IYCN social and behavior change communication approach

Social and behavior change communication (SBCC) activities are an essential program component for improving maternal, infant, and young child nutrition.[a] The Infant & Young Child Nutrition (IYCN) Project includes SBCC activities as part of its strategic approach to bring about significant and sustainable improvements in maternal dietary and infant and young child feeding practices. Improving key practices requires change at the individual, household, and community levels, and in services for mothers and families—all of which must be supported by an enabling environment. IYCN works to ensure that consistent, locally adapted, actionable messages are reinforced at each level in order for interventions to be more likely to result in significant improvements in the short term and sustainable progress in the long term.

Throughout this document, SBCC is the term used to describe the use of communication activities to bring about change, including changes in individual behaviors of mothers (including self care, adherence, care seeking, and caregiving for children and other family members), other caregivers, and providers; changes in related social norms and collective actions; and creating an enabling environment. Communication activities include interpersonal communication, folk media, and mass media.

PURPOSE

The purpose of this document is to describe the approach IYCN uses to develop, implement, and monitor SBCC activities in IYCN country programs. This document describes IYCN's approach to meeting country-specific objectives by elaborating the systematic planning process, defining optimal practices and behaviors (outlined in Annex 1), and identifying audiences and communication interventions at each level: mother/other caregiver, household, community, facility, and environment.

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APPROACH

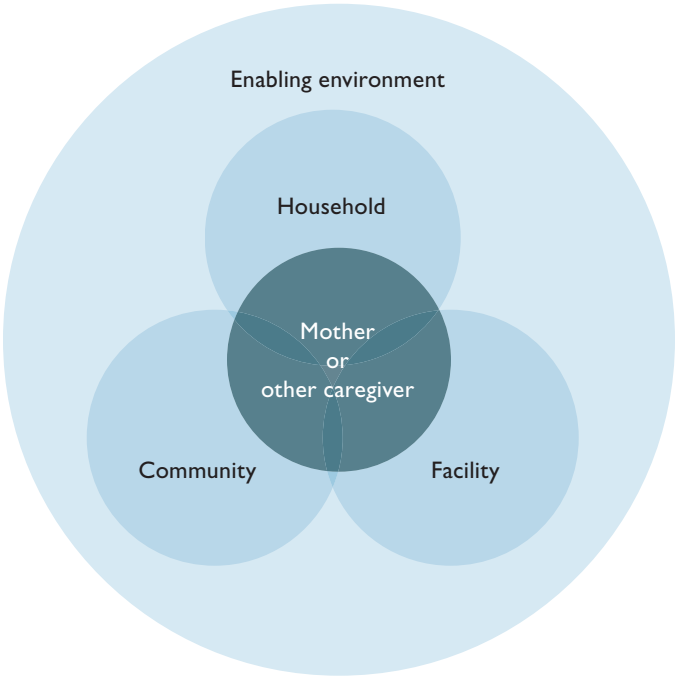
IYCN recognizes that a multi-pronged, integrated approach is essential for bringing about changes in behavior. A successful approach almost always necessitates a communications component, though it typically requires more than communications (e.g., services, commodities, policy, and training). While acknowledging relevant social and individual behavior change theories and models (i.e., health belief model, theory of reasoned action, stages of change, social learning theory, and diffusion of innovation), IYCN's SBCC approach is largely based on the socio-ecological model for change. This model describes how individual behaviors are influenced by multiple interdependent individual, social, and environmental factors, emphasizing the need for programs to implement strategic complementary communication activities using a wide variety of mutually reinforcing communication channels.[b] This model recognizes that programs cannot focus on individual behavior change alone, but require interventions that target multiple levels of influence, in a

a World Health Organization (WHO). *Community-based Strategies for Breastfeeding Promotion and Support in Developing Countries*. Geneva: WHO; 2003.

b Adapted from: McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Education Quarterly*. 1988;15:351–377.

variety of settings, and utilize a range of interventions.[c] The model also emphasizes the need to expand beyond indiscriminate interventions to a coordinated and strategic effort. The figure below illustrates IYCN's integrated approach.

FIGURE 1. IYCN's social and behavior change communication approach



To design effective SBCC interventions, it is essential to understand and address barriers and facilitators to recommended behaviors at multiple levels. In order for individual changes in behavior to be sustained, women need to be surrounded by those who are supportive of optimal infant and young child feeding practices. It is unrealistic to expect individuals to change behaviors if they face barriers in their homes or communities that they cannot overcome. In addition to reaching individual caregivers, IYCN's SBCC activities aim to influence the key influencers who impact mothers' feeding practices. IYCN uses targeted communication interventions to facilitate change, address barriers, and reinforce key messages at each level: caregiver, household, community, facility, and enabling environment.

c National Cancer Institute. *Theory at a Glance: A Guide for Health Promotion and Practice* 2nd edition. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health; 2003.

FORMATIVE ASSESSMENTS

Before designing country-specific SBCC activities, IYCN conducts a literature review to understand current maternal dietary and infant and young child feeding practices and identify gaps in information that need to be further explored. Findings from this initial review of published and grey literature are then displayed in the *Matrix of Infant and Young Child Feeding Practices and Maternal Nutrition* (see Annex 2) to easily determine whether additional information is needed. Typically, literature reviews identify key gaps that necessitate additional formative research. IYCN has completed formative assessments in eight countries: Ethiopia, Ghana, Haiti, Kenya, Malawi, Mozambique, Nigeria, and Zambia.

IYCN has developed tools that have been adapted for conducting formative assessments in each of its country programs. IYCN uses formative assessment activities that include focus group discussions and in-depth interviews to explore knowledge, attitudes, beliefs, and practices of caregivers, household members, influential community members, and service providers. In Kenya, the information gleaned from the formative research led to recommendations that grandmothers and men are important sources of support to mothers and had key roles that could be strengthened to support infant feeding and maternal nutrition. However, their knowledge was grounded in traditional beliefs that were not always supportive of recommended practices. IYCN designed an evaluation to measure the impact of engaging grandmothers and men in supportive roles to positively influence mothers' practices.

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IYCN used barrier analysis[d] for maternal nutrition in Madagascar to identify barriers that impede women's ability to adhere to a full regimen of iron supplementation in pregnancy. IYCN shared the findings with partners to facilitate strengthening community-based distribution of iron/folate tablets. The use of Trials of Improved Practices (TIPs)[e] in Malawi led to the development of targeted and feasible messages and activities to improve infant and young child feeding through the development of job aids and training curricula for community-based workers. In Malawi, this formative research found that mothers with children 6–8 months of age strongly believed that small babies need watery foods because they feared that thick foods would be difficult to swallow and would cause vomiting. During the TIPs study, mothers received tailored messages to offer a maize porridge or *nsima* that was thick and not watery, and included a soft, mashed food. All mothers who tried the practice succeeded in offering more energy-dense foods.

In addition, IYCN conducted service provision assessments in Ethiopia and Nigeria that described the availability and quality of nutrition counseling and related services provided to women and their families. IYCN staff conducted a rapid assessment of counseling services in Mozambique as well. These service provision assessments include in-depth interviews with facility and community-based health workers, exit interviews with women, key informant interviews with government and key partner staff, and observations at facilities. Findings from formative assessments ensure evidence-based and appropriate programming for IYCN country activities.

MONITORING BEHAVIORS

In our country programs, the ultimate goal of SBCC activities is to improve behaviors of health providers, women and other caregivers, members of their households, and facility and community-level health workers. We focus on improving behaviors of facility and community health workers and by extension women and members of their households. These key behaviors are described in Annex 2.

d Barrier analysis is a qualitative method used to identify determinants associated with a particular behavior, among those who practice a behavior and those who do not. Identifying the differences between the doers and non-doers allows program planners to develop targeted SBCC strategies, messages, and activities.

e TIPs is a formative research technique developed by The Manoff Group that allows program planners to pretest the actual practices that a program will promote. Individuals try the proposed practices, and their experiences and opinions are used to understand the determinants of the new behavior.

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In order to monitor progress, IYCN developed and uses observation checklists, supervision tools, and reporting forms in many of our country programs. For example, in Kenya, IYCN developed tools that were adopted by PMTCT (preventing mother-to-child transmission of HIV) and HIV partners, including a reporting form to help PMTCT counselors accurately report on their facility-based activities in a standardized way and to provide an opportunity to share successes and challenges; an observation checklist to provide structured feedback to facility-based counselors to improve their counseling and facilitation skills; and a reporting form for community-based workers to report on new infant feeding activities, including home visits conducted, dialogue groups facilitated, referrals provided, and any successes or challenges experienced.

STRATEGIC ACTIVITIES

In order to improve maternal, infant, and young child nutrition practices, it is important to implement strategic SBCC activities that target caregivers and key influencers. Findings from reviews of effective infant feeding programs highlight the importance of using a collection of SBCC interventions to encourage changes in individual behaviors as well as social norms.[f],[g] IYCN develops

f CORE. Social and Behavior Change Working Group. *Findings and Recommendations from a Review of CORE Group Members' Efforts to Improve Exclusive Breastfeeding Coverage*. Washington: CORE; 2010.

g Martin L, Hossain SM, Casanovas C, Guyon A. *Learning from Large-Scale Community-Based Programs to Improve Breastfeeding Practices*. Washington: WHO, UNICEF, AED, USAID; 2008.

Tina Kaonga

tailored interventions and messages that are specific to each audience. These interventions include a mix of mass media, traditional or folk media, and interpersonal communication activities. In addition to developing country program interventions based on findings from formative assessments, IYCN uses proven, evidence-based interventions. This multi-channel, synergistic approach strengthens overall programming. IYCN works in close collaboration with ministries of health and other key nutrition partners and stakeholders to promote sustainability, expand reach, and increase effectiveness.

Mothers and other caregivers

Women are more likely to try and then continue optimal maternal dietary and infant and young child feeding practices if they recognize the benefits, believe they can overcome perceived and actual barriers, and feel supported. IYCN develops and trains facility and community-based workers to share targeted, actionable messages to promote recommended practices. Depending on what is feasible, we might promote a near-optimal practice (e.g., although it is best to have animal source foods every day, we might promote three to four times per week). To ensure that women receive consistent information from multiple sources, IYCN uses the following activities to support women and encourage optimal practices: individual counseling, mother support groups, home visits, health talks, growth monitoring and promotion, cooking demonstrations, recipe books, interactive radio programs, printed materials, and community theatre.

In Zambia and Côte d'Ivoire, IYCN developed recipe books to provide mothers with specific ways to improve complementary feeding practices. The recipe book from Zambia is a valuable resource for mothers and promotes the use of locally grown indigenous foods. The book also provides relevant information on basic nutrition, the

linkage between HIV/AIDS and nutrition, and information on infant and young child feeding. In Lesotho and Kenya, IYCN collaborated with government partners to develop and disseminate take-home brochures for mothers to encourage and reinforce recommended practices. IYCN has also conducted cooking demonstrations—a proven intervention for improving complementary feeding practices—in Ethiopia, Lesotho, and Zambia.

Household

IYCN's SBCC activities strive to "influence the influencers" by reaching key people who influence caregiver practices, particularly household members. IYCN focuses on fathers and grandmothers, who can positively or negatively influence infant and young child feeding decisions.[h] IYCN engages these "key influencers" as partners, rather than viewing them as barriers, to ensure support for optimal practices within the household. In several country programs, IYCN developed activities that were specific to the roles of fathers and grandmothers. To reach these key influencers in Zambia, IYCN used community theatre and radio and television programming to promote recommended nutrition practices. In Kenya, activities that target these key household members include: training male leaders on maternal, infant, and young child nutrition and exploring their nutrition-related roles; engaging and training grandmothers; and establishing dialogue groups for grandmothers and for fathers. Through these activities, grandmothers and fathers receive targeted messages. For example, fathers are encouraged to bring meat home for pregnant women and breastfeeding mothers, and grandmothers are encouraged to give traditional leafy green vegetables, typically eaten only by adults, to young children. IYCN developed training materials to explore gender roles and related norms on infant feeding for male group leaders and on dialogue group facilitation and nutrition for grandmothers. IYCN is currently evaluating the effect of a community-based intervention to measure the influence of fathers and grandmothers on infant feeding practices.

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Community

Negative socio-cultural norms related to infant and young child feeding can be significant barriers to optimal practices. IYCN's SBCC activities strive to ensure community-level support for optimal maternal dietary and infant and young child feeding practices. Community health workers, peer educators, women's group leaders, community and religious leaders, and other influential community members can support recommended practices and help establish a supportive environment by addressing cultural norms. IYCN uses training, print materials, community mobilization activities, and mass media to engage these influential community members. Specific activities include training community leaders, traditional leaders, peer educators, traditional healers, community health workers; integrating nutrition messages and counseling into ongoing non-nutrition-related community activities; community theatre; interactive radio programming; and television spots. In Lesotho, IYCN trained nearly 750 community health workers to counsel HIV-positive mothers on infant and young child feeding and collaborated with the Ministries of Health and Social Welfare, Education, and Agriculture to train more than 240 traditional healers to support recommended infant and young child feeding practices in the context of HIV. In addition, IYCN has developed several documents to guide community engagement, including using community theatre to address common myths about infant feeding practices and engaging community leaders to promote and support optimal infant and young child feeding.

Facility

Much of IYCN's behavior change work focuses on changing health workers' knowledge, attitudes, and practices. In many countries, health workers do not believe the messages (particularly around exclusive breastfeeding) or have not received updated training (e.g., infant feeding in the context of HIV), which limits their effectiveness for promoting and supporting optimal practices. In all of our country programs, IYCN trains facility-based staff on maternal, infant, and young child nutrition, and counseling and support skills. IYCN works in partnership with ministries of health and key stakeholders to develop training curricula and job aids to strengthen health workers' counseling and support skills. Using the findings

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from formative research, we adapt training materials and follow-up activities that respond to health workers' attitudes and practices and focus on strengthening their ability to effectively counsel and support women and families, as well as share correct information on key infant feeding behaviors. IYCN partnered with government ministries in seven countries to adapt the WHO integrated infant and young child feeding counseling training course and the UNICEF community counseling package using findings from formative research.

IYCN adapted and developed training manuals that are grounded in adult learning principles to help health workers learn to actively listen and appropriately address mothers' concerns and situations, provide support, and discuss and negotiate improved feeding practices. During training workshops, IYCN encourages health workers to reflect on their own beliefs and how those influence their interactions with women. Training emphasizes practical exercises and role plays and includes facility and community practicum components. In addition, IYCN strengthens supportive supervision, monitoring, and evaluation of health workers' practices to reinforce positive changes and to identify and target areas where continued improvements can be made in a supportive manner. IYCN developed counseling observation checklists and uses adapted quality improvement collaborative approaches to strengthen the quality of nutrition counseling and services in Ethiopia, Nigeria, and Zambia.

IYCN found that, although individual counseling is recommended in most settings, the majority of women are being reached by health workers through group settings. To help strengthen the quality of information sharing, IYCN developed a training manual on strengthening health talks that can be used to train health service providers, community health workers, and mother support group facilitators. SBCC activities for health service providers include training to improve interpersonal communication skills and nutrition knowledge, developing job aids and counseling cards, and supportive supervision.

In Mozambique, in order to strengthen the baby friendly hospital initiative (BFHI), IYCN has conducted on-the-job training in counseling techniques for health workers in two urban hospitals. IYCN conducts a similar but longer (three-day) on-the-job training in Côte d'Ivoire that enables health workers to better apply their training in infant and young child nutrition and facilitates supervision and quality improvement. These improvements in health worker behaviors lead to improved counseling techniques and ultimately to improved maternal and caregiver practices.

ENABLING ENVIRONMENT

In order to improve the maternal nutrition and infant and young child feeding behaviors described above, IYCN works to create an enabling environment by ensuring that SBCC activities are closely linked to other health systems issues that IYCN is addressing. This includes: policy development and dissemination (Côte d'Ivoire, Ethiopia, Haiti, Lesotho, Madagascar, Mozambique, Nigeria, and Zambia), training materials development (all countries), monitoring and evaluation (all countries), supportive supervision (Côte d'Ivoire, Ethiopia, Haiti, Mali, and Zambia), and quality improvement activities (Ethiopia, Côte d'Ivoire, Nigeria, and Zambia). In addition, IYCN addresses cultural and social norms related to infant feeding through community-level activities (working though formal structures and informal networks as described above) and mass media activities that include radio and television. In Ghana and Zambia, IYCN used formative research to develop entertaining and informative radio programs to increase support for recommended practices. In Zambia, a 13-part radio series follows Sister Loveness, a health worker, as she travels around the country to teach families how to prevent malnutrition in their children. Each year, IYCN participates in World Breastfeeding Week activities in all of our country programs by partnering with and supporting government efforts to increase awareness and support of optimal feeding practices.

ANNEX 1. KEY PRACTICES AND BEHAVIORS

Practice	Behaviors
Audience: Health care providers	
Effective counseling skills	• Provide counseling that is responsive to the woman's needs and the growth and nutritional status of the child. • Give correct messages (including for HIV-positive mothers) that are in line with national policies. • Identify problems and offers solutions. • Give health talks that encourage mothers' participation and reflection. • Negotiate behavior change.
Give appropriate recommendations and advice	• Offer information and support that encourage optimal infant and young child feeding behaviors. • Interpret growth chart accurately and give correct advice. • Appropriately counsel HIV-positive mothers based on national guidelines and child's age. • Able to identify poor positioning and attachment and give correct advice.
Successfully facilitate health talks	• Speak slowly and clearly. • Encourage participation. • Keep the discussion focused on the topic. • Maintain an open and nonjudgmental atmosphere. • Engage in active listening. • Create a feeling of safety/comfort. • Promote problem-solving among participants. • Show empathy, understanding, and caring. • Use facial expressions and gestures that encourage participation. • Effectively use visual/job aids. • Plan for follow-up of unanswered questions. • Discuss practical solutions and encourage solutions from the group. • Provide up-to-date, accurate information. • Offer referrals appropriately (pre-printed if appropriate).
Refer women and families for appropriate services	• Give referrals to appropriate facility-based services. • Give referrals to community services/resource.
Audience: Women	
Infant and young child feeding	
Initiation of breastfeeding	• Start breastfeeding within first hour of birth. • Do not give prelacteal feeds. • Feed colostrum.
Exclusive breastfeeding for first 6 months	• Breastfeed on demand day and night. • Breastfeed from one breast until the baby releases and offer the second breast at each feeding. • Give only breastmilk. • Do not give water. • Express milk when separated from baby. • Do not use bottles.
Continued breastfeeding to 24 months	• Continue to breastfeed on demand day and night to two years of age and beyond.
Introduction of complementary foods	• Introduce complementary foods at 6 months. • Food is thick enough to stay on a spoon.

Practice	Behaviors
Feed energy- and nutrient-dense food	• Enrich child's food with fat and protein. • Give animal-source foods. • Give iron-rich foods. • Give vitamin A–rich foods. • Use fortified complementary foods.
Increase frequency of feedings	• Feed appropriate number of meals based on the child's age and nutrition needs. • If child is 6–8 months old and breastfed, provide food a minimum of two or three times per day. • If child is 9–24 months old and breastfed, provide food a minimum of three or four times per day plus two snacks. • If not breastfed, feed five times per day. • If not breastfed, give milk two times per day.
Give a variety of foods	• Give a variety of foods (minimum four or more food groups per day).
Responsive feeding	• Put child's food in separate bowl. • Encourage child to eat. • Do not force feed.
Hygienic preparation and handling of foods (including expressed breastmilk)	• Caregivers wash their hands with soap/ash for all of the following: before food preparation; before infant and child feeding; after defecation; after attending to a child who has defecated. • Caregivers wash the child's hands before feeding the child semi-solid or solid foods. • Caregivers feed the child semi-solid or solid foods within two hours of preparation. • Caregivers avoid baby bottles and cups with spouts.
Feeding during and after illness	• Maintain or increase breastmilk intake during and after illness for children 0–5 months old. • Maintain or increase breastmilk, other fluid, and food intake during and after illness for children 6 months or older.
Maternal nutrition	
Adequate diet	• Pregnant or lactating women consume additional food and liquids during pregnancy and lactation (i.e., one extra meal or snack during pregnancy and two extra meals or snacks during lactation). • Pregnant women gain adequate weight during pregnancy.
Consume iron-rich foods during pregnancy and lactation	• Consume iron-rich foods. • Take 90+ iron tablets during pregnancy. • Take iron tablets for at least 6 months postpartum.
Vitamin A consumption	• Consume fruits and vegetables rich in vitamin A. • Take vitamin A supplement within first 2 months postpartum.
Animal food consumption	• Consume animal-source foods.
Antenatal care	• Visit a skilled provider four or more times during pregnancy.
Diverse diet	• Eat a variety of foods. • Consume iodized salt.

Practice	Behaviors
Audience: Household	
Fathers support optimal maternal dietary and infant and young child feeding practices	• Encourage mothers to rest more during pregnancy. • Provide animal-source foods to mothers and children. • Accompany mothers on visits to the health facility.
Grandmothers support optimal maternal dietary and infant and young child feeding practices	• Encourage mothers to rest more during pregnancy. • Offer advice based on optimal maternal dietary and infant and young child feeding recommendations. • Feed children based on optimal feeding recommendations.
Audience: Community	
Community leaders support and promote optimal maternal dietary and infant and young child feeding practices	• Create new and utilize existing forums to discuss the importance of maternal, infant, and young child nutrition and promote reflection on current practices. • Encourage and support optimal infant feeding and maternal dietary practices.
Community health workers and volunteers support optimal maternal dietary and infant and young child feeding practices	• Provide counseling and support that is responsive to the woman's needs and the growth and nutritional status of the child. • Share correct information (including for HIV-positive mothers) that is consistent with national policies. • Identify problems and offer practical solutions. • Negotiate behavior change. • Offer information and support that encourage optimal infant and young child feeding behaviors. • Interpret growth chart accurately and give correct advice. • Provide up-to-date, accurate information. • Give referrals to appropriate facility-based services. • Give referrals to community services/resource.

ANNEX 2: MATRIX OF INFANT AND YOUNG CHILD FEEDING PRACTICES AND MATERNAL NUTRITION[i]

[Name of country]

Background statistics for country				
Infants and young children	**Statistic**	**Source and year**	**Geographic region** *(note if national/other area)*	**Comments/interpretation** *(note age/geographic differences and conflicting statistics)*
Percentage of children with: • Underweight (–2WAZ) • Stunting (–2HAZ) • Wasting (–2WHZ)				
Women *(Women of reproductive age [WRA] or mothers of young children)*	**Statistic**	**Source and year**	**Geographic region** *(note if national/other area)*	**Comments/interpretation** *(note age/geographic differences and conflicting statistics)*
Percentage of WRA with short stature (<145 cm) as indicator of chronic malnutrition Percentage of WRA with body mass index (BMI) <18.5 Percentage of WRA who are anemic Percentage of WRA who are HIV positive				

i Adapted from Dickin K, Griffiths M. *Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding.* Washington, DC: The Manoff Group & Ellen Piwoz, AED, SARA Project; 1997.

Breastfeeding				
Ideal practices	**Current practices** *Fill in information about the country's infant feeding practices using quantitative and qualitative data, noting the source. If possible, give synopsis of the practice, in addition to data.*	**Barriers** *Fill in main barriers identified or perceived for this practice. Note if more information is needed.*	**Facilitators** *Note facilitators that could be used to support behavior change for this practice.*	**Comments** *How common is the practice? Among which groups? Does this practice merit focus for this program?*
Initiation of breastfeeding • Within first hour • Within one day • No prelacteal feeds • Feed colostrum				
Exclusive breastfeeding for first 6 months • On demand day/night • Only breastmilk • Use expressed milk • Avoid bottles				
Continued breastfeeding on demand to 24 months				

Complementary Feeding				
Ideal practices	**Current practices** *Fill in information about the country's infant feeding practices using quantitative and qualitative data, noting the source. If possible, give synopsis of the practice, in addition to data*	**Barriers** *Fill in main barriers identified or perceived for this practice. Note if more information is needed.*	**Facilitators** *Note facilitators that could be used to support behavior change for this practice.*	**Comments** *How common is the practice? Among which groups? Does this practice merit focus for this program?*
Introduction of complementary foods • Soft and semi-solid food at 6 month				
Feed energy- and nutrient-dense food • Enrich child's food with fat and protein • Give animal foods, iron-rich foods, vitamin A–rich foods • Vitamin A supplement				
Increase frequency of feedings and variety • If breastfed and 6–8 months old, feed food 2–3 times/day • If breastfed and 9–24 months old, feed food 3–4 times/day plus 2 snacks • If not breastfed, feed 5 times/day and give dairy • Increase variety with age (3+ foods/day for breastfed, 4+/day for non-breastfed)				

Responsive feeding, food hygiene and feeding of sick child				
Ideal practices	**Current practices** *Fill in information about the country's infant feeding practices using quantitative and qualitative data, noting the source. If possible, give synopsis of the practice, in addition to data*	**Barriers** *Fill in main barriers identified or perceived for this practice. Note if more information is needed.*	**Facilitators** *Note facilitators that could be used to support behavior change for this practice.*	**Comments** *How common is the practice? Among which groups? Does this practice merit focus for this program?*
Responsive feeding: • Put child's food in separate bowl • Encourage child to eat				
Hygienic environment • Hygienic preparation and handling of food (including expressed breastmilk) • Caregiver and child wash hands before eating • Avoid baby bottles				
Feeding during and after illness • Continue breastfeeding and liquids (if older than 6 months) • Offer food				

Maternal nutrition and health behaviors				
Ideal practices	**Current practices** *Fill in information about the country's infant feeding practices using quantitative and qualitative data, noting the source. If possible, give synopsis of the practice, in addition to data*	**Barriers** *Fill in main barriers identified or perceived for this practice. Note if more information is needed.*	**Facilitators** *Note facilitators that could be used to support behavior change for this practice.*	**Comments** *How common is the practice? Among which groups? Does this practice merit focus for this program?*
Iron consumption • Consume iron-rich foods • Take iron tablets during pregnancy				
Vitamin A consumption • Consume fruits and vegetables rich in vitamin A • Take vitamin A supplement postpartum				
Animal food consumption • Consume animal-source foods				

Maternal nutrition and health behaviors (continued)				
Ideal practices	**Current practices** *Fill in information about the country's infant feeding practices using quantitative and qualitative data, noting the source. If possible, give synopsis of the practice, in addition to data*	**Barriers** *Fill in main barriers identified or perceived for this practice. Note if more information is needed.*	**Facilitators** *Note facilitators that could be used to support behavior change for this practice.*	**Comments** *How common is the practice? Among which groups? Does this practice merit focus for this program?*
Antenatal care • Visit a skilled provider once • Visit a skilled provider four or more times • Delivery assisted by skilled provider • Delivery in facility				
Adequate and diverse diet • Eat an adequate and diverse diet • (Mention any common food taboos)				

Sources of information on infant and young child feeding and maternal nutrition used for matrix

After filling in the table, please put the number of the resource source (e.g., #2) next to the relevant information in the tables above. If anecdotal information is used, please list as a source.

	Name of resource and year	Type of resource	Limitations of resource	Where resource can be found (web address preferable)
1				
2				
3				
4				
5				
6				

ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact info@iycn.org or visit www.iycn.org.

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