Social and Behavior Change for Nutrition

Webinar Transcript

Yaritza Rodriguez

Hello, everyone, and thank you for joining today's webinar to learn more about achieving high quality social and behavioral change and new tools for quality multispectral nutrition programming.

I'm Yaritza Rodriguez, Knowledge Management Project Coordinator for USAID Advancing Nutrition, the agency's flagship multispectral nutrition project.

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If at any point during today's webinar you are unable to hear, please make sure you've connected your audio by selecting the headphones icon at the bottom of your Zoom window. As I've mentioned before, to send the message to all panelists and attendees in this webinar, please make sure to select 'all panelists and attendees' before sending a message in the chat box. Feel free to continue introducing yourselves via the top box and use the chat box to send any comments or questions you may have today. Additionally, if you can't hear the presenters or see the presentation, try leaving the meeting and joining it again with the link sent to your email or with the dial and phone number.

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Please also feel free to use the Q&A box to submit your questions for panelists. Panelists will either reply back to you via text in the Q&A window or answer your question during the discussion portion of the webinar. We will also be making use of the closed captioning feature in Zoom today. Click closed captions start viewing closed captioning during today's webinar and to show the subtitles. A portion of today's webinar will be in Portuguese and you can view the English translation via the closed caption function.

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Now, it's my pleasure to introduce Mike Manske, Mike Manske is a nutrition advisor serving in the public health and nutrition division within the USAID. Bureau for Humanitarian Assistance. He has worked over 15 years in public health nutrition with USAID and international organizations. Mike, over to you.

Mike Manske

Thanks Yaritza. It's just to launch in here today, we have four objectives that we will cover following our agenda. First, we'll define high quality SBC for nutrition. Next, we'll introduce several tools that begin to fill the gaps in quality SBC. Third, we are very fortunate to have the TRANSFORM Nutrition Program in Mozambique share their experiences and in applying one of these tools. And finally, we will have one more tool to share before discussing your reactions and recommendations for making these tools more useful in adding to this set of tools. As many of us are quite familiar, nutrition can be quite complex in order to address nutrition related behaviors and norms, we have to bring together multiple sectors and actors. Each sector has numerous priorities, but experience has shown that trying to tackle too many behaviors dilutes attention to any one and overwhelmed staff,

programs and participants alike. For some behaviors, like child feeding or complementary feeding, it is even more complicated as the behaviors require multiple daily actions and change as a child ages in a short window of time.

We as nutrition SBC practitioners face a daunting set of obstacles, tying these elements together in order to find the right balance to achieve impact. We're very happy to have you here with us today to look at the solutions together. Quality social and behavior change is crucial to achieving our nutrition goals. SBC offers a framework to bring together sectors and strategies into a cohesive whole. SBC can be considered high quality when it's thoughtfully planned, focused and targeted, includes priority prioritized behaviors and context specific activities, involves the right people, follows logical pathways for change and includes reflection during planned activities to adapt or adjust. There is a wealth of experience and recommendations on what it takes, as well as processes and toolkits. In reviewing the recommendations and existing toolkits, we identified some key steps within SBC processes that need more attention and ways to make the information easily accessible and applicable to practitioners such as yourself. Before we get started, I'd like to introduce our presenters today.

First, we have Laura Itzkowitz, who is a nutrition, social and behavioral change adviser with the USAID Bureau of Global Health. Laura has spent over 10 years working on SBC community health and nutrition across three continents with USAID and various international organizations. Kelsey Torres is a project officer with USAID Advancing Nutrition. Kelsey supports the Project Social and Behavioral Change and Nutrition and Health Systems teams. She leads activities related to improving quality SBC processes. Next, we have Leonor Victor, who is a nutritionist and technical director for the Transform Nutrition Project in Mozambique.

Leonor has 15 years of experience in maternal and child health with the government of Mozambique and five years with private sector and NGOs. And finally, we have Kristen Devlin, who the capacity strengthening advisor with USAID Advancing Nutrition. Kristin is a public health professional with experience and capacity, strengthening SBC and health systems and strengthening in community settings. Now, I'm glad to give the mic to Laura to or describe two simple but important tools.

Laura Itzkowitz

Thanks, Mike. So we all try to achieve high quality SBC for nutrition programs, but what does that really mean when we say quality SBC? There are many different elements of quality. Quality SBC is focused on prioritized behaviors which are realistic and specific to the context quality. SBC addresses the most important factors that influence nutrition behaviors, and it has linked pathways between nutrition behaviors, factors and interventions. It also follows best practice for SBC overall, such as the principles listed in the blue box.

So next slide, please.
USAID nutrition team worked with the Accelerate project to identify six core groups of behaviors that research shows will lead to improve nutrition outcomes. Now, you'll notice that I'm referring to these as groups of behaviors, even though we sometimes think of them as individual behaviors. So that's something that ... to keep in mind as to what we call a behavior. Through our work with Accelerate, we defined these behaviors and created global behavior profiles that anyone can access on the THINK BIG website at thinkbigonline.org/nutrition.

Building off of our work with Accelerate, USAID Advancing Nutrition has created this handy sheet that lists the collection of behaviors that are part of each of the six core groups. For example, under complementary feeding, you'll see feed with age appropriate frequency, amount and consistency, feed children six to twenty three months old, a variety of age appropriate, safe, diverse, nutrient rich foods, prepare food and feed children hygienically and feed responsibly. As you can see, not every small action necessary to achieve complementary feeding is included in that group of behaviors.

It was a struggle to determine the right level of breaking down the larger behavior groups like Complementary feeding into smaller groups while still keeping the work to create global behavior profiles manageable. We encourage implementers to use this as a guide, but to also break down behaviors even further based on local research to ensure the appropriate specificity that will lead to meaningful change in your nutrition SBC programs.

We hope that this tool will help you think through the range of nutrition, specific behaviors your activity could address and then prioritize and focus on those key behaviors that are the best fit for your situation. Kelsey will introduce a tool to aid in this prioritization in just a few minutes.

So next slide, please.
We also wanted to share another simple but useful tool that builds on our work with the Accelerate project, which all nutrition programs could find useful, whether you're focused on nutrition specific or nutrition sensitive interventions.

As nutrition SBC practitioners, we have to understand the main barriers and motivators that influence someone to do the behaviors we're promoting. These barriers and motivators can also be called factors, as each factor can be either a barrier or a motivator, depending on the situation. When designing the reviewing formative research and SBC Strategies, it's critical that we consider all of the factors to be sure we understand the most important ones. For example, to design formative research around children's dietary diversity, it's obvious to look at food access, but it's also helpful to explore the social norms and food taboos that may influence what children are fed, as well as family support to caregivers who are preparing the food and feeding the child. This tool is simply a reference list of key factors that influence nutrition behaviors, the factors are organized by structural, social, and internal levels to help us think about people in their context. We recommend using this tool to spot, check, or guide your thinking on a behavior to ensure that you've explored a wide range of potential factors and are planning an intervention that takes the most influential factors into account. So then moving on to the next slide, I will actually hand things over to Kelsey Torres, who will take us through the next tools.

Kelsey Torres

Great, thanks, Laura. The next tool that I will share as part of this suite of tools is this graphic that is intended to represent SBC for multispectral nutrition. The graphic depicts SBC as the common thread in blue that ties nutrition sectors together. It was developed to unify multispectral nutrition practitioners around SPB and answer the question, what can SBC do for you? We hope that it will also generate interest in high quality SBC across sectors in order to harmonize SBC processes. In the graphic in the red circles, you can see illustrative actors in various sectors whose behaviors can impact nutrition, such as health worker, farmer, transporter and retail market vendor. Under each actor, there are example behaviors that they can practice to contribute to improved nutrition. Next, we have a do's and don'ts tool for quality implementation. Recent reviews of SBC such as one done

by the Fanta project for the then USAID Office of Food for Peace, now Bureau for Humanitarian Assistance, found that implementation of SBC is just as important as good design, but it often gets less support and attention. This do's and don'ts tool is designed as a simple way to remind all of us about good practice in implementation. SBC practitioners and teams can use this resource to prepare SBC implementation plans, regularly check on implementation and identify areas to adjust as needed in order to improve quality at every stage of multisectoral nutrition. SBC, the tool is divided into four sections. Mobilize stakeholders and staff, deliver, monitor, and adapt. Under each, you will see some key do's and don'ts with additional details for how to follow them, bulleted underneath. For example, in the tool we recommend do plan to strengthen capacity through systematic quality improvement, retraining, and ongoing coaching. This includes providing intensive supportive supervision, including mentoring and modeling three to six months after training and providing feedback during regular check-ins with staff on program activities.

It also includes praising the efforts and continuing to build essential capacities of field implementers and change agents over time. An example of one of the problems to avoid in the tool is don't forget to engage the unique voices of grandmothers, adolescents, peer influencers and other distinct social groups during implementation feedback opportunities. It is important to take time to reflect on their feedback and use what they have shared to improve activities. And the final tool that I will be presenting is our behavior prioritization tool. Prioritizing behaviors is a core challenge and opportunity for nutrition SBC. We know from experience now that this should be the first step in design. It guides formative research and then quality SBC Strategies. As Mike mentioned at the start and Laura touched on as well, this is especially important for nutrition. Each sector hopes to address their own behaviors, often with the same people. So it is not easy but necessary. Focusing on a smaller number of behaviors avoids overloading or overwhelming people and programs, and it leads to results by maximizing time and resources. This tool is intended to be used by SBC programmers, along with technical experts and stakeholders. It outlines four steps, which I will go into more detail on shortly. The first step is to determine nutritional status or note the program goal. The second step is to analyze the behavior gap, potential to impact results, and potential ability to practice the behavior, all of which are defined in the tool. The third step is to narrow the behaviors of interest and determine program fit. And the fourth and final step is to select the final prioritized behaviors. In preparation for prioritization, as mentioned, the first step in the tool is to determine nutritional status as best you can with available data. This may be levels of stunting, underweight, low birth weight, anemia in women of reproductive age or anemia in children under five. This can be pulled from DHS data or other national or subnational data sets and key stakeholders. Alternatively, for nutrition-sensitive programs or areas, it may be another outcome instead or in addition, for these programs, the tool has a place to instead note the program outcome. For example, increased access to affordable and safe nutrient-rich food, or increased women's control of income and time and energy savings. It is important during prioritization to engage key stakeholders in reference program impact pathways to help during decision making. As outlined in the tool and Steps two and three, there are several criteria to consider during prioritization. First, it is important to examine the current prevalence of the behavior and how much improvement is needed in order to increase the prevalence to about 80 percent.

This is identified as the behavior gap. Next, based on scientific and epidemiological evidence, we can select behaviors that are most proximal and will make the biggest difference to the desired outcome. In the tool, this is described as potential to impact results. Then during prioritization, we can examine the feasibility of people adopting the behavior or their potential ability to practice, given their available resources, time, interest and social support. And finally, behaviors are

prioritized based on how well they fit within the program, based on the project or organization's manageable interests, including time, competencies, and resources needed to promote the practice.

Now, it is my pleasure to give the floor to Leonor Victor, the director of Transform Nutrition in Mozambique, Leonor will share Transform Nutrition's experience with this last behavior prioritization tool after giving a brief introduction to the project

Leonor Victor

Thank you.
Muito obrigada, boa tarde e bom dia a todos.
Transform Nutrition é um projeto de 5 anos, de 2019 a 2024, implementado em 12 distritos de alta prioridade na província de Nampula. O objetivo geral é fornecer ao governo um modelo testado holístico e transformador de género para alcançar minorias nos resultados nutricionais para mulheres grávidas e lactantes, raparigas adolescentes e crianças com menos de dois anos de idade, implementado por um consórcio de 5 organizações, liderado pela ADPP.
Próximo slide por favor.

Transform Nutrition

Kelsey Torres

Leonor, just one second, I want to make sure that we can get the subtitles going. You know, you should be able to have access to the subtitles, please. Yes, they're working. Please continue.

Leonor Victor

Portuguese – slides in English

Próximo slide.
Próximo slide.
Nampula é a província mais populosa de Moçambique. A maioria dos membros das comunidades, em Nampula, vive nas zonas rurais e abaixo da linha de pobreza. Mais de 80% das pessoas depende da agricultura.

Próximo.

Program context of Transform Nutrition

The nutritional status of pregnant women adolescent girls and children under 2 years is critical:

-55% chronic malnutrition (43% national)

 Apesar de Nampula ser uma das províncias com maior produção de alimentos e que abastece, além da própria província, o país todo, o estado nutricional das mulheres grávidas e lactantes, raparigas adolescentes e crianças menores de dois anos em Nampula é extremamente crítico. 55% das crianças menores de cinco anos sofrem da desnutrição crónica, em comparação com 43% a nível nacional. 6.5% sofre de desnutrição aguda em comparação com 6% a nível nacional. E 51% das adolescentes

e mulheres em idade reprodutiva estão anémicas. As taxas de casamento e de gravidezes precoces estão entre as mais altas do país, e as mulheres e raparigas sofrem uma explosão socioeconómica extrema. Portanto, há necessidade de trabalhar-se muito, intervindo a nível da base.

How Behavior Priorization Fits

The project approach is to improve nutrition behaviors using SBC

The priorization started by looking at the behaviors that directly impact pregnant women

Isto é, na comunidade.... Próximo slide.
A priorização foi feita olhando para os comportamentos que impactam de forma direta o grupo alvo: mulheres grávidas, lactantes, raparigas adolescentes e crianças menores de dois anos de idade e aqueles que influenciam na mudança de comportamento, que são os beneficiários indiretos, líderes influentes, sogras, parceiros. A priorização dos comportamentos foi feita em menos de 1 ano, depois de um trabalho de revisão bibliográfica, de obras e estudos reaLisados pelo Ministério da Saúde e outros parceiros como a FDC, o MCSP, Gani, e outros, seguidos de...

Behavior Prioritization

The behavioral prioritization process followed through the following steps

... de levantamento de topos de idade...
Identificados os 29 comportamentos de nutrição, DPI, água e saneamento e agricultura, encontrados nos estudos reaLisados em Moçambique, estratégia de comunicação para mudança de comportamento de Moçambique e de Nampula.

Para cada um dos comportamentos relevantes...
Próximo slide por favor.
Para cada um dos comportamentos relevantes, foi analisado as lacunas dos comportamentos, potencial de impacto nos resultados e potencial capacidade de praticar o comportamento. De seguida, foram afinados os comportamentos de interesse, e determinado a adequação do programa.

Próximo slide.
Por fim foram selecionados os comportamentos finais priorizados: 8 comportamentos para prestadores de cuidados, 3 para agregados familiares, 3 comportamentos para raparigas adolescentes, como ilustra a tabela abaixo.

Challenges with the tool

Próximo slide.
Claro que o processo não foi fácil. Houveram grandes desafios na elaboração da ferramenta de valorização dos comportamentos que podemos alistar aqui. Ficou difícil criar a priorização porque tudo era prioritário em relação ao projeto. Priorizar comportamentos que respondem aos resultados finais do projeto. Exemplo: quais os comportamentos que de facto influenciam de forma direta na redução da desnutrição crónica? Para isso, teve que se acrescentar outros subcritérios. Depois de muito debate, criaram-se subcritérios de priorização conforme se segue.

Próximo.

Priorizar os comportamentos que as pessoas não sabiam que influenciam negativamente na nutrição. Em relação aos comportamentos que sabiam, mas que não sabiam fazer, não haviam, oh oh desculpe. Em relação aos comportamentos que sabiam mas que não faziam, houve necessidade de verificar quais fatores que faziam com que eles não se comportassem como esperado. Para trabalhar com a matriz, precisa de conhecimentos adicionais na área específica de forma a facilitar, a transformá-la em uma ação. Portanto, há necessidade de treinar o pessoal para que não esteja desfocado durante a implementação das atividades. Em relação àquilo que são as forças. Em relação às forças, podemos dizer que a matriz traz um alinhamento entre o comportamento e o agente promotor da mudança. Comportamento, fatores, ações de apoio à família a serem reaLisadas por cada interveniente ou agente de saúde comunitário. Ações que vão reaLisar com o grupo alvo. A matriz é um instrumento orientador: ajuda a pessoa a direcionar as ações de acordo com o comportamento que se pretende mudar. Exemplo: as mulheres grávidas precisam [as....?] comunitário onde participam os influenciadores. Exemplo: parceiros, sogras, mães e sogros.

Recommendations

Próximo slide.
Recomendações
Partilhar a ferramenta com todo o pessoal do projeto e até precisar para se inspirar.
Usar a ferramenta como um guia orientador em todas as atividades de campo.

Muito obrigada.

Kirsten Devlin

Thank you, Eleanor. So the final request for the final resource that we'll be discussing today is a list of 52 competencies related to designing, implementing and monitoring and evaluating the social and behavior change or SBC components of multispectral nutrition programs.

Next slide, please.
So recognizing the difficulties that program managers sometimes face in determining the right expertise needed to ensure high quality and nutrition programming, we developed this resource to help them identify the SBC skills across their teams and determine the gaps that need to be filled, perhaps through hiring new staff, bringing on consultants and carrying out capacity, strengthening strategies to build staff skills.
So in other words, this list is a resource for helping program managers and SBC practitioners assess, develop, and evaluate the SBC skills among their team members that are the most relevant to their nutrition programming.

Next slide, please. For a little background in this list, we're defining competencies as a set of measurable, observable and clearly defined knowledge, skills and attitudes that are critical for job performance and serve as the basis for assessing, developing and evaluating staff skills. Put simply, we see competencies really as the building blocks for determining and strengthening staff capacity in a given area, in this case, SBC.

Next slide, please.
Now, to dive a little into the SBC competency list itself, we've organized the competencies into four categories. First, we have what we consider foundational competencies or really the core SBC knowledge, attitudes, and skills that staff might demonstrate, particularly as they relate to

multispectral nutrition, examples of foundational capacities we have included on the list our knowledge of factors that influence nutrition, behaviors, knowledge of behavior, change theories and models, and how to apply them for multispectral nutrition and knowledge of gender integration strategies, both gender sensitive and gender transformative. We also identified specific SBC competencies related to each stage of the project cycle. I won't dive too deeply into each of these, but provide a few examples of each. So under the designing and planning category, we have competencies like the capacity to design, conduct and analyze high quality formative research for multifactorial nutrition, and the ability to use data to prioritize nutrition behaviors in the context of a large number of complex behaviors and limited resources.

Competencies related to implementation include, for example, the capacity to implement SBC programs flexibly, yet still in alignment with the original theory of change. The ability to undertake approaches that enable participants to discuss experiences, identify personal needs. And I'm sorry... that the ability to undertake approaches that enable participants to discuss experiences, identify personal needs and practice intended behaviors and the ability to prepare guidance for project staff and frontline workers to implement the project SBC Strategy. Finally, examples of monitoring, evaluation and learning competencies include knowledge of nutrition behavior indicators, the ability to measure the coverage of SBC activities, and the ability to conduct impact analysis to test relationships between activities, exposure and desired outcomes.

Next slide, please. Here we have a screenshot of a section of the competency list related to monitoring, evaluation and learning, you'll see that in the list we have categorized each competency as either basic or specialized. This is really to help the users of the resource to understand the level of experience or specific technical expertise that might be needed in order for someone to demonstrate that competency.

We think of basic competencies as the core knowledge, attitudes and skills required for effective SBC programming, an estimate that a person with some SBC education and professional experience, perhaps two to five years or so, might be able to demonstrate that competency. On the other hand, we think of specialized competencies as more advanced or highly technical knowledge and skills. A person who has more than five years of SBC education experience, for instance, might be better positioned to demonstrate specialized competencies or a person who has very specialized knowledge of skills in a particular area.
Looking at the examples here, we can see that the knowledge of nutrition behavior indicators is considered a basic SBC competency. While the ability to set targets for nutrition and the ability to develop high quality monitoring and evaluation plans for SBC would be considered advanced competencies since they require more complex monitoring and evaluation skills. Sometimes these specialized competencies may require may be required during shorter time periods, during the program cycle when specific needs arise, such as formative research or impact analyses.

Next slide, please.
Finally, and perhaps most importantly, how do we use competencies? So we design this infographics to help explain how to use a competency list. So in each of the bubbles on the left, you can see that these three main purposes for competencies as we define them, assessing, developing, and evaluating skills in the middle, we have the related categories of tasks that you might use competencies for. And on the right, we have specific examples. I like to think that each of these tasks responds to the question, how can you use competencies? For example, you can use competencies to define staff roles across a program and delegate responsibilities. You can use competencies to design targeted capacity strengthening strategies and tools like training modules,

mentoring programs and job aids. You can use competencies, develop performance evaluation tools and measure changes in staff performance over time. I wanted to take a moment to note that while this list contains more than 50 competencies, we aren't suggesting that every person on an SBC team must have every competency. In fact, probably only a subset of the 52 competencies will be necessary on any given project. To that end, it's really up to the program manager or the user of the resource to first determine which competencies on this list are important and then use them to assess, develop and evaluate their teams. It should also be noted that this resource isn't really a tool in and of itself, but rather a resource to be adapted and to meet the needs of a given project team. As such, I like to think of it as a starting point for skills assessment and development. So while we have not a pilot or a pilot at the specific Resource USAID Advancing Nutrition has adapted the SBC competencies from the resource into an SBC capacity strengthening assessment tool to help determine staff SBC across a multi sectoral nutrition project team and then use that as the basis for developing an organization wide capacity strengthening strategy for SBC. This tool will be piloted in the next few months, so I'm happy to answer any questions about this resource. And with that, I'd like to pass the baton back to Lisa to take you in.

Lisa

Thank you so much, Kristen, and thanks very much to all of our speakers and presenters and to all of you for joining us and helping us to improve these tools that you can see are a

work in progress and will really benefit from your questions and suggestions. So please continue to ask questions in the Q&A if you have any or make comments on your thoughts about the tools.

We'll get started with some of these really good questions. I thought the first question could be to Laura to tell us what ... how you would define an SBC practitioner maybe as a first start since we've been using that term throughout.

Laura Itzkowitz

I think there's a range of definitions of SBC practitioners, but probably anyone who's doing SBC work, and I think it can range from someone who's doing a small amount of SBC work where they haven't done sign and everything, but they're really just implementers of SBC work. And maybe they come from a nutrition background or maybe they don't. And then it can get all the way to the SBC specialists and SBC experts who are looking at the behaviors, studying them, researching them and really defining how to look at SBC. So I think there's a broad range of how you can define SBC, but anyone who does SBC, in my mind, is an SBC practitioner.

Lisa

Excellent. Thank you for kicking us off, we had a really good question for Kelsey and for Leonor about this process of prioritizing behaviors, which is critical to designing quality SBC. Kelsey, could you tell us a bit more about the process of prioritization?

Kelsey Torres

Sure, thanks, Lisa. Yeah, so, of course, this whole process, as we mentioned, starts with using relevant data and ... and making sure that subjective decision making is informed by data. So we really want to make sure that programmers refer to logic models and program impact pathways when making decisions and also consulting with technical experts and stakeholders. So, you know, more specifically, when we're looking at the criteria, we are looking in the potential ability to practice what we're really trying to look more closely at.

If the likelihood that the population will be able to practice the behavior given their resources, time, interest and social support, so digging into those pieces more for the sub criteria of assessing their ability to practice and then, of course, for the potential to impact results, what extent the behavior gap will help addressing ... the behavior gap will help achieve the program outcomes and the sub criteria for a program fit includes the time, competencies and resources needed to promote the practices. So the more we can dig into those pieces, the better scoring we will have for the higher level criteria.

Lisa

Thank you. And then on a follow-up question, there are several questions for Leonor, about the process of using the tool to prioritize behaviors in Nampula, in Mozambique, Leonor, could you tell us more about some criteria you used and outcomes of using the tool?

And I think Collin will help us with this. So it seems Leonor may have dropped off the call, but Collin, if you'd like to take over. OK, we'll come back to that. We'll come back to that. Thanks. There's a good set of questions for Laura, if you're willing, Laura, to talk about the role of SBC around unhealthy snacks eaten by children in relation to complementary feeding and then subsequently engaging private sector in improving nutrition status. How can SBC work on these issues?

Laura Itzkowitz

Sure, thanks, Lisa. I think in terms of the role of unhealthy snacks, I think that comes down to looking at your specific context and what are the behaviors that you want to reach if you're talking appropriate complementary feeding and then looking at is one of the key factors that why they're not feeding children appropriately, that there's too many unhealthy snacks or advertisements or things like that. And then you may have some behavior around eating fewer unhealthy snacks, but it's really context specific. And so if in your context, that's what the data shows ... is inhibiting appropriate complementary feeding, then, yes it definitely needs to be looked at from an SBC perspective and needs we need to understand. Why are people getting this what could we possibly do knowing that our budgets for SBC will never come close to the advertising budgets and marketing budgets, that the companies that have what we have to think creatively as to how can we counter that? But that was one of the questions and then the other one about working with the private sector. I think we do need to look to engage the private sector as much as we can, recognizing that that can be difficult, particularly when it comes to things like unhealthy snacks, that it's not in the private sector's best interests to stop selling those because they make money. So I think at a country level, looking at who ... who are the private sector actors, how are they contributing to good nutrition or bad nutrition, and how can we try to influence them to contribute

toward the nutrition behaviors that we know will lead to the outcomes that everybody wants. And some of that may include going through government stakeholders and working with government for policy implications, as that can have a greater role on ...the private sector not doing things that we don't want them to do then we can possibly have. So I think it's... there's a lot that can happen there, but hopefully that answered your question.

Lisa

Please keep these great questions and comments coming. The next question is for Kristen. About the competency list, does it apply to planners and supervisors primarily, not so much the community level, and then what competencies are related to attitudes of those working directly with community members?

Laura Itzkowitz

Thanks for those questions, so this specific resource really is intended to be used by program managers and supervisors, as you mentioned there ... we're actually developing a second competency list related to community health workers. So kind of looking at their specific SBC competencies so that resource will have much more relevance at the community level. And we like to think that this list, the competency list that are intended for community health workers will really fit in nicely into the implementation part of that, the project cycle. And related to specific attitudes for the community level, I think there are several that we include in the list that are related to working with different types of groups, understanding power dynamics, communicating with respect. So they're somewhat broad and general, but they certainly can be adapted or built upon to best apply to ... to the different community level dynamics.

Lisa

Great, thanks. Kirsten. Kelsey, there's a question that you can answer well about what tools can be used for monitoring SBC.

Kelsey Torres

Yeah, thanks, Lisa. So I'm excited to share that we are currently developing a behavior monitoring tool that will look at how to set measurements for monitoring factors and behavioral outcomes. And so we will be developing that this project here and look forward to sharing it in the coming year.

Lisa

Great, thanks. Collin, is Leonor back on?

Collin

I'm not sure about the connection issues, but I do have her response to the question about the prioritization in Mozambique, and I can read that for us.

Lisa

Thanks.

Collin

So Leonor said that some criteria that was used was to first verify the behaviors that influenced negatively the nutrition aspects, but were ignored. Second was to select the main problems in nutrition in the target groups and to prioritize the behaviors that can solve those specific problems, then to verify by repeating the repetition of behaviors in the questionnaires to prioritize further and having large numbers of doing the same behavior to verify.

Lisa

Thanks, Collin. And there was a question about … from Kirk who said that he's developed a similar tool, which is really exciting to hear, and did the Transform Nutrition Project follow government priorities and the behaviors promoted by the government? … Please Leonor

Lisa

We're so sorry for these connectivity challenges from Nampula, but we're glad you could speak with us Leonor.

Leonor

In Portuguese.

Lisa

Great, thanks so much, Leonor. Now we have a question for Mike about using the prioritization tool for nutrition-sensitive programming. Mike, can you share about the multispectral nutrition programs you are supporting and how the nutrition-sensitive work can also be prioritized?

Mike Manske

Yes, Lisa, I think as we've discussed earlier today, the prioritizing multispectral nutrition behaviors tool is … is new. And but if you look at the tool itself, you can see that there are a few examples of nutrition-specific and nutrition-sensitive behaviors. So like I think it's on the fourth page of the tool, we start to go into some examples of… within agriculture and food security, market based approaches, economic strengthening, livelihoods and social protection. And so just to say that it is meant to be … to be applicable to nutrition sensitive behaviors, if you will, although others in the maybe agricultural livelihood sector may call them something else or practices or techniques or approaches. But within our … our programs, the former Food for Peace, now called [] our partners do a lot of behavior change outside of kind of the traditional nutrition sector. So we really are

hoping that you can use this tool potentially, and it is meant to be applicable to not just kind of the nutrition specific health system type of behaviors. Thank you.

Lisa

Great, thanks so much, Mike, an important challenge for SBC practitioners, for sure. Laura. If you... we would like to ask you of this question about bringing all the sectors together around SBC, how is that important challenge possible to achieve? And then also what's a maximum number of behaviors that a project or program might want to think about prioritizing?

Laura Itzkowitz

Thanks, Lisa. I think both of these questions get at the same concept of not wanting to overload an individual, trying to get them to change too much at one time, because we all know that people can only handle so much change and be more productive, and will achieve more impacts if we don't try to push too much at once and instead linger and look at what's meaningful. So I think with that, we have to look multifactorial at everybody who's trying to get the same people to change behaviors. How can we bring everyone together at one table to talk about what makes sense, prioritizing? What do you promote first, and it's not to say to never promote all the behaviors, but how do you layer them and what's the right way to. Because so that you're not overwhelming any one person. I think that ties in to the question talking about the 16 family practice... practices that UNICEF and WHO developed for high impact.

While all of those are important, if we try to improve all of them at once, we're not going to get anywhere and we're not going to accomplish anything. So how do you choose? And sometimes it's based on what has the highest impact. Sometimes it's based on what's the easiest to change. And it's all get at the different factors that Kelsey talked about that are in the prioritization tool. So it's really getting everybody together who's working to change behaviors of the target audience and talking through and working through the prioritization together to understand where might you layer and how do you determine which ... maybe there's some easy wins that you can do first and then build some of those up to some of the harder things? Or maybe you start with something that's higher impact but more difficult to change while also doing a couple of easier changes. So it's really how do you work together to not do too much? So hopefully that helps answer both of those questions, but multi-sectorally, I think it's really a lot of coalition building and stakeholder engagement to really get everyone to the same table and recognize that we're all working toward the same goal. And so the more that we work together with the different sectors, the greater our all of our achievement will be.

And so you do need to work to build those relationships, to get everybody together, to have these discussions, because the impact for all will be greater. Thanks.

Lisa

Great thanks Laura. We're getting lots of great questions about the behavior prioritization process and the tool itself. And one of the questions is what is an outcome of using the tool, how has it altered the focus of SBC in a given context? So I'm going to start and Leonor can add on if she can ... just share that in seeing this process that transform nutrition has gone through. The first step was looking at the nutritional status and outcomes and then the behaviors that are going to make the

biggest difference on those. So as a result, although early initiation of breastfeeding is important and often discussed, it was not prioritized because it's already over 90 percent in Nampula province because of the increased deliveries in health facilities. So that one was not prioritized, whereas exclusive breastfeeding was, because it has a much bigger gap between the current prevalence and where it needs to be for nutrition outcomes. And then on the nutrition-sensitive side, although the project intended to do ... to support animal rearing for animal source foods for women and children, and there would be a big potential impact when they went and spoke with community members about the feasibility of doing that, they saw that all of the other steps to ensuring that be done in a safe way, such as veterinary services, were not in place. So that was also not prioritized. And please, anyone else share experiences in the chat if you have done this. OK. So. Mike or Laura, there's a question about we're developing an SBC strategy for nutrition. How can this tool feed into the strategy for community and help facilitate implementation?

Laura Itzkowitz

So I can start out with that one and then maybe Mike will have something to add on. So I think this tool for both health facility and community, you're trying to change behaviors and it's just a matter of whose behavior you're trying to change and what behaviors you're changing. So I think this tool can be useful in both settings.

And you can use it because again, when you're looking at provider behavior change within a facility setting, you're still talking about people who you can't ask them to change 20 things at once. It just won't happen. So looking at how you prioritize that, I think you could work ... use the tool to work through the process at all in all settings. And Mike, I don't know if you have anything to add to that.

Mike Manske

I don't know I don't have anything else to add.

Lisa

OK, thanks. Now we have a tough question from Brian for Kelsey. Brian says, in our programming, we're working on pilots with specific components such as financial inclusion. So we have to prioritize behaviors linked to these pilots. As mentioned in the do's and don'ts, some community members, such as government who provide funding might not agree that these behaviors rank high in priority. Do you have suggestions on how to proceed?

Kelsey Torres

Well, from my background, I would suggest, starting with the research and kind of providing the background information for the evidence for why they might be of high priority, but I also welcome others to jump in who might have some additional experience with prioritization.

Lisa

Yes, I think Laura was speaking to engaging stakeholders from the start. That's great. Thanks, Kelsey. Right. So people are agreeing that prioritization is becoming a big challenge with integration of other sectors like food security and now early childhood development. Absolutely. We see that. And that's part of the reason this tool is in process. So, yeah, we ... we really welcome your feedback and thoughts on how to make this even more user-friendly for yourselves. Collin is Leonor on. I don't believe so.

Lisa

OK. All right, thanks.

Leonor
Sim, eu estou aqui.

Lisa

Oh, OK. So the question is how to overcome food taboos? In the country context, Leonor, I know you're working hard on addressing the food taboos. Can you share any experience?

Leonor, a pergunta é como enfrentar os tabus em torno dos alimentos?

Leonor

Muito obrigada.
Bom, é realmente, os tabus é, perante a alimentação, é uma realidade, porém o que estamos a trabalhar com a Transform Nutrition para poder enfrentar e ultrapassar esses tabus, nós estamos a trabalhar primeiro na divulgação de mensagem chave daquilo que é o correto, em termos de alimentação.
Neste momento, estamos a fazer um treinamento daqueles que são os influencies, os influencers, os influenciadores para a mudança de comportamentos, porque muitas das vezes a informação que passa para as mulheres grávidas, para as adolescentes, para as mulheres lactantes. Elas recebem com aqueles que são os seus, posso dizer, que são os mais velhos, não é, que são os seus sogros, os seus pais, os líderes comunitários, e são as sogras. Portanto, para poder ultrapassar isso, estamos a trabalhar primeiro com essas pessoas que são os influenciadores, mostrando a eles o que é correto em termos de alimentação e o que não é correto em termos de alimentação.
Também estamos a fazer testes, não é, com alguns produtos alimentares que normalmente têm sido tabus, por exemplo: o consumo de peixe em crianças com menos de 1 ano. Então o que estamos a fazer é selecionar algumas mães que aceitam que os seus filhos consumam peixe. E depois de um determinado período de tempo de três meses, mostramos aquela criança a todas as mães que também tinham esse tabu para mostrar a elas que não teve problema nenhum de saúde, como forma de ultrapassar aquele tabu.
Também estamos a fazer o teste com as mulheres grávidas. Selecionam-se algumas mulheres grávidas e dão-se, é entregue o desafio do consumo do ovo por exemplo e elas vão consumindo aquele ovo durante a gravidez regularmente, naquela recomendação que é dada nutricionalmente: um ou

dois ovos fervidos por semana. E depois do parto, é mostrado às mães, como é que o bebé nasceu. Então isso ajuda-nos com as evidências das próprias comunidades e são desafios que são entregues aqueles que são os beneficiários dentro da própria comunidade e isso ajuda de alguma forma na própria mudança de comportamento. Essas mensagens não passam só nos grupos de nutrição onde são os locais, onde nós desenvolvemos as atividades, mas passam também nas rádios comunitárias. A colheita dos depoimentos que são passados nas rádios comunitárias, as mensagens passam nas rádios comunitárias, as evidências que nós escolhemos, as histórias de sucesso da própria comunidade. Então isso tem ajudado bastante para ultrapassar os tabus alimentares.
Muito obrigada.

Lisa

Oh, thank you, Leonor. Thank you very much. We have a question for Mike from Rita, that's about how we often talk about SBC and behavior outcomes from an individual, but knowing that the enabling environment and structural issues are often very critical to achieve that behavior change, Mike could you speak to that issue?

Mike Manske

Yes, sorry, I was on mute. Now, I think this is an excellent question and maybe we just didn't use the terminology. I feel that, you know, in many contexts and … and, you know, when we're doing our analyses of what determines behavior at the various levels, you know, I think Laura talked a little bit about factors that influence behaviors. And so one of the groupings of those factors, if you if you have a chance to kind of look into this a little bit more thoroughly is at the kind of social and structural side and the enabling environment could fit in in both social and structural grouping of factors. So I think that's an excellent question. I think we … we look at, for example, at the whether it's the policy side or working with … with governments or working to address kind of social norms or gender or family and community factors, the enabling environment does have to be taken into account. And so that that is the struggle I feel that I've seen in programs is that there's a lot of emphasis on the individual, on addressing kind of attitudes and knowledge and … and that's important. But I think you've hit on a really important point here that we really have to take into account kind of the broader context, the broader environment, because of the way behavior is influenced, not just at that individual level. And I welcome other colleagues to comment on that or correct me if I misspoke.

Lisa

Oh, that's great, thanks for that clear answer, Mike. Kristen, there's a good question about how nutrition SBC competencies dovetail with gender, SBC competence throughout the program cycle. Could you speak to that?

Kristen
Sure, you know, so I think that there are very important intersections between gender and nutrition, and I see that to … competency, I see very, very many overlaps in and I see the two types of competencies as very complementary. So there are a few examples of this on the competency list that we've developed. And I think that will come out even more when we… when we develop the competency list related to community health workers and SBC, I think kind of those gender and nutrition competency as well. Well, we'll come to the forefront as where we're developing those out. And I think there are really opportunities to look at a lot of these SBC nutrition using a gender

lens and even kind of adopt take them and adopt them on your own to make them a little bit more gender-sensitive or even gender- transformative.

Lisa

Great, thanks. Thanks. So we have…we have a few really good questions about the role of social norms and addressing … understanding the social norms before or after prioritizing the behaviors. Thanks so much for raising this hot topic. We are absolutely in agreement that social norms are really critical to better understand and work with and shift, if harmful, in nutrition programs. We're taking a bit longer to develop those tools. So stay tuned for next year because those are coming. We're starting with some evidence, reviews of social norms in nutrition, and then a program guide along with tools. So we look forward to sharing those with you at the end of next year and of course, getting all of your input, reactions, and feedback on those tools, because this is an area we also recognize needs to be better addressed. Kelsey, there is a very interesting question for you from Carolyn. She said, in Sierra Leone, we found that grandmothers are key influencers of infant and young child feeding. Therefore, grandmothers' behaviors affect multiple outcomes with high impact. She understands the tool would help identify grandmothers as a key influencer. But do the tools then help take the next step? How to engage grandmothers for changing norms and behaviors.

Kelsey Torres

Yeah, great, thanks, Lisa. Yes, so I think this is in reference to the do's and don'ts tool, as I had shared, one of the don'ts was to don't forget to engage the unique voices of grandmothers, adolescents, and other distinct social groups during implementation feedback opportunities. So, yeah, these do's and don'ts, too, mostly just kind of a tips and pitfalls to avoid. But we … we are doing some other work on advancing on USAID Advancing Nutrition, about engaging caregivers. And so that will be some additional information that might help with that piece. And in an upcoming tool that we will be developing, we'll be sharing a tool for translating formative research to strategy. So the idea behind that is that we would find influencing factors and actors who have the role in addressing those factors and then walk you through the process of developing strategies based on the formative research for the overarching SBC strategy. Thanks, Lisa.

Lisa

Great, thanks. I'm seeing yes, so there's a question if we could speak to the theories underpinning these tools and Laura has agreed to share with us. Thank Laura.

Laura Itzkowitz

So all of these tools were specifically designed to be theory agnostic and that they can fit with any theory that you choose is most appropriate for your situation. They looked and this is actually building off of the work that ACCELERARE, which we use for the nutrition work, which then Advancing Nutrition work is building, also really looking across the wide range of theories that we use for SBC and looking at what's the same about them. And while you may use your theory to help you determine which factors to explore in your formative research are how to structure your intervention, none of the theories really help with behavior prioritization. And so I think regardless of what theory you're using and it's most appropriate for your situation, you still need to look at

how you prioritize behaviors, because you also may have different theories that are more relevant for different behaviors. And so you want to look at how do those meet in the middle, but essentially that these tools are not designed for any specific theory, but really can match with any theory that you're using.

Lisa

Excellent. Thank you. All right, so we have lots of good questions here around using the tools with different types of participant groups like health workers, practitioners and adolescents, engaging. I think. And with partners and fathers. I think these will be for our next round of tools, as these are really for the program practitioners themselves that we were sharing today. Here's a final question for Mike, if you're willing, Mike, this is from Mandy. When it comes to design, how could we make sure the SBC intervention is sustainable, especially when we use incentives?

Mike Manske

Yeah, that's an excellent question. I think one of the things that we maybe didn't talk about too much today is … is sustainability of or maintenance of behaviors after the project ends, or whether we're also even talking about social norms, although we didn't talk about it very much today. And so I think … I think that maybe one or two of the tools that goes into a little bit more depth on this. But I recognize that as … as projects and project staff, whether they're SBC practitioners or not, are designing their … their interventions and looking through the different analyses, this is something really important to take into account. And I welcome my other colleagues to share where we do talk about this kind of sustaining the behavior issue, because I feel it's a really important consideration that we don't always take into account.

Lisa

Well, Mike, I really appreciate your answer, and one of our intentions today was to gather everybody's good ideas for additional tools. So this is something that we do need to put on the list for working together to figure out how to support the SBC quality and sustain work. So thank you so much. I'm going to hand it over to Mike to close now. Thank you all so much for these thought provoking questions.

Mike Manske

Thank you so much, Lisa. I'm not sure if we introduced you, but I just wanted to thank you, Lisa, the technical director for the SBC team. I'm just acknowledging that we didn't introduce you earlier or so, but we have heard your voice and you've been behind a lot of the work here. So just to acknowledge your work. We appreciate you and all of the USAID Advancing Nutrition staff that have contributed to these tools. And most importantly, we thank all of the participants today for joining. We really value your inputs and ideas to improve these tools and potentially develop new ones. You've had some excellent questions today and some cases, they've really provoked our … our thoughts and maybe are already giving us some … some new ideas. You may be saying to yourself, this is great, but how can I access the tools themselves? Well, this slide in theory includes the links to the tools that we talked about today. I don't believe you can click on the slides, but when you when you get the presentation itself, you should be able to access the tools. The first, as is it, six

links are all live links where you can access these resources. And the last two highlighted in grey or two additional tools that are currently under development. So that's translating informative research to SBC strategy and behavior monitoring. We look forward to sharing those with you when they are finalized. We hope that you see this suite of tools as an opportunity to … to address common challenges. But … but this is really only part of the conversation. And your questions and discussion today to me needs further, just further work. And we want to continue to hear from you to, for you to share your thoughts and ideas with us. And I just wanted to highlight we have Kelsey Torres email at the bottom right of the slide. If you have additional questions or comments, please be in touch with Kelsey. And we want you to stay tuned for a follow-up webinar coming next year.

Yaritza Rodriguez

Great, thank you so much, Mike, this is Yaritza just closing out. Thank you to everyone who tuned in to today's webinar and to all our panelists for taking the time to answer questions and give thoughtful, thoughtful responses. So thank you again, everyone, and we hope to see you at another of our USAID Advancing Nutrition webinars.

Please note that as panelists have said, that the slides and the recording for today's webinar will be shared via email to all who registered, and they'll also be made available via our USAID Advancing Nutrition website. So thanks again and have a wonderful rest of your day.