



# Complementary Feeding Workshop II

## Webinar Transcript

**Lisa**

Welcome, everybody, to the second workshop For Deep and Lasting Change, Follow the Pathways. We're just giving it a minute to let people connect to their audio. Feel free to introduce yourself in the chat while people get joined.

[silence]

All right, so it looks like we can go ahead and get started. Welcome, everybody. Thank you so much for joining us today for Behaviors for Better Complimentary Feeding: An SBC Workshop Series. This is the second in the series For Deep and Lasting Change, Follow the Pathways. I'm just going to quickly run through some Zoom housekeeping reminders before we get started. Go to the next slide, please.

For starters, today we have interpretation in French. If you require French interpretation, please click the interpretation icon in the bottom panel of your Zoom setting. If you wish to hear the webinar only in French, please select "mute original audio". If you're listening in English, please make sure to select the English button from the interpretation channels to hear comments or questions from colleagues when they're being 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 be using the chat box for introductions, general reflections, or technical issues. To access the chat box, please click on the icon in your Zoom control bar labelled "chat" and send a message to everyone. You are welcome to turn on your video when speaking, presenting, or engaging with other participants. Please remember to mute yourself when others are speaking or delivering their presentation. Next slide. We've also enabled the Zoom closed captioning feature today. To start viewing live subtitles on your screen during today's session, click the close caption icon and select "show subtitle".

If you're unable to hear the presenters or see the presentation at any time, please try leaving the meeting and rejoining using the link sent to you in the registration confirmation email or call in using one of the phone numbers provided. Please note that today's meeting is being recorded except for the breakout rooms. Next slide. We will also be using the Q&A feature for questions for speakers during the various presentations. To access the Q&A box, please click on the icon in your Zoom control bar labelled Q&A and to submit a question, please type it and press "Enter" on your keyboard. Next slide. Lastly, we will be having breakout rooms. There will be two breakout rooms during today's workshop, and you've been automatically assigned to your breakout rooms.

If you have any issues joining your breakout room, you can click on the breakout rooms icon in your Zoom controls and if you have any issues, please put a message in the chat for tech support. We'll have the French interpretation in the main Zoom room and we do have a group staying in the main Zoom room. When it's time to move into breakout rooms you'll be prompted to just stay in the main room. If you are in a breakout room and realize that you need French translation, you can click the "Leave room" button, which will be in the bottom right-hand corner. Next slide. If you have any tech support concerns today, please put a message in the chat for myself by typing in tech support and I will now hand it over to Laura to get us started with the workshop.

## Laura Itkowitz

Thanks, Lisa. I'd like to start our session today continuing our story of Maryam and Brian, our two implementers who are looking to improve complimentary feeding through their program. We left off with them prioritizing two complimentary feeding behaviors, feeding children 6 to 23 months with age-appropriate frequency, amount and consistency, and feeding children 6 to 23 months a variety of nutrient-rich, age-appropriate foods. Next slide. Maryam and Brian are now ready to complete a research findings table for each priority behavior based on existing research. For the behavior, caregivers use a variety of nutrient-rich foods each day in meals and snacks with emphasis on children under 12 months.

Existing research in the program area shows that four factors prevent caregivers from doing this behavior: Lack of access to affordable or appropriate eggs, fish, or meat options for young children, lack of family support to prioritize food for children, beliefs about what children under 12 months should eat, and skills to prepare eggs, fish, and meat for children. Although the existing research helps them better understand the behaviors, Maryam and Brian see from the table that there are still gaps. What would caregivers be willing to do? What could family members do to support caregivers? What could market vendors do to increase access? Next slide.

To answer these questions, Maryam and Brian prepare their formative research plan, developing research questions and methods. Existing data show that households have access to nutritious foods such as smoked fish and milk, but do not feed these to young children. The team sees that they need qualitative data to better understand why caregivers do not feed these foods to children, as well as what caregivers and influencers are able to change. They also see the need for a quantitative survey of markets to understand market availability of all types of nutritious food at what prices by season of the year. Next slide.

With the formative research plan, the team also discusses sampling. Some team members ask for sampling caregivers in all of the districts in the program area. Maryam recommends sampling in a few districts that could represent other districts. This way they could include caregivers of children at different ages for the interviews and recipe trials. The team looks for contextual similarities and differences across these districts, including ethnicity, religion, livelihood, and proximity to markets among others. They see that livelihoods and proximity to markets could be the biggest differences among families in the program area, so select districts to represent these variables.

After Maryam and Brian's program finishes their formative research, next slide, they refine their behavior, update their research tables, and star the most critical factors. This is where we'll start our session today, building out behavior profiles. Next slide. The team completes behavior profiles for each refined priority behavior. They ask technical teams in the program to review the linked pathways to be sure the links make sense. Fortunately, the reviewers identify some missing links, especially related to addressing the accessibility barrier. Brian can't believe it, but Maryam reassures him this is what the team is for.

With the profiles complete, Maryam and Brian turn to developing the SBC strategy. Next slide. By comparing behavior profiles, they notice that social norms and family support are common factors for many of the behaviors. In response to this finding, the team elevates new norms around caregiving and support to caregivers as cross-cutting themes to weave through each activity. They also identify grandmothers, fathers, and market vendors as common influencers or supporting actors for all of the complimentary feeding behaviors, which didn't surprise Maryam based on her experience feeding her own children.



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Their strategy includes the overall description and detailed plans for family engagement and market vendor engagement. Next slide. Finally, the program team shares the draft SBC strategy with stakeholders during a workshop. The team invites representatives of localities as well as technical experts and policymakers from health and nutrition, commerce, rural development, and agriculture departments as well as private sector experts. Experts give their recommendations for refining the strategy and ensuring linkages with other initiatives and social protection schemes for households most vulnerable to malnutrition.

Maryam and Brian make sure to bring their attention to the behavioral pathways that the strategy is built on. Next slide. Stay tuned for next time to hear more about Maryam and Brian's adventures and monitoring based on their SBC strategy in our next workshop. Now let's jump into introductions and our plan for the day. Next slide. My name is Laura Itxkowitz. I'm a Senior Nutrition and Social and Behavior Change Advisor with the USAID Bureau for Global Health. Today I'm hosting with five of my colleagues.

Kelsey Torres is a Nutrition and SBC Advisor for USAID Advancing Nutrition. Silver Karumba is a Project Management Specialist in Nutrition for USAID Rwanda. Marcia Griffiths is the Executive Director of the Manoff Group, a JSI Company. Lisa Sherburne is the Director of the SBC team on USAID Advancing Nutrition, and Shaneka Thurman is a social and behavior change advisor on the USAID Advancing Nutrition team. Next slide.

In this workshop series, we're working through the key elements of quality SBC together. As a reminder, we're focusing on SBC for complimentary feeding, but the basic elements of quality SBC are applicable to all other behaviors, even those outside of nutrition. We're following 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. During the first workshop, we started with prioritizing behaviors, which is the first step in program design that will ensure efficient use of resources and lasting impact. Next slide.

Today we're going to focus on creating behavioral pathways to change as a strong foundation for your SBC strategy. Next slide. Next time we'll close the series with a session focused on monitoring SBC programs. Next slide. Here's today's agenda. First I'm going to recap our first workshop. Then we're going to discuss the factors or the barriers and enablers that are influencing our priority behaviors, as well as the supporting actors who have a role to play in supporting complimentary feeding. We'll practice conducting behavioral analysis by building out behavior profiles in breakout rooms.

Next, after a short break, we'll discuss what activities really are and we'll work through some examples specifically one from Rwanda with Marcia and Silver. We'll return to breakout rooms to practice developing activities based on pathways. Finally, we'll close with an open discussion for sharing experiences, questions and answers. Next slide. Now I'm going to recap last time, so hopefully you all remember this and nothing is new. Next slide.

We know that the complimentary feeding period from 6 to 23 months is one of the most challenging times to meet children's nutrition demands. While children's stomachs can only hold a small amount of food, their nutrient needs are extremely high. During this period, children also experience dynamic growth and development. Appropriate complimentary feeding is often thought of as a single behavior. However, it actually requires many behaviors that change with the child's age. These behaviors must be practiced together in the right balance over the 6 to 23 month period. Next slide.

Why do we start 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 outcome closest to the ultimate goal of the program, whether it's improved livelihoods, improved nutritional status, or

enhanced resilience to shocks,. 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. Next slide.

Behaviors are the roots of any nutrition program. A social and behavior change approach is vital to improve complimentary feeding because it puts people and their behaviors at the heart of problem solving. What is a behavior? We've seen it can be what, how often, how much, and with what help a caregiver or family member feeds a child. The behavior that we prioritize is that of the primary actor, the person who does the behavior closest to the nutrition goal. We start there.

There can also be behaviors of others in the community such as community or religious leaders, farmers, health workers, market vendors or policymakers. These supporting actors all practice different behaviors that can influence complimentary feeding. That's why we need quality SBC that engages all of the various people across sectors who have a role to play in improving children's diets. Next slide.

Experience shows us that programs which try to promote all behaviors of any topic have less success than programs that prioritize. This makes sense. Think about what we can change at one time or learn at one time. Not too much. Programs that focus on fewer behaviors can implement with quality and are better set up for sustainability than programs that try to do everything at once. The idea of prioritization may be new for programs management and government stakeholders, but it's critical for achieving results. Next slide.

For complementary feeding, prioritization starts with reviewing the six globally recommended complementary feeding behaviors identified by USAID's Nutrition's SBC working group. These behaviors have been shown to reduce malnutrition, especially stunting and wasting in young children. These behaviors are high level and applicable no matter where you are in the world. With this list, each program policy or service needs to identify what is really holding back complementary feeding to achieve nutrition goals in the local context. You may prioritize one or more than one of these.

Starting with what you want to achieve, behavior, then lets you explore the context and what needs to happen in activities. That's why starting with activities first may not get you to the intended outcome. Next slide. Now I'm going to pass it off to Kelsey to talk about what factors and supporting actors actually are.

## **Kelsey Torres**

Great, thanks, Laura. Building on that nice recap [clears throat] of Workshop I from Laura, this workshop we'll focus on better understanding our prioritized behaviors based on existing research and formative research in order to build the framework for our SBC strategy. To do this for each priority behavior, we set up pathways to change. Starting with the prioritized behavior, we link to the factors that prevent or support the behavior, also called barriers and enablers, and the people who need to take action to address the factors for the supporting actors. These lead into activities. Together we'll work through each of these elements. Next slide.

First, as nutrition SBC practitioners, it's important to understand the main barriers and motivators or factors in the context you're working in that prevent or support the behaviors we're promoting. You might be able to explore some of these with existing research. However, carefully designed formative research can be essential for deeper understanding. USAID Advancing Nutrition developed this tool as a simple reference list of key factors that influence nutrition behaviors. The factors are organized by structural, social and internal levels to help think about people in their context.

You can use the tool to spot-check or guide your thinking on a behavior to ensure that you've explored a wide range of potential factors during formative research beyond the usual focus on knowledge. It can



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also help to ensure you are planning an intervention that takes the most influential factors into account. I'll put a link to the tool in the chat. Next slide. Next we'll want to understand the supporting actors who could support complimentary feeding by reducing a barrier or enhancing a support. Everyone from farmers and market vendors to health workers, policymakers, religious leaders and family members has a role to play in helping to improve complementary feeding.

We'll want to make sure our activities engage these people to address the most important factors for the prioritized behaviors. Again, I'll put a link to a tool that helps sync through some of that in the chat. Next slide. Next I'm hoping to have a little bit of discussion in the chat very briefly, but I want you to take a look at this picture and I want you to tell me what you see in this picture that could influence the food in the child's bowl and how the child is fed. Feel free to just type in the chat, anything you see in the picture that you think might be influencing the food in the child's bowl and how the child is fed.

[silence]

There's a market and maybe some market vendors, customs. Oh, we've got sibling family members, norm. Yes, we've got a church, we've got some religion. The question is looking at this picture, what do you see in the picture that could influence the food in the child's bowl and how the child is fed? We've got a number of great things; feeding skills, what is being sold in the market, great. Yes. Women's work schedule and demand. Wonderful. When we think about factors and supporting actors, this is really what we want to visualize, the context around them.

Some of you had included some factors in the chat, like norms or skills or availability of food, as well as the supporting actors that might have a role to play in making sure those things are supporting complementary feeding, so family members, market vendors, agriculture workers, religious leaders, all of them. Great. Feel free to keep adding, but I'm going to move us to the next slide. During strategy design, these factors get added to the behavior profile, which includes all essential information about a priority behavior in a simple table that you can see at a glance. This is a sample, simplified behavior profile.

If you can click again, when you look at the example behavior on the screen, you'll see there are three very different factors that were identified through formative research as having a large impact on the behavior. We're looking at the behavior here that says, "Caregivers offer children 9 to 12 months of age, pieces of fruits and vegetables as snacks to feed themselves." The factors that we're seeing in this profile, for this context, is that access norms and skills are influencing whether caregivers are able to offer children 9 to 12 months of age, pieces of fruits and vegetables as snacks to feed themselves. Next slide.

Moving to the next column, and you can click again, we'll want to better understand the supporting actors or the people who could support the practice of a behavior by reducing a barrier or enhancing a support. In that image we were discussing, this could be the family members, the market vendors, policymakers, religious leaders, all of those people. In this example, we've seen for the first factor that markets do not sell fruits and vegetables for children year-round. The supporting actor might be a small entrepreneur who has a role to play in preserving and packaging fruits or vegetables that children like in order to make them available in markets year-round.

Similarly, social norms may mean grandmothers do not approve of giving children fruits and vegetables. Therefore, for the second factor, grandmothers might be supporting actors that have a role to play in reducing this barrier. Finally, in this example profile, we see caregivers are unsure how to prepare fruits and vegetables for young children. For this factor, community agents could be engaged to show caregivers ways to feed their children fruits and vegetables. Linking between factors and supporting actors will be the start of our behavioral pathways. You can see they're connected with the lines. Some factors may link to more than one supporting actor and actors will likely be able to influence more than one factor.

Like in this example, grandmothers could help shift norms around child feeding, and they could also support caregivers in learning how to prepare fruits and vegetables for children depending on the activities that are selected. We'll go to the next slide. Next, we're going to jump into a breakout room to begin building out a behavioral profile with factors in supporting actors who may be influencing a prioritized behavior. Your breakout room facilitator will give you more instructions going forward. [unintelligible 00:23:35], if you want to break us out, that'd be great.

[music]

Okay, [unintelligible 00:27:02] I think I'm going to bring people back.

[music]

Great. Hope everyone at least got a little dance move in, if not also some coffee. [chuckles] We're going to get started on our next section. If we can pull up the slides, I will hand over to Marcia to kick us off.

## **Marcia**

Okay, great. Thanks, Kelsey. Hello, everybody. Am I good?

## **Kelsey**

Yes

## **Marcia**

Okay, good. Yes, I'm just coming out of a great discussion section, so I'll try to stay on my script, but it filled me with lots of things to talk about. Now we're at the end of our pathway. We've done behavior factors, we've thought about supporting actors, and here we are at activities. That's what all of this is leading [clears throat] excuse me, up to, is choosing good activities. Activities are what we're going to do in our program. We're going to look at what we're going to do to get around those things that are inhibiting positive complementary feeding behaviors, and what we can do to promote those things that are motivating good complementary feeding behaviors.

This is really where we have to keep an open mind and not just fall back on those things that we traditionally do. Working across so many programs, I find that that's what happens. We do this great formative research, we even do some analysis, and then all of a sudden we end up with the same activities we've been doing. This is really an important step. Next. Very important here, and this came up a little bit in the group that I just participated in. If we are going to really support people to reach these important complementary feeding behaviors, we need to address their needs.

I guess the point here is that it's not that people won't or will not change their behavior, it's that sometimes they can't. Sometimes those structural factors are just too big. How many times do we talk about what to do, what to do, what to do, and the foods aren't in the market? I think it's really important that those structural factors are part of what we do in SBC. It's not SBCC. That is the communications element of trying to improve practices, but we need all elements coming together at the same time to really help those populations that we all work with to achieve these good behaviors.

Some questions came up in my group about whether dealing with the market system, the marketplace, addressing some of these socioeconomic factors as part of SBC, or is it other people's business if you will. I'm going to say it's as much our business as it is anybody's business because we're not going to achieve those good behaviors if we're not working with all available programs and people that need to help us. It is a multiplicity of activities that we need to look at here. Having worked in nutrition communications for decades, education is not enough. Having good information is not enough or we would all be doing the right thing.



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When we're planning activities, we need to think beyond those instructional or information-sharing activities. Next. Let's really get creative as we think about what we're going to do. It's time to think outside the box if we can and to really, really drill down on those factors. I think sometimes we have a sense to just step back and say people are poor, they can't afford these foods, their literacy levels are low, but really, really what is that factor? How can we try to help people with low literacy levels and poor economic status get support to overcome some of the issues?

I find that often we take whatever-- I think we were working on giving children pieces of fruits and vegetables as snacks, and all of a sudden that becomes our message; feed your child small pieces of fruits and vegetables as snacks. If we really look at what those factors are, it could be that the only fruits and vegetables-- They really don't have fruits because they're too expensive and the only vegetables they have are green leafy vegetables that grow in their gardens. The issue becomes not just telling them or the message is feed these things and a long list of papayas and mangoes and yams and things that people don't have but to really drill down on so they have green leafy vegetables. What might be the way?

How can they use those in their children's food and to offer them to their kids? They might think that green leafy vegetables are not very easily digestible by children. How do we overcome that very specific factor? The point here is really, as I say, to drill down on these factors and maybe find the one or two green leafy vegetables that people do think are digestible by children. Maybe somebody can start drying green leafy vegetables and powdering them to add to kids' foods. It's really just about opening up the box, and really doing some brainstorming around what can happen. You spend time on formative research, you've spent time analyzing all of this. Please spend time on designing your actual activities.

The other thing is while you're doing this, it's often helpful to pull ideas from other programs and you're hearing about other programs all the time. You're participating in webinars. I would encourage you that as you're listening to what people are talking about and their activities, ask yourself, "Oh, so what factor is that activity addressing? How did they address some of these socioeconomic issues? How did they address social norms?" That's been a big one, something that Advancing Nutrition has really tried to pursue here. How do we do this? See if you can begin to build those linkages. As you hear about successful programs or programs that maybe didn't have a lot of success, did they make that connection?

There needs to be that connection between what you do and what those factors are. Let's just take a minute here and see if we can do some looking at some activities and see what those factors might have been that they were addressing. I'm going to ask people just to type in the chat. Let's start with the first one, which is, we've learned about a program that's engaged private sector suppliers who are trying to reduce the cost of nutrient-rich foods by making smaller quantity packaging so people that don't have a lot of spending money can at least buy something. What do you think the factor here is to this particular activity? Can people type in the chat?

Speaker 2: Yes. Participants should be able to type. Feel free to type.

Marcia: Yes. The factor would be accessibility, affordability, economic access. This is a very specific activity. You can see how specific it got to packaging small quantities of food to address part of this huge factor of accessibility and affordability. Great, let's move to the next one, which would be, you hear that a program is strengthening health workers' supervision about complementary feeding. What might that be related to? The program's decided to strengthen supervision. This next one was in promotion of home gardening. Was that related to the first knowledge understanding? What is the role of that health worker? Building caregiver's confidence reinforcing capacities?

What might that health worker really be responsible for tied to complementary feeding? What kind of capacities would be developed? Okay, training the caregivers. Yes, I think these things with confidence building, really working with the caregivers. A lot of this might be maybe around-- I'm sorry, I'm trying

to-- Okay, giving counselling. I think if I'm understanding this one here, the health workers are really so critical in this targeted counselling. A lot of times we need to strengthen that kind of supervision because counselling is such a difficult skill to do well. Updating, of course, their capacities and building and motivating caregivers. Yes, thanks. Let's move on to the last one. Supporting agency. Yes, thank you. The last one is around community dialogues led by religious leaders specifically for mothers-in-law and grandmothers. So those would be the elder women in the [unintelligible 00:40:05]. The last one is an activity around community dialogues led by local religious leaders, specifically for elder women. What might that be addressing? What factor might this activity be addressing? I don't know what [unintelligible 00:40:25] are, traditional belief systems, cultural norms. Exactly. Exactly that these elder women, some of them might be very supportive, others might be things where we've changed ideas about what's right, what's helpful and not. A lot of programs that I work and take the attitude with this of live and learn. It's respectful of the elder woman's role, but it also says that we learn a lot as we develop. Okay, thanks.

Let's move on. Next. Interactive teaching. Yes. Okay. Let's return to our behavior profile. As I said, we've done-- Oh, sorry. The behavior is again, around feeding pieces of fruits and vegetables as snacks and that children feed themselves. We've outlined some key factors, access norms, and some skills to actually prepare these fruits and vegetables for children. We've outlined the supporting actors, so now what are those activities? I also want to say we're working vertically here, but in fact, the pathways go horizontally. You're building out those pathways, and we want to be, again, very intentional in how we think through these pathways. I also want to say the activities don't always have to be new. It would be, I mean, as I say, let's be creative and let's maybe try to think of some new things.

They can also extend or modify things, activities that you might already have going on. If you're already getting together in some women's groups, having some community dialogues, maybe it's a switch in how they're undertaken. I worked in a program in Ethiopia where the community dialogues were big, everybody came, men, women, older people, et cetera, adolescents. The switch was really to hold those dialogues in a smaller setting to really address some very specific issues for the adolescents, for the older women, for men, et cetera. Things can continue. Obviously, they don't all have to be brand new. Also, you don't always have to do everything, and I think this is going to become very important. Let's look at the access factor here, which is markets don't sell fruits and vegetables for children year-round.

The idea is we know that there's some small entrepreneurs that might be interested in preserving and packaging fruits and vegetables. Lots of people in the marketplace, they're very open to new products. What the project might look at is giving some incentives to these small entrepreneurs. That doesn't mean that the project has to do everything. You might find other projects in your area that are already working with small entrepreneurs. What you're doing is collaborating with them because I think a lot of times we're working in complimentary feeding and we say, "Oh, we can't get involved in. We don't have enough money. We're a small project, et cetera, but you can link with others." I think that's also really important as you think about your activities. Let's look at the norms pathway.

Grandmothers are there saying, "Oh, we're going to give fruits and vegetables to kids. I don't think they're digestible. I don't think this and that. We never did that." Here the activity is to spur some community dialogues and maybe with some people that those elder women really respect like the religious leaders or others in the community. Again, it's this live and learn, and grandmothers can see that and that these children can eat fruits and vegetables and that that might be actually something that they can do at home. Then we have this whole skills around how to prepare fruits and vegetables for young children. This is where community agents, I think as people in my discussion group pointed out and you said they're all out there working with these caregivers.

It's interpersonal communication and trial. We've found that it's really important for people to just be willing to try. It's not like you have to start with they need to do this every day, et cetera. Just try it,





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prepare some yams, see how it goes, see what happens, and to get people to try. This is an example of building out these pathways with some general incentives, community dialogues, interpersonal communication. This could sound very much like what you're already doing, but then you can see it gets quite specific. It adds in the trial. It makes something specific for the elder women. It might be cooperating with some market systems projects in your area. Let's move on. I want to be mindful of the time.

Next. This is after you've finished. You've been working with a bunch of people, you've been brainstorming your activities, you're coming up with your work plan. Then the recommendation is to really go back and double-check because you've had a lot of voices. You've got some people saying, "Oh, but we're already doing this, we don't really want to change." Go back and check what's happening, and really maybe, almost go backwards. Start with your activity. Oh, we've got some policy change going on here. We think it's important to set up some home visits with caregivers and family members. Oh, sorry, I'm jumping ahead here.

I should point out to everybody that we've changed the behavior here. [laughs] The behavior is, sorry, that caregivers feed children 6 to 23 months with age-appropriate frequency. We're switching from our fruits and vegetables to age-appropriate frequency. I'm sorry to jump ahead to have started with the activities. Again, there's been obviously some, you've done your research around whether people are doing it or not. As Laura pointed out in the beginning, this period of 6 to 23 months is really difficult because the feeding, the need to change frequency and quantity, and consistency and variety changes rapidly in this period.

This is about frequency. This program has found that when caregivers receive tailored counseling during home visits about all of these transitions, they do better. The activity was to change the policy or the protocol for doing these visits and make sure that they're scheduled around some very key transition times and really help with practical problem-solving. You'd look at that link, does that policy change in fact address or support this factor of quality counseling? You'd say, "Yes, that seems okay." Around this feeding frequency, the issue was about mothers just being overwhelmed, way too busy. The factor mothers are expected to care for children. They're working inside and outside the home. They have limited time to feed their children. The activity was really around collective engagement dialogues, getting other family members, elders, potentially male partners to share in feeding tasks or maybe just household tasks throughout the day. That also seems to very directly address that factor.

In terms of feeding frequency, the research discovered that there was a self-efficacy issue. The caregivers, particularly when their children lacked appetite, they lacked confidence in offering that extra snack or offering that extra meal because their children didn't appear to be hungry. In the activity plan, were some skills building to educate caregivers about recipes and to do cooking demonstrations.

Upon reflection, the people were like, "Well, I'm not sure that giving moms recipes and offering cooking demonstrations is really going to address that self-efficacy issue." In fact, it might actually have the opposite. They might start feeling less sure about what they're doing because they can't make these recipes and their kids aren't hungry, and they might start feeling worse that they're not able to carry out this kind of feeding. They drop that activity and they start thinking again about how they're going to address this self-efficacy issue and what to do about kids with poor appetites.

This is, again, just a reminder that it's important to check, it's important to think, it's important to build out those pathways that really make sense.

Are there any comments in the chat so far? Thank you, Lisa, for asking people to put ideas in the chat. Let's keep going. Next. We have a great example of a project in Cambodia that was working on looking for some nutritious foods for young children.

## Lisa

We won't play this due to time, but we'll put the link in the chat so people can watch on their own. Thanks. Marcia, there's a good question about what you were just talking about.

## Marcia

I'm not clear about the capacity issue, why I dropped the activity. I think it's because the capacity issue in that case was not that people didn't know how to prepare the foods. It was that the caregivers lacked confidence or certainty about how to feed children who, here it says, do not seem hungry. That is the kids with poor appetite. You're trying to get people feeding in appropriate frequency.

Well, most people have had the experience of a child just not wanting to eat, not seeming hungry, lacking appetite. That's a very different issue from lacking the skills or capacity to cook the food, to use a variety of foods maybe in different recipes. The cooking demonstrations are not going to address this lack of self-efficacy and feeding fussy eaters or children without appetite. I hope that's clear.

I think, again, it's super important to look at the details, the factors should be detailed. If it's women lack education, but how is that lack of schooling actually affecting what they're doing and their child-feeding practices? I think it's important that it's not just the big quality of food or quality of counseling access. It's what about that access to food that's important.

I'm going to move on because I see I'm probably taking too much time since we didn't watch the video. I'm going to move directly into a project in Rwanda. This is the segment with Silver. Hi, Silver. I'm going to kick it off with just talking a little bit about something that's going on in Rwanda, but I do encourage everybody to watch the video. It's great.

Oh, I'm sorry. This is a project in Rwanda where the emphasis is on caregivers feeding children, 6 to 23 months, a diverse diet but the real clincher in getting to a diverse diet is the lack of animal-source foods in the diet. The factors were that caregivers do not have access, and that access covers both availability and affordability of ASF in their local markets. That was the big, huge, gigantic factor there.

We also found that in rural Rwandan diets or homes, there really wasn't an expectation of eating animal-source foods other than maybe at holidays and special occasions because they're very humble people and beans are enough and these animal-source foods are really luxury items and very expensive. There was just, "We don't need these foods."

We found a very important supporting issue around the family, which is that men were willing to not just bring home food for children, they really were interested in engaging in dialogue about expenditures for good food, and they were supportive of animal-source foods. Men are accessing some animal-source foods in bars and restaurants, et cetera. The fathers were a very supportive, actually, element to this.

The activities then were to really overcome this access issue to engage with market actors. This is a primary thing that's going on in this project to produce and sell animal source foods in local markets and to try to get them much more affordable and importantly, something that is appropriate for young child feeding, and that became the fish powder.

For example, chicken parts. These are individual chicken pieces being sold as opposed to having to buy a whole chicken and get it slaughtered. Also, happening with pork and fish powder, working with women's cooperatives. Then a commercial entrepreneur who's making fish powder. Again on the norms, collective engagement through religious groups, through women's groups, through savings and loan groups, working with farmer groups. It's really all about getting commitment and accountability to trying to increase animal-source foods in a family diet and obviously, in the children's diet. Finally, a fairly robust communication effort, which is all about modeling good practices, a couple of dialogues about



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saving a little bit of money to spend on improving food and male engagement around bringing home animal-source foods. That's a viewpoint on a project underway currently in Rwanda and I'd just like to ask Silver to step in here. He is there in Rwanda and overseeing and involved in this project as well as many other efforts to improve nutrition in Rwanda. Silver, over to you. Maybe you can build on this and really talk about what's going on in Rwanda.

## Silver

Yes. Thank you very much, Marcia. Good morning. Good afternoon, everyone, wherever you are. Thank you Marcia for setting the stage. This project is a five-year program as Marcia said. It is implemented by [unintelligible 01:01:12] and the consortium with the CRS and also the manner of group. As Marcia highlighted, the challenge we are facing in Rwanda is actually the numbers of children under five consuming animal-source food is low, for example, eggs and meat. This program came into really contributed to increasing the number of children under five years with emphasis to children under two consume these animal-source foods like fish, eggs, and meat.

It is using a market systems approach but also a behavior chain part to complement the behaviors. What we've done to ensure that we are improving complementary feeding is actually first of all, you need to have your clients. Who are your clients? These are women and also children under five as I said, with our children under two as our really primary target. What we did was to ensure that we are promoting complementary feeding and the consumption of animal-source foods was actually to establish gross monitoring and promotion centers targeting the rural communities where you want actually to reach children.

We have those set in the supported districts, and you want to reach them really to improve some of these behaviors. As I said, the program uses the market systems. You have the local producers who are engaged in producing chicken meat, eggs. What we've realized over the years is that some of these agents are after profit. Once they get the meat, once they get the eggs in huge numbers and huge production, they'll be looking for bigger markets. It's not bad, but we want also to look at to cater for the communities where they stay. You have your neighbors who have kids under five and you also want them also to really feed these good nutritious products.

The behavior part is to ensure that much as you are getting the big markets, but also you are serving the community as well. It is working. They have established distribution centers in the communities. If you are counseling a mother that feed your child eggs, the mother would ask you, "Where am I going to get the eggs?" They came in as a solution by having these centers in the communities where they can access affordable eggs and also small fish as Marcia said. That's how we are trying to do that. Have the outlets in the rural communities to make sure that the children have quality complementary feeding.

Also, for you my colleagues, especially in Africa, you have seen that the minimum acceptable diet indicator, poor complementary feeding is a proxy for that. If investing in this, you are contributing also to improving the minimum acceptable indicator. We have also realized that we are working with USAID advancing nutrition on complementary feeding workbook. As previous presenters showed, there are certain behaviors you have to work on. As I'm speaking right now, we are conducting formative research actually starting this week for us to dig deeper and find out what could be the behavior that should be concentrating on to improve behaviors.

We acknowledge the importance of research, the formative research, and we are trying to embark on that for us to come up with really tailored messages to women and the caretakers of these children under five. Marcia, I will stop there. If you have another question, but I think I was trying to put some explanations on the question you raised what we are doing right now in Rwanda. Thank you.

## Marcia

No, that was great, Silver. Thanks for that. I don't know if you have just maybe one more short comment about you are looking at a lot of complementary feeding, but how is that relating to the big picture of nutrition improvement in Rwanda? Because sometimes I think complementary feeding we stay in our own corner. It seems so specific, but I don't know, maybe just another minute. Rwanda's doing such great things. Over to you.

## Silver

Thank you very much, Marcia. Looking at the bigger picture in your presentation, you highlighted that you need really these various investments coming. You don't need to specialize in one intervention to ensure that you are promoting complementary feeding. For example, the government is now working on a policy that is pro-community especially looking at nutrition interventions. We're now looking at inclusion to ensure that we avoid having these fragmented interventions. The government and also USAID here in Rwanda, we are trying to combine various investments, various interventions to make sure that you have these areas of support.

The nutrition centers, the village nutrition schools actually are equipped with behavior change tools. You have all these other services that are helping a caretaker really feed their children. For example, we are talking about the community lending and saving groups. These are coming into complement to increase purchasing power. For example, if a mother says these foods are expensive, but you have these other opportunities like saving groups that would improve her income. We are looking at their complementary feeding, not in the small angle, but all these services you bring at the community to make sure that a mother, a caretaker, a father has a choice to feed their children. I would say in a nutshell that's it, Marcia.

## Marcia

Yes, I think that's such an important point, Silver, that in complementary feeding, we don't have to do it all. We really need to reach out because there are village savings and loans as you just said. There are now more market systems, projects going on, there's hygiene projects going on, et cetera. It's really about collaboration to bring these services together. That's great and Rwanda's a good example of that. Over maybe back to Kelsey.

## Kelsey

Yes. Great. Thanks. If we can actually skip to two slides down, please. Thanks so much to Marcia and Silver for helping us ground us with those practical insights from experiences in Rwanda. Next, I just wanted to share a tool that we've developed to help with work through some of these steps that we've talked through today. This tool is intended to help with development of behavioral profiles and strategy design with some of the steps included like I mentioned that we worked through.

It's intended to be used after prioritization. It can help organize and distill contextual existing research and formative research into an evidence-based SBC Strategy. It walks you through behavioral analysis based on different factor domains we've discussed. It also includes steps for refining prioritized behaviors using the research, prioritizing factors and supporting actors, creating linked pathways from factors to program activities and ultimately developing the SBC's strategy. We can go to the next slide. The key takeaway here is that each activity should clearly address the factors that influence priority behaviors in the program context and programs should be able to show evidence of how their activities link to the prioritized behaviors and their factors. These pathways should be described in this strategy which serves as a roadmap for which behaviors the project will aim to change, why those behaviors are prioritized, how the project will address the influencing factors, and the expected results.



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Activities in this strategy, as we've heard throughout the session today, will be multi-sectoral and call upon the various sectors. It's important to share, discuss, and reach a consensus among stakeholders on the cross-sector approach to improving complementary seating. Stakeholders can work together to decide who is best positioned to carry out the various activities in the strategy. Next slide. One more tool for today. This is a checklist that can be very useful for you and your teams to check your SBC strategy to ensure all of the essential elements of the strategy are included and you can use it to review your draft strategies.

Managers can also use it to review and improve strategies. This tool can also be used by donors and other government stakeholders to assess the strategies that they see. Just to reiterate here on the next slide, the tool will help ensure you have a strong SBC strategy and that you captured all critical elements. As we mentioned with the last tool, when you and your team feels the SBC strategy is in good shape, the next step is to refine it with stakeholders to further strengthen or adjust specific pieces of the strategy. Next slide. We're going to return to our breakout rooms to finish building out our behavior profiles.

We will have a bit less time than originally planned, facilitators will have about 20 minutes. Then after that, we'll come back for a very short five-minute Q&A so we can launch to breakout rooms.

## Laura

Collaborative learning and adaptation, CLA is a super important part of the program cycle. Even if an activity was awarded saying we're going to do these interventions, there's still time to adjust and change afterward and use our research and apply it. If we go through this process early on, maybe in the first six months of that program implementation, six, nine months, maybe a year depending on the activity and how much time you have that's when you can tweak things.

[foreign language]

## Laura

Sorry, I'm not sure who else was talking. There's a time to tweak it and time to work with your AORCOR to say, "Hey, based on this research, we really think this program will be more effective if we adjust these activities and do X, Y, and Z instead." Give all of your reasoning. It should all be backed up by the research. This isn't because my gut feels that I like this activity better than another. It's because our research is telling us that our key factors that we need to influence to change this behavior are these three things. The activities we had planned would've addressed other factors, but those aren't the key factors in this area. We really would like to shift our activities so that it will address X, Y, and Z factors. That's really where I think we can change that.

## Lisa

Fantastic. Thank you so much and we're at time. I want to thank all of our presenters and breakout room facilitators and especially you the participants who are in this with us trying to do better complementary feeding with quality SBC. We hope to see you in the office hours next week and then the third workshop, which will be continuing the exciting adventures on this in monitoring and evaluation. Thank you so much.



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July 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.