before feeding children 6–23 months.</td>
</tr>
<tr>
<td>Caregivers feed children 6-23 months in a responsive manner.</td>
<td>Caregivers sit with the child 6–23 months during feeding.</td>
</tr>
<tr>
<td>Caregivers ensure children 6-23 months continue to breastfeed and eat during illness.</td>
<td>Caregivers offer sick children 6–23 months extra breastfeeding during the night.</td>
</tr>
<tr>
<td>Caregivers provide recuperative feeding for children 6-23 months for 2 weeks after illness.</td>
<td>Caregivers add two snacks with peanut paste or avocado snack between meals each day for 2 weeks following illness.</td>
</tr>
</tbody>
</table>

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 as 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 judgment; 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 supporting actors.

Tip: If you are coming into behavioral analysis with activities already planned, think about how you might be able to adjust those activities to ensure they are centered on the priority behaviors to ensure effectiveness. Also, you may consider adding activities or planning activities in later project years to ensure you are addressing the factors that matter the most to the priority behaviors in your context.
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 partners or networks; and develop, approve, and/or enforce national policies or guidelines
- Systems, products, and services: Organization-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.

Tip: Try approaches that move beyond the usual training and communication activities. Most nutrition activities stick to cooking demonstrations, training volunteers, or education in groups. These tend to provide information or messages that work at the internal or individual level, but usually knowledge and skills are not enough. Try other activities that are more suitable depending on the factor. Get creative in your planning!
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).
If the following factors are important in your program context, consider activity ideas in column 2 –

<table>
<thead>
<tr>
<th>COMMON FACTORS THAT PREVENT OR SUPPORT OPTIMAL COMPLEMENTARY FEEDING BEHAVIORS</th>
<th>ILLUSTRATIVE IDEAS OF ACTIVITIES TO ADDRESS COMMON FACTORS</th>
</tr>
</thead>
</table>
| Caregivers do not … due to limited year-round access to safe, affordable, diverse food for children | • Promote food preservation of nutrient-rich foods for young children through home preparation or informal markets (Save the Children 2021)  
• Create and market enriched foods for young children (Aaron et al. 2016)  
• Engage private sector suppliers and social entrepreneurs to reduce cost of nutrient-rich foods for young children through improved packaging (e.g. Rwanda Orora Wihaze) |
| Caregivers do not … due to missed opportunities in quality counseling | • Co-create or adjust training with job aids for health workers or volunteers that create a positive care experience through sharing histories (Altobelli 2017)  
• Add exercises to health worker supervision visits to shift their mindsets about what is possible for families to do (BA Brief DRC 2022) |
| Caregivers do not … due to social norms that limit food for children to plain, watery porridge | • Shift norms by engaging influencers such as mothers-in-law and through community reflection led by religious or traditional leaders (Aidam et al. 2020)  
• Identify and equip champions to share experiences, testimonials, and reminders with elders  
• Change how home visits and counseling are done to engage elder family members (Wable Grandner et al. 2022) |
| Caregivers do not …. because gender roles restrict decision-making | • Through respectful consultations, ask family members, including fathers, how they would be willing and able to shift roles to give caregivers more power (Thuita et al. 2021)  
• Integrate gender reflection, including family dialogue and decision-making, into women support groups (Kumar et al. 2018; Save the Children 2022) |
| Caregivers do not … because they lack family support | • Hold intergenerational participatory discussions to address sensitive conflicts within households and communities (Satzinger, Kerr, and Shumba 2009)  
• Engage men as positive role models and agents of change for their community who champion positive IYCF practices like providing and feeding their children nutrient-rich foods and empowering female caregivers to do the same (IYCN 2011) |
| Caregivers are more likely to … when they have confidence | • Organize hands-on, experiential (fun) events for caregivers and community members to try new actions  
• Ask caregivers and their peers to share testimonials about their improved practices through community or mass media |
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**

<table>
<thead>
<tr>
<th>Priority Behavior &amp; Steps</th>
<th>Factors (Starred research findings from 3.3)</th>
<th>Supporting Actors &amp; Actions (Starred research findings in 3.3.)</th>
<th>Activities (Linked activities with a clear pathway back to the priority behavior)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What steps are needed to practice this behavior?</td>
<td>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</td>
<td>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</td>
<td>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</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Behavior: 1</th>
<th>Behavior: 2</th>
<th>Behavior: 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factors</strong></td>
<td><strong>Factors</strong></td>
<td><strong>Factors</strong></td>
</tr>
<tr>
<td><strong>Accessibility:</strong> Caregivers do not feed fruit to children because markets do not sell affordable options year-round.</td>
<td><strong>Accessibility:</strong> Caregivers do not feed with sufficient frequency because they do not have the food year-round.</td>
<td><strong>Family and Community Support:</strong> Caregivers do not sit with and engage children during feeding times because they do not receive family support to allow them time to do so.</td>
</tr>
<tr>
<td><strong>Accessibility:</strong> Caregivers often give children biscuits and sweets for snacks as these are cheap and readily available.</td>
<td><strong>Norms:</strong> Caregivers do not know the amount of food eaten by children because children eat from the family pot.</td>
<td><strong>Norms:</strong> Caregivers follow child feeding norms which do not including responsive feeding.</td>
</tr>
<tr>
<td><strong>Norms:</strong> Caregivers do not feed children small fish because it is unusual in their community.</td>
<td><strong>Skills:</strong> Caregivers are unsure of how to prepare small fish or fruit for young children.</td>
<td><strong>Self-Efficacy:</strong> Caregivers find it difficult to engage responsively with their children due to low self-esteem, a lack of confidence, or depression.</td>
</tr>
</tbody>
</table>
3.5 REFINING 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

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Health System Stakeholders</th>
<th>Food System Stakeholders</th>
<th>Wash System Stakeholders</th>
<th>Social Protection System Stakeholders</th>
<th>Other Sector Stakeholders (e.g., ECD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National government</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local government</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing partners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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!

<table>
<thead>
<tr>
<th>Priority Behavior</th>
<th>Factors</th>
<th>Supporting Actors</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers provide recuperative feeding for children 6-23 months for 2 weeks after illness</td>
<td>Accessibility: Caregivers are unable to obtain nutrient-rich foods recommended for recuperating children because they are not affordable. Health worker competencies: Caregivers do not receive counseling on recuperative feeding because health workers focus on treating the illness. Knowledge: Caregivers are unaware that a child’s body can catch up on missed growth with increased feeding after illness.</td>
<td>Program Manager: Continually provide supervision and refresher training about feeding advice offered to the family of a child recovering from illness.</td>
<td>Quality Improvement: Expand sick child training and job aides for health workers to include steps for recuperative feeding. Communication: Develop a communication activity for families to increase motivation to feed the child extra nutritious foods for two weeks after illness.</td>
</tr>
</tbody>
</table>
So they revise it so that all pieces in the profile are part of linked pathways from activities to behaviors:

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

**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.
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?
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
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-IYCF) 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).
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.
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-
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

<table>
<thead>
<tr>
<th>Priority Behavior</th>
<th>Factors</th>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>Method of Monitoring</th>
<th>Frequency of Monitoring</th>
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</table>
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?
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.
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.
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.
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.

I) 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 an 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.
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)?
MODULE 5. IMPLEMENT, MONITOR, AND ADAPT ACTIVITIES TO IMPROVE COMPLEMENTARY FEEDING

**An 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).

---

**MOBILIZE STAKEHOLDERS AND STAFF**

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

---

**DELIVER**

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

---

**MONITOR**

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

---

**ADAPT**

- **DO** review and revise the SBC strategy, approaches, and activities.
- **DON'T** ignore changes in context, participant groups, and behaviors.

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Figure 6. Do’s & Don’ts for Quality Implementation
5.1 REVIEW ROLES WITH THE IMPLEMENTATION TEAM.

Generate 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.

Baseline 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 ThinkBIG’s guidance for setting targets (The Manoff Group n.d. (c)). Document targets in the fifth column of worksheet 4.1.

**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.

Orient 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.
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.
5.4 ENGAGE COMMUNITIES.

It 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.
Monitor 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

<table>
<thead>
<tr>
<th>Behaviors and Factors</th>
<th>Indicators</th>
<th>Desired Direction of Change (+ -)</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
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<tr>
<td></td>
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<td>Actual Change Trends/ Notes</td>
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<td>Actual Change Trends/ Notes</td>
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</tr>
</tbody>
</table>
5.6 LEARN AND ADAPT.

After 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, Ramirez, 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.
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?
MODULE 6. EVALUATE ACTIVITIES TO IMPROVE COMPLEMENTARY FEEDING

A n overview of this module: This module guides you in managing an evaluation that demonstrates the progress made toward improving complementary feeding based on the strategies, activities, and MEL plan you developed.

Before you begin this module: Gather important activity reports (prioritization documents, formative research, the SBC strategy, monitoring data, activity work plans, theory of change, MEL plan, etc.) and team members who were involved in their development and use.

The output of this module: Evaluation report with recommendations specific to SBC approaches to improving complementary feeding

STEPS IN THIS MODULE:

6.1 Form the evaluation team.
6.2 Revisit the purpose of the evaluation.
6.3 Develop the evaluation protocol.
6.4 Support the evaluation process.
6.5 Develop and share recommendations.
BACKGROUND

Use the MEL plan that you developed in module 4 to carry out the evaluation as described in this module. The USAID Advancing Nutrition Measuring Social and Behavior Change in Nutrition Programs: A Guide for Evaluators (2022) has additional detail for carrying out evaluations. As an implementer, you may be working with an external evaluator who will actually conduct the evaluation. In that case, your role will be to manage and support external evaluators and use the recommendations from the evaluation. This module is written to provide guidance for those who are directly involved with the evaluation and those who have support roles.
6.1 FORM THE EVALUATION TEAM.

Often, evaluations are conducted by evaluators who are not members of the project team, which strengthens the credibility of the evaluation. It is important that the evaluation team offers skills that demonstrate their familiarity with the project’s goals, pathways, activities, outcomes, and evaluation methods. The evaluation team should have strong technical knowledge and skills around SBC and complementary feeding. They should also be familiar with the program context and have experience working on the type of evaluation as well as the evaluation methods that you are planning. The Defining Social and Behavior Change Competencies for Multi-Sectoral Nutrition list highlights knowledge and skills that are particularly useful for monitoring and evaluation.
6.2 REVISIT THE PURPOSE OF THE EVALUATION.

Now that you have started implementing, revisit your evaluation design and questions to make sure they are still the right ones based on what you have learned. Program changes (such as staff or priority changes) may change your evaluation. Once you have adjusted or affirmed your evaluation design and questions, make sure the evaluation team understands them well. Discuss any questions to make sure everyone has a common understanding and has the same goals in mind when developing the evaluation protocol.
6.3 DEVELOP THE EVALUATION PROTOCOL.

The evaluation protocol will outline how the evaluators plan to carry out the evaluation and answer the key evaluation questions. Development of the protocol is an important time to ensure close collaboration between both evaluators and program staff. It offers a roadmap for the evaluation process, including but not limited to ethical considerations, logistics, analysis plan, and data management plan. While all of those components are critical, this section focuses on the elements that relate to nuances of complementary feeding and where unintentional bias (related to complementary feeding) may occur: sample/sampling strategy, data collection approaches, and timelines.

The evaluation protocol articulates which respondents, observations, and key documentation can help you answer the overarching evaluation questions. To inform development of the protocol, gather the project documents that offer a deeper understanding of the behaviors, associated activities, and their measurement. This can include prioritization documents, formative research, the SBC strategy, a PIP (if developed), monitoring data, activity work plans, theory of change, MEL plan, and so on.

Use those documents to reconfirm prioritized behaviors and associated factors and make sure that all evaluators have a clear understanding, as the priority behaviors should be the critical reference point for your evaluative work and should be included in the protocol. Once evaluators have a clear understanding of the behaviors, determine which activities were designed to promote the uptake of those behaviors. When reviewing each activity, consider asking the following questions to determine key elements of your evaluation protocol. If your program has developed a PIP (figure 8) based on your behavioral pathways (as seen in the story for module 4), it can help you think through how to answer these questions.

Figure 8. Simplified PIP

- What factors did this activity address? Are those factors important for changing the priority behavior?
- To what extent did the activity’s coverage, participation/dose, and factors lead to a change in the behavior?

These questions will help you build the following elements of the evaluation protocol. Keep in mind exposure to activities is important for impact, but the combination of activities and participation or dose to support behavior change are highly context specific (Kim et al. 2020)

The answers to these questions should be a product of a joint discussion between evaluators and implementers. It is important that everyone involved have the same understanding of the complementary feeding work:

- What is the coverage of each activity?
- For those included in the coverage, what was their level of participation in the program’s activity?
6.3.1 Determine the evaluation sample.

The sample for the evaluation will be guided by the type of evaluation that has been selected and the design of the evaluation questions. In module 4, we explored three possible evaluation questions. Let’s use the evaluation question “To what extent have the identified intermediate outcomes (the factors that influence each priority behavior) been achieved?” as an example to determine the sample. When determining where to find respondents and who those respondents are, consider the answers to your question above related to coverage, dose, and factors.

For example, critical factors may be the taste of small fish and lack of skills to prepare small fish that children enjoy. Select a mixed group of caregivers who were a part of the cooking demonstrations. If there is information on participation, include caregivers with high participation, and as a comparison, also select women in the coverage zone who had little participation. Those with less participation may provide insight into barriers preventing them from participating. Consider adding the community health worker to the sample, as they will be able to contextualize the findings.
6.3.2 Determine the evaluation data collection methods.

When possible, use mixed methods to answer your key evaluation questions and to triangulate (i.e., use different data sources) your findings. To answer the evaluation question “To what extent have the identified intermediate outcomes (the factors that influence each priority behavior) been achieved?” consider using monitoring data, a population-based survey, key informant interviews, and observations to answer the question, as illustrated below.
6.3.3 Establish the evaluation timeline.

Determining the timeline for the evaluation is important for complementary feeding programs. As complementary feeding behaviors for young children vary depending on their age and throughout the life of the program, it is always important to reconfirm which households are eligible to answer the evaluation questions or to consider the wording of the survey questions (for example, depending on the respondent). In addition, it is important to consider the seasonal availability of the food that is being promoted by the program. If observing the preparation of fish, for example, consider whether the evaluation is being planned during a time when fish is available to the respondent.
6.4 SUPPORT THE EVALUATION PROCESS.

As the implementer, you may be supporting the work of the evaluator rather than directly involved in conducting the evaluation. Consider the following points as you engage the evaluation team and plan for their visit:

- Ensure that the evaluator selects (and the program provides access to) representative samples of respondents. For example, if the complementary feeding activity seeks to encourage women to feed children 6–23 months a diverse diet daily, including animal-source foods such as eggs, market vendors may be identified as supporting actors who can supply small fish and eggs in child-friendly ways. In this case, both caregivers and market vendors may be appropriate respondents, not one or the other.

- Beware of unintentionally biasing the results by engaging respondents who will positively or negatively skew the results of the evaluation. For example, if the complementary feeding activity works with fathers so that they can bring home meat when they go to the butcher shop or trading center, offer the evaluators additional respondents or ways to observe if you think fathers might unintentionally bias the results.

- Encourage engagement with respondents who may not be conveniently located. Samples should include respondents from different villages, respondents with children in different age groups, and so on. The unique voices of these different groups will be important for seeing the full evaluation picture.
6.5 DEVELOP AND SHARE RECOMMENDATIONS.

Findings can be used to improve the organization’s and stakeholder’s approach to continuing to improve complementary feeding as well as future programs. In the final evaluation report, indicate where changes and actions are recommended as a result of the findings, including where to improve monitoring and evaluation. Recommendations must be supported by evidence while keeping stakeholder values in mind. Make recommendations for future programs based on what worked well, what did not work well, and what is still unknown. Share evaluation findings with communities and partners. Dissemination events enable partners and stakeholders to reflect on the findings and prioritize future directions or adjustments.

ILLUSTRATIVE STORY:
MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

Excited for Evaluation

When they are ready to prepare for evaluation, Maryam and Brian make sure the evaluation team is familiar with the study, has technical knowledge around diverse diets for young children and SBC skills, and has experience with the evaluation study methods proposed. Together, with the evaluation team they revisit the evaluation design and affirm it captures what stakeholders are interested in finding out.

Next, they work with the evaluation team to outline their evaluation protocol and decide on respondents, methods, and timeline. Brian is particularly interested to see how caregivers are feeding their child fish, so they make sure to include observations at home visits in the evaluation protocol. They time these observations for the lean season when fish is available. To support the evaluation team, Maryam and Brian help to select a representative sample of respondents, by selecting those whose characteristics accurately reflect those of the target population. Based on monitoring data they know that one community is seeing more success than others, but they include respondents from both to make sure they are getting a full picture of what happens and to make sure the program reaches the more distant communities.

Upon review of the evaluation data, they find the program does contribute to increasing minimum dietary diversity in children 6-23 months and specific to children 6-12 months. Based on their strong formative research, the factors that they chose to focus on - access, norms, and skills - contribute to this change. They are excited to find this association using the indicators that they had carefully identified and the baseline data they had established. They also find that the level of participation in the program activities does lead to improvements in minimum dietary diversity. Where participation is lower, the program sees less uptake of the behavior. They are eager to share these findings with other programmers to help them plan for participant retention in future efforts.

Sharing the Story

Maryam and Brian notice one interesting finding that community dialogues really help to shift established norms and this became most evident in the endline data. They are excited to apply these findings to their program and share the findings with local communities. They hold a dissemination event with partners and stakeholders including those they had talked to at the Ministry of Agriculture to reflect on the findings and prioritize future directions.
CHECKLIST

Did you:

☐ Form the evaluation team?
☐ Revisit the purpose of the evaluation?
☐ Develop the evaluation protocol?
☐ Support the evaluation process?
☐ Develop and share recommendations?
REFERENCES


Dewey, K.G. and B.S. Vitta. 2013. “Strategies for Ensuring Adequate Nutrient Intake for Infants and Young Children during the Period of Complementary Feeding.” Insight Alive & Thrive...


ANNEX 1. GLOBALLY RECOMMENDED COMPLEMENTARY FEEDING BEHAVIORS AND INDICATORS

1. CAREGIVERS FEED CHILDREN 6–23 MONTHS OF AGE WITH AGE-APPROPRIATE FREQUENCY, AMOUNT, AND CONSISTENCY, WHILE CONTINUING TO BREASTFEED CHILDREN.

Indicator: Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day. (Source: WHO/UNICEF 2021; indicator: minimum meal frequency (MMF) 6–23 months)

Note: “Feedings” include both meals and snacks, other than trivial amounts; milk feeds include any formula (e.g., infant formula, follow-on formula, “toddler milk”) or any animal milk other than human breast milk, (e.g., cow milk, goat milk, evaporated milk or reconstituted powdered milk) as well as semi-solid and fluid/drinkable yogurt and other fluid/drinkable fermented products made with animal milk; and milk feeds are not included for breastfed children because the minimum meal frequencies for this indicator assume average breast milk intake: if a substantial amount of energy is derived from other milk feeds, breast milk intake is likely to be considerably lower than average.)

2. CAREGIVERS USE A VARIETY OF NUTRIENT-RICH FOODS EACH DAY IN THE MEALS AND SNACKS FOR CHILDREN 6–23 MONTHS OF AGE.

Indicator: Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day. The food groups are (1) breast milk; (2) grains, roots, tubers, and plantains; (3) pulses (beans, peas, lentils), nuts and seeds; (4) dairy products (milk, infant formula, yogurt, cheese); (5) flesh foods (meat, fish, poultry, organ meats); (6) eggs; (7) vitamin A-rich fruits and vegetables; and (8) other fruits and vegetables. (Source: WHO/UNICEF 2021; indicator: minimum dietary diversity (MDD) 6–23 months).

Note: Consumption of any amount of food or beverage from a food group is sufficient to “count,” i.e., no minimum quantity. Nutrient-rich foods include animal-source foods and fruits and vegetables. (Source: WHO/UNICEF 2021; indicators: egg and/or flesh food consumption 6–23 months; zero vegetable or fruit consumption 6–23 months)

3. CAREGIVERS PREPARE AND FEED CHILDREN 6–23 MONTHS OF AGE HYGIENICALLY.

Indicator: Percentage of households in which a place used for handwashing was observed, and among those households, percentage distribution by the availability of water, soap, and other cleaning agents. (Source: DHS 7; indicator: percentage of caregivers who cover prepared food with an appropriate cover: clean, allows steam to escape, prevents flies, and is larger than the container it is covering)

Note: Indicator used in Ghana WASH4Health. However, this indicator and corresponding questions should be piloted and adapted, as necessary, prior to use. Alternatively, use the sub-behaviors below to develop an appropriate indicator.

- Wash hands with soap prior to preparing food for and feeding the child.
- Wash the child’s hands prior to eating. It is important to use clean pots and utensils and to use safe water (from an improved source, boiled, or treated and safely stored and retrieved) for cleaning the pots and utensils and cooking.
- When preparing food, properly discard spoiled portions and wash and peel all raw food. If serving a child already-cooked and stored food, make sure the food is reheated thoroughly.
- Feed the child in a clean area (on a mat or off the floor) and away from roaming animals.
4. CAREGIVERS FEED CHILDREN 6–23 MONTHS OF AGE IN A RESPONSIVE MANNER.

**Indicators:** Custom indicator necessary.

**Note:** Use sub-behaviors below to develop an appropriate indicator.

- Be present, attentive, and engaged with the child during feeding and pay attention to hunger cues even if they are outside family mealtime.
- Before feeding, decide who will be with the child to interact with and encourage the child.
- Take time to engage the child during the meal and patiently feed or help the child feed themselves.
- During the meal or feeding, look for cues from the child on the pace of eating, sing, talk, or support the child in feeding themselves to hold the child’s interest.
- Encourage the child to finish the food prepared to ensure they are receiving adequate quantity.
- Respond to the child’s cues; never force the child to eat.

5. CAREGIVERS ENSURE CHILDREN 6–23 MONTHS OF AGE CONTINUE TO BREASTFEED AND EAT DURING ILLNESS.

**Indicators:** Percentage of children who were given the same or more breast milk during illness and percentage of children who were given the same or more food during illness. (Source: New DHS; indicator: percentage of children 12–23 months of age who were fed breast milk during the previous day; percentage of children who were given the same or more food during illness)

6. CAREGIVERS PROVIDE CHILDREN 6–23 MONTHS OF AGE RECUPERATIVE FEEDING FOR 2 WEEKS AFTER ILLNESS.

**Indicator:** Percentage of children (6–23 months) who were offered more food than what they normally eat for a period of 2 weeks following their most recent illness episode.

**Note:** This indicator and corresponding questions should be piloted and adapted, as necessary, prior to use. Alternatively, use the sub-behaviors below to develop a custom indicator.

- For children 6–23 months of age, continue breastfeeding through the recuperative period, and give one additional meal with foods high in energy and nutrient density each day for 2 weeks following the illness.
- Feed responsively.
- Continue to provide zinc for children 6–23 months during diarrhea.
- Regardless of age, continue with growth monitoring and promotion to ensure growth recovers.
ANNEX 2. UNICEF ACTION FRAMEWORK

Action Framework to Improve the Diets of Young Children During the Complementary Feeding Period

![Diagram of Action Framework]

ANNEX 3. CONDUCTING FORMATIVE RESEARCH

Formative research can seem overwhelming, but there are several resources that can walk you through step-by-step and answer your questions, such as the USAID Advancing Nutrition SBC Formative Research Decision Tree tool, Designing by Dialogue: A Program Planner’s Guide to Consultative Research for Improving Young Child Feeding (Dickin, Griffiths, and Piwoz 1997) and The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices (USAID IYCN Project 2011). The steps are outlined below.

STEP 1: Choose research participants. Think about who is directly involved in practicing the behavior as well as those who may be in supportive roles. Caregivers, family members, other members of the community (e.g., community health workers), and individuals outside the community (e.g., market vendors) may have key insights about the complementary feeding behaviors or factors that influence them (USAID IYCN Project 2011).

STEP 2: Define research gaps. Use worksheet 2.1 to review existing data and literature. As described in module 2, by reviewing the completed tables, the project team can evaluate if there are critical research gaps that require formative research and whether additional stakeholders should be part of the process. Areas in the table that are blank, have incomplete information, or raise new questions after the desk review indicate gaps that require further information and need special attention during formative research.

STEP 3: Determine research questions. Use the research and gaps in research in your completed worksheet 2.1 to determine research questions. The USAID Advancing Nutrition Factors That Influence Multi-Sectoral Nutrition Behaviors tool summarizes factors from the research table and can be used to make sure the various types of factors are covered in the research questions. It can be helpful to think about research questions by type of respondent. Caregivers can also be separated into different respondent groups based on criteria such as the nutritional or health status of their child, the age of their youngest child, the family’s socioeconomic status, or mother’s work status.

STEP 4: Select methods. Use the decision tree below (figure 9) from the USAID Advancing Nutrition Formative Research Decision Tree tool to choose research methods based primarily on your judgment of what approach can best answer your research question and what you know about the community. Available time, personnel, and resources may also influence your decision. Some types of research help to better define the behaviors (“what?”), while others illuminate the factors that affect them (“why?”) and identify specific actions that people are willing and able to do (“how?”). Programs often use only a few exploratory methods, although these may not be the best ways to answer the actual research questions or may be better when combined with other methods. See the decision tree and table below for tips on each type of method.

Ensure that the research looks at dietary intake for different ages of children, as the issues are likely to differ for children 6–8 months; children 9–11 months, who need the nutrients from food but may not be able to eat family food yet; and children over 12 months, who may be eating family food. At a minimum, assess the gaps in caloric intake and types of food.

Looking at your research question(s), your team can consider questions such as the following:

- Who is most likely to have the information we need? Who is doing the behaviors or influencing the behaviors that are our priorities?
- Who will be willing and able to share honest and detailed information about motivations, norms, or constraints that underlie priority complementary feeding behaviors and answer “why” questions? Is it possible that stigma or privacy issues exist in relation to these behaviors that would make interviews a better option than group discussions? Or do we want to see how a group varies in their responses to questions or examples?
- Do we have the ability to train staff to conduct qualitative interviews and FGDs and analyze the results?
- Do we need to test whether or not people will accept and try the new behaviors we want to promote?
Figure 9. Basic Decision Guide for Selecting Research Methods

Do You Know…

1. **WHAT** priority behaviors are practiced by key segments of participant groups?
   - Prevalence of diet or feeding behaviors
   - Prevalence of factors
   - Characteristics of key segments of participant groups

2. **WHY** key segments (sub-groups) of participant groups practice current behaviors?

3. **HOW** key segments of participant groups could practice improved behaviors in their context?
   - What are people willing and able to do?
   - What solutions would enable people to try?

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**Formative Research Method Considerations**

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<tr>
<th>Method</th>
<th>Type</th>
<th>Purpose</th>
<th>Things to Keep in Mind</th>
<th>Additional Resources</th>
</tr>
</thead>
</table>
| Dietary Analysis| Quantitative| To obtain information about the nutritional adequacy of a woman's or child's diet or estimate adequacy of a particular nutrient. | • Usually based on dietary information obtained during a dietary assessment.  
  • Requires familiarity with nutritional science and experience calculating nutrition requirements and composition of foods. | ProPAN<sup>*</sup>|
| Surveys         | Quantitative| To generally quantify conditions and estimate prevalence of behaviors. | • Surveys can include demographic information and data on nutritional status and priority behaviors and the factors that prevent or support the behaviors.  
  • Can be used for audience segmentation. | Global Diet Quality Project<sup>*</sup>|

Also consider methods under the WHY section below for qualitative data.
<table>
<thead>
<tr>
<th>Method</th>
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<th>Things to Keep in Mind</th>
<th>Additional Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHY do people practice current behaviors?</strong></td>
<td></td>
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</tbody>
</table>
| **Barrier Analysis**              | Mixed qualitative and quantitative | To identify barriers of behavior change among a specific target audience, comparing those people who do the behavior with people who do not do the behavior. | • Useful when there are clear differences between people who do the behavior and who do not.  
  • Requires a large sample, so this needs more resources than other methods, but less than standard surveys. | Barrier Analysis* |
| **Focus Group Discussions/Group Interviews** | Qualitative                  | To understand why people practice behaviors and the variation in community-wide expectations for nutrition behaviors in general (not for individuals), and to generate local solutions. | • Can be participatory.  
  • Often part of other methods and helpful when looking at family dynamics, social and gender norms, and solution generation through intra-group dialogue.  
  • These require facilitation skills. Challenges include avoiding a tendency for all to agree with the dominant people in a group.  
  • Can include projective techniques using free listing, ranking, or story completion. | How to Conduct Formative Research  
Focus on Families and Culture*  
FGD Guide pg 33 |
| **Focused Ethnographic Study**    | Mixed qualitative and quantitative | To get information on conditions and nutrition behaviors using ethnographic methods. | • Uses multiple data gathering methods, including open ended questions and techniques drawn from cognitive anthropology, such as “free listing” and pile sorts and social mapping exercises and scenarios.  
  • Broken into short modules, each of which focuses on a specific issue. | The Focused Ethnographic Study ’Assessing the Behavioral and Social Market Environment for Improving the Diets of Infants and Young Children 6 to 23 Months Old and Its Use in Three Countries* |
| **In-Depth Interviews**           | Mixed qualitative and quantitative | To understand why people practice behaviors, or what prevents and supports action, and the variation in people’s perspectives. | • Often used within other methods.  
  • Useful when participants are more willing to share views and behaviors in private.  
  • Helpful when looking at family dynamics, social and gender norms, and beliefs related to nutrition behaviors.  
  • Can include journey maps and projective techniques such as pile sorts and storytelling.  
  • Can include paired interviews, with adolescents, for example. | How to Conduct Formative Research  
Annex 1 Conducting Formative Research on Adolescent Nutrition*  
Interview Guide pg 34 |
| **Market Food Environment Assessments** | Mixed qualitative and quantitative | To obtain information on the availability and costs of different foods or potential food options in the diet. | • Repeat in different seasons or interview sellers on variation in cost and availability. | Methods, Tools, and Metrics for Evaluating Market Food Environments in Low- and Middle-Income Countries, June 2021* |
| **Observations**                  | Mixed qualitative and quantitative | To understand what is happening now, including potential differences between reported and observed behavior. | • Can be participatory  
  • Useful for practices that are not conscious, i.e., market shopping or responsive child feeding. Can be used to create journey maps  
  • Can be time consuming to collect. | Sample: pg 56 Handwashing observation |
### WHY do people practice current behaviors?

<table>
<thead>
<tr>
<th>Method</th>
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<th>Additional Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo Voice</td>
<td>Qualitative</td>
<td>To collectively produce knowledge by reflecting on and discussing community issues through small group discussions of photos.</td>
<td>• Participatory method that enables people to record and reflect about their community’s strengths and concerns. • Able to “voice” and represent individual perception. • Intensive time commitment of participants with weekly meetings over months.</td>
<td>Photovoice: A Methodological Guide[^12]</td>
</tr>
<tr>
<td>Political Analysis</td>
<td>Mixed qualitative and quantitative</td>
<td>To understand the legal, policy, and economic frameworks and unwritten interests that drive government, civil society, and private sector actors.</td>
<td>• Use to understand motivations and incentives for policy change.</td>
<td>Political Analysis[^4]</td>
</tr>
<tr>
<td>Social Network Analysis</td>
<td>Mixed qualitative and quantitative</td>
<td>To map and understand the patterns of relations among people and among groups.</td>
<td>• Can be participatory and use visual methodologies to ensure participation by low-literacy groups with differing social perspectives</td>
<td>Full article: Moving From Theory to Practice: A Participatory Social Network Mapping Approach to Address Unmet Need for Family Planning in Benin[^14]</td>
</tr>
<tr>
<td>Social Norms Exploration Tool (SNET)</td>
<td>Qualitative</td>
<td>To engage community members using rapid, participatory learning exercises to explore social norms that influence nutrition behaviors.</td>
<td>• Includes interviews and group discussions. • Participatory, rapid assessment. • Useful to identify and understand influencers or reference groups who hold in place social norms, the unwritten rules of behavior.</td>
<td>SNET[^15] Sample: SNET Annex 2</td>
</tr>
</tbody>
</table>

### HOW can people practice priority behaviors in their context?

User-Centered Methods to design solutions and test the acceptability and feasibility of solutions.

<table>
<thead>
<tr>
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<th>Additional Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human-Centered Design</td>
<td>Mixed qualitative and quantitative</td>
<td>To develop solution to problems by involving the user perspective in all steps of the problem-solving process.</td>
<td>• Can be participatory. • Useful to generate local solutions to a specific challenge or recommended behaviors.</td>
<td>Design Kit[^16]</td>
</tr>
<tr>
<td>Trials of Improved Practices</td>
<td>Qualitative</td>
<td>To test how participants can make changes and learn what specific actions participants are willing and able to do.</td>
<td>• Useful to refine specific actions to promote. • Useful to generate local solutions to recommended behaviors. • These require time for repeated visits with each participant.</td>
<td>Designing by Dialogue[^17] TIPs Guide Pg 36</td>
</tr>
</tbody>
</table>
**STEP 5: Assemble research team.** Putting together a research team with the right skills and structures is an important step. Chapter 4 of *Designing by Dialogue* walks you through the process of selecting those who will be responsible for planning, supervising, and analyzing the research (Dickin, Griffiths, and Piwoz 1997). It also outlines how to plan for field personnel and supervision needs; schedule training and fieldwork; estimate cost requirement; and training the field team (Dickin, Griffiths, and Piwoz 1997).

**STEP 6: Draft research plan and develop study tools.** The research plan (figure 10) outlines the methods you will use as well as specific participant groups or key stakeholders that will be involved in each part of the research.

Annex D. of *The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices* offers sample formative research tools such as a focus group discussion guide, an in-depth interview guide, an observation guide, and TIPs counseling tool (USAID IYCN Project 2011).

**STEP 7: Conduct formative research according to your research plan.** Document findings by updating the research table from section 2.1 and use the tally sheet to look for trends in responses. Chapter 8 of *Designing by Dialogue* will help you summarize, analyze, and organize findings (Dickin, Griffiths, and Piwoz 1997).

Figure 10. Example of Research Plan

Adapted from *The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices* (2011)
Improving complementary feeding was a component of a multi-sectoral nutrition program carried out from 2014–2020 in rural communities in Cambodia. The USAID-funded NOURISH project (2021) aimed to improve the nutritional status of women and children in partnership with government and civil society. This program brought together health/nutrition, WASH, and agriculture sectors to strengthen community systems, increase demand for and supply of services and products through the private sector, and enhance the capacity of subnational government and civil society to sustainably improve nutrition. Details in the example that follows can be found at NOURISH’s exposure story page (Save the Children 2021).

**Priority behaviors.** Based on a desk review, a gender analysis, and additional formative research, the program identified 13 priority behaviors. Of the 13, the team prioritized one complementary feeding behavior: caregivers feed children 9–11 months a diverse diet. This came from the analysis of what would make the biggest difference to children’s nutrition and growth outcomes. Data showed that this age group was especially vulnerable. All children, especially children 9–11 months, needed a more diverse diet but were not receiving one because family meals are spicy, and caregivers were used to providing only plain rice porridge to young children. Research with caregivers revealed that all knew how to prepare the widely promoted enriched porridge, but they felt overwhelmed by the need for multiple ingredients due to time and energy constraints. Research then identified highly nutritious small fish as key. Although small fish were freely available in rice fields during the flooding season, they were not valued as food or fed to children due to bones. However, when made into a powder with a long shelf-life, families were willing to add the powder to children’s meals, and children liked the taste. Green leafy vegetables were also abundant, but caregivers needed assurance that they would not cause diarrhea.

**Factors.** Research with families identified a number of factors that prevent and support the behavior of using small fish powder and the abundant green leafy vegetables. Supportive of fish powder and green vegetables was their convenience, relative low cost, and year-round availability. Working against using these foods in young children’s diets was the lack of family and community support for caregivers to spend time and effort on children’s food, and the lack of caregiver agency to go against the prevailing norms and expectations of feeding children plain rice porridge. Many caregivers also had concerns about green leafy vegetables causing diarrhea in children. Caregivers also lacked confidence in their ability to feed a child who seemed to not want to eat.

**Influencers/supporting actors.** To make small fish accessible for caregivers year-round, private sector actors were key: from the producers of small fish powder to market vendors. To increase family support for caregivers to feed children, fathers and grandmothers needed to encourage and appreciate caregiving and sharing tasks. Community leaders, including community health workers, and peers were key to creating a more supportive norm for caregiving that included a focus on children’s diets. Family members and peers helped increase women’s agency to take charge of childcare and feeding.

**Activities.** To address access to a convenient source of small fish, the program worked with micro-entrepreneurs to prepare powder from small fish and sell it in local, informal markets. Over time, sales were scaled up using social media, house-to-house sales agents, and formal markets through trade fairs in coordination with provincial officers and extensionists of the Ministry of Agriculture, Forestry, and Fisheries. Extensionists also provided technical assistance to families to grow green leafy vegetables in home gardens. Extensionists first gave hands-on assistance to community and peer group leaders, who in turn shared experiences with their groups and other families. To increase family and community support, a series of community dialogues, led by community leaders engaged “helping hands” to encourage and support caregivers. During dialogues, families and the helping hands made public commitments to take support actions such as providing food and sharing tasks with caregivers. Leaders recognized families who
completed family commitment cards, as “champion families. Caregivers reflected that the support actions were helpful, but the increased recognition and appreciation of their efforts were even more motivating. With the intention of increasing women’s agency and confidence, group members themselves facilitated the caregiver groups with interactive, hands-on practice of skills. Initially, elder women in the community joined group sessions to bolster women’s confidence.

**SBC strategy.** The *strategy* detailed the pathways to achieving priority complementary feeding behaviors. Activities that aimed to improve complementary feeding included increased supply/financing, new convenient products for child feeding, improved quality of nutrition services, and SBC communication activities. SBC communication included interpersonal communication during home visits, caregiver peer groups, collective action through community dialogues, marketing of the food product for young children, and overarching media. Services and communication activities promoted the behavior for all children aged 6–23 months with particular emphasis for children 9–11 months. In particular, community volunteers prioritized home visits for caregivers of children at 9, 10, and 11 months to give special support during this age.

The strategy grouped together factors for efficiencies and consistency across the project. For example, most of the priority behaviors required greater family and community support. This became the basis of the cross-cutting theme—a warm and prosperous family and community through collective action reflected in the campaign name “Grow Together.” The strategy also took a common approach to engaging influencers for implementation efficiencies; for example, to strengthen micro and small enterprises for child feeding as well as WASH outcomes. The activities included business service centers (Save the Children 2021) and linkages to sales opportunities in village fairs and community dialogues.

Following consultations with provincial health, agriculture, and rural development representatives to review and refine the SBC communication plan, provinces agreed to form technical reference groups with representatives from each related line ministry.

**Results.** To track and measure complementary feeding, the MEL plan included a standard indicator of minimum acceptable diet (MAD) in addition to indicators specific to the priority behavior: the percentage of children 9–11 months fed enriched food in the past 24 hours. MAD increased significantly from 26 percent at baseline to 50 percent at endline. The percentage of children 9–11 fed enriched food significantly increased from 46 percent at baseline to 88 percent at endline.
ANNEX 5. SBC COMMUNICATION PLAN AND RESOURCES

Worksheet 6.1 SBC Communication Plan

<table>
<thead>
<tr>
<th>Participant Group/Audience</th>
<th>Priority Behaviors</th>
<th>Influencing Audiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messaging Components</td>
<td>Call to Action</td>
<td>Factors to Resolve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Factors to Enhance</td>
</tr>
<tr>
<td>Communication Objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Channels, Media, and Materials</td>
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</table>

SBC COMMUNICATION RESOURCES FOR ALL PROGRAMS

There are useful communication resources that can be used directly or adapted by programs.

VIDEOS
First Foods for Young Children: UNICEF video series

- 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 them on phones or tablets or show on small, portable 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 them on phones, tablets, and computers to show as an important reference for frontline workers.

ILLUSTRATIONS
Image Bank of UNICEF and USAID digital images

- A collection of more than 900 images, developed from adaptations of UNICEF’s Community Infant and Young Child Feeding Counselling Package (2017), using the photo-to-illustration process. The images are available to download, adapt, and use freely for any not-for-profit purposes.
ANNEX 6. EVALUATION DESIGN DECISION TREE

Q1. What do you intend to measure about the achievements of your program/intervention?

YES

Q2. Do you want to measure whether the observed change can be attributed to the program/intervention?

YES

Q2.1. Can you use a randomized assignment to create a treatment and non-treatment (control) group prior to the intervention?

YES

Q2.2. Is the sample size of treatment and control groups large enough to have statistical conclusions?

YES

Q3. Do you want to measure how or to what extent the program/intervention achieved its intended objectives?

YES, TO WHAT EXTENT?

YES, HOW?

Q4. Do you want to identify, compare, quantify, and determine the value of the program/intervention?

YES

Q5. Do you want to quantify or describe the extent to which program outcomes were maintained after the program ended?

YES

NO

Q3. Do you want to measure whether the observed change can be attributed to the program/intervention?

Use a Non-Experimental Design, Performance/Outcome Evaluation

Use a Non-Experimental Design, Impact Evaluation

Use Quasi-Experimental Evaluation Design, Impact Evaluation (intervention and control groups are pre-assigned)

Use Experimental Evaluation Design (RCT), Impact Evaluation

Use Economic Evaluation, Cost-Effectiveness Analysis

Use a Sustainability Evaluation

These can also be included as part of another evaluation design but note the distinct methodology.
GLOSSARY

**Animal-source food:** Food derived from animals, such as aquatic foods (e.g., fish, shrimp), eggs, dairy products (e.g., milk, cheese, yogurt), and meat (e.g., beef, chicken, goat).

**Barriers:** Structural, social, or individual factors that prevent or make it difficult for an individual to adopt a behavior.

**Change agents:** Respected community members with in-depth understanding of community values and local culture who catalyze and enable behavior change. Change agents can include families, local leaders, frontline workers, market vendors, and peers of caregivers.

**Complementary feeding:** This refers to the transition of giving children food and liquids around the age of 6 months in addition to breastmilk to meet their energy and nutrient requirements. An infant of this age is also developmentally ready for other foods (WHO n.d.). Complementary feeding comprises a variety of behaviors that need to be practiced together, with the right balance, multiple times a day, over the 6–23-month period to ensure its adequacy. These behaviors include introducing food at the right age, feeding a variety of foods, feeding the right quantity and consistency of food, and feeding the right number of times per day based on the child’s age and health—all of which need to be done responsively.

**Complementary food:** Solid, semi-solid, and soft foods (both locally prepared and commercially manufactured) provided to children between the ages of 6–23 months to complement breast milk.

**Enablers:** Facilitators of behavior change—structural, social, emotional—that make it easier for an individual or group of individuals to practice a behavior.

**Factors:** Factors are the barriers or enablers that prevent or support desired change. Factors fall across three levels: structural, social, and internal. Examples of factors include access to foods, social and gender norms, and family support.

**Formative research:** Formative research is research done early in program design (and after initial behavior prioritization) to “form” or shape program activities. The goal of formative research is to understand what people are willing and able to do in their context, who they need support from to practice the behaviors, and how they can be supported.

**Activities:** Activities are actions, generally in the form of a program, that are implemented in order to bring about positive change. Activities can remove barriers or support enablers and require working with the identified supporting actors. Activities can be categorized into three levels:

- **Enabling environment:** Institutional or policy-level activities, including financing, institutional capacity building, creating or strengthening partnerships or networks, and establishing strong policies and governance.
- **Systems, products, and services:** Organizational-level activities, including infrastructure improvements, products and technology, supply chain, and quality improvement.
- **Demand and use:** Activities at the individual and interpersonal level including skills building, collective engagement, and advocacy.

**Pathways:** Links between priority behaviors, factors that prevent or support the behavior, supporting actors, and activities to ensure the activities are based on contextual evidence. Pathways are used to design an SBC strategy, plan implementation, and set indicators.

**Priority behaviors:** Behaviors prioritized by program planners based on what people need to do to impact nutrition outcomes, what is possible in a particular context, and the fit with the program mandate and government priorities. Focusing on priority behaviors enables programs to achieve desired impacts and avoid overwhelming staff and participants.

**Program impact pathway:** A diagram of program phases, from inputs via process to outputs and outcomes, to assess each step in the intended program pathways to impact. It is a chain of logical “if-then” relationships between steps that, if implemented as intended, lead to the desired intermediate and long-term outcomes.

**Responsive feeding:** An approach to feeding where caregivers encourage children to eat, provide food in response to the child’s appetite and satiety signals, and
feed their children with care. Responsive feeding helps children develop healthy eating habits.

**Social and behavior change (SBC) process:** The process of first focusing and analyzing key behaviors, then using those behaviors to design and manage programs, activities, and strategies, and finally tracking and adapting progress on behavioral outcomes (Think | BIG).

**Social and behavior change (SBC) communication:** A research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. SBC communication is driven by epidemiological evidence and client perspectives and needs. SBC communication is guided by a comprehensive ecological theory that incorporates both individual-level change and change at broader environmental and structural levels. Thus, it works at one or more levels: the behavior or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment.

**Social and behavior change (SBC) communication plan:** A plan that describes how the communication activities will work to support social and behavior change. A communication plan outlines communication objectives, the channels and messaging specific to each segment of a participant group and influencers or supporting actors. It details when and how communication activities will be implemented and monitored.

**Social and behavior change (SBC) strategy:** The “roadmap” for how a program will achieve social and behavior change. It focuses the program on priority behaviors and guides staff and partners to maximize the uptake of these priority behaviors among participant groups. The SBC strategy groups factors, influencers, or supporting actors and activities so that the program can address them in a cohesive way. The SBC strategy also ensures that activities work together to achieve the program goal and behavioral outcomes, and outlines how the program will engage stakeholders and partners and how the program will monitor change.

**Social norms:** Contextually dependent and collectively accepted representations of community conduct and individual conduct within communities.

**Supporting actors:** Also called influencers, supporting actors are the people who need to take action to reduce barriers or support enablers for the primary actor or main program participant to practice the priority behavior.

**Supportive supervision:** A respectful process of helping staff to 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 to put in place the inputs needed for behavior change. It also focuses on monitoring performance toward goals and using data for decision-making (WHO 2008).

**Trials of Improved Practices (TIPs):** A formative research technique to pretest the actual practices that a program will promote. In essence, the procedure consists of a series of visits in which the interviewer and the participant analyze current practices, discuss what could be improved, and together reach an agreement on one or a few solutions to try over a trial period; and then assess the trial experience together at the end of the trial period. The results are moved directly into program design.

**Young children’s diets:** Diets of children aged 6–23 months.