

USING RESEARCH TO DESIGN A SOCIAL AND BEHAVIOR CHANGE STRATEGY FOR MULTI-SECTORAL NUTRITION

Nutrition social and behavior change (SBC) programmers can use this tool during program or activity design to shape research findings into an SBC strategy that leads to optimal nutrition behaviors.

High-quality SBC design requires multiple steps, beginning with prioritizing behaviors. The USAID Advancing Nutrition tool, [Prioritizing Multi-Sectoral Nutrition Behaviors](#), guides you through that process based on the overall goals and objectives of your theory of change or results framework. After prioritizing behaviors and conducting a desk review and formative research (if necessary), use this tool to organize and distill the findings into an evidence-based SBC strategy. An SBC strategy provides a roadmap to ensure interventions to address critical factors are coordinated to achieve outcomes and impact. It is the basis for implementation, monitoring, and evaluating program success. You may recognize some of this content, especially Worksheet 2, from your previous training. This tool includes additional steps leading up to the behavioral analysis to help you consider the full range of influences to a behavior for a strong foundation to the strategy.

First, review what you know about each priority behavior in your program context from existing information through desk reviews or key informant interviews. Assess this information carefully as the quality and validity of the SBC strategy depends on the depth of understanding, especially regarding what people are willing and able to do in their context and what prevents or supports these actions. You may need additional research to tailor global recommendations to what people in their particular context are willing and able to do given their resources, time, and interest.

This early research is called formative research because it helps shape the program activities. Formative research helps you understand the behaviors, factors (barriers and enablers) that influence them, and people who can support them. The following resources can help you understand advantages and disadvantages of each method and select, plan, and conduct formative research for nutrition: [The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices](#)¹ and [Formative Research: A Guide to Support the Collection and Analysis of Qualitative Data for Integrated Maternal and Child Nutrition Program Planning](#).²

Follow these steps³ to ensure that your SBC strategy is based on evidence related to your program's context:

1. **Prioritize behaviors and conduct formative research (if needed).**
2. **Analyze research findings.**
3. **Confirm or refine your priority behaviors.**
4. **Highlight or star factors and actors most closely related to the refined behaviors.**
5. **Create linked pathways from factors to program activities.**
6. **Develop the SBC strategy.**



¹ Infant and Young Child Nutrition (IYCN) Project. 2011. "The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices." Washington, DC: USAID/Infant and Young Child Nutrition Project. Accessed May 27, 2021. http://www.iycn.org/files/IYCN_planning_formative_research_083111.pdf.

² CARE. 2013. *Formative Research: A Guide to Support the Collection and Analysis of Qualitative Data for Integrated Maternal and Child Nutrition Program Planning*. Accessed May 21, 2021. <https://www.fsnnetwork.org/sites/default/files/Formative%20Research%20Guide%20for%20Nutrition%20Programs%202014.pdf>

³ This tool focuses on steps 2-5 but resources are linked in the tool to help you with steps 1 and 6.

Step 1: Prioritize behaviors and conduct formative research (if needed).

Use the [Prioritizing Multi-Sectoral Nutrition Behaviors](#) tool to prioritize behaviors starting with the nutritional status or nutrition-sensitive program outcome. These priority behaviors become key program outcomes in the program theory of change or results framework. The tool will help you weigh different criteria—behavior gap, potential to impact results, potential ability to change, and program and policy fit—to narrow your focus. Based on what you know about each priority behavior, determine whether and what type of formative research is needed and possible. You may consider filling in (Worksheet 1) with existing information to develop the research questions and ensure the research is focused.

Step 2: Analyze research findings.

Make a copy of the following table ([Worksheet 1](#)) for each priority behavior to organize and analyze your research findings. First, write the priority nutrition behavior. Next, list the factors in the Factors column. Factors are either barriers that prevent or enablers that help people practice a behavior, and are organized by [structural, social, and internal levels](#). Use the list of Factors that Influence Multi-Sectoral Nutrition Behaviors to consider all of the possible barriers and enablers for the priority behavior. Then, list the supporting actors who can help participant groups practice the behavior in the Supporting Actors and Actions column. Note the source of the information (e.g., Focus Group Discussion report June 2020). Leave the final column, Activities, blank for now.

Examples

If, for example, research finds an answer to the question about factors, “What prevents people from or supports people to practice the behavior now?” is “Caregivers’ work schedules limit how much time they can spend preparing food and feeding children,” write that in the Factor column in a row for Accessibility.

Two answers to the second question, “Who needs to do what to reduce this barrier?” may be that “Fathers obtain, remind, and add nutrient-rich foods to young child’s meals and snacks” and “Community health workers counsel caregivers with appropriate and accurate information on how to include a variety of nutrient-rich foods in meals and snacks.” Write these in the Supporting Actors and Actions column of the same row.

Worksheet I Example: Relevant Research Findings

Nutrition Behavior	Example: Caregivers use a variety of nutrient-rich foods each day in the meals and snacks of their 6–23 month old children.	
Factors What prevents people from—or supports people to—practice the behavior now? (Factors starred in step 4)	Supporting Actors & Actions Who needs to do what to address the factor? (Supporting actors starred in step 4)	Activities What will you do to reduce barriers or support motivators? (Note: Fill this in at step 5.)
Structural (such as, accessibility, provider competencies and service experience)		
Example: Caregivers do not feed children fresh fruits and vegetables because they are too expensive, especially during the dry season.* (Ministry of Agriculture strategic plan 2018)	Example: Policymakers offer incentives for producing and marketing fresh fruits and vegetables for children throughout the year.* (Ministry of Agriculture strategic plan 2018)	
Example: Caregivers feed children small fish added to porridge when they see how to prepare and feed children from trusted influencers. (Source name and year)	Example: Community health workers provide quality counseling on feeding children a variety of foods, including iron-rich small fish, during home visits. (Source name and year)	
Social (such as family support, gender and social norms)		
Example: Families like to feed children colorful fruits and vegetables as snacks because they are fun for children to hold and feed themselves.* (Source name and year)	Example: Fathers and grandmothers support caregivers to feed children fruits and vegetables as snacks.* (Source name and year)	
Example: Caregivers do not feed children animal-source foods such as eggs or fish because they reserve the best foods for men and other family members. (Source name and year)	Example: Family members discuss and decide to help caregivers feed children a variety of food each day using a separate bowl for the child to see the amount of food consumed. (Source name and year)	

Factors What prevents people from—or supports people to—practice the behavior now? (Factors starred in step 4)	Supporting Actors & Actions Who needs to do what to address the factor? (Supporting actors starred in step 4)	Activities What will you do to reduce barriers or support motivators? (Note: Fill this in at step 5.)
Example: Caregivers do not feed children fruits, vegetables, or small fish because grandmothers decide what foods are introduced to children.* (Source name and year)	Example: Grandmothers approve and encourage caregivers to feed children a variety of foods, including fruits and vegetables and small fish.* (Source name and year)	
Internal (such as, attitudes, self-efficacy, skills)		
Example: Caregivers do not not feed children fruits, vegetables or small fish because they believe children under 12 months of age cannot chew or digest these foods well. (Source name and year)	Example: Health workers include recommendations on snacks for children 8–12 months of age during counseling. (Source name and year) Example: Peers who feed their children fruits, vegetables and fish share experiences. (Source name and year)	

* Starred factors are those prioritized in step 4.

Step 3: Confirm or refine your priority behaviors.

Determine if the prioritized behaviors align with the research findings in the table above. Can the behavior shift given available resources, services, and constraints in the program area? This is the Potential Ability to Change criteria in the [Prioritizing Multi-Sectoral Nutrition Behaviors](#) tool. Revisit this column in the prioritization tool to fill in any gaps and make sure your prioritization stands. If you determine that based on the existing information the behavior can not shift given available resources, services, and constraints in the program area, you may remove the behavior from the list. Alternatively, use the research findings to adjust the behavior to a smaller step or practice that can be shifted. You may need to focus a behavior on an age group, type of food, etc. This specificity ensures that your entire strategy, and each of the corresponding activities, are more focused, increasing the likelihood of success. See the table below for examples of behavior refinement based on sample research findings.

Sample Behavior Refinement

Priority Behavior	Factors from Relevant Research Findings	Refined Priority Behavior
Caregivers use a variety of nutrient-rich foods each day in the meals and snacks of their children 6–23 months old.	Children 9–12 months old are less likely than those over 12 months to eat a variety of foods. As part of trials during formative research, families were willing and able to give children colorful fruits and vegetables as snacks. Caregivers, including fathers, found it easy to give children pieces to hold and feed themselves and fun to see children’s motor skills develop.	Caregivers offer children 9–12 months old pieces of fruit and vegetables as snacks to feed themselves.
Caregivers feed children 6–23 months old with age-appropriate amounts of food.	When eating from a family pot, caregivers can’t tell how much food a child eats at a given meal. A separate, designated bowl for young children helps caregivers see and adjust the amount of food the child eats.	Caregivers feed children 6–23 months old using a separate bowl.

Step 4: Highlight or star factors and actors most closely related to the refined priority behaviors.

In each table from step 1, highlight or star the 6–8 factors most important to successfully practicing the priority behavior. Sometimes it will be clear which factors to highlight. Other times this will require your best judgement; discuss with your team to reach an agreement. Star the factors 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. Factors will likely fall across sectors (e.g., the accessibility of certain food may require food systems inputs). Consider whether your project is able to work directly with those sectors or can connect with other partners who do.

For example, multiple factors prevent and support the behavior

“Caregivers offer children 9–12 months old pieces of fruit and vegetables as snacks to feed themselves,” such as the cost of fruits and vegetables, family support, social norms that guide who decides what foods to give children, and beliefs about what children that age can digest. If research showed the cost of fruits and vegetables, norms about who feeds children and family support around feeding children were common factors across all program communities, these factors are starred in Worksheet 1. With these factors starred, it becomes clear that policymakers and family members are key to the strategy.

For each starred factor, look at influencers or supporting actors who need to take action to address that factor and star them.

Step 5: Create linked pathways from factors to program activities.

Pulling from the information gathered in previous steps, complete the last column in ([Worksheet 1](#)) below for each priority behavior. The priority behaviors are the refined behaviors from step 3; the key factors and supporting actors will be those highlighted or starred in step 4. The activities indicate how you plan to reduce barriers and support enablers. Select activities based on the linked pathway that will involve the factors and supporting actors. Consider these three different levels of activities to reduce barriers or support enablers:

- **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, & services:** Organizational-level activities to build or improve physical structure, introduce a new technology, expand or strengthen supply chains, or improve the quality of service delivery.
- **Demand & use:** Individual- and interpersonal-level activities to generate commitment to, inform, influence, motivate, mobilize, or teach skills to practice the behavior.⁴

See the example of a complete behavioral analysis table (i.e., a behavior profile) below. You may wish to list one behavior per row, or complete one worksheet for each behavior. Compare the results of the behavioral analysis against the original theory of change or results framework to determine whether the priority behaviors and strategies still align and are sufficient to contribute to or meet the project outcomes and/or whether any impact pathways, objectives, or indicators need to be revised.

⁴ The Manoff Group. n.d. *What are Strategies?* Think|BIG: Behavioral Integration Guidance Accessed May 27, 2021. https://thinkbigonline.org/action/document/download?document_id=298

Worksheet I Example: Behavioral Analysis

Nutrition Behavior:

Caregivers offer children 9–12 months old pieces of fruit and vegetables as snacks to feed themselves.

Factors <i>Why are people practicing or not practicing the behavior now?</i> (factors starred in step 4)	Supporting Actors & Actions <i>Who needs to do what to reduce the barrier or support the motivator?</i> (actors and actions starred in step 4)	Activities <i>What will you do to reduce barriers or support motivators?</i>
<p>Access: Caregivers lack storage for clean water to wash fresh foods.</p> <p>Norms: Grandmothers do not approve of giving children fruits and vegetables.</p> <p>Beliefs: Caregivers do not believe children under 12 months can chew or digest fruits and vegetables.</p>	<p>Policymakers incentivize purchase of safe water-storage containers.</p> <p>Grandmothers approve and support feeding children fruits and vegetables for snacks.</p> <p>Health workers include recommendations on snacks for children 9–12 months old during counseling.</p>	<p>Enabling environment</p> <ul style="list-style-type: none"> • Financing for vouchers to purchase safe water-storage containers <p>Systems, products, services</p> <ul style="list-style-type: none"> • Supportive supervision of health workers during counseling <p>Demand and use</p> <ul style="list-style-type: none"> • Media, such as radio, and home visits with grandmothers

Step 6: Develop the SBC strategy.

The SBC strategy provides a roadmap to ensure that program activities achieve outcomes. Strategies (which vary according to the needs of the program) outline the priority behaviors, describe the primary participant groups and supporting actors, discuss the key factors, and list the activities. Summarize the analysis developed in step 5 Behavioral Analysis along with implementation, monitoring, and evaluation and learning plans in the strategy and include the analysis table as an annex to the strategy. Examples of SBC Strategies to support your brainstorming: [USAID Ethiopia Growth through Nutrition](#), [Rwanda Orora Wihaze](#), and [Cambodia NOURISH](#) to support your brainstorming.

Two areas of the strategy offer opportunities for coordination by grouping together similar factors and activities:

- **Group factors:** Many factors may be similar across priority behaviors. For example, family and community support is often needed for multiple behaviors. Grouping the factors allows the strategy to align activities.
- **Group similar activities:** Activities can be grouped by type and participant group, or stakeholder involvement. For example, a communication activity such as community dialogues may be needed to promote more than one priority behavior. Or, you may group activities you are planning with specific private sector actors or civil society groups.

The groupings will help you plan and coordinate implementation. Engage with partners and stakeholders to refine the SBC strategy, agree on the implementation plan, and energize coordination. The SBC strategy can be a living document that is updated and adjusted as the program evolves. You can also use your SBC strategy to shape your implementation and performance monitoring plans.

Additional Resources

Breakthrough ACTION. N.d. *How to Develop a Communication Strategy. The Compass for SBC*. Accessed May 27, 2021. <https://www.thecompassforsbc.org/how-to-guides/how-develop-communication-strategy>

Health Communication Capacity Collaborative. n.d. *Designing a Social and Behavior Change Communication Strategy*. Accessed May 27, 2021. <https://sbccimplementationkits.org/courses/designing-a-social-and-behavior-change-communication-strategy/>

The Manoff Group. n.d. *Nutrition: Guidance and Sample Behavior Profiles*. Think | BIG: Behavioral Integration Guidance. Accessed May 27, 2021. <https://thinkbigonline.org/nutrition>