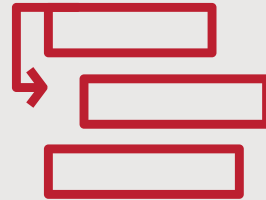




PRIORITIZING MULTI-SECTORAL NUTRITION BEHAVIORS

Social and behavior change (SBC) programmers can use this tool with technical experts and stakeholders to prioritize behaviors during multi-sectoral nutrition program design.

Behavior prioritization is an important step in multi-sectoral nutrition programming to ensure efficient use of resources and lasting impact. This tool walks social and behavior change programmers through the process of behavior prioritization using relevant data. Prioritizing behaviors requires subjective decision-making informed by data. As a programmer, refer to logic models and program impact pathways when making decisions. Use prioritized behaviors to guide formative research and the SBC strategy. Note the sources of data used at each



step in the table on the back of this tool for future reference. Share the results from using the tool with the implementing team and stakeholders and attach them to the SBC strategy.

Follow these steps to prioritize behaviors:

- Step 1. Determine nutritional status or note the program outcome.**
- Step 2. For each of the relevant behaviors, analyze the behavior gap, potential to impact results, and potential ability to practice the behavior.**
- Step 3. Narrow the behaviors of interest and determine program fit.**
- Step 4. Select final prioritized behaviors.**

Step 1: Determine nutritional status or note the nutrition-sensitive program outcome.

Start by identifying current nutritional status at the level of the program: national, sub-national, or other. Or, where nutritional status is not the direct outcome of a program, note the program outcome. These reference points will guide behavior selection.

NUTRITIONAL STATUS				
STUNTING	UNDERWEIGHT	LOW BIRTH WEIGHT	ANEMIA WOMEN OF REPRODUCTIVE AGE	ANEMIA CHILDREN <5
PROGRAM OUTCOME				

Step 2: For each of the relevant behaviors, analyze the behavior gap, potential to impact results, and potential ability to practice the behavior.

Review data to determine the **behavior gap** and thus the **potential to impact results**. If research exists on a participant group's **potential ability to practice** the behavior, also fill in this column at this time. (See explanation of these terms in the box below). If not, fill out this column after conducting formative research to refine the prioritization. Score with a number from 1 to 5 (1 as the lowest and 5 as the highest). In the last column, average the numbers for each behavior. If there is not adequate room for behaviors, please finish this step on a separate sheet of paper.

<p>Behavior Prevalence: What percentage of the population is currently practicing the behavior?</p> <p>Behavior Gap: Looking at the current state of the behavior, how much change is needed for 80 percent of the population to practice the behavior?</p>	<p>Potential to Impact Results: To what extent will addressing the behavior gap help achieve program outcomes?</p> <p>Potential Ability to Practice: What is the likelihood that the population will be able to practice the behavior, given their available resources, time, interest, and social support? Consult existing research and confirm with your formative research.</p>
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NUTRITION-SPECIFIC BEHAVIORS	BEHAVIOR PREVALENCE	BEHAVIOR GAP (1-5)	POTENTIAL TO IMPACT RESULTS (1-5)	POTENTIAL ABILITY TO PRACTICE (1-5)	AVERAGE
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					

(Table continued on page 3)

NUTRITION-SPECIFIC BEHAVIORS <i>(continued)</i>	BEHAVIOR PREVALENCE	BEHAVIOR GAP (1–5)	POTENTIAL TO IMPACT RESULTS (1–5)	POTENTIAL ABILITY TO PRACTICE (1–5)	AVERAGE
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					
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					

NUTRITION-SENSITIVE BEHAVIORS (The behaviors listed below are illustrative of the types of behaviors to include in this section.)	BEHAVIOR PREVALENCE	BEHAVIOR GAP (1-5)	POTENTIAL TO IMPACT RESULTS (1-5)	POTENTIAL ABILITY TO PRACTICE (1-5)	AVERAGE
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					
WASH					
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: Vulnerable households use quality education services					
Nurturing Care for Early Childhood Development					
Example: Parents use positive discipline with children					

Step 3: Narrow the behaviors of interest and determine program fit.

Write down the 5 to 8 behaviors with the highest average in **Step 2** in the Behavior column below. 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.

BEHAVIOR	PROGRAM FIT

Step 4: Select final prioritized behaviors.

Select 3–5 behaviors with the strongest program fit from **Step 3**.

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. Following formative research, as you translate the findings into an SBC strategy, continue to refine the prioritized behaviors with these findings.

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