STOP STUNTING
Improving Child Feeding, Women’s Nutrition, and Household Sanitation in South Asia
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Delivering Programs at Scale
Tina G. Sanghvi (FHI 360) & Raisul Haque (BRAC), Alive & Thrive
Background

• Globally, breastfeeding and complementary feeding or IYCF, were among the highest priority interventions (Lancet 2003, 2008, 2013)
  o Breastfeeding for mortality and morbidity reduction (plus many other)
  o Complementary feeding for survival, growth and development, particularly dietary diversity is more consistently related to stunting

• Few proven effective national scale programs & no simple, evidence-based implementation guidelines

• Bill & Melinda Gates Foundation aimed to develop scale up models in 3 different geographies: Ethiopia (Africa), Bangladesh (S. Asia), Vietnam (rapidly developing economies)
Alive & Thrive

- Multi-year initiative for scaled up models (2009-2017)
- **Bangladesh, Ethiopia, Vietnam**; now also Burkina Faso; TA to Bihar & UP/India; a regional 6-country policy initiative in SE Asia
- Aim: Significantly **improve breastfeeding and complementary feeding** practices **at scale**
- Funded by the Bill & Melinda Gates Foundation and the Governments of Canada and Ireland
Technical Basis of Programs

- Epidemiology of IYCN
- Local feeding practices & determinants
- Theories of behavior change
- Access to services at community level and health facilities
- Media habits of key audiences
- Opinion leader research

Policy framework: National strategies & plans
Approach: Sustainable behavior change
Overview of Presentation

1. Results

2. Reaching scale

3. Changing behavior

4. Linking hygiene with complementary feeding
1. Results
Scale reached in 3 countries, still adding....

Number of < 2 children reached

- **Bangladesh**: 8.5 million in 3 years
- **Ethiopia**: 5.4 million in 3 years
- **Viet Nam**: 2.3 million in 3 years
Impact on child feeding – (preliminary)

Bangladesh
• Timely initiation  > 90%
• Exclusive breastfeeding increased over 35 points to  > 85%
• Dietary diversity > 60%, frequency >70%, CF introduction >95%

Vietnam
• Exclusive breastfeeding increased by 200% in 4 years despite strong institutional and social barriers
• Over 20 percentage point reduction in pre-lacteal feeding

Ethiopia: ALL IYCF indicators improved in intervention zones by 2013, analysis underway for 2014
Dietary diversity

<table>
<thead>
<tr>
<th>Year</th>
<th>Bangladesh %</th>
<th>Ethiopia %</th>
<th>Viet Nam %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010, Before</td>
<td>6%</td>
<td>32%</td>
<td>74%</td>
</tr>
<tr>
<td>2013, During</td>
<td>15%</td>
<td>62%</td>
<td>89%</td>
</tr>
</tbody>
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*KEY*
- Bangladesh
- Ethiopia
- Viet Nam

*A&T intensive areas*
Advances in large scale child feeding programs

1. **Evidence** that rapid, large increases in child feeding are feasible in diverse settings; *global exclusive breastfeeding targets should be raised > 50%*

2. **How to**: Operational framework & tools available for large scale child feeding programs; *need for simplified IYCF guidelines for MNCH programs*
Framework for implementing child feeding at scale

1. **Advocacy**
   - Partnerships & alliances in the health system and other sectors for scale and sustainability

2. **Interpersonal Communication & Community Mobilization**

3. **Mass Communication**
   - Policy makers & legislators
   - Employers
   - Staff of multiple sectors
   - Service providers & community leaders
   - Family
   - Mothers & Caregivers

4. **Strategic Use of Data**

   - Improved knowledge, beliefs, skills, and environment
   - Improved breastfeeding & complementary feeding practices

**Improved health outcomes**
Allocation of funds

Expenditure data 2009 to 2013

Note: Includes in-country implementation costs only
2. Reaching scale
Key components to achieve effective scale: “movement” and momentum

**Bangladesh**: Partnerships, evidence-based advocacy, mass media, capacity development

**Vietnam**: National policies, Govt. health systems strengthening (de-centralized) & innovation (franchising), mass media
Multi-sectoral partnerships important for scale
Child feeding mainstreamed in diverse Bangladesh Govt. & NGO programs
Partnerships helped to accelerate coverage
How partnerships were built in Bangladesh

- Form IYCF alliance under Govt. (IPHN)
- Jointly plan & harmonize approaches
- Assist start up, training, tools
Engaging champions - national leaders, doctors, journalists, parliamentarians, community activists
Use of mass media – best push for rapid scale

Many ways to implement
- Engage journalists
- UNICEF C4D partnership, Meena films
- Technology: Facebook, Mobile Apps
- Paid TV ads, bus wraps, markets

- TV, radio
- Mobile phones
- Village/street theater
- Rural activation
Rate of reaching scale varied: interpersonal and mass media

Note: The figures are not cumulative. They represent the number of children reached at different points in time.
Policies can support national scale results

• Systematically address
  • Maternity/parental entitlements for first 6 months
  • Breast Milk Substitutes marketing controls
  • Rising C-Sections require extra support for breastfeeding
  • Incentivize preventive interventions, not only SAM

• Translate policy into action - monitor & ensure compliance
• Advocacy strategy is needed for systems strengthening to support scaled up counseling services

Create a ‘movement’, build momentum, back it up with systems strengthening
3. Changing behavior
What we learned

• Listen to mothers
• Intensity matters
• Emotion drives behavior change: ‘fun, easy, popular’
• Segment and micro-target multiple audiences
  o Mothers, family members
  o Frontline workers
  o Influencers of social norms & enabling policies
TV Spots: Addressing barriers + emotional pull

• Viet Nam

Exclusive BF not credible, Cluttered media

• Bangladesh

Low awareness about quantity & meal frequency, complex message
Listening to mothers/audiences

Formative research to design for barriers & motivations

Rigorous pre-testing, memorable content

Media placement for high reach

Media habits monitored

Supplementary strategies

Audience reach: national
Intensity matters- Bangladesh mid-term

- Exclusive breastfeeding
- Diversity of complementary feeding diets
- Consumption of iron-rich foods

All double differences are statistically significant, p < 0.001
BANGLADESH CONTACTS

Home visits

Community forums

Women’s groups

Mass media

BANGLADESH CONTACTS
Viet Nam: face-to-face contacts

Govt. Franchise

• Individual & group services at health facilities in areas where people have good access

Support Groups (IYCF SG)

• Service delivery in villages where access to health facilities is limited (remote, ethnic minority areas)
Behavioral approach to interpersonal communication

1. Prioritize behaviors by the child’s age
2. Coach the mother to try a priority behavior
3. Observe and help fix the household environment
4. Address specific concerns
5. Work with the whole family
Do-able number of households allocated to frontline workers & performance incentives ensured quality

Schedule of visits

- Monthly visit:
  - 0-8 months
- Bi-monthly visit:
  - 9-10, 11-12 months
- One visit per 3 months:
  - 15-18, 23-24 months
Strengthening service delivery system - Bangladesh

- **Headquarter Level**
  - IYCF Team
  - BHP Senior Health Coordinator
  - District Manager (BHP)

- **Divisional level**
  - Sub district Manager (BHP)
  - PO BHP (1 in 2 branch office)
  - PO IYCF (1 in each sub-district)

- **District Level**
  - ANC, PNC provider
  - IYCF worker/supervisor

- **Sub-district level**
  - PO BHP (1 in 2 branch office)
  - PO IYCF (1 in each sub-district)

- **Village cluster level**
  - Incentivized volunteer

- **Village level**
  - New volunteer

- **-IYCF Monitor -IYCF Trainer**
Results monitoring held managers accountable

Service delivery indicators (number)

Results monitoring - IYCF practices (%)

Quarterly Reports 2011, BRAC
“Finding a **meaningful** way to measure performance is a form of ingenuity in itself ...

**Using** the measurement to improve performance is another type of ingenuity...

Improving performance involves both”

Atul Gawande

BETTER, p 160, 2006
4. Linking hygiene with complementary feeding (2012-2013)
Infections in Young Children

- Children <2 experience 3-5 episodes of diarrhea annually in developing countries
- Peak is at 6-11 months of age

This is also the age when children begin to fall ill

Example of advocacy with WASH sector

Source: Bulletin of the WHO 2003;81:197-204
Bars represent the 25th-75th percentiles across 20 countries (1990-2000)
Formative research, strategic partnership

• Low belief in health risk
  • 14% mothers believed that not washing hands can cause illness
  • 12% washed hands before child’s food prep and feeding child

• Not convenience
  • 6% of homes had soap but only 10% had a hand washing station near to child feeding site

• Not the social norm
  • 66% said that others are not washing hands with soap before feeding children

S. Luby & team, ICDDR,B
Integrated IEC materials

Infant & Young Child Feeding & Hand Washing

Recommended Feeding for Children Up to Age Two

Newborn
Begin breastfeeding within one hour of birth; continue breastfeeding only (no other liquids or water) for six months

Starting from completion of 6 months (61 days to 8 months) introduces local family foods: half of a 260 ml bowl or bat of semi-solid or solid food two times a day, along with continued breastfeeding

Starting with 10th month (9 to 11 months)
Rapidly increase amount of food for a young child to a half of a 260 ml bowl or bat of food three times a day, plus two snacks, along with continued breastfeeding

Starting with second year (12 to 23 months)
Rapidly increase food to one full 260 ml bowl or bat of food three times a day, plus two snacks, along with continued breastfeeding

Washing hands improves nutrition and health
Caregivers should wash their hands and the child’s hands with water and soap before food preparation and feeding a child to prevent contamination of complementary food.

Based on World Health Organization feeding recommendations
Setting and maintenance of hand wash stations: options

Counseling & demonstration of complementary feeding

Slide; Debashish Biswas 38
- Village meeting & video show
- Mothers group meeting
- Social Influential-Orientation
Results Summary

After ≥80 days

• 65% household maintained hand wash station near child feeding area
• Hand washing with soap before food preparation & feeding
  • Reported 12 ➔ 79%
  • Observed 60%
• Acceptable complementary feeding improved
  • Reported 32 ➔ 61%
  • Observed 60% (quantity)
Lessons learned on integrating hygiene and complementary feeding

• Understand the drivers of behaviors by listening to mothers
• Make it **easy to adopt**
  • Part of daily feeding task
  • Hand washing utensil and soap nearby to feeding place
  • Multiple, frequent reminders: home visits, TV campaign, stickers
• Address whole family not only mother
• Create perception of new social norm
• Evidence-based advocacy & strategic partnerships needed
Conclusions

• Behavior change is possible...

• Rapid & large scale changes are possible!

• Approaches and tools are now available for scale
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www.aliveandthrive.org