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.**

Prioritize

Steps for Quality

SBC

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?

Behavior Gap: How much change is needed for 80 percent of the target population to practice the behavior?

Potential to Impact Results: To what extent will addressing the behavior gap help achieve program outcomes?

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.