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 interventions 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.

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MODULE 1. PRIORITIZE COMPLEMENTARY FEEDING BEHAVIORS

An overview of this module: This module guides you to identify the specific complementary feeding behaviors most likely to ensure that the program reaches its goal. In this module, you will analyze behaviors based on a set of criteria. The story of two practitioners who follow the process starts in this module and continues throughout the workbook.

Before you begin this module: Identify the team of technical experts and key stakeholders familiar with the context who will feed into the prioritization process. After reading through the module, gather the experts and stakeholders to prepare for prioritization.

The output of this module: List of priority behaviors and their indicators
The list of priority behaviors will be used throughout the program design, implementation, and MEL. Continue to align plans with these priority behaviors.

Steps in this module:
I.1 Clarify program goals by nutritional status or program outcomes.
I.2 Determine the behavior prevalence and gap for the context.
I.3 Assess the potential to impact results.
1.4 Assess the potential ability to change.

1.5 Narrow the behaviors and determine program and policy fit.

BACKGROUND

Prioritizing behaviors is an essential start for high-quality SBC program development on any topic because behavior (what people do) is the outcome closest to the ultimate goal of the program (improved livelihoods, improved nutritional status, enhanced resilience to shocks). Prioritizing behaviors is key for two reasons:

1) Prioritization ensures that a program identifies behaviors most closely related to achieving the desired outcome. Without knowing from the start which behaviors will make a difference in the program’s context, your work is likely to go in other directions. The prioritization process also considers which behaviors are suitable for implementation conditions. This aspect of prioritization improves resource use because programs do not try to change conditions that are beyond their means or take on behaviors that many other groups are addressing.

2) Prioritization enables programs to have impact by focusing on a smaller number of behaviors. Programs that try to change many behaviors are likely to encounter problems with implementation quality and are less likely to focus on sustained change (Packard 2018). Focusing on fewer behaviors also prevents overwhelming program participants, increasing the likelihood of sustained change.

On the surface, complementary feeding may appear to be a single behavior, but it is actually a cluster of interrelated behaviors. Identifying the right behaviors to target is critical to success in improving the quality of complementary feeding, which often appears resistant to change. Although often linked with the health sector, improving young children’s diets also requires actions from sectors beyond health, such as agriculture, food processing, and social protection. Without a focus for these sectoral activities, activities can miss the mark of what families need to improve child feeding. When the optimal practice of priority behaviors requires inputs from these sectors, it is easy to see each sector’s role and align their inputs for the user, which is the child’s caregiver in the case of complementary feeding.

Behavior prioritization benefits from inputs from SBC experts, technical experts and key stakeholders. It requires team competencies around interpreting data, especially in the context of complex behaviors, and segmenting participant groups for each behavior. Prioritization decisions should be based on relevant data from existing research and from knowledgeable program actors. The steps for prioritization are outlined below, and the worksheets align with the Prioritizing Multi-Sectoral Nutrition Behaviors tool, which is a guide for the process.
1.1 CLARIFY PROGRAM GOALS BY NUTRITIONAL STATUS OR PROGRAM OUTCOMES.

The more clearly you define the program goals, the easier it will be to list the behaviors important for achieving those goals. For example, if the goal is to improve nutritional status, does this mean reducing stunting, wasting, or both? Once you have defined the goal, review data on the prevalence of relevant conditions in different geographic areas or among populations of interest to the program. If data are not available for the specific program context, make estimations based on similar groups or contexts, or on national-level data. This will help you assess the importance of improving complementary feeding behaviors for reaching the identified goal and identify ages and locations of high concern. If you decide that improving the diet of children 6–23 months is clearly needed to reach the goal, the next step is to consider the globally recommended complementary feeding behaviors (annex 1).

KEY CONSIDERATION. If you choose to prioritize complementary feeding based on your program’s nutrition goal, examine the complementary feeding behaviors that people in the community practice. This step is often overlooked and is needed for impact. Although the emphasis here is on all complementary feeding behaviors, this primary focus does not mean that other related behaviors needed to reach your program goal, such as exclusive breastfeeding, are ignored. The need to balance all of the behaviors for young children makes prioritization of specific complementary feeding behaviors all the more important.

As you begin the process of prioritizing complementary feeding behaviors, identify and collect sources of information about the practice of those behaviors nationally and locally as possible. Child feeding and nutrition information can be pulled from DHS; Multiple Indicator Cluster Surveys; government, donor, and nongovernmental organization (NGO) reports on the nutritional situation and nutrition programs; university publications and dissertations; nutrition surveys; market surveys and price information; food consumption data; ethnographic reports; and census data (Dickin, Griffiths, and Piwoz 1997). These data sources will help you better define which of the different behaviors are being practiced and to what extent. Add selected behaviors to worksheet 1.1.
1.2 DETERMINE THE BEHAVIOR PREVALENCE AND GAP FOR THE CONTEXT.

For each behavior listed in worksheet 1.1, note the percentage of the population or group of interest that is currently practicing each behavior. If data are not available for the group or context of interest, you can estimate the behavior prevalence based on similar groups or contexts or national-level data using indicators in annex 1. Determine the behavior gap or the amount of change needed for 80 percent of the population of interest to practice the behavior, using a scale of 1–5 (1 for minimal change, 5 for the most change).

If data are available for particular age segments (under 6 months [early introduction of food]; 6–8 months; 9–12 months; 12–23 months), these should be noted. For complementary feeding, disaggregation of each behavior by age group is important because a low prevalence in one age group, such as 9–11 months, can be masked when looking at all children. This is because feeding practices often vary by age, as the child grows.

For example, in Mozambique, data suggest that feeding frequency is good for children 6–11 months, but dietary diversity among this group is very low. Children over 12 months, however, have the opposite issue, when diversity increases but frequency is inadequate (Ministério da Saúde, Governo de Moçambique 2018).

Worksheet 1.1 Initial Prioritization

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Behavior Prevalence</th>
<th>Behavior Gap (1–5)</th>
<th>Potential to Impact Results (1–5)</th>
<th>Average</th>
<th>Potential Ability to Change (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complementary Feeding of Young Children</strong></td>
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<tr>
<td>Feed with age-appropriate frequency, amount, and consistency</td>
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<tr>
<td>Feed children 6–23 months old a variety of age-appropriate, safe, diverse, nutrient-rich foods</td>
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<td>Prepare food and feed children hygienically</td>
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<tr>
<td>Feed responsively</td>
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<td><strong>Feeding During and After Illness Episodes</strong></td>
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<tr>
<td>Ensure children continue to breastfeed and eat when ill</td>
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<tr>
<td>Give age-appropriate recuperative feeding for 2 weeks after illness</td>
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1.3 ASSESS THE POTENTIAL TO IMPACT RESULTS.

This is a judgment the team must make based on the extent of the behavior gap, and again, the importance of the behavior to the desired outcome. Score based on which will have the biggest impact on the intended nutrition outcome. That means 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, for example, dietary diversity, at least in an initial prioritization. Again, use a scale of 1–5 (with 1 as lowest potential to impact results and 5 as the highest).
1.4 ASSESS THE POTENTIAL ABILITY TO CHANGE.

This assessment answers the question: Given the available resources, services, and constraints in the program area (e.g., food availability), does existing research show that the behavior can shift? Answers to this question generally come from qualitative research that looks at why people do or do not practice certain behaviors and from program evaluations. Write “yes” or “no” in the final column of worksheet 1.1. If there is not enough information to make this determination at this stage, leave this score blank for now. Plan to explore this with formative research and fill in the column later.
1.5 NARROW THE BEHAVIORS AND DETERMINE PROGRAM AND POLICY FIT.

Add four to six behaviors with the highest average in worksheet 1.1 to the Behaviors column in worksheet 1.2 below. Carefully consider any behaviors with a “no” in the final column of worksheet 1.1 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.

The program “fit” is based on the program’s time, competencies, and resources needed to promote the practice. If young children’s diets are the focus of a program, you may have prioritized all of the behaviors, emphasizing age groups for each. However, if improving children’s diets is only one aspect of your program, you may want to focus on a few select complementary feeding behaviors. Identifying these behaviors, as the first step, sets MEL plans on the right track.

Use a number from 1 to 5, 1 being the lowest and 5 being the highest or best fit. Any behaviors covered by another arm of the project should be scored a 5. Note whether each behavior is a national or local policy by writing “yes” or “no” in the final column. Select three to five behaviors with the strongest program fit while making sure these behaviors align with policy priorities (marked as “yes” in the final column of worksheet 1.2). If you find it difficult to narrow to three to five behaviors, you can select more as priority behaviors, but plan to address the behaviors in phases.

Worksheet 1.2 Prioritization Based on Program and Policy Fit

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Program Fit (1–5)</th>
<th>National or Subnational Policy Priorities (Yes or No)</th>
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Now you have an initial list of priority behaviors for your program. Share these with your full program team and partners. Through this process, you have identified what people need to do to achieve the intended outcomes, which will keep all of the activities planned on track and guide monitoring for each step of the way. Use these prioritized behaviors to focus formative research in module 2. 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 worksheet 1.1 is blank. Following formative research, as you use the findings to design an SBC strategy in module 3, update scoring as necessary and make the behaviors more specific to the program context.
Seizing an Opportunity for Change

Program planners, Maryam and Brian, have worked to improve child nutrition in their region for many years. Despite some gains, the number of malnourished children in their area remains high—the data they collect confirms this. But Maryam and Brian also see the reality with their own eyes during routine visits to communities, homes, and health clinics.

They have also noticed that almost all families and communities they visit have very little support for caregivers to overcome barriers to proper complementary feeding practices. They talk often about how they can help mothers, fathers, and other family members adopt better practices because they know from scientific literature that better complementary feeding contributes to better health outcomes for children.

Overcoming a Difficult Roadblock

They’re thrilled when the Ministry of Health (MOH) director asks them to develop a multi-sectoral program to strengthen complementary feeding. But they’re also worried because changing behaviors around complementary feeding is an enormous challenge. Like in many countries, the situation in their region is complex. Their programs have shown good progress in breastfeeding and antenatal care, but progress in children’s diets has stalled. The multiple indirect and underlying causes of malnutrition make it difficult to know where to start.

As Maryam and Brian struggle to choose which behaviors they will target first, a colleague from the Ministry of Health recommends that they use the Behavior Prioritization tool. They tell her it’s just what they need! As they gather nutrition technical team members to complete the tool together, they begin to feel more hopeful. With the help of the group, they clarify nutrition and other program outcomes and goals by finding them in the original nutrition program proposal.

Prioritizing Behaviors to Target

Next, the team reviews recommended complementary feeding behaviors. Brian is surprised to see that complementary feeding actually consists of six behaviors! He is used to talking about complementary feeding in a general way. Maryam explains that she knows well, as a mother, that there are many parts to child feeding and that she hopes he will experience that as a father someday. This reminds Maryam of the time she was feeding her child and was hit in the eye with a piece of flying sweet potato. Together, they get a good chuckle and try to refocus.

They find data for some of the behaviors, but for others, such as food hygiene and responsive feeding, the team asks experts in the district health office and other projects to share reports. Reviewing the data and experience, they ask these questions: Where are there behavior gaps, meaning which behaviors are not practiced now to the extent needed? Are there differences by children’s ages? Which behaviors are within the program mandate?

They complete the prioritization process with four complementary feeding priority behaviors (example worksheets 1.1 and 1.2):

1. Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months, with emphasis on children under 12 months.
2. Caregivers feed children 6–23 months with age-appropriate frequency, amount, and consistency, while continuing to breastfeed.
3. Caregivers feed young children 6–23 months in a responsive manner.
4. Caregivers provide recuperative feeding for children 6–23 months for 2 weeks after illness.

**Staying Focused**

Some staff are confused about why not all of the behaviors have been prioritized and ask about the others. What about fathers’ or grandmothers’ behaviors? Or home gardens? Maryam and Brian explain that these may come later as supporting actions. All of the activities should lead to the priority behaviors of caregivers that are closest to the expected outcomes. They also explain the importance of staying focused on key behaviors and not taking on too much.

Once everyone agrees, Maryam, Brian, and their team members share the priority behaviors during a planning meeting.

**CHECKLIST**

**Did you:**

- [ ] Clarify program goals by nutritional status or program outcomes?
- [ ] Determine the behavior prevalence, behavior gap, and potential to impact results for the context?
- [ ] Assess the potential ability to change?
- [ ] Determine program and policy fit?
- [ ] Share the priority behaviors across your teams or program?
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