Remedial Action Needed:

Our failure to use formative research effectively



What works For Community-based Nutrition Programming? USAID's IYCN Project Meeting, 19 July, 2011

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SUN principle:

- " Develop strong, prioritized country strategies"
- Epidemiological priorities following evidencebased 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

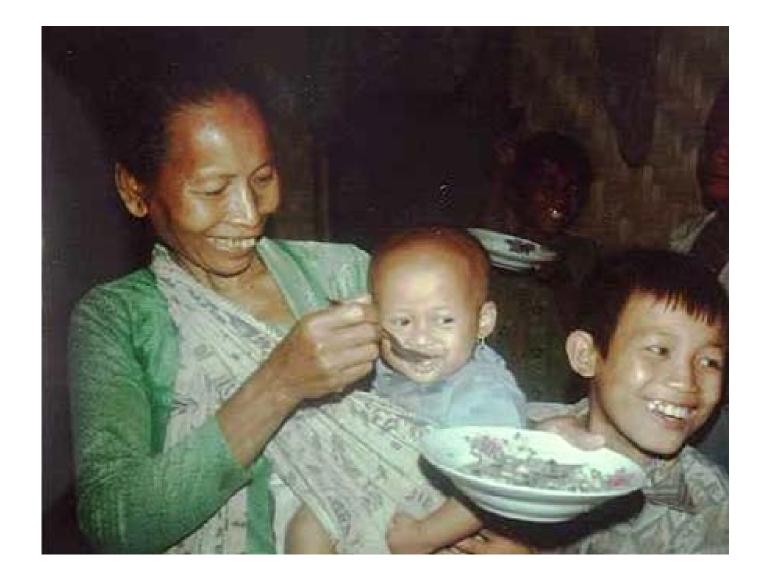
Feed complementary food 3 x / day, plus one snack

 \Box Offer $\frac{1}{2}$ cup – 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 a 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%
Теа	5%	1%



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

