

THRIVE II

Early child development program, with a focus on the first 1000 days of life.

Photo: Emily Ogutu, Emory University

meeting report

Kenya Intervention Design Workshop

Kisumu, Kenya- February 13-15, 2017

Stakeholder
Engagement



- **Project:** Catholic Relief Services THRIVE II
- **Location:** Homa Bay and Migori Counties in Western Kenya
- **Target Population:** Pregnant mothers and caregivers of children under 2
- **Implementing Partners:** Uzima University
- **Funders:** Conrad N Hilton Foundation

Day 1 & 2 Meeting Objectives

- To discuss and prioritize targeted initial behaviors for change based on the baseline data, formative research, potential to reduce stunting, and correlated focus within THRIVE's existing approach;
- To share the initial findings of formative research;
- To share and receive feedback on the dominant drivers of suboptimal WASH and IYCF behaviors;
- To articulate potential pathways for behavior change;
- To develop preliminary approaches to behavior change.

Day 3 Meeting Objectives

- Receive feedback from partners on the workshop;
- Final determination of key behaviors for Emory intervention;
- Review timeline

Meeting Outcomes

- Review and improvements of five problem trees were developed from formative research findings; development and revision of five solution trees were completed by workshop participants;
- Potential for impact and feasibility of interventions were determined through participant voting
- Next steps were identified and agreed upon by the CRS and Emory team

The Meeting The THRIVE II Intervention Design Workshop was held in Kisumu, Kenya on February 13-15, 2017. The research team shared the initial findings from the formative research along with the preliminary problem trees that were developed and informed through these findings. The formative research findings covered behaviors from several domains, including: infant and young child feeding, maternal nutrition, food hygiene, sanitation, handwashing, and deworming. Meeting participants were engaged in interactive activities to elicit feedback on preliminary problem trees, to develop compatible solution trees, and to identify the most feasible and most impactful points for intervention.

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The Participants There were 24 representatives from 5 governmental, non-governmental, and academic institutions. Days 1 and 2 of the workshop were attended by all representatives, and day 3 was attended by a smaller group of lead representatives from each institution.

- Uzima University
- Catholic Relief Services (CRS)
- Mercy Orphans
- Homa Hills Community Development Organization
- Emory University

Day 1 – Feb 13	Day 2 – Feb 14	Day 3 – Feb 15
Welcome <ul style="list-style-type: none"> • Sign-in • Opening remarks (Professor Richard Muga, Uzima University) • Workshop agenda 	Review Day 1 <ul style="list-style-type: none"> • Review outcomes of Day 1 	Workshop Review <ul style="list-style-type: none"> • Receive partner feedback on workshops • Review highlights and key findings from workshop • Proposed key TIPS behavior (see presentation)
Project Introduction (see presentation) <ul style="list-style-type: none"> • Project overview • Approaches to behavior change (see presentation) 	Introduce problem trees Part 2 (see presentation) <ul style="list-style-type: none"> • Breastfeeding • Dietary diversity • Food hygiene • Feedback on problem trees for ODF and handwashing 	Review of seven intervention areas <ul style="list-style-type: none"> • Determine final key behaviors for Emory interventions
Discuss and prioritize target behaviors for change <ul style="list-style-type: none"> • Targeted behaviors for change (see presentation) 	Revise problem trees <ul style="list-style-type: none"> • Problem trees revised in small groups; shared across small groups • Presentation of problem trees <ul style="list-style-type: none"> • Sanitation • Handwashing 	Review of participant feedback <ul style="list-style-type: none"> • Solution tree votes • TIPS • Support of mainstream THRIVE II programming
Introduction to problem trees Part 1 <ul style="list-style-type: none"> • WASH problem tree presentation (see presentation) <ul style="list-style-type: none"> • Sanitation • Handwashing • Feedback on problem trees for ODF and handwashing 	Gallery walk of all solution trees <ul style="list-style-type: none"> • Feedback on solution trees from small groups • Votes on solution tree intervention/behavior change opportunity <ul style="list-style-type: none"> • Most feasible • High potential for impact 	Review timelines <ul style="list-style-type: none"> • Kenya THRIVE II project timeline and Emory intervention and deliverables • Discuss Tanzania project and project timeline
Revise problem trees <ul style="list-style-type: none"> • Problem trees revised in small groups; shared across small groups • Presentation of revised problem trees <ul style="list-style-type: none"> • Sanitation • Handwashing 	Review voting and feedback <ul style="list-style-type: none"> • Brainstorm potential solutions in small groups 	
	Wrap-up <ul style="list-style-type: none"> • Participate evaluations of workshop • Closing remarks (George Okoth, CRS Kenya) 	

Workshop Tools Problem and solution trees are critical tools for designing effective interventions. Problem trees act as a visual representation of the formative research findings and map out the barriers and facilitators to practicing behaviors and the causal pathways that connect these determinants. The problem trees were used during the workshop to drive and organize discussion around the different behavioral determinants. Problem trees can be flipped to create solution trees that can be used to determine the most feasible behavioral domains to address in an intervention and to identify the domains that will have the highest impact on changing and sustaining improved behaviors to address the target problem.



See The Formative Research Findings
 Formative Research Report - [click here!](#)
 Formative Research Brief - [click here!](#)



See The Problem and Solution Trees
 Exclusive Breastfeeding - [click here!](#)
 Dietary diversity- [click here!](#)
 Handwashing- [click here!](#)
 Sanitation – [click here!](#)
 Food Hygiene – [click here!](#)

Feedback on Solution Trees Following the development of the solutions trees, participants were asked to vote on the behaviors that would be the most feasible to address and that would have the highest impact within each domain. They placed two different color stickers on each solution tree to show their vote (*see photo*). Votes were collected from 24 participants during the session. The two most voted behaviors for each domain are represented in the table below.

Behavioral Domains:	Most feasible:	Highest Impact:
Exclusive Breastfeeding	<ul style="list-style-type: none"> Health workers and families give consistent breastfeeding messages (N=9) Mother has time to breastfeed (N=6) 	<ul style="list-style-type: none"> Health workers and families give consistent breastfeeding messages (N=9) Grandmothers support exclusive breastfeeding (N=3)
Dietary Diversity	<ul style="list-style-type: none"> High awareness about the importance of diverse diet (N=8) Families have skills to safely prepare family foods for infants (N=3) 	<ul style="list-style-type: none"> Children are fed at least four food groups per day (N=8) Emphasis on diverse foods for infants (N=3)
Handwashing	<ul style="list-style-type: none"> Risk perception related to not washing hands (N=6) Construction of handwashing stations using locally available materials (N=4) Increased consistent water access – regardless of season (N=4) 	<ul style="list-style-type: none"> Risk perception related to not washing hands (N=6) Location of handwashing stations is convenient (N=3) Sufficient amount of water is available in households (N=3)
Sanitation	<ul style="list-style-type: none"> Caretakers bury children’s feces (N=9) People have sufficient knowledge of how to construct toilets (N=3) 	<ul style="list-style-type: none"> Caretakers bury children’s feces (N=6) People have sufficient knowledge of how to construct toilets (N=7) timeline
Food Hygiene	<ul style="list-style-type: none"> Caretakers cover stored food (N=7) Households have adequate food storage/safety knowledge (N=6) 	<ul style="list-style-type: none"> Caretakers cover stored food (N=11) Households have adequate food storage/safety knowledge (N=3)

TIPS and mainstream THRIVE programming

Using participant feeding back and the results from the solution tree votes, the team discussed the ways that Emory would provide support to THRIVE II programming. It was determined that support would be provided in two ways: 1) through TIPS and the intervention, and 2) through supporting improvements to the current mainstream THRIVE II programming. The seven initial areas of intervention were broken down and prioritized for between the two selected areas of support which is shown in the table below.

THRIVE II mainstream programming support	Priority level	TIPS	Priority level
Hygienic play environment	High	Proper cleaning and drying of dishes	High
Safe disposal of child feces	High	Food hygiene	High
Food selection	High	Food selection	High
Food prioritization	High	Food prioritization	High
Expression of breast milk and safe storage	High	Handwashing with soap before meals	High
Deworming	Medium	Handwashing with soap before food preparation	High
Safe water storage	Medium	Handwashing children’s hands with soap before eating	High
Handwashing	Low	Safe water storage and handling	High
Toilet construction	Low	Responsive feeding	High
Handwashing stations	Low		

Next Steps Emory, CRS, and Uzima University team members will work on acquiring and sharing national nutrition and WASH policies and program resources from the Ministry of Health to ensure agreement across programming. The Emory team will apply the solution tree data and participant feedback to the development of a behavioral trial. The Emory team will review strategies and materials for high priority THRIVE II programming, identify information to add to current THRIVE II messaging, and adapt materials for target messages, as needed.