USAID
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ENABLING BETTER COMPLEMENTARY FEEDING
GUIDANCE AND WORKBOOK
MODULE 1

USAID ADVANCING NUTRITION

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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

Module 1 **Prioritize Complementary Feeding Behaviors**

Module 2 **Plan and Conduct Formative Research**

Module 3 **Design an SBC Strategy to Improve Complementary Feeding**

Module 4 **Prepare the Implementation and Monitoring, Evaluation, and Learning Plans**

Module 5 **Implement, Monitor, and Adapt Activities to Improve Complementary Feeding**

Module 6 **Evaluate Activities to Improve Complementary Feeding**

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:

1.1 Determine the behavior prevalence and gap for the context.

1.2 Assess the potential to impact results.

1.3 Assess the potential ability to change.

1.4 Narrow the behaviors and determine program and policy fit.

BACKGROUND

Prioritizing behaviors is essential for high-quality SBC programming because behavior (what people do) is the outcome closest to the ultimate goal of the program.

A BEHAVIOR CONSISTS OF:

person + action verb + issue to be addressed + geography or other specifics (as relevant).

FOR EXAMPLE:

Caregivers (could be the mother, father, aunt, or others) + feed the child + in a responsive manner.

Programs that choose to focus on complementary feeding are typically aiming to improve the nutritional status (reducing stunting, wasting, iron-deficiency anemia, or overweight) of young children. Programs that try to change many behaviors are unlikely to achieve quality because their attention is spread thinly across many participants and activities, and they are less likely to sustain change (FANTA 2018).

Prioritization enables programs to:

- identify and address behaviors that will make the biggest nutrition impact, are the most suitable to the context, and are feasible to change
- efficiently manage time and resources because of the narrowed scope
- achieve and sustain impact.

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.

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. As you assess the following criteria, use the notes column in worksheet 1.1 to highlight any nuanced findings or subjective assessments in an absence of data. For example, if you already have research that shows which diverse foods people are willing to feed children, add that now.

1.1 DETERMINE THE BEHAVIOR PREVALENCE AND GAP FOR THE CONTEXT.

For each behavior listed in worksheet 1.1, note whether the behavior is widely practiced, moderately practiced, or minimally practiced among the population or group of interest by denoting high, medium, or low, respectively, in the behavior prevalence column. Use the indicators in Annex 1.

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. 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).

Tip: If data are not available, estimate the behavior prevalence based on similar groups or contexts or national-level data using indicators in annex 1. You can also work with your team to explore and discuss what is known about the behaviors based on local experience. To answer these questions, if needed, consult internal or external technical/subject matter experts, participants, community leaders, policymakers, or other people who might be familiar with if and how the behavior is practiced:

- **Have you seen this behavior being practiced? Is it common?**
- **Is it practiced consistently across age groups? Is it practiced similarly or differently for children with feeding difficulties or disabilities? Is it practiced consistently across regions?**

Write down key points from the discussion in the notes column of worksheet 1.1.

Determine the behavior gap or the amount of change needed for 80 percent of the population of interest to practice the behavior, using high (for most change), moderate (for some change), and low (for minimal change).

Worksheet 1.1 Initial Prioritization

Behaviors	Behavior Prevalence (high, medium, or low)	Behavior Gap (high, medium, or low)	Potential to Impact Results (high, medium, or low)	Average (high, medium, or low)	Potential Ability to Change (Yes or No)	Notes
Complementary Feeding						
Caregivers feed children 6–23 months of age with age-appropriate frequency, amount, and consistency while continuing to breastfeed children.						
Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months of age.						
Caregivers prepare and feed children 6–23 months of age hygienically.						
Caregivers feed children 6–23 months of age in a responsive manner.						
Feeding During and After Illness Episodes						
Caregivers ensure children 6–23 months of age continue to breastfeed and eat during illness.						
Caregivers provide children 6–23 months of age recuperative feeding for 2 weeks after illness.						

Photo credit: Yoeum Phorn

1.2 ASSESS THE POTENTIAL TO IMPACT RESULTS.

This is a judgment the team must make based on the extent of the behavior gap, a comparative analysis across behaviors, 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. Score with high, medium, or low potential to impact results.

Photo credit: MCHIP

1.3 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.

1.4 NARROW THE BEHAVIORS AND DETERMINE PROGRAM AND POLICY FIT.

Add four to six behaviors ranked the highest 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.

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Mark with "poor," "moderate," or "good" with "poor" indicating the behavior does not fit well with the program and "good" meaning a good fit. Any behaviors covered by another arm of the project should be considered a "good" fit. Note whether each behavior is a national or local policy by writing "yes" or "no" in the final column.

KEY CONSIDERATION. If the country in which you are working has a national strategy, follow the basic framework of the strategy while drilling deeper into the behaviors and what they mean for your program specifically. This might mean prioritizing certain behaviors in the strategy over others and/or further refining the behavior into a small doable action since your program alone likely won't be able to address everything in the strategy.

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

Behaviors	Program Fit (poor, moderate, good)	National or Subnational Policy Priorities (Yes or No)

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.

ILLUSTRATIVE STORY: MARYAM AND BRIAN DESIGN A COMPLEMENTARY FEEDING PROGRAM

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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