

Remedial Action Needed:

Our failure to use formative research effectively



What works For Community-based Nutrition Programming?
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SUN principle:

“ Develop strong, prioritized country strategies”

- Epidemiological priorities following evidence-based pathways and recommended actions
- Behavioral priorities



Formative research best practice

Successful nutrition programs in the 1980's demonstrated power of designing a program using **formative research**, established a best practice

- Consumer/intended beneficiary
- Qualitative, ethno-graphic style, with quantitative aspects
- Explain reasons behind the numbers—the determinants of current behaviors
- **Determinants of new behaviors**

The challenge



The drift: research and program



Global templates reduce the use of research for program design





Evidence of Formative Research

- Local foods and terms are used
- Local beliefs, seasonal differences and cultural patterns are recognized and addressed
- Behavioral priorities among optimal practices are evident
- Recommendations are specific and actionable
- Motivations are caregiver-centered



Example—Behavioral Priorities Guidelines: 9-11 month old

- Breastfeed—8 times / day and night
- Feed complementary food 3 x / day, plus one snack
- Offer $\frac{1}{2}$ cup – $\frac{2}{3}$ cup of food at each meal
- Offer a variety of foods during the day:
animal source foods, vitamin A-rich foods, a fat source
- Offer foods that are soft, but not liquid, finger foods



Rianne—9 months old



Katrina—10 months old



Robert—11 months old



Esmeralda—11 months old



Behavioral priorities vary

In common:

--The need for increased diet diversity, but in each case specific, local foods vary

Differences:

- Indo: +Density
- Kazak: + Increase BF/decrease tea; Feed meal in afternoon
- Swaziland: + Sanitation and Density
- Bolivia: + Amount of food



Example—Within priorities, recommendations are “actionable” & repeatable

Improving dietary diversity (from local foods) in **Malawi and Rwanda**:

- 1) feeding more food and
- 2) focusing on multiple additions:
 - greater variety of vegetables
 - fruit
 - animal source foods
 - a fat source



Improving Dietary Diversity: Overview

- Generally, every day one food was added/changed to improve diversity over the “customary” diet, however, **not all changes were done every day** (particularly in Malawi).
- **Illness** reduced dietary diversity drastically. Restoring diversity must be a focus of recuperative feeding.



Insights: Overcoming key impediments of caregivers

- 1) **Amount--Don't want to waste food:** Offered more food per day as they improved diversity—amount was not specified
- 2) **Reliance on porridge--What can be “digested”:** Reduced “thin” porridge-only meals and transitioned children older than 9 months to a more family-oriented diet, with reassurance of easily digested foods



Insights: Overcoming key impediments of caregivers

3) **Purchased snacks--Convenience/child wants:** Substituted household foods such as a banana/fruit, piece of sweet potato, thick porridge with groundnut paste.

4) **Sweet tea and sodas:** Substituted breast milk, lemon / orange juice and / or milk.



Insights reflected in program recommendations

Need for **specificity**:

1) By age:

6 - 8 months: special preparations

9 - 11 months: add specific family foods

12 - 23 months: specific, special foods or substitutions

2) By day:

Especially with animal-source foods, caregivers needed help to think about their alternatives each day.

They could not offer an animal source food every day, only 4 out of 7 days.



Insights reflected in program

3) By food: --“Focus” foods:

- Vegetables: not difficult -- family often had green vegetables -- emphasize well cooked
- Animal source foods: **dried fish** (fish powder) and egg
- Source of fat: **groundnut paste**, vegetable cooked in oil or mashed fried food

4) By illness status



Insights reflected in program

Motivations:

While health is a motivator, caregivers spoke about **child behavior**:

“child is more satisfied and less fussy”

“child sleeps better”

“child is happy and plays well”

“child goes with others and leaves you to your work”

Tracking behavior changes reflected in program



MALAWI	Visit 1	Visit 2
Mgaiwa porridge + other	30%	19%
Porridge + groundnuts	5%	8%
Other CHO	8%	5%
Green vegetables	12%	15%
Beans and groundnuts	6%	10%
Fish, eggs & milk	7%	13%
Fruit	5%	11%
Tea	5%	1%

Conclusion: Be a bridge builder
Don't let global templates limit caregiver insights (from research) for program design

