

# Complementary Feeding Workshop I

## Webinar Transcript

### Laura

I think people are still joining, but why don't we go ahead and get started. Welcome, everyone. I'm so excited that you're joining us today for this first workshop in the series of Behaviors for Better Complementary Feeding. Today's workshop is titled Achieve More with Fewer Resources, Start with the Outcomes and Prioritize. We'll be going through a lot today, but to get us started, I'm going to hand things over to Kossana who's going to talk about a little bit of housekeeping. Kossana, here's to you.

### Kossana

Thanks so much, Laura. Hi, everyone. Today I'll be your Zoom tech support, and I'm just going to quickly run through some Zoom housekeeping reminders to make sure we have a smooth first workshop. To start, all three workshops will have French interpretation. If you would like to hear today's workshop in French, please click the interpretation icon in the control panel at the bottom of your screen.

To hear the workshop only in French, please select mute original audio, and if you're listening in English, please make sure to select English from the interpretation channels to hear comments or questions from colleagues when they're interpreted from French to English. Next slide. A couple of Zoom meeting reminders. If at any point you're unable to hear the speakers, please check to make sure you've connected your audio by clicking the headphones icon in your Zoom controls.

We'll also be using the chat box for introductions, general reflections, or any technical issues. To access the chat box, please click on the icon in your Zoom control bar labeled Chat, and send a message to everyone. You may practice this now by introducing yourself or sending in any comments or questions you may have. If any point during today's session you need tech support, please indicate that in the chat.

You're also welcome to turn on your video when you're speaking, presenting, or engaging with other participants, but please remember to mute yourself when others are speaking or delivering presentations. We have also enabled closed captioning for all three workshops. To start viewing live subtitles on your screen, please check the closed caption icon in your control panel and select show subtitles.

If you are unable to hear the presenters or see any of the presentations, please try leaving the meeting and joining it again using the link in your registration confirmation email, or you can call in using one of the numbers provided. Please note that today's meeting is being recorded, except for the breakout rooms.

During today's presentations, if you have any specific questions for the speakers, please use the Q&A feature by clicking the Q&A icon in your control panel and ask your questions by typing in the space provided and pressing "Enter." You can also feel free to ask questions in the chat, but the Q&A will just be a little bit more organized. Lastly, we'll be having two breakout sessions today. You should be automatically assigned to your breakout room.

However, if you have any issues automatically joining the breakout room, you can click on the breakout rooms icon in your Zoom controls and select a room. If you have any issues during the breakout rooms,

please put a message in the chat for tech support. Please also note that French translation will stay in the main room during the breakout rooms. If you require translation and accidentally get placed in a breakout room, please click "Leave Room" to return to the main session. That will be all of the Zoom reminders for today, and I'll hand it back over to you, Laura.

## Laura

Thanks, Kossana. Hopefully, everybody knows how to work Zoom by now, and so hopefully we won't have any tech issues. I want to start our session today with a story about two implementers, Maryam and Brian, who are looking to improve complementary feeding through their program. Each workshop, we'll hear a bit more about their experience to help frame our thinking for the day.

Next slide. Program planners, Maryam and Brian, have worked to improve child nutrition in their region for many years, but progress has been slow. They're thrilled when the director of the Ministry of Health asks them to develop a multi-sectoral program to strengthen complementary feeding, but they know it will be a challenge. They know complementary feeding is complicated. Like in many countries, the situation in their region is complex.

Their programs have shown good progress in breastfeeding and antenatal care, but progress in children's diets has stalled.

The multiple indirect and underlying causes of malnutrition make it difficult to know where to start. As Maryam and Brian struggle to choose which behaviors they will target first, a colleague from the Ministry of Health recommends that they use the behavior prioritization tool. They tell them it's just what they need. As they gather nutrition technical team members to complete the tool together, they begin to feel more hopeful.

With the help of the group, they clarify nutrition and other program outcomes and goals by finding them in the original nutrition program proposal. Next, the team reviews recommended complementary feeding behaviors. Brian is surprised to see that complementary feeding actually consists of at least six behaviors. He's used to talking about complementary feeding in a general way. Maryam explains that she knows well as a mother that there are many parts to child feeding, and that she hopes he might experience that as a father someday.

They find published data for some of the behaviors, but for others, such as food hygiene and responsive feeding, the team asks experts in the district health office and other projects to share reports. Reviewing the data and experience, they ask a few questions. One, where are their behavior gaps? Meaning, which behaviors are not practiced now to the extent needed? Two, are there differences by children's ages? Three, which behaviors are within the program mandate?

They complete the prioritization process and end up with two complementary feeding priority behaviors to focus on. Some staff are confused about why all of the behaviors have not been prioritized and ask about the others. What about fathers or grandmother's behaviors or home gardens? Aren't these important too? Maryam and Brian explain that these may come later as supporting actions. All of the activities should lead to the priority behaviors of caregivers that are closest to the expected outcomes.

They also explain the importance of staying focused on key behaviors and not trying to change too much at one time. Stay tuned at our future workshops to hear more about their adventures. That just is going to set the tone for what we're going to talk about today. In the meantime, let's move on to introductions and our plan for today.

To the next slide. To start with me, my name is Laura Itzkowitz, and I'm a senior nutrition and social and behavior change advisor with USAID's Bureau for Global Health. Today I am hosting along with my

colleagues, Linda Shaker, Kelsey Torres, Lisa Sherburne, and Shaneka Thurman. Linda is a nutrition specialist at UNICEF headquarters in New York, leading on the complementary feeding agenda as part of early childhood nutrition. Kelsey is a nutrition and SBC advisor for USAID Advancing Nutrition.

Lisa is the director of SBC at USAID Advancing Nutrition, and Shaneka is a social and behavior change advisor on the USAID Advancing Nutrition team. Next slide. In this workshop series, we will work through key elements of quality SBC together. We're going to focus on SBC for complementary feeding, but the basic elements of quality SBC are applicable to all other behaviors, even those outside of nutrition.

We'll work through a stepwise process to ensure programs are designed by starting with the outcomes and ensuring quality throughout implementation, monitoring, and evaluation to help achieve and sustain our nutrition goals. Today, we will start with prioritizing behaviors, which is the first step in program design that will ensure efficient use of resources and lasting impact. Next slide.

Our second workshop will focus on creating pathways to change as a strong foundation for your SBC strategy. Next slide. We will close the series with the session focused on implementing and monitoring SBC programs. Here's our agenda for the day. We'll start with a presentation by Linda on the current state of children's diets and UNICEF's foundational programming guidance.

Then we'll discuss how to improve children's diets through quality SBC. We'll cover what a behavior is and practice writing and refining behaviors. Next, after a short break, we'll review the process for behavior prioritization and why it's important, and practice during another breakout room. Finally, we'll close with an open discussion for sharing experiences, questions and answers, et cetera. It'll be very interactive, and we hope that all of you, when you're in the breakout rooms, that everybody will have a chance to talk and really contribute. I'm going to hand it over to you, Linda, to get us started.

## Linda

Thank you so much, first, for the introduction. Really, I'm very happy to be here and contributing to this important series on complementary feeding. As already mentioned, this is about complementary feeding, and so I thought I would start with a brief reminder about what we mean by complementary feeding. That it is not only about what a child is fed, it's also how they are fed and, of course, when. It's not only about the food, but also about the practices and the behaviors.

Briefly, as a reminder, what children are fed during the complementary feeding period, number one is, of course, continued breastfeeding, where infants and young children should continue frequent on-demand breastfeeding until two years of age or longer because breastfeeding, we know, continues to be a crucial part of the diet. Number two is diversity where children need to consume a variety of foods to meet their nutrient needs and really expose them to those various tastes and textures that the food provide.

Then we have the inclusion of animal-source foods, fruits, and vegetables. We know that foods such as eggs, meat, poultry, fish, dairy, all of those are good sources of high-quality protein, essential fatty acids, and, of course, the fruits and vegetables very good sources of high minerals and vitamins and fibers and antioxidants. Then we have the avoidance of foods and beverages low in nutrient value and avoidance of added sugar.

Sometimes as needed, we may need in some context to use fortified foods or supplements. This is a brief reminder of what we mean by complementary feeding in terms of what the child should be fed. Then we go to-- I'm not able to go to the next slide. No. Great. Then we go to the when and how. Of course, number one, the timely introduction of solids at six months, the frequency of the meals, which evolves as the child grows. Then we have the age appropriate amounts also, which evolves, the age-appropriate food consistency, the safe preparation, and storage of the food.

Then, as already mentioned, the very important responsive feeding and caregiving, which is this reciprocal positive interaction between the caregiver and the child, a behavior that is not easy. Then, of course, sometimes during illness, the important behavior of caring for the child. This is a summary of the recommendations around complementary feeding. Now, why are we actually so concerned about complementary feeding? Why is this behavior and practice and the diet is so important?

Because we know that during this age, something really exceptional is happening. The first two years of a child's life, these enormous physiological changes that are taking place. We know that the child's brain can grow to 75% of the adult size during that time. We have all those neural connections, more than a million that are formed every second.

The body weight that quadruples, the height that increases by 75%. All of these really vast changes mean that the needs of a child are really extraordinary, and therefore the consequences of an inappropriate diet and of inappropriate complementary feeding are extremely dangerous. We can see this in the figures related to stunting, which is the indication of stunted growth. We see that this increases rapidly between 6 and 23 months of age.

Also, we can see this in the wasting where we know that more than half of all children with wasting are younger than two years of age. It is really an important period, and added to that, we're living in a context that is really challenging, and we have a crisis in terms of the food. All of those factors really push us to really understand how we can contribute to improving complementary feeding.

With that, what is the situation related to complementary feeding globally? This is a summary of the findings from the Fed to Fail report, which reports on the situation. Number one, it really shows that children are not fed enough of the right foods at the right time. You can see here the minimum dietary diversity, we have a target of 35%, and we're not there yet.

We have also seen little improvements in these trends. Then also a more recent report from last year looked at what we're calling child food poverty, which is not only the minimum dietary diversity, it's really looking at children who are consuming less than two food groups per day, so this is called severe food poverty. We can see that one in three children are doing that, which is really, really important and a very serious gap.

One of the findings of the report from the Fed to Fail looks at the why. Why are families struggling with complementary feeding? One of the findings includes affordability. Another is time pressure, availability, knowledge. All of these really are important for us to think about because we are talking about behavior change, so it's very important to look at these drivers and reasons for the gaps in complementary feeding.

The Fed to Fail report also reports on other findings related to the diets of young children, including number six there where findings showed that the diets are constrained by social, cultural, and gender barriers, which also directly linked to behavior, of course, as well as those findings that are more related to the environment, such as policies and programs and the availability of unhealthy processed foods. All of these are really important to keep in mind. Oops, sorry.

I wanted to briefly present the action framework and the UNICEF programming guidance on complementary feeding, which really focuses on diet services and practices. Practices, behaviors, these are an integral part of complementary feeding. To say that the programming guidance presents evidence around interventions that improve complementary feeding. These interventions, you can see here, number one is about nutrition counseling and social and behavior change. An integral part of these interventions for improving complementary feeding.

Then you have counseling and education on responsive feeding and stimulation. Then the others are more related to food, but also I know that in the next presentations we are going to talk about how it's not only about the behavior of the caregiver, it's also behavior within the community. This is just to emphasize those interventions, and then to present to you the action framework to improve diets of young children during the complementary feeding, which is a tool for facilitating programming to improve diets of young children.

Then applying the action framework really facilitates a, number one, a systematic analysis of context-specific drivers of poor diet. You can see here, number one, it emphasizes the importance of having this situation analysis of what is driving complementary feeding, and then prioritizing strategic actions for addressing them through relevant systems.

Then it emphasizes the importance of these actions really being implemented at different levels, policy, institutional, and community, and then taking into account the programming context, and of course, monitoring and evaluation, all of that to improve complementary feeding, improve the diets of young children. Then I'm going to zoom in a little bit on those different systems that the action framework suggests, and one of which is the food system.

It zooms in on each of these systems, and you can see for each of these systems, we have a specific framework which again emphasizes the importance of the situation analysis, but then you see here that within those systems there is a little bit more details. For example, we know that the food system is about the food supply chain, is about food environment, and it's about how we are feeding children, what are families purchasing or consuming, et cetera.

It provides this zoom in in order to emphasize the importance of the situation analysis, and then actions related to the food systems. All of which will lead to the outcome of improved nutrition, improved access to food. This is one on the food system. Then the second is on the health system. Again, you can see here there's health and nutrition services and then behaviors of caregivers. Then within the services, of course, we have the behavior of the service providers.

Prioritizing actions along the lines or within the health system, again, to improve availability, quality, affordability, and use of health and nutrition services. For example, this is focusing specifically on that in order to improve the quality of children's diets and complementary feeding. Then the next one is the water and sanitation. You can also see here we have the wash supply and services, and then behaviors of caregivers specific to water and sanitation with strategic actions related to water and sanitation.

Then, finally, the last one is the social protection system. Again, what kind of services are there to improve access to food and services for young children, and what kind of behaviors determine, and then the actions. All of that to say that the action framework is really an important tool to facilitate and prioritize. I was hearing Laura say prioritize and what are some of the behaviors that we need to concentrate on.

This is really an important tool that can facilitate that at the programming level. With that, I just also wanted at the end to share with you a few ongoing activities that at the moment we are implementing. One of which is the Community Infant and Young Child Feeding package, which is currently being updated. This is really an important tool, of course.

I'm really excited to see the progress in that. Watch the space for this update. Another bit that I wanted to also update you on is the engagement in an innovation that we're implementing, which is the complementary feeding Bowl and Spoon, which is also being piloted in several countries, which is also a tool that we hope will facilitate behavior change.

Then finally, and not specific to behavior change, but also to share with you that with WHO, we're working on the development of an implementation guidance for a complementary feeding programming, which goes into the how of improving complementary feeding. We'll have a section on social behavior change programming. With that, I hope that I'm on time. I will say thank you, and really excited about the series of workshops, and wish you the best of luck. Thank you.

## Kelsey

Great. Thanks so much, Linda. That was a wonderful overview of the current state of complementary feeding globally, as well as UNICEF's framework to improve young children's diets. Now that we've thought through what can be done to improve complementary feeding, in this section, we'll think about the how using quality SBC.

As we heard from Linda, the complementary feeding period from 6 to 23 months of age is one of the most challenging times to meet children's nutrient demands. While children's stomachs can only hold a small amount of food, their nutrient needs reach a lifetime peak. During this period, children also experience dynamic growth and development. This is why what, how much, how often, and with what help a child should eat must evolve to meet their changing needs.

Appropriate complementary feeding is often thought of as a single behavior. However, it actually requires many behaviors that change with the child's age. There are some here, but we will get into them more a little later on. All of these behaviors must be practiced together in the right balance over the 6 to 23-month period.

Why do we begin with behaviors? Understanding behaviors is an essential start for high-quality SBC program development on any topic because behaviors, or what people do, is the closest outcome to the ultimate goal of the program. Whether it's improved livelihoods, improved nutritional status, or enhanced resilience to shock. Starting with the behaviors that matter the most for our context helps ensure we stay focused, leading to efficient use of resources and ultimately achieving and sustaining our goals.

Behaviors are the roots of any nutrition program. A social and behavior change approach is vital to improve complementary feeding, and it puts people and their behaviors at the heart of problem-solving. As we've seen throughout Linda's presentation and touched on a bit in my section, behaviors can be what, how often, how much, and with what help a caregiver or family member feeds a child, but they can also be behaviors of others in the community, such as community or religious leaders, farmers, health workers, market vendors, or policymakers.

We can think about the various actors across sectors in UNICEF's framework, and they're all practicing different behaviors that can influence complementary feeding. This is why we need quality SBC that engages all of the various people across those sectors who have a role to play in improving young children's diets. We're going to watch a short video that provides an overview of what quality SBC is and how we can tell if we're doing it well.

[music]

## Female Speaker 1

A social and behavior change approach is central to achieving many of USAID's nutrition goals. What is SBC, and how can we tell if we're doing it well? Let's say we're designing a program aimed at improving the health of infants and children through better nutrition. An SBC approach is when that centers the local context. At the core of SBC is a recognition that the way people act is entangled with their social

connections and their local conditions. Our change efforts must therefore take into account the many social and environmental factors influencing how people carry out their day-to-day activities.

## Kelsey

It seems to be skipping a bit, so maybe we can just pause it and give it just a moment.

## Female Speaker 1

These factors can both enable and get in the way of change. SBC represents a way of--

## Kelsey

Emily, we can just head on to the next section, but I think Lisa shared the link -to the video in the chat. Hopefully, others can watch that after the workshop. Thanks for that. Now that we've discussed why it's necessary to use an SBC approach and start with behaviors, let's get into the weeds a bit with how to write a behavior. A behavior is made up of three parts, as seen here. The first is the specific primary actor, then comes the action verb, and finally, any other specifics such as frequency of the behavior, or geography, or perhaps a more narrow age group.

I would love to just get some involvement from the participants at this point. Feel free to type in the chat. Who can tell me who the primary actor is in this behavior? We have caregivers feed children 6 to 23 months a variety of age-appropriate, safe, diverse foods daily. Caregivers. Right. Nice. Then the next part, what is the action verb? Feel free to type in the chat. Feed children 6 to 23 months a variety of age-appropriate and safe, diverse foods, and then finally, other specifics might be daily as we have in this example.

An important point to make here is that a behavior is not increasing knowledge and awareness. Instead, we want to focus on ultimately what the specific primary actor will do. Structure of the behaviors matter because if you don't structure it right, you may not be starting with a behavior which we know is the closest outcome to the program goal. You may instead be starting with a barrier or an enabler for a behavior or even an activity, and we'll discuss when these come in later on in the workshop series.

Starting with factors or activities may not lead to intended results if they're not appropriately linked to the behaviors you're looking to change. That's what makes it really important to start with the behavior. We're going to switch to a quick Menti poll. Emily can help me with that. [silence] In this Menti poll, we're going to list a few different items, and we're going to ask you to identify which one or more are behaviors. When you're doing this exercise, I want you to remember the formula, which is the actor plus the action verb plus any other specifics. Let's see if we can get that poll launched. Okay, great. You can either-- If you've got your phone on you, can use the QR code here or go to menti.com with the code, and we'll also put that in the chat. Do you want to go to the next one, Emily? Hopefully, you're able to go to Menti and enter your response. Wow, we see there's a good majority on two of them already. That's great. Okay, great. I see we've got a couple responses for the two earlier on, and then the two at the end, we have most of the responses.

Does anyone want to share in the chat why they selected the ones that they did? Feel free to add that in. While you're thinking about that and typing, we can just talk through the thinking behind this activity. If we can remember, what makes it a behavior is the formula that we have. The primary actor with an action verb and other specifics. You'll see in the first three there's no primary actor, and in the latter two there is an actor, it's caregivers, and then they have that same action verb, so they feed children or sit with the children during feeding.

Those last two responses are behaviors, whereas the first three might more likely be activities that would come out later on during behavioral analysis, should those influencing factors be relevant based

on the behavioral analysis. Thanks for participating in that poll. We'll dig into this a bit more during breakout rooms to think through a little more and get more familiar with these types of questions.

Next, I'd like to shift gears a bit to our breakout rooms. We're going to practice writing and narrowing behaviors. You'll have a facilitator in each room, and if you require French translation, you'll stay in the main room. We have pre-assigned rooms. You can just follow where you're directed to, unless you do need that French translation, you get redirected, you can leave the room, and rejoin the main room for that French translation.

I will go ahead and let Kossana launch those breakout rooms, and you can join your facilitator, and they'll talk through the activity. Thanks.

## **Kossana**

Thank you, Kelsey. I'm going to go ahead and open up all the rooms now.

## **Kelsey**

I want to welcome everyone back, and hopefully that was a good discussion. Remaining questions or points of discussion that maybe didn't have enough time for, but I wanted to thank my group. There was some good points raised. What we're going to do next is take about a five-minute break. We'll come back at, let's see, 9:40 Eastern Daylight Time. If you could please be back in five minutes, and then we will kick off the remainder of the session. Thanks.

[pause 00:36:46]

Great. I hope everyone got some time to quickly stretch or grab a coffee, but I'm going to bring us all back. I will hand over to Lisa to kick us off for the second portion of this workshop. Thanks.

## **Lisa**

Welcome back, everybody. I want to start out by repeating something that Kelsey said earlier on. IYCF, or complementary feeding, it's not a behavior. All of you know that complementary feeding actually has so many, many possible behaviors and actions within it. That's probably why this makes complementary feeding so challenging to improve on a local level and a global level, as we saw from Linda's data on where we are right now.

We're all here, I know, on this workshop because we really want to make it better and make a change. What we see over the experiences and across countries is that for programs or services to be effective, the more specific recommendations and solutions, the better to meet the local needs and identify and use local solutions. This requires focusing on what really matters in a local context to the families, caregivers, and mothers.

How do we get there? Next slide, please. For complementary feeding, the prioritization process is very systematic, like in other sectors or areas, and it starts with six globally recommended complementary feeding behaviors. These were identified by the USAID Nutrition SBC working group because these behaviors have been shown to reduce malnutrition, especially stunting and wasting, in young children.

You might also look at these behaviors as outcomes. You'll see these as behavioral outcomes at the top of a theory of change pathway, for example. They are high level, and so they're applicable, no matter where in the world you are. It's a starting point for consistency across policies, programs, and services. Our challenge, your challenge, is for your program or service to figure out which of these behaviors to focus on and what the priority behavior could look like in practice given the local social and food environment.





Prioritization requires subjective decision-making, informed by data. This is where probably your public health background really comes in. The data can come from large data sets like the DHS, the Demographic Health Service, or the MICS surveys, or other quantitative data sources. USAID Advancing Nutrition with USAID prepared this stepwise tool to help guide the prioritization process.

You can access it with the QR code here, and we'll send you a link after this workshop, of course, with the slides. To start the process, you need to decide on your goal. For a nutrition program that has complementary feeding as a goal, you really want to improve that feeding for children, you can use nutritional status of children as a goal. For other nutrition-sensitive programs or other areas, you may use a different type of outcome or goal. The tool helps walk you through that.

I think next slide, please. Getting into the stepwise process of how to prioritize. There are four main criteria. First, you examine the current prevalence of the behavior and how much improvement is needed to get to prevalence of say 80%. This in the tool we call the behavior gap. Next, based on the scientific data that you have, select the behaviors that are closest to the outcome and would make the biggest difference.

In the tool, it's described as potential to impact results. For example, this is really important because if there's a behavior that's already pretty high, pretty good, you don't want to put your resources towards that only because you won't show a big change, and it means you're missing some of the other behaviors that if achieved would increase or improve your nutritional impact.

Then during prioritization, you can also look at the feasibility of changing the behavior given available resources, services, and constraints, or potential ability to change. This is not the only time to do it. It's just the first initial pass in order to start with a focus on some priority behaviors. Then finally, you want to consider how well those behaviors fit within the program based on the project or organization's manageable interests, including time availability, competencies, resources needed, and also within national or subnational policy priorities.

The output is a preliminary list of priority behaviors to focus on changing over the life of the project. Why you're doing this is because this is what will make your behavior change outcomes and nutrition goals. To make an impact on complementary feeding or any other topic, people will need to do something differently, and that is the behavioral outcome. It's the closest thing to your nutrition goal that you can change.

It doesn't mean that's the message that you're going to promote. It is the outcome to focus all of your next steps, including formative research or piloting activities. During formative research, you can include questions to learn more from participant groups about their willingness and ability to practice the behavior in their local context, given their own resources, time, interest, and support, for example.

Then use the findings from the formative research to update your list of priority behaviors and get much more specific, as we talked about in the previous breakout group. Those will then go into your social and behavior change strategy. Next slide, please. USAID Advancing Nutrition also developed this decision tree tool to help program select one or more formative research methods based on the key questions that they need to answer to really understand why people practice a behavior or not, and what people are willing and able to do in their context and who influences those actions.

Next slide. Thank you. Now we have another breakout group. This one is 25 minutes, and we are going to understand through this group how and why we prioritize behaviors. I'll let Kossana take us into our breakout groups again. Your facilitator will be there to lead you through a fun exercise. A little bit there, but a really interesting discussion that will bring up in the next workshop for sure on some interesting solutions. We have another Menti poll.

Emily, if you're able to bring that up for us. We want to ask-- Thank you. It's a new Menti poll. We want to ask about your past experience prioritizing behaviors. Many of you shared really nice ones in the small groups already. I'd like to hear more about this. [chuckles] All right.

[pause 00:52:06]

Looks like many people have tried before.

[pause 00:52:43]

Thanks. Emily, is there another poll, or is this the question?

## Emily

This is it. Yes.

## Lisa

Then for those who have, most of you have prioritized before, could you please type in the chat to share which behaviors you prioritized, and what went well, or what was challenging about that? [silence] Let's see. If you could type in the chat any behaviors you prioritized before, and we'd love to hear what went well with that and what was challenging.

[pause 00:53:43]

If you didn't prioritize behaviors before, even for complementary feeding, what questions would you have about doing this, or what questions do you think your team members or colleagues might have about prioritizing?

[pause 00:54:25]

Feel free to type in the chat. I'd also like to now open this up for any general comments or questions. [silence] I see some very good-- Oh, thank you. Yes, thank you for adding these to the chat. Very nice. Oh, [unintelligible 00:55:11] that's a challenge. Oh, very good. [silence] We have a good question from Dr. Yvonne in the Q&A. I want to see. Marsha, if you are on and can come off mute, would you be able to share thoughts on this? Good question. What about a behavior that's maybe not very low and changes slowly, but has a potential to affect very negatively the outcome we want to achieve?

## Marsha

Hello. I am still on. [chuckles]

## Lisa

Thank you.

## Marsha

Tossing me a tough one. [chuckles]

## Lisa

Yes, it's a tough one. [laughs]

## Marsha

The exercise that we just did on prevalence and ability to change, et cetera, certainly would have us focusing on some, but it doesn't mean that we leave others behind. I do think that once you've gone through the prioritization exercise, it is good as-- I'm sorry I missed Dr. Yvonne's chat note, but it is

good to look back at your whole landscape and make sure that there isn't something that you should be working on, and a lot of times its things that are tied to those underlying social norms.

Having a broad look at the social norm side of programming, I think, is important. I don't know what Dr. Yvonne exactly has in mind, but I think we've all found that to be very important as we look at specific behaviors, but then the need to make sure we're also working on the social substrate of the social environment in which they're occurring and not forget about things that we should be doing there. I don't know, maybe you can give an-- We need examples here, but I think that's a really important point. I'll stop talking. Let others chime in.

## Lisa

Thanks. Yes, thank you, Marsha. We can see there's a desire to promote everything because everything is important and part of our global evidence base, but we can also see the benefit of really focusing our resources and not overwhelming, or as some people said in my group, not stressing the caregivers with so many recommendations at one time.

Marsha: Maybe I'll add here that a lot of times if the things that are underlying those social norm issues, a lot of times it has nothing to do with the caregivers. It actually has to do with their broader social environment. It's not overburdening the caregiver per se.

## Lisa

To address it.

## Marsha

Correct.

## Lisa

Very fair. There's a lot of considerations for this as we can hear. I see some really good points in the chat that I want to raise, which is even if the SBC advisor or team is prioritizing and uses a stepwise process to focus in on what's really going to make a difference, it can be difficult to convince other team members or management or district leaders, for example, to put more resources on those priorities compared to others. I wonder if anyone has some experience in bringing team members or local partners along in this prioritization process. Brian, I know you have been through that. I wondered if you would be willing to share any of your experience.

## Brian

Hi, Lisa. Can you hear me?

## Lisa

Yes.

## Brian

Thank you. Yes, I've had experience, and actually, I think we are still moving in that same direction on scenario. I'll talk about two different people. I'll talk about county governments, so basically the leadership, and then also within-- because we are in a consortium, I think the hardest teams to bring along are the consortium partners. Ones who are basically, let me say, they're trying to compete within the different organizations. Everyone believes their behaviors, or rather their activities, are the most important or are the ones that will-- They don't look at the activities in terms of impact, or what it takes, it's basically trying to promote the activities.

[silence]

**Lisa**

Brian, I think we lost you right as you're getting to the good stuff.

**Brian**

I'm sorry. Can you hear me now?

**Lisa**

Yes.

**Brian**

I think it's back.

**Lisa**

You're back.

**Brian**

Okay, great. We've had experience with that. I think one thing that helped is really around reporting. I think you talked about it when you're saying the behaviors that are up there are really around what might be reported in the theory of change. We basically came back to everything that you're doing is linking to this behavior. The teams were like, "Okay, yes, this is actually our goal, and everything that we're doing might not necessarily directly link to this, but this is what we're measured on."

If that's what you're measured on, then, yes, we need to restructure and reprioritize the activities towards actually attaining those goals.

**Lisa**

Thank you.

**Brian**

That's it. I think for the for the county government, because we went through this prioritization process with them, they were easier, and because I think we were helping achieve what the government needs to achieve.

**Lisa**

Yes.

**Brian**

Yes, so it's easier.

**Lisa**

Thank you. Brian, from your experience in Kenya, I think that is an excellent way to bring us back to our outcome idea, theory of change. John Bosco, you have your hand raised. Please, share.

## John Bosco

All right. Thank you very much. This is John Bosco from Malawi. For me, I'll be more on the ground. The interface between the facilitators, coordinators, and the community, including the beneficiaries who are key stakeholders. In the first place, as a matter of background, I have been implementing nutrition program here in Malawi. Started with WALA, USAID-funded. That's 2008 thereabout.

Feed the Future Integrating Nutrition Value Chains, USAID-funded, World Bank Support for Nutrition Improvement Component, and then Adolescent Nutrition-Sensitive Agriculture, and now I'm with the project on Multi-Sectoral Nutrition Program, funded by KfW through UNICEF. It's a government program.

What we have seen, my experience has been that when designing these projects, or creating the activities, it was made on behalf of the beneficiaries. The interventions were made for the beneficiaries and not with the beneficiaries. Yes, that's what has actually dragged the improvement of nutritional status here because we feel this is what they ought to do for us to attain our desires, but culturally we find that the approach doesn't accommodate the cultural values, the beliefs, and the like such that of recent-- Hello.

## Lisa

Sorry, John Bosco, we're at time.

## John

Yes.

## Lisa

Your point is so excellent. We'll start with that into the next workshop. Thank you so much.

## John

You're welcome.

## Lisa

We welcome all of you to join for office hours for maybe smaller group real discussion with Laura from USAID and experts at the same time and place next Thursday. Then we really look forward to seeing you in the next workshop in two weeks. Thank you all so much for joining. It was wonderful to have your inputs. Thank you so much.

## Laura

Thank you so much for facilitating.



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