



BEHAVIOR PROFILE: COMPLEMENTARY FEEDING: DIET DIVERSITY

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Caregivers use a variety of nutrient-rich foods each day in the meals and snacks of their 6-23 month old child

Percentage of children age 6-23 months fed four or more food groups. The food groups are a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts. [Source: DHS]

BEHAVIOR ANALYSIS

STRATEGY

| BEHAVIOR AND STEPS | FACTORS | SUPPORTING ACTORS AND ACTIONS | POSSIBLE PROGRAM STRATEGIES |
|--|--|---|---|
| <p>What steps are needed to practice this behavior?</p> | <p>What factors may prevent or support practice of this behavior?</p> | <p>Who must support the practice of this behavior, and what actions must they take?</p> | <p>What strategies will best focus our efforts based on this analysis?</p> |
| <p>Behavior</p> <p>Caregivers use a variety of nutrient-rich foods each day in the meals and snacks of their 6-23 month old child</p> | <p>STRUCTURAL</p> <p>Accessibility: Caregivers do not feed their children diverse diets because many nutrient rich-foods are only available seasonally.</p> | <p>INSTITUTIONAL</p> <p>Policymakers: Enact and enforce social protection policies to increase accessibility and affordability to food year-round.</p> | <p>Strategy requires Communication Support</p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Work with the public and private sector to develop and implement context-specific financing schemes to help those in need purchase or obtain nutrient-rich foods. (For example: vouchers, shops that sell foods at a discount, barter schemes, etc.)</p> |
| <p>Steps</p> | <p>Accessibility: Caregivers do not have nutrient rich foods available for children because markets selling nutrient rich foods are too far away to visit regularly.</p> | <p>Policymakers: Enact and promote agriculture policies to support production and local marketing of a variety of nutrient-rich foods, with a focus on foods appropriate for young children.</p> | <p>Partnerships and Networks: Convene community and government stakeholders, religious institutions, and civil society organizations to promote improved IYCF including the provision of nutrient-rich foods.</p> |
| <p>1. Obtain sufficient quantities of nutrient-rich foods, such as animal-source foods and fruits and vegetables, for daily use</p> | <p>Accessibility: Accessibility: Caregivers do not feed children nutrient-rich foods because they lack the facilities to safely store them.</p> | <p>Policymakers: Enact and enforce special guidance on the inappropriate promotion of processed foods to infants and young children.</p> | <p>Partnerships and Networks: Support local resilience livelihood schemes that appropriately target (e.g. restocking livestock, community livestock programs, etc.) to increase the availability of animal sourced foods in the community and ensure that families with young children can access and consume animal source foods.</p> |
| <p>2. Offer nutrient-rich foods, such as animal-source foods and fruits and vegetables, in meals and snacks during the day</p> | <p>Accessibility: Caregivers do not feed children nutrient-rich foods because they have an abundance of access to cheap, commercially produced snack foods.</p> | <p>Policymakers: Enact guidance to encourage markets to promote local fresh foods for nutritional content.</p> | <p>Policies and Governance: Implement and enforce policies that regulate the promotion of highly-processed foods to young children and encourage local production of culturally-appropriate and high-quality nutrient-rich foods for young children.</p> |
| <p>3. Introduce new nutrient-rich foods as the child matures</p> | <p>Accessibility: Caregivers do not feed their children nutrient-rich and diverse foods because they cannot afford them.</p> | <p>Managers: Train and support facility and community level workers to provide high quality IYCF counseling, including counseling on dietary diversity, and ensure that the providers work is structure such that time and space is available for counseling and that home visits can be made as needed.</p> | <p>Policies and Governance: Invest in agriculture policies that improve diet quality for infants and young children, including increasing availability, accessibility, and affordability of nutrient-rich foods year-round.</p> |
| <p>4. Limit highly processed, non-nutrient-rich foods and sugary drinks</p> | <p>Service Provider Competencies: Caregivers do not feel that they receive high quality, appropriate, and timely counseling on feeding children a wider variety of nutrient-rich foods.</p> | <p>Managers: Ensure all caregivers are reached with appropriate and accurate information about diet diversity.</p> | <p>Private Sector Engagement: Stimulate private sector involvement to increase the availability, affordability, convenience, and desirability of nutritious and safe foods for young children.</p> |
| | <p>Service Provider Competencies: Caregivers do not trust providers because they feel that providers do not believe in the advice they are giving and are not practicing it in their own homes.</p> | <p>Providers: Inquire about the caregiver's home situation and provide follow-up support, as necessary, for example when more privacy is needed or other families should be included in the conversation.</p> | <p>SYSTEMS, PRODUCTS AND SERVICES</p> |
| | <p>Service Experience: Caregivers often miss the counseling portion of their facility visit because of long wait times and the lack of privacy to discuss problems.</p> | <p>Providers: Provide quality, accurate and timely counseling on complementary feeding, including dietary diversity and nutrient-rich foods, to caregivers at all contacts including sick and well child visits.</p> | <p>Infrastructure: Develop space a health facilities and especially at community health or growth promotion events where caregivers can wait comfortably and be spoken to about diet and care behaviors in privacy.</p> |
| | <p>SOCIAL</p> | <p>COMMUNITY</p> | <p>Products and Technology: Develop ways to simply and inexpensively extend the safe use of readily available nutrient-rich foods, especially the preservation of seasonal and animal source foods.</p> |
| | <p>Family and Community Support: Caregivers do not feed children nutrient-rich foods because they lack family support.</p> | <p>Community Leaders: Encourage and support community action to improve safe storage of nutrient-rich foods at the household and community level.</p> | <p>Products and Technology: Extend the safe use of inexpensive and readily available nutrient-</p> |
| | | <p>Community Leaders: Address traditional practices or community norms that prevent caregivers from obtaining and feeding nutrient-rich foods to children.</p> | |
| | | <p>Community Leaders: Encourage all family members, particularly male partners, to do</p> | |

Family and Community Support: Caregivers are unable to feed children nutrient-rich foods because they do not receive the financial support needed to purchase these foods.

Family and Community Support: Caregivers do not feed children nutrient-rich foods because the community environment supports easy access to inexpensive highly-processed foods for young children.

Gender: Female caregivers are unable to feed children diverse diets because they are expected to reserve certain nutrient-rich foods for men and other high-status family members.

Gender: Female caregivers do not offer diverse foods to children because they are not allowed to participate in decisions about what foods are available in the home, purchased or grown.

Norms: Caregivers are unable to provide diverse diets to children because they follow religious norms around food restrictions.

Norms: Caregivers cannot always feed nutrient-rich foods because they are expected to follow cultural beliefs about certain foods (e.g. certain foods will spoil children, children cannot digest certain foods, certain foods are not appropriate for children).

Norms: Caregivers do not feed animal-source foods because they do not eat family livestock, except on special occasions.

Norms: Caregivers do not feed nutrient-rich foods as they follow common practice of feeding starchy staples as primary or only foods for children.

INTERNAL

Attitudes and Beliefs: Caregivers feed commercially produced snack foods to young children because they believe they are healthy.

Attitudes and Beliefs: Caregivers believe that a diverse diet consists of different types of starchy staple foods rather than a variety of food groups.

Attitudes and Beliefs: Caregivers do not feed an appropriate variety of foods because they decide what to feed children based on each child's preferences, including when children reject new foods.

Attitudes and Beliefs: Caregivers believe that certain nutrient rich foods cause diarrhea and other problems so do not feed young children these foods.

Self-Efficacy: Caregivers lack confidence in their ability to get their children eat nutrient-rich foods.

Self-Efficacy: Caregivers feed commercially produced snack foods to young children in order to appease them

their part in ensuring that children are fed a diverse diet.

Community Leaders: Engage the support of others including educators, business owners, market vendors to limit the availability of highly-processed foods near schools and at community events, for example outside health centers, at growth monitoring and promotion sessions, and at agriculture fairs.

Religious Leaders: Discourage caregivers from restricting foods for religious reasons for children under 2 and engage the community on the importance of diverse and nutrient-rich diets for children.

Market Vendors: Promote nutrient-rich foods and their value to young children while displaying them prominently.

HOUSEHOLD

Family Members: Obtain, remind, and add nutrient-rich foods to young child's meal; if feeding child be sure child eats nutrient-rich food.

Family Members: Avoid buying highly processed sweets and snack foods for young children.

rich foods, by developing special products and improving preservation of seasonal and animal source foods. 📌

Quality Improvement: Develop context specific methods (practice sessions, cell phone support, on-the-job mentoring) to systematically and regularly implement and monitor improvements in areas such as provider expertise related to IYCF, provider counseling and problem-solving skills, regular and timely follow up with clients, appropriate referral to relevant services, etc. 📌

Quality Improvement: Build providers skills to promote new foods and preparation methods to clients by offering providers an opportunity to try these foods or methods, particularly those that they have doubts about. 📌

Market Systems: Address market constraints (e.g. vendors take nutrient-rich foods to community areas with accessibility problems on established market days) to service those living in areas isolated from the production of, or ready access to, nutrient-rich foods, year round. 📌

DEMAND AND USE

Advocacy: Develop an advocacy kit on the importance of food diversity to promote locally available nutrient rich foods including enforcing the guidance on marketing inappropriate foods for children.

Communication: Conduct multimedia campaigns highlighting the importance and value of locally available nutrient-rich foods for IYCF that addresses local issues at each level and draws on local desires for healthy, smart, productive children.

Communication: Brand and promote specific, locally available nutrient rich foods for easy identification by caregivers.

Communication: Use multimedia and commonly used community and social networks to establish a norm that highly processed foods as inappropriate for children.

Collective Engagement: Engage men as positive role models and agents of change for their community who champion positive IYCF practices like providing and feeding their children nutrient-rich foods and empowering female caregivers to do the same.

Skills Building: Implement women's groups in which caregivers are supported and given the skills to manage discussions about the use of household food production and expenditures for the benefit of young children and providing a more nutrient-rich diet.

Skills Building: Develop a package of materials and guidance for hands-on training in preparation, tasting, and feeding of new foods and implement through community organizations, peer support groups, or nutrition outreach.

as they don't feel confident in convincing them to eat nutrient-rich foods.

Knowledge: Caregivers lack knowledge about dietary diversity, including the importance of and what foods will contribute to a diverse diet.

Skills: Caregivers do not prepare a diverse range of foods in an appropriate way for their children because they lack the skills to do so.

ACCELERATE is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and is implemented under Task Order No. AID-OAA-TO-15-00052 by Manoff Group, Inc. in association with Howard Delafield International, OneWorld UK, Social Impact, Inc., and Sonjara, Inc. ACCELERATE is issued through the Transform IDIQ (Contract No. AID-OAA-I-14-00002).

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