Behavioral Design to Inform SBC for Nutrition

Worksheet

Use the following questions to apply the knowledge you have learned from each session and to think of the application of the behavioral sciences/design in your context.





Session 1: An introduction - Behavioral science and behavioral design

Identify one or more behavioral problems that you might focus on in your own nutrition programs and services. Write the problem(s) below.

Hints:

- Focus on specific behaviors.
- Avoid stating assumptions about what might be driving the problem.
- Look for behaviors with a large gap between current practice and the optimal behavior, with large potential to improve outcomes, and that the target population will be able to practice, given their available resources, time, interest, and social support.

Session 2: A deeper dive - Three behavioral science concepts

Identity situations when each of the behavioral concepts might be relevant in your work. This might be personal or professional.

- **Scarcity**: You had to trade off because a resource was scarce.
- *Limited attention*: You missed important information or fact because you had focused your attention elsewhere.
- **Confirmation bias**: You had preexisting belief or knowledge and had hard time accepting or opening up to information contracting them.

Reflect on how this approach is different from others you might have used in the past.

- What are you used to doing?
- What might be different?
- What might be the added value of this new knowledge you learned?
- How likely do you see yourself applying this new knowledge?

Session 3: The case example - Apply and adapt

Check the boxes to identify which elements of the sick feeding solution set might be applicable to your context, and how.

Is the reflection and orientation activity a good fit for your context?

If the answer to any of these questions is "yes," the reflection and orientation activity might be a good fit:

- Is feeding sometimes not adequately discussed in sick visits?
- Do you want providers to counsel caregivers differently on feeding?

Notes:

Is the feeding prescription a good fit for your context?

If the answer to any of these questions is "yes," the feeding prescription might be a good fit:

- Do providers' training and clinical cues emphasize medical care?
- Is feeding sometimes not adequately discussed in sick visits?
- Do providers express doubt about whether caregivers can put advice about feeding into practice?

Notes:

Are the counseling aids a good fit for your context?

If the answer to any of these questions is "yes," the counseling aids might be a good fit:

- Do providers sometimes counsel on unrealistic options for feeding young children?
- Do providers fail to counsel caregivers on encouraging a young child to eat when appetite is limited?
- Do existing nutrition counseling materials emphasize specific foods for sick and recovering children?

Notes:

Is the <u>reminder sticker</u> a good fit for your context?

If the answer to any of these questions is "yes," the reminder sticker might be a good fit:

- Do providers sometimes forget to counsel on feeding during sick child consultations?
- Do they skip over counseling on feeding because they think it will take too long?

Notes:

Is the peer exchange of coaxing strategies a good fit for your context?

If the answer to any of these questions is "yes," the peer exchange might be a good fit:

- Do caregivers feel there is little they can do to encourage a child to eat when appetite is limited?
- Is it possible to gather caregivers in a group, either alongside other gatherings or in a separate event?

Notes:

Is the <u>home visit solution</u> a good fit for your context?

If the answer to any of these questions is "yes," the home visit might be a good fit:

- Do families face challenges putting advice about feeding sick and recovering children into practice?
- Could families of sick and/or recovering children be reached by a home visitation activity?
- Do families identify not being able to access quality foods and/or the child's limited appetite as barriers to feeding their sick or recovering child?

Notes:

Reflection

• Which of these solutions could be adapted and applied to your context? Why?

• Which of these solutions might not be appropriate to your context? Why?

Final Reflection

Now that you have come to the end of the course

- What do you think behavioral science and the behavioral design approach can bring to your SBC work?
- How might they strengthen programs and services?
- Do you see any upcoming opportunities to employ behavioral design?