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MEASURING SOCIAL AND BEHAVIOR CHANGE
in Nutrition Programs

A Guide for Evaluators

USAID ADVANCING NUTRITION

August 2023

About USAID Advancing Nutrition

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

Disclaimer

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Acronyms

ADS	Automated Directives System
FFP	Food for Peace
IFA	iron-folic acid
IYCF	infant and young child feeding
MDD-W	minimum dietary diversity of women
MEL	monitoring, evaluation, and learning
PIP	Program Impact Pathway
RFSA	Resilience Food Security Activity
SBC	social and behavioral change
SBCC	social and behavior change communication
TOC	theory of change
USAID	U.S. Agency for International Development
WASH	water, sanitation, and hygiene
WHO	World Health Organization

Overview

USAID Advancing Nutrition

U. S. Agency for International Development (USAID) activities use social and behavior change (SBC) to improve nutrition outcomes sustainably. In large, complex multi-sectoral nutrition activities, SBC may be the focus of one outcome, or it may be used as an underpinning, crosscutting approach to achieve several outcomes (Ruel et al. 2018). As SBC is common in most USAID-funded activities, USAID and implementers rely on program evaluations to determine which approaches and processes are most effective and why. This guidance for implementing partner staff seeks to inform the process of conducting an evaluation of any program that includes an SBC component, whether it is focused on one component of nutrition (e.g., complementary feeding) or is a multi-sectoral nutrition program (spanning food and health systems).

Rigorous evaluations of SBC approaches used in nutrition activities begin with a careful evaluation design, guided by a thoughtful scope of work and key evaluation questions. Once the design is clear, the process for conducting the evaluation involves these steps: 1) select the evaluation team and outline their tasks, 2) select and implement evaluation methods specific to SBC programming approaches, including indicators and measurement methods, and 3) conduct data analysis, present results, and determine program recommendations.

When conducting an evaluation, note the following:

- **Improving actors' behaviors is the foundation of any nutrition SBC approach.**
- **SBC activities should be designed to strategically address the relevant factors.**
- It is critically important to understand which **societal, political, and environmental factors have the strongest influence on which people** for any given behavior. Those people should be defined in terms of groups whose members should receive the same SBC activity.
- When using SBC to tackle multi-sectoral nutrition challenges, consider the **behaviors of a range of individuals within the food system as well as the behaviors of actors in other sectors such as water, sanitation, and hygiene (WASH); social protection and early childhood development; and civil society**. Nutrition-sensitive programming may promote behavior change in actors other than household members, and evaluations should be designed to evaluate this.

Evaluations that are carefully designed and conducted with these points in mind can help nutrition SBC programmers identify what worked well, what could have been done differently, and how to design and implement future programs.

USAID Advancing Nutrition has developed this guidance to support those who **supervise, support, or directly conduct an evaluation** for an activity that uses SBC to improve multi-sectoral nutrition outcomes. To improve staff skills, this document explores the nuances of evaluating SBC approaches to improving nutrition outcomes by walking through specific steps of the process from gaining a deep understanding of the evaluation question to writing recommendations. We have included links to helpful general evaluation guidance for reference.

Introduction: The Role of Evaluations in Strengthening SBC Approaches

USAID's *Multi-Sectoral Nutrition Strategy 2014–2025* states that, "improved social and behavior change (SBC) strategies and approaches are essential for increasing optimal nutrition practices, demand for services and commodities, and increasing use of services" (USAID 2014). The *U.S. Government Global Food Security Strategy* Fiscal Year 2022–2026 identifies social and behavior change interventions as critical to reducing hunger, poverty, and malnutrition and increasing resilience. It also commits the U.S. Government to using behavioral science to continually improve SBC approaches across the Feed the Future initiative (USG 2021).

Program evaluations play a critical role in improving the quality and determining the effectiveness of the SBC strategies and approaches needed to reach nutrition program outcomes. Evaluations measure whether the program achieved its goals, used resources like staff and budget efficiently, and contributed to a change in prioritized behaviors. Because USAID-funded nutrition programs often seek to achieve social and behavior change outcomes, evaluations need to report on changes in behaviors over time (e.g., pre- and post-measures of consumption of a diverse diet through minimum dietary diversity). In addition, evaluations should present data to understand whether SBC strategies were implemented as designed and how approaches were linked to the outcomes of interest.

Andrew Cunningham, JSI

Without strong nutrition SBC considerations in evaluations, donors, programmers, and planners lack evaluative data to make strategic decisions or adaptations that could be helpful to improve nutrition outcomes. Therefore, it is important to ensure that the quality of nutrition SBC evaluations is high, emphasizing rigor, comprehensiveness, and recommendations for future programming.

INTENDED USES AND USERS

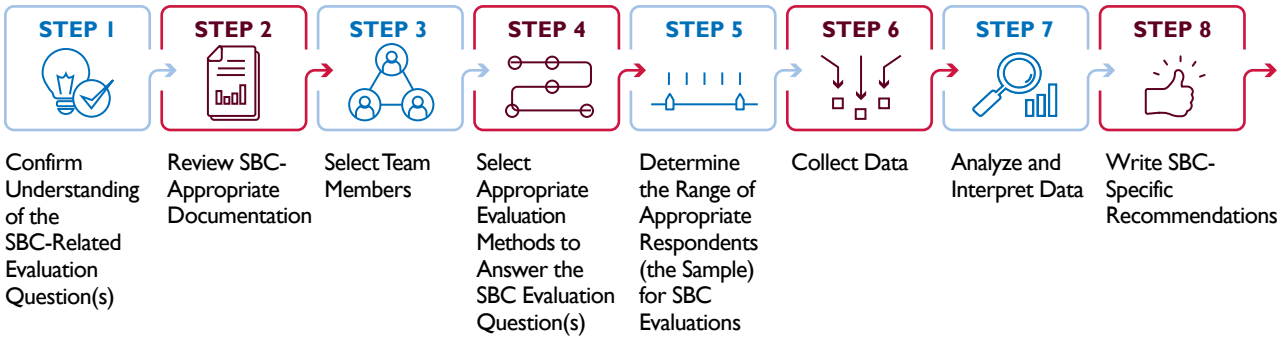
This guide is an aid for USAID implementing partners and others who **supervise, support, or directly conduct an evaluation** for an activity that uses SBC to improve multi-sectoral nutrition outcomes. It is **not** important for the user to have a background in SBC as this guide incorporates, defines, and explains common SBC terms and approaches throughout. Users **should** be familiar with evaluation more broadly, however. The guide focuses on enhancing skills by detailing the nuances and steps for evaluating an activity that uses SBC to improve nutrition outcomes. Links to helpful general evaluation guidance are incorporated throughout the document and/or included as annexes.

The guide can be used to inform the process of conducting an evaluation within any nutrition program, whether it is focused on one component of nutrition (e.g., complementary feeding) or is a multi-sectoral nutrition program (spanning food and health systems, for example). It is important to remember that multi-sectoral nutrition programs usually involve a variety of stakeholders who can have an impact on an SBC program's outcome. All stakeholders should be included when conducting the evaluation and especially when interpreting the findings. This inclusiveness will ensure that the evaluation reflects the span of efforts across sectors and that the information gathered will be useful across different audiences. For these reasons, the highest-quality nutrition SBC evaluations are conducted by a team of stakeholders who have deep experience with the activity, nutrition, social and behavior change, and evaluations.

This guidance complements, rather than replaces, USAID agency-wide and bureau-specific evaluation policies and guidance.

Evaluating SBC Approaches Used to Improve Nutrition Outcomes: 8 Steps

FIGURE 1: STEPS FOR CONDUCTING AN SBC FOR NUTRITION EVALUATION



This section outlines the steps for conducting an evaluation of nutrition programs that use SBC to improve outcomes. It is not intended to supersede standard USAID evaluation guidance; rather, it highlights nuances that should be considered when evaluating SBC in nutrition programs.

STEP 1: CONFIRM UNDERSTANDING OF THE SBC-RELATED EVALUATION QUESTION(S)

Review the scope of work to determine which evaluation questions are specific to the activity's SBC outcomes and approaches, noting that the term "social and behavior change" or "SBC" may not be highlighted in the question itself. For example, increasing demand for or sales of nutrient rich food is a behavior of purchase. Confirm with the USAID team or activity team members that you have a comprehensive understanding of the evaluation question and its relationship to SBC. In order to improve nutrition outcomes, nutrition programs use social and behavior change approaches to change behaviors by addressing factors such as access, knowledge, and norms. The following are examples of popular evaluation questions that you may encounter:

- To what degree did the activity achieve its intended behavior change outcomes in households?
- To what extent was the activity implemented following the causal pathways between behaviors, factors, influencers, and activities?

Table 2 provides a list of illustrative evaluation questions that may be reflected in the scope of work.

STEP 2: REVIEW SBC-APPROPRIATE DOCUMENTATION

Before determining the most appropriate methods, sample, or tools for evaluation, review documentation relevant to the activity's SBC approach. These documents may include the following:

- SBC strategy (document used to describe the behaviors, audience(s), factors [barriers and motivators], and corresponding SBC activities)
- theory of change and/or results framework
- monitoring, evaluation and learning (MEL) plan
- formative research, literature review, and other reports
- other activity documents that outline the impact or behavioral pathways.

When reviewing the documentation, seek to understand five key elements:

1. What **nutrition outcome(s)** does the activity or program aim to change?
2. What **behaviors** are promoted and to whom to contribute to improved nutrition outcomes?
3. What are the known **barriers** that make it more difficult for the intended audience to practice the behavior?
4. What are the known **motivators** that make it easier for the intended audience to practice the promoted behaviors?

5. What **specific SBC approaches or activities aim** to address factors (reduce each barrier or leverage each motivator), so that the promoted behaviors can be practiced by the audience or actor?

The behavioral pathway in figure 2 includes examples of these five key elements.

The Nutrition SBC Background for Evaluations section in this document offers a deeper review of foundational SBC concepts that will contextualize the information that you review in this step. The SBC Program Documents section describes the information that can be found in key SBC documents.

STEP 3: SELECT TEAM MEMBERS

The evaluation question(s) from the scope of work will help you determine which methods to use to conduct the evaluation and the type of evaluation team members that should participate. For example, methods could include surveys with dietary-recall modules and observations of child feeding, among other options. Those methods would require specialized skills in related areas. **The best evaluation teams, however, will have at least one person with in-depth experience in SBC. That person should understand how quality SBC activities are designed and implemented,** as indicated in the collection of resources New Tools for High-Quality Nutrition Social and Behavior Change Programming (annex 6). This type of leadership helps the evaluation team apply their MEL competencies to SBC activities. Sometimes smaller USAID Activities lend themselves to smaller evaluation teams that may not be able to prioritize SBC evaluation expertise. If SBC evaluation expertise is not possible, ensure that the evaluation team reviews the SBC Background section of this guide and also meets with the SBC team to gain a thorough understanding of the approaches that have been used.

Because SBC activities should include a keen focus on gender, ensure that members of the evaluation team also understand the role that gender plays in development programs, nutrition outcomes, and social and behavioral change objectives. Seek to include in the evaluation team people who have gender competencies and who can identify gender-sensitive and gender-transformative programming. When it is not possible to include this skillset on the evaluation team, review the USAID Advancing Nutrition Gender Equality Strategy for additional support (2019).

FIGURE 2. BEHAVIORAL PATHWAY

PROGRAM GOAL	NUTRITION OUTCOME	BEHAVIOR	FACTORS (BARRIERS AND MOTIVATORS)	SBC ACTIVITIES
Reduction of stunting in infants and young children	Increase consumption of healthy diets in infants and young children.	**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	**Factor 1:** Accessibility: Caregivers do not feed daily because they do not have the food year-round.	Community Mobilization Activity
			Factor 2: Caregivers are unsure of how to prepare small fish or fruit for young children.	Cooking Demonstration Activity
			Factor 3: Caregivers do not feed adequate amounts because they believe children's stomachs are too small.	Peer Group Sessions

TABLE 1: MONITORING, EVALUATING, AND LEARNING (MEL) IN MULTI-SECTORAL NUTRITION SBC PROGRAMS	BASIC COMPETENCY	SPECIALIZED COMPETENCY
Developing Monitoring, Evaluation, and Learning (MEL) Approaches		
Knowledge of nutrition behavior indicators	X	
Ability to set targets for nutrition behavior change		X
Ability to develop high-quality MEL plans for multi-sectoral nutrition SBC programs		X
Ability to develop new tools, and/or find and adapt existing tools to monitor implementation	X	
Capacity to design consultative methods to elicit input to refine activities		X
Applying MEL Approaches		
Capacity to monitor the quality of multi-sectoral nutrition SBC activities, as well as changes in behaviors, factors, and participation, and adapt programming inclusive of the role of gender in SBC programming	X	
Ability to use measures and self-monitoring to guide multi-sectoral nutrition SBC activities and monitor outcomes	X	
Ability to systematically track unexpected and/or unintended effects	X	
Ability to measure the coverage of SBC activities		X
Ability to test program logic model and/or theory of change		X
Ability to conduct impact analysis to test relationships between activities, exposure, and desired outcomes		X
Ability to analyze MEL data of multi-sectoral nutrition SBC programs		X
Ability to share MEL data with other program implementers	X	
Capacity to document and disseminate results, lessons, and best practices in multi-sectoral nutrition SBC	X	

As with any evaluation, ensure that your team also has appropriate representation by sex, geographic area, and cultural background.

Table 1 outlines broader competencies to consider when forming your evaluation team. Be sure to tailor the team to program needs and context. For more information, see the full tool Defining Social and Behavior Change Competencies for Multi-Sectoral Nutrition: A List for Assessing, Developing, and Evaluating Staff Skills.

FIGURE 3. EVALUATION METHODS

STEP 4: SELECT APPROPRIATE EVALUATION METHODS TO ANSWER THE SBC EVALUATION QUESTION(S)

Once the evaluation team has been brought on board, work with team members to determine the **most appropriate methods** for answering the evaluation question(s). This is especially important for evaluations of SBC activities. When evaluating human behavior, consider that the intended audience may act differently when they know that they are being observed or questioned. Since the primary goal of SBC is to change behavior, many evaluation questions will seek to understand whether the change in behavior is occurring, why, and whether it will be sustained. Thus, being able to see the behavior clearly is important and should guide the team's discussion when selecting evaluation methods.

When possible and appropriate, use mixed methods to answer your key evaluation questions (see figure 3). For example, to answer the evaluation question, "To what degree did the activity achieve its intended behavior change outcomes in households?" consider using:

- The activity's **existing qualitative or quantitative monitoring data** (as available)
- **Key informant interviews and focus group discussions** with actors (people practicing the behavior) and other community stakeholders who might notice the change in behavior
- **Observations** of the behaviors being practiced correctly over time or of the activity itself (e.g., observing a Care Group training or group session done by a promoter, a lead mother home visit, a cooking demonstration observation, a lead mother Care Group session with her female neighbors).

When evaluating SBC, it is common to use the three methods listed above, but other appropriate methods are listed in table 2.

The team can also consider reviewing trusted **and timely** secondary data from population-based surveys (Demographic and Health Surveys, District Health Management Information System, etc.) that may also support the team's understanding of and assumptions about the change in behavior in households.

These methods are illustrative, but demonstrate the ways that behavioral data should be triangulated to produce valid and reliable findings.

TABLE 2: TYPES OF EVALUATION METHODS

Type of Evaluation	Overarching Question to Keep in Mind	Illustrative Nutrition SBC Evaluation Questions	Illustrative Methods
Performance or Outcome Conducted during and/or after activity implementation, or only after activity implementation.	• Did the activity achieve its intended behavior change outcome? (For the intended group of people?) Alternatively, to what degree did the activity achieve its intended outcomes?	1. To what degree did the activity achieve its intended behavior change outcomes in households? 2. What youth behaviors changed in the focused districts that could be due to the SBC approaches? 3. What behaviors did the participant households change that could be due to the caregivers' participation in the activity's Care Group? 4. To what degree have the global complementary feeding behaviors been adopted?	• Participant-based or population-based quantitative surveys • Qualitative interviews, focus groups (e.g., actor, influencer, stakeholders) • Observation of SBC activities (cooking demonstrations, peer group meetings, etc.) • Monitoring and evaluation (MEL) data review of behavioral indicators (inclusive of behaviors, factor, activities) • Reviewing records of community groups • Reviewing records of community agents • Consultations with communities
Process Evaluation Conducted during activity implementation.	• Is the activity being implemented as originally planned? • Is the activity making any adaptations during implementation? • How well are the activity's processes working? • How can processes be improved?	1. To what extent has the activity's SBC strategy been implemented? 2. To what extent was the activity implemented following the causal pathways between behaviors, factors, influencers, and activities? 3. To what extent is the activity monitoring prioritized factors and behavior changes? 4. To what degree were the activity's SBC processes focused on the identified prioritized behaviors? 5. To what extent were the formative research findings used to guide SBC activity design and implementation? 6. What role did audience segmentation play in the success or shortcomings of the SBC approach(es)? 7. To what extent were the activity's approaches accessible in the identified districts? 8. To what extent did the activity affect factors? What factors appear to promote or deter the prioritized behavior changes?	• Monitoring and evaluation data review of behavioral indicators (inclusive of behaviors, factor, activities) • Key informant interviews (inclusive of project team, public and private stakeholders, community members, and participants)

Type of Evaluation	Overarching Question to Keep in Mind	Illustrative Nutrition SBC Evaluation Questions	Illustrative Methods
Impact Evaluation Conducted during activity implementation (pre-post measurements)	• To what extent is the behavior change a result of the activity?	1. What impact did the activity's training package have on household dietary diversity? 2. What impact did the activity's approaches have on the uptake of the prioritized small doable actions to increase complementary feeding? 3. What impact did the activity's behavior change messaging have on the activity participants' knowledge, attitudes, and practices related to the prioritized behaviors?	• Quantitative survey of activity and comparison groups • Qualitative interviews, focus groups (e.g., actor, influencer, stakeholders) • Observation of SBC activities (cooking demonstrations, peer group meetings, etc.) • MEL data review of behavioral indicators (inclusive of behaviors, factor, activities) • Reviewing records of community groups • Reviewing records of community agents • Consultations with communities
Cost-Effectiveness Evaluation Conducted before, during, and/or after activity implementation	• Which activity approach is more cost-effective? • What were the activity costs and behavior change outcomes before and after the implementation of the activity, compared with those of other similar activities? • What would be the cost of scaling up the activity?	1. What was the cost per person reached with the activity's Care Group? 2. What would be the cost of expanding the activity's infant and young child feeding (IYCF) counseling approaches to nearby districts? 3. Was the activity cost-effective in increasing the prevalence of exclusive breastfeeding in infants under 6 months?	• Cost-benefit analysis • Cost effectiveness • Demand analysis • Risk and sensitivity analysis
Sustainability Evaluation Conducted at the end of an activity or after an activity has ended (e.g., two or five years later)	Activity Sustainability: • Will or has the activity continue(d) after external funding has ended? Sustained Outcomes: • Will the activity outcomes be maintained without activity inputs? • Were the activity outcomes maintained?	1. After the activity ended, did the activity's intended behavior change continue in households? a. To what degree is the intended behavior change still occurring? 2. Did the Care Groups continue after the activity ended? a. What is the quality of the continuing Care Groups?	• Participant-based or population-based quantitative surveys • Qualitative interviews, focus groups (e.g., actor, influencer, stakeholders) • Observation of SBC activities (cooking demonstrations, peer group meetings, etc.) • Reviewing records of community groups • Reviewing records of community agents • Consultations with communities

Depending on the ultimate goal of the evaluation, various methods can be used to answer evaluation questions. Additionally, when refining evaluation methods, remember to consider potential data sources, methods of data collection, and methods of analysis—which ones you choose will be determined by the type of evaluation to be conducted as well as the evaluation questions.

Table 2 summarizes types of evaluations and possible data collection methods. The Evaluation Planning Tool for USAID Nutrition Programs provides more details on evaluation designs, when to use them, what kinds of data they produce, timeframes they require, and relative costs (annex 2).

USING ACTIVITY DATA TO EVALUATE SBC PROGRAMS

USAID programs use a variety of indicators to monitor progress toward their goals and changes in short- and longer-term nutrition outcomes. These indicators may also be used to answer a range of SBC evaluation questions, offer a more complete picture of progress toward achieving activity goals, and triangulate evaluation data. Use the Activity Monitoring and Evaluation and Learning Plan to determine the availability of behavioral metrics. Typically, behavioral metrics are thought of as a series of output indicators that measure commonly recognized SBC activities, as seen in the examples below.

These indicators are important, but alone they give evaluators a limited amount of information about SBC programming. Remember that nutrition activities use **Social and Behavior Change** as an approach that seeks to change behaviors by addressing factors such as knowledge, attitudes, and norms to improve nutrition outcomes. Therefore, behavioral metrics can

FIGURE 4. EXAMPLE OUTPUT INDICATORS

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

FIGURE 5. BEHAVIORAL PATHWAY AND ASSOCIATED METRICS

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 (BARRIERS AND MOTIVATORS)

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

Peer Group Sessions

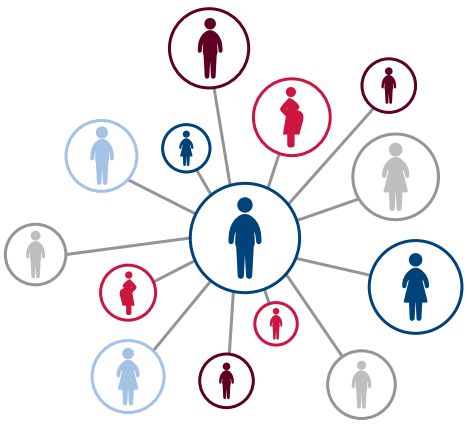
and should capture a broader range of information, measuring across the full behavioral pathway, as demonstrated below. The indicators that are presented here are illustrative. Every element of the pathway should have indicators.

For this reason, review the entire MEL plan when determining which activity data can support the evaluation of nutrition SBC activities. This means looking beyond sections of the MEL plan labeled "SBC." Because SBC is relevant across sectors, other technical teams may be working together to address factors like food safety, availability, cost, etc. Annex 7 includes a list of illustrative behavioral metrics and annex 4 includes a list of possible factors.

STEP 5: DETERMINE THE RANGE OF APPROPRIATE RESPONDENTS (THE SAMPLE) FOR SBC EVALUATIONS

In the behavioral pathway above, the actors are caregivers feeding children 6–23 months of age. If the evaluation questions seek to understand a change in the actor's behavior (Example Evaluation Question: What behaviors did the participant households change that could be due to the caregivers' participation in the activity's Care Group?), then caregivers could be one possible respondent. When determining which caregivers to consider in the respondent group, note that SBC programs may segment participants or audiences (actors). Audience segmentation is the identification of target or focus groups with similar needs, values, or characteristics for activity or program implementation. If you are selecting the actor as a key respondent, be sure to inquire with the Activity about whether the audience has been segmented and determine which segment (if not all) is most appropriate to include as a respondent.

FIGURE 6. POSSIBLE RESPONDENTS

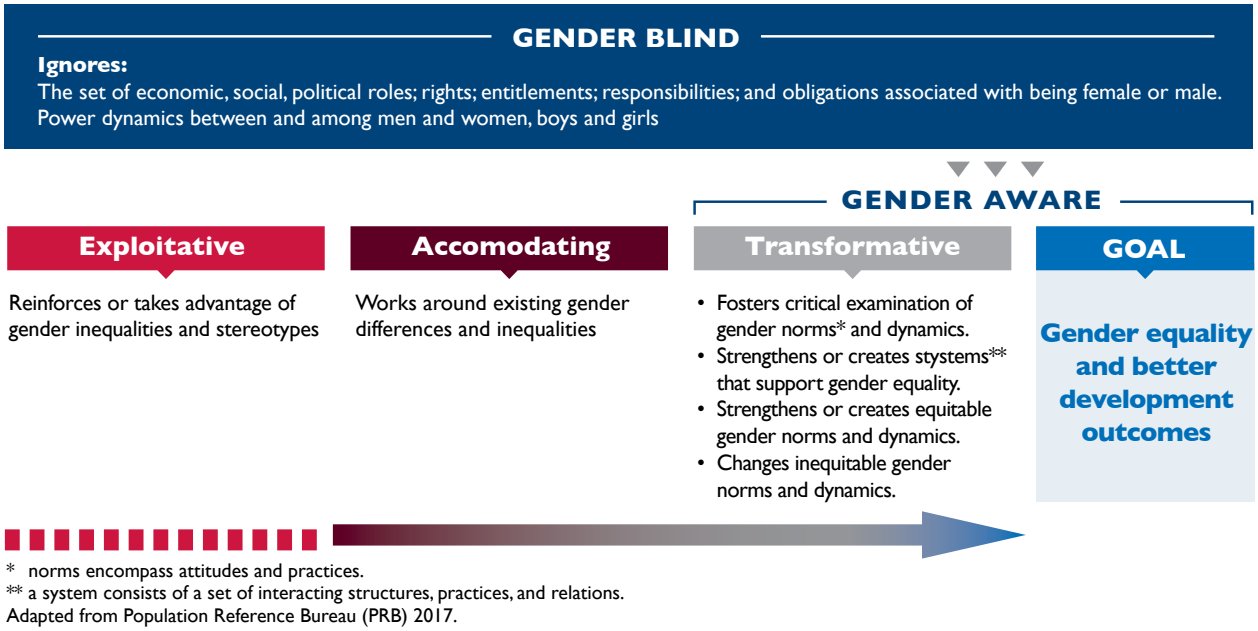


When considering and selecting the evaluation respondents, remember that the pool of possible respondents can be broader than just the key program participant (sometimes called "beneficiary") or **actor** (person changing their behavior). In addition to the primary actor, influencers may be an appropriate respondent, especially in cases where projects are directly working with influencers, e.g., grandmothers' groups. The **influencer** drives the actor's likelihood to perform behaviors effectively. Let's imagine that an activity is working in a community where religion is important to community members. The activity might consider making the religious leader the influencer of a specific behavior in addition to the grandmothers. The influencer may not be the desired audience for the nutrition outcome, but they can likely change certain behaviors to help the program reach its nutrition outcomes. Depending on the evaluation questions, religious leaders may also be appropriate respondents who can speak directly about their role in changing the behavior or their observation of the change in the caregiver's behavior.

In addition, because SBC works to remove **barriers** to behavior change and leverage **motivators** (also called factors), it is important to also consider respondents who can help the evaluation team determine whether this was done successfully (annex 4). For example, if the activity determined that a key barrier to behavior change is the lack of year-round availability of fish, as indicated in the behavioral pathway above, consider the range of respondents who might be able to describe any fluctuations in the availability of fish in the program's area. This does not have to be only participants. Perhaps the market vendors or consumers can offer insight about the fluctuations since the start of the activity. It is possible that other stakeholders who are not directly a part of the program activities, but are likely to notice changes, can serve as a respondent. **Social norms** are another example of a factor that may be a focus for the promotion of behavior change. Consider who the program engaged to respond to these norms, people such as peers and community leaders. They also may be appropriate respondents for your evaluation question, even though they may not be changing their own behavior.

These possible respondents could play a role in nearly every type of evaluation and answer every type of corresponding question(s). However, if the evaluation is focusing on process, consider expanding the pool

FIGURE 7: GENDER EQUALITY CONTINUUM TOOL



* norms encompass attitudes and practices.
** a system consists of a set of interacting structures, practices, and relations.
Adapted from Population Reference Bureau (PRB) 2017.

of respondents beyond the members of the intended audience. Consider including the activity's SBC team, MEL team, other subject matter experts, government officials, finance teams, senior management, and USAID team members, etc.

CONSIDER GENDER

When selecting respondents, evaluators should consider power inequities among women, men, girls, and boys at the highest levels, including policies and programs, as described in the Gender Equality Continuum Tool (PRB 2017). Gender-transformative evaluations—

- foster critical examination of inequalities and gender roles
- promote the relative position of women, girls, and marginalized groups, including transforming underlying social structures, policies, and social norms.

When selecting respondents, be mindful of the role that gender plays.

STEP 6: COLLECT DATA

When collecting the data for the evaluation, timing is critical given that nutrition behaviors can vary throughout the life of the activity and depend on several factors, such as an actor's age. In addition, it is important to consider the seasonal availability of the food that is promoted by the program. If observing the preparation of fish, for example, consider whether the evaluation is being planned during a time when fish is available to the respondent. Table 2 shows common SBC data methods that can be used for select SBC evaluation questions and the USAID Bureau for Humanitarian Assistance offers additional technical guidance for collecting evaluation data in this resource; see section 3.6.1 for data quality assurance tips (USAID BHA 2020).

STEP 7: ANALYZE AND INTERPRET DATA

After collecting the primary research data or compiling the secondary data, take an appropriate approach to analyzing the data[1]. Because SBC is multidisciplinary, you should convene a broad, multidisciplinary team to interpret the data. Review the findings from each element of the impact pathway, including behavioral outcomes and factors, in addition to coverage and participation intensity findings. It is possible that the data will offer more questions than specific answers when it is initially reviewed. Consider asking the following questions when reviewing the data:

1 The USAID Bureau for Humanitarian Assistance offers technical guidance for collecting and analyzing evaluation data in this resource (2020).

QUESTIONS TO ASK OF THE DATA

- **For each priority behavior, ask:** What changes are found, and in what direction?
  - If the program did not identify priority behaviors, track changes in the behaviors included in the theory of change.
- **For identified factors, or the barriers and motivators, that influence each behavior, ask:** Did they move, and in what direction?
  - Have changes in the factor-level indicators been free of the influence of other contextual factors that are outside of the program's control?
- **For primary actors, ask:** What was the level of participation intensity in activities intended to shift factors?
- **For influencers and stakeholders, ask:** How did their support change in relation to the factors?
- **For data in general, ask:** Are the trends moving in a positive direction for all of the regions and other subgroups on which you are focusing?

If behaviors and the impact pathway changed as expected, confirm that the results achieved expectations.

1. The program may not have set realistic timelines or targets.

RECOMMEND:

- **Check and confirm targets** using the Think | BIG Behavior Integration Guidance, considering the timeline required for change in priority behaviors and available resources (The Manoff Group n.d.).
- If the program is continuing, **adjust the targets and reflect the adjustment in a revised MEL plan**.

2. The program may have tried to change too many behaviors at once. Experience suggests that programs that prioritize less than eight behaviors are more likely to achieve outcomes (FANTA 2018). While this focus may not always be possible, trying to change too many behaviors without sequencing carefully can overwhelm program staff, partners, and communities.

RECOMMEND:

- **Prioritize behaviors as the first step to quality SBC** to avoid overwhelming program staff, partners, and communities. Prioritize based on what changes would make the biggest difference to the intended outcome or goal in the program context, what people can do, and the program mandate and resources.
- If the program is continuing, **use the USAID Advancing Nutrition Prioritizing Multi-Sectoral Nutrition Behaviors tool to order your behaviors (2021)**.

3. The program may have tried to change behaviors with large and undefined population groups. For example, to improve feeding children a diverse diet, programs may engage all caregivers of children under five years even when the lack of a diverse diet is occurring between 6 to 12 months before children eat family food. The program may need to better focus on segments of caregivers.

RECOMMEND:

- **For each priority behavior, focus program resources on the actors, or participant groups, who need to do the behavior**, because they are not already doing the behavior. Also tailor activities to each segment of the participant group as much as possible.
- If the program is continuing, **assess whether a more refined audience segmentation as described in Advanced Audience Segmentation for Social and Behavior Change can help to focus program activities (Breakthrough ACTION n.d.)**.
- Also consider **who was engaged in the program activities, to address factors**. Use this guidance to recommend ways to effectively engage family members: Program Guidance: Engaging Family Members in Improving Maternal and Child Nutrition (2020).

4. The program may not have addressed the factors that prevent or support priority behaviors. Key questions include: Did the program identify the factors that prevent or support priority behaviors? Did the program address the factors, or engage other partners, at the right time? The key factors for the program context should have been delineated at the start of the activity and addressed concurrently so that the necessary pieces of the puzzle were in place at the right time for behavior change. For example, to see change in sanitation coverage (latrine use), an affordable, local supply of latrine components is as important as factors like awareness and social support.

KEY TAKEAWAYS

Discuss changes in the full range of factors (barriers and supports) that may prevent or support nutrition behaviors, including structural and social drivers of change. Knowledge is unlikely to be the only—or primary—driver of any nutrition behavior no matter how long the program is implemented.

- Recommend **coordinating with other activities to address the factors that prevent or support priority behaviors when they are outside the program scope**.
- If the program is continuing: **Review data on which factors need to be addressed for behavior change and adapt by dropping factors that may have changed already (such as knowledge) and adding other factors that may be critical but have not yet been fully addressed.** Add monitoring checks in the learning plan. Monitor change in behaviors and factors using this Monitoring Social and Behavior Change for Multi-Sectoral Nutrition tool regularly to ensure the program pathways are on track and the level of emphasis matches the need for change (USAID Advancing Nutrition 2021).
- These scenarios suggest a need for more intensive engagement of family and community members in the future, as well as women, to ensure positive influence. It also suggests a need for continual monitoring of the SBC programming in collaboration with women participants in the future.
- If the program is continuing, **ask staff to consult with communities to understand the challenges**. Establish a learning plan that includes regular learning meetings with frontline workers and community members to ensure positive change; this resource, Adaptive Management: Learning and Action Approaches to Implementing Norms-Shifting Interventions, may be helpful (The Passages Project and USAID 2021).

5. The program may not have selected the appropriate activities to change behaviors. Key questions include: Are the activities the right ones to change priority behaviors? For example, programs may teach families to cultivate homestead gardens, assuming this will result in women's consumption of diverse diets. But in many contexts, having gardens will only result in consumption by women if social norms around what women eat and how food is distributed in the household support that behavior. Potentially, other activities may have been needed.

RECOMMEND:

- **All types of activities (e.g., policy change, technology and service improvements, collective action, and communication) can contribute to changing behaviors when they 1) directly address a factor that prevents or supports a behavior and 2) engage the influencers for those factors. Any activity needs to be selected based on a linked pathway between the behavior and factors.**
- If the program is continuing: **review the pathways to assess if the activity selection is based on a clear pathway to the factors that prevent or support priority behaviors**. Adjust activities as needed. Then focus on quality using the Social and Behavior Change Do's and Don'ts: Getting It Right for Multi-Sectoral Nutrition Programming tool (USAID Advancing Nutrition 2020).

STEP 8: WRITE SBC-SPECIFIC RECOMMENDATIONS

If behaviors did not change as expected, consider the following points:

Note that if gender and social norms changed in a less equitable direction, this suggests unintended consequences. The program may have engaged other people to the (unintended) detriment of women's agency. Or the program may not have engaged other people adequately so that the empowerment of women led to (unintended) isolation or violence toward women.

Nutrition SBC Background for Evaluations

When conducting an evaluation of SBC approaches used to improve nutrition outcomes, be sure to couple the MEL technical expertise with a solid understanding of social and behavior change concepts. These concepts have been incorporated into the previous sections, but are explained in more detail and with more context here.

UNDERSTANDING BEHAVIORS, FACTORS, AND AUDIENCES

Social and behavior change is a crosscutting approach used to improve and sustain multi-sectoral nutrition outcomes. As an evidence-based, theory-driven process, it identifies and helps programs address the drivers that influence nutrition-related behaviors of **individuals**, family members, service providers, market actors, community members, and leaders. It is often grounded in frameworks like the socio-ecological framework, which is explained in more detail below. The behaviors of these **actors** can play important roles in reaching nutrition program goals, and ultimately nutrition outcomes, for women and children (see Annex 3: How SBC Helps Improve Nutrition) (Dougherty and Edan 2020).

As a result, improving actors' behaviors is the foundation of any nutrition SBC approach and should also guide the evaluation. Behaviors promoted to improve nutrition can be multi-sectoral and wide-ranging. Targeted behaviors can encourage more timely use of quality health services, increased demand for nutrient-rich foods, and improved production and storage of foods, just to name a few examples.

FIGURE 8. THE SOCIO-ECOLOGICAL FRAMEWORK

SBC programs should be designed to address the relevant factors strategically. Factors (sometimes called drivers) are elements within or beyond an individual's immediate sphere of control or influence that affect their ability to perform behaviors effectively. Factors within or beyond an individual's immediate sphere of control or influence that hinder their ability to perform behaviors effectively are called **barriers**. Programs that aim to achieve social and behavior change work to remove or reduce those barriers. Factors within or beyond an individual's immediate sphere of control or influence that incentivize them to perform certain behaviors are called **motivators**. Effective programs that achieve social and behavior change also leverage key motivating factors to impact the practice of a behavior among individuals or communities.

Examples of factors that can influence an actor's ability to practice important nutrition behaviors might include the cost of food, time needed to prepare

Evaluation Design Tip

There are many definitions of the term **behavior**. A simple reference for evaluators is:

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

Nutrition behaviors prioritized by a program should have a positive and high impact on the intended outcome when practiced correctly and consistently.

food, availability of food in a community, taste of food, ability to make decisions about food purchases, social norms about what community members are supposed to eat during life stages, religious or gender restrictions about foods, and influencer opinions (See Annex 4: Factors That Influence Multi-Sectoral Nutrition Behaviors).

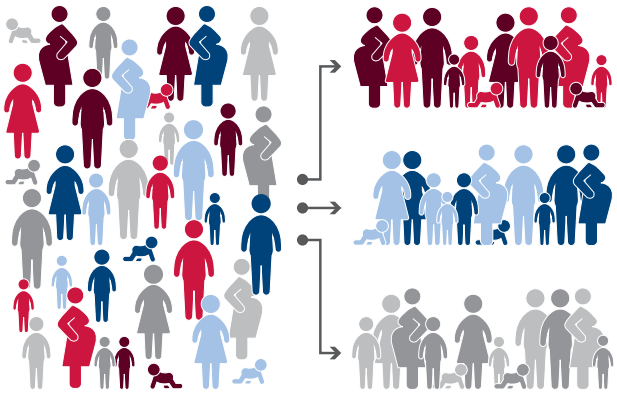
Programs may design activities that identify and approach influencers, since they may serve as barriers or motivators to behavior change. An **influencer** is a person who inspires or guides the action of others. The influencer drives the actor's likelihood to perform behaviors effectively. Let's imagine that an activity is working in a community where religion is important to community members, as described in Step 5. The activity might consider making the religious leader the influencer of a specific behavior. The influencer may not be the desired audience for the nutrition outcome, but they can likely change certain behaviors to help the program reach its nutrition outcomes.

The socio-ecological framework is a model showing the various levels at which factors can affect an individual. In the context of SBC programming, the model can aid in identifying barriers and motivators for specific behaviors across the various levels (individual, interpersonal, community, etc.). There is an interplay among all of these levels that can create an enabling environment for changing behavior.

While the most well-known factors are knowledge and attitude, factors are vast and they vary by behavior and by community. It is critically important to understand which factors have the strongest influence on which people. Those people should be defined in terms of groups whose members should receive the same SBC activity. The process for ensuring that similar people are grouped together is called **audience segmentation**. By definition, audience segmentation is the identification of focus groups with similar needs, values, or characteristics for activity or program implementation. Segmentation should consider the audiences who will have the greatest impact on the desired outcome.

Programs learn about these drivers through formative research and existing data. These should help programmers determine why someone can/cannot currently practice a behavior and how the program should promote a change in the behavior. The formative research should also identify unique

FIGURE 9. AUDIENCE SEGMENTATION



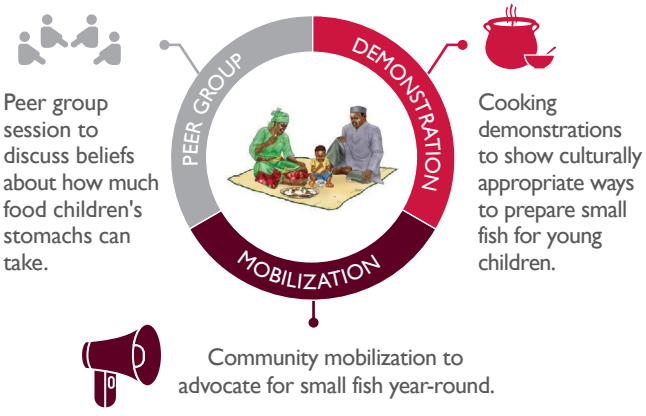
characteristics beyond obvious socio-demographic descriptors (age, sex, education, wealth quintile) that help the SBC programmers properly segment the audience, understand how to address local needs or make a connection with the audience, and appropriately tailor the SBC programming.

LET'S LOOK AT THIS IN PRACTICE.

Perhaps you are conducting an evaluation for a nutrition activity in Cameroon that is promoting the following **behavior**:

Caregivers feed children 6-23 months old one serving of small fish each day. To encourage a change in this behavior, the project is implementing the following three activities:

FIGURE 10. THREE ACTIVITIES TO ENCOURAGE BEHAVIOR CHANGE



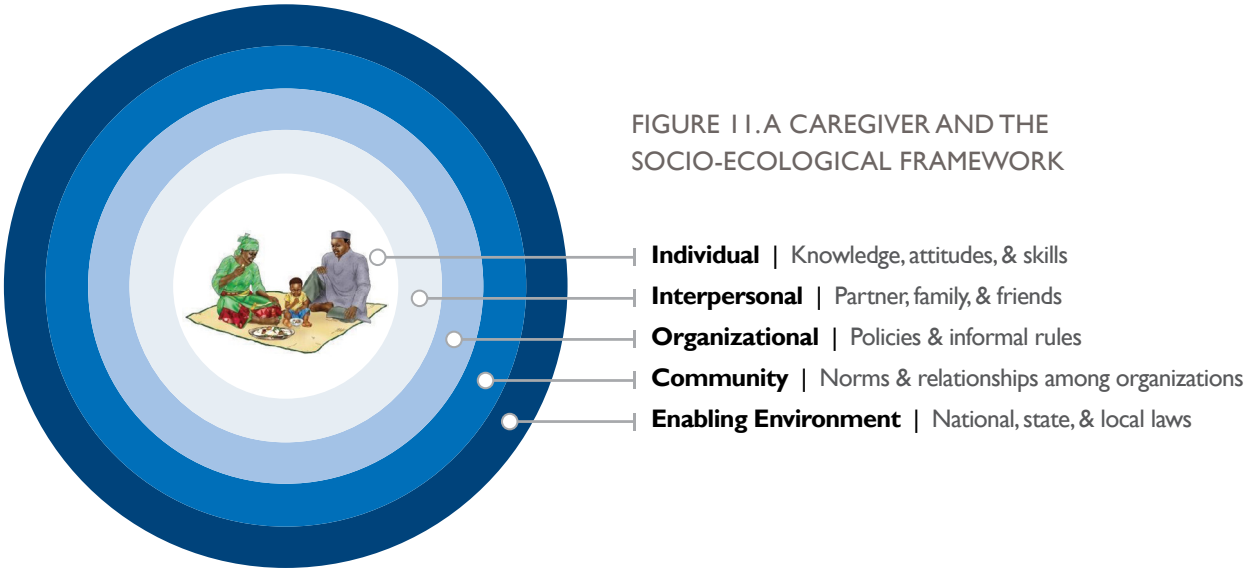


FIGURE 11. A CAREGIVER AND THE SOCIO-ECOLOGICAL FRAMEWORK

KEY TAKEAWAYS FOR CONDUCTING THE EVALUATION

It is important to use this knowledge of behaviors, factors, and audiences when conducting a nutrition SBC evaluation. Consider the activity's behaviors, factors, and audiences when determining how to answer your evaluation question(s) and when selecting methods and respondents. While lack of knowledge is a common factor, it is not the only one and should not be the only factor a program addresses; therefore, knowledge should not be the only focus of the evaluation.

When conducting the evaluation, remember that SBC is people-centered. At the heart of each of these SBC activities is a group of similar people and a nutrition behavior that they should practice. When conducting an evaluation, do not assume that all caregivers of all children, for example, receive the same programming. Sometimes caregivers from different communities also receive different programming. The group of people enrolled in the activity should have shared internal and external factors that can serve as motivators or barriers to practicing the behavior.

Those internal and external factors should have informed the development of each of the three activities (community mobilization, peer group session, and cooking demonstration) being evaluated. Figure 11 shows how each of the activities links to a factor within the socio-ecological framework referenced above.

IMPORTANCE OF PRIORITIZED BEHAVIORS IN NUTRITION SBC EVALUATIONS

Let's take a closer look at the behavior—Caregivers feed children 6–23 months one serving of small fish each day—that was promoted by the SBC activity in the example described earlier. The behavior is very specific. The actor (caregivers of children 6–23), action (feed), quantity (one serving), type of food (small fish), and time and frequency (daily) are very clear and reasonable for the person practicing the behavior.

This type of behavior is sometimes called a "small doable action." **A small doable action** is a behavior that, when practiced consistently and correctly, will lead to personal and public health improvement. Because the behavior is small and reasonable enough for the actor to grasp, they may be more likely to adopt it because it is considered feasible within the local context (WASHplus 2015).

FIGURE 12. ACTORS NEED SMALL DO-ABLE ACTIONS

Not only is a small doable action easier for the actor to grasp, it also helps to ensure a successful evaluation process. Its specificity helps actors practice the behavior, and it helps evaluators determine the activity's contribution to the nutrition outcome.

In the example above, only one behavior—Caregivers feed children 6–23 months one serving of small fish each day—has been promoted. However, in most nutrition activities, several nutrition behaviors can be simultaneously promoted and, therefore, evaluated.

In complex, multi-sectoral nutrition activities, even more behaviors may be promoted to a more diverse set of actors.

Those behaviors could lead to the same nutrition outcomes or different outcomes. It is important to understand how these behaviors interlink with your activity's theory of change. The team conducting the evaluation should gather all SBC-related program design materials and understand the behaviors prior to reviewing the theory of change.

You may also notice that the theory of change alludes to commonly promoted, global nutrition behaviors. **Global nutrition behaviors** are a set of nutrition-specific behaviors closely linked to reaching the goal of reducing undernutrition in young children. Global nutrition behaviors[2] include these actions:

- Feed children aged 6–23 months a variety of age-appropriate, safe, diverse, nutrient-rich foods.
- Breastfeed exclusively for six months after birth.
- Ensure children continue to breastfeed and eat when ill.
- Eat a variety of safe, diverse, nutrient-rich foods for meals and snacks daily.

These behaviors are not specific enough to be promoted, adopted, or evaluated, unlike small doable actions. For example, it is not clear which food counts as "age-appropriate, safe, diverse, nutrient-rich food," and we don't know which children should "continue to breastfeed and eat when ill." Although these global behaviors are normally represented in the theory of change, it is still critically important to understand whether or not they have been refined to become small doable actions. This allows the evaluator to

FIGURE 13. EXAMPLE BEHAVIORS PROMOTED IN MULTI-SECTORAL NUTRITION ACTIVITIES

ADOLESCENT GIRLS

Adolescent girls (age 10–14) take IFA supplements weekly at school

Adolescent girls (age 10–14) eat fruits and eggs for breakfast

Adolescent girls (age 10–14) avoid sugar sweetened beverages after school

VILLAGE CHIEFS

Village chiefs encourage community member to purchase eggs

Village chiefs engage the support of community members to limit the availability of sugar sweetened beverages

FARMERS

Farmers safely store food

Farmers increase production of green leafy vegetables

2 A comprehensive list can be found in Annex 5: Behaviors to Improve Nutrition.

understand how and why a desired behavior change is expected to happen in a particular context.

Some SBC teams will create a behavioral pathway document. The document may also be called a program impact pathway (PIP). This document offers more specificity than the theory of change and shows how the activities are linked to the larger activity goals and nutrition outcomes, as seen in the image below.

Sometimes nutrition activities—even very large, well-funded nutrition activities—promote too many behaviors. Too many promoted behaviors can strain the activity's human and financial resources,

FIGURE 14. BEHAVIORAL PATHWAY

PROGRAM GOAL	NUTRITION OUTCOME	BEHAVIOR	FACTORS (BARRIERS AND MOTIVATORS)	SBC ACTIVITIES
Reduction of stunting in infants and young children	Increase consumption of healthy diets in infants and young children.	**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	**Factor 1:** Accessibility: Caregivers do not feed daily because they do not have the food year-round.	Community Mobilization Activity
			Factor 2: Caregivers are unsure of how to prepare small fish or fruit for young children.	Cooking Demonstration Activity
			Factor 3: Caregivers do not feed adequate amounts because they believe children's stomachs are too small.	Peer Group Sessions

KEY TAKEAWAYS FOR EVALUATORS

When conducting a nutrition SBC evaluation, it is important to consider the role of prioritized behaviors. If there are more than eight priority behaviors, consider asking if a prioritization process has been completed and building some of the recommendations around the impact of prioritization on nutrition outcomes or the quality of the programming.

It is also important to consider the prioritized behaviors when conducting the evaluation because the behaviors are likely more specific. Your evaluation should investigate the specific programmatic efforts—evaluating the increase in consumption of small fish instead of all nutrient-rich foods, for example.

Finally, use of the behavioral pathway helps evaluators link the activities to the correct factors and behaviors. This helps the evaluators determine which MEL data could be used to help answer the selected evaluation question.

compromise the quality of the associated activities, and overwhelm the actors and beneficiaries. Promoting too many behaviors may also reduce the chance of effectively evaluating all of them. To avoid this problem, programmers should use a strategic process[3] to determine priority behaviors. During the prioritization process, SBC programmers will tailor the global nutrition behavior to a small doable action that is reasonable for the actor. The global behavior "feed children aged 6–23 months a variety of age-appropriate, safe, diverse, nutrient-rich foods" might change to "caregivers feed children 6–23 months one serving of small fish each day" (see figure 15).

FIGURE 15. GLOBAL VS. PRIORITIZED BEHAVIORS

GLOBAL BEHAVIOR | Feed children aged 6–23 months a variety of age-appropriate, safe, diverse, nutrient-rich foods

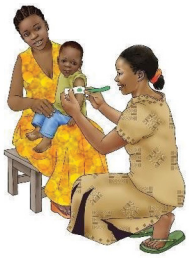
PRIORITIZED BEHAVIOR | Caregivers feed children 6–23 months one serving of small fish each day

USING EVALUATIONS TO BRING ATTENTION TO SBC IN NUTRITION-SENSITIVE ACTIVITIES

Often, evaluations recognize SBC approaches only when they are linked to **nutrition-specific** programming or when caregivers and their family members are the primary actor, as indicated in the following behaviors.

When using SBC to tackle nutrition challenges, the behaviors of many other individuals within the food system and those in other sectors—such as WASH, social protection and early childhood development, and civil society—must be considered. These actors are often the focus of **nutrition-sensitive** programming. Nutrition-sensitive programming may promote behavior change in actors other than household members, but evaluations are not always designed to evaluate this. Addressing barriers like food access, safety, affordability, and decision-making can involve farmers, food vendors, marketers, and food processors as much as it involves the individuals who will purchase, prepare, and consume the food. Some additional nutrition actors and illustrative behaviors can be reviewed in the infographic Social and Behavior Change Helps Improve Nutrition (USAID Advancing Nutrition 2020).

FIGURE 16. EXAMPLE OF NUTRITION-SPECIFIC PROGRAMMING



Track and promote growth and identify poor growth or growth faltering.

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

Feed with age-appropriate **frequency, amount, and consistency**.

Breastfeed exclusively for six months after birth.

3 For more, see USAID Advancing Nutrition's Prioritizing Multi-Sectoral Nutrition Behavior.

These are important actors to remember when conducting the evaluation of an activity's SBC efforts. Just like caregivers and their family members, farmers, food vendors, marketers, food processors, and are affected by internal and external factors that influence their ability to practice the promoted behaviors. Activities should be designed and evaluated to ensure that they address the barriers to behavior change, the audience has been properly segmented, and the right actors are engaged.

However, many of these key SBC approaches are overlooked and changing the behaviors of these nutrition-sensitive actors is not recognized as "SBC work." Evaluations that are carefully designed and conducted with this common oversight in mind can help programmers identify where nutrition-sensitive SBC program efforts can be strengthened. To do so, consider framing the evaluation questions around the behavior of market actors like farmers, vendors, or food processors; ask whether or not their behaviors have changed. You might also consider whether the change in the market actors' behaviors changed any household behaviors (if the activity's goal was to do this).

FIGURE 17. NUTRITION-SENSITIVE FOOD ACTORS

Evaluation Design Tip

When identifying nutrition-sensitive SBC, look at the MEL Plan or indicator reference sheets to see if there are indicators that measure a specific action, performed by a specific person/actor at a specific time or place. Look for indicators about farmers, vendors, health workers, etc. See Annex 7: Illustrative SBC Indicators. Other possible actors are listed in Annex 3: How SBC Helps Improve Nutrition

Example: Percentage of farmers who practiced the value chain interventions promoted by the activity in the past 12 months (USAID 2017).

If you see indicators that may potentially measure nutrition-sensitive behaviors, work with the relevant colleagues to inquire and consider designing an evaluation to measure the changes in factors and behaviors.

SBC Program Documents Relevant for Evaluations

Understanding where to locate the information you need to conduct an evaluation can be a useful first step. Table 3 below lists common program documents that you can request or gather to identify information needed. Note that many of these documents may overlap. For example, the communication plan may be a part of the SBC strategy, especially for a project with a small communication component. The behavioral pathways document might also be included as part of the SBC strategy.

This list is illustrative and activities may have different names to describe each document. Use the description to inquire about whether any such document exists.

TABLE 3. SBC PROGRAM DOCUMENTS FOR EVALUATION DESIGN

Document	Where can I find the—					
	Behaviors	Factors	Actors & Influencers	SBC Approaches	Behavioral Pathway	SBC in Nutrition-Sensitive Activities
SBC Strategy: Serves as a roadmap for which behaviors the project will change, why those behaviors are prioritized, how the project will address the influencing factors, and the expected results	X	X	X	X	X	
SBC Communication Plan: Is a key piece of the broader detailed implementation plan, specific to communication. SBC communication activities are usually part of a program and can range from interpersonal communication and counseling to community events to mass media (e.g., radio or social media)	X	X	X	X	X	
SBC or Wider Activity Implementation Plan: Puts the SBC strategy into action and breaks each activity into identifiable, realistic steps. The plan for SBC activities may be separate or may be part of a broader multi-sectoral project implementation plan	X	X	X	X	X	
Behavioral Pathways Document or PIP: Describes the causal relationship between activities and outputs/outcomes, as well as how their relationship is expected to achieve the activity's purpose and goal	X	X	X	X	X	
Reports from Formative Research or Initial Literature Review: Summarizes research conducted during the development of a program to help select and understand the behaviors and possible small doable actions	X	X	X	X		
Theory of Change: Outlines a hypothesized series of changes that are expected to occur in a given context as the result of specific integrated actions. It provides a program-level overview of intended results at a strategic level and helps evaluators understand the program's intended results, factors, audience, and related programmatic efforts	X	X	X	X	X	X
MEL Plan: Helps monitor the progress of a program toward its intended goal. The MEL plan will have key information on the current indicators that the program is monitoring, such as definitions, data sources, data reporting frequency, and relevant targets. Helps evaluators understand the program's outputs, outcomes, impact, and data availability						X

Conclusion

High-quality program evaluations are essential to determining what makes an SBC approach effective. This guidance seeks to support the process of conducting evaluations for nutrition programs that include SBC components. Evaluating programs with an SBC component requires a detailed understanding of the underlying behavior goals. The theory of change document, scope of work, MEL plan, and the program impact pathway document should inform the type of evaluation and evaluation questions developed.

When gathering data to build the evaluation, evaluators should use mixed methods. Routine monitoring data combined with qualitative data, such as produced from interviews, can help develop an understanding of the program. Possible respondents include the primary program participants, influencers, and stakeholders that might notice a change. Evaluators should also consider whether the audience for the program has been segmented and how the program addressed those individual segments.

The social context of a program underpins the outcomes of any approach. Identifying how the social context might influence the success of the program is essential. Peer networks, cultural and religious leaders, and community ambassadors are all important potential respondents. Changes in influencing factors should also be highlighted in the evaluation.

Without strong nutrition SBC evaluations, donors, programmers, and planners lack information to make strategic decisions or adaptations that could help improve nutrition outcomes and reduce mortality and morbidity. This guide can help evaluation implementers ensure that the quality of nutrition SBC evaluations is high.

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Annex 1. Glossary of Terms

Activity: USAID-funded development program

Actor: Person practicing a behavior

Audience segmentation: Identification of groups of focus with similar needs, values, or characteristics for activity or program implementation. Segmentation should consider the audiences who will have the greatest impact on the desired outcome (adapted from Dougherty and Edan 2020).

Barriers: Factors within or beyond an individual's immediate sphere of control or influence that hinder their ability to perform behaviors effectively (Breakthrough ACTION Project n.d.).

Behavior: An action, performed by a specific person/actor at a specific time or place. For nutrition-specific behaviors, see USAID Advancing Nutrition's Behaviors to Improve Nutrition publication (USAID 2020).

Factors (sometimes called drivers): Elements within or beyond an individual's immediate sphere of control or influence that affect their ability to perform behaviors effectively (Breakthrough ACTION 2021).

Global nutrition behaviors: A set of nutrition-specific behaviors considered to be closely linked to reaching the goal of reducing malnutrition in young children, with a focus on stunting and wasting (USAID 2020).

Influencer: A person who inspires or guides the actions of others.

Motivators: Factors within or beyond an individual's immediate sphere of control or influence that incentivize them to perform certain behaviors (Breakthough ACTION n.d.).

Nutrition SBC: Activities that seek to change nutrition-related behaviors (e.g., selection of varied foods, crop production, breastfeeding) by addressing factors such as knowledge, attitudes, and norms (USAID 2021)

Nutrition-sensitive: Activities that target the underlying and basic causes of malnutrition to improve food security and nutrition. They can include causes within the sectors of agriculture, social safety nets, early child development, and schooling (Ruel 2014).

Nutrition-specific: Activities that target the immediate causes of undernutrition: inadequate dietary intake and ill-health (Bhutta 2013).

Priority or prioritized behaviors: Behaviors selected by program designers or implementers as the focus of a given activity or approach, based on evidence

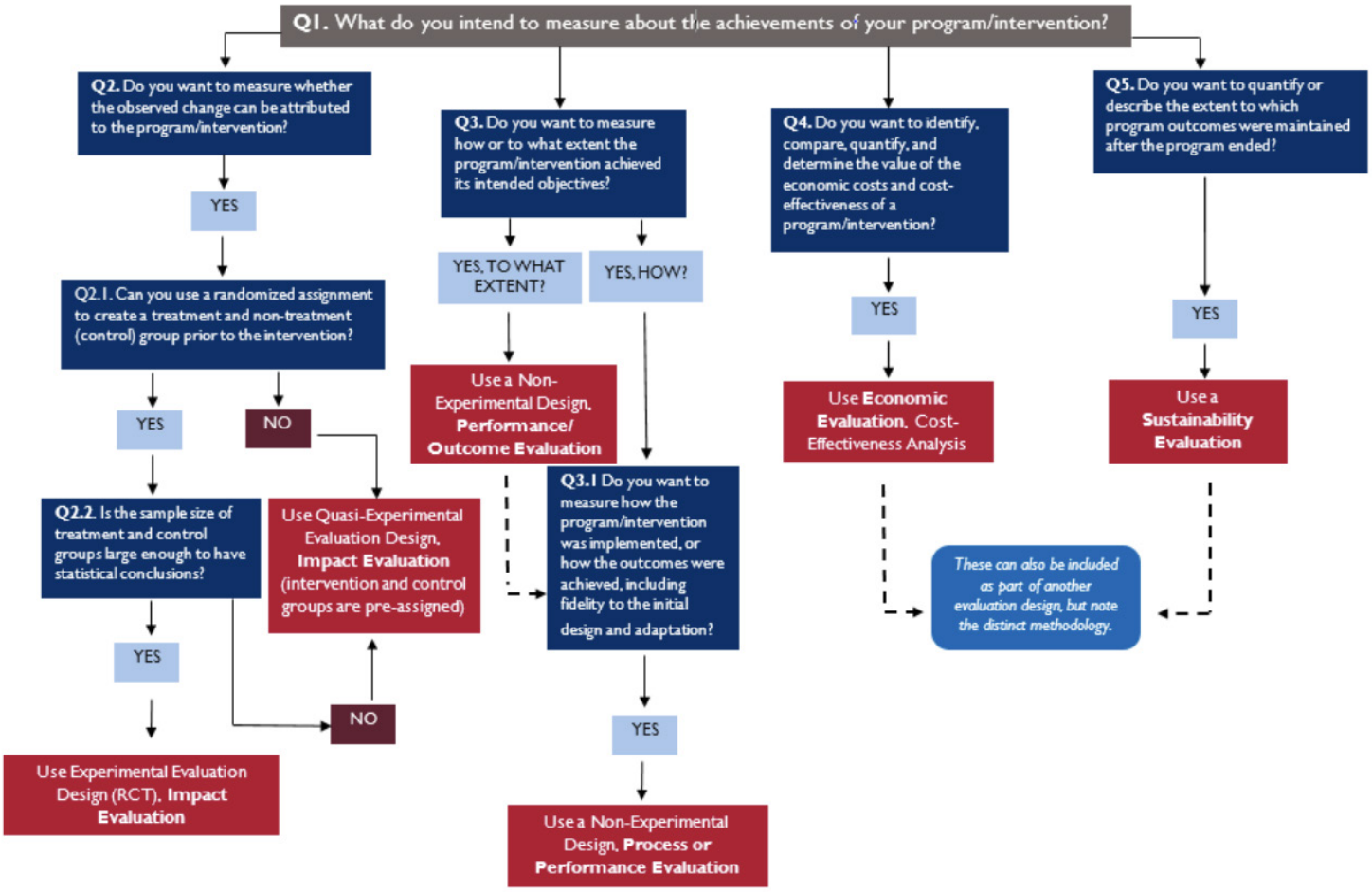
Small doable action: A behavior that, when practiced consistently and correctly, will lead to personal and public health improvement. Although the behavior may not be an "ideal practice," more households likely will adopt it because it is considered feasible within the local context (WASHplus 2015).

Social and behavior change (SBC): Activities that seek to change behaviors by addressing factors such as knowledge, attitudes, and norms (USAID 2021).

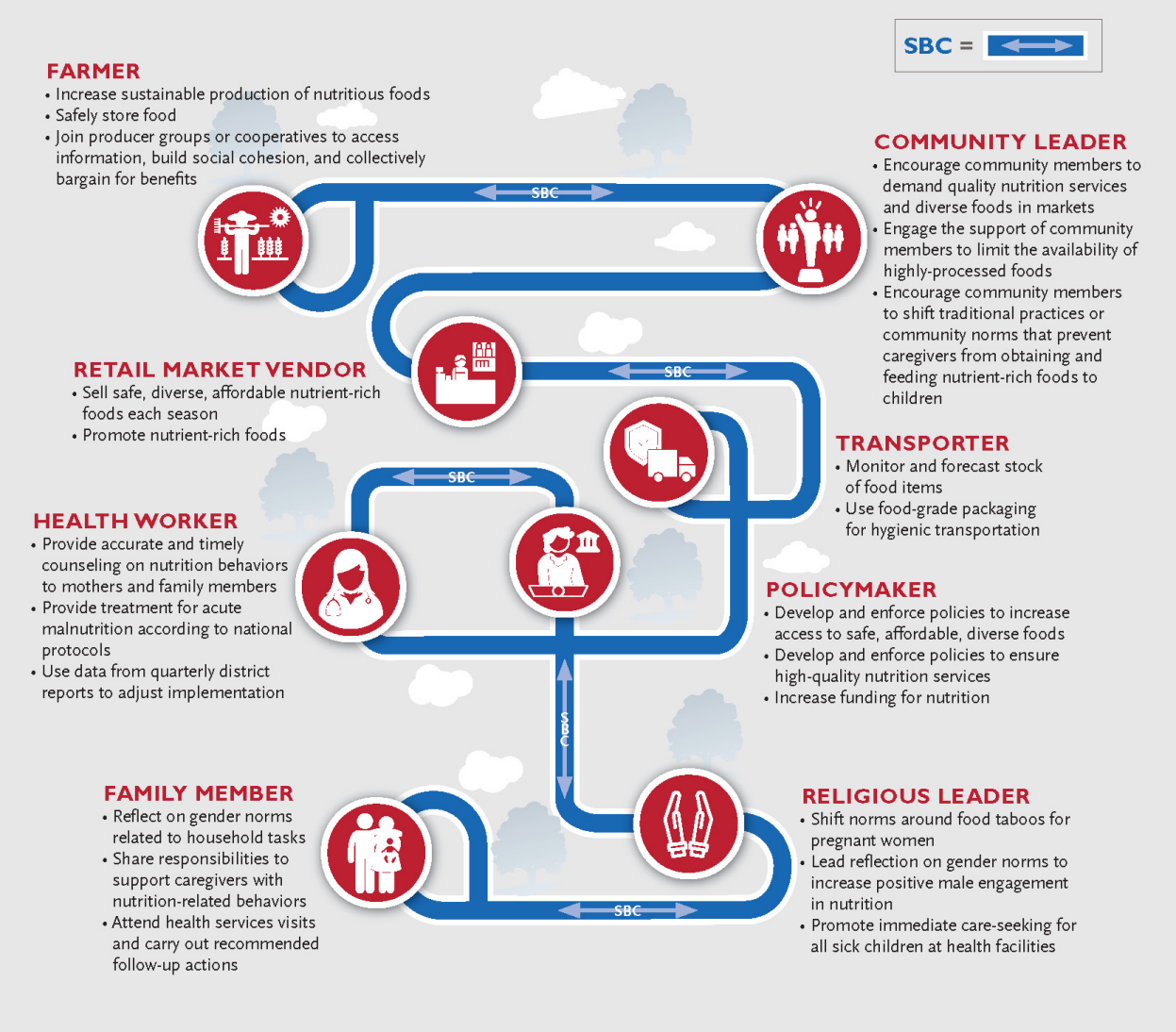
Social and behavior change communication (SBCC): The use of communication to change behaviors, including service use, by positively influencing knowledge, attitudes, and social norms. Previously known as behavior change communication. (Health Communication Capacity Collaborative and USAID n.d.).

Social norms: Social norms are the perceived informal, mostly unwritten, rules that define acceptable, appropriate, and obligatory actions within a given group or community. Social norms are learned, sometimes explicitly but often implicitly, and evolve over time. Social norms can encourage or discourage behavior and, as a result, influence individual and community well-being (The Passages Project 2021).

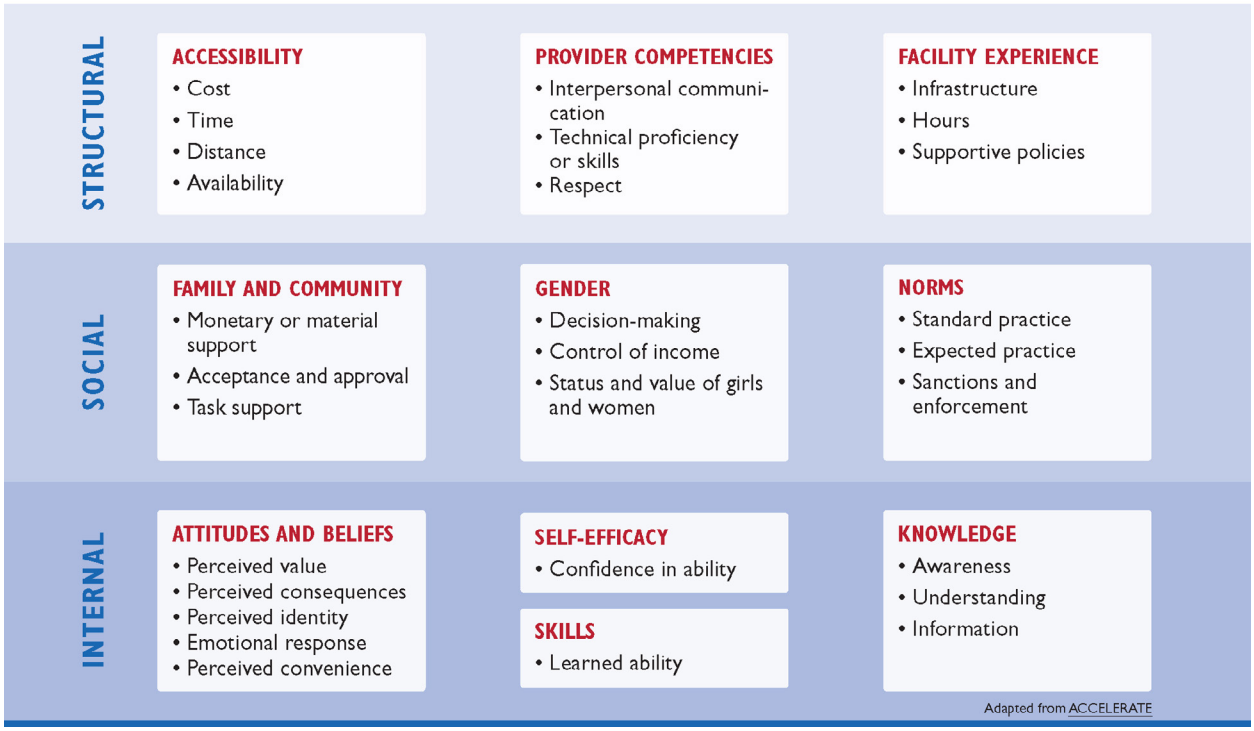
Annex 2. The Nutrition Evaluation Planning Tool for USAID Missions



Annex 3. How SBC Helps Improve Nutrition



Annex 4. Factors That Influence Multi-Sectoral Nutrition Behaviors



Annex 5. Behaviors to Improve Nutrition

DIET AND CARE DURING PREGNANCY

- Eat sufficient quantities of food at appropriate frequencies
- Eat a variety of safe, diverse, nutrient-rich foods for meals and snacks daily
- Complete a full course of quality antenatal care

BREASTFEEDING

- Initiate breastfeeding within one hour after delivery
- Breastfeed exclusively for six months after birth
- Continue breastfeeding until children are at least two years old

COMPLEMENTARY FEEDING FOR CHILDREN

- Feed with age-appropriate frequency, amount, and consistency
- Feed children 6–23 months old a variety of age-appropriate, safe, diverse nutrient-rich foods
- Prepare food and feed children hygienically
- Feed responsively

FEEDING DURING AND FOLLOWING ILLNESS

- Ensure children continue to breastfeed and eat when ill
- Give recuperative feeding for two weeks after illness

OTHER PREVENTIVE CARE

- Give infants and children under two years a full course of immunizations
- Track and promote growth and identify poor growth or growth faltering

MANAGING DIARRHEA AND WASTING

- Manage diarrhea appropriately at the onset of symptoms
- Provide care for acute malnutrition (wasting) immediately

Adapted from ACCELERATE

Annex 6. New Tools for High-Quality Nutrition Social and Behavior Change Programming

Quality social and behavior change is key to achieving nutrition outcomes. SBC is the thread that ties nutrition sectors and strategies together. Whether an activity aims to improve the nutritional status of women and children, foster more resilient communities, or increase the availability of safe, affordable, and nutritious foods, individual behaviors are at the heart of the solution.

Most nutrition programs intend to use quality SBC approaches, but key steps are often missed. Nutrition SBC is particularly challenging due to the nature of the behaviors—small, frequent, and additive.

Building on partner experiences and lessons learned, USAID Advancing Nutrition is developing a suite of practical tools to harmonize design, implementation, monitoring, and evaluation of nutrition SBC programs in food and health systems. These tools were first introduced during a webinar in December of 2020 and are meant to support each of the six steps in SBC programming.

STEP 1: PRIORITIZE BEHAVIORS

Behavior prioritization is the first step in program design. No matter how skilled a program's SBC team is, no program can do everything. To help with this step, we highlight the six core nutrition-specific behaviors (English) (French) that research shows will lead to improved nutrition outcomes.

These behaviors can also be broken down based on local contexts and further research. The list helps you think through the range of nutrition-specific behaviors a program could address and can help jumpstart prioritization. The Prioritizing Multi-Sectoral Nutrition Behaviors tool presents a simple step-wise process to help narrow your focus and avoid overloading or overwhelming people and programs. Priority behaviors guide formative research and SBC strategy development to achieve intended social and behavior change.

STEP 2: PLAN AND CONDUCT RESEARCH

Use the Factors That Influence Multi-Sectoral Nutrition Behaviors tool (English) (French) to explore the literature on the main barriers and enablers or "factors" that influence someone to practice and maintain prioritized behaviors. Then, focus any formative research on gaps in the literature to better understand people and their context.

STEP 3: DESIGN A NUTRITION SOCIAL AND BEHAVIOR CHANGE STRATEGY

With priority behaviors and formative research, the Using Research to Design a SBC Strategy tool can help organize and distill research into an evidence-based SBC strategy. Sample strategies can be found on the USAID SPRING project website.

The SBC strategy provides a roadmap to ensure that interventions address critical factors and are coordinated to achieve outcomes—including change in the priority behaviors. It is the foundation for implementing, monitoring, and evaluating activity success.

STEP 4: PLAN FOR IMPLEMENTATION AND MONITORING, EVALUATION, AND LEARNING

Use the Defining Social and Behavior Change Competencies for Multi-Sectoral Nutrition list (English) (French) to guide hiring decisions, identify areas for capacity strengthening, and track changes in performance over time. Community Health Worker Competency List for Nutrition Social and Behavior Change (English) (French) can also help with planning capacity strengthening for community health workers and others on the frontline.

Another key element of quality SBC is monitoring priority behaviors and factors and using the Monitoring SBC for Multi-Sectoral Nutrition tool can help. The tool walks you through identifying appropriate indicators, selecting and applying methods, analyzing results, and making adaptations.

STEP 5: IMPLEMENT, MONITOR, AND ADAPT

Implementation of SBC is just as important as high quality design for outcomes. The Social and Behavior Change Do's and Don'ts: Getting It Right for Multi-Sectoral Nutrition Programming tool offers reminders of good implementation practices and problems to avoid. This resource can help to identify areas to check and adjust as needed in order to improve quality at every stage.

STEP 6: EVALUATE

Strong evaluations are also key to achieving high quality SBC. Using the MEL plan and Evaluating Social and Behavior Change Components of Nutrition Activities: A Design Guide for USAID Staff manage an evaluation that demonstrates progress toward goals.

Achieve high quality SBC by taking these actions:

- Prioritize behaviors that will have an impact on the intended outcome.
- Address the most important factors that influence the priority nutrition behaviors.
- Set up activities with a clear linked pathway between behaviors, factors, and interventions, and continually adapting.

These tools help lead you through the different steps for designing, implementing, monitoring and evaluating high-quality SBC programs. USAID Advancing Nutrition will continue to develop practical, easy-to-use tools and other resources to support high-quality SBC throughout the program cycle and advance multi-sectoral nutrition.

Annex 7. Illustrative SBC Indicators

STEP IN IMPACT PATHWAY	ILLUSTRATIVE INDICATORS	INDICATOR SOURCE
Program Goal	Under five mortality rate	World Health Organization 2021
	Prevalence of moderate or severe food insecurity	The World Bank 2021
Nutrition Outcome	Prevalence of wasted children under five (0–59 months)	World Health Organization 2021
	Prevalence of stunted children under five (0–59 months)	World Health Organization 2021
Behavior	Percentage of households in target areas practicing correct use of recommended household water treatment technologies [HL. 8.2-6]	USAID Bureau for Humanitarian Assistance 2021 (Standard F Indicator)
	Percentage of female participants of U.S. Government (USG) nutrition-sensitive agriculture activities consuming a diet of minimum diversity [EG.3.3-10]	USAID 2015 (Food For Peace/Feed The Future 2016/Standard Indicator)
	Percentage of households using improved sanitation facilities	USAID Bureau for Humanitarian Assistance 2021 (Resilience Food Security Activity)
	Number of individuals in the agriculture system who have applied improved management practices or technologies with USG assistance [E.G.3.2-24]	USAID Bureau for Humanitarian Assistance 2021 (Standard F Indicator)
	Number of farmers who practice the value chain activities with USG assistance	USAID 2017
Factors	Cost of nutrient adequacy as a percent of household food expenditure	Food and Agriculture Organization of the United Nations n.d.
	Percentage of currently married or in union women participating in decision-making for their own health care, for major household purchases, and for visits to her family or relatives	The World Bank 2021
	Number of people gaining access to basic drinking water services as a result of USG assistance [HL.8.1-1]	Bureau for Humanitarian Assistance Indicator Handbook 2021 (Standard F Indicator)
	Percent of audience who believe that the recommended practice/product will reduce their risk	MEASURE Evaluation 2018
SBC Approaches	Number of children under five whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors	USAID Multi-Sectoral Nutrition Strategy (2014)
	Percent of audience reporting exposure to nutrition messages on radio, television, electronic platforms, or in print	Adapted from MEASURE Evaluation 2018
	Number of children under two (0–23 months) reached with community-level activities through USG supported nutrition programs [HL.9-2]	Bureau for Humanitarian Assistance Indicator Handbook 2021 (Standard F Indicator)

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FROM THE AMERICAN PEOPLE

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