



USAID
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EVALUATING SOCIAL AND BEHAVIOR CHANGE COMPONENTS of Nutrition Activities

A Design Guide for USAID Staff



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
MEL	monitoring, evaluation, and learning
MSN	multi-sectoral nutrition
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



Social and behavior change (SBC) is an effective tool for improving nutrition programs and outcomes across a range of sectors from agriculture to markets to health systems. Changing the behaviors of people can, for example, encourage more timely use of quality health services, increase demand for nutrient-rich foods, and improve the production and storage of foods. In large, complex nutrition activities, SBC may be the focus of one outcome, or it may be used as an underpinning strategy to achieve several outcomes. As SBC is used and promoted throughout most USAID-funded activities, it is important to determine—through program evaluations—which approaches and processes are most effective and why. This guidance offers clear steps, a timeline, resources, and tips to support USAID staff as they design evaluations of nutrition activities that include SBC components.

Rigorous evaluations of SBC approaches used in nutrition activities begin with a careful evaluation design, guided by a thoughtful scope of work. The scope of work should include the purpose, scope, and design outline of the evaluation, with a focus on key SBC approaches and processes used in the nutrition activity. It should also include evaluation questions that are specific to SBC. If the activities that are designed

to change behaviors are being evaluated as a part of a larger, multi-sectoral nutrition activity, **include at least one SBC-specific evaluation question**. If the evaluation is designed to evaluate activities that focus primarily on changing behaviors or social norms, **select three to five SBC-specific evaluation questions**. Evaluation questions¹ can help us learn about many aspects of the program, such as—

- To what degree did the activity achieve its intended behavior change outcomes in households?
- To what extent has the activity's SBC strategy been implemented?
- After the activity ended, did the activity's intended behavior change continue in households?

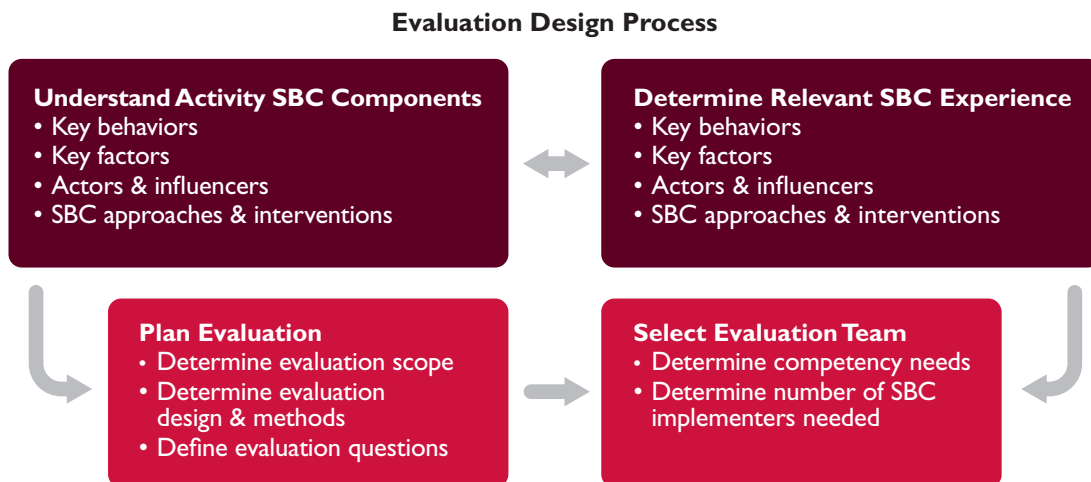
While determining the evaluation's purpose, scope, design, and key questions, remember that—

- **Improving actors' behaviors** is the foundation of any nutrition SBC approach.
- SBC programs should be designed to **strategically address the relevant factors**.
- 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 participate in the same SBC activity.
- When using SBC to tackle nutrition challenges, the **behaviors of many individuals** within the food system—including those in sectors such as water, sanitation, and hygiene (WASH); social protection; early childhood development; and civil society—must be considered. 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 later 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 the future programs.

¹ This guidance includes a full list of sample evaluation questions.

FIGURE 1: STEPS TO DESIGNING NUTRITION SBC EVALUATIONS



INTENDED USER

We have developed this guidance to support USAID staff who are involved in **planning an evaluation, identifying evaluation objectives, and building an evaluation scope of work** 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 since this guide incorporates, defines, and explains common SBC terms and approaches throughout. The user of this guidance should be familiar with evaluation more broadly, however. The guidance explains the finer points of evaluating SBC approaches and includes links to helpful general evaluation guidance.

INTENDED USE

USAID staff can use this guidance to inform an evaluation of any nutrition program, whether that program focuses on one component of nutrition (e.g., complementary feeding) or is a multi-sectoral nutrition program that spans sectors (e.g., food and health systems). The guidance describes steps users should take to design their evaluation and urges them to remember the following:

- They should understand foundational concepts and approaches used to implement high-quality SBC programming.
- Multi-sectoral nutrition programs can involve a variety of stakeholders (SBC advisors, nutrition advisors, regional advisors, private sector actors, host country governments, etc.) and all stakeholders can have an impact on an SBC program’s outcome. As a result, it is important to include these stakeholders when designing an evaluation. This will ensure that the evaluation reflects the span of efforts across sectors and that the information gathered from the evaluation will be useful across different audiences. For these reasons, the highest-quality nutrition SBC evaluations are designed by a team of people and stakeholders who have deep experience with the activity, nutrition, social and behavior change, and evaluations.

Please note that this guidance complements, rather than replaces, USAID agency-wide and bureau-specific evaluation policies and guidance. Each section includes key definitions, relevant content, and specific examples. The document ends with a list of core nutrition SBC tools that USAID staff can request to help with designing the SOW for the evaluation.

The Role of Evaluations in Strengthening SBC Approaches



The 2017-2021 U.S. Government Global Food Security Strategy recommends that programs, “leverage social and behavior change strategies with local stakeholders to increase demand for a diverse diet and nutrient-rich foods” (USG 2016). In addition, the 2014–2025 USAID Multi-Sectoral Nutrition (MSN) Strategy also highlights 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.” Program evaluations play a critical role in improving the quality and determining the effectiveness of the SBC strategies and approaches used to improve nutrition program outcomes. They do this by measuring whether the program achieved its goals, efficiently used resources like staff and budget, and contributed to a measurable change in prioritized behaviors.

Evaluations of USAID-funded nutrition programs often include social and behavior change outcomes and report on changes in behaviors over time (e.g., pre- and post-measures of consumption of a diverse diet through a minimum dietary diversity approach). In addition, evaluations can present data to understand whether SBC strategies were implemented as designed or how approaches were linked to the outcomes of interest.

Without strong nutrition SBC 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. **Great evaluations of SBC approaches used in nutrition activities begin with a careful evaluation design, starting with the scope of work.**

Planning for the Evaluation

USAID activities use social and behavior change to improve nutrition outcomes. In large, complex nutrition activities, SBC may be the focus of one outcome, or it may be used as an underpinning strategy to achieve several outcomes, as seen in the theory of change illustration below.

Understanding how SBC is positioned in the nutrition activity, which behaviors (specific actions that are practiced by a specific person at a specific time) are being promoted, to whom, and how, is the first step in planning for an evaluation.

As referenced in figure 2, the theory of change (or results framework) and the SBC strategy documents will help the evaluation design team understand the critical components of SBC. These components will also determine which stakeholders you need to engage to plan for the evaluation.

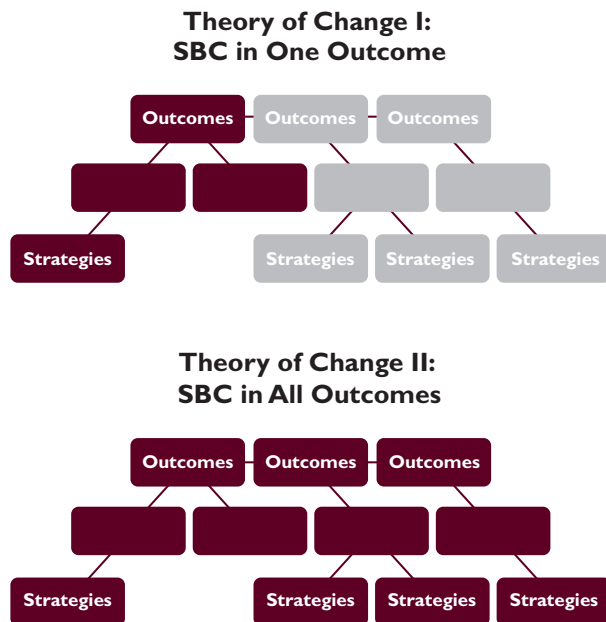
USAID staff involved in evaluations may choose to design the evaluation of the SBC approach as one element of a larger, activity-wide evaluation. Alternatively, staff may design a separate evaluation to determine the success of the SBC approaches across the larger activity.

This section of the guidance will help USAID staff plan for the evaluation and uncover information needed to draft a scope of work (SOW) by—

- determining the purpose, scope, and design of the nutrition SBC evaluation
- building and refining key nutrition SBC evaluation questions.

Planning for the evaluation **early** is a best practice.

FIGURE 2. THEORY OF CHANGE



Evaluation Design Tip

SBC can be used in nutrition-specific activities where the focus is often on changing the behavior of the caregiver. Behaviors could include:

- Breastfeed exclusively for 6 months.
- Feed the child an age-appropriate frequency, amount, and consistency.

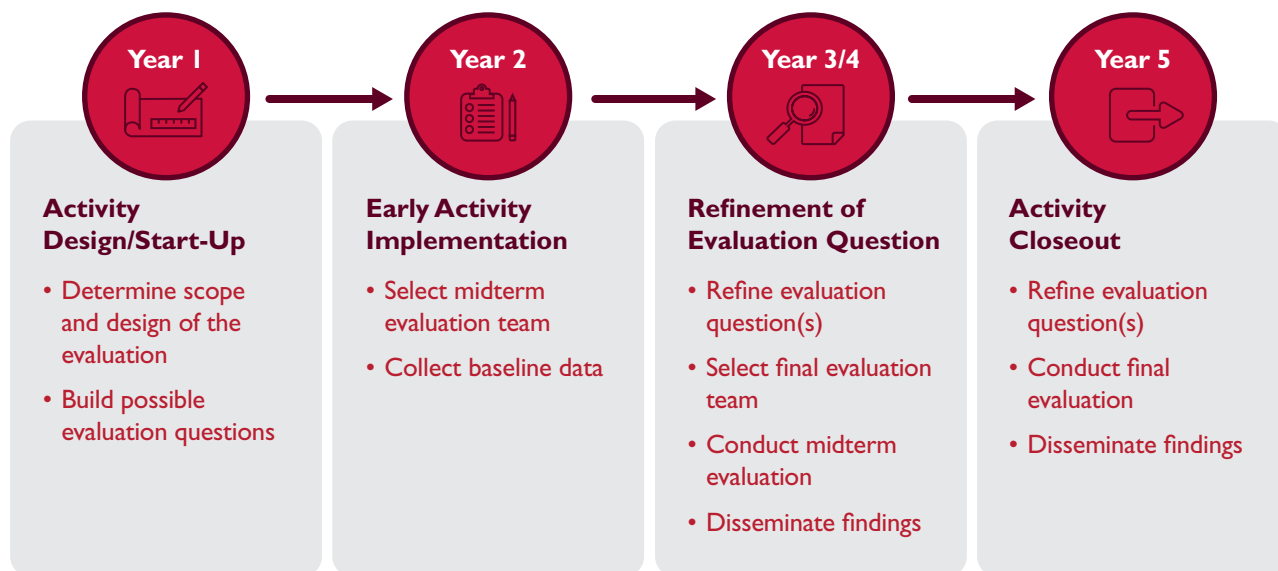
SBC can also be used in nutrition-sensitive activities where the focus is not only on the caregiver, but also on other actors in the food system. Behaviors could include:

- Vendors promote nutrient-rich foods.
- Farmers increase sustainable production of nutritious foods.

Try to develop a thorough understanding of the nutrition activity and determine if its efforts are focused on encouraging any person (caregiver, farmer, vendor, etc.) to perform an action. This will lead you to the behaviors that need to be evaluated.

See the section titled “Nutrition SBC Background for Evaluation Design” for more information.

FIGURE 3. EVALUATION TIMELINE



Those responsible for developing the evaluation should determine its purpose, scope, design, and key questions at the beginning of activity implementation. Planning early allows for proper budgeting and advanced data collection. For example, depending on the type of evaluation chosen, baseline data may have to be collected in the earlier stages of implementation to properly answer the evaluation questions.

In addition, planning early allows for timing the evaluation appropriately. Determining the timeline for the SBC component of the nutrition evaluation is especially important. Promoted behaviors can change depending on the life stage of the person practicing the behavior (which can evolve throughout the span of the five-year program). They can also change depending on the seasonality of foods consumed and shocks that communities experience. This is especially true in activities that promote behaviors for food security, maternal nutrition, and young children's diets. In addition, it is not uncommon for activities to evolve throughout the implementation cycle. The timeline in figure 3 shows which evaluation elements USAID staff should be planning during key stages of activity implementation. Users of this guide should review and adapt (as necessary) any evaluation planning done in year one, prior to developing the final evaluation scope of work.

DETERMINING THE PURPOSE, SCOPE, AND DESIGN OF THE EVALUATION

Several types of evaluations can be used to determine the success of the SBC approaches and processes used to improve nutrition outcomes. Which to use is determined by the purpose of the evaluation and types of questions you want to answer. To determine which type is best for your activity, consult with other relevant USAID staff (e.g., SBC advisors, nutrition advisors, and regional advisors), the implementing partner's program staff, key stakeholders, and community members. Ask them what they are most interested in learning about the activity, why those findings would be important to them, and how they would use the findings. You can then use this pivotal information to frame the evaluation SOW and define the purpose of the evaluation.

In addition to speaking with program staff, key stakeholders, and communities about the type of evaluation that would be meaningful from their perspectives, also consider what type of evaluation would be feasible. Understanding the feasibility of the evaluation will help determine the scope.

The scope of the evaluation depends on various factors, including budget allocated to the evaluation, size of the SBC work relative to the other elements

of the activity, time allocated to the evaluation, and availability of needed data. Together, the purpose and scope of the evaluation will help determine the most appropriate evaluation design.

The Nutrition Evaluation Planning Tool for USAID Missions describes the various evaluation designs, when they are appropriate to use, at what point in the program cycle to use them, what kind of data they produce, how long they take, and their relative cost. The tool includes a decision tree, provided in annex I, which can help USAID staff choose the best design. Evaluations may be focused on performance, outcome, or process; impact; cost effectiveness; and/or sustainability. The following section provides examples of how nutrition SBC is evaluated using each of these evaluation types.

Performance or outcome evaluation: Used to measure activity effects in the focus population by assessing progress toward behavioral outcomes or behavioral outcome objectives that the program aims to achieve.

Process evaluation: Used to understand how activity behavioral objectives or behavioral outcomes were achieved. This type of evaluation can be used to understand the quality of an activity's SBC approach

by determining how well an activity's processes worked and how they can be improved.

Impact evaluation: Used to estimate activity's effectiveness in achieving its ultimate goals. This type of evaluation includes a counterfactual or control group to compare outcomes with the group that participated in the activity.

Cost-effectiveness evaluation/economic analysis: Used to identify, compare, quantify, and determine the value of the economic costs and benefits of an SBC activity.

Sustainability evaluation: These examine either the sustainability of activities or the level of sustained outcomes. **Sustainability of activities** is used to describe the likelihood of SBC activities being maintained after the activity ends. Level of **sustained outcomes** is used to quantify or otherwise describe the extent to which behavioral outcomes were maintained after an activity ended.

BUILDING AND REFINING NUTRITION SBC EVALUATION QUESTIONS

Now that you have chosen the evaluation type, this section will help you build and refine your evaluation



IN PRACTICE: CHOOSING AN EVALUATION TYPE

A USAID-funded activity and the host country's Ministries of Health, Nutrition, and Agriculture are working together to promote consumption behaviors related to fortified wheat. Through the formative research, the activity and the Ministry learned that because bread is considered a sacred cultural and religious food item, fortification of it was not acceptable to the beneficiary communities, even if the health benefit was life-saving. This social norm was a key **factor** (an element that affects community members' ability to perform behaviors effectively) that the implementers focused on in the SBC programming. Because religious leaders are key **influencers** (a person who inspires or guides the actions of others), the activity's approach was to partner with religious leaders to address the factor (social norms). Because several stakeholders were engaged, it was important to involve them in the planning and determine together what might be a meaningful evaluation. Together they decided to plan for a performance evaluation. Since a focus of the SBC programming was cultural and religious influences on consumption of fortified wheat products, the evaluation sought to determine to what extent the activity shifted the factor (social norms) and to what extent addressing the factor (shifting social norms) improved consumption of fortified wheat.

questions. As a reminder, it is important to build in your evaluation questions during the early stages of the activity, but remember that you may need to refine these prior to finalizing the evaluation SOW. Your evaluation questions can include a mix of—

- **Descriptive questions** to reveal which behavior changed and to what degree, and the quality of the SBC process used
- **Causal questions** to understand what caused or contributed to, or was associated with, the behavior targeted for change and existing factors/barriers that might be influencing the behavior
- **Evaluative questions** to determine the reach and frequency with which the activity actions might have affected the participants' behaviors, as well as the quality of what was implemented.

The number of evaluation questions you select will depend on the scope of the activity and how it fits into a larger nutrition activity. If the activities that are designed to change behaviors are being evaluated as a part of a larger, multi-sectoral nutrition activity, **include at least one SBC-specific evaluation question**. If the evaluation is designed to only evaluate activities that are designed to change behaviors, **select three to five SBC-specific evaluation questions (USAID Learning Lab)**.

Review the activity's SBC strategy (document used to outline the behaviors, audience factors, and corresponding SBC activities), theory of change, results framework, or other activity documents that outline the impact pathways identified to improve the

HOW MANY SBC QUESTIONS DO YOU NEED?

1

for evaluation of larger multi-sectoral nutrition activity

3–5

for evaluation of behavior change activities only

prioritized behavior. Overall, the evaluation questions should align with the activity's impact pathway, be focused on the activity's identified priority behavior(s), and be feasible given the evaluation design.

Considering the activity's inputs, outputs, outcomes, and impact, table 1 provides some overarching questions to keep in mind when building the evaluation, along with example evaluation questions. These examples demonstrate how specific SBC components of an activity can be included in evaluation questions. Be sure to tailor your questions to the activity and context. You will need to make them more general or specific than the examples shown here, include some questions and not others, or develop new questions depending on the purpose and scope of the evaluation.

After you have determined the evaluation questions, revisit the activity's nutrition SBC monitoring indicators to see if any need to be added or revised based on the scope and type of evaluation designed.

TABLE 1: ILLUSTRATIVE NUTRITION SBC EVALUATION QUESTIONS

Type of Evaluation	Overarching Question to Keep in Mind	Illustrative Nutrition SBC Evaluation Questions
<p>Performance or Outcome</p> <p>Conducted during and/or after activity implementation, or only after activity implementation.</p>	<ul style="list-style-type: none"> • Did the activity achieve its intended behavior change outcome? Alternatively, to what degree did the activity achieve its intended outcomes? 	<ol style="list-style-type: none"> 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?

TABLE 1: ILLUSTRATIVE NUTRITION SBC EVALUATION QUESTIONS (CONT.)

Type of Evaluation	Overarching Question to Keep in Mind	Illustrative Nutrition SBC Evaluation Questions
<p>Process Evaluation</p> <p>Conducted during activity implementation.</p>	<ul style="list-style-type: none"> 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? 	<ol style="list-style-type: none"> To what extent has the activity's SBC strategy been implemented? To what extent was the activity implemented following the causal pathways between behaviors, factors, influencers, and activities? To what extent is the activity monitoring prioritized factors and behavior changes? To what degree were the activity's SBC processes focused on the identified prioritized behaviors? To what extent were the formative research findings used to guide SBC activity design and implementation? What role did audience segmentation play in the success or shortcomings of the SBC approach(es)? To what extent were the activity's approaches accessible in the identified districts? To what extent did the activity affect factors? What factors appear to promote or deter the prioritized behavior changes?
<p>Impact Evaluation</p> <p>Conducted during activity implementation (pre-post measurements)</p>	<ul style="list-style-type: none"> To what extent is the behavior change a result of the activity? 	<ol style="list-style-type: none"> What impact did the activity's training package have on household dietary diversity? What impact did the activity's approaches have on the uptake of the prioritized small doable actions to increase complementary feeding? What impact did the activity's behavior change messaging have on the activity participants' knowledge, attitudes, and practices related to the prioritized behaviors?
<p>Cost-Effectiveness</p> <p>Evaluation Conducted before, during, and/ or after activity implementation</p>	<ul style="list-style-type: none"> 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? 	<ol style="list-style-type: none"> What was the cost per person reached with the activity's Care Group? What would be the cost of expanding the activity's infant and young child feeding (IYCF) counseling approaches to nearby districts? Was the activity cost-effective in increasing the prevalence of exclusive breastfeeding in infants under 6 months?
<p>Sustainability Evaluation</p> <p>Conducted at the end of an activity or after an activity has ended (e.g., two or five years later)</p>	<p>Activity Sustainability:</p> <ul style="list-style-type: none"> Will or has the activity continue(d) after external funding has ended? <p>Sustained Outcomes:</p> <ul style="list-style-type: none"> Will the activity outcomes be maintained without activity inputs? Were the activity outcomes maintained? 	<ol style="list-style-type: none"> After the activity ended, did the activity's intended behavior change continue in households? <ol style="list-style-type: none"> To what degree is the intended behavior change still occurring? Did the Care Groups continue after the activity ended? <ol style="list-style-type: none"> What is the quality of the continuing Care Groups?

Selecting the Evaluation Team Leaders

The evaluation question(s) selected from table 1 will help you determine which methods should be used to conduct the evaluation and the type of monitoring, evaluation, and learning (MEL) experts who should lead the evaluation team. For example, methods could include surveys with dietary-recall modules and/or observations of child feeding, among other options. Those methods would require specialized skills. **The best evaluation teams, however, will have at least one person with in-depth experience in SBC**, including how quality SBC activities are designed and implemented, as described by Tools for High-Quality Nutrition Social and Behavior Change Programming. Without this type of leadership, the evaluation team is not likely to be able to apply their MEL competencies to SBC activities.

Although designers may not be involved in selecting individual evaluation team members, the table below outlines competencies to consider when developing the scope of work and selecting the most qualified evaluation team leaders. The **Defining Social and Behavior Change Competencies for Multi-Sectoral Nutrition** on the USAID Advancing Nutrition website offers a list of competencies (extracted below) that USAID staff can include in the evaluation SOW (USAID Advancing Nutrition 2020).

Be sure to tailor these recommendations to the program needs and context.

TABLE 2: 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	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	

Relevant SBC Program Documents for Evaluation Design

Understanding where to locate the information you need to design an evaluation can be a useful first step. Table 3 below lists common program documents that you can collect to identify information needed to design the evaluation.

The documents also provide insight to the activity's SBC processes. For example, does the activity emphasize communication activities or is it a broader approach to social and behavior change? Are the behaviors clearly stated and prioritized in these documents, or are they embedded in a TOC for you to identify?

Use this list to determine where an evaluation might be helpful for process evaluations, specifically those that are designed to determine how well the activity processes are working or how those processes can be improved.

Note: This list is illustrative and activities may have different names to describe each document. Also note that many of these documents may overlap. For example, the communication plan may be a part of the SBC strategy. The behavioral pathways document is likely to be part of the SBC strategy or work plan. Use the list to inquire whether any such document exist.

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 Program Impact Pathway (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		

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
<p>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.</p>	X	X	X	X	X	X
<p>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.</p>						X

Nutrition SBC Background for Evaluation Design

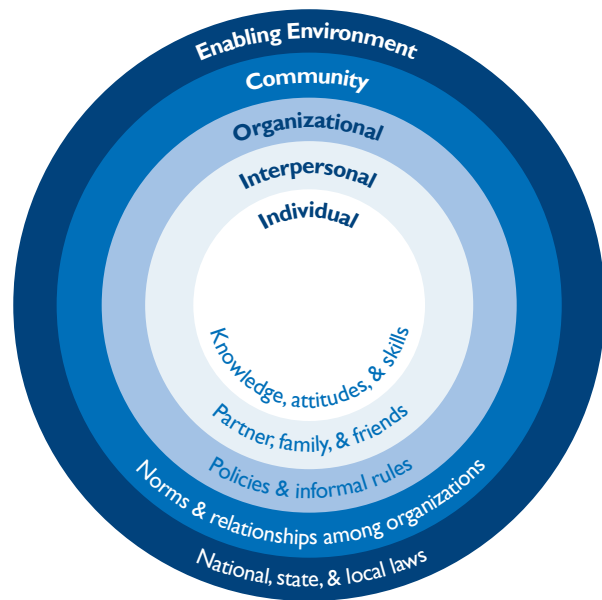
When designing an evaluation of SBC approaches used to improve nutrition outcomes, be sure to couple the MEL and nutrition technical expertise with a solid understanding of social and behavior change concepts. We have incorporated these concepts into the previous sections, but explain them in more detail in the following section.

UNDERSTANDING BEHAVIORS, FACTORS, AND AUDIENCES

BEHAVIORS

Social and behavior change is a cross-cutting 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. Social and behavior change is often grounded in frameworks like the socio-ecological model in figure 4. 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.). Interplay among all of these levels can create an enabling environment for changing behavior. The behaviors of these actors can play important roles in reaching nutrition program goals, and ultimately nutrition outcomes for women and children (see Annex 2: How SBC Helps Improve Nutrition) (Dougherty and Edan 2020).

FIGURE 4. THE SOCIO-ECOLOGIC FRAMEWORK FOR SBC



As a result, improving actors' behaviors is the foundation of any nutrition SBC approach and should also guide the design of 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.



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.

FACTORS

SBC programs should be designed to strategically address the relevant factors. 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.

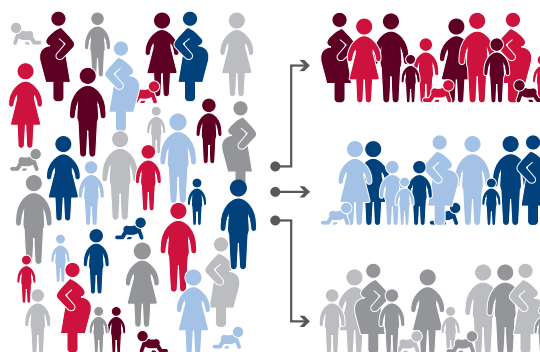
Examples of factors that can influence an actor's ability to practice important nutrition behaviors might include the cost of food, time needed to prepare food, availability of food in a community, taste of food, ability to make decisions about food purchases, community norms about what community members are supposed to eat during life stages, religious or gender restrictions about foods, and influencer opinions (See Annex 3: 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 very important to community members, as described earlier in this guide. 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.

AUDIENCES

Audience Segmentation

While the most well-known SBC 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

FIGURE 5. AUDIENCE SEGMENTATION EXAMPLE

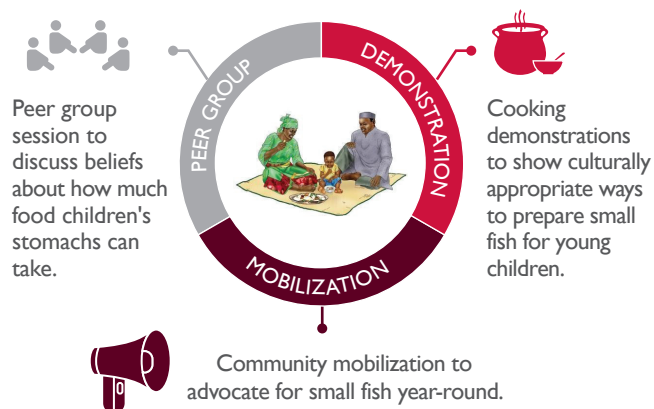


should receive the same SBC activity. The process for ensuring that similar people are grouped together is called audience segmentation. By definition, audience segmentation is the identification or focus groups with similar needs, values, or characteristics for activity or program implementation. Segmentation should consider the audiences who will have the greatest impact on the desired outcome.

Formative Research

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

FIGURE 6. NUTRITION APPROACHES IN CAMEROON





IN PRACTICE

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

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



SPECIFIC PERSON/ACTOR



SPECIFIC ACTION



SPECIFIC TIME

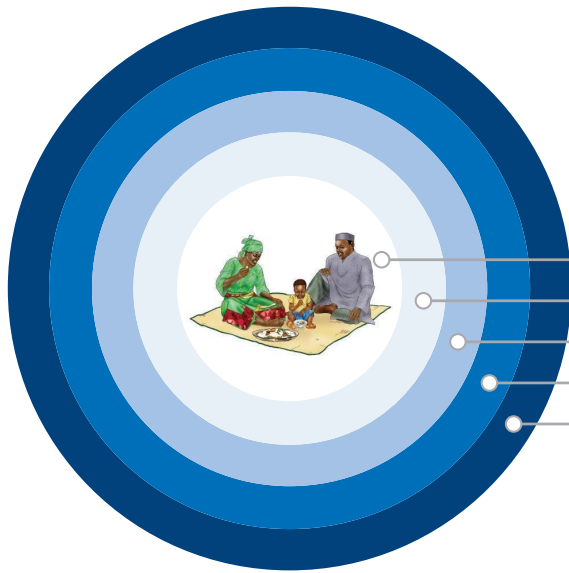


FIGURE 7. FACTORS THAT AFFECT BEHAVIOR CHANGE

- Individual** | Knowledge, attitudes, & skills
- Interpersonal** | Partner, family, & friends
- Organizational** | Policies & informal rules
- Community** | Norms & relationships among organizations
- Enabling Environment** | National, state, & local laws

To encourage this behavior, the project is implementing the three approaches shown in Figure 6.

When designing 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 designing an evaluation, do not assume that adolescents and older adults, for example, receive the same programming. Sometimes adolescents 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 (figure 7) should inform the development of each of the three activities (community mobilization, peer group sessions, and cooking demonstration) for the evaluation being designed. Figure 6 indicates which factors link to each approach the project is using to promote the chosen behavior.

KEY TAKEAWAYS: BEHAVIORS, FACTORS, AND AUDIENCES

It is important to use this knowledge of behaviors, factors, and audiences when designing a nutrition SBC evaluation. Consider the activity's behaviors, factors, and audiences when selecting and framing your evaluation question(s) and methodology to be sure that you have identified the most appropriate evaluation questions.

While lack of knowledge is a common factor, it should not be the only factor a program addresses and, therefore, should not be the only focus of the evaluation questions.

IMPORTANCE OF PRIORITIZED BEHAVIORS IN NUTRITION SBC EVALUATIONS

Let's take a closer look at the behavior that was promoted by the SBC activity in the example above: Caregivers feed children (age 6-23 months) one serving of small fish each day. The behavior is specific. The actor (caregivers), action (feed), quantity (one servings), type of food (small fish), and time and frequency (daily) are 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](#)).

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 helps evaluators determine the activity's contribution to the nutrition outcome.

In the example, only one behavior—Caregivers feed children (age 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 the activity's theory of change. It is recommended that the team designing the evaluation 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 behaviors¹ include—

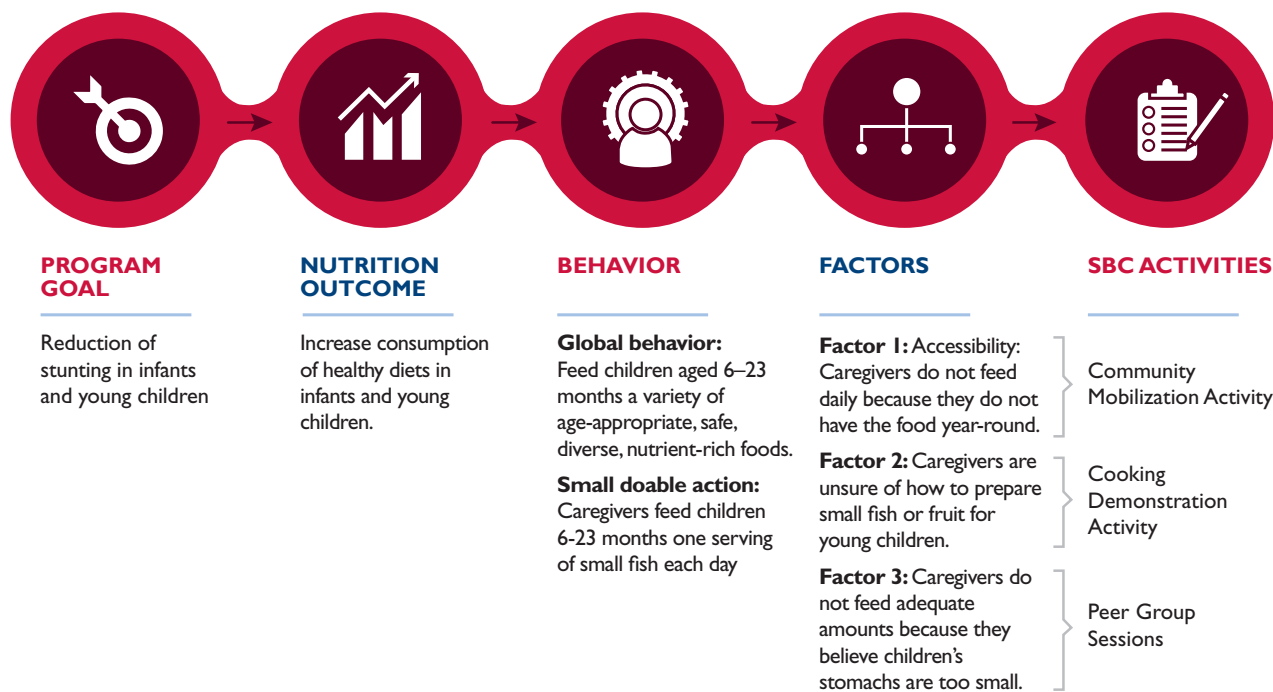
- feed children aged 6–23 months a variety of age-appropriate, safe, diverse, nutrient-rich foods
- breastfeed exclusively for 6 months after birth
- ensure children continue to breastfeed and eat when ill
- eat a variety of safe, diverse, nutrient-rich foods for meals and snacks daily.

TABLE 4. BEHAVIORS FOR A DIVERSE SET OF ACTORS

 ADOLESCENT GIRLS	 VILLAGE CHIEFS	 FARMERS
<p>Adolescent girls (age 10-14) take IFA supplements weekly at school</p> <p>Adolescent girls (age 10-14) eat fruits and eggs for breakfast</p> <p>Adolescent girls (age 10-14) avoid sugar sweetened beverages after school</p>	<p>Village chiefs encourage community member to purchase eggs</p> <p>Village chiefs engage the support of community members to limit the availability of sugar sweetened beverages</p>	<p>Farmers safely store food</p> <p>Farmers increase production of green leafy vegetables</p>

¹ A comprehensive list can be found in Annex 4: Behaviors to Improve Nutrition.

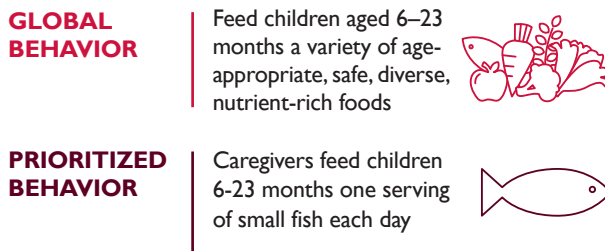
FIGURE 8. EXAMPLE PROGRAM IMPACT PATHWAY



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 refinement allows the evaluation designer to understand how and why a desired behavior change is expected to happen in a particular context.

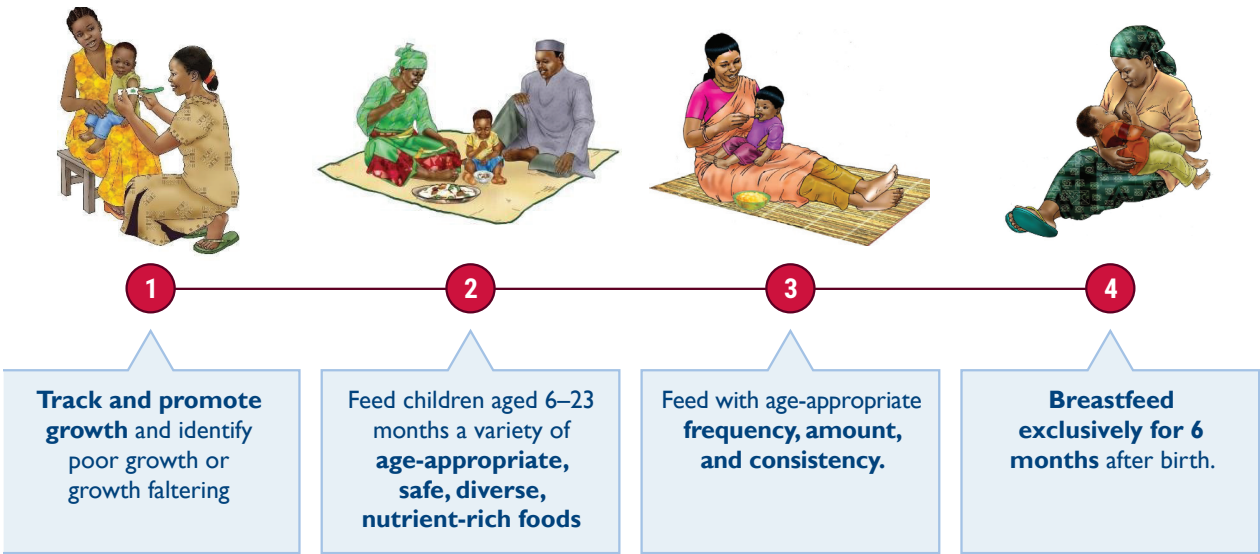
Some SBC teams will create a behavioral pathway document. The document may also be called a program impact pathway (PIP). This document offers more specificity than the theory of change and shows how the activities are linked to the larger activity goals and nutrition outcomes, as seen in figure 8. In fact, designers may want to build a behavioral pathway by starting with the program goal and working backwards. After establishing the desired goal, they should think about the nutrition outcomes that are most likely to lead to that goal, and then consider the behaviors likely to lead to those outcomes, as well as the factors blocking or enabling the outcomes. In this way, designers can arrive at the specific activities required.

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, 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 process² 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 (age 6-23 months) a variety of age-appropriate, safe, diverse, nutrient-rich foods” might change to “caregivers feed children (age 6-23 months) one serving of small fish each day.”



2 For more, see Annex 5: USAID Advancing Nutrition’s Prioritizing Multi-Sectoral Nutrition Behavior

FIGURE 9. NUTRITION-SPECIFIC PROGRAMMING EXAMPLE



In addition, prioritized behaviors are likely more specific, which will help your evaluation question investigate specific programmatic efforts (e.g., evaluating the increase in consumption of small fish instead of all nutrient-rich foods).

Finally, use of the behavioral pathway helps evaluation designers link the activities to the correct factors and behaviors. This helps the evaluation designer determine which MEL data could be used to help answer the selected evaluation question and whether additional data collection should be included as a part of the SOW.

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 sectors such as food systems, WASH, social protection,

KEY TAKEAWAYS: PRIORITIZED BEHAVIORS

When designing 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. Build the evaluation SOW around the role of prioritization on nutrition outcomes or the quality of the programming. You may also consider designing a quasi-experimental evaluation to compare costs of program methods compared to expected program outcomes.



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 approaches 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.

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 annex 3.

FIGURE 10. NUTRITION-SENSITIVE ACTORS



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

However, many of these nutrition-sensitive SBC approaches are overlooked just as changing the behaviors of these nutrition-sensitive actors is not identified as "SBC work." Evaluations that are carefully designed with this understanding can help programmers identify where nutrition-sensitive SBC program efforts can be strengthened. Consider framing the evaluation questions around the behavior of market actors like farmers, vendors, or food processors and focusing on whether 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).

Conclusion

Evaluations that are carefully designed (and later conducted) using this guidance can help USAID nutrition Activities identify what worked well, what could have been done differently, and how to design future programs. Developing SOWs that clearly and accurately focus the evaluation on key SBC approaches and questions will improve the chances of a stronger evaluation.

Strong nutrition SBC evaluations provide donors, programmers, and planners with the evaluative data they need to make strategic decisions or adaptations that can help improve nutrition outcomes and reduce mortality and morbidity. Therefore, it is important to ensure that the quality of nutrition SBC evaluations is high.



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Annex I: Glossary

Activity: USAID-funded development program.

Actor or Audience: 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. Applies to nutrition-specific behaviors. See [USAID Advancing Nutrition's Behaviors to Improve Nutrition](#) document.

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 Project n.d.](#)).

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 ([Breakthrough-ACTION Project 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 2018](#)).

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 2018](#)).

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.).

Annex 2. Relevant External Resources

Behavior Assessment for Social and Behavior Change: <https://www.thecompassforsbc.org/how-to-guides/provider-behavior-assessment-social-and-behavior-change>

Behaviors to Improve Nutrition: https://www.advancingnutrition.org/sites/default/files/2020-05/behaviors_to_improve_nutrition_infographic.pdf

Factors That Influence Multi-Sectoral Nutrition Behaviors: <https://www.advancingnutrition.org/resources/factors-influence-multi-sectoral-nutrition-behaviors>

How SBC Helps Improve Nutrition: https://www.advancingnutrition.org/sites/default/files/2020-10/usaid_an_sbc_graphic_for_multi-sectoral_nutrition.pdf

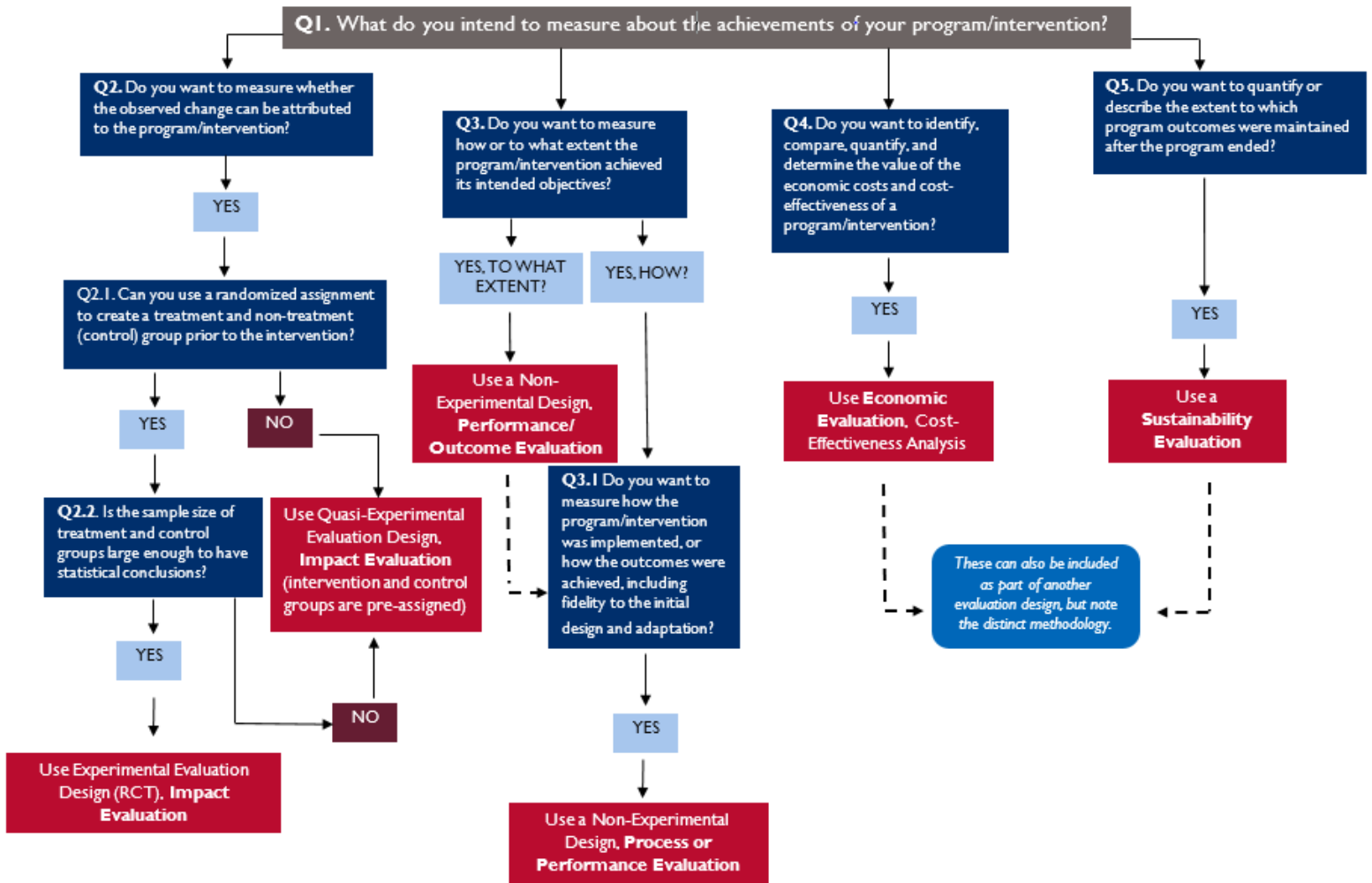
How to Use the Global Nutrition Behavior Profiles: https://thinkbigonline.org/action/document/download?document_id=230#:~:text=The%20Global%20Nutrition%20Behavior%20Profiles%20describe%20a%20set%20of%20nutrition,focus%20on%20stunting%20and%20wasting

New Tools for High-Quality Nutrition Social and Behavior Change Programming: <https://www.advancingnutrition.org/what-we-do/activities/new-tools-high-quality-nutrition-social-and-behavior-change-programming>

UNICEF Under-Five Mortality <https://data.unicef.org/topic/child-survival/under-five-mortality/>

World Bank Prevalence of moderate or severe food insecurity in the population (%) <https://data.worldbank.org/indicator/SN.ITK.MSFI.ZS>

Annex 3. The Nutrition Evaluation Planning Tool for USAID Missions



Annex 4. How SBC Helps Improve Nutrition

SBC = 

FARMER

- Increase sustainable production of nutritious foods
- Safely store food
- Join producer groups or cooperatives to access information, build social cohesion, and collectively bargain for benefits



COMMUNITY LEADER

- Encourage community members to demand quality nutrition services and diverse foods in markets
- Engage the support of community members to limit the availability of highly-processed foods
- Encourage community members to shift traditional practices or community norms that prevent caregivers from obtaining and feeding nutrient-rich foods to children



RETAIL MARKET VENDOR

- Sell safe, diverse, affordable nutrient-rich foods each season
- Promote nutrient-rich foods



TRANSPORTER

- Monitor and forecast stock of food items
- Use food-grade packaging for hygienic transportation



HEALTH WORKER

- Provide accurate and timely counseling on nutrition behaviors to mothers and family members
- Provide treatment for acute malnutrition according to national protocols
- Use data from quarterly district reports to adjust implementation



POLICYMAKER

- Develop and enforce policies to increase access to safe, affordable, diverse foods
- Develop and enforce policies to ensure high-quality nutrition services
- Increase funding for nutrition



FAMILY MEMBER

- Reflect on gender norms related to household tasks
- Share responsibilities to support caregivers with nutrition-related behaviors
- Attend health services visits and carry out recommended follow-up actions



RELIGIOUS LEADER

- Shift norms around food taboos for pregnant women
- Lead reflection on gender norms to increase positive male engagement in nutrition
- Promote immediate care-seeking for all sick children at health facilities

Annex 5. Factors That Influence Multi-Sectoral Nutrition Behaviors

STRUCTURAL

ACCESSIBILITY

- Cost
- Time
- Distance
- Availability

PROVIDER COMPETENCIES

- Interpersonal communication
- Technical proficiency or skills
- Respect

FACILITY EXPERIENCE

- Infrastructure
- Hours
- Supportive policies

SOCIAL

FAMILY AND COMMUNITY

- Monetary or material support
- Acceptance and approval
- Task support

GENDER

- Decision-making
- Control of income
- Status and value of girls and women

NORMS

- Standard practice
- Expected practice
- Sanctions and enforcement

INTERNAL

ATTITUDES AND BELIEFS

- Perceived value
- Perceived consequences
- Perceived identity
- Emotional response
- Perceived convenience

SELF-EFFICACY

- Confidence in ability

SKILLS

- Learned ability

KNOWLEDGE

- Awareness
- Understanding
- Information

Adapted from [ACCELERATE](#)

Annex 6. 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



FEEDING DURING AND FOLLOWING ILLNESS

- Ensure children continue to breastfeed and eat when ill
- Give recuperative feeding for 2 weeks after illness



BREASTFEEDING

- Initiate breastfeeding within one hour after delivery
- Breastfeed exclusively for 6 months after birth
- Continue breastfeeding until children are at least 2 years old



OTHER PREVENTIVE CARE

- Give infants and children under 2 years a full course of immunizations
- Track and promote growth and identify poor growth or growth faltering



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



MANAGING DIARRHEA AND WASTING

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

Adapted from [ACCELERATE](#)

Annex 7. Prioritizing Multi-Sectoral Nutrition Behaviors

Social and behavior change (SBC) programmers can use this tool with technical experts and stakeholders to prioritize behaviors during multi-sectoral nutrition program design.

High-quality SBC design requires multiple steps, beginning with behavior prioritization, a step that ensures the efficient use of resources and lasting impact. This tool walks you through the behavior prioritization process, which requires subjective decision-making informed by data. Refer to your theory of change or results framework when making decisions. Use prioritized behaviors to guide formative research and development of the SBC strategy. Use the table at the end of this tool to note the sources of data used to inform each step of the prioritization process. Share tool results with the implementing team and stakeholders and attach them to the SBC strategy.

Using the [attached worksheet](#), follow these steps to prioritize behaviors:

1. **Determine nutritional status or note the nutrition-sensitive program outcome.**
2. **For each of the relevant behaviors, analyze the behavior gap, potential to impact results, and potential ability to change.**
3. **Narrow the behaviors of interest by determining program and policy fit.**
4. **Select final prioritized behaviors.**



Step 1: Determine nutritional status or note the nutrition-sensitive program outcome.

Start by identifying the current nutritional status of the target population at the level of the program: national, sub-national, or other. Where nutritional status is not the direct outcome of a program, note the desired program outcome. These reference points will guide behavior selection.

Nutritional Status			
Stunting	Underweight	Wasting	Anemia <5 Children
Program Outcome			

Step 2: For each of the relevant behaviors, analyze the behavior gap, potential to impact results, and potential ability to change.

List the behaviors that drive the outcomes. Nutrition-specific behaviors are pre-populated in the tool. Illustrative nutrition-sensitive behaviors to spark your thinking can be found on page 7 of this tool. Review data to determine the behavior gap and potential to impact results for each behavior you list. The potential to impact results is a judgment based on the behavior gap and the importance of the behavior to the desired outcome. For example, if the program outcome is specific to a type of malnutrition, such as wasting, gaps in feeding during and after illness increase in their priority over dietary diversity, at least in an initial prioritization. Score with a number from 1 to 5 (with 1 as the lowest priority and 5 as the highest). If data does not exist, note this. In the Average column, average the scores for each behavior.

Complete this step individually and then come together to discuss scoring or work in a group to determine the scores.

If existing research shows the behavior can shift, write “yes” in the Potential Ability to Change column. If existing research shows the participant group likely will not be able to practice the behavior, write “no” in the column. If it’s unclear from existing research whether the behavior can shift, plan to explore this with formative research and fill in the column after conducting research. The table will provide clarity about where to focus and what to investigate further during formative research.

See explanation of the terms in the box below.

Behavior Prevalence: What percentage of the target population is currently practicing the behavior?	Potential to Impact Results: To what extent will addressing the behavior gap help achieve program outcomes?
Behavior Gap: How much change is needed for 80 percent of the target population to practice the behavior?	Potential Ability to Change: Given the available resources, services, and constraints (e.g., food availability) in the program area, does existing research show that the behavior can shift? Consider the potential to influence the behavior using behavioral design.

Behaviors	Behavior Prevalence	Behavior Gap (1–5)	Potential to Impact Results (1–5)	Average	Potential Ability to Change (Yes or No)
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 1 hour after delivery					
Breastfeed exclusively for 6 months after birth					
Continue breastfeeding until children are at least 2 years old					
Complementary Feeding of Young 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					

Behaviors (continued)	Behavior Prevalence	Behavior Gap (1-5)	Potential to Impact Results (1-5)	Average	Potential Ability to Change (Yes or No)
Feeding During and After Illness Episodes					
Ensure children continue to breastfeed and eat when ill					
Give age-appropriate recuperative feeding for 2 weeks after illness					
Other Preventive Care					
Give infants and children under 2 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					

Step 3: Narrow the behaviors of interest by determining program and policy fit.

Write down the 5 to 8 behaviors with the highest average in step 2 in the Behaviors column below. Give weight to those with a “yes” from the final column of step 2. Carefully consider any behaviors with a “no” in the final column of step 2 that are also highly ranked. In this case, decide if conducting formative research would help to better understand the factors that prevent or support this behavior. Determine program fit based on the project or organization’s time, competencies, and resources needed to promote the practice(s). Use a number from 1 to 5, one being the lowest and five being the highest or best fit. If the behavior is required according to the program design, score as a 5. If your program has multiple teams, and teams have already prioritized other behaviors, score those as a 5 as well to ensure they are captured. Note whether each behavior is a national or subnational policy priority by writing “yes” or “no” in the final column.

Behaviors	Program Fit (1-5)	National or Subnational Policy Priorities (Yes or No)

Step 4: Select final priority behaviors.

Select 3–5 behaviors with the strongest program fit from step 3, while making sure these behaviors align with policy priorities (marked as “yes” in the final column of step 3). If you find it difficult to narrow to 3–5 behaviors, you can select more as priority behaviors, but plan to address the behaviors in phases.

Prioritized Behaviors

Use these prioritized behaviors to focus formative research. During the formative research, include questions to learn more from participant groups about their willingness and ability to practice the behavior, given their available resources, time, interest, and social support. Focus on behaviors for which the Potential Ability to Change column in step 2 is blank. Following formative research, update scoring as necessary, as you use the findings to design an SBC strategy and refine the prioritized behaviors.

Illustrative Nutrition-Sensitive Behaviors

Agriculture and Food Security

Example: Farmers use collective marketing of crops

Market-Based Approaches

Example: Processors and retailers of animal source foods invest in improved processing and storage facilities

Economic Strengthening, Livelihoods, and Social Protection

Example: Young women participate in savings and loan groups

Water, Sanitation, and Hygiene

Example: Family members drink safe water

Family Planning and Reproductive Health

Example: After a live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months

Education

Example: Households vulnerable to malnutrition support children in attending school every day.

Nurturing Care for Early Childhood Development

Example: Parents use positive discipline with children

Documentation of Resources Consulted

Use this optional table to document data, research, and planning materials you consulted for decision-making at each step.

Step	Resources Consulted	Notes

Resources

Nutrition-Specific Behaviors adapted from the USAID [ACCELERATE](#) project

Pinchoff, et al. 2019. “Evidence-Based Process for Prioritizing Positive Behaviors for Promotion: Zika Prevention in Latin America and the Caribbean and Applicability to Future Health Emergency Responses.” *Global Health: Science and Practice*. 7(3):404–417. Accessed May 26, 2021. <http://doi.org/10.9745/GHSP-D-19-00188>.

Annex 8. Illustrative SBC Indicators

STEP IN IMPACT PATHWAY	ILLUSTRATIVE INDICATORS	INDICATOR SOURCE
Program Goal	Under-5 mortality rate	World Health Organization 2021
	Prevalence of moderate or severe food insecurity	The World Bank 2021
Nutrition Outcome	Prevalence of wasted children under 5 (0-59 months)	World Health Organization 2021
	Prevalence of stunted children under 5 (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 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 (CoNA) as a percent of household food expenditure	Food and Agriculture Organization of the United Nations nd.
	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 (2018)
	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 2 (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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