

FEED THE FUTURE RWANDA ORORA WIHAZE ACTIVITY

USAID CONTRACT # 72069619C00001

**SOCIAL AND BEHAVIOR CHANGE  
STRATEGIC OVERVIEW FOR  
IMPROVING CONSUMPTION OF ANIMAL-  
SOURCE FOOD**

**ADDENDUM TO ORORA WIHAZE PROJECT STRATEGY**

Implemented by Land O'Lakes Venture37

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# Introduction

## The Orora Wihaze Approach

The United States Agency for International Development's (USAID) Feed the Future Orora Wihaze (*Raise Animals for Self-Sufficiency*) Activity<sup>1</sup> has the goal to develop an inclusive, profitable market to *sustainably increase the availability of, access to, and consumption of animal-sourced foods (ASF)* in Rwanda. A market systems development (MSD) approach is being applied to achieve this goal by transforming ASF value chains to improve access while simultaneously cultivating local demand for ASF with the result of improved consumption by women of reproductive age and children 6 - 23 months of age. Market system transformation is being done through partnerships that Orora Wihaze supports with existing ASF market actors, including governmental, non-governmental and commercial private sector entities for the implementation of innovative ideas to improve and build sustainability within the full ASF market system. The Orora Wihaze districts of operation are: Rutsiro, Ngororero, and Nyamasheke in the West Province; Gakenke and Burera in the North Province; Nyamagabe in the South Province; and Kayanza and Ngoma in the East Province.

The transformation which Orora Wihaze promotes requires working from both ends of the market continuum: ensuring that production and market availability meet demand, and that demand evolves, and in turn, shapes and strengthens production and other functions along the value chain. Critical to achieving this market system synergy is a robust social and behavior change environment that supports the Activity's focus on changing production and marketing practices and consumer values and consumption behaviors around small ruminants (goats and sheep), pigs, fish and chicken within producer and non-producer households.

## SBC Strategy Background

To create an environment conducive for improving ASF consumption, particularly among vulnerable households in the Orora Wihaze districts, a human-centered design approach was used to actively involve potential program participants in planning. This process started with a qualitative study to capture peoples' current perceptions and practices in relation to their ability to access and use ASF in their daily diet, and their openness to trying new practices. Using information from this study<sup>2</sup> (see the section below for a summary of the study), a small project team analyzed the factors influencing consumption and developed a Social and Behavior Change (SBC) Strategy to inform project decision-making on how best to improve the use of ASF in family meals and meals for young children. While preliminary results of this study informed some decisions reflected in the full project strategy, the Orora Wihaze Market and Behavior Change Strategy, such as which animal value chains to prioritize, the detail contained

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<sup>1</sup> Land O'Lakes Venture37 and its consortium members, Catholic Relief Services, Market Share Associates, The Manoff Group and Urunana DC, in partnership with Rwanda livestock industry leaders

<sup>2</sup> Manoff Group and CRS Rwanda for USAID Orora Wihaze Activity. 2021. Understanding Influences on Demand for Consumption of Animal-Source Foods: Insights from 8 Rwandan Districts, Kigali, Rwanda and Washington, DC USA.



in this document was not included. This document should serve as an addendum to the broader strategy and be used by each intervention area when prioritizing activities, developing detailed partnership plans and defining monitoring and outcome indicators.

## ASF Consumption Context

FAO Global Consumption Data places Rwandans as some of the lowest per capita consumers of protein, primarily due to low consumption of ASFs; this is especially true when compared to countries with similar economic profiles. Consumption of ASFs varies widely depending on household income, although overall only 21% of Rwandan households consume ASFs even once a week. In households with poor or borderline consumption scores (24% of the population), only 3% of families consumed an ASF. In 2018 an analysis of women's diets in the previous 24 hours showed: 17% had consumed a flesh food; 13% milk or a dairy product, and 2% eggs<sup>3</sup>. The results for children's diets mirror women's diets in this analysis.

Reflective of poor diet diversity and ASF intake are the stubbornly high rates of stunting in Rwanda. While Rwanda has made significant progress in controlling malnutrition caused by extreme or sudden food insufficiency (wasting), when stunting (a sign of chronic malnutrition), is used as the measure of malnutrition, Rwanda is making slower progress. In Rwanda, between 2010 and 2015, rates of stunting among children under 5 years decreased from 44% to 38% and based on the most recent study (RDHS, 2019-20) chronic malnutrition has declined to 33%<sup>4</sup>. Addressing stunting still requires significant attention with Rwanda's rate above the average for the African region (29.1%). One of the causes of stunting is a continual lack of optimal nutrient intake in the diets of young children, with the low consumption of ASF being a major factor. Viewing consumption and nutritional status data for Rwanda reveals a gap that can be filled by improving the ability of consumers, especially those from vulnerable families, to obtain and eat ASF more regularly than is their current practice.

To gauge ASF consumption among families living in Orora Wihaze districts a qualitative research study was conducted with a small sample of ASF producer and non-producer households across the 8 program districts.<sup>5</sup> This study provided insights into the perceptions and practices of typical families concerning their current consumption of ASFs and explanations for why they choose, or do not choose, particular ASFs. Findings revealed that family diets have been altered negatively due to COVID-19 caused disruptions in markets and family incomes. Current consumption of ASF among these vulnerable households is extremely poor with indications that even in non-COVID times it might be only slightly better.

A look at diets of caregivers and their young children shows poor diet diversity, in large part due to the absence of ASFs. Twelve percent of women met their minimum dietary diversity (MDD) standard and 30% of children met their minimum diet diversity (MDD) standard (figure

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<sup>3</sup> Comprehensive Food Security & Vulnerability Analysis (CFSVA) Rwanda. December 2018.

<sup>4</sup> National Institute of Statistics of Rwanda, Ministry of Health, ICF. 2020. Rwanda Demographic and Health Study 2019-20, Key Indicator Report, Kigali, Rwanda and Rockville, MD, USA.

<sup>5</sup> Manoff Group, 2021

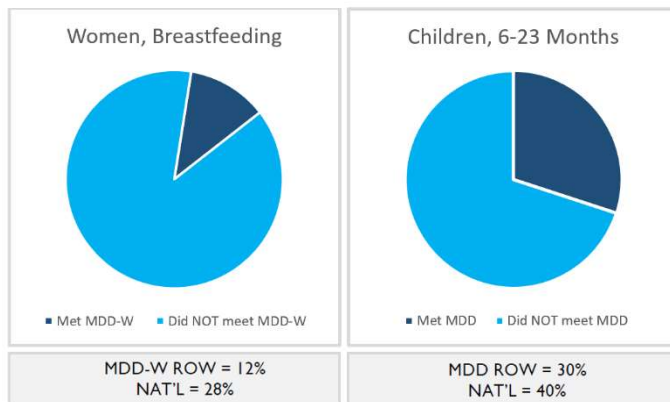


Figure 1: Women and Children 6-23 mo. Meeting their Minimum Dietary Diversity Standard

1). [Nationally 28% of women and 40% of children were reaching the threshold for minimum diet diversity in 2015.]<sup>6</sup> Children fared better than women because they ate porridge with milk in the morning. Small fish (fresh and dried) was the ASF consumed by the majority of women and children.

<sup>6</sup> National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning/Rwanda, Ministry of Health/Rwanda, and ICF International. 2015. Rwanda Demographic and Health Survey 2014-15. Kigali, Rwanda: National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning/Rwanda, Ministry of Health/Rwanda, and ICF International.

# Social and Behavior Change Strategy for Improved ASF Consumption

## Strategy Goal

One of Orora Wihaze's results is to significantly improve the intake of ASF among pregnant and lactating women and their young children 6 - 23 months of age. For this to happen not only do more families need to be including ASF in their diets but they need to include ASF at a much higher frequency, and they may need to make special efforts for young children. Achieving this goal will require a significant shift in dietary practices and a comprehensive, whole-of-project strategy to achieve change.

## Strategy Development and Element Summary

Developing a strategy that will create an enabling environment for the desired behavior change begins with a focus on the people whose behavior is most critical to the change. They are the primary actors, whose actions will ultimately determine if Orora Wihaze realizes its goals. A second focus is on the factors that influence the primary actors' behavior. A detailed understanding of what motivates or blocks the primary actors' ability to change is critical to developing actions to support positive change. These influencing factors include structural factors such as access to critical products, underlying norms, those perceptions and expectations that govern consciously or unconsciously everyday decisions, and individuals' experiences and ideas. The more precisely the influencing factors can be defined for the primary actors the more chance the program's actions will create the environment for change and will be effective. In addition to determining the factors that influence change, the people who influence the primary actors' decision-making and behavior, whether for better or worse, also are a part of strategic considerations as they are often critical channels for program actions.

## Understand the people, their practices and what influences them

The first step, then, in strategy development is to obtain as clear a picture as possible of the primary actor(s), their practices, and more importantly the factors that influence those practices. That is, understand the "why" along with the "what" that defines primary actors' behavior. The qualitative research on consumption referred to above laid this groundwork.

## Characteristic summary for primary actors

The actors pivotal to social and behavior change are multiple. In this case the actors whose behavior is directly measured to gauge if the goal of improved consumption of ASF has been accomplished are caregivers, generally women who themselves must eat more ASF and must feed more to their young children. While men are often supporting actors influencing these women, they too can be primary actors and we considered them in both ways for this strategy. Drawing from the research a snapshot of characteristics that define the primary actors at the

heart of the strategy are below. A special description offers additional information on producer households an important segment for Orora Wihaze.

### **Caregivers/ Mothers**

- Women are generally married with children, live with partners; some partners leave temporarily for mining or other jobs
- Generally, women in Orora Wihaze districts are members of poor households with very constrained financial resources (many in the lowest 2 economic quintiles) and they view this financial constraint as defining—they are not the same as wealthier people, they need to temper their desires and be satisfied with options available for humble people
- Women seldom take the leadership in family decisions; although women belonging to organized groups or are part of producer HH appear more empowered to participate in HH decision making and discussion
- Women bear the biggest load of household labor and often care for household's animals
- Women do not own or own only a few animals.
- Women have limited access to extension services and support in business opportunities
- Some women work outside the home for income, and they tend to take some matters into their own hands, not consulting husbands
- In Orora Wihaze areas the main ASF value chain in which women are involved is small fish trading (Rutsiro, Nyamasheke, and Burera).
- Influenced by family, peers, community
- Listen to radio and many participate in community activities
- Have basic information of what a healthy diet contains
- Motivated to provide the best for their children and keep them healthy
- Desire a happy, harmonious home

### **Fathers**

- Generally married, co-habiting with wife (wives)
- Men tend to make decisions across all topics/ issues for the household
- Highly motivated to be a respected father, including young fathers
- Main providers for their families
- Men responsible for agriculture and livestock. Livestock is a major family asset, but families tend to have between 1 and 3 larger animals like cows, goats and pigs.
- Some men work outside of the home and might be absent for temporary stretches: work in mining and on tea plantations.
- Motivated to provide the best for their children and keep them healthy
- Influenced by peers and community
- Listen to radio and will dominate the radio in the home
- Say they are committed to empowering their spouses but do not know how
- Have basic information of what a healthy diet contains.
- In Orora Wihaze district the main ASF value chains for men are poultry (Ngoma and Gakenke) and fish (Rutsiro, Nyamasheke and Burera).

### **Additional information for ASF PRODUCING HOUSEHOLDS**

## Caregivers/ Mothers

### Across all regions

- Mostly backyard producers
- Raise animals for selling not for consumption.
- Women in these household have less remunerated work outside of the household
- Women tend to ask their husbands for money for food more than women in non-producing households who seem to have their own money from some remunerated work.

## Practices and influences on behaviors

As part of the project's research caregivers were asked about their current practices and about potential changes to their diets through the inclusion of specific ASF. This study confirmed that the majority of Orora Wihaze families want to eat ASF as a regular part of their diet and are overwhelmingly willing to serve or serve more of a variety of ASFs. While meat is popular, the ASFs caregivers felt were within their means are organ meats, fish, milk and sour milk, eggs and, in some situations, chicken. However, no matter the ASF, they face multiple obstacles which interact to keep consumption low. These obstacles can be summarized in two groups: ASF access and ASF desirability and use in family and children's meals (figure 2).



Figure 2: Graphic depiction of the factors that influence the ability Orora Wihaze's families to improve consumption of ASF.

### ■ Access

Most households, even those who produce ASF, cite financial problems in procuring ASF, both the actual cost of the food and the perceived high-cost relative to staple foods. The financial constraints are compounded by gender issues when women who purchase most of the family food must ask husbands for more money for ASF purchases. Also, a significant constraint to access is the lack of availability of ASF in the community or nearby market. Even women living in the vicinity of lakes report that small fish are occasionally unavailable. Vendors who sell meat at their bar/shop report frequent shortages. Access problems also include inconvenient purchase points and questionable product quality. Women report not always feeling comfortable going to a bar, a common place where meat is sold, to buy meat. Also, women prefer village eggs and prefer milk from neighbors rather than from shops.

While gender dynamics (the interaction between men and women) affect purchasing so do underlying gender perceptions of acceptable foods. Foods are gendered, with the majority of ASFs in the man's domain and vegetables and beans in woman's domain. Small fish and eggs are the only ASF associated with women. In producer households the only animals that women might have control over are chickens. Vendors report that men buy most of the meat, usually cooked to eat on the spot. They might also buy cooked eggs. Generally, women accept this

different dietary pattern saying that if the man has the money, he can buy what he wants. When asked, men were reluctant to agree to bring ASF to the family from the vendor for fear of disappointing the family if they had no money for this extra purchase.

Although one might think that producer households have less of an access problem, this was not the case. Even in producer households, access is an issue because the animals, or the products of those animals (e.g., eggs), are viewed as economic assets, sold to give the family money, and rarely used by the family.

### ▪ Desirability and Use

No caregiver questioned the health or nutritional value of ASF, to the contrary, many women cited the nutritional value of the foods, especially for young children. They would like to include them in the family diet, especially in young children's meals, but have a difficult time imagining HOW they can do this or do this with any frequency. Although ASFs are perceived as nutritious, they are seen as foods for the wealthy, foods that regular working people cannot afford and do not need, i.e., beans are a fine substitute. Importantly, although eggs are well liked and thought to be nutritious, people perceived them to be very expensive, and want laying hens for the monetary value of the eggs not for the family diet. ASFs are not viewed as a "good value" food for poorer people and caregivers do not want their children to get used to foods that do not "suit" them.

Some caregivers express concern about preparing certain ASF like pork and are unsure about fish powder, and cultured milk. They report wanting to hear from trusted friends and family about HOW to use these foods for the family.

To realize improvements in ASF intake Orora Wihaze will have to affect multiple changes in the ASF market system to create an enabling environment for consumers to surmount the issues they face in accessing and appropriately incorporating ASF in their diet (figure 2). The social and behavior changes that will make a difference must come from efforts within each of Orora Wihaze's six intervention areas. This strategy is designed to point to those critical components and suggest priorities that should be met through aligning interventions to cater to consumer needs.

## Define Strategy Objectives

The second step in strategy development uses the insights from background and original research to define the strategy framework: the key components aligned to the major root causes inhibiting achievement of the goal and specific objectives for addressing each cause.

**Component I:** Remove the structural factors tied to ASF access (availability and affordability).

- I. Increase the availability of ASFs especially small fish, eggs, milk, and some meats in the marketplace in the Orora Wihaze districts to offer consumers viable options throughout the year.

2. Lower the cost of ASF products in the marketplace through increasing supply, more advantageous packaging, closer proximity to the consumer, preservation, or new foods like fish powder that could have a low cost and be suitable for children.

**Component 2:** Address overarching social issues, many tied to gender and class

3. Improve caregivers' agency to purchase and prepare ASF, through a heightened belief that ASFs are part of providing a healthy, typical Rwandan diet for their family. (Alter expectations about value foods and the options within their means.)
4. Engage men in procuring ASF, as part of provider role whether from self-production or the marketplace.
5. Improve dialogue and decision-making between partners in producer and non-producer households about family well-being, in particular animal raising and ASF consumption within the family.

**Component 3:** Give caregivers / consumers the confidence to choose, prepare and serve ASF.

6. Ensure that consumers have confidence to purchase and prepare ASF for their family, with a focus on themselves and children under 2 years of age because they know their options and how to prepare the ASF.

## Prioritize Behaviors

Using the strategy framework, the third step is to define possible behaviors necessary to reach each objective. From a listing of possible behaviors under each objective certain ones are prioritized based their contribution to reaching the objective and the ability of project activities to affect them. Nine behaviors are priorities in this strategy (see below). Program success will be gauged by whether program actions are leading to changes in these behaviors.

1. Caregivers serve an ASF each day as part of their child's diet, and as part of their own diet.
2. Caregivers of young children in producer households use part of production from family animals in family meals and young children's food.
3. Couples in producing and non-producing households discuss and decide together to use resources whether from own production or from income to obtain ASF for the family.
4. Couples in producing households invest in a productive animal (milk or eggs).
5. Fathers purchase/procure ASF for wife and/or young children.
6. Fathers of young children actively engage in positive childcare and feeding.
7. Community Agents support caregivers to find options for increasing ASFs in family diet.
8. Community Agents support caregivers to find options for preparing ASFs for young children



and the family.

9. Retailers demand more ASF products and expand their market of ASF in shops and restaurants.

## Create Behavior Profiles defining Factors and Supporting Actors

The details of the strategy are derived from this fourth step during which a Behavior Profile<sup>7</sup> is developed for each of the prioritized behaviors, again using evidence from the background and original research. The base Behavior Profiles are developed for the primary actor, i.e., the caregiver/mother, or consumer who ultimately must include ASF in the family diet. Based on these Behavior Profiles others may be developed for the key supporting actors. In this case those Behavior Profiles include male partners, retailers, community agents and leaders. Full Behavior Profiles are found in Appendices A-C. What follows is a brief summary of key factors and supporting actors.

### Factors

For each behavior influencing factors are drawn from the research are prioritized for the power of their influence on behavior to build an evidence-based profile. The factors are generally divided between structural, social, and internal. The specific factors for the Orora Wihaze behaviors are in the appendices but illustrated below is a summary of those factors that cut-across many of the behaviors. They can be grouped and labeled more precisely as: accessibility to ASF, desirability of ASF and agency of the caregiver in decision-making, purchasing and preparation of ASF (figure 3).

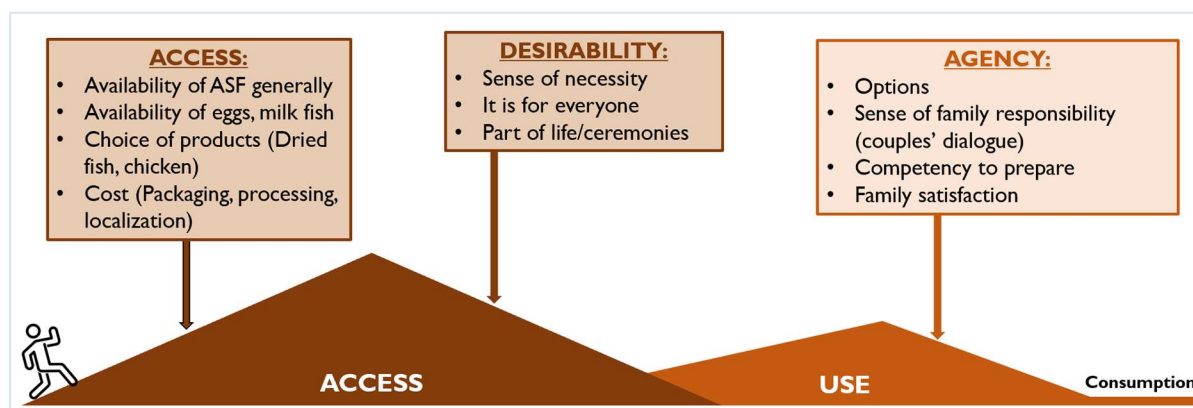


Figure 3: Prioritized factors influencing behaviors

### Supporting Actors

Also detailed in the Behavioral Profiles are supporting actors. These are people who influence the primary actor either directly or indirectly in carrying out the behavior. Their influence can be negative or positive and will determine how they are engaged strategically in the actions leading to improvement of practices. Two critical supporting actors for Orora Wihaze efforts

<sup>7</sup> Think | BIG (thinkbigonline.org)



to improve ASF consumption are retailers and a variety of community agents. Characteristics of each of these supporting actor groups are summarized below. Other supporting actors such as community leaders are detailed in the individual Profiles. Additionally, media is listed below. While not a usual supporting actor, but rather the channel for potential activities, characteristics of the media landscape for the Orora Wihaze families is summarized below because community and mass media will play a role equal to these supporting actors.

## Retailers

### Across all regions

- Mostly small-scale retailers who sell diverse products (ASF included) in shops, kiosks, local markets, or door-to-door trade.
- ASF sold at bars and restaurants ready-to-eat; some community establishments sell uncooked meat
- Use traditional marketing strategies to attract buyers

## Community Agents

- **Community Health Workers (CHWs) under RBC:** Each village has 4; 2 pairs, in charge of case identification and referral for a variety of diseases, plus treatment of childhood diseases like pneumonia, diarrhea, and malaria, and support for malnutrition. One CHW oversees health promotion, and one focuses on support for pregnant women.
- **Faith-based community volunteers:** Support community activities Trained on IPC, SBCC and C4D by UNICEF, conversant with community engagement activities, ECD management, child, and maternal health – nutrition included.
- **Community Animal Health Workers (CAHWs):** Mainly train farmers on best animal husbandry practices and serve as a link between input suppliers and farmers.
- **ECD centre volunteers (Friends of Family):** Mainly in charge of managing ECDs and organizing parenting sessions that cover diverse topics. They make home visits.

## Media—offering insight into environment of household and community life

- Radio penetration is excellent across the country (no distinction between small cities and towns). 9 in 10 Rwandans own radios and radio ownership is predominant in rural areas. It has been ranked as the most preferred and trusted source of information.<sup>8</sup>
- Cell phone ownership and use is at 77.2% in Rwanda. A national campaign to popularize the use of smart phone amongst community volunteers is ongoing.
- Community media (drama, music, and poetry) is common and popular.
- Structured community gatherings are in every community: such as monthly community work sessions (umuganda), parent's evening session (umugoroba w'ababyeyi), saving groups and cooperatives, religious gatherings. These have been ranked as the second most preferred source of information.<sup>9</sup>

<sup>8</sup> Rwanda Media Barometer, 2016

<sup>9</sup> Ibid.

# Develop a Project-wide Map for Change

## Implications for Intervention Areas

### Intervention Areas 1, 2, 3 and 5

Access barriers are high to ASF products especially among vulnerable families. Primary contributions can be made to lowering these barriers by activities developed with partners under Intervention areas 1, 2, 3 and 5. While each activity is judged for its economic viability, sustainability and scalability, particular activities should also be judged on whether they are lowering access barriers for the vulnerable families. This criterion does not have to apply to all interventions or to the entirety of an intervention but must be an outcome of many to make headway on improving consumption. Orora Wihaze's initial research indicates a few critical considerations for lowering access barriers.

- a) The foods should be within those identified as suitable for people of lesser means. That is sheep, goat and pig meat will not be attractive immediately. Caregivers from vulnerable families will find fish, eggs, milk (cow's and goat's) and potentially chicken more suitable. However, all options should be tested for consumer acceptability: perceptions of the food, potential frequency of purchase, price points, preferred outlets etc.
- b) The end market access experience (retail) is critical. ASF should be available as close to the consumer as possible for convenience and because there is a preference for local products. Products should be perceived by consumers as offered at a "value" price.

While many activities under intervention areas 1 and 2 are developed with an aim of producing or aggregating production for larger retail markets, some activities could be divided between sales to retail markets outside the immediate catchment area or outside the district and keeping some production local. Potentially local product price could be subsidized by higher returns on products sold outside of the local market. Schemes such as these could work well with cooperatives dealing with eggs or fish where members of the cooperative could obtain part of the aggregate product for their own use or to sell within their community while the rest moves to areas fetching a higher price.

Consumers want to purchase ASF where they are comfortable and trust the seller. Women do most of the purchasing and they are uncomfortable at establishments that sell ASF but that cater to men. Freshness and "village" quality are important to consumers related to the milk and eggs they purchase. Providing financing (Intervention 3) to a retail entrepreneur who could establish a brand of women-run village retail outlets that specialize in local products for local needs (ASF products and other items) could be tried. Possibly, this could be an outgrowth of production cooperatives.

- c) The development of new ASF products for rural markets (intervention 5) is important given the current lack of even minimally processed ASF products. The type of innovations that would make ASF more attractive are product changes that: a) make storage or cooking easier; b) make the food more appropriate for a young child

(especially fish); c) offer a food that could be associated with pregnancy and that would not have the woman feeling she is depriving her family of food if she eats the “special” food; d) allow portions to be priced within family means.

### Intervention Areas 1, 3, 4 and 6

Social factors, many tied to gender and class inhibit rural, low-income consumers from using ASF with any frequency. Contributions can be made within activities under interventions 4 and 6 to redefine ASFs from luxury foods to foods that are part of a regular Rwandan diet and within reach of even vulnerable families. Key to the redefinition is to talk specifically about the individual foods and include fish, often not thought of as an ASF.

- a) To raise the profile of ASF in the diets of rural families activities under Interventions 4 and 6 can demonstrate how ASF can be incorporated in meals that people consider their mainstays. The prestige of ASF can be raised by including it in ceremonies such as the celebration of the birth of a child. Chicks could be offered to the family as an investment in the child’s future health.
- b) Critical to addressing social factors is an intentional shift in the perception of ASF as foods from the male domain to a vision of shared between male and female domains. How financing is arranged under intervention 3 and behavior modeling in activities under interventions 4 and 6 can create an enabling environment for this social shift. This shift to include women more in decision-making and in animal care is significant because it effects the type of animals purchased, the sale of those animals, the control of assets from the sale as well and the control of money for the purchase of ASFs that are considered high-cost foods.
- c) One way to shift the gender dynamic would be to orient some animal production activities under intervention 1 to prioritize animals for women that offer regular outputs (eggs and milk). Laying hens, goats or a cow need not be many, but women could manage their output to her own and family advantage and not challenge directly male control of other animal assets.

### Intervention Areas 4 and 6

Internal factors that include specific reasons why certain consumers might not choose ASF must be addressed. An internal factor that stood out from the research is the lack of confidence that caregivers expressed in their ability to purchase and prepare ASF in a way that would be healthy (especially for pork) and to the liking of their family members. They also indicated that they lacked confidence in their ability to know how to blend ASF with the foods that comprise their normal, daily meals. Activities can be developed under interventions 4 and 6 that engage caregivers in trying foods and practicing how and when to choose and prepare the available options, especially for foods for their young child and for themselves. Caregivers said they were willing to rely on trusted friends, people who themselves have experience so allowing peer groups to try foods even once and report and discuss their successes and “tips” with one another would go a long way to building confidence in using the variety of available ASF more frequently.

As new products or increased availability of the usual ASF becomes more the norm, interventions 4 and 6 have a large role to play in creating demand for these products—positioning them to meet a need of the caregivers and their families. Again, a human-centered design process should be embedded within each activity to ensure that the consumer voice informs all elements of product development and marketing.

## Cross-Project Concepts and Social Change Themes

While activities under each intervention area have a specific role to play in enabling the practices that support the improvement of ASF consumption among Orora Wihaze families, there are certain factors that crosscut many of the behaviors of primary and supporting actors and that deserve to be highlighted as key concepts and social change themes critical for Orora Wihaze’s activity development. Each of these is mentioned above but repeated here for strategic emphasis.

1. The categorization of foods as animal-source foods is not a common way of talking about these foods and when the ASF concept is used people think it refers to flesh foods, thus omitting fish, eggs, and milk, three important contributors to these families’ intake of ASF. In discussions of these foods, in trainings and communication materials the foods should be mentioned by name, rather than by the category, animal-source foods.
2. These foods need to be positioned as part of a healthy Rwandan diet, for everyone. Currently, poorer families do not see these as foods for them, believing that beans are good enough for them. While beans are also a part of a healthy Rwandan diet, they should be supplemented with ASF, especially for young children and women.
3. The value of these foods needs to be expressed in ways other than nutritional terms (e.g., protein, vitamins). People are aware that these are nutritious foods. For the Orora Wihaze caregiver the notion of value for the money is missing, especially when considering the benefit that these foods provide for growth and development. This is particularly important for families that raise animals but do not use any of their own production for the family. The family can have double benefit from their investment: income and a boost for their children’s growth and development.
4. Foods are highly gendered:
  - a) Flesh foods are strongly associated with men. This is borne out in male consumption of ASF, particularly meat which many men eat outside the home at bars and food stalls while they travel or socialize. The importance of these foods for everyone is critical and since men are more likely to find these foods, they could become purchasers of these foods for the family as a special treat/gift.
  - b) Fish (especially small fish), eggs and milk are more associated as women’s foods and in the female domain. These foods should be mentioned frequently for women to purchase and use in family meals. Likewise, they should be the value chains promoted for female

involvement and small business development in the community to impact improved consumption of ASF across the community.

5. Most ASFs are purchased, thus decision-making on resource expenditure is fundamental when it comes to purchasing these foods viewed as expensive or a luxury. Within the family, decision-making does not occur equitably. In most households, the male partner controls the money and makes the decisions. This norm appears to be shifting as women have their own sources of income, but particularly in producer homes, men seem to still control income, although, they may be more inclined to talk with their partners in making decisions.

However, as women have primary responsibility for food procurement and preparation and more likely to spend money on food for their children, joint decision between partners should underlie much of the behavior change work focusing on:

- a) Expenditures on the purchase and care of animals; and
  - b) The purchase of ASFs.
6. Male engagement is critical to improving ASF access and consumption and should be a central theme given the many areas where improved gender equity is vital to successful household behavior change. Primarily emphasis is required in three areas.
    - a) First, men's acceptance of female participation in the animal value chains from animal rearing and fish raising to processing to business opportunities in retail.
    - b) Second, men's support to increase purchasing of ASF either by allowing their female partners to have the money necessary or, because many men have better access to ASF products than their female partners, they should be engaged directly in purchasing ASF for family consumption.
    - c) Third, underlying both more female participation in the animal value chains and increased ASF purchases is the actual couple dynamic in the household. Couple dialogue about family welfare with men accounting for the woman's view and needs through decision-making that is shared will benefit the welfare of all.

## **Monitoring of SBC Outcomes Tied to Improved Consumption**

While Orora Wihaze aims to have families include an ASF in their daily diet, this is an aspirational outcome. The measure of change will be the relative increase in the number of times women and young children consume ASF in a week, with the assumption that this increase in frequency of consumption will be captured in survey data measuring consumption in the past 24 hours (the current Performance Indicator).

## SBC Outcomes

Critical to achieving results in ASF intake is the ability of Orora Wihaze to implement actions that closely follow the Strategy's pathways designed to address influencing factors and thus enable improvements in the nine prioritized behaviors. This will mean continuously monitoring behavioral outcomes and using that information to refine plans to meet the needs of the Orora Wihaze population, tailoring actions to different population segments.

Monitoring the SBC Strategy implementation is embedded in the overall Orora Wihaze M&E Plan. Under the Market System Development approach each partnership has a unique monitoring plan. The SBC team, working with the M&E team, will watch that critical factor indicators are part of partnership evaluation plans. And, critical for adaptive management, the information from each partnership monitoring needs to be compiled and reviewed periodically, (at a minimum annually), to ensure that activities are aligning across partnerships and interventions to provide the enabling environment for change. The success of this SBC strategy will be measured by the synergy of all interventions. Examples of monitoring questions might include the following.

### Changes in ASF Access

- Have families' availability to ASF increased, especially to eggs, fish, and milk?
- Have families experienced lower prices or more purchasing power to enable them to purchase ASF?
- Are families finding ASF more convenient for them: closer to home and in portions more manageable for their budgets and storage ability?
- Has the male partner allowed family ASF production to be used for/offered money for/directly purchased ASF for the family/child?
- Are producer families using more of their production to meet the needs of their own family?
- Are male partners procuring ASF foods for family use?

### Changes in social factors and individual perceptions:

#### Desirability

- Public events/community meetings/media shows include discussions or commonly show ASF as part of family meals.
- Do caregivers believe that ASFs are important for their/their children's diet on a regular basis (multiple times a week)?
- Do caregivers list and ASFs among "best food buys"?
- Are caregivers asking for ASF from vendors?
- Have more women taken up / engaged in small business related to ASF?

#### Agency

- Is there a heightened sense of agency among caregivers either for making decisions about foods to procure or for asking their partners for money to procure foods?



- Are more women taking ownership and decisions concerning some of the family's animals including selling/use decisions (evidence tells us that these foods are more likely to become part of the family diet)?
- Do men and/or women report increased discussions or joint decision-making regarding family assets, especially those related to animals and ASF procurement?
- Are caregivers able to articulate ASFs that are options for them, even when family resources are low?
- Have caregivers tried to add an ASF to the family diet and/or the diet of their young child in the last week?
- Do caregivers articulate feeling more confident / feeling progress in how they use ASF in the family diet?

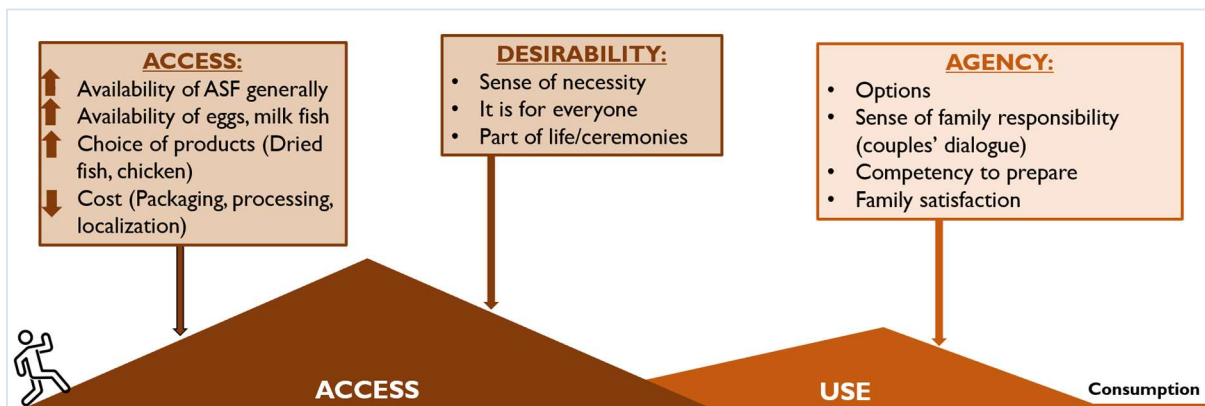


Figure 4: Prioritized factors influencing behaviors

Ultimately, if all the factors that are inhibiting improved consumption can be addressed or at least mitigated the critical indicators of improved consumptions should demonstrate progress.

1. Increased frequency of use of ASF in children's (6-23mo) diets and an increase in the prevalence of children 6-23 months meeting the minimum recommendation for diversity: DHS indicator MDD (disaggregate ASF specifically).
2. Increased frequency of ASF in diets of pregnant and lactating women and an increase in the prevalence of these women meeting the minimum recommendation for diet diversity: DHS indicator MDD-W (disaggregate ASF specifically).
3. Increased percentage of children reaching the recommendation for a Minimum Acceptable Diet (MAD). Note: this indicator is influenced by far more than just use of ASF consumption, however ASF consumption is often the limiting factor in the number of children able to reach the threshold.

# Appendix A: Behavior Profiles for Primary Actors--Caregivers and Couples

BEHAVIOR 1: CAREGIVERS SERVE AN ASF EACH DAY AS PART OF THEIR CHILD'S DIET, AND AS PART OF THEIR OWN DIET			
Behavior Steps	Factors	Supporting Actors	Actions
<ol style="list-style-type: none"> <li>1. Decide to purchase ASF for family meals-- Discuss with their partner the need to obtain small amounts of dried fish, a few eggs and milk or some meats to feed the family especially the children.</li> <li>2. Obtain or purchase the ASF for the family meal.</li> <li>3. Prepare the ASF – may need to be a separate preparation for the child.</li> <li>4. Serve the ASF in an appropriate quantity –esp. relevant for the young child.</li> </ol>	<p><b>Structural:</b></p> <p><u>Availability:</u></p> <ul style="list-style-type: none"> <li>- ASF not readily available</li> </ul> <p><u>Accessibility:</u></p> <ul style="list-style-type: none"> <li>- Purchasing power of families/caregivers is extremely limited—only ASF within “reach” are small, dried fish; eggs although the perception is that they are expensive for what one gets; milk if available from a neighbor.</li> <li>- Decision to purchase is frequently not solely up to caregiver (see gender)</li> </ul> <p><u>Purchase experience:</u></p> <ul style="list-style-type: none"> <li>- Raw and cooked meat is available in bars where women feel uncomfortable.</li> <li>- Question quality of meat esp. pork and milk; inspection by a vet is seen as a positive</li> </ul> <p><b>Social:</b></p> <p><u>Norms:</u></p> <ul style="list-style-type: none"> <li>- Among vulnerable HH adults feel that ASF is not for them; rich people can afford and need ASF; beans are fine for them.</li> <li>- Do not commonly see these foods as part of everyday family meals.</li> <li>- Acceptable for men to have these foods outside the home, when traveling (buy eggs) or socializing in a bar or restaurant (kabobs).</li> </ul> <p><u>Gender:</u></p> <ul style="list-style-type: none"> <li>- Women have less agency than men and often need male agreement for food</li> </ul>	<p><b>Institutional:</b></p> <ul style="list-style-type: none"> <li>- Nutrition extension and Agric extension policy makers/program managers</li> </ul> <p><b>Private sector:</b></p> <ul style="list-style-type: none"> <li>- Producers esp. small-scale local producers</li> <li>- Retail merchants</li> </ul> <p><b>Community:</b></p> <ul style="list-style-type: none"> <li>- Community agents &amp; group leaders</li> <li>- Community or religious leaders</li> <li>- ASF producing HH</li> </ul> <p><b>Household:</b></p> <ul style="list-style-type: none"> <li>- Male partner</li> <li>- Other family members</li> </ul>	<p><b>Policy and Guidance:</b></p> <p><u>Policy:</u></p> <ul style="list-style-type: none"> <li>- Agriculture and Investment sectors develop policies conducive of animal production that will benefit vulnerable families</li> </ul> <p><u>Program guidance:</u></p> <ul style="list-style-type: none"> <li>- Make available practical guidance on ASF tailored for vulnerable populations; Linked to National Stunting Prevention Program</li> <li>- Extension Workers equipped with guidance about promoting ASF within on-going activities—guidance is tailored to jobs.</li> </ul> <p><b>Services &amp; Products:</b></p> <p><u>Service Improvement:</u></p> <ul style="list-style-type: none"> <li>- Train and support community resource persons</li> <li>- Provide retailers with support to promote ASF</li> </ul> <p><u>Products:</u></p> <ul style="list-style-type: none"> <li>- Develop low-cost products with vulnerable families in mind—new products, new packaging—smaller pkgs, longer shelf life, less expensive cuts, or products.</li> </ul>



BEHAVIOR 1: CAREGIVERS SERVE AN ASF EACH DAY AS PART OF THEIR CHILD'S DIET, AND AS PART OF THEIR OWN DIET			
Behavior Steps	Factors	Supporting Actors	Actions
	<p>purchases and especially for any purchase that will be outside the usual money provided by the male partner.</p> <ul style="list-style-type: none"> <li>- Men do not want to be bothered--believe that food is a topic for women.</li> <li>- Seeming openness by both men and women for gender equity, but not always acted upon, ex. Little joint decision making.</li> <li>- Women do not always feel that ASF is for them; perceptions of foods are gendered with ASF primarily assoc. with men and beans, vegetables + eggs and fish with women.</li> </ul> <p><b>Internal:</b></p> <p><u>Attitudes:</u></p> <ul style="list-style-type: none"> <li>- Do not view foods as ASF—need to be named individually or as flesh foods, milk, or fish.</li> <li>- Concerned that these foods are not worth the money—especially eggs and chicken; value in terms of satisfying hunger and family is not seen</li> <li>- Concerned that young children may not be ready for some ASF foods</li> </ul> <p><u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>- Limited understanding of ASF nutritional values &amp; relation to child growth and development</li> <li>- Lack information on options for what and how ASF can be added to diets everyday</li> </ul> <p><u>Skills:</u></p> <ul style="list-style-type: none"> <li>- Lack confidence in cooking several ASFs especially for children</li> </ul>		<ul style="list-style-type: none"> <li>- Develop ASF products for consumption by young children (may need to be regions specific).</li> </ul> <p><b>Demand and Use:</b></p> <p><i>Advocacy:</i></p> <ul style="list-style-type: none"> <li>- Scorecards</li> </ul> <p><u>Community Engagement:</u></p> <ul style="list-style-type: none"> <li>- Community dialogues; tie in with child growth; family well-being; part of role of local leader</li> </ul> <p><u>Communication:</u> (See <i>Communication Plan</i>)</p> <ul style="list-style-type: none"> <li>- IPC through groups; events and drama; print take-home tracking sheets to self-monitor adherence</li> <li>- Demonstrations, commitments, and testimonials</li> <li>- Counselling at GMP session: tie into Stunting Prevention program and Length Mat</li> <li>- Mass media to address social norms and model behaviors</li> <li>- Digital</li> </ul>

**BEHAVIOR 2: CAREGIVERS OF YOUNG CHILDREN IN PRODUCER HH USE PART OF PRODUCTION FROM FAMILY ANIMALS IN FAMILY MEALS AND YOUNG CHILDREN'S FOOD**

Behavior Steps	Factors	Supporting Actors	Actions
<ol style="list-style-type: none"> <li>1. Decide what and how much to reserve for family use.</li> <li>2. Discuss with family members as needed.</li> <li>3. Try it.</li> <li>4. Evaluate, adjust as needed and continue.</li> </ol>	<p><b>Structural:</b></p> <p><u>Access:</u></p> <ul style="list-style-type: none"> <li>- HH have little income other than from animals—tradeoffs. are hard (money from animal sales will buy a lot of staple foods)</li> <li>- Animals tend to be larger ones, not productive for eggs and milk.</li> <li>- Do not have support with entering the marketplace.</li> </ul> <p><b>Social:</b></p> <p><u>Norms:</u></p> <ul style="list-style-type: none"> <li>- Animals are viewed as important assets; a way to save/invest.</li> </ul> <p><u>Gender:</u></p> <ul style="list-style-type: none"> <li>- Women seldom “own” or control animals so they do not make decisions about slaughtered animals or the production.</li> <li>- Women are not always involved in decision-making about family resources.</li> </ul> <p><b>Internal:</b></p> <p><u>Attitudes:</u></p> <ul style="list-style-type: none"> <li>- Concerned that these foods are not worth the money—especially eggs and chicken; value in terms of satisfying hunger and family is not seen.</li> </ul> <p><u>Self-efficacy:</u></p> <ul style="list-style-type: none"> <li>- Women do not have agency to take control of these resources in many families.</li> </ul>	<p><b>Community:</b></p> <ul style="list-style-type: none"> <li>- Community agents &amp; group leaders</li> <li>- Community or religious leaders</li> <li>- VSLA and business support</li> </ul> <p><b>Household:</b></p> <ul style="list-style-type: none"> <li>- Male partner</li> <li>- Other family members</li> </ul>	<p><b>Policy and Guidance:</b></p> <ul style="list-style-type: none"> <li>- Agriculture Policies that support women as animal owners—offering female friendly support.</li> </ul> <p><b>Services &amp; Products:</b></p> <ul style="list-style-type: none"> <li>- Opportunities for women to learn business skills for selling products/establishing local small businesses</li> <li>- Group discussions that support women in balancing use of animal products within the home and selling to supplement income</li> </ul> <p><b>Demand and Use:</b></p> <p><u>Advocacy:</u></p> <ul style="list-style-type: none"> <li>- Raise voice of women and their needs as female animal raisers</li> <li>- Establish role models</li> </ul> <p><u>Community engagement:</u></p> <ul style="list-style-type: none"> <li>- Dialogues/farmer groups include women.</li> <li>- Women are showcased for increasing availability of ASF locally.</li> </ul> <p><u>Communication:</u></p> <ul style="list-style-type: none"> <li>- Model behavior</li> <li>- Support products available in the community</li> </ul>

BEHAVIOR 3: COUPLES IN PRODUCING AND NON-PRODUCING HH DISCUSS AND DECIDE TOGETHER TO USE RESOURCES WHETHER FROM OWN PRODUCTION OR FROM INCOME TO OBTAIN ASF FOR THE FAMILY			
Behavior Steps	Factors	Supporting actors	Strategies
<ol style="list-style-type: none"> <li>1. Agree to this—see benefit.</li> <li>2. Feel capable of entering into the discussion.</li> <li>3. Try one action.</li> <li>4. Evaluate outcome and continue</li> </ol>	<p><b>Structural:</b></p> <p><u>Access:</u></p> <ul style="list-style-type: none"> <li>- Have only large animals that are not slaughtered often.</li> </ul> <p><u>Financial stability:</u></p> <ul style="list-style-type: none"> <li>- Do not have \$ for necessities.</li> </ul> <p><b>Social:</b></p> <p><u>Gender:</u></p> <ul style="list-style-type: none"> <li>- Women's voice is not valued in HH decisions.</li> <li>- Women not comfortable speaking up; men own animals so should make the decisions.</li> </ul> <p><u>Belief:</u></p> <ul style="list-style-type: none"> <li>- Believe that do not need ASF for poor family.</li> </ul> <p><b>Internal:</b></p> <p><u>Skills:</u></p> <ul style="list-style-type: none"> <li>- Lack the skills for good dialogue and a decision.</li> </ul> <p><u>Attitude:</u></p> <ul style="list-style-type: none"> <li>- Desire a healthy, harmonious family.</li> </ul>	<ul style="list-style-type: none"> <li>- Community resource persons</li> <li>- Community leaders</li> </ul>	<p><b>Products and Services:</b></p> <p><u>Service improvement:</u></p> <ul style="list-style-type: none"> <li>- Train and support community resource persons to work with producer families to use some of own production for family.</li> </ul> <p><b>Demand and Use:</b></p> <p><u>Community engagement:</u></p> <ul style="list-style-type: none"> <li>- Encourage women to own animals for family use primarily &amp; some selling. See below</li> </ul> <p><u>Communication:</u></p> <ul style="list-style-type: none"> <li>- IPC through groups, home visits supporting dialogue and decision-making</li> <li>- Mass media—modeling good intra-couple communication &amp; use of own production for the family</li> </ul>

BEHAVIOR 4: COUPLES IN PRODUCING HH INVEST IN A PRODUCTIVE ANIMAL (MILK OR EGGS)			
Behavior Steps	Factors	Supporting actors	Strategies
<ol style="list-style-type: none"> <li>1. Agree to diversify production in this way.</li> <li>2. See benefit to having these foods regularly for family and able to sell.</li> <li>3. Review progress over a year.</li> </ol>	<p><b>Structural:</b></p> <p><u>Access:</u></p> <ul style="list-style-type: none"> <li>- Lack of access to funds</li> </ul> <p><b>Social:</b></p> <p><u>Gender:</u></p> <ul style="list-style-type: none"> <li>- Men monopolize decisions about which animal to buy apart from chickens, Men are open to partnering with their spouses to make joint decisions</li> </ul> <p><b>Internal:</b></p>	<ul style="list-style-type: none"> <li>- Community resource persons</li> <li>- Farmers</li> </ul>	<p><b>Services &amp; Products:</b></p> <p><u>Service improvement:</u></p> <ul style="list-style-type: none"> <li>- Train and support community resource persons</li> </ul> <p><b>Demand and Use:</b></p> <p><u>Communication:</u></p> <ul style="list-style-type: none"> <li>- IPC through groups, home visits; events</li> <li>- Testimonials from couples with "productive" animals</li> </ul>

BEHAVIOR 4: COUPLES IN PRODUCING HH INVEST IN A PRODUCTIVE ANIMAL (MILK OR EGGS)			
Behavior Steps	Factors	Supporting actors	Strategies
	<p><u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>- Limited knowledge of the importance of joint decisions at household level. Lack of role models of the behavior</li> </ul> <p><u>Attitude:</u></p> <ul style="list-style-type: none"> <li>- Think only of income pathway re animals to raise</li> </ul> <p><u>Skills:</u></p> <ul style="list-style-type: none"> <li>- Best ways of approaching the intra-family dialogues about animal raising that bring results at household level</li> </ul>		<p><u>Collective engagement:</u></p> <ul style="list-style-type: none"> <li>- Community dialogues; peer learning from others who model the behavior (decision making and animal selection)</li> </ul>

## Appendix B: Behavior Profiles for Primary Actors—Fathers

FATHERS OF YOUNG CHILDREN ACTIVELY ENGAGE IN POSITIVE CHILDCARE AND FEEDING			
Behavior Steps	Factors	Supporting actors	Strategies
<ol style="list-style-type: none"> <li>Engage in discussion with partner over family wellbeing and children.</li> <li>Fathers find role they want to take up.</li> <li>Fathers receive positive feedback and take pride in gains in family harmony</li> </ol>	<p><b>Social:</b></p> <p><u>Gender:</u></p> <ul style="list-style-type: none"> <li>Communities have positive attitudes on father involvement.</li> </ul> <p><u>Norms:</u></p> <ul style="list-style-type: none"> <li>Few men have role models who practice childcare and feeding.</li> </ul> <p><b>Internal:</b></p> <p><u>Skill:</u></p> <ul style="list-style-type: none"> <li>Limited “How-to” skills of child-caring and feeding</li> </ul>	<ul style="list-style-type: none"> <li>Community resource persons (father mentors)</li> <li>Community Leaders</li> <li>Religious leaders</li> <li>Sports figures</li> </ul>	<p><b>Demand &amp; Use:</b></p> <p><u>Communication:</u></p> <ul style="list-style-type: none"> <li>IPC through groups; events and drama; radio, mobile technology</li> </ul> <p><u>Collective engagement:</u></p> <ul style="list-style-type: none"> <li>Community dialogues, peer learning</li> </ul> <p><u>Advocacy:</u></p> <ul style="list-style-type: none"> <li>Testimonials</li> </ul>

FATHERS PURCHASE/PROCURE ASF FOR WIFE AND/OR YOUNG CHILDREN			
Behavior Steps	Factors	Supporting actors	Strategies
<ol style="list-style-type: none"> <li>1. Fathers engage in discussion with partners about family and children's diets.</li> <li>2. Agree to offer money or purchase food.</li> <li>3. Find food that is easy to bring home.</li> <li>4. See benefit from this diet improvement</li> </ol>	<p><b>Structural:</b></p> <p><u>Access:</u></p> <ul style="list-style-type: none"> <li>- While ASF are often available they are not priced or packaged to make it easy to carry home</li> </ul> <p><b>Social:</b></p> <p><u>Gender:</u></p> <ul style="list-style-type: none"> <li>- Man has earned money and can use as pleases.</li> <li>- Women fear asking might embarrass men who do not have money.</li> </ul> <p><u>Norm:</u></p> <ul style="list-style-type: none"> <li>- Not the practice; no role models; high social risk.</li> </ul> <p><b>Internal:</b></p> <p><u>Self-efficacy:</u></p> <p>Men question whether they can actually do this so do not want to be asked; worry about disappointing</p>	<ul style="list-style-type: none"> <li>• Retailers</li> <li>• Partners/Wives</li> </ul>	<p><b>Product; Service:</b></p> <ul style="list-style-type: none"> <li>- Test packaging of hard cooked eggs or cooked meat for men to carry home--possible use of organ meats, especially liver.</li> <li>- Marketing of this service at bars and restaurants.</li> </ul> <p><b>Demand and Use</b></p> <p><u>Communication:</u></p> <ul style="list-style-type: none"> <li>- Modeling and testimonials from men and women about how this has worked.</li> <li>- Develop communication between retailers and customer (order when arrive and ready for pick-up at the end)</li> <li>- Promotional effort funded by private sector</li> </ul>

## Appendix C: Behavior Profiles for Supporting Actors--Community Agents and Retailers

COMMUNITY AGENTS SUPPORT CAREGIVERS TO FIND OPTIONS FOR INCREASING ASFs IN FAMILY DIET			
Behavior Steps	Factors	Supporting actors	Strategies
<ol style="list-style-type: none"> <li>1. Believe in the need to include ASF in diet.</li> <li>2. Obtain training in the benefits, trade-offs of investment in ASF for vulnerable families.</li> <li>3. Obtain training in the options available per region.</li> <li>4. Practice techniques to convince caregivers and other family members to try ASF.</li> <li>5. Motivate and work with caregivers to find solutions that work for them.</li> <li>6. Praise progress.</li> </ol>	<p><b>Structural:</b></p> <p><u>Access:</u></p> <ul style="list-style-type: none"> <li>- Lack support (guidance) to be able to discuss options with families.</li> </ul> <p><b>Social:</b></p> <ul style="list-style-type: none"> <li>- People appreciate group problem-solving dialogues.</li> </ul> <p><b>Internal:</b></p> <p><u>Attitudes:</u></p> <ul style="list-style-type: none"> <li>- Community workers themselves may not eat many ASF; believe not needed in diet of humble people.</li> </ul> <p><u>Self-efficacy:</u></p> <ul style="list-style-type: none"> <li>- Doubt ability to convince people who do not perceive that they have enough money to offer ASF.</li> </ul> <p><u>Skill:</u></p> <ul style="list-style-type: none"> <li>- Ability to negotiate and promote to get people to try a new practice is poor.</li> </ul>	<ul style="list-style-type: none"> <li>• Community leaders</li> <li>• Health and ECD extension agents</li> <li>• Agriculture extension agents</li> </ul>	<p><b>Policy &amp; Guidance:</b></p> <p><u>Program guidance:</u></p> <ul style="list-style-type: none"> <li>- Make available practical guidance on ASF tailored for vulnerable populations; linked to National Stunting Prevention Program</li> <li>- Extension Workers equipped with guidance about promoting ASF within on-going activities; guidance is tailored to jobs.</li> </ul> <p><b>Products &amp; Services:</b></p> <p><u>Training packages:</u></p> <ul style="list-style-type: none"> <li>- Value of ASF; For everyone; Options; How to address resistances of community.</li> <li>- Reinforcing <i>Social Proof</i> activities, commitments</li> </ul> <p><b>Demand and Use:</b></p> <p><u>Communication:</u></p> <ul style="list-style-type: none"> <li>- Reinforcing references for workers on radio, mobile technology communication for workers</li> </ul> <p><u>Collective engagement:</u></p> <ul style="list-style-type: none"> <li>- Meetings with workers to discuss issues with ASF promotion, new solutions.</li> </ul>

COMMUNITY AGENTS SUPPORT CAREGIVERS TO FIND OPTIONS FOR PREPARING ASFs FOR YOUNG CHILDREN AND THE FAMILY			
Behavior Steps	Factors	Supporting actors	Strategies
Same as above	<p>Same as above, esp.</p> <p><b>Internal:</b></p> <p><u>Attitudes:</u> Community workers themselves may not eat many ASF; believe not needed in diet of humble people</p>	Same as above	<p>All the above +</p> <p><u>Communication:</u> - Motivations for workers to try foods.</p>

RETAILERS DEMAND MORE ASF PRODUCTS AND EXPAND THEIR MARKET OF ASF IN SHOPS AND RESTAURANTS			
Behavior Steps	Factors	Supporting Actors	Strategies
<ol style="list-style-type: none"> <li>1. Recognize the demand for these foods.</li> <li>2. Work with local producers to offer security for sale of their products.</li> <li>3. Create a selling environment that caters to consumers</li> </ol>	<p><b>Structural:</b></p> <p><u>Access:</u> - ASF is not always available.</p> <p><b>Social:</b></p> <p><u>Gender:</u> - Vendors do not always offer shopping option comfortable to female customers.</p> <p><u>Norms:</u> - Community members trust retailers to sell them quality products and guide them on best ways of preparing.</p> <p><b>Internal:</b></p> <p><u>Skills:</u> - Limited marketing and product packaging skills.</p>	<ul style="list-style-type: none"> <li>• Community leaders</li> <li>• ASF producers</li> <li>• Aggregators</li> <li>• Private sector support to small businesses</li> </ul>	<p><b>Products and Services:</b> - Peer learning and training</p> <p><b>Demand and Use:</b></p> <p><u>Communication:</u> - Star foods, indicating ASF, with marketing materials.</p>