

Behaviors for Better Complementary Feeding

An SBC Workshop Series

Key Takeaways

May 18–June 22, 2023



Photo credit: John Healy/The Manoff Group

Workshop I: Achieve More with Fewer Resources! Start with the Outcomes (Behaviors) and Prioritize

We begin with behaviors because behaviors (what people do) are the outcome closest to the ultimate goal of the program—improved nutrition outcomes. For complementary feeding, this means we **start with the behaviors of caregivers**. A helpful formula for a behavior follows:

FORMULA: SPECIFIC PRIMARY ACTOR + ACTION VERB + FREQUENCY, GEOGRAPHY, OR OTHER SPECIFICS (IF NEEDED)

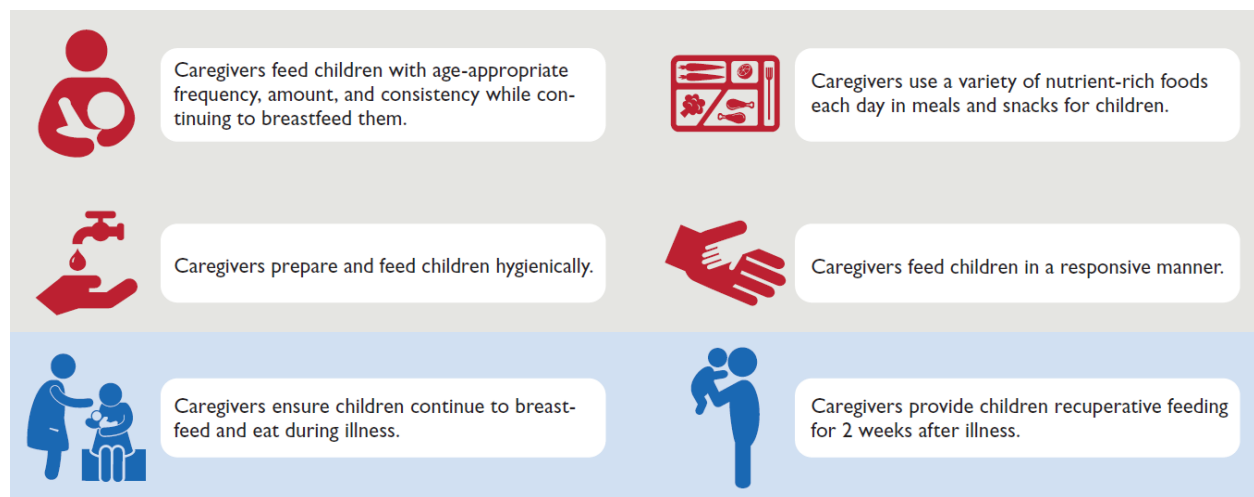
EXAMPLE: CAREGIVERS FEED CHILDREN 6-23 MONTHS A VARIETY OF AGE-APPROPRIATE, SAFE, DIVERSE FOODS DAILY

The complementary feeding period matters—A LOT!



What, how much, how often, and with what help a child should eat must evolve to meet his or her changing needs. **Complementary feeding is not just one behavior.** For complementary feeding, it is important to prioritize behaviors. Prioritization starts with six globally recommended behaviors (figure 1) that have been shown to reduce malnutrition, especially stunting and wasting, in young children.

Figure 1. Globally Recommended Complementary Feeding Behaviors



These are high-level and applicable behaviors no matter where you are in the world. For each context, determine which of these behaviors to focus on more and what those prioritized behaviors could look like in practice given the local social and food environment.

Experience shows us that programs that try to promote all behaviors—of any topic—have less success than programs that prioritize. Programs that focus on fewer behaviors can concentrate their resources and implement with quality; they are better set up for sustainability than programs that try to do everything at once. Prioritization avoids overwhelming participants and program staff. The idea of prioritization may be new for programs, management, and government stakeholders, but it is critical for achieving results. Prioritization requires subjective decision-making informed by data for four criteria: behavior prevalence and gap, potential to impact results, potential ability to change, and program and policy fit.

Based on the [prioritization process](#), come up with a list of priority behaviors to focus on changing over the life of the project. This list helps to focus any formative research that may be conducted. During formative research or implementation, seek to learn more from participant groups about their willingness and ability to practice specific behaviors, given their available resources, time, interest, and social support. Use any findings to update the scoring on the behavior prioritization tool as needed and refine the priority behaviors.

GLOBAL BEHAVIOR: Caregivers use a variety of nutrient-rich foods each day in meals and snacks for children 6–23 months

EXAMPLE REFINED BEHAVIOR: Caregivers feed children 6–9 months an egg each day

Workshop II: For Deep and Lasting Change, Follow the Pathways!



To [build pathways to change as the framework for our SBC strategy](#), we need to understand our prioritized behaviors and the [factors](#) (figure 2) or barriers that might be preventing and enablers that might be supporting caregivers to practice the behaviors in a given context. We might be able to explore some of these with existing research; however, carefully [designed formative research](#) can lead to a deeper understanding.

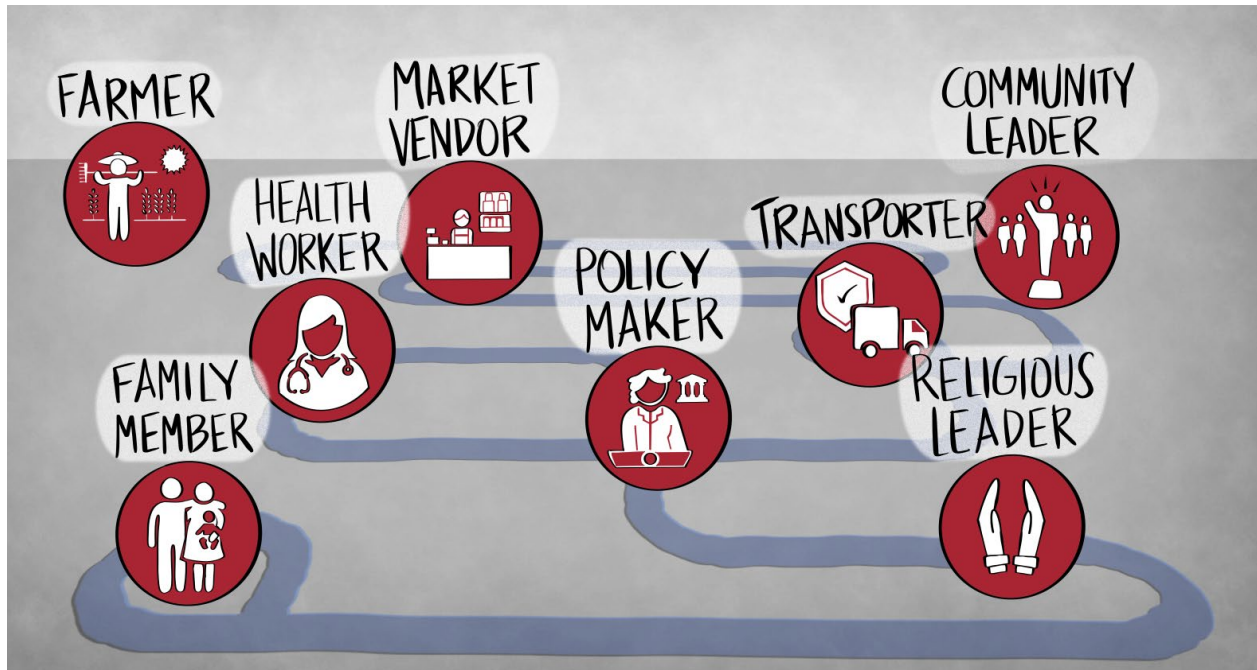
Figure 2. Factors That Influence Complementary Feeding Behaviors

STRUCTURAL	ACCESSIBILITY <ul style="list-style-type: none"> • Cost • Time • Distance • Availability 	PROVIDER COMPETENCIES <ul style="list-style-type: none"> • Interpersonal communication • Technical proficiency or skills • Respect 	FACILITY EXPERIENCE <ul style="list-style-type: none"> • Infrastructure • Hours • Supportive policies
	FAMILY AND COMMUNITY <ul style="list-style-type: none"> • Monetary or material support • Acceptance and approval • Task support 	GENDER <ul style="list-style-type: none"> • Decision-making • Control of income • Status and value of girls and women 	NORMS <ul style="list-style-type: none"> • Standard practice • Expected practice • Sanctions and enforcement
	ATTITUDES AND BELIEFS <ul style="list-style-type: none"> • Perceived value • Perceived consequences • Perceived identity • Emotional response • Perceived convenience 	SELF-EFFICACY <ul style="list-style-type: none"> • Confidence in ability SKILLS <ul style="list-style-type: none"> • Learned ability 	KNOWLEDGE <ul style="list-style-type: none"> • Awareness • Understanding • Information

Adapted from ACCELERATE

Next, understand the supporting actors (figure 3) who could support complementary feeding by reducing a barrier or enhancing a support. Make sure activities engage these people to address the most important factors for the prioritized behaviors.

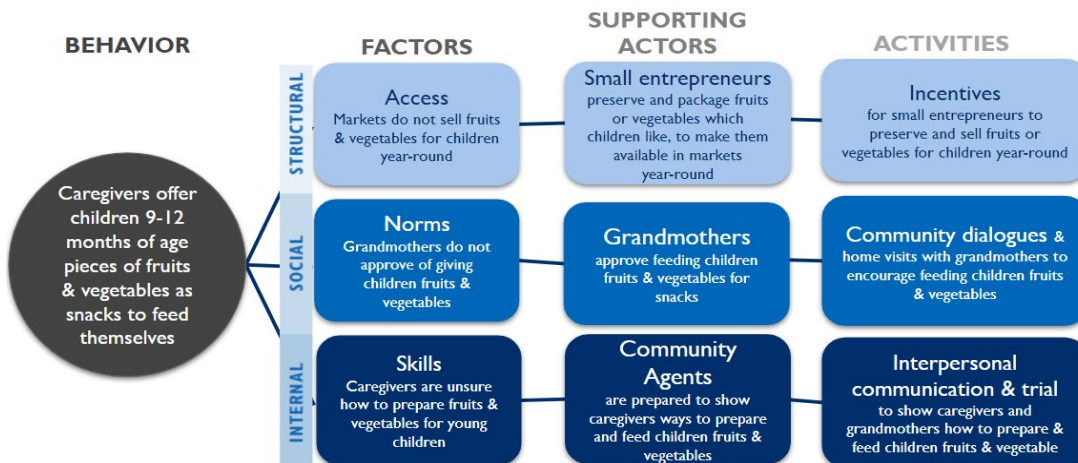
Figure 3. Supporting Actors for Complementary Feeding Behaviors



If we are going to truly support and enable people to improve practices, we must address their needs. It is not always that people won't change; often they cannot change because of access issues or inadequate policies, services, or products. Even when those structural barriers are lowered, there are many factors influencing what is done besides simply knowing what is optimal. Sustained change requires more than simply telling people what should be done. If having good information was enough, we would all be healthy eaters.

So, when we're planning activities, consider what will address the factors and engage the supporting actors (figure 4). Think about all levels of factors—not only internal (knowledge, skills)—and beyond the typical instructional, information-sharing activities. This is your opportunity to be creative!

Figure 4. Example Behavior Profile



Key Tip! Remember to check your pathways. To achieve the change you expect, activities must explicitly link back to a specific factor and engage the people who need to take action to address that factor. You build the pathway from left to right; check from right to left to be sure of the clear linkages.

Let's review one pathway. For example, a program aims to improve dietary diversity through a behavior such as, "caregivers offer children 9-12 months of age pieces of fruit and vegetables as snacks." In this context, imagine that social norms influence what foods and when children are fed, including snacks, and that grandmothers uphold these norms. The program expected to teach caregivers about snacks through the planned women's groups.

<p>Behavior: Caregivers offer children 9-12 months of age pieces of fruit and vegetables.</p>	<p>Factor: Social norms are that grandmothers determine what foods children are fed.</p>	<p>Supporting Actors: Grandmothers</p>	<p>Activity: Women's groups</p>
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When reviewing the pathways back from right to left, the program team realized that women's groups would not be able to engage enough grandmothers to truly reflect on and address the social norms. They decided to add community dialogues with grandmothers to support the intended change in the behavior. They see from this pathway that the dialogues need to actively engage grandmothers and the people who influence grandmothers to reflect on norms related to snacks. With this shift, they confirmed the pathway.

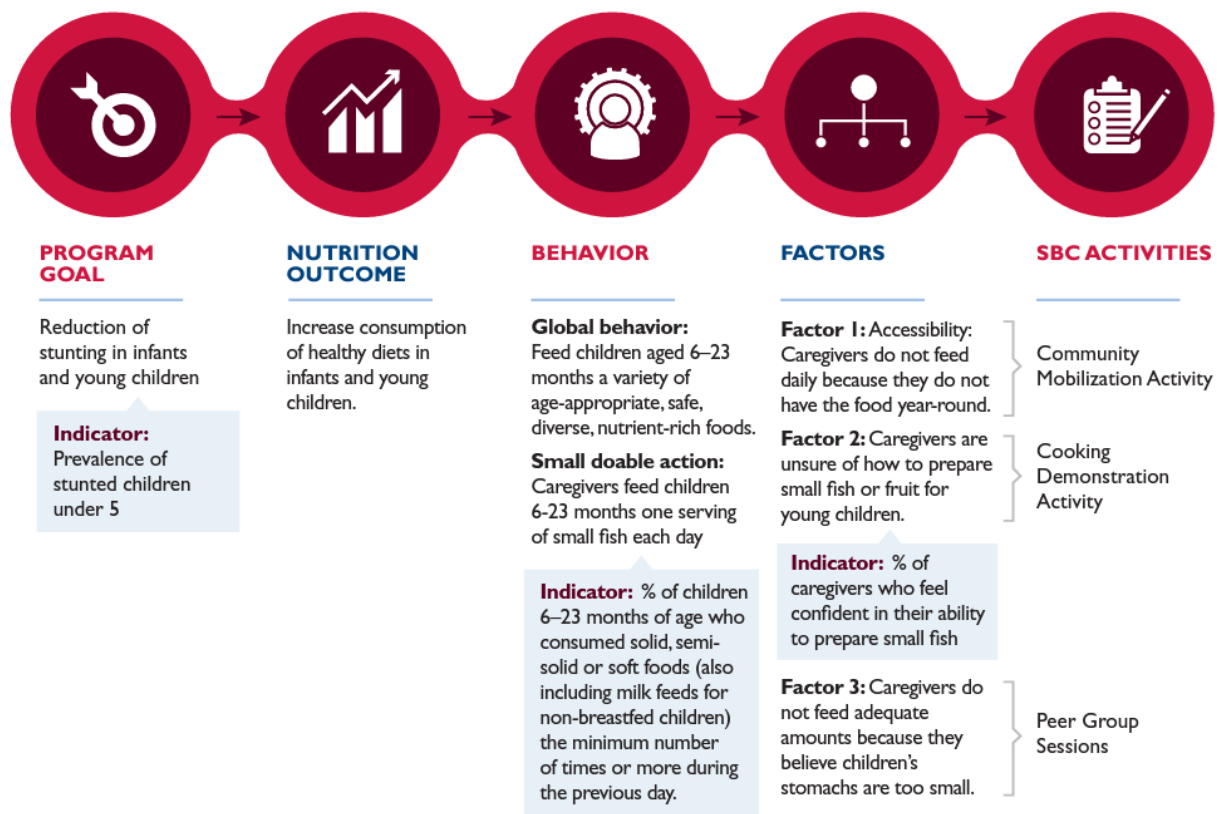
<p>Behavior: Caregivers offer children 9-12 months of age pieces of fruit and vegetables.</p>	<p>Factor: Social norms are that grandmothers determine what foods children are fed.</p>	<p>Supporting Actors: Grandmothers</p>	<p>Activity: Community dialogues with grandmothers to reflect on social norms around snacks for children</p>
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Workshop III: Now's the Time! The Case for Monitoring SBC

Behavior change is incremental, and change can move in various directions (forward, then backward, then forward again, with pivots and adjustments as you go). We need data from multiple time points in order to pinpoint the full scope of an individual's change in their behavior or behaviors, or integration of new behaviors. **Because people and contexts shift continually, mid-term and endline measures, while useful, may not be timely enough or indicate the full extent to which a program is on track.** Consistent [monitoring](#) helps us see our progress to: 1) know where changes are or are not taking place and adapt accordingly, 2) understand who is benefiting from the program and how they have benefited, and 3) hold us accountable to communities with whom we work.

We can **follow our pathways to change to know what should be monitored (figure 5); only monitoring behaviors is not enough!** Indicators are the specific metrics of monitoring programs; they are what we are monitoring, as decided ahead of time by the program implementing and evaluating teams.

Figure 5. Example Indicators to Monitor Along the Pathway to Change



The key to monitoring behaviors is specificity. Tailor the indicator to the program's context, as necessary, ensuring the most appropriate participant group is counted. Consider the age, location, and other demographic information that might need to be refined to properly measure your priority behavior using the indicator. Use the [globally recognized indicator](#) in addition to more specific behavior and factor indicators so that you can measure progress that your program is making toward your behavioral objectives and your contribution to the globally recognized indicator.

For most nutrition and complementary feeding behaviors, there is no need to start from scratch with developing your indicators, as so many already exist. If you are unable to find appropriate indicators, work with MEL experts to design new ones (figure 6).

Don't measure alone! Engage technical experts and MEL and SBC colleagues to be sure the indicators reflect the change pathways.

We may not be able to monitor all priority behaviors and factors regularly, so **select those that are most important and relevant for the stage of program implementation and feasible to monitor**. Indicators may be related to program processes or outputs to see if you are reaching participants as intended, such as the number of community health workers trained in counseling, or indicators may be for factors that are more difficult to measure such as decision-making autonomy.

Review evidence to better understand how quickly nutrition behaviors and factors are expected to change in your context. When that evidence is unavailable, consider measuring behaviors annually through surveys and factors quarterly. You can measure both behaviors and factors more frequently, as necessary, through intermediate monitoring, using low-touch, low-resource approaches like reviewing data from program activities (e.g., supervision checklists, records from home visits or peer groups), conducting observations, and holding feedback sessions with program participants. In all cases, triangulate the information using multiple data sources.

Convene a broad, multidisciplinary team to interpret the data and be sure to share with the community. There are several options for sharing data with communities, such as through a [dashboard](#), [scorecard](#), [visual tracking tool](#), or [community dialogue](#). Community dialogues offer an opportunity to share and discuss findings with communities and participants so they understand and can use the findings as they see fit. This collaboration can also help us contextualize trends and gather recommendations for adaptations. For example, as part of monitoring a program, we may hold community consultations during which we find out that caregivers have concerns about negative judgments by extended family members and neighbors due to food customs about feeding children eggs. We could then use community dialogues and other communication activities to address these concerns.

Often we ask what impact SBC has had on nutrition outcomes. The best way to determine that is through data. Here are two options:

1. Impact Evaluation: Impact evaluations need to account for the counterfactual—what would have occurred without the intervention—through the use of an experimental or quasi-experimental design using comparison and intervention groups. Impact evaluations offer rigor but take time, resources, and careful planning.

2. “Package of Proof:” If an impact evaluation is not an option, consider pulling together your own carefully curated data points to tell your SBC program’s story of how it likely contributed to changes that are occurring—a “package of proof.” The package of proof could include the following:

- Global Research and Behavior Profiles: which compile several data points to show what works to improve nutrition behaviors

Figure 6. Indicator Formula

[percentage/number/proportion of]
+ [who/what]
+ [verb (did, receive, etc.) _____]
+ [optional: when, where, how long, disaggregation]

Example: [Percentage of]
+ [mothers of children between 6 and 23 months]
+ [who fed their child porridge with ASF at least once per day]
+ [the week prior to the survey]

- **Local Research or SBC Formative Research:** Builds from the global research to refine solutions that are tailored to your context. It outlines the most critical behaviors, factors, and supporting actors that should be considered in your program's SBC work.
- **Activity Monitoring Data:** Uses quantitative and qualitative data to track the behaviors, factors, activities that were developed, implemented and guided by the local research.
- Any relevant evaluations that your program conducted
- **Contextual Data:** That quantifies or qualifies things outside of your program's control or manageable interest; that may still impact the behaviors that are changing.

See more in this guide and practical tools for improving nutrition SBC evaluations.

[Measuring Social and Behavior Change in Nutrition Programs: A Guide for Evaluators](#)

[Tools for Designing and Conducting Social and Behavior Change Evaluations](#)

Explore our [Enabling Better Complementary Feeding: Guidance and Workbook](#) for a deeper dive on these key concepts and more tips and examples!



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