METHODS:

**OUR INNOVATION:**
- Low cost tools that can support appropriate diet practices during pregnancy, lactation, and early childhood

**OBJECTIVES:**
- **Obj1**: Conduct formative research with key informants, community members, and key community stakeholders on the design of the bowls and spoons, delivery platforms, and counseling messages.
- **Obj2** Conduct user-testing via Trials of Improved Practices (TIPS) approach to test the bowls and spoons with mothers and children in different life stages.

**METHODOLOGY:**
- **Site**: Bungoma (urban) and Busia (rural) Counties, Western Kenya
- **Data Collection**
  - **Objective 1:**
    - 12 Focus group discussions (FGDs) with community stakeholders, including mothers, mothers-in-law, fathers, and community leaders
    - 5 key informant interviews with maternal and child nutrition experts
  - **Objective 2:**
    - Modified Trial of Improved Practices (TIPS)
    - 14 pregnant women, 14 lactating women with children 0-6 months, 36 women with children 6-24 months
    - A total of ~180 in-depth interviews were conducted at baseline, midline, and endline
    - **Baseline**: assessed current dietary practices, expectations regarding the bowl and spoon, and an age-appropriate dietary counseling session; bowl, spoon, and counseling card were left with the mother to try
    - **Midline**: 12-14 days post baseline mothers were interviewed about their experiences with the bowl and spoon and asked to address issues and provided with additional counseling, on tools as needed
    - **Endline**: Final interviews were completed 14-16 days after midline documenting overall experiences with the bowls and spoons, acceptability, problems encountered, potential delivery platforms, and recommendations on how to improve the bowls, spoons, and the counseling materials
- 2 post TIPS FGDs with participating mothers

PRELIMINARY RESULTS

**Outcomes of TIPS with Mothers:**

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Baseline</th>
<th>Considerations</th>
</tr>
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<tbody>
<tr>
<td>Pregnant women</td>
<td>Nutrition did not vary during pregnancy.</td>
<td>Bowl use from baseline to endline:</td>
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<tr>
<td></td>
<td>Women crave more or less of certain foods.</td>
<td>6/14 - Used properly</td>
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<td></td>
<td>Few women received advice on nutrition in antenatal clinics.</td>
<td>6/14 - Did not use/misuse</td>
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<td>Women given advice by family members on foods to consume/avoid.</td>
<td>2/14 - dropped out prior to endline</td>
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<td>Those who used bowl and spoon reported weight gain / increase in energy.</td>
<td>Did not use the bowl due to nausea and vomiting and financial constraints</td>
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<tr>
<td>Mothers with children 0-6 months</td>
<td>Consumed more porridge and tea with milk.</td>
<td>Several mothers reported using the bowl for fetching water, keeping sugar, selling maize, and serving others</td>
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<td></td>
<td>Avoided kunde (cow pea leaves) prepared with bionobonate – fears of milk drying.</td>
<td>Some mothers did not use the bowl due to food scarcity</td>
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<td></td>
<td>Aware of the importance of a “balanced diet” but were unable to increase their food intake due to financial constraint.</td>
<td></td>
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<tr>
<td>Mothers with children 6-15 months</td>
<td>Most began semi-solid foods at 6 months.</td>
<td>The bowl has become “The baby’s bowl” and was not used for other purposes</td>
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<tr>
<td></td>
<td>Most fed foods include boiled milk and uji (porridge), mashed potatoes, bananas, bananas, mixed with traditional vegetables.</td>
<td>Children were unable to consume the entirety of the recommended amount of food</td>
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<td></td>
<td>No meat to prevent choking.</td>
<td>Several mothers reported force feeding when children refused to eat</td>
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<tr>
<td></td>
<td>No eggs to prevent food scarcity.</td>
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<tr>
<td></td>
<td>Women given advice on nutrition in health status.</td>
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<td>½ of the mothers began feeding eggs.</td>
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<td>Tools provided certainty about quantity, diversity, and consistency of foods.</td>
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</tbody>
</table>

**PRELIMINARY RESULTS**

Community Feed back on the Bowl and Spoon:
- Produce multi-colored bowls
- Reduce spoon slots and smooth the edges
- Shift food items and clarify images (steam, chapatti, fish) on the counseling card
- Distribute via community leaders and the hospitals
- Give the tool for free (if sold 50-100 KSH)

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**PROGRESS TO DATE**
- Presented preliminary findings to key stake holder including District Nutrition Officer
- Composed preliminary country report outlining major findings and recommendations for tool improvement
- Ongoing analysis

**NEXT STEPS**
- Complete qualitative and quantitative in-depth analysis
- Complete final country report
- Compose Gates Foundation report

**“If it were not for changing the way I used to feed him, I guess I could have buried him a long time ago” Mother of 7 month old, rural**