

# Complementary Feeding Workshop III

## Webinar Transcript

### Kossana

Welcome, everyone, to Behaviors for Better Complementary Feeding: A Social and Behavior Teams Workshop Series. This is the third workshop. Now's the Time! The Case for Monitoring SBC. We're so excited to have you all here with us this morning. Please feel free to introduce yourselves in the chat and say where you're joining in from. I'll just quickly go over some Zoom tech reminders and then we'll get started.

Next slide, please. For this meeting, we've enabled interpretation. If you would like to hear this meeting in French, please click on the interpretation icon at the bottom panel of your screen and click the button that says French. Please also click Mute Original audio if you would like to hear the webinar only in French. If you're listening in English, please make sure to select English from the interpretation channels to hear the comments or questions from our French colleagues while they're being interpreted from French to English.

Next slide. A couple of 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'll also be using the chat box for introductions, general reflections, or any technical issues you may have. To access the chat box, please click on the icon in your Zoom control bar labeled Chat and send a message to everyone to introduce yourself to send in your comments or questions, or to reach out to myself for tech support.

You're welcome to turn on your video when you're speaking, presenting, or engaging with other participants, but please remember to mute yourselves when others are speaking or delivering their presentations.

Next slide. We've also enabled subtitles and closed captioning for this webinar. To start viewing live subtitles on your screen during today's meeting, please click the closed caption icon and select Show Subtitle. If you're unable to hear the presenters or see the presentation at any time, please try leaving the meeting and joining it again using the link sent to you in your confirmation email or on the calendar invite that I sent you this morning. Please note that today's meeting is being recorded except for the breakout rooms.

Next slide. Lastly, if you have any questions and answers during today's presentations, we'll be using the Q&A. You can click the Q&A icon that's in the bottom panel of your Zoom settings to ask any questions, you just type in your question and press enter, and we'll be able to answer them on our end.

Next slide. Lastly, we'll be having breakout rooms today. Just one breakout room and you're automatically assigned to your breakout room. When the time comes, you'll automatically be sent to the room you're assigned to. If you have any issues joining your breakout room, you can click the breakout room's icon in your Zoom controls. If you have any technical issues, you can put a message in the chat for myself. If you're in the wrong breakout room or you require a French translation, you can click the blue Leave Room button and you'll return to the main room.

Next slide. That's all of the Zoom Tech reminders. Again, if you have any technical support needs, please put a message in the chat, and we will respond promptly. I will now hand it over to my colleague Lisa Sherburne, to get us started.

## Lisa Sherburne

Thank you so much, Kossana. Welcome, everyone. We are so glad you could join us for this really important part of SBC, the monitoring. We're going to start again like we did before with the storytelling portion, and we'll go back to the adventures of our two programmers, Maryam and Brian, who are looking to improve complementary feeding in their context.

When we left them off at the last workshop, Maryam and Brian had refined an SBC strategy with the technical experts on their team and key stakeholders to ensure the behavior pathways made sense and everyone felt part of the strategy. Next slide. Now, Maryam and Brian feel so energized from positive feedback, USAID has appreciated their SBC strategy, and they're working closely with technical and management teams to integrate complementary feeding activities into their overall program work plan.

At the same time, the monitoring, evaluation, and learning, or MEL team develops the monitoring plan, and this they start by determining indicators for the prioritized behaviors and the factors that prevent or support those behaviors. This takes some time, but Brian reminds them it's worth it because it will set them up for success. If they don't see changes in the indicators around the factors, they can trace the pathway back to inputs and see where activities are happening or not happening as planned.

They add different methods of monitoring because several factors such as social norms and skills can be monitored through different ways such as community consultations and even home visits. Next slide. Now, some members of the MEL team are concerned about the number of factors that Brian and Maryam are asking to be monitored. Maryam and Brian explained that previously when they monitored only the number of people trained or the number of caregivers reached, at the end line, they weren't able to tell the story of SBC or know where the improvement came from or didn't in their key indicators like minimum acceptable diet.

It took some negotiation that Maryam, Brian, and the MEL team are able to work together to ensure the agreed plan can be implemented. Next slide. The MEL team collects baseline data on the priority behaviors and factors from the monitoring plan. They decide that one of the baselines they collect is the percent of vendors in local markets selling dried fish. They know this will help them later to see if the activities are actually successful in increasing the availability of dried fish in the local communities.

Next slide. Once they collect the baseline data, they work with MEL staff to set targets. An indicator they're using is the percentage of caregivers who fed small fish to a child, 6 to 12 months old in the past 24 hours. Maryam isn't sure what's a reasonable target for this indicator. She looks at what a similar program in the area previously achieved and she talks with opinion leaders about what they think is really possible. Meanwhile, Brian checks with market vendors on the space and positioning they'll give to dried fish.

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

Next slide. This monitoring also leads to adjustments in the activities. During one review with communities, the monitoring forms showed that few caregivers tried new behaviors. Maryam and Brian decide to talk with the community health workers and understand some of the challenges from their perspectives. The community health workers share some struggles and request some quality improvement meetings with other peers, other community health workers to be able to solve problems together.



Brian's able to add these activities, and when improvements in access to fish slows down, which they learn from communities, then they work with local women's groups to expand the sales of fish, and vendors organize taste tests for young children during group meetings. These taste tests, as you can imagine, are so much fun and lively with the children laughing and playing here.

Next slide. Now we'll move on to introduce the facilitation team today and our workshop agenda. Next slide. Thanks. My name's Lisa Sherburne and I'm on the SBC team of the USAID Advancing Nutrition project. Today we'll be hosted with my colleagues shown here. From the USAID Advancing Nutrition project, we have Shaneka Thurman, a social and behavior change technical adviser, Kelsey Torres, a nutrition and SBC advisor, Riley Auer, a social and behavior change project officer, and Veronica Varela, a monitoring, evaluation, and learning advisor.

We are also fortunate to have a guest speaker Kenneth Mulondo, who's an SBC technical adviser, and the interim general secretary for the African Society for Social and behavior change. Finally, we'd like to recognize our colleague, Laura Itzkowitz, who was unable to join today but she's been part of the core team, designing this workshop series. Laura is a senior nutrition and SBC advisor with USAID's Bureau for Global Health.

Next slide. Thanks. In this workshop series, we're working through key elements of quality SBC together. As a reminder, we're focusing on SBC for complementary feeding, but the basic elements of quality SBC are applicable to all other behaviors, even outside of nutrition. We're following a stepwise process to ensure that programs are designed by starting with the outcomes and ensuring quality through implementation, monitoring, and evaluation to help achieve and sustain our nutrition goals.

During the first workshop, we started with prioritizing these behaviors, which is the first step in quality program design that will ensure efficient use of resources and lasting impact. Next slide. In the second workshop, we explored creating behavioral pathways to change as a strong foundation for SBC strategy. Next slide. Today, we'll close the series with a focus on monitoring SBC programming, which is critical to know how things are going and where and when to make adjustments.

Next slide. Here's our agenda for the day. We'll start with a brief recap of the first two workshops since today's session builds on what we've learned during those. Next, we'll make the case for monitoring SBC and get into the how of doing this, including what we should be monitoring and how and what we can do with the monitoring data. We'll have a quick break and then we'll practice setting up indicators in breakouts. After we'll get to hear from Kenneth about an example from Uganda. Finally, we'll close with key takeaways and an opportunity for questions and discussion. Next slide, over to Kelsey.

## Kelsey Torres

Great, thanks, Lisa. During our first workshop, as Lisa mentioned, we explored the foundational basics to high-quality SBC. In the second workshop, we applied these basics to build pathways to change. I'll quickly recap some of the key points from these sessions.

Next slide, please. We know the complementary feeding period from 6-23 months of age is one of the most challenging times to meet children's nutrient demands. While children's stomachs can only hold a small amount of food, their nutrient needs are extremely high. During this period, children also experienced dynamic growth and development. Appropriate complementary feeding is often thought of as a single behavior. However, as we've seen throughout these workshops, that actually requires many behaviors that change with the child's age.

These behaviors must be practiced together in the right balance over the 6-23-month period. Next slide. Why don't we begin with behaviors? Understanding behaviors is an essential start for high-quality SBC program development on any topic because behaviors or what people do is the outcome closest to

the ultimate goal of the program, whether it's improved livelihoods, improved nutritional status, or enhanced resilience to shocks.

Starting with the behaviors that matter the most for context helps ensure we stay focused, leading to efficient use of resources and ultimately achieving and sustaining our goals. Next slide. Behaviors are the roots of any nutrition program. A social and behavior change approach is vital to improve complementary feeding because it puts people and their behaviors at the heart of problem-solving.

What is the behavior? We've seen, it can be what, how often, how much, and with what help a caregiver or family member feeds a child. This is where we start the complementary feeding with the behavior of the primary actor, the person who does the behavior that is closest to the nutrition goal. We'll also want to look at the behaviors of others in the community that have a role to play in influencing complementary feeding, such as community or religious leaders, farmers, health workers, market vendors or policymakers. These supporting actors all practice different behaviors that can influence complementary feeding.

This is why we need quality SBC that engages all of the various people across sectors who have a role to play in improving children's diet. Next slide. Experience shows us that programs that tried to promote all behaviors of any topic have less success than programs that prioritize. This makes sense. Think about what can we really change at one time or learn at one time, not too much. Programs that focused on fewer behaviors can implement with quality and are better set up for sustainability than programs that tried to do everything at once.

The idea of prioritization may be new for program management and government stakeholders, but it is critical for achieving results. For complementary feeding, prioritization starts with reviewing the six globally recommended complementary feeding behaviors identified by the USAID Nutrition SBC working group. These behaviors have been shown to reduce malnutrition, especially stunting and wasting in young children. They are high-level and applicable no matter where you are in the world.

With this list, each program policy or service needs to identify what is really holding back complementary feeding to achieve nutrition goals in a local context. You may prioritize one or more of these. Starting with what you want to achieve the behavior lets you explore the context and what needs to happen in these activities. This is why starting with activities first may not get you to the intended outcome.

Next slide. Building on Workshop 1, in Workshop 2, we focused on better understanding our prioritized behaviors based on existing research and formative research to build a framework for SBC strategy. Those global behaviors on the previous slide must be made more specific for the context you're working in. For example, feeding children a diverse diet in a context may mean feeding children an animal source food each day.

Next, for each priority behavior, we set up pathways to change. Starting with the prioritized behavior, yes, next slide, also called barriers and enablers, and the people who need to take action to address the factors are the supporting actors, these lead into activities. Sorry, I didn't cue the slide earlier. You can see here, we have the behaviors, the factors, the supporting actors, and the activities.

Next slide. If we're going to truly support and enable people to improve practices, we must address their needs. It is not always that people won't change. Sometimes they can't change because of access issues or inadequate policies, services, or products. Even when those structural barriers are lowered, there are many factors influencing what is done besides simply knowing what is optimal. The same change requires more than simply telling people what should be done.

If having good information was enough, we know we would all be healthy eaters. When we're planning activities, we need to think beyond the typical instructional information-sharing activities. Planning our activities is a time to get creative and think outside the box. It is a moment to drill down on the factors and what will make a difference. Remember, activities must explicitly address or link back to a specific factor. We can go to the next slide. I'll hand over to Riley for an activity. Thanks.

## Riley Auer

Thanks so much, Kelsey. As we remember, a behavior is a specific action that a specific person takes at a certain time, place, or frequency. Think for a moment about your own health or nutrition behaviors, and in the chat, please let us know how you monitor or track your behaviors in your own life. These can be self-monitored with a diary or through note-taking or monitored externally with a wristband or electronic watch or by a doctor. Let's see what folks have to say in the chat. [silence] That's so nice, Amelia, thanks for sharing. Does anyone else have any ideas for how they track theirs?

[pause 00:20:36]

These are great. Great. Thanks, everyone. Please keep sharing. What are some benefits to tracking your own behaviors? What are some challenges you have experienced when you're trying to track your own behaviors? Go ahead and share those in the chat too.

[pause 00:21:09]

I also just forget sometimes, Shaneka. [laughs] [silence] These are great. Thanks so much for sharing everyone. Today, we're going to learn about what we just discussed, and how that translates into monitoring behaviors and complementary feeding programs. Next slide, please.

Okay, let's make the case for monitoring SBC and complementary feeding programs. Whether you're already an advocate for monitoring, or you still need to be convinced, we would like to use our time together to fill your toolbox with information needed to make the case for monitoring, and also to reiterate how to monitor. Next slide, please.

Okay, here again, we have a list of reasons to monitor; to track progress towards the goal, to be able to conduct an effective program evaluation, 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, and to be accountable to our organization, donors, and communities.

Now to the purpose of this workshop, from the title, we know that it's making the case for SBC evaluations. Why do we monitor SBC? As we know from our personal lives of behavior change and monitoring, behavior change is incremental and change goes in various directions, forward and then backward, and then forward again, with pivots and adjustments all along the way. We need data from multiple time points in order to pinpoint the full scope of an individual's change in their behavior or behaviors, or integration of new behaviors.

Looping it all back to the overall program monitoring and evaluation progress, and because as we just noted, behaviors are highly dynamic and complex to pin down and explain, consistent monitoring and data collection helps us check and ensure that the metrics and methodologies we are using for our program are truly valid and reliable for the behaviors that we seek to measure.

This involves ensuring the specificity towards a given behavior, measurability of the desired behavior and monitoring methods, and complete understanding of the behavior and behavior profile. Next. Thanks. Why do we monitor social and behavior change? As we know from our personal lives, and we just discussed, there's all of this dynamic nature to behaviors. Consistent monitoring helps us see our progress, where changes are and are not taking place, and to adapt accordingly.

Monitoring also helps us hold accountable to the communities and finally, it helps us understand who is benefiting from the program and how they've benefited. It's critically important that we monitor SBC and complementary feeding, and we think about all of these different facets along the way. Next slide, please. Now, I'll pass to Shaneka.

## Shaneka Thurman

Thank you, Riley. I'm really enjoying all of the movement in the chat and it really helps us understand that there are so many ways that we can monitor our health behaviors and sometimes it's challenging. I laughed at Brian's comment when you said sometimes, "I don't feel like doing it." That's true for our own personal behaviors when we're trying to monitor it, but it's also true professionally, we have so many competing priorities, so many things that we want to keep track of, sometimes we just don't feel like doing it.

Let's talk about what that means in terms of monitoring SBC. Since we have already made the case for why it's important to monitor social and behavior change and complementary feeding programs, I'm very happy to walk you through an abbreviated session to explain exactly how we do that. Somehow, I think most people who are joining us in our virtual room already have some idea of how to do that, even if you don't think you do. Next slide, please.

What we have listed on the screen is a few indicators that might look familiar to you. There is one to measure improved knowledge, so the proportion of target households who have improved knowledge of IYCF practices, there is radio listenership, the percentage of the audience reporting exposure to nutrition messages, and we also have program participation, the number of members who participated in a care group. I think these must be familiar to you. They're pretty common social and behavior change indicators that we see in complementary feeding programs.

I have a few questions for you. When we look at the first indicator on the screen, do you think this is an appropriate indicator to measure social and behavior change? You can just write in the chat yes or no? Is it an appropriate indicator? [silence] Okay, I see a no. Not appropriate, okay. No. Not at all. Okay. Not enough. That's interesting, Pearl, okay. Not enough. I see yes. Okay. This is great.

Let's click and see if this is an appropriate SBC indicator. This is an appropriate SBC indicator, but as several of you have mentioned, and it's still coming in, this isn't enough. What about radio listenership? Do we think that this is an appropriate SBC indicator? [silence] It is but not enough. Okay. Brian? Yes, not enough. We have another yes. Indriya says no. Barbara says yes. Yes, but not enough. All right. Let's click and see what we think. Yes, this is an appropriate SBC indicator but as several people have mentioned, it's not enough. What about the last one, number of members who participated in the care group? What do we think about that indicator? [silence]

Yes, but not adequate. Yes. [unintelligible 00:28:35] says yes, I see lots of yeses coming in. Rafa says not enough. Yes, yes, but not enough. Let's click and see if it should be monitored. Yes. All of these indicators can be used to monitor elements of social and behavior change, but as so many of you have mentioned in the chat, it's not enough. The question on the right, which says is the SBC Monitoring and Evaluation Plan complete if you use these three indicators, and these three indicators alone? Let's see what we say. Let's click. No, it's not enough, just as everyone has mentioned.

I told you, you all already have a head start on how we measure social and behavior change in complementary feeding programs. Next slide, please. We said that that wasn't enough and that is because we want to make sure that we are measuring along the pathway that we've been learning about over the last two complementary feeding sessions. The indicators from the previous slides have now been plotted along that pathway.





We know that knowledge is a factor that we commonly hear about in social and behavior change, and that factor should be measured. If we are trying to improve knowledge, we might want some way to quantify whether that knowledge is actually increasing or decreasing, right? We also frequently use radio programming to get our messages out and we might want to know something about whether that's working. Measuring radio listenership would be a measure of an activity and that's appropriate.

The same thing is true for care groups. We see care groups being used in so many nutrition programs. Maybe we want to understand if people are actually participating in care groups. If we look at these measures alone, they don't tell us enough about the behaviors that we're trying to change. Perhaps if we look at them together and fill in the gaps, we might have a better understanding of how behaviors are changing, and if they are not, where might we adapt based on what the data is telling us?

Next slide. What you see on this slide is a graphic that shows us how we can measure along the full pathway. I'll break this apart a little bit more in the coming slides. Next slide, we all know from the past two sessions that a specific behavior or set of specific behaviors, they're definitely at the heart of all complementary feeding programs. Since behaviors are at the heart of programming, they should also be the heart of any associated monitoring and evaluation plan.

You should regularly monitor changes and complementary feeding behaviors, and that helps programmers maintain the focus that we need, and it also holds us accountable as Riley mentioned earlier. You will note that many of the complementary feeding behaviors have globally recognized, valid, and very reliable indicators, which is fantastic, and we do want to use them, and we want to make sure that our work is feeding into those global indicators.

I'll show you what they are on another slide. We also want to make sure that in order for us to really track our program's progress and use the data accordingly to adapt, we may have to tailor those global indicators to the context that you're working in. To do that, you need specificity. There's several ways that you can make your indicator specific, as you're thinking about your behavior.

You can specify the actor, so the actor's often caregivers, but which caregivers are we talking about? Are we talking about caregivers of a specific age, so young caregivers? Are we talking about caregivers that are part of a specific group, maybe caregivers within a peer group? Or we could also specify by the action that they're taking. Are they feeding? Are they purchasing? What specifically are they feeding or purchasing? Is it green leafy vegetables? Can we go even more specific? Is it moringa?

You can be as specific as you need to be in order to make sure that you are able to keep track of what your program is doing and how that work feeds into our global indicators. We want to make sure that we're measuring both our big global indicators, so we can make sure that everything is rolling up. To the extent that you can, you can get specific and craft your own indicator or disaggregate appropriately so that you can see your program's specific role in the change of that indicator.

Another way that we make sure that we are specifying appropriately is to revisit the social and behavior change formative research that we've done in the beginning in any plans that we have to segment our audience as we're starting to plan for our programs. We'll go through another example of this, and we'll have plenty of time in our breakout sessions to explore, but let's keep moving for now.

Next slide. Thank you. What you see on the screen now is a list of all of the complementary feeding behaviors and the globally recognized indicators that we have. You'll note that some of the behaviors still need indicators that are reliable and valid and we've indicated them with an asterisk. I know it's really small, but we will send this to you as well. The majority of these can be found in DHS, or you can work with your male colleagues to extract even more disaggregated data or work with sites like STATcompiler so that you can get the data that you need.

You could even ask your MEL team to help you manipulate the data using additional statistical software packages like Stata or RSBSS. This data is available to you already. You don't have to recreate it, you don't have to think of new indicators, it's already there for you.

Next slide. I mentioned that to the extent that we can, we want to use those global indicators but also tailor them to the context so that they align with what you're focusing on. In the example that you see on the screen, this program is focusing on animal source foods. The MDD indicator from VHS has been further refined to focus in on animal source food, so the program can see if their efforts are working. Again, you could continue to refine this if you want to think about a specific animal source food. If you want to think about more specific caregivers, you can also do that.

Next slide. In addition to behaviors, we also want to make sure that we are monitoring the factors that serve as barriers or motivators to the actor's ability to practice the behavior that we want them to practice. As a reminder, you can see on the right side of your screen that these factors may be things like cost. "I can't feed my child that food because it costs too much," or decision-making, "I would love to feed my child that food, but I'm not the person who makes the decisions in the household around what we can buy and feed the children," or, "People like me don't feed their child that," some social norms.

All of these factors are appropriate, you know them well from the context that you're working in. It's super important that we also measure them. We want to see if all of our efforts to leverage these factors or decrease the barriers are actually working. There's several ways to measure factors. You could measure through surveys. You can even think of some low-touch and rapid ways to do this through checklists or records from home visits, observations, et cetera. You can measure at different frequencies. It just depends on the factor, how quickly it might move, and the indicator that you've selected.

Next slide, and finally, the indicators that I think we all know that we saw at the beginning of the session, these are traditional output indicators that we see in SBC activities. There are a few common output indicator types that we typically see, but there may be many more. We often see reach, so something is linked to exposure. How far or how wide does the activity reach? We also see recall, the number of people who recall seeing, hearing something about your program, participation, the number of people who showed up for the activity, all of these [inaudible 00:38:34] important to know.

Next slide. Now, let's think about the how. We know that we have to measure across the pathway. That means that we're measuring our behaviors, our factors, and our activities. There are five simple steps that you will want to take with a curated group of colleagues. If you remember nothing else from this session, there are two things that I would love for you to take home.

Remember that you have to measure along the pathway and you don't want to measure alone. Measurement is fun. Invite your colleagues. It's so critical that we make sure that we're including our friends from the MEL team, include all of our friends on the SBC team. They are all welcome to join our measurement party. They're needed, they all bring different perspectives that are critical to making sure that we get the right measurement. Measure along the pathway and don't measure alone.

Once you have your group of colleagues who can help you measure, you'll take these five steps. First, you want to identify what you're trying to measure. What is the behavior? What is the factor or what is the activity? Then do your homework to deeply understand that. Who are we talking about specifically? Which segment of the population? When might they practice that or when does that factor become an issue? Where does it matter and what are the specific actions or points that we want to consider?

After we dissect that [inaudible 00:40:33] understand that, then we start the search. There are so many indicators out there that could be used for social and behavior change monitoring. We don't have to



figure it all out on our own. You would search, and I'll show you on another slide places where you could search, but you search to find indicators that might allow you to measure. Once you have found those indicators, make sure you compile them.

Create a spreadsheet or a table, whatever you want, just compile it to make sure that you know your indicator type. Are you using a direct indicator or a proxy indicator, some composite indicator? Then finally, work with your full team to select. To the extent that we can, we want to directly measure our behavior, our factor, and our activity, unless it puts someone in harm or it gives us bad data quality. We don't want to use proxies unless we have to. Try to the extent that you can to measure directly.

Next slide.

I mentioned that we don't have to start from scratch. Here's a list of indicators that we have used or a list of sources that we've used in the past to find indicators that allow you to measure social and behavior change in complementary feeding programs, but this list is not complete. I'm sure that there are other places that you can search, and if you have resources that are really helpful for you, feel free to share that in the chat. If there's sites that you use when you're looking for indicators, all of us would love to know about them. Please, feel free to include those in the chat.

Next slide. Sometimes we do have to start from scratch. We might find that there are some indicators that don't match what we're really trying to measure. In that case, there's a simple formula that you can use and you see it on your screen. It's actually quite similar to the formula that we use to create a behavior. You would plug in the information that you need, who needs to do something, what is the verb, and what are the optional things that they need to do. Next slide. I will now turn to my colleague, Veronica, to talk to us about methods that you can use for SBC and complementary feeding.

## Veronica Varela

Great, thank you, Shaneka. Now that we know the importance of monitoring SBC and complementary feeding programs, what elements of the behavioral pathway to measure, where to find indicators to measure those elements, and then as needed, how to design indicators on our own, let's talk about how we can actually collect this data.

There are many methods for collecting this data, such as using existing monitoring data, conducting population-based surveys, key informant interviews, and observations. I'm sure that many of these are familiar with all of you. Can anyone tell us in the chat how you may have measured SBC for complementary feeding efforts in your work before utilizing these methods or any other method that you may have used before?

[pause 00:44:12]

I see some responses in the chat now, To inform my interviews, yes. Cohort monitoring, interviews, yes. These are all great examples. Focus group discussions. Yes, that's another great one. Yes, definitely these methods are familiar with all of you. You all are familiar with these.

All right, next slide. Now that we have some good examples of data collection methods, let's put everything that we have discussed today together into a sample monitoring plan for your activity. In this example, the project is working on one prioritized behavior. It's caregivers using a variety of nutrient-rich foods each day in the meals and snacks for children 6 to 23 months of age.

They utilize data from the minimum dietary diversity indicator to determine where they needed to focus their efforts. They decided to focus on animal-sourced foods. You see that here reflected in the monitoring plan. Their prioritized behavior is caregivers feeding children 6 to 23 months of age and animal source food each day.

In the third column, you see that the program continued to monitor this behavior using the globally recognized MDD and [inaudible 00:46:04] source foods. Additionally, they are focusing on access and norm factors that impact the caregiver's ability to feed animal-source foods in this example. The program has designed indicators to focus on both access and norms. You also see that targets have been set here where baseline data was available, and we can also see the method and the frequency for monitoring are also listed here in the plan. Next slide, please. [silence]

How does monitoring fit within program evaluations? After collecting monitoring data on target behaviors and related factors, we need to take an appropriate approach to analyzing the data in order to perform a program evaluation. Because SBC is multidisciplinary, it is vital to convene a broad multidisciplinary team to interpret the data. The next step is to then review the findings from each element of the behavioral pathway as we can see above here, and for more detailed information on this step, this is included in the USAID Advance Nutrition guide on SBC evaluations.

There are several options for sharing data with communities such as through a dashboard, a scorecard, visual tracking tool, or community dialogues. Community dialogues offer an opportunity to share and discuss findings with communities and participants so they understand and can use the findings as they see fit. This collaboration can also help to contextualize trends and gather recommendations for adaptations.

For example, as part of monitoring a program, we may hold community consultations during which we can find out that caregivers may have concerns about negative judgments by extended family members and neighbors about feeding children eggs due to food customs. We can then use this information from the community dialogues and other communication activities to address these concerns and make further adaptations as needed.

Next slide. USAID [unintelligible 00:48:43] Nutrition developed a tool to help with this stuff as well. After you have prioritized your behaviors, conducted research, analyzed the findings, and then prepared the SBC strategy, you can use this monitoring tool during the design and implementation to determine which priority behaviors and influencing factors to monitor as you prepare the MEL plan. This tool helps SBC and MEL staff select and apply monitoring methods, analyze results, and make adaptations as well. Next slide. [silence]

## Lisa

Great. Thanks, Veronica, so much for that. Okay, everyone, let's take a quick break, get up and stretch if you need to, take your bio break and we'll be back in just a few moments to take a little bit of practice.

[silence] [music]

All right. Welcome back, everyone. I hope you had a nice break, and got some good dancing in. We're going to start with a little bit of practice, so we're going to go into our breakout rooms and practice mixing and matching indicators. Kossana, can you set us up?

## Kossana

Yes. Sending everyone over to their breakout rooms now.

## Shaneka

Feel free to continue to send your questions or comments in the chat, but we will continue to move forward. Next slide, please. All right. It is my honor to introduce you all to a long-term professional friend who's an expert in All Things SBC and measurement and will give us an example from Uganda. Kenneth, over to you.

## Kenneth Mulondo

Thank you, Shaneka. Colleagues, thank you for making time and attending this session. I just want put the disclaimer on Shaneka's introduction. I'm not that expert, but I'm also here learning. From our group, we had a question around social desirability bias where everyone coming to say, "I'm doing this and I'm doing it." How do we actually address that? Those are some of the questions that I'm hoping that my presentation will be able to address. Please, the next slide. These are realities and I think that question points out to some of the things we affected or we actually address in our work.

We see most projects that we work in, because most of us work in projects, we tend to start late. We have the SBC plan or strategy coming when we have already implemented. You brought on board a bit late as an SBC practitioner, or who support is not from the inception or not perceived to be as important, where you have interventions or technical interventions being done by the project. It starts late or never starts until midline of the project, and they're like, "Oh, how are we doing?" People tend to reflect at that point. At times it's too general and we miss out the small steps.

We know in SBC that the simple things as commitment someone saying, "I'll be able to do this." From the exercise we did at the beginning, we saw people who say my spouse remind me, Brian, on the call said, "At times, I just give up and I don't even try." There are those small steps that we totally miss out from our monitoring and evaluation. Those are things that come back to haunt us. Things like the adolescent girl in the home, what are those things that are influencing her? We may not actually talk to the elders who actually phrase that adolescent girl. Luckily enough, in our approach of SBC monitoring, we tend to monitor factors, and those are the factors that would help us capture those small steps.

Is this policing action? I put that picture on the left. We had a project in Karamoja where they were using stones to monitor whether community were using stones to monitor themselves. When we had the program people coming, they came as police. It was a policing action that, "Oh, let's see what you were doing here." It wasn't really for program improvement, they never discussed the factors that were affecting the people to fail to adopt what was being promoted. They just come to see the number of stones that people are counting to say, "Well, we have been able to achieve this much."

It wasn't really a point of celebration, but came up as a policing function, and thus comes across the different programs. When we hear that there's a monitoring and evaluation exercise, at times we make those rapid. We move to the field and we try to patch up things. We miss out on that point of monitoring and evolution being a program improvement practice. That affects how we look at SBC monitoring as well.

It's usually designed as separate from all approaches. From what we've learned today, is that we should be able to have that good stakeholder engagement as SBC practitioners to make sure people appreciate what we're trying to monitor. Then there's limited interpretation and use of the data. When we do this monitoring, then the so what comes in. Yes, we have learned so many things here. Then what? We have that limited interpretation and use of the data collected, and those are some of the things or realities that hopefully from this training we'll be able to move away and learn something different, or do things differently.

You can move to the next slide. I'll share a couple of projects during this presentation. I'll talk about what were the key behaviors that we are trying to promote. This is a project in Uganda which basically focuses on, it's an integrated project and the focus on family health practice at the community level. When it was started, it's basically social behavior change, purely social behavior change project.

When they started, they had so many behaviors they wanted to be doing, and they adopted their practices to help them define those key behaviors. Then they went ahead to also identify those households which they thought were vulnerable in the community. What they call local intelligence, that

beyond the tool they were using to define the houses, the vulnerability houses, they learned that what the tool was giving them could actually point them to a house that is not vulnerable.

When you rely on local intelligence, which is basically from the community leaders, from the community members, they know the home which is vulnerable and they'll be able to point you to that home easily. For this one, the behavior I want to talk about that came out so strongly was the behavior, the key behaviors basically families feeding their children 6 to 23 months diverse foods.

That was done with a [unintelligible 01:01:34] practice that was shared. They started trying to have key factors which were basically around knowledge, because the thing about nutrition is something which is not done, which is a home-based driven behavior, basically [unintelligible 01:01:53] home focus. The focus was basically knowledge, getting motivation, and ability to act. Basically more of internal factors that we are looking at.

Now they had key activities, the key activities which were basically the home visits to negotiate with us whether it's to adopt those behaviors, facilitated the adoption through repeated visits, and trying to track how people are committing and how people are trying to practice those behaviors. Then they took it to the community level, which was basically now looking at the supporting actors. At this level, they did community activities which involved experiential engagements, and they were able to talk and see what can we learn from each other.

What is so and so doing differently, so and so has a kitchen garden now, how did they actually come up with a kitchen garden? It was more of a peer and peer-to-peer support that they were trying to build at that point. This facilitated community-level monitoring through the community meetings. Also, there's reporting, self-reporting that fed into the community scorecard, and this was discussed largely by the community members. The program has been able to look out and say between December to March 2023, what are they seeing?

Now, this is a different level of how we're looking at what they're monitoring. They saw that households had increased with kitchen gardens from 12% to 23%, and that was basically through observation as a monitoring approach that you actually observe there's a kitchen garden. Then the children under five were able to see a big reduction in the [unintelligible 01:03:37] from 0.82% to 0.3% in terms of the recordings around the market tips.

This was basically the red part of the--This was basically trying to see how did we move from behavior and the behavior being children being fed. Yes, that was shared at families feeding children 6 to 23 months with diverse and nutritious meals. That was a key behavior that was being promoted. I just try to give how did they go out to select those houses to start with. I think that was a very critical step that not all households were vulnerable.

Again, looking out and saying, who's the vulnerable home and the community is able to identify from that local intelligence. That's something that we may not have in our programming in terms of SBC programming, but maybe that tool is something important that some people that share with the team and we shall share it widely. Moving forward is how they went ahead to have those negotiations in their wheel of practices and getting people to negotiate and adopt behaviors step by step, and getting someone to address those hindrances that someone thinks, "Well, it's not for me. Well, my mother won't allow me to do this."

Or "My husband doesn't really think the child should be taken." All those things and that negotiation that goes into that. Then you track that commitment that after this visit, what did we agree will be done, and what to do about those small steps? That was something done for this program. That's one program that I thought I'll talk about. I could move to the next one, which is very interesting, which is a resilience



program. ICAN is the Integrated Community and Agricultural Nutritionist, the flagship nutrition project activity in Uganda.

Again, like SBCA, the activity went out to design a strategy with very critical blocks in terms of the pathway as we know it, from the behaviors to the factors to the supporting actors, to the activities or strategies which would be relied upon. This project was so interested in tracking commitments for resilience, and they wanted to see how do households or committee members commit to actually take those baby steps and to be able to see resilience coming out.

In terms of behaviors, there was a whole engagement with the community members. They asked them, "What would make you resilient and what do you think would build your resilience capacities?" There were two levels of thinking, and one of them was in terms of the behaviors. People said, "If I'm able to engage in income generating activities, if I'm able to aggregate my produce from my farm, then maybe that's something that will build my resilience capacity."

We saw farmers in terms of behavior saying farmers aggregate their product for markets. That was the behavior that came out. Then they said, "Wow, our hygiene is something which is a challenge here. You see so and so doesn't use a pit latrine." The hygiene is really bad. Kids are getting sick because we need our kids to be healthy. Our children need to be healthy. They came out and said, "Let's look at households, basically constructing and using and maintaining latrines."

That came out as a behavior. Then that diverse diet also came out that we need to eat those diverse diets. Then are children going to school, especially the girls, need to go to school. Then community participation. We all have a role to play and there's a bit of collective responsibility that was required. All of them were in agreement that we need to build community participation. This is something that came out so strong in terms of how do they look at their key behaviors.

ICAN basically was interested in progress, and quickly to inform what is scalable and what can we learn as an activity. They had an inbuilt behavior tracker which is done annually or biannually. Their target was biannually, but they did it annually. What they saw was commitment. If you drive commitment, you basically are able to see behavior adoption. Now, within driving commitment, we go out and look at the factors. What are those factors that we need to be looking out for to be able to drive commitment?

The factors included things like active participation, being able to have knowledge, and be able to be involved in building their knowledge. How was that being done as an activity? Making that commitment was big. Feeling confident, those were more internal factors. Also, trial of that behavior was something people were interested in to see what are those things that would get people to try. There was a broad range from the internal factors, the structural issues around gender, knowledge, the motivation.

All those were tracked in this behavior tracker. What they were able to see was one, how households now saw that change, that they were able to see the trends changing. As long as behaviors were those increase in commitment, those increase in behavior adoption. For example, aggregation of produce, they saw that in year 2021 was 39% and the commitment was at 49%. When it increased, we saw an increase in the behavior adoption of 46% and then we had--

As we had, our commitment levels were rising up to 61%. The trends kept on increasing. That's something that we did that happened with ICAN and it's an interesting lesson of how this translated into one community is owning their change. As I mentioned, the first thing around the rocks of commitment, where people are monitoring those rocks, where people planted fruit trees of commitment to say, if I take my child to school I'll plant a tree to celebrate what I've achieved.

Those simple celebrations, which is also monitoring in a way, looking at, yes, all this combined tree has so many things in the tree. The tree of commitment has one side have been able to address those

factors that were hindering me or influencing my failure to adopt. [unintelligible 01:10:22] This is the package that you have seen from ICAN and one from SBC here. All along in terms of activities, of course, we can tell that the questions are trying to teach us things, things like demonstration plots for technical assistance, committee engagements, the mass media, radio, of course, is something that we talked about at the beginning, that we want to see people listening.

Of course, linkages is something we learned from our exercise, how the fish that the processing people for the animal fish were able to do that. Linkages between farmers and private sector aggregators, something comes out strong. You have radio doing the dissemination of messages, informing and motivating people for food production. Those are things that go on and they give you that full picture in terms of a program that does monitoring. Monitoring is considered from the exception of the strategy. Over to you, and thank you very much.

[pause 01:11:27]

Lisa, back to you.

## Lisa

Thank you very much, Kenneth. We'd love to hear from you all now. What do you think after the practice and hearing the real-life example of monitoring the behavior change pathway? There are some very good questions that have come up. Please come off mute and share your thoughts or write in the chat. As we're looking. Gargi, please. You're welcome.

## Gargi

Thanks Lisa, and thank you so much, Kenneth. These examples really bring to life what we've learned so far, so thanks so much for sharing. I also appreciate how community was engaged at several stages throughout the process in the second project and also a little bit on the first, I just was wondering about identifying behaviors or prioritizing behaviors was the first session. Now I'm wondering, in a comprehensive project where we have water and sanitation, agriculture, nutrition, are there any insights on how do we prioritize behaviors within each sector? I'm happy to receive a response via email as well, if we are short on time. Thank you so much.

## Lisa

Well, that's a wonderful question. It's such a timely and important one for multi-sectoral programs, which nutrition almost always is. I'm going to ask Kelsey to share experience on that.

## Kelsey

Yes. Well, I can kick off, but I'll welcome others to add. I think I would start by looking at the context, of course, and prioritizing according to the nutrition goals. You can look at the data and the evidence and then build out from there to see which behaviors you may want to prioritize. I think it will be a really iterative process. As you involve different stakeholders, you may review the data together and decide together. I think something that's important to note is that prioritization may mean just focusing more specifically on some behaviors while maybe not forgetting about the others, but realizing that we can't cover everything with high quality.

Thinking about what matters the most for the context. I think it's really important to involve stakeholders across the sector to make sure that those behaviors are well captured and that we're focusing on what matters the most. Yes, Lisa or Marcia, I welcome you to add any thoughts on that.

## Lisa



I'm going to ask Brian, who's on from Nowerry, that is a very multi-sectoral program. Brian, if you could share a little bit about how you prioritized across sectors, that would be really helpful.

## Brian

Hi, everyone. Can you hear me?

## Lisa

Yes.

## Brian

Yes, great. For us, I think even the prioritization to engage all the stakeholders from the different sectors. This was both programming teams and counties and work in county government teams. Then I think it was really directed towards, because when we started, within three years, time also came into a very big factor. Within this short period of time, around three years of implementation, what critical behaviors would actually help us to attain our goal, and our goal was reduction of acute malnutrition.

We'd have so many other behaviors that we'd want to deal with. Then if more on the tool really helped us a lot. If they do not have that impact within that time, then basically they went down the list. Since it was participatory and all this, because everyone comes in with their very strong thinking and evidence around this indicator, this behavior would actually help to reduce acute malnutrition. Then the prioritization really made it so objective within this space. Thank you.

## Lisa

Gargi, is your hand up for another comment?

## Gargi

No.

## Lisa

Okay, thanks. No, no, no, no worries. Veronica, you were sharing. Before we get to you, Veronica, sorry, I see Pearl, you have your hand up. Please go ahead.

## Pearl

Yes, thank you very, very much. I'm glad to be part of this conversation. I think it might be for SBC has been one of the areas we really need to pay attention to, given that we have to attribute our contribution as SBC practitioners when it comes to programming, there's always that big question in the room. What contribution as SBC? How do we attribute the increase in a certain indicator to what SBC is probably contributing? That's usually a big question that I don't know if you could maybe enlighten more on how best you can answer it. I appreciate that we are bringing M&E for SBC into the spotlight and trying to prioritize it as a key area.

I also like the part where Kenneth mentioned that we need to measure even the little wins, the small wins, start to measure those small commitments, those small activities that we think, those small processes that we think are just part of the activities, and yet are ones that build up into the broader indicator that we're probably looking at. Yes, if you could speak more to attribution, SBC, and how this can be sent to us. We see activities in the larger program.

## Lisa

Thank you, Pearl. You summarized so many of the thoughts in such a nice way. Thank you very much and great questions. Marcia, do you want to add on to this or shall we ask Shaneka to talk about attribution?

## Marcia

Well, I think it's absolutely critical, perfect question. What I actually wanted to put on the table, and I don't know if maybe it is going to help Shaneka answer this or not, and I apologize if you covered it. I had to jump off briefly, but something that occurred to me in the small group was distinguishing between what indicators and what gets said at an evaluation level, and what stays in monitoring. I think that helps us also say more about not just attributes to SBCC, that is the communications work that we might all be doing, but it would also help us with attributes to taking this behavioral lens to complimentary feeding.

That really looks at all of these factors, and the attribution, and if we are in fact monitoring along these pathways, we got really specific in our indicator building, then I think it's easier to attribute to our efforts with what's happened. Anyway, sorry, I'm sending it back to the expert, Shaneka. Thanks.

## Shaneka

Thank you, Marcia, you set me up really nicely. This question about attribution is a really important question, but also a really hard question because when it comes to behavior change, we're human, and we are dynamic, and the things that influence our behaviors can change. When we want to demonstrate that behaviors have changed because of the funding that the donor has shared, and the implementing partner's programs, it takes a lot of thinking and a lot of documentation to really prove our case.

I think there are two different ways that you could do it and depending on who you're talking to, and how strict they are about the types of data and what counts as proof, you might choose one or the other. We won't go into this in detail during this session but I will say that we have an evaluation guidance document that goes into details about how you might evaluate different SBC approaches that are used in nutrition.

It talks about several different types of evaluations, including impact assessments, and the types of questions that you would ask in order to prove your impact. That is a much longer and more expensive study, but some people want that. Another way that you could do it, that doesn't require an impact assessment is what I will call a package of proof. A package of proof is really taking all of your data pieces, and telling a coherent story based on all of those elements of data. There's plenty of global research that can be used in your package of proof that suggests how behaviors move, which behaviors are appropriate, which factors are appropriate, et cetera.

There's also a really fantastic set of resources that we have linked to in the complementary feeding workbook called behavior profiles. Those behavior profiles are full of evidence about how behaviors work. For each of those complementary feeding behaviors, if you look at the behavior profile, you'll see evidence there about which factors are most important globally, which supporting actors are most important globally, what types of programs you might do to impact this globally, and it's all evidence-based. Your first piece of information would be your global evidence from either research documents or your behavior profiles, and then get more granular.

In your formative research, what did you learn about what it takes to change behaviors? Include that in your package of proof, in addition to the monitoring along that pathway, if you're able to say, we selected the factors that are most critical to change for these complementary feeding behaviors, and we found the supporting actors that are most critical to address, and we found the best possible activities,

and we see movement, we have all of this data to support that it was us, we did it, our program can contribute to the change of this behavior.

That may not be enough for some implementers or governments, but it does give you several data points that allow you to prove your point if you don't have time for an assessment, those are my answers.

## Lisa

Thank you so much. We just have a few closing slides, I know Emmanuel you have your hand up and Angela just asked a fantastic question in the chat. Emmanuel, would you mind typing your comment or question in the chat? And then we'll be able to reply online and through the follow-up documentation, and we'll do the same with your good question, Angela. Thank you so much, over to Kelsey.

## Kelsey

Great. Thanks, Lisa, and thanks to everyone for that really interesting discussion. I just wanted to leave us with a few key takeaways from across the workshop series, and before I do that, I wanted to say a big thank you to everyone who has been able to join one or more of these workshops. It's been great to see such interest and to hear about your experiences and programming and we look forward to continued sharing going forward. We can go to the next slide. Just to leave you with some final thoughts, complementary feeding is complex, and as a reminder, why, what, how much, how often, and with what help a child should eat must evolve to meet his or her changing needs? I'm sure you're tired of hearing about this by now but just main point that we really want to hit home. High-quality SBC is essential for improving young children's diets in the complimentary feeding period and existing tools and resources such as those that we've shared throughout this series can help.

For complementary feeding, let's remember to always start with the behaviors of the primary actor, the caregiver or family member feeding the child, because this is the outcome closest to the program goal. Since we can't address all behaviors, through prioritization we'll need to focus on those that matter the most for the specific context to ensure impact and sustainability, and we really want to drill down into what that behavior looks like in that context, and adjust the behavior accordingly.

Let's also remember that the caregiver cannot do it alone, there are a number of factors beyond the caregiver's control that influence whether they can feed the child in an optimal way. We need to remember to explore the barriers and enablers that matter the most for the context, and engage the supporting actors, community members, the religious leaders, family members, through creative and relevant activities, thinking beyond just the usual go-to activities. Finally, we need to continually monitor behaviors and factors to know how things are going, and where and when to make adjustments. Next slide.

Throughout the presentation today, we mentioned several of these resources from USAID Advancing Nutrition as part of our SBC evaluation guide toolkit. We have a guide for evaluators, a design guide for USAID staff, and we have tools for designing and conducting SBC evaluations. If you can check these out on our website, you'll find them all in our resources section, and then the next slide.

I also wanted to note that the content we covered and the resources we shared across the three workshops. Thinking back to the very first workshop, are all from our workbook and guidance on enabling better complimentary feeding. This workbook was developed with a strong technical advisory group of experts from UNICEF, USAID, and the Manoff Group, among others.

You can access the resources and more on our website using this QR code, and we can also send out a link to the appropriate web page after. Next slide. I will want to also invite you all to join us for Office Hours next week for more sharing and discussion. For those of you who have joined our previous office

hours, we've had some really nice open discussions and been able to hear in a bit more detail about different programming experiences, but we also welcome you to come with questions or crowdsource solutions, because we're all working through this together and we can learn from each other.

Feel free to send your questions in advance or if you want to ask them live and work through together, we would be more than happy to do that and we'd love to learn from one another. That session is next Thursday, June 22nd at 8:30 AM, and upon conclusion of those office hours, we'll be sending out all of the recordings along with the resources shared and some summary takeaways from all three workshops, and we can go to the next slide.

We've just got some references and next slide is closing. Thanks everyone so much for your time and your participation and your energy, it's been a really great series and hope you can join the office hours next week.



**USAID**  
FROM THE AMERICAN PEOPLE

## **USAID ADVANCING NUTRITION**

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

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

Month Year

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.

---

This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.