



# Behaviors for *Better* Complementary Feeding: A Social and Behavior Change (SBC) Workshop Series

Workshop III: Now's the Time! The  
Case for Monitoring SBC

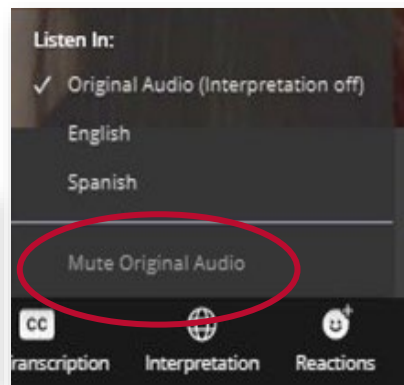
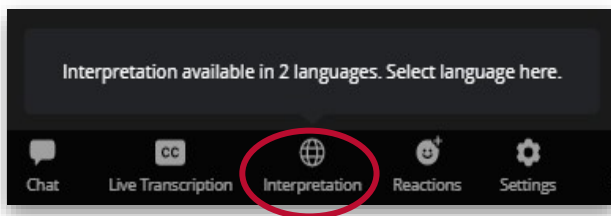
June 15, 2023



Photo: USAID

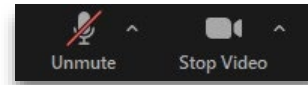
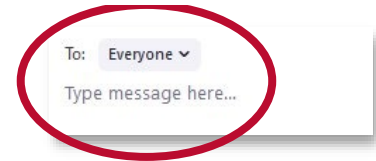
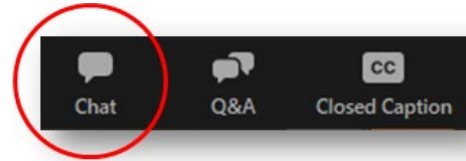
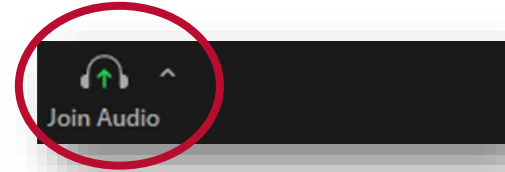
# Zoom Meeting: Interpretation

<b>English</b>	<p>Click the Interpretation icon to have the option to hear the meeting in French. To hear the webinar only in French, select Mute Original Audio.</p> <p>If you are listening in English, please make sure to <b>select English from the interpretation channels</b> to hear comments/questions from colleagues when they are interpreted from French to English.</p>
<b>Français</b>	<p>Cliquez sur l'icône intitulée « interprétation » pour avoir la possibilité d'écouter le webinaire en français. Pour écouter le webinaire uniquement en français, vous pouvez désactiver l'audio original.</p>

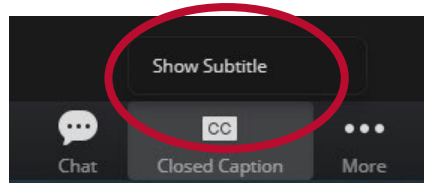


# Zoom Meeting: Reminders

- If at any point you are unable to hear the speakers, check to make sure you've connected your audio by clicking on the headphones icon in your Zoom controls.
- We will be using chat box for introductions, general reflections, or technical issues. To access the chat box, click on the icon in your Zoom control bar labeled Chat. Send a message to *Everyone* to introduce yourself, to send in your comments and questions, or ask for tech support.
- You are welcome to turn on your video when speaking, presenting, or engaging with other participants, but please remember to mute yourself when others are speaking or delivering presentations.



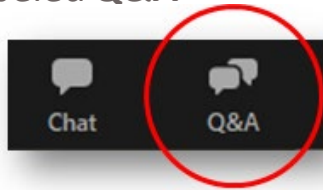
# Zoom Meeting: Subtitles



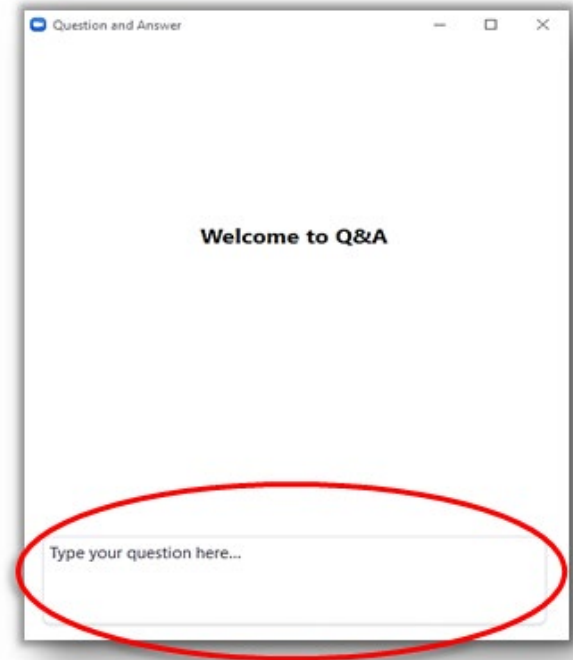
- We have enabled the Zoom closed captioning feature. To start viewing live subtitles on your screen during today's meeting, click the **Closed Caption** icon and select **Show Subtitle**.
- If you're unable to hear the presenters or see the presentation, try leaving the meeting and joining it again using the link sent to you in your registration confirmation email, or call in using a phone number provided in that same registration confirmation email.
- Please note that today's meeting is being recorded, except for the breakout rooms.

# Zoom Meeting: Question and Answer (Q&A) Box

- We will be using the Q&A for questions for speakers during the various sessions
- To access the Q&A box, click on the icon in your Zoom control bar labeled **Q&A**



To submit your question in the Q&A box, type your question in the space provided and press “Enter” on your keyboard

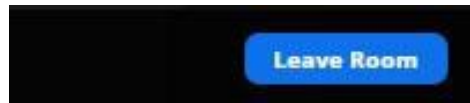


# Zoom Meeting: Breakout Rooms

- You should be automatically assigned to your breakout room. If you have any issues joining the breakout room, you can click on the Breakout Rooms icon in your Zoom controls. If you have any issues, put a message in chat for Tech Support.



- If you're in the wrong breakout room, click on the Leave Room button in the bottom right corner of your Zoom Window. You can use this feature if you would like to remain in the group with **French translation in the Main Zoom Room.**



Once upon a time...



**But how do we monitor changes in norms?**

**Let's try through community consultations and home visits!**



Caregivers do not feed children small fish or fruit because markets do not sell affordable options year-round.

**There are just so many factors. Without monitoring indicators for behaviors and factors, we will not be able to truly understand what happened.**



Caregivers often give children biscuits and sweets for snacks as these are cheap and readily available.

Caregivers are unsure of how to prepare small fish or fruit for young children.

Caregivers do not feed children small fish because it is unusual in their community.

**If we collect data on the percent of vendors in the local market selling small dried fish, we will be able to see later on if we have been successful in increasing the availability of fish.**



Maryam checks with opinion leaders what they think is a reasonable target for percent of caregivers who feed small fish to a child 6-12 months in the past 24 hours.



Meanwhile, Brian checks with market vendors on space and positioning they will give to small dried fish to inform their targets.



Maryam and Brian meet with community leaders quarterly to review monitoring data together.



When improvements in access to fish and fruit stalls, Maryam and Brian work with local women's groups to expand sales of fish and fruit.



*6 months later*

# Introductions and Agenda

# Introductions



**Shaneka  
Thurman**  
Nutrition SBC  
Advisor,  
USAID  
Advancing  
Nutrition



**Kelsey  
Torres**  
Nutrition and  
SBC Advisor,  
USAID  
Advancing  
Nutrition



**Riley Auer**  
SBC Project  
Officer,  
USAID  
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**Veronica  
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Monitoring,  
Evaluation, and  
Learning (MEL)  
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**Lisa  
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**Kenneth Mulondo**  
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Interim General Secretary,  
African Society for Social  
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**Laura  
Itzkowitz**  
Senior Nutrition  
and SBC Advisor,  
USAID Bureau for  
Global Health

# Quality SBC for Improved Diets of Young Children

Workshop I: Prioritize behaviors

Workshop II: Create pathways to change

Workshop III: Monitor SBC





# Quality SBC for Improved Diets of Young Children

Workshop I: Prioritize behaviors

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Workshop III: Monitor SBC



# Quality SBC for Improved Diets of Young Children

Workshop I: Prioritize behaviors

Workshop II: Create pathways to change

Workshop III: Monitor SBC  
**TODAY!**



# Agenda

- Workshops I & II recap
- Making the case for monitoring SBC
- Monitoring SBC: A how-to
  - What to monitor?
  - How to monitor?
  - Then what?
- *BREAK*
- *Let's practice!* Mixing and matching indicators
- Monitoring in real time: An example from Uganda
- Key takeaways and questions



# Workshops I and II Recap

# The *Complementary Feeding* Period Matters—A LOT!

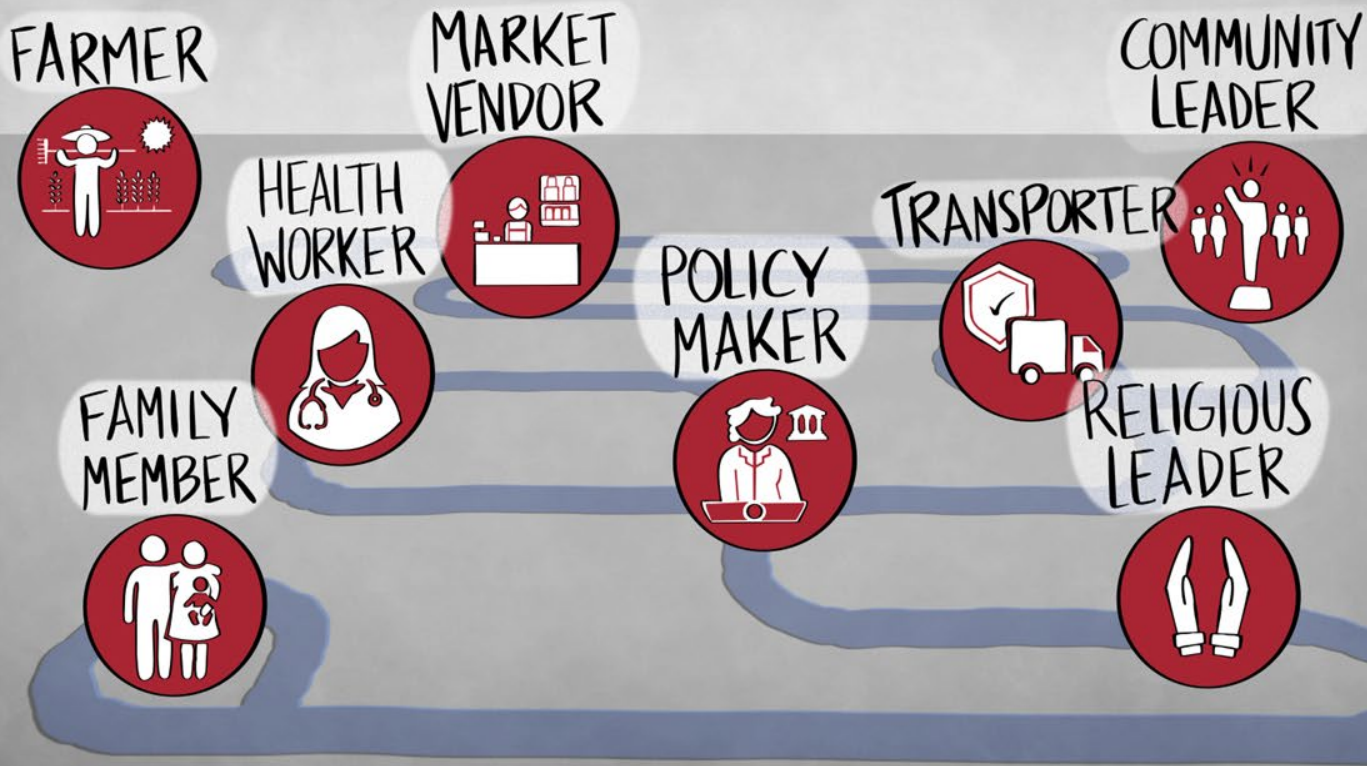


What, how much, how often, and with what help a child should eat must evolve to meet his or her changing needs.

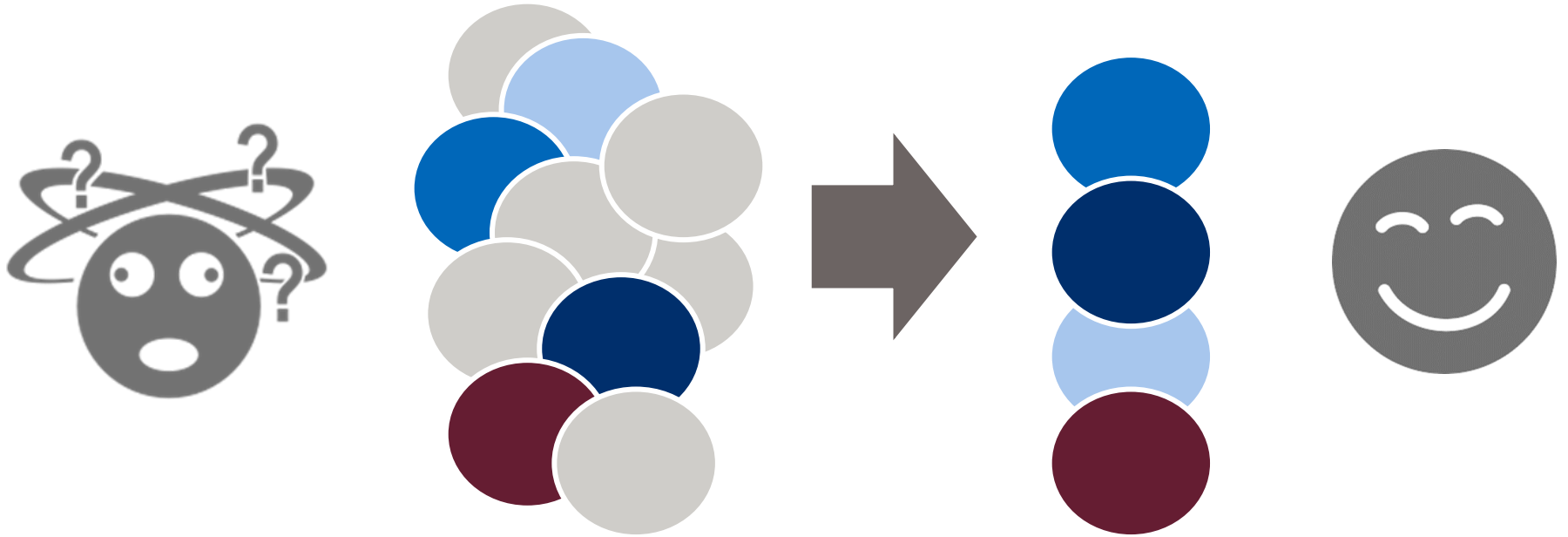
# Why Begin with Behaviors?

BEHAVIOR (what people do) is the outcome closest to the ultimate goal of the program—improved nutrition outcomes.

# Behaviors Are the *Roots* of Complementary Feeding—and Any Nutrition Program



# Behavior Prioritization





# Globally Recommended Complementary Feeding Behaviors



Caregivers feed children with age-appropriate frequency, amount, and consistency while continuing to breastfeed them.



Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children.



Caregivers prepare and feed children hygienically.



Caregivers feed children in a responsive manner.



Caregivers ensure children continue to breastfeed and eat during illness.



Caregivers provide children recuperative feeding for 2 weeks after illness.

# SBC: A Multi-Pronged, Multi-Actor Approach

A **behavior** is a specific action, performed by a specific person/actor at a specific time or place.

**Factors** (sometimes called drivers): Barriers that prevent or motivators that support practice of prioritized behaviors

**Supporting Actors (or Influencer)**: A person who supports, inspires or guides the actions of others.



EDUCATION is NOT ENOUGH



# *Activity:* Behavior Monitoring in *Your* Life

- *What behaviors are being measured in your daily life (by you or something/someone else?)*
- *What are the benefits? What are the challenges?*

# Making the Case for Monitoring SBC

# Why Do We Monitor Programs?

- To **track** progress towards the goal: to be able to conduct effective program evaluations
- To **document** what works
- To **understand** what's happening (and why): tracing behavior change to the behavioral pathway
- To **adapt** programs to participant needs and behavior change
- To be **accountable** to our organization, donors and communities



Photo credit: Getty Images/iStockphoto

# Why Do We Monitor SBC?

- People and their behaviors are complex and dynamic
  - Behavior change is incremental, and change goes in various directions: we need data from multiple time points in order to pinpoint the full scope of change
- Consistent monitoring helps us see our progress, where changes are/ are not taking place and adapt accordingly
- Monitoring holds us accountable
- **WHO** benefits and **HOW?**

# Monitoring SBC: A How-To



# What Should be Monitored? Are We Are on the Right Track?



## **IMPROVED KNOWLEDGE**

Proportion of target households who have improved knowledge of IYCF practices



## **RADIO LISTENERSHIP**

% of audience reporting exposure to nutrition messages on radio



## **PROGRAM PARTICIPATION**

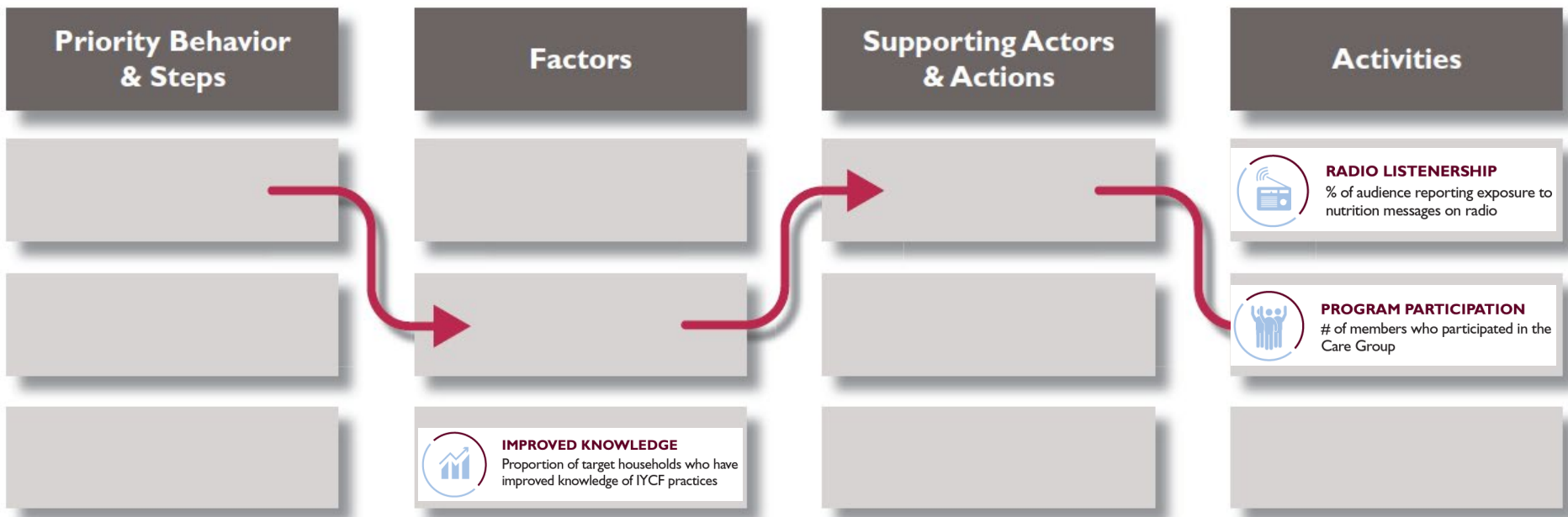
# of members who participated in the Care Group



Is the SBC Monitoring and Evaluation Plan Complete?



# What Should Be Monitored? Follow The Pathways!



# What Should Be Monitored? An Example for Complementary Feeding



**PROGRAM GOAL**

Reduction of stunting in infants and young children

**Indicator:** Prevalence of stunted children under 5

**NUTRITION OUTCOME**

Increase consumption of healthy diets in infants and young children.

**BEHAVIOR**

**Global behavior:** Feed children aged 6–23 months a variety of age-appropriate, safe, diverse, nutrient-rich foods.

**Small doable action:** Caregivers feed children 6-23 months one serving of small fish each day

**Indicator:** % 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.

**FACTORS**

**Factor 1:** Accessibility: Caregivers do not feed daily because they do not have the food year-round.

**Factor 2:** Caregivers are unsure of how to prepare small fish or fruit for young children.

**Indicator:** % of caregivers who feel confident in their ability to prepare small fish

**Factor 3:** Caregivers do not feed adequate amounts because they believe children's stomachs are too small.

**SBC ACTIVITIES**

Community Mobilization Activity

Cooking Demonstration Activity

**Indicator:** # of participants reached through cooking demonstration

Peer Group Sessions

# Monitoring Behaviors

- **Behaviors** are the foundation of any nutrition SBC approach and should also be the start of any SBC monitoring effort
- Regularly monitoring changes in complementary feeding behaviors helps programmers maintain focus.
- The key to monitoring behaviors is **specificity**, in all of the following:
  - Actor(s) and key individual(s)
  - Action
  - Time
  - (Location)
- How do we select these elements? Based on **formative research** and **audience segmentation**

Caregivers feed children (age 6-23 months) one serving of small fish each day.



SPECIFIC  
PERSON/ACTOR



SPECIFIC  
ACTION



SPECIFIC  
TIME

# Complementary Feeding Behaviors and Existing Indicators

01	CAREGIVERS FEED CHILDREN 6–23 MONTHS OF AGE W/ AGE-APPROPRIATE FREQUENCY, AMOUNT, AND CONSISTENCY, WHILE CONTINUING TO BREASTFEED CHILDREN.	Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods the minimum number of times or more during the previous day. (MMF)
02	CAREGIVERS USE A VARIETY OF NUTRIENT-RICH FOODS EACH DAY IN THE MEALS AND SNACKS FOR CHILDREN 6–23 MONTHS OF AGE	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. (MDD)
03	CAREGIVERS PREPARE AND FEED CHILDREN 6–23 MONTHS OF AGE HYGIENICALLY.	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.*
04	CAREGIVERS FEED CHILDREN 6–23 MONTHS OF AGE IN A RESPONSIVE MANNER	Custom indicator necessary.*
05	CAREGIVERS ENSURE CHILDREN 6–23 MONTHS OF AGE CONTINUE TO BREASTFEED AND EAT DURING ILLNESS	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.
06	CAREGIVERS PROVIDE CHILDREN 6–23 MONTHS OF AGE RECUPERATIVE FEEDING FOR 2 WEEKS AFTER ILLNESS.	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*.

# Example

## BEHAVIOR

Caregivers feed children 6–23 months an animal source food each day

## GLOBAL INDICATOR

% of children 6–23 months with minimum dietary diversity (DHS)

## SPECIFIC BEHAVIOR INDICATOR

% of caregivers who fed a child 6–23 months animal source foods in the past 24 hours

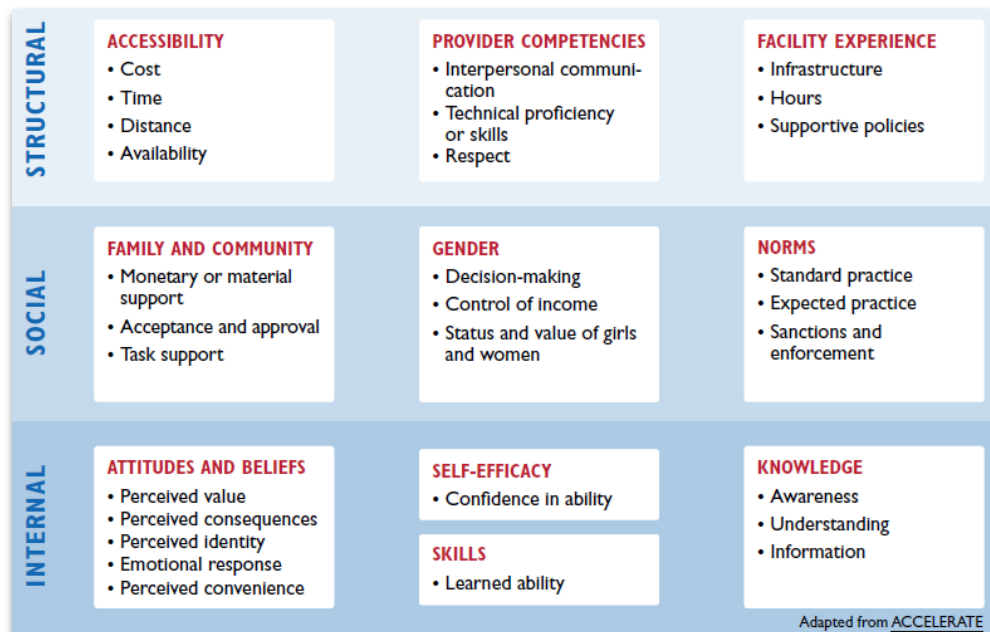


# Monitoring Factors: Getting the Full Picture

- **Purpose:** to understand why a behavior is or is not changing
- **Track factor indicators frequently** to inform adaptations and maximize program resources
- **Monitor factors through surveys** as well as regular reviews of data from program activities (e.g., supervision checklists, records from home visits or peer groups)
- **Supplement regular program data collection through feedback sessions with program participants** also provide the opportunity to check in on persistent barriers and gauge how to optimize facilitators



## Types of Factors



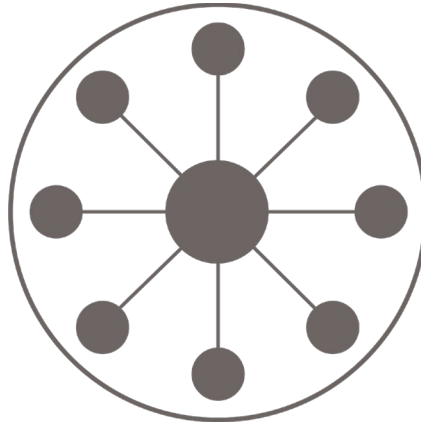
Adapted from [ACCELERATE](#)

# Monitoring Activities

Reach



Recall



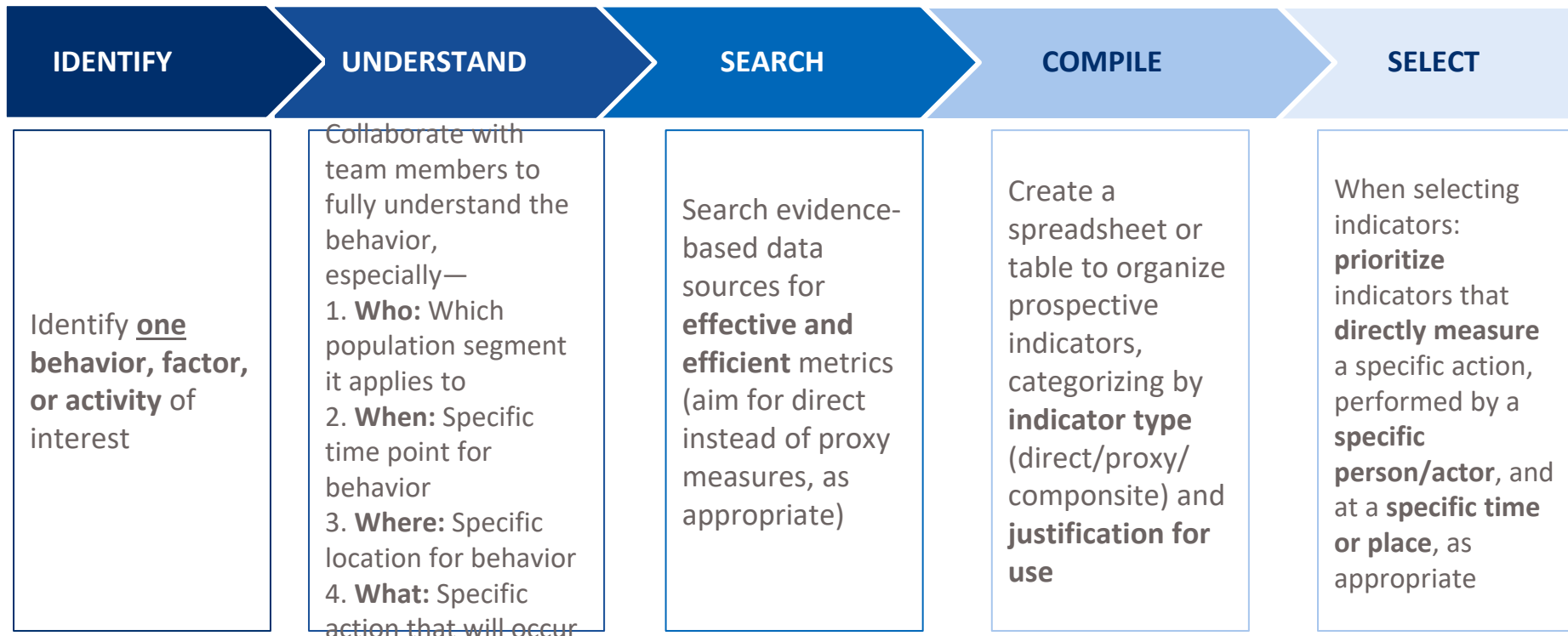
Participation





# HOW! Behaviors/Factors to Measurements: SBC and Complementary Feeding (CF) Indicators

## BEHAVIORAL INDICATOR SELECTION PROCESS



# *DO NOT start from scratch: Finding existing indicators*

## SEARCH

- Key sources for **SBC** + **CF** metrics:
  - Demographic Health Surveys
  - MEASURE Evaluation
  - UNICEF Multiple Indicator Cluster Survey
  - Food Systems Dashboard
  - United Nations Statistical Division (UNSTAT) Social Indicators
  - USAID Advancing Nutrition Complementary Feeding Workbook: “Globally Recommended CF Behaviors and Indicators” Annex
  - World Health Organization: Indicators for assessing infant and young child feeding practices

Tell us in the chat:  
What sources have you used to find SBC + CF indicators?

## But... sometimes you have to start from scratch.

If you are unable to find appropriate indicators, work with MEL experts to design new ones

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

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

# Methods

Tell us in the chat: What methods have you used to monitor complementary feeding?



# Sample Monitoring Plan

Priority behavior	Factors	Indicators	Baseline	Target	Method of monitoring	Frequency of monitoring
Caregivers feed children 6–23 months an animal source food (ASF) each day		% of children 6–23 months with minimum dietary diversity (DHS)	25%	10% increase/year	Survey	Annual
		% of caregivers who fed a child 6–23 months animal source foods in the past 24 hours	12%	20% increase/year	Peer group reports	Quarterly
	Access to eggs	% of vendors in local markets selling eggs	65%	10% increase/year	Digital SMS survey of markets by consumers	Bi-annual
		Price of eggs as a proportion of total household food budget	5% as a proportion of the food budget	No change or decrease	Survey of households	Annual
	Norms about feeding children ASF	Community conversations show changing norms in feeding children ASF	–	Positive trend	Consultations with communities	Bi-annual
		Perceptions of community reactions to changing practices around feeding children ASF	–	Positive trend	Focus Group discussions	Bi-annual

Source: [USAID Advancing Nutrition 2022a](#)

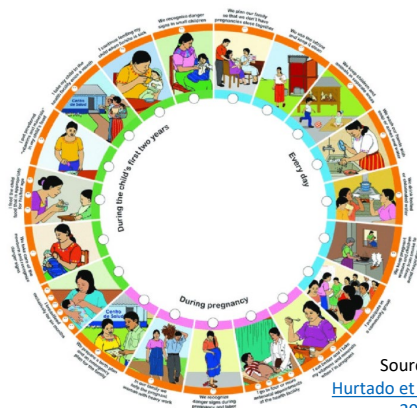
# Then What? Analyze and Share Findings

First: **analyze** monitoring data; then **share** the results!



FIGURE 1 SAMPLE GROW TOGETHER COMMUNITY DASHBOARD

Source: [NOURISH 2016](#)



Source: [Hurtado et al. 2020](#)

EXAMPLE: Score Card with indicators under an overall theme

OVERALL THEME: DIALOGUE AND COLLABORATION BETWEEN HEALTH WORKERS AND COMMUNITIES			
Indicator		Score out of 100 (Apr 04)	Reasons for the score
6.1	Two-way communication and dialogue between communities and health center (HSAs)	70	There are some HSAs who communicate and dialogue well and frequently hold meetings with their communities, while others do not.
6.2	Two-way communication and dialogue between health center (HSAs) and village health committees	90	Most of the HSAs dialogue and communicate well with VHCs in their catchments.
6.3	Two-way communication and dialogue between village health committees and community members	50	Some of the VHCs communicate very well with their community members; while some of the VHCs have just been formed and cannot be assessed.

Source: [CARE 2013](#)

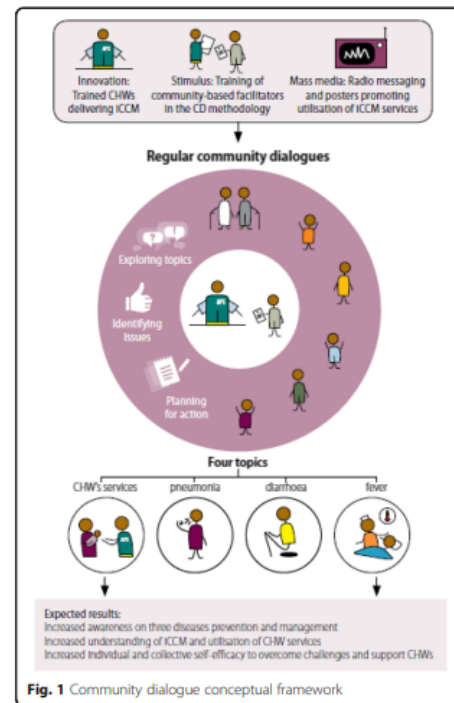


Fig. 1 Community dialogue conceptual framework

Source: [Martin et al. 2017](#)

# Tool: Monitoring SBC for Multi-Sectoral Nutrition



## MONITORING SOCIAL AND BEHAVIOR CHANGE FOR MULTI-SECTORAL NUTRITION

Nutrition social and behavior change (SBC) programmers can use this tool during program design and implementation to set up indicators, track progress, and make adaptations.

High-quality SBC design requires multiple steps, beginning with prioritizing behaviors. [The USAID Advancing Nutrition Behavior Prioritization Tool](#) guides programmers through that process. After prioritizing behaviors, use the USAID Advancing Nutrition Using Research to Design an SBC Strategy Tool to analyze the barriers and motivators that prevent or support practice of the behaviors. These are known as the factors. This tool walks programmers through the process of determining which priority behaviors and associated factors to monitor in a monitoring and evaluation (M&E) plan. It also helps SBC technical and M&E staff select and apply monitoring methods, analyze results, and make adaptations.

As a programmer, monitoring changes in nutrition behaviors and factors on a regular basis helps you know how things are going, and where and when to make adaptations for high-quality SBC. In your activities, you may see that some people take up behaviors faster than others, and some barriers are reduced more easily than others. Some behaviors or factors may need additional resources or attention. Because people and contexts shift continually, mid-term and endline measures, while useful, may not indicate the full extent to which a program is on track. Monitoring changes in behaviors and factors also helps researchers learn about which activities achieve results and should be considered common practices across programs.

**STEP 1:** Choose behaviors and factors to monitor.

**STEP 2:** Identify the frequency and method for collecting data on each indicator.

**STEP 3:** Establish a plan for analyzing monitoring data and sharing with communities.

**STEP 4:** Monitor and document the findings.

**STEP 5:** Analyze and share findings with communities and participants.

**STEP 6:** Suggest program changes as needed.



**BREAK**



*Let's Practice!* Mixing and Matching Indicators

# Monitoring in Real Time: An Example from Uganda

*Guest Speaker:* Kenneth Mulondo



# Realities with Most Monitoring and Evaluation Methods/ Approaches

- Start late or even never start until the midline of the project.
- Too general and miss the small steps.
- Presented more of a policing function rather than a program improvement practice.
- Are designed separate from all the approaches being implemented.
- There is limited interpretation and use of the data collected.



Photo credit: Dreamline

# USAID Social and Behavior Change Activity Integrated Rollout of Family Health Practices at Community Level

## Identification of focus households using—

- An eligibility tool
- Local “intelligence”.

## Oriented change facilitators (Village Health Teams) are deployed to—

- Negotiate with household heads to adopt particular behaviors and facilitate the adoption through repeated visits using the “Wheel of Good Practices for Better Health”.
- Track commitments in a register that is updated during each visit.
- Facilitate community level monitoring through a community meeting (household heads + leaders) where household level outcomes are fed into a village level “community score card” and discussed.



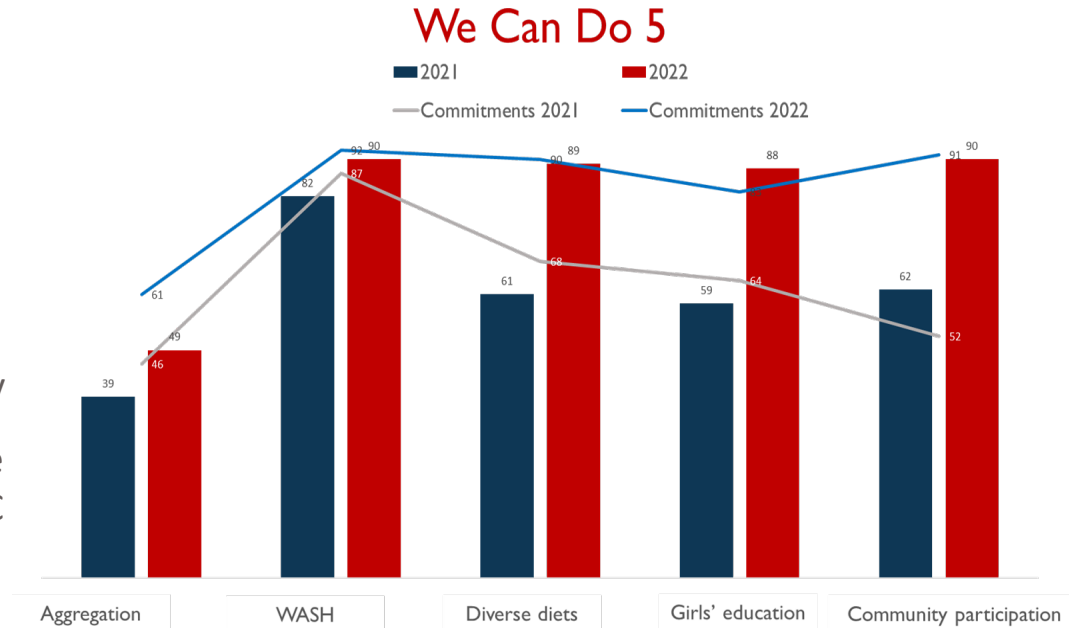
Photo credit: Dreamline

### Program monitoring results: December 2022– March 2023:

- Households with kitchen gardens increased from 12% to 23%.
- Children under five with a red mid-upper arm circumference (MUAC) reading reduced from 0.8% to 0.3%.
- Yellow MUAC reading reduced from 2.1% to 1.1%

# USAID Integrated Community Agriculture and Nutrition (ICAN)— Building and Tracking Commitments for Resilience

- The activity developed a locally tailored SBC strategy with assumptions about critical building blocks of an impact pathway for achieving USAID/ICAN
- To progress more quickly and to inform cost-effective scale-up and sustainable impact USAID/ICAN built learning and adaptation into each phase of the Activity
- Relied on periodic behavioral surveillance to assess trends in achieving selected SBC objectives of USAID/ICAN through a layered combination of routine household and community level tracking of their own behaviors and progress



What do YOU think?

# Closing: Key Takeaways

# Key Takeaways

- Complementary feeding is complex
- Quality SBC can help (for complementary feeding and other complex topics):
  - **Prioritize**—less is more! Complementary feeding is *not* one behavior/outcome.
  - **Link pathways** between behaviors, factors, and interventions
  - **Continually monitor** (behaviors and factors) to adapt to the situation



Photo credit: Fintrac Inc.





## MEASURING SOCIAL AND BEHAVIOR CHANGE

in Nutrition Programs

A Guide for Evaluators



## EVALUATING SOCIAL AND BEHAVIOR CHANGE COMPONENTS

of Nutrition Activities

A Design Guide for USAID Staff



ADVANCING NUTRITION

March 2022



## Tools for Designing and Conducting Social and Behavior Change Evaluations



DECEMBER 2022

# Resources for SBC Evaluations

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project.

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# Enabling Better Complementary Feeding

## Key Concepts of Quality Social and Behavior Change



Have you already reviewed this guidance page? Are you ready to dig deeper into the specifics of programming?

If yes, jump directly to a module page. If no, keep scrolling to read the guidance!

[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 MEL Plans](#)

[Module 5. Implement, Monitor, and Adapt Activities to Improve Complementary Feeding](#)

[Module 6. Evaluate Activities to Improve Complementary Feeding](#)

Join us for office hours next week for more sharing and discussion! Send your questions in advance to [kelsey\\_torres@jsi.com](mailto:kelsey_torres@jsi.com) or ask them live!

Thursday (6/22) at 8:30 am EDT



Photo credit: John Healy/TMG

# References

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- USAID Advancing Nutrition. 2021. *Evaluating Social and Behavior Change Components of Nutrition Activities: A Design Guide for USAID Staff*. Arlington, VA: USAID Advancing Nutrition.



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USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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